



Cyngor Castell-nedd Port Talbot  
Neath Port Talbot Council

# **Adult and Children's Social Care Market Stability Report**

## **April 2022**

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## 1. Introduction

Market Stability Reports (MSRs) are a tool to assist in planning and commissioning quality care and support and can be used as a step to ensuring that there are stable and resilient adults and children's social care markets. MSRs should help should help commissioners determine what the overall shape and balance of the market for care and support should be within the area. It will also help us to better understand the local social care market, particularly regulated services, and address wider issues such as market trends, sustainability of provision, risks to market stability, and the impact that commissioning practices can have on the market. This document will cover a five year period and there will be regular interim update reports. This report should be read alongside the West Glamorgan MSR.

## 2. Partnership and Arrangements

This is the first Local Market Stability report completed for Neath Port Talbot Council ('the Council') and will feed into the overall Market Stability Report for the West Glamorgan Regional Partnership Board (WG RPB). This document has been completed in conjunction with our partner organisations, and intelligence, feedback and data has been received and is included. Organisations who contributed to this process include: the Council's internal sections; residential / nursing / secured / learning disability and mental health care homes; independent professional advocacy provider; shared lives scheme provider; and the local health board. There is a specific format for the chapters and information will be included where relevant.

## 3. Welsh Language

The Council takes its responsibilities to our bilingual and Welsh speaking communities very seriously.

For many years the Council has acknowledged the prevalence of Welsh speakers in its borough, the importance of the Welsh language and bilingualism in its Welsh language strategies and schemes and have asked providers for their solid commitment to the delivery of the Welsh language at the procurement stages, within our contracts, and we also benchmark providers when reviewing compliance of services to contract and regulations.

#### 4. Equality, Socio-Economic Duty and Human Rights

The Council are committed in terms of addressing inequality and socio-economic disadvantage and this is integral part of the Council's Corporate Plan 2021-2023. The Plan will have a positive impact on the overall well-being of residents via the continued work to advance equality of opportunity whilst eliminating discrimination and harassment. The Plan will also have a positive impact on the biodiversity of the area as key improvement priorities relate to the promotion of sustainable economic growth and the conservation and enhancement of the natural environment.

How 'rights' feature in our services are embedded in our contracts and contract monitoring processes. Wales is a land of equality and equal opportunities, where having rights, whether they be rights under the founding principles of the Social Services and Wellbeing (Wales) Act 2014, The Equalities Act 2010 and the principles of human rights under the Human Rights Act 1998 forms the foundation of everything we do when commissioning services. Our Council fully integrate these basic principles in our service design and we work proactively with providers to ensure individuals who experience these services have their rights fully respected under law.

All commissioning decisions are subject to Integrated Impact Assessments, which includes identifying the impact of our decisions on equality and social-economic duties. This helps to ensure that our commissioning does not lead to negative equality and socio-economic impacts and to also help us to identify if there are additional actions we can take to further ensure our activity has a positive impact on these areas.

#### 5. Social Value and Community Benefits

'Social value' is a way of thinking about how scarce resources are allocated and used. It involves looking beyond the price of each individual contract and looking at what the collective benefit to a community is, when a public body chooses to award a contract. The Council understands that bringing added value to individuals and communities in the borough by commissioning services that strengthen communities where they operate and bring 'added value' or additional benefits to people's lives. Over recent years the Council has made significant strides in recognising that 'added value' is something that can

strengthen services in communities by maximising positive outcomes to communities and individuals.

When procuring services, providers have to demonstrate what added value they can bring local people and communities and demonstrate they have the founding principles of the Social Services Wellbeing (Wales) Act 2014 are the core of everything they do. The Council has over recent years refreshed and updated its service models to make social value more prominent and central to its services – from service models, through to engaging with providers who have the right moral compass around added (social) value and making sure these principles can be evident in how services are being delivered, and how positively they impact on local communities.

## 6. Acknowledgements

The following personnel from the Council’s Social Services Health and Housing Directorate (SSHH) - Common Commissioning Unit (CCU) contributed to the completion of this document.

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## 7. Executive Summary

### 7.1 Key Market Sufficiency Factors

#### **Care Home Services – Older Adults**

- There have been very few changes to the number of care homes over the five year period.
- There are sufficient numbers of residential and dual registered beds in the area, however not all beds are available for use.
- Monitoring visits and Care Inspectorate Wales (CIW) inspection reports demonstrate an overall high quality of care home provider.
- There is good partnership working between providers and commissioners.

#### **Care Home Services – Children**

- The local market has grown over previous years, with new providers having entered or expanded local residential care provision.
- Monitoring visits and CIW inspection reports demonstrate an overall high quality of care home providers.

#### **Specialist Care Homes – Learning Disability and Mental Health**

- There have been increases in the number of placements for both learning disability and mental health over the five year period.
- Monitoring visits and CIW inspection reports demonstrate an overall high quality of care home providers.

#### **Secured Accommodation – Children**

- The Council own and operate Hillside Secure Children's Home.
- Hillside is the only secure children's home in Wales and has been assessed as providing sufficient levels of provision to meet previous, current and future local demand.
- Hillside is currently reviewing its service model to 'future proof' its service to ensure it is able to accommodate the future demands of the provision as well as being financially sustainable in the long term.

#### **Residential Family Services**

- There are no registered residential family centres located within the Council's boundary.

- Demand for such placements from the Council is low.

### **Fostering**

- Monitoring visits and CIW inspection reports demonstrate an overall high quality of providers.
- The local market consists of the Council's Fostering Service and a range of Independent Fostering Agencies (IFAs) who operate locally.

### **Adult Placements – Shared Lives**

- There has been a marked increase in both number of registered carers as well as placements.
- Over the last five years there has been only a small number of unsuccessful placements.
- Monitoring visits and CIW inspection reports demonstrate an overall high quality of provision.

### **Advocacy – Adults**

- The service model commissioned allows for flexibility where any increases in demand can be met by building more capacity into the service and meeting short term or longer term increases in the demand.  
As the service provider operates across two other neighbouring authorities, any increases in demand can be met at least in the short term by the reallocation or extra resources across the region. We view this as a distinct strength in the model.
- The Council recognises that the service works well and feedback is extremely positive.
- Monitoring reviews demonstrate an overall high quality of providers.

### **Advocacy - Children**

- Independent Professional Advocacy (IPA) Service has been assessed as sufficient to meet previous, current and future demand.
- Young people provided positive feedback on the quality of the IPA Service and their achievement of personal advocacy outcomes.
- The Council are implementing an 'Advocacy Action Plan' to greater embed advocacy in the locality which aims to increase awareness and understanding of the IPA Service among children, young people and professionals.
- Monitoring reviews demonstrate an overall high quality of providers.

### **Domiciliary Care – Older Adults**

- There are year on year increases in the number of people receiving domiciliary care and there is a need for growth in this sector.
- The Domiciliary Care Dynamic Purchasing System has proven to work well over the 4/5 year period and the number of providers have increased.
- Monitoring visits and CIW inspection reports demonstrate an overall high quality of provider.
- There is good partnership working between providers and commissioners.

### **Domiciliary Care – Younger Adults**

- There has been very small increases in the number of placements for people with a learning disability over the five year period.
- There has been an increase in the number of placements for people with a mental health need over the five year period.
- There has been a low demand for placements to support people with physical disabilities.
- The Council have developed four new schemes over the last three years which has supported the widening of the current market. These models include: Supported Living for people with mental health and learning disability needs, pan disability Extra Care and pan Independent Flats.
- Monitoring visits and CIW inspection reports demonstrate an overall high quality of service delivered.

### **Domiciliary – Children**

- The domiciliary care market has seen a substantial growth in demand throughout the COVID-19 pandemic. In response, the market has demonstrated flexibility and growth to meet levels of demand but at times this has led to maximised market capacity.
- Overall, the market is delivering good quality services with identified areas of poor performance relating to isolated incidents.



## 7.2 Key Market Stability Factors

### Care Home Services – Older Adults

- The Council's population aged 65+ is predicted to rise by 7% over the next five years.
- The Council's CCU has good contract monitoring processes in place. The main aim of the process is to improve the quality of support being commissioned. This system was able to adapt to meet the challenges presented by COVID-19 and is continuing to adapt in line with the post-pandemic recovery.
- There are a number of care homes with significant voids which may impact on their financial sustainability.
- Some care homes with vacant beds are unable to accept admissions.
- COVID-19 is still having a financial and resource impact on care home providers.

### Care Home Services - Children

- The local residential care market currently appears stable with quite even distribution of market share across local providers. Over the last five years the number of care home placements has remained low.

### Specialist Care Homes – Learning Disability and Mental Health

- Estimated population numbers for the next five years will see a constant increase in people with learning disability and mental health needs, however it is anticipated that placements will not significantly increase as the focus is on commissioning community based services.
- The CCU has good contract monitoring processes in place. The main aim of the process is to improve the quality of support being commissioned.

### Secured Accommodation – Children

- The Council's secure residential care market has been assessed as stable.

### Residential Family Services

- Due to the low usage rate of residential family centres, the Council does not hold enough data to make an informed analysis relating to market stability.

### **Fostering**

- The foster care market is stable, with the Council's Fostering Service being the local market leader.

### **Adult Placements - Shared Lives**

- Projected population numbers for the next five years will see a consistent increase which may mean more demand for this service.
- Our commissioned Shared Lives Support scheme continues to recruit more carers in line with increasing demand.
- The Council are currently exploring further service developments and the process for quantifying quality of the shared lives provision.

### **Advocacy – Adults**

- The current provision is stable and robust enough to meet likely demand and there are adequate contingencies built into the model to meet any short- or long-term changes in demand.
- The provider works across a number of local Council areas, which is a positive influence on stability in terms of the provider.
- The provider is a well-respected, longstanding organisation that delivers good quality support.
- Moving forward it is likely that the service will be recommissioned through a formal tender process or in a way consistent with best practice.

### **Advocacy - Children**

- The Council's children and young persons' advocacy market has been assessed as stable.
- Current commissioning arrangements allow for fluctuations in demand.

### **Domiciliary Care – Older Adults**

- The Council's population aged 65+ is predicted to rise by 7% over the next five years.
- The CCU has good contract monitoring processes in place. The main aim of the process is to improve the quality of support being commissioned.
- The system was able to adapt to meet the challenges presented by COVID-19 and is continuing to adapt in line with the pandemic recovery.
- Financially, the average hourly rate increases have been consistent apart from 2021 onwards, whereby the Council provided a 10% uplift.

### **Domiciliary Care – Younger Adults**

- Projected population numbers for the next five years will see a consistent increase which may mean more demand for these services.
- There are currently 26 providers on the supported living framework.
- There are currently 13 providers who deliver floating domiciliary care to individuals within their homes.
- The Council has a five year accommodation development plan for implementing different care models and stimulating the market to meet predicted demands.
- There are strategic processes already in place to support this area which is coordinated through the Accommodation and Pathway Group and Transition Group.
- The CCU has robust contract monitoring processes in place. The main aim of the process is to drive service improvement and ensure high standards of support within commissioned services.

### **Domiciliary Care – Children**

- The Council heavily relies on a small number of domiciliary care service providers.
- Potential new entrants to the local domiciliary care market have cited barriers to enter the market.
- The Council is reviewing its domiciliary care commissioning arrangements which will conclude in 2023.

## **7.3 Emerging Trends**

### **Care Home Services– Older Adults**

- Staffing retention/recruitment is a countrywide problem.
- Dementia need in general is predicted to vastly increase over the next five years and in addition advanced dementia need will be much higher.
- COVID-19 has impacted on the choice of care individuals are choosing and the tendency is to remain at home.
- Since COVID-19 a number of care homes have a large number of voids that may impact on their financial sustainability
- Some care homes are unable to accept admissions into vacant beds due to staffing levels

### **Care Home Services- Children**

- No trends require emergency action within this market.

### **Specialist Care Homes – Learning Disability and Mental Health**

- Staffing retention/recruitment is a countrywide problem.
- Needs are shifting and individuals and families are expecting a more diverse market within learning disability and mental health services.
- Moving forward the market needs to be further developed, which includes more supported living, extra care schemes and core and cluster.
- It is anticipated that there will be a reduced need for specialist care homes as these alternative models are developed.

### **Secured Accommodation – Children**

- The COVID-19 pandemic resulted in disruption to the delivery of specialist support services within Hillside.
- The Council is currently reviewing the scope of specialist commissioned services to ensure children residing in Hillside access the right services based on their assessed needs.

### **Residential Family Services**

- No trends require emergency action within this market.

### **Fostering**

- No trends require emergency action within this market.

### **Adult Placements - Shared Lives**

- The majority of new placements are for young people with learning disabilities and there is a need to diversify the model.

### **Advocacy – Adults**

- The current model commissioned is flexible to meet future demands for advocacy.
- There is an increased use of technology to provide advocacy rather than face to face appointments.

### **Advocacy - Children**

- No trends require emergency action within this market.

### **Domiciliary Care –Older Adults**

- Staffing retention/recruitment is a countrywide problem, which is preventing growth in the market.
- There is a year on year increase in the numbers of people receiving domiciliary care.
- There is an increase in double handed calls.

### **Domiciliary Care – Younger Adults**

- Retention and recruitment of staff is a countrywide problem.
- There is a lack of accommodation models in line with people’s preferred choices.
- There is demand for specialist supported living for people with mental ill health, which will be developed over the next five years.
- New schemes are in development to support people with mental ill health and/or learning disabilities who also have a physical disability.
- The majority of people with a physical disability are supported within their homes with a package of floating domiciliary care.
- There are sufficient options to meet the preferred choices of people with a physical disability.
- There is demand for more independent living models for people with learning disabilities and mental ill health, such as extra care and this will be developed over the next five years.
- There are a low number of providers delivering specialist floating domiciliary care in people’s homes.
- There is a lack of provision for people with mental ill health who do not require care but have vulnerabilities linked to their mental ill health and housing situation, sloutions will be developed over the next five years.

### **Domiciliary – Children**

- No trends require emergency action within this market.

## **7.4 Risks**

### **Care Home Services – Older Adults**

- Care home providers are unable to accept new admissions due to lack of staff.
- A number of care homes have significant void levels post COVID-19, which may lead to financial unsustainability.

- There are a number of unprecedented price increases that will affect the sector.
- The number of people requiring a care home placement with more complex dementia needs is increasing; not all homes are able to accept such placements due to staffing levels and physical environment.
- Agency staff are being employed and these costs are much higher which may affect the level of provision, while residents are unfamiliar with these people which may cause anxieties and confidence issues.
- Challenges in recruiting and retaining staff is leading to difficulty in making new placements.

### **Care Home Services - Children**

- The sufficiency of the residential care market is a concern across Wales.
- The Council has a sufficiency dilemma; despite having a numerical oversupply of local placements, the local market presents limited placements available to local children and young people.
- The key market gap is the limited availability of local placements for children who present with complex support needs, which has resulted in the Council placing children and young people out of county.
- The Welsh Government have expressed an intention to remove profit-making from the provision of care to children looked after.

### **Specialist Care Homes – Learning Disability and Mental Health**

- Over 70% of placements are out of county, however the intention is to develop more community based services such as supported living and extra care as an alternative to care homes and work is ongoing to bring people back in-county.
- Currently that there are limited vacancies for individuals coming through the process within the local area and many placements are being commissioned by other local authorities.

### **Secured Accommodation – Children**

- Should further secure estate provision be developed within Wales, a full assessment will be undertaken to establish the impact such provision would present to the Hillside service model.

### **Residential Family Services**

- No risks were identified.

### **Fostering**

- The sufficiency of the foster care market is a concern across Wales.
- The Council has a sufficiency dilemma; despite having a numerical oversupply of local placements, the local market presents limited placement availability for certain cohorts of local children and young people.
- The most notable gap is the limited availability of local placements for children aged 11+ who present complex support needs, which has resulted in the Council placing children and young people out of county or within residential care provision.
- The Welsh Government have expressed an intention to remove profit-making from the provision of care to children looked after.

#### **Adult Placements – Shared Lives**

- There is no financial incentive for carers to remain registered if vacancies are not filled; thus, carers are leaving the service when there are delays in referring new people to them.
- There are very few Shared Lives support providers nationally.
- There is a need to develop a more flexible and diversified model.

#### **Advocacy – Adults**

- There may be plans at some future time to regulate adult advocacy, and the regulation of the service will bring some changes to how advocacy is delivered.
- Given the changing demand across the sector and some indication that the flow of general referrals into services such as residential, nursing and domiciliary care is continuing to change, this is likely to have an impact on how the service responds to these changes.
- It is felt that given the service is stable, and the provider is experienced and well established across a number of local Council areas, the provider is in a good position to respond positively to any changing demand.
- Changes to legislation and government policy may require changes to the current services.

#### **Advocacy - Children**

- The implementation of the Council's 'Advocacy Action Plan' may increase demand for the IPA Service, above predicted levels. This will be monitored closely and resource contingency plans are in place.

- Market insufficiencies across the Social Care Market may increase demand for issue based advocacy support from the IPA Service, this is being closely monitored.

### **Domiciliary Care - Older Adults**

Staffing retention/recruitment has had a detrimental effect in the following ways:

- Providers have handed back care packages due to lack of staff, and in some cases this has led to providers exiting the market.
- Agency staff are being employed and these costs are much higher which may affect the level of provision, while individuals are unfamiliar with these people which may cause anxieties and confidence issues.
- Challenges in recruiting and retaining staff is leading to difficulty in making new placements.
- There are parts of the county that are more difficult to source packages of care, such as the Valleys.

### **Domiciliary Care – Younger Adults**

- Challenges in recruiting and retaining staff has the potential to put pressure on service delivery.
- Agency staff are being employed, which may affect the level of provision and may cause anxieties and confidence issues for individuals that require continuity of staff. In addition the high costs of agency staff may put providers under additional financial pressure.
- If new models of care are not implemented this may lead to individuals not achieving their preferred outcomes, which may affect their health and wellbeing and may also cause delayed transfers from hospitals.
- The small number of providers delivering floating domiciliary care in people’s homes presents risks in terms of market stability.

### **Domiciliary Care – Children**

- The Council’s reliance on one primary domiciliary care provider presents potential future risk to achieving market sufficiency and market stability. The Council is reviewing its commissioning arrangements to mitigate against such risks.
- Once the COVID-19 pandemic impact upon families reduce, demand for local domiciliary care is anticipated to reduce, which has the potential to destabilise the market. This will be monitored closely.



## 8. Service Areas

### 8.1 Care Home Services– Older Adults

#### Section A – Market Sufficiency

##### Market Capacity

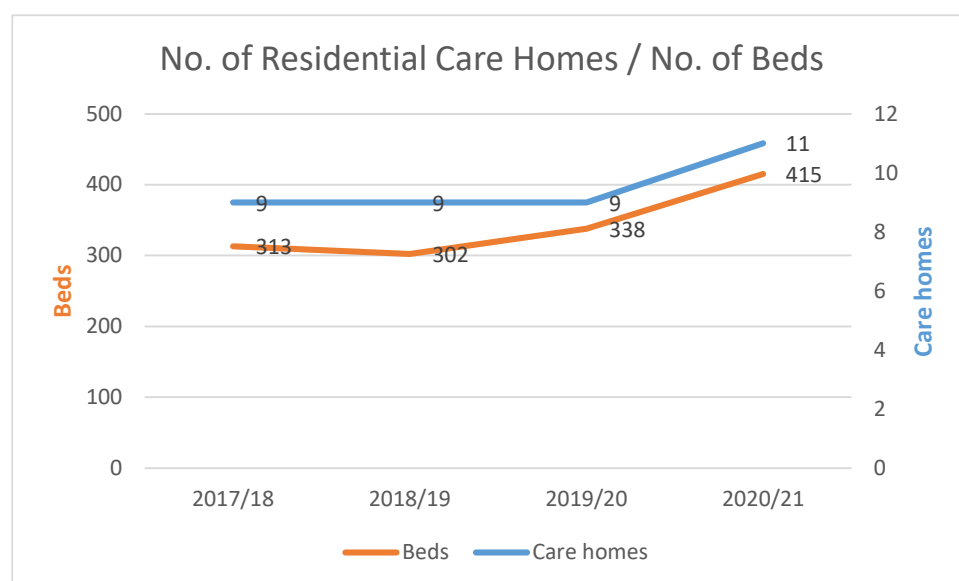
There are 24 older people’s care homes within Neath Port Talbot (NPT), consisting of:

- 12 residential care homes, which provide a total of 436 beds for older and disabled people that have been assessed as requiring residential care.
- 12 dual residential/ nursing homes, which provide a total of 548 beds that can meet the needs people requiring either nursing or residential care.

There is a diverse provider base with the majority of the 24 care homes within NPT privately owned. A large number of care homes are run by small to medium size organisations, many of which are Welsh based. Two care homes are run by the same large national private organisation and deliver specialist nursing dementia care. In addition a third sector provider operates four homes on behalf of the Council.

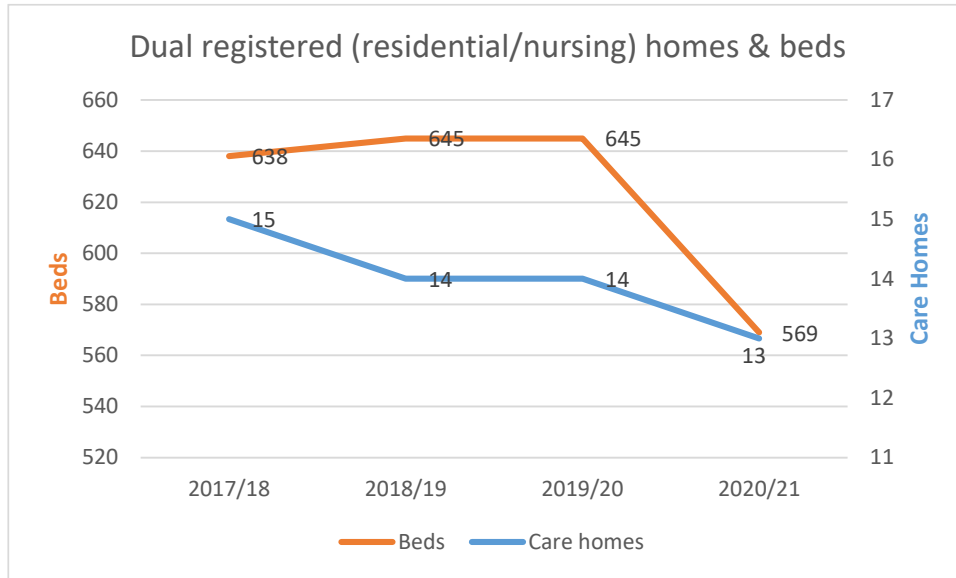
##### Core Data - Overview - 2017 onwards

##### Care Home Provision



**Table 1.1: Residential Care Homes and beds by year**

The above graph illustrates the number of residential homes has increased from nine to 11 (22%) over the period 2017 to 2021. Average number of beds per home over this period is 35 to 37.



**Table 1.2: Dual registered (Residential/Nursing) Care Homes and beds by year**

The above graph illustrates the number of dual registered homes has decreased from 15 to 13 (15%) over the period 2017 to 2021. Average number of beds per home over this period is 42 to 46.

Residential care homes have seen an increase in bed numbers, while dual residential/nursing homes have seen a decrease. This is as a result of dual registered homes reverting to single registration residential care home status. Reasons for this change are due to the difficulty in attracting nurses and economies of scale for homes that have a small number of nursing placements.

**Population Based Demand**

Occupancy Rates

Date	Occupancy Rate %	Number of Registered Beds	THE COUNCIL Beds Up take
October 2021	84.4%	1061	552
March 2021	77.6%	1061	489
March 2020	90.9%	1043	513
March 2019	94%	1066	546
March 2018	94.7%	1066	531

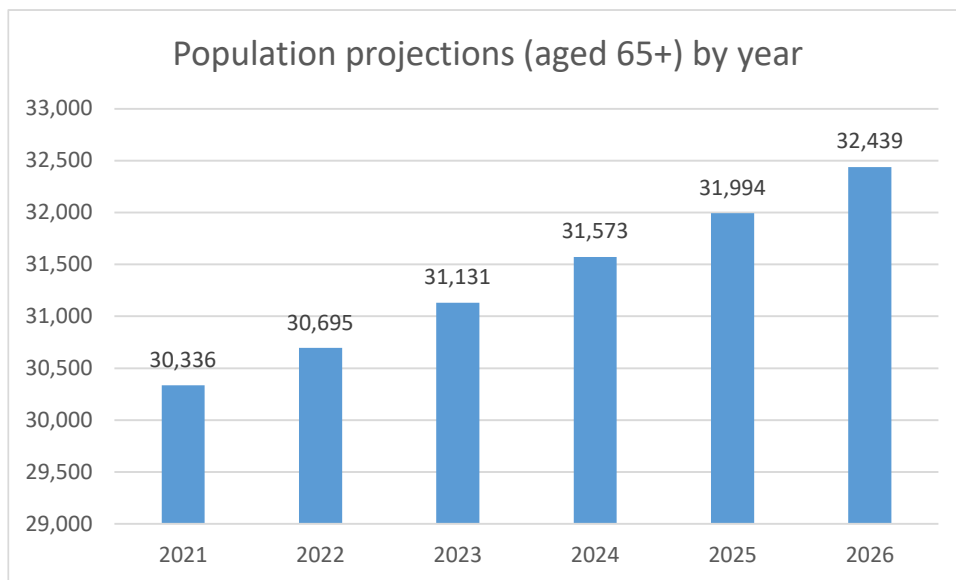
March 2017	95.8%	1142	537
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**Table 1.3: Comparison of Occupancy Rates/Registered Beds/Council uptake**

Between 2017 and 2019 the sector’s average occupancy has been around 95% which suggests that provision has been sufficient to meet demand. However, this average has reduced to 84%. It has been purported for some time that people want to remain in their own homes and communities for as long as practicable, with admission to a care home being viewed as ‘last resort’. The additional challenges facing care homes as a result of the pandemic have impacted on their ability to accept new admissions.

## Section B - Market Stability

### Population



**Table 1.4: Projected NPT population aged 65+ by year**

The above graph indicates the Council’s population aged 65+ is projected to increase by 7% over the next five years.

### Homes Detail

Year	No of Residential Care Homes	No of Dual Residential / Nursing Homes
2017/18	9	15
2018/19	9	14
2019/20	9	14
2020/21	11	13
April 2021+	12	12

**Table 1.5 : Numbers of Residential and Dual Registered Care Homes by year**

The above table indicates that the total number of providers has remained the same, although a shift is seen between the categories of home being provided i.e. a move from dual registered to residential care.

### Financial

The Council has an agreed set rate which it pays for residents whose care is purchased by the Council. There are 11 care homes which charge residents third party top-up fees, ranging from £20 to £330 per week, in addition to the Council's standard rate. All care homes set their own rate for those residents who are self-funders.

The viability of individual homes is monitored and the Council has developed a tool which considers a number of criteria to aid more detailed assessment of a home's sustainability and financial viability. This looks at and takes account of current and historic occupancy levels, performance management/joint inter-agency monitoring panel (JIMP) issues, care quality, and whether there is a suspension of placements (whether pandemic related or other reasons).

The sustainability of some providers remains fragile due to increased void levels, challenges with accepting new placements, additional unprecedented costs associated to both the COVID-19 pandemic (such as insurance) and the cost of living (such as energy), as well as the rates of pay needed to retain and recruit staff. Staff recruitment is a significant problem with carers leaving to take up jobs in completely different sectors such as retail.

### **Action due to Failure**

The action taken will depend on the type of failure which has occurred. If the failure is anticipated to be time limited (such as COVID-19 related staff absence) the Council will support as necessary, which may include the provision of Council staff to deliver care or management support.

In situations where a care home can no longer operate and is likely to close, the Council uses the Home Operations Support Group (HOSG) toolkit to support residents in finding a suitable alternative care home. In the last 12 months this toolkit has been successfully used to support residents to move from a closing out of county care home and to support in-county nursing

residents to move from a home that had decided to change their registration from dual to residential.

Officers continue to work closely with care homes and undertake service monitoring, including financial checks. Regular contact is made with all individual care homes and frequent provider forums are scheduled throughout the year, as well as individual provider meetings. A weekly multi-agency risk assessment meeting took place throughout the pandemic, in which professionals assessed the individual risks to care homes and approaches to mitigate these risks and support the home.

The Council has a very good relationship with care homes and officers are confident that care homes would notify and work with the Council if they were at risk of service failure.

## **Section C – Other Market Stability Factors**

### **Contract Monitoring**

Contract monitoring is essential to help improve the quality of support. The CCU has forged very good relationships with providers and the process includes the following:

- Planned Annual Service Provider Review
- Unplanned Focused Monitoring
- Service User Review
- Regular Provider Forums
- Individual Provider Meetings

### Monitoring Visits

As part of our quality assurance processes, monitoring visits are completed with providers to review the quality and performance of the services. A monitoring report is produced based on the observations and findings from the visits and supporting evidence (including resident and staff feedback), which is supplied as part of the assessment process. When monitoring the provider services, an established evidence based approach is followed. This is to ensure that adult social care responses are linked to assessed need and the desired outcomes for people are clearly linked to safeguarding and minimising risks to people's independence.

### Planned Annual Service Provider Review

The annual monitoring reports are based on 3 domains:

- *Outcome A:* The resident is known by the people involved in their care and lives a full life in an enriched environment.
- *Outcome B:* The physical and mental health and wellbeing of residents is maintained and promoted.
- *Outcome C:* There is a dynamic leadership style that inspires and motivates a competent staff team.

Following the Annual Service Provider Review monitoring process if there are gaps and issues a Quality Improvement Plan (QIP) is implemented. This plan is based on an overall view of the service provider's quality and performance and is separated into a number of key areas of service delivery, highlighting the outcomes, areas of activity, findings and any subsequent recommendations (including any areas of non-compliance against the Contract and Regulatory Standards).

Timescales and deadlines are agreed in conjunction with the provider and this plan is completed by the monitoring officer. Home visits also form part of the service review and the findings are also included in the QIP.

### Unplanned Focused Monitoring

This process is instigated when the provider is perceived to be experiencing problems such as complaints, adults at risk (AARs) referrals, contract compliance concerns and staffing issues. The monitoring process is undertaken as well as the completion of a QIP. When this involves a dual registered home, joint monitoring visits with Swansea Bay University Health Board (SB UHB) are usually arranged.

### Provider Meetings

Commissioners met with providers on a quarterly basis over the period 2017-2019 but this increased to weekly from the onset of the pandemic to ensure there was constant dialogue, support and sharing of ideas/experiences/good practice. Over the pandemic phone calls were made from the Contract Monitoring Officers twice weekly in order for providers to discuss any issues and for monitoring officers to collect data to help understand emerging issues. This information included all COVID-19 aspects and contributed to a regional position for WG RPB as well as the weekly multi-agency risk assessment meetings.

The Council's training department have a comprehensive training programme (for care home staff at all grades) which provides the tools to enable staff to work with residents in a person centred way; this includes site visits, together with ongoing support and resources.

The Council in conjunction with regional partners produced a market position statement (MPS) in 2017 setting out current and future demand and level of resourcing. The pandemic has had a significant impact on local care home providers and the wider sector as a whole, and it is intended that a new MPS will be developed to reflect this changed landscape.

### Current and Projected Trends

#### Population

An increase of 7% is already projected for the 65+ age group over the next five years. This will impact on services for older people in the future and careful planning and analysis will be required to meet this demand.

#### Dementia Placements

Year	Dementia	of which severe
2021	2,185	1,320
2022	2,240	1,370
2023	2,302	1,423
2024	2,364	1,478
2025	2,426	1,533
2026	2,484	1,576

Table 1.6 : Projected number of NPT residents with dementia/severe dementia

Based on latest Daffodil/Statistics Wales data the number of people aged 65+ living in the locality with dementia is projected to increase by 14% over the next five years, and by more than 19% for those with severe dementia.

The Council currently commissions a number of specialist dementia care beds within its borders. Based on the above projections it is anticipated that the number of beds will need to increase in the intervening period just to keep pace with population growth.

#### Co-production

There are regular meetings with providers and commissioners also arrange working groups to ensure that decisions that may impact on care homes are

informed by providers and that we can work together in finding shared solutions to anticipated care home pressures. All social service assessments and reviews are outcome focused in line with the Social Services and Wellbeing (Wales) Act 2014. Monitoring Officers obtain service user feedback and look at how homes are engaging with residents and responding to resident feedback as part of our quality assessment of care homes.

### Occupancy

The number of vacancies within care homes has significantly increased since March 2020. The number of nursing beds has reduced due to some care homes deciding to no longer offer nursing care due to difficulties in recruiting and retaining staff and economies of scale in situations where a home has a small number of nursing placements.

### Next Five Years

Over the last 10 years more people have been supported to remain at home with a package of domiciliary care and we are finding that people are now only moving into care homes when they require 24 hour support.

There is still a demand for care homes and the current level of registered beds is sufficient to meet demand. However, the number of registered beds is not consistent with the number of beds available for the Council to purchase and Post-COVID there can be challenges in finding suitable available placements.

The needs of people requiring care home placements has changed over the last 10 years, in particular a significant number of people moving into care homes have dementia.

## **Impact of Commissioning Practices on the Market**

### **Welsh Government – Statutory Guidance**

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 as amended, came into force in April 2018 and was fully implemented and operational by April 2019. The key change facing providers was the requirement to re-register with CIW to provide a care home service with a 'statement of purpose' providing a full description of the services that can be delivered?



The new legislation replaced the 'National Minimum Standards for Older People (Wales) 2004 with a new set of regulations and associated statutory guidance. This required a new Neath Port Talbot Older Persons Care Home Contract. While little changed with regards to the monitoring function, a review of the monitoring tools used was implemented to ensure consistency and alignment with the regulations.

Our robust monitoring processes mean we have been successful in working with providers to maintain good levels of service quality and to support providers when issues are identified. The close partnership working with providers has helped support care homes face the challenges that arose from the pandemic.

With the exception of the four care homes transferred from the Council to a third sector organisation, all placements are purchased through spot contract arrangements in order to allow maximum choice and control for service users.

Over the last 10 years the focus has been on supporting people to remain independent within their own homes. This means that we are now mainly placing people in care homes with high and complex care needs.

The last six months has seen an increased use of short term and extended care placements within care homes, which has been driven by wider health and social care pressures. This includes the use of care home beds by SB UHB to support Hospital to Home pathways. It is anticipated that these types of placements will be in demand for at least the next 12 months.

The Council have awarded the Older Persons Care Home providers an 11% uplift for the 2022/23 financial year in order to help improve staff terms and conditions, including payment of the Real Living Wage. All care home providers have committed to pay their staff the Real Living Wage.

### **Sustainability of Provision**

There are 24 care homes operating in the locality, all of which are privately run. Some are family-owned or single care home businesses while there are also companies which own/run more than one home.

There is concern that some care homes may become financially unsustainable due to the level of voids. However it has been assessed that the market would be able to respond to any potential closure.

### **Risks to Market Stability**

Care home providers continue to experience pressures and influences from a range of sources.

#### Care Need

Current trends are suggesting that there is a need for more Continuing Health Care (CHC) complex dementia beds. Work is taking place through the Regional Externally Commissioned Care Group to help rebalance the sector in order to create sufficient capacity to meet anticipated demands.

#### Occupancy

Since October 2021 the number of vacancies is slowly decreasing within care homes. However, a number of beds are occupied with people placed on extended care rather than long term placements. As mentioned some care homes are unable to fill vacancies due to resource pressures.

#### Financial

A number of care homes are currently experiencing high levels of voids which is impacting on their financial sustainability. In addition, issues with economies of scale may result in care homes changing their registration as it is too costly to operate nursing care below a certain number of residents.

Providers are concerned that people's needs are higher on admission into care homes than previously experienced, which requires higher levels of staffing. Staff pay is an ongoing issue impacting on retention and recruitment. This is resulting in some care homes being unable to accept admissions due to insufficient staffing levels.

Running costs have also increased due to COVID-19 (such as increased insurance) and unprecedented increases in cost of living (such as food and fuel).

Staff

Recruitment of qualified nursing staff and social care staff has been an ongoing concern for providers over the last five years, but this is a widespread issue within the health and social care sector and is not specific to NPT.

Without sufficient staff, care homes have been unable to accept new admissions and there is a risk that care homes may give notice on placements if they assess that they are unable to safely continue delivering care with their current staff levels.

**Section D – Other Considerations Affecting the Market**

**Self-Funders**

All care homes in NPT accept privately funded placements. Information regarding the cost and number of placements made under this arrangement is not available to the Council. There are a very small number of self-funders where the Council contracts on behalf of the resident.

**Workforce**

The sector is finding it increasingly difficult to recruit care staff and in particular qualified nurses. Care staff are leaving the care sector to work in other areas.

Commissioners are considering ways to support providers in regards to their workforce issues with the emphasis on rates of pay. SB UHB are considering ways to recruit nurses as well as providing courses to upskill care staff.

**Section E– Summary of the Market**

### **Pre COVID-19**

The market has demonstrated to be sufficient and stable prior to March 2020. Demand for this service was evident and was supplied by the appropriate number of both residential and dual registered/nursing care homes. Prior to March 2020, the service did not experience any major issues and this can be attributed to a very robust, reactive quality service worked in a co-production manner by the Council.

### **Post COVID-19**

COVID-19 has been the biggest challenge the health and care system has faced in living memory. There is now not only an imperative to restore residential care service market provision but to adapt and meet the changes ahead, driven by emerging trends and the continual pressures of COVID-19. The workforce issue remains a major influencing factor and needs to be at center stage going forward. The current position is that we have a surplus of vacant beds, but these vacancies do not equate to availability of provision. It is difficult to predict how the number of available beds will change over the next few years, as this will be dependent on how quickly care homes can achieve their pre-COVID-19 stability.

## **Collaborative Arrangements**

In Older Person's Services, the Council has extensive and longstanding relationships with partner agencies such as the SB UHB, CIW and Swansea Council (SC).

We jointly commission our Funded Nursing Care contracts through one agreed service model and contract with SB UHB. We have fully aligned our performance management systems and processes, developed joint quality assurance frameworks and as a matter of routine, arrange joint visits to services where there are services and people that are jointly commissioned with SB UHB. We believe the extensive collaboration between partner organisations throughout the commissioning cycle strengthens the effectiveness of each partner in how they discharge their roles within health and social care, as each brings something to the table that strengthens the other in their work.

Key areas of collaboration include:

#### Strategic

All commissioning partners attend the Regional Externally Commissioned Care Meeting, which has a focus on regional approaches to care home commissioning. We also hold provider meetings with the SB UHB, which is jointly chaired.

#### Joint Contracting

A regional contract has been developed and there is a pooled fund arrangement in place.

#### Service Modelling/Development

The Council and SB UHB have worked closely together to agree the service specification (model) we wish commissioned providers to deliver.

#### Quality Standards

We have agreed with SB UHB and SC the Regional Quality Framework (RQF). This is a common set of quality standards for older persons residential and nursing care, which gives a shared view of standards required in residential and nursing care. We also undertake joint monitoring visits with SB UHB to relevant care homes.

#### Performance Management/Improving Services

Where service improvements are identified, our Council works closely with SB UHB and wider partners such as CIW to help providers make the changes required that can raise the standards to services so they are compliant with our contracts and statutory regulations. This work is taken forward through our regionally agreed JIMP and HOSG process.

## 8.2 Care Home Services- Children

### **Section A – Market Sufficiency**

## Population Based Demand

Since 2017, the number of children the Council placed in residential care placements has remained at a consistent level.

Number of Placements in Residential Care <sup>1</sup>	2018	2019	2020	2021
	10	10	10	10

Table 2.1: Number of children’s residential care placements by year

Over the previous four years, NPT’s Children Looked After (CLA) population has reduced by 20% but this has not resulted in an overall decline in demand for residential care provision.

The use of residential provision is determined by the assessed needs of the child and although the overall CLA population is declining, there continues to be a need for specialist residential provision for a small cohort of children.

Placements in Residential Care as a % of THE COUNCIL CLA Population <sup>2</sup>	2018	2019	2020	2021
	2.8%	3.2%	3.7%	4.1%
Movement Direction	-	↑	↑	↑

Table 2.2: Proportion of CLA in residential care

## Residential Care Supply and Market Growth

The Council does not own or operate any children’s residential care provision<sup>3</sup> and continues to be reliant upon the external market for all residential care placements.

The Council’s residential care market has grown by 23%<sup>4</sup> over the previous four years and currently consists of eight service providers, who collectively operate 13 registered residential care settings and provide 59 bed spaces.

Based on local demand for residential care provision, the Council’s residential care market has been and continues to be numerically over-supplied. As such these care homes mainly support children and young people from other local authority areas. However, over the previous four years, local provision has

<sup>1</sup> Using snapshot data taken on 31<sup>st</sup> March of each year, rounded to the nearest 5 for disclosure reasons

<sup>2</sup> Using snapshot data taken on 31<sup>st</sup> March of each year.

<sup>3</sup> The council owns and operates a secure children’s residential home; please refer to the secure estate chapter

<sup>4</sup> Based on number of bed spaces using 4Cs host the council data

provided limited placement availability and has been unable to effectively meet local demand for placements for children who present complex support needs.

This has presented a sufficiency dilemma because despite numerically having too much local supply, it is challenging to find appropriate, local residential placements for local children who are looked after.

### Residential Placement Accessibility and Gaps

Over the last four years, the key market gap related to limitations on local placement availability, most notably for children who presented complex support needs. The impact of this has resulted in local children having to move out of county in order to receive a suitable residential placement, which negatively impacts upon the child's outcomes and disrupts their local support connections.

Occupancy data<sup>5</sup> relating to residential settings located within the locality demonstrated the majority of placements made within the Council were from local authorities from across South Wales. Placements have also been made from across Wales and England.

Difficulties achieving market sufficiency have been reported as an ongoing concern across Wales. As other local authority areas report increasing CLA populations, this area of concern is anticipated to continue affecting the sufficiency of the Council's residential care market which can only find resolution when the sufficiency balance is achieved across Wales.

To attempt to address this issue, in conjunction with the WG RPB, the Council and regional partners had developed service development proposals to create new provision within the locality but the funding bid was unsuccessful. The Council's commissioning and strategic plans are currently under review, which will try to seek alternative solutions to address this issue. The Council will continue to work closely with regional partners and the Children's Commissioning Consortium Cymru (4Cs<sup>6</sup>) to support market wide developments to address this issue going forward.

### Residential Placement Location

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<sup>5</sup> 4 C's Host The council placement data

<sup>6</sup> Please note, it is a priority for the 4Cs to expand and reshape the current market for residential care to ensure there are homes available that will meet the sufficiency needs of Local the council commissioners and to meet and improve outcomes for children.

In line with the individual child’s assessed needs, residential care placements are initially sought from within the Council boundary when it is safe to do so. Placements made within the area for local children provides them with continuity of contact with family and friends, as well as continuity of access to their local communities, education and health providers.

The vast majority of residential care placements made by the Council over the last four years have been made in residential care settings outside of the Council boundary, the primary reason being due to the limited availability of suitable placements within the locality’s residential care settings.

Since 2017, the patterns of placement usage are averaged and summarised as follows<sup>7</sup>:

% of Children Placed within the Locality	% of Children Placed Out of County	% of Children Placed in North Wales	% of Children Placed in England
20%	80%	0%	0%

**Table 2.3: Average proportion of children’s care placements by location**

Over the past four years the principal factor in the need to procure placements outside of the Council area has related to the availability of suitable placements. Whilst the location of a placement is a consideration as part of the placing process, the market does not provide sufficient choice to ensure children are placed close to their local connections.

This has been and continues to be a concern. The Council’s commissioning and strategic plans are currently under review, which will explore further development work to attempt to tilt the balance towards reducing the use of out of county placements.

**Placement Stability and Suitability**

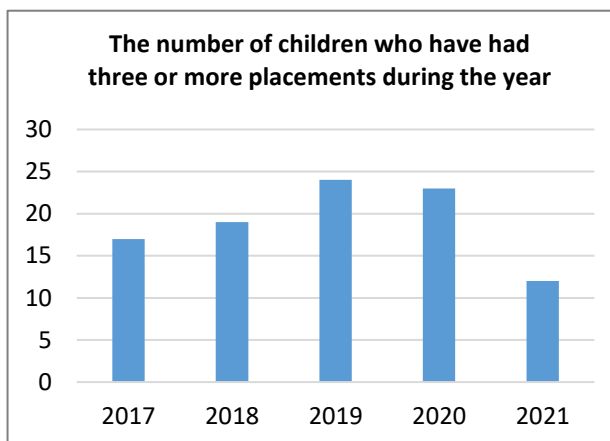
The level of placement stability is shaped by many contributing factors but from a sufficiency perspective, the rate of placement turnover is an indicator of how the markets are providing a sufficient level of suitable placements.

<sup>7</sup> Due to the small numbers of the council children placed in residential care, summary data has been provided due to disclosure reasons



Whilst the table depicts all the Council’s CLA placements (not unique to residential placements), it does demonstrate that since 2019, the Council is getting better at securing suitable placements at an earlier stage. This trend is largely due to the fostering market developments rather than the residential care market.

**Table 2.4: Children with 3+ placements per year**



Purely from a sufficiency perspective, low placement turnover does restrict new placements becoming available within the market, but due to the low numbers of placements sought by the Council, the impact of this placement turnover has minimal impact upon the placement approach.

All placement decisions are based on the assessed need of the child. The difficulties in achieving market sufficiency in the foster care market has led to unnecessary usage of residential placements until a suitable foster placement has been found. Whilst this has unfortunately been experienced by a small number of children, this is a key area for development to prevent this situation from occurring in the future.

Fostering plans are currently under review to attempt to address this issue.

Quality and Outcomes

Care and support plans continue to be co-produced with the child and their progression and achievement of personal outcomes are regularly reviewed and evaluated.

Overall, the residential care market operating within NPT and commissioned out of county residential care settings have sufficiently met required service quality standards, and have effectively supported children to achieve their personal wellbeing outcomes.

The COVID-19 pandemic had disrupted inspection and monitoring cycles adopted by CIW, 4Cs and the Council’s CCU. Based on the best available data,

identified areas of poor service performance across the Council residential care market and commissioned out of county providers have been isolated to specific providers or have been isolated incidents.

Across the locality residential care market and commissioned out of county providers, the most common area of service improvement identified by CIW 4Cs and the CCU is linked to the leadership and management of residential care settings. The most common area for improvement related to the delivery of the 'Responsible Individual' (RI) Role.

An analysis of inspection and contract monitoring reports also identified many personnel changes to 'Registered Manager' post holders, the impact of which is being closely monitored by the Council's CCU in relation to commissioned providers.

### **Current Level of Market Sufficiency**

The Council residential care market currently faces key challenges to achieve market sufficiency.

Whilst NPT is an 'over-supply' area of residential care provision, the market is not providing the locality with sufficient placement availability, with a key gap in provision relating to placements for children who present complex support needs. Based on numerical placement numbers, there are more residential care placements in the Council area than we need, but only 5%<sup>8</sup> of residential care placements located in NPT are occupied by children from the locale. The remaining 95% are either unavailable or are occupied by children placed by other local authorities (primarily from across South Wales).

Over the previous four years, the Council's residential care market has grown by 23% and there are strong indications that the local area will continue to attract new or expanding residential providers in the coming years. Discussions with organisations interested in opening new residential provision within NPT demonstrated intentions to satisfy demand from the Council's neighbouring local authorities, rather than developing service models to meet local demand. This is a concern and can be attributed to wider market sufficiency issues.

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<sup>8</sup> Using the Council's Data as on 09.11.2021 and 4Cs LA Hosting Data as on 09.11.2021

Whilst the Council is currently reviewing its commissioning and strategic plans, which will explore potential solutions to address gaps in the residential care market, the challenge of achieving local market sufficiency will not be fully resolved until market sufficiency is addressed and improved across Wales. Alongside the Council review of its strategic plans, we will also work closely with partner organisations both regionally and nationally in order to support market wide sufficiency developments.

### **Likely Issues to Affect Market Sufficiency Over Next Five Years**

#### Population Based Demand

In line with the Council's Children's Services strategic plans, the use of early intervention and prevention services, family support services and improvements in quality of practice is aimed to further reduce the number of children and young people becoming looked after in locality. A decreasing CLA population may result in a future decreased demand placed upon the residential care market.

#### Impact from Wales Wide Sufficiency Issues

The sufficiency of the residential care market across Wales is a concern. As local authorities across Wales seek residential care placements in other Council areas to meet their placement needs, this is affecting the ability of NPT's local residential care market to provide local residential placements for local children.

With CLA populations rising in neighbouring Council areas and across Wales, their increased demand may create future pressure on the use of residential care placements within the area. Until market sufficiency is improved across Wales, any increased placement demand presented by other local authorities is likely to result in further limitations on local residential care placement availability.

#### Potential Extension of 'When I'm Ready' Placements to Residential Care

The work of the Children's Residential Care Task and Finish Group (a sub-group of the Improving Outcomes for Children Ministerial Advisory Group) will be closely followed to identify any potential changes in service delivery. For example, a potential extension of 'When I'm Ready' type placements to residential care will impact upon the availability of residential care placements; therefore strategic and operational children's services plans will

be reviewed and assessed should the market require delivery of these service models.

## **Section B - Market Stability**

An analysis of the Council's residential care market identified a number of instability characteristics which requires further development.

### Balance of Demand and Supply

The sufficiency assessment above identified that demand and supply within the Council's residential care market is not balanced. The market requires further development to meet the future needs of the local population. However, addressing this area of market instability is a challenge on a local, regional and national scale. The Council is currently reviewing its commissioning and strategic plans to seek alternative solutions to improve local market sufficiency. The Council will continue to work closely with regional partners and the 4Cs to support regional and national market developments.

### Access to Local Market Information

In 2022, the Council plans to publish a localised market position statement and will work collaboratively to publish a regional market position statement, both aimed to provide reliable market based information to external service providers in order to help them plan for the future and to effectively meet local market demand. The Council plans to work closely with partner organisations to undertake market engagement and market shaping activities from 2022 to support local market development.

### Local Provider Base Diversity

The Council's residential care market consists of a number of external service providers, all of which are private commercial organisations (none are charitable or third sector organisations). There is a diverse mix of large and smaller service providers.

The Council does not own or operate any non-secure residential care settings, therefore, external service providers hold 100% market share. Market share is quite evenly distributed with the majority of the Council's based residential care settings holding between 5% and 10% of local market share. Whilst

providers who are classed as the ‘biggest’ residential care providers in Wales<sup>9</sup> are operating within the locality, their local market share is relative to other local providers. Most recent notable changes have been acquisitions within the market, the impact of which upon the quality of commissioned placements is being closely monitored.

#### Market Wide Shocks

The risk of market shocks and potential market collapse within the external residential care market is being closely monitored, especially with regards to the Welsh Government having expressed an intention to remove profit-making from the provision of care to looked-after children.

The Competition and Markets Authority’s (CMA) anticipated findings on the Children’s Social Care Market Study will also be closely monitored along with the resultant impact on the market.

#### **Action due to Failure**

No action has been applicable by the Council in pursuance of its duty under section 189(2) of the Social Services and Well-being (Wales) Act 2014.

### **Section C – Other Market Stability Factors**

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

Children residing in residential care placements have outcomes based care and support plans which are coproduced with the individual. All commissioned residential care providers regularly review progression and the achievement of personal outcomes.

Alongside CIW and the 4Cs contract monitoring role, the quality and performance of commissioned residential care placements are monitored on a six-monthly basis by the Council’s CCU. From analysing available inspection and monitoring reports, overall, the Council’s residential care market and commissioned out of county residential providers deliver good quality care and support provision. Incidents of poor performance have been largely

<sup>9</sup> Based on 4Cs Market Share Data

isolated to specific providers and specific incidents and are not indicative of sector-wide quality issues. The largest risk to the achievement of personal outcomes relates to placement location, suitability and stability. The insufficient availability of suitable placements locally presents key challenges to personal outcome achievement.

### **Current and Projected Trends**

In line with the Council's Children's Services strategic plans, the use of early intervention and prevention services alongside edge of care and family support services aims to further decrease the Council's CLA population over the next five years. The likely impact of a decreasing CLA population is an overall decrease of demand placed upon the residential care market.

#### Changing CLA Population Support Needs

The continued drive to utilise effective early intervention and prevention services, edge of care and family support services may also support younger children at an earlier age; the likely long term impact is a reduction of the CLA population presenting with complex support needs.

Whilst the presentation of support needs is multi-factorial, as a general overview, the effective use of such support services may reduce the level of support presented by children on entry and during their residential care placement, which will contribute to improved service sufficiency for this cohort of children.

### **Impact of Commissioning Practices on the Market**

In line with the Council's Children's Services strategic plans, whenever it is considered necessary for a child to become looked after, the first consideration will be to place the child with a suitable foster care placement located in or around the area whenever this meets their assessed needs.

Sometimes a residential placement is needed in line with the child's assessed needs or for a small cohort of children, when no suitable match is available with an approved foster carer. The approach has shaped local demand for residential placements for children presenting with complex support needs. However, local provision provides limited availability for this type of

placement, and many local providers do not offer the models of support required to support such placements.

Residential placements are sourced and procured in the first instance through the 4Cs All Wales Residential Framework; if a suitable framework placement is not found, the placement is alternatively sourced through non-framework commissioning arrangements.

Use of the 4Cs Framework provides the Council with support from a national commissioning approach and improves the limited buying power of the Council.

Whilst the use of the 4Cs Framework provides the Council with an opportunity to source residential care placements from a wide array of providers, this does not necessarily result in a suitable local placement match due to the lack of available and suitable local placements. The Council will continue to contribute to the commissioning development work led by the 4Cs and will work closely with the 4Cs and other regional partners to support market developments both on a regional and national basis.

#### **Sustainability of Provision**

The Council's residential care market contains a number of service providers, with no overreliance upon one external provider.

#### **Risks to Market Stability**

There are no current market stability risks, however this will continue to be monitored.

#### **Section D – Non Regulated Provision**

For the purposes of clarity, the Council does not commission non-regulated residential provision.

The continued investment into effective early intervention and prevention services, family support services and edge of extra care support services is likely to further decrease the number of children becoming looked after, which is likely to reduce the overall demand that the Council has for residential care.

Furthermore, the effectiveness of such support services provided to families at an earlier stage may also reduce the number of looked after children who present complex support needs in the future. This may reduce the gap in service sufficiency for this cohort of children.

### **Section E – Other Considerations Affecting the Market**

#### **Resources**

Planned reviews of commissioning and strategic plans will explore and consider areas of resource pressures and areas where resources require investment and levelling up.

### **Section F – Summary of the Market**

The Council's residential care market will continue to face challenges to meet market sufficiency, which is an issue shared across Wales. The Council will review its strategic and commissioning plans in 2022 and will continue to work with regional and national partners to support market wide developments. Market stability risks presented by potential Welsh Government policy changes will be monitored closely.

## 8.3 Specialist Care Homes – Learning Disability and Mental Health

### **Section A – Market Sufficiency**



## Market Capacity

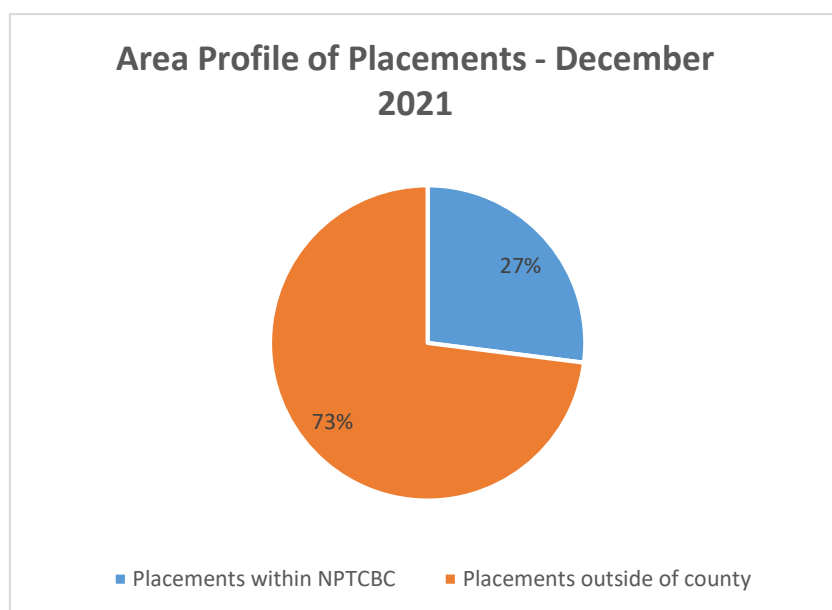
The Council currently commission 19 specialist residential care homes for people with a learning disability and 26 specialist residential care homes for people with mental ill health. These services provide a total of 79 placements for younger adults aged 18 to 64 years that have been assessed as requiring residential care due to their learning disability or mental health needs.

Additionally, the Council currently commission 21 placements in standard residential care for people that have a learning disability or mental ill health. Some of these homes have applied for a variation of their registration in order for them to accept individuals who are aged under 65.

*(NB: Detailed standard residential care data is captured in Chapter 1 Care Homes -Adults.)*

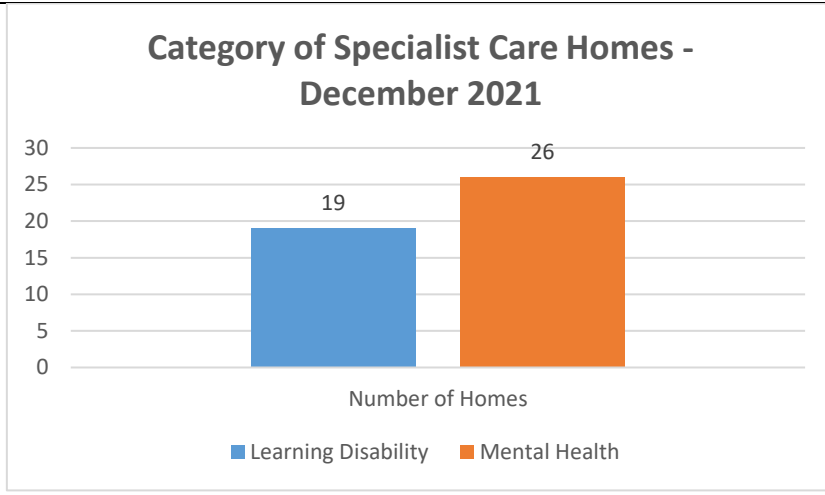
## Core Data - Overview - 2018 onwards

### Homes Provision – Specialist Care



**Table 3.1: Breakdown of placements in NPT and out of county**

There is a diverse provider base, 27% is commissioned within the county and 73% out of county. The service provision within the Council is limited, therefore many services are commissioned outside of the county.



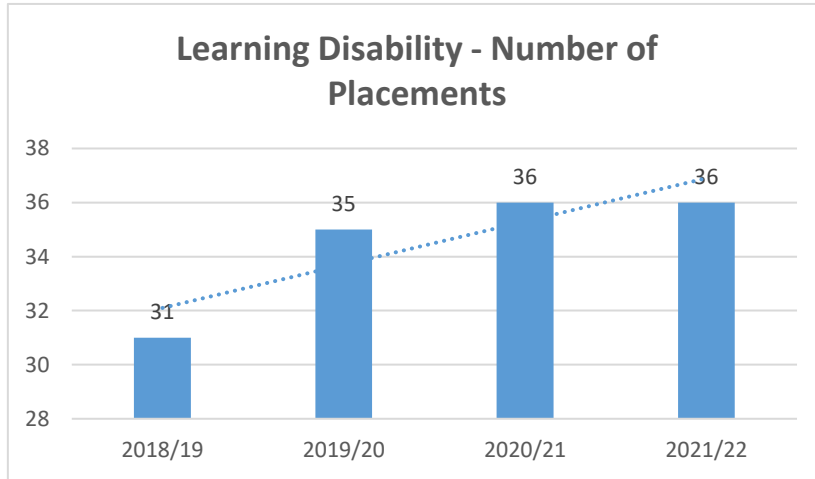
**Table 3.2: Category of specialist care homes**

The above graph illustrates category of care home accessed equates to learning disability 42% (19) and mental health 58% (26).

Over the four-year period occupancy rates have been 100%. The nature of the placements are long term and tend to be over many years.

**Population Based Demand**

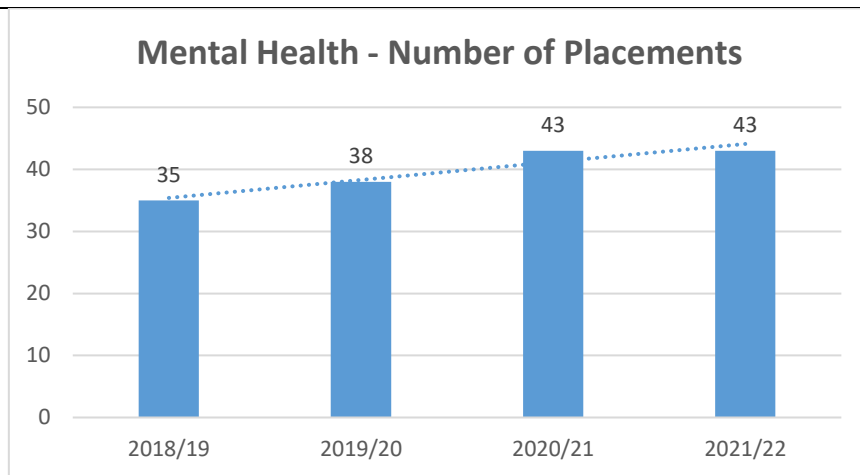
Learning Disability



**Table 3.3: Number of learning disability placements by year**

Comparing 2018/19 to 2021/22 there has been a 16% rise in the number of placements, although the numbers over the last two years have remained static.

Mental Health



**Table 3.4: Number of mental health placements by year**

Comparing 2018/19 to 2021/22 there has been a 23% increase in the number of placements, although numbers over the last two years have remained static.

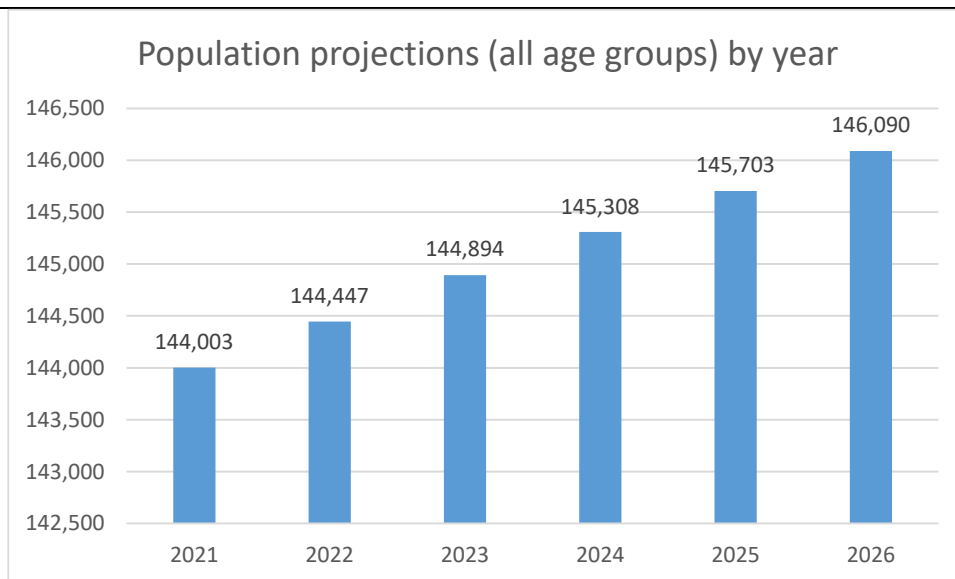
Both categories have seen an average increase from 16% -23% over the four-year period and this can be attributed to transition cases now coming through the system.

Current Level of Market Sufficiency

It is not possible to meet current level of demand within the county and as such a significant number of placements are made outside of the local area.

**Section B - Market Stability**

Population



**Table 3.5: NPT population projections by year**

The above graph illustrates we expect to see a consistent year on year increase in projected population figures over the next five years.

### Financial

Each learning disabilities and mental health service provider will set their own individual rates for care taking into account the following:

- Hotel costs
- Premises
- Supplies and services
- Administration and central costs
- Transport
- Staff costs
- Core care costs
- Profit/management charge

The viability of individual homes is monitored, however since the pandemic the Council has developed a tool which considers a number of criteria to aid more detailed assessment of a home's sustainability and financial viability.

This looks at and takes account of current and historic occupancy levels, performance management/ 'JIMP' issues, care quality, and whether there is a suspension of placements (whether pandemic related or other reasons).

The sustainability of some providers remains fragile due to increased void levels, challenges with accepting new placements, additional unprecedented costs associated with both the COVID-19 pandemic (such as insurance) and the cost of living (such as fuel), as well as the rates of pay needed to retain and

recruit staff. Staff recruitment is also a significant problem with carers leaving to take up jobs in completely different sectors such as retail.

### **Action due to Failure**

The action taken will depend on the type of failure which has occurred. If the failure is anticipated to be time limited (such as COVID-19 related staff absence) the Council will support as necessary, which may include the provision of Council staff to deliver care or management support.

In situations where a care home can no longer operate and is likely to close, the Council uses the HOSG toolkit to support residents in finding a suitable alternative care home. In the last four years HOSG toolkit has been successfully used to support residents to move from three care homes, which were closed due to the owners wishing to retire.

Officers continue to work closely with care homes and undertake service monitoring, including financial checks. Regular contact is made with all individual care homes and frequent provider forums are scheduled throughout the year, as well as individual provider meetings.

## **Section C – Other Market Stability Factors**

### **Contract Monitoring**

Contract monitoring is essential to help improve the quality of the support. CCU has forged very good relationships with providers and the process includes the following:

- Planned Annual Service Provider Review
- Unplanned Focused Monitoring
- Service User Review
- Regular Provider Forums
- Individual Provider Meetings

### Monitoring Visits

As part of our contracting and monitoring processes monitoring visits are completed with providers to review the quality and performance of the services. A monitoring report is produced based on observations and findings

from the visits as well as supporting evidence (including staff and service user feedback) supplied as part of the assessment process. When monitoring the provider services, an established evidence based approach is followed. This is to ensure that adult social care responses are linked to assessed need and the desired outcomes for people are clearly linked to safeguarding and minimising risks to people's independence.

#### Planned Annual Service Provider Review

The annual monitoring reports are based on three domains:

*Outcome A:* The service user is known by the people involved in their care and lives a full life in an enriched environment.

*Outcome B:* The physical and mental health and wellbeing of the service user is maintained and promoted.

*Outcome C:* There is a dynamic leadership style that inspires and motivates a competent staff team.

Following the Annual Service Provider Review monitoring process if there are gaps and issues a Service Improvement Plan (SIP) is implemented. This plan is based on an overall view of the service provider's quality and performance and is separated into a number of key areas of service delivery, highlighting the outcomes, areas of activity, findings and any subsequent recommendations (including any areas of non-compliance against the Contract and Regulatory Standards). Timescales and deadlines are agreed in conjunction with the provider and this plan is completed by the monitoring officer. Home visits also form part of the service review and the findings are also included in the SIP.

#### Unplanned Focused Monitoring

This process is instigated when the provider is perceived to be experiencing problems such as complaints; AAR referrals; contract compliance concerns; and staffing issues. The monitoring process is undertaken as well as the completion of a SIP.

#### Weekly Support

Commissioners met with providers on a quarterly basis over the period 2017-2019 but this increased to monthly from the onset of the pandemic to ensure there was constant dialogue, support and sharing of ideas/experiences/good

practice. Over the pandemic phone calls were made from the Contract Monitoring Officers each week in order for providers to discuss any issues and for monitoring officers to collect data to help understand emerging issues. This information included all COVID-19 aspects and contributed to a regional position for WG RPB.

The Council's training department have a comprehensive training programme for care home staff within learning disability/mental health settings which provides the tools to enable staff to work with service users in a person centred way; this includes site visits, together with ongoing support and resources.

The Council has developed a Contract For The Provision Of Specialist Residential Care Services For Learning Disabilities, Physical Disabilities and Mental Health. This endorses the expectation care and support will be tailored to individuals' needs aligning with a more person centred approach.

### **Current and Projected Trends**

**Next five years** - The pandemic has not impacted on care home placements, however, the Council are developing a more diverse support market including supported living services, extra care schemes and specialist domiciliary care provision, which in the long term may impact on the sustainability of the residential care market. However there will be opportunities for care homes to work with the Council to redesign their current model and move their registration from care home to supported living provision.

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

#### **Welsh Government – Statutory Guidance**

The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 as amended, came into force in April 2018 and was fully implemented and operational by April 2019. The key change facing providers was the requirement to re-register with CIW to provide a care home service with a 'statement of purpose' providing a full description of the services that could be delivered.

The new legislation replaced the 'National Minimum Standards for Care Homes for Younger Adults with a new set of regulations and associated statutory guidance. This required a new Neath Port Talbot Specialist Residential Care Contract for Learning Disabilities and Mental Health. While little will change with regards to the monitoring function, a review of the monitoring tools used was implemented to ensure consistency and alignment with the regulations.

All specialist care home placements are made through spot contract arrangements. The Council is not part of CCAPS, instead all mental health residential placements are made through the West Glamorgan Regional Framework.

Our robust monitoring processes means that we have been successful in working with providers to maintain good levels of service quality and to support providers when issues are identified. The close partnership working with providers has helped support care homes face the challenges that arose from the COVID-19 pandemic.

Over the last ten years the focus has been on supporting people to remain independent within their own homes. This means that we now mainly commission community accommodation based options such as supported living and extra care. Generally the Council will only make placements in specialist care homes when it is not possible to meet a persons assessed needs in the available community accommodation based services.

Care home placements are not the preferred option for those requiring care and significant commissioning work continues to take place to develop more enabling local support models, such as supported living, extra care, independent living flats and core and cluster. In addition, the Council is developing a 'step-up to step-down' service to help enable people to develop the skills to live in more independent accommodation options. As such it is expected that the demand for specialist care homes will reduce over the next five years.

A programme of commissioning has been established to support people placed in specialist out of county care homes to return to their home locality and live in community settings where this is appropriate and aligned to the persons preferred outcomes. This work will continue over the next five years



and will reduce the number of commissioned out of county specialist residential placements.

Some care homes have gone through the process of de-registration and now operate as supported living services. The Council have provided support and consultation for providers to implement this particularly regarding reassessments and their cost models.

The Council have awarded specialist care home providers an 11% uplift for the 2022/23 financial year in order to help improve staff terms and conditions, including payment of the Real Living Wage.

### **Sustainability of provision**

There are 13 care homes operating in locality, all of which are either privately run or part of a larger corporate company.

Current availability is significantly limited and there has historically been a need to make placements outside of the area. However, the continued development of community accommodation models means that there will be less demand for specialist care homes going forward and a continued reduction in the number of people placed out of county.

### **Risks to market stability**

#### **Care Homes Feedback**

Care home providers continue to experience pressure and influences from a range of sources.

#### Care Need

Current trends are suggesting that there is a current need for specialist residential care. However, the expectation is that demand will reduce as new care models are developed.

#### Occupancy

To date there are little or no vacancies within the care home sector for learning disability and mental health clients within the NPT Council boundary. One issue is that the Council is home to a vast number of individuals who have

been placed out of their county, which impacts on the availability of beds for local service users.

#### Financial

Staff pay is an ongoing issue impacting on retention and recruitment, there is no evidence that this is leading to specialist care homes refusing new admissions. Running costs have also increased due to COVID-19 (such as increased insurance) and unprecedented increases in cost of living (such as food and fuel).

#### Staff

The retention of staff is difficult as already stated, and the pandemic has created further pressures. It is important to recognise that the pandemic has also created more pressures on staff for other reasons e.g. working longer hours to cover sickness.

#### Recruitment

Recruitment of social care staff has been an ongoing concern since 2017 to present day for providers. Please note that this is a widespread issue within the health and social care sector and is not specific to the Council area.

### **Section D – Other Considerations Affecting the Market**

#### **Direct Payments**

Currently there are 167 recipients with a learning disability who self-direct their care through Direct Payments, and 22 within mental health.

#### **Workforce**

The sector is finding it increasingly difficult to recruit care staff. Staff are leaving the care sector to work in other areas considered less demanding.

Commissioners are considering ways to support providers with their workforce issues with the emphasis on pay.

## Section E– Summary of the Market

### Pre COVID-19

The market has demonstrated to be sufficient and stable prior to March 2020. It is very clear the service has not seen any major issues and this can be attributed to a very robust, reactive quality service worked co-productively with the Council.

### Post COVID-19

COVID-19 has been the biggest challenge the health and care system has faced in living memory. It is now imperative that the specialist residential care market provision adapts in order to meet the changes ahead both driven by emerging trends and the continual pressures of COVID-19. The workforce issue remains to be a major influencing factor and needs to be at center stage going forward. The work being undertaken by commissioners to redevelop the market so that it better reflects the preferred outcomes and wishes of service users will directly impact on specialist care home provision.

## Collaborative Arrangements

In Older Person's Services, the Council has extensive and longstanding relationships with partner agencies such as the SB UHB, CIW and SC.

Where relevant, the Council and the SB UHB commission learning disability and mental health care home services together. Our performance management systems and processes are complementary and link closely to one another; we have developed agreed quality assurance frameworks, arrange joint visits to services where we can and rely on each other for support, and a clear view on provider performance. We believe the extensive collaboration between both organisations throughout the commissioning cycle strengthens the effectiveness of each partner in how they discharge their roles within health and social care as each partner brings something to the table that strengthens the other in their work. SB UHB brings specialism around behavioural management, for example those people with a learning disability, complex care needs and S117 mental health placements.

Key areas of collaboration include :

### Strategically

An extensive joined-up approach is undertaken through the regional partnership so that future provision is shaped, future-proofed and is right for our service users, the Council and SB UHB, as well as delivering a shared vision with wider partners such as SC. We have an agreement in place with SB UHB for the joint development of services and SB UHB representatives attend our strategic planning meetings, such as the Accommodation and Pathways Group. Furthermore we are part of the Commissioning for Complex Care Regional Group.

### Joint Contracting

When services are commissioned jointly, for example a new service is commissioned through a tendering exercise, the tender exercises are jointly tendered by both authorities with the Council as lead. SB UHB are invited to contribute to the tender process by contributing to and agreeing the contents of the tender pack, including evaluation questions and has a seat at the table during all parts of the evaluation activity including choice of provider. Specialist mental health placements are made via the Regional Brokerage Service.

### Service Modelling/Development

When services are jointly commissioned, service models are developed between partners jointly and there is a common, agreed view of service quality, standards and models.

### Quality Standards

We have a quality framework that is used by commissioners to monitor services and ensure they are consistent with our contract. The CCU are looking to develop a new quality framework in 2022/23 in partnership with SB UHB.

### Performance Management/Improving Services

When issues are identified in services, the Council works closely with SB UHB and wider partners such as CIW to help providers make the changes required that can raise the standards to services so they are compliant with our contracts and CIW regulations. SB UHB and other partners contribute extensively to our performance management processes, including escalating concerns and performance management processes where decisions are agreed jointly and taken forward as partners.

#### 8.4 Secure Accommodation – Children

##### **Section A – Market Sufficiency**

##### **Market Capacity**

The Council own and operate Hillside Secure Children’s Home. Hillside is the only secure children’s home in Wales, which puts the Council in a unique position within Wales of being able to access secure residential placements within its own county boundary.

Hillside accepts children and young people from anywhere in the United Kingdom but is focused on providing placements for Welsh children in line with placement availability and the child’s assessed support needs.

Since the 2017 Western Bay Population Assessment was published, Hillside’s service model was reviewed and amended, the outcome of which resulted in a reduction in Hillside’s overall placement capacity but this has not negatively impacted upon the Council’s access to secure residential placements.

Since 2017, the key changes to Hillside’s placement capacity are summarised as follows:

	2017	2021	Movement Direction
Total Bed Capacity	22	18	↓ 4 (18%)
Of which, number of beds commissioned by Youth Custody Service	10	6	↓ 4 (40%)
Of which, number of beds commissioned by placing Local Authorities	12	12	—
Age Range Criteria	12-17	10-18	↔

**Table 4.1: Changes in bed capacity, commissioning organisation by year**

### **Population Based Demand**

Since 2017, the number of children the Council placed in Hillside Secure Children’s Home has remained at a consistently low level.

	2017	2018	2019	2020	2021

Number of Council placements made in Hillside Secure Children’s Home <sup>10</sup>	5	0	0	5	5
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Table 4.2: Number of Council placements made in Hillside by year

Over the previous four years, the Council’s Children Looked After (CLA) population has reduced by 20% but due to the small number of children placed in Hillside by the Council and the nature of requiring secure residential care placements, the overall locality CLA population data will not provide us with any realistic future demand projections.

**Admissions and Usage**

Over the previous four years, children located from locality occupied a small number of placements within Hillside, which has fluctuated at between 0% and 12% of annual admissions into Hillside. Therefore, between 100% and 88% of annual Hillside placements were occupied by children located from across Wales and England.

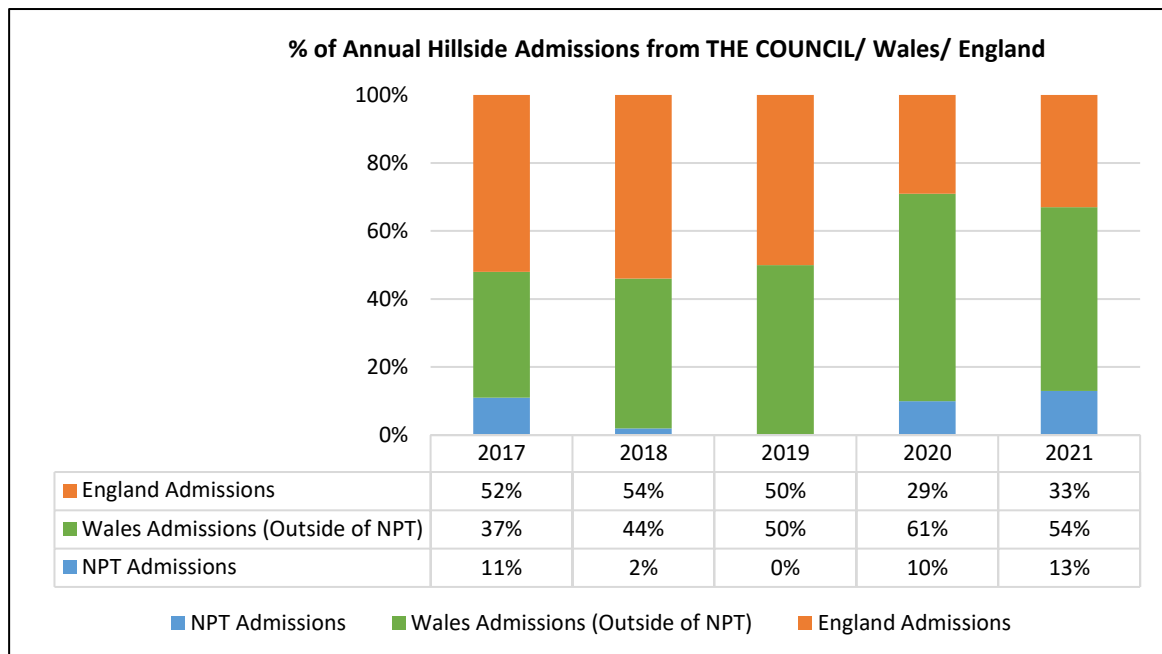


Table 4.3: Hillside admissions by origin per year

Since 2017, the Hillside admissions data (above) also demonstrates a trend in which Hillside placements were increasingly being occupied by children from across Wales (with a notable decreasing trend of placements made from England).

<sup>10</sup> Due to small numbers of children placed, data is rounded to the nearest 5 for disclosure reasons

### Quality and Outcomes

Hillside co-produce care and support plans with the child and their progression and achievement of personal outcomes are regularly reviewed and evaluated. Hillside is inspected and monitored by CIW, Estyn and commissioners including the Youth Custody Service. Over the previous 4 years, inspection and monitoring reports identified areas for improvement which Hillside have fully implemented.

Hillside closely collaborates with children residing there to ensure their voice is heard and various mechanisms are in place which enables children to residing in Hillside to inform service delivery and developments.

### **Current Level of Market Sufficiency**

Hillside currently provides enough placement capacity and availability to meet local population needs.

Hillside is currently reviewing its service model and is exploring future service models which will 'future proof' its service to ensure it is able to accommodate the future demands of the provision as well as being financially sustainable. Looking ahead, the Council and Hillside will work collaboratively with regional partners and Welsh Government to take forward identified outcomes of its service review.

### **Likely Issues to Affect Market Sufficiency Over Next Five Years**

#### Accessible Support Services to Meet Future Population Needs

Over the previous four years, the cohort of children referred to Hillside has increasingly presented with complex support needs. With this trend predicted to continue over the next five years, Hillside requires the input from a range of specialist support services to ensure children residing there receive the appropriate support based on their assessed needs.

Various specialist support services are commissioned by Hillside but the availability and funding required to provide such specialist services has been a challenge, which was especially evident during the COVID-19 pandemic. The pandemic resulted in service disruption to specialist support services, which resulted in limited availability of these services to children residing in Hillside.



Hillside is currently reviewing its service model and as part of this, the scope of specialist commissioned services is being reviewed to ensure children residing in Hillside access the right services based on their assessed needs. Depending on the outcome of the review (and subsequent service model reviews/ evaluations over the next five years), it is likely that Hillside will require input from a range of specialist health based services, which will require ongoing resource investment to enable Hillside to access these services.

## Section B - Market Stability

### Financial Sustainability

Whilst the Council own and operate Hillside Secure Children's Home, Hillside is modelled to operate on a zero base budget, meaning the provision is designed to be financed through income generation such as placement fees. Placement fees have increased over the previous four years in line with increasing operating costs. Placement fees are currently subject to review and will align to any developments to the future Hillside service model.

### Wales-wide Market Sufficiency

Due to Hillside operating as the only secure children's home in Wales, the Council has a stable access route to securing placements in Hillside. The Council is aware of the difficulties which other placing local authorities experience when sourcing a secure placement. This market awareness has been borne from observing the pressure and high demand placed on the secure estate. In the future, should further secure estate provision be developed within Wales, a full assessment will be undertaken to establish the impact such provision would present to the Hillside service model.

### Action due to Failure

No action has been applicable by the Council in pursuance of its duty under section 189(2) of the Social Services and Well-being (Wales) Act 2014.

## Section C – Other Market Stability Factors

## **Consideration of Market Quality**

Children residing in Hillside have outcomes based care and support plans which are coproduced with the individual and are regularly reviewed and evaluated with regards to the achievement of personal outcomes.

Hillside is inspected and monitored by CIW, Estyn and commissioners such as the Youth Custody Service. Over the previous four years, inspection and monitoring reports identified areas for improvement which have been fully implemented. The largest risk to the achievement of personal outcomes relates to access to support services commissioned by Hillside. The COVID-19 pandemic led to severe disruptions to the delivery of Hillside's commissioned support services. As part of Hillside's service model review, its commissioned support services are being analysed and reviewed to ensure they meet current support needs as well as 'future proofing' commissioning arrangements to meet the future support needs of children and young people.

## **Current and Projected Trends**

### Changing Support Need Led Demand

Over the previous four years, the cohort of children and young people residing in Hillside are presenting more complex based support needs. Whilst Hillside provide trauma informed care and support, children and young people are more frequently requiring specialist health based support.

This trend is likely to continue over the next five years. To ensure Hillside and its commissioned specialist support services meet future support needs presented by children and young people, the Hillside commissioning plan will be evaluated and updated to ensure appropriate commissioning arrangements are providing the right services in a sustainable way.

## **Impact of Commissioning Practices on the Market**

### The Council's Placement Usage

From a placement commissioning point of view, the impact of the Council securing placements within Hillside has a negligible impact upon the overall demand placed on the secure estate market.

Over the previous four years, children from NPT occupied a small number of placements within Hillside, which has fluctuated between 0% and 12% of annual admissions into Hillside. Therefore, between 100% and 88% of annual Hillside placements were occupied by children located from across Wales and England.

#### Commissioning Arrangements For Wider Placements

Currently, 33% of Hillside bed capacity is commissioned by the Youth Custody Service and 66% is available for Council commissioned placements. Hillside works closely with commissioning organisations to ensure the usage of the bed capacity reflects the demand presented by commissioning organisations.

#### **Sustainability of Provision**

The key challenge faced by Hillside is ensuring the provision achieves and maintains financial sustainability. Over the previous four years, increasing operating costs (net of efficiency savings) has resulted in increased placement fees. Dependent on the outcome of the service model review, placement fees will also be reviewed to ensure the Hillside business model is financially sustainable in the future. In the future, should further secure estate provision be developed within Wales, a full assessment will be undertaken to establish the impact such provision would present to the sustainability of Hillside.

#### **Risks to Market Stability**

Hillside, via the Council, is a non-profit making organisation and is therefore a stable provision.

#### **Section D – Non Regulated Provision**

Continued investment in specialist support services is required to more effectively support step down from Hillside secure placements. Hillside submitted a funding bid to enhance the range of specialist support services delivered within Hillside but unfortunately this funding bid was unsuccessful.

## **Section E – Other Considerations Affecting the Market**

### **Resources**

The Hillside service model review will explore and consider areas of resource pressure and areas where further resource investment is needed.

## **Section E – Summary of the Market**

The Council’s secure estate market is both sufficient and stable. Moving forward, the Hillside service model review will seek to ‘future proof’ the service to ensure it is able to accommodate the future demands of the provision as well as being financially sustainable in the long term.

## 8.5 Residential Family Services

### **Section A – Market Sufficiency**

There are no registered residential family centres located within the Council's boundary. Residential family centre provision is accessible from the adjoining local area and from across Wales. Demand for such placements from the Council is low; alternative provision including parent and child foster placements or the use of home based support services is often used as an alternative to admission into a residential family centre.

### **Section B - Market Stability**

Due to the low usage rate of residential family centres, the Council does not hold enough data to make an informed analysis relating to market stability.

#### **Action due to Failure**

No action has been applicable by the Council in pursuance of its duty under section 189(2) of the Social Services and Well-being (Wales) Act 2014.

### **Section C – Other Market Stability Factors**

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

The Council's CCU has not undertaken any contract monitoring visits to commissioned residential family centres over the previous four years. Therefore, the Council does not hold enough data to make an informed analysis relating to market quality.

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

The Council anticipates a continued low level of demand for residential family centres over the next five years.

#### **Impact of Commissioning Practices on the Market**

Due to the low level of residential family centre placements, the Council does not hold enough data to make an informed analysis of the market impact from their commissioning approach.

#### **Sustainability of Provision and Risks to Market Stability**

Due to the low usage rate of residential family centres, the Council does not hold enough data to make an informed analysis relating to market sustainability.

#### **Section D – Non Regulated Provision**

Demand for such placements from locality is low; alternative provision including parent and child foster placements or the use of home based support services is often used as an alternative to admission into a residential family centre.

#### **Section E – Summary of the Market**

Due to the low usage rate of residential family centre provision, the Council was unable to conduct an informed analysis of local market stability and market sufficiency.

### 8.6 Fostering

#### **Section A – Market Sufficiency**

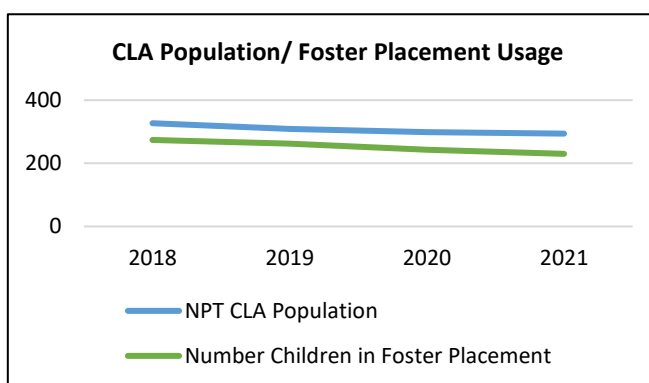
##### **Population Based Demand**

Since 2017, the Council's Children Looked After (CLA) population has reduced by 20% and so the overall demand for foster care provision has reduced.

However, the Council's foster care market has continued to face challenges to meet a balanced level of market sufficiency.

### Foster Care Supply

The Council's foster care market consists of The Fostering Service (operated and managed by the Council) and the use of IFA placements which are procured through the 4Cs All Wales Fostering Framework (AWFF).



**Table 6.1: NPT CLA population and foster placement uptake**

The 2017 Western Bay Population Assessment identified the number of local Council foster carers had fallen across the region, making it challenging to find appropriate, local placements for looked after children and young people.

Since 2017, the overall number of mainstream fostering households in the locality has declined by 18.6%. However, the overall number of mainstream fostering placements has not fallen so sharply with a 4.6% decrease, which is attributable to the increased placement capacity offered by fostering households. This decline has however contributed to limited placement choice and availability.

### Foster Care Placement Availability and Gaps

The key market gap related to limitations on placement availability for specific cohorts of children; most notably, children aged 11+ and who presented complex support needs. The shortage of such placements was experienced by both the Council's Fostering Service as well as from IFAs which is also an issue across Wales.

To address this gap, the Council's Fostering Service continued sustained efforts to recruit and retain skilled foster carers who could provide suitable placements for this cohort of children. Available funding opportunities were

also maximised to enhance the support provision available to this cohort of children and their foster carers.

Whilst this area of concern is not unique to locality and is a widespread market sufficiency issue across Wales, the Council is reviewing and revising its fostering plans to continue to address this issue going forward.

#### Location and Accessibility

In line with the individual child's assessed needs, foster care placements are initially sought from within the Council's boundary when it is safe to do so. Placements made within locality for the Council's children provide them with continuity of contact with family and friends and continuity of access to their local communities, education and health providers.

The vast majority of foster carers registered with the Council's Fostering Service are located within the Council's boundary. Whilst IFA placements are operating within the locality, due to their limited placement availability suitable IFA placements tend to be located within other local authority areas.

Over the past four years, the number of foster care placements made outside of the Council's boundary has reduced. Whilst this trend is tilting the balance towards less use of out of county based IFA placements, more market development work is needed to further improve the availability of suitable provision within the Council's boundary.

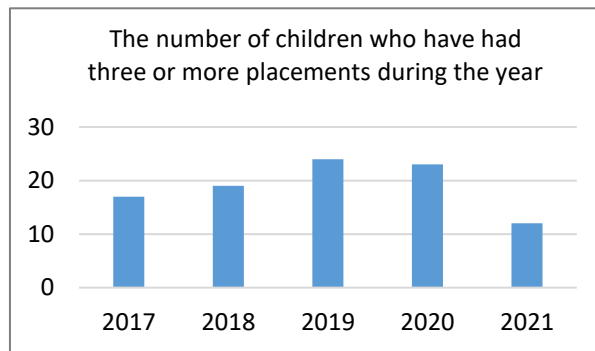
% of Foster Placements Placed in Area <sup>11</sup>	
2017 <b>74%</b>	→ 2021 <b>79%</b>

Please note that since 2018, placements located outside of Wales have only been used through Connected Carer placements (approved Family/ Friends).

#### Placement Provider

<sup>11</sup> Data does not include Connected Carers





**Table 6.2: Number of**

**placements per year**

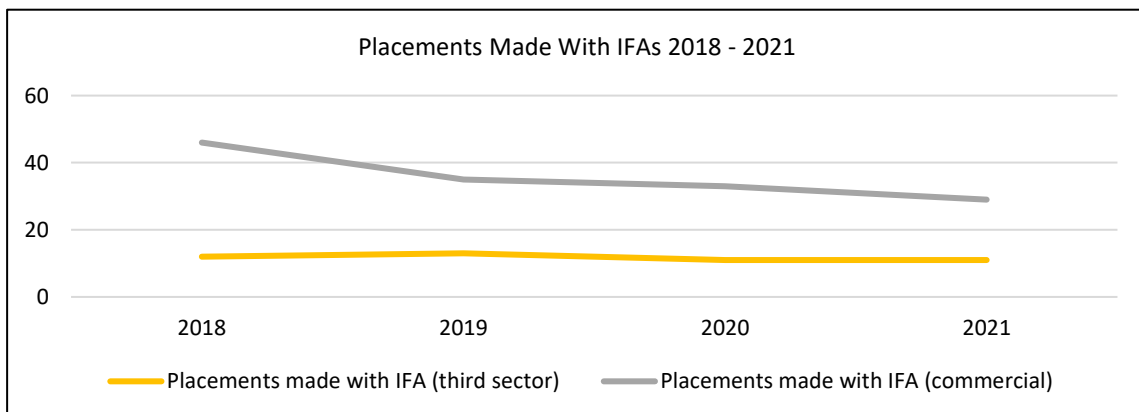
**children with 3+**

The use of IFA placements has decreased over the previous 4 years due to a decline in demand as well as a shortfall in local IFA placement availability.

**% of New Foster Placements Made with IFAs**

2018 **21%** → 2021 **17%**

The use of third sector based IFAs has remained relatively stable, with the largest decline noted on the use of commercial based IFAs.



**Table 6.3: Number of placements made with third sector and commercial IFAs per year**

**Placement Stability**

The level of placement stability is shaped by many contributing factors but from a sufficiency perspective, the rate of placement turnover is an indicator of how the market is providing a sufficient level of suitable placements.

Whilst the table depicts all the Council’s CLA placements (not unique to fostering), it does demonstrate that since 2019, the Council is getting better at securing suitable placements at an earlier stage.

Purely from a sufficiency perspective, low placement turnover does restrict new placements becoming available within the market, but the Council's priority is focused upon ensuring children can achieve long term settlement in suitable, stable, safe and secure placements in line with their assessed needs.

Please note, the reasons behind placement moves has not been included within this report due to the report's focus on market stability. Placement moves will be analysed and discussed in more detail within the Council's fostering plans which are currently under review.

### Quality and Outcomes

Care and support plans continue to be co-produced with the child and their progression and achievement of personal outcomes are regularly reviewed and evaluated. All placement decisions are based on the assessed need of the child. In 2021<sup>12</sup>, 100% of foster care placements were in accordance with the placement request (in line with care and support plans) but this figure was 95% in 2020<sup>13</sup>. When a suitable placement had not been found, Children's Services worked innovatively to prevent an unsuitable placement but unfortunately, for a small number of children, the lack of available suitable placements had led to the unnecessary use of residential care placements and out of county placements.

Overall, the foster care provision operating within locality and commissioned IFAs operating out of county sufficiently met required service quality standards and effectively supported children to achieve their personal wellbeing outcomes. The COVID-19 pandemic had disrupted inspection and monitoring cycles adopted by CIW, the 4Cs and the Council's CCU. Based on the best available data, identified areas of poor performance across the Council's foster care market and commissioned IFAs located out of county had been isolated incidents and were not indicative of market wide quality issues.

### **Current Level of Market Sufficiency**

The Council's foster care market currently faces key challenges to meet existing demand. The Council's Fostering Service is currently operating at very high occupancy levels, with only 3%<sup>14</sup> of long term mainstream placements

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<sup>12</sup> Council Snapshot data as on 31.03.2021

<sup>13</sup> Council Snapshot data as on 31.03.2020

<sup>14</sup> Council Snapshot data as on 31.03.2021

available for new placements. This presents significant challenges for the service to provide placement choice, availability, suitability and stability.

Providing placement choice and availability relies on a pool of suitably skilled and experienced foster carers to meet the range of assessed needs presented by children. The vacancies within the in-house Fostering Service are sometimes not a suitable match for children. The Council's Fostering Service is experiencing difficulties with finding appropriate foster care placements for:

- Children aged over 11
- Children with complex support needs
- Children with disabilities and/ or behaviours which challenge
- Parent and child placements

In order to further develop the Council's Fostering Service, the Council is reviewing and revising its strategic Children's Services plans and fostering plans, which includes a focus on foster carer demand profiling, recruitment and retention support. The IFAs operating in locality are not providing the Council with enough capacity to meet local demand. IFA vacancies are in short supply and are frequently not a suitable match to meet the placement needs of local children. This results in multiple placement searches and delays to placement commencement.

Based on numerical placement numbers, there are more IFA placements in the area than we need, but only 17%<sup>15</sup> of IFA placements located in NPT are occupied by the Council's children. The remaining 83% are occupied by children placed by other local authorities (primarily from across South Wales). The key challenge facing the Council's Foster market is the limited availability of suitable placements, which has been and continues to be an issue across Wales. Alongside the Council's review of fostering plans, we will work closely with partner organisations both regionally and nationally in order to support market wide developments.

### **Likely Issues To Affect Market Sufficiency Over Next Five Years**

#### **Population Based Demand**

In line with the Council's Children's Services strategic plans, the use of early intervention and prevention services, family support services and

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<sup>15</sup> 4Cs LA Hosting Data as on 01.11.2021

improvements in quality of practice is aimed to further reduce the number of children and young people becoming looked after in the area. A decreasing CLA population will decrease the overall demand placed upon the foster care market.

#### Changing Population Demographics

Within the Council's foster care population, an estimated 40% will be turning 18 years old over the next five years. This will affect the sufficiency of foster care provision in two ways. Firstly, many young people will leave the foster care to move on into more independent models of accommodation, this will decrease the overall demand placed upon the foster care market and may lead to increased placement availability for new placements.

Secondly, the uptake of 'When I'm Ready' placements may reduce the number of foster care placements available. 'When I'm Ready' placements are post-18 living arrangements for young people to remain residing with their foster care family. The rate of uptake for this type of placement will determine how service sufficiency is affected. A high uptake of these placements will result in reduced availability of foster care placements, which is a risk to the Council's foster care market achieving service sufficiency over the next five years.

#### Impact from Wales Wide Sufficiency Issues

The sufficiency of the foster care market across Wales is a concern. As local authorities across Wales seek IFA placements in other local Council areas to meet their placement needs, this is affecting the local area foster care market's ability to provide local IFA placements for local children.

With CLA populations rising in neighbouring local Council areas and across Wales, their increased demand may create future pressure on the use of IFA placements within the Council. Until market sufficiency is improved across Wales, any increased placement demand experienced by other local authorities may result in further limitations on local IFA placement availability.

#### Competition between Service Providers

The Council's Fostering Service has less resources available at its disposal when compared to independent IFA providers. As part of the new Foster Wales Brand, where all 22 local authorities in Wales have joined together, it is hoped that it will support the recruitment of foster carers within local authorities.

As part of the Council's Fostering Service review and revision of its fostering plans, areas will be explored where it can 'level up' with independent IFAs to improve its competitive position in relation to foster care recruitment and retention. Depending on the resources available and the effectiveness of resultant actions, this activity could increase the Council's Fostering Service's capability to provide more specialist placements which will reduce the need to use out of county IFAs placements.

The Council's social care market is increasingly adopting family hosting models of support. While this is achieving better outcomes for people who require care and support, this can further increase the intensity of competition between providers and services who rely on the recruitment and retention of households delivering accommodation based support services.

New and expanding services which may be considered as attractive alternatives by foster care households may create issues for foster care recruitment and retention which will further impact upon the sufficiency of the Council's foster care market. Further development of risk assessment work is required when commissioned services are designed and planned to attempt to identify and mitigate against negative risk placed upon the fostering market.

## **Section B - Market Stability**

An analysis of the Council's foster care market identified a number of instability characteristics which requires further development.

### Balance of Demand and Supply

The sufficiency assessment above identified that demand and supply within the Council's foster care market is not balanced. The market requires further development to meet the future needs of the local population. However, addressing this area of market instability is a challenge on a local, regional and national scale.

The shortfall in service sufficiency, which is especially acute for certain cohorts of children and young people, is presenting limited choice and availability of foster care placements.

The demands and expectations placed on the IFAs sector is not currently being met or responded to in a way which would provide market sufficiency. There is a real risk that some children and young people will be placed in alternative provision over the next five years, due to insufficient availability of suitable placements, this may not achieve the best outcomes for these individuals as compared to their original placement choice. The Council's Fostering Service is reviewing and revising its fostering plans to further develop the fostering service and will continue to work closely with the 4Cs and other local authorities to support regional and national market developments.

#### Financial Viability

The Council procure all IFA placements through the 4Cs AWFF. The 4Cs lead on conducting quality and financial checks as part of the assessment process of inclusion onto the Framework, which is a key process which the Council relies upon in terms of reassurance that financially viable providers are procured.

#### Access to Local Market Information

In 2022, the Council plan to publish a localised market position statement and will work collaboratively to publish a regional market position statement, both are aimed to provide reliable market based information to external service providers, in order to help them plan for the future and to effectively meet local market demand. The Council plan to work closely with partner organisations to undertake market engagement and market shaping activities from 2022 to support local market development.

#### Price/ Quality Equilibrium

The equilibrium between price and quality is not balanced within the Council's foster care market. IFAs charge higher average weekly placement rates as compared to comparable placement types delivered by the Council's Fostering Service but there is no evidence to suggest any increased service quality in relation to the price paid.

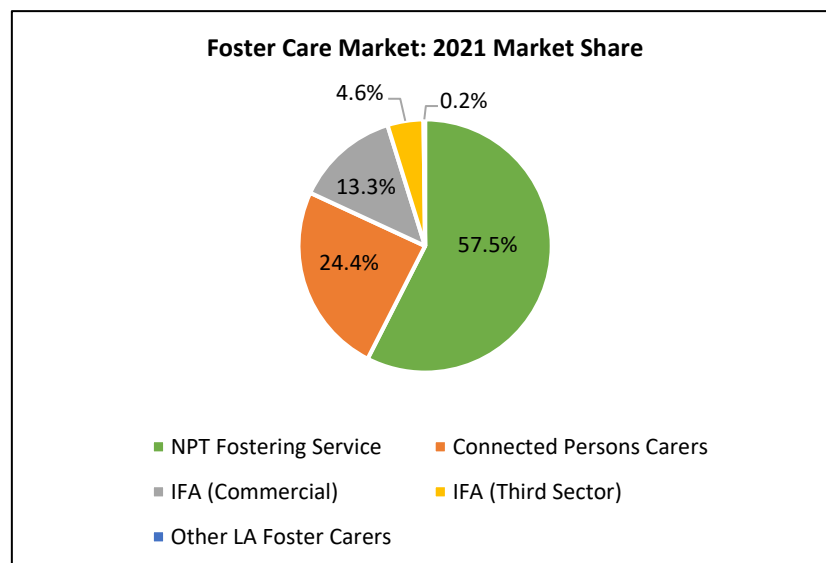
#### Provider Base Diversity

The Council's foster care market contains a number of service providers. The current market share<sup>16</sup> of the Council's use of foster placements is distributed as follows: The Council's Fostering Service Carers 57.5%, Connected Persons Carers 24.4%, Independent Commercial Fostering Agencies 13.3%,

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<sup>16</sup> Market share based on usage as on 31.03.2020

Independent Third Sector Fostering Agencies 4.6% and other Local Authority Carers 0.2%.



**Table 6.4: - Market Share Breakdown**

Whilst the Council's Fostering Service hold the largest market share within the area, the market is highly competitive with intense competition between all foster care providers relating to the recruitment and retention of fostering households. Should foster care providers significantly change their investment capacity, service models and marketing strategies, this could potentially impact upon the wider market stability.

The Council procure IFAs placements from a number of established IFAs providers, with no overreliance upon one external provider.

Externally procured IFA providers hold low rates of market share within the Council but their operating business model is not exclusive to the area; some of the commissioned IFAs used by the Council are the largest foster care providers in Wales. Should an external provider fail, the risk of negative impact upon Council placements is a risk but may not result in placement instability because foster care households could move to an alternative agency to support the continuation of their foster placements.

### Market Wide Shocks

The risk of market shocks and potential market collapse within the external foster care provider market is being closely monitored.

The CMA's anticipated findings on the Children's Social Care Market Study will also be closely monitored along with the resultant impact on the market.

### **Action due to Failure**

No action has been applicable by the Council in pursuance of its duty under section 189(2) of the Social Services and Well-being (Wales) Act 2014.

## **Section C – Other Market Stability Factors**

### **Consideration of Market Quality**

Children and young people residing in foster care placements have outcome based care and support plans which are co-produced with the individual. All foster care providers regularly review progression and the achievement of personal outcomes. All foster care providers deliver a package of training and support to foster carers in line with regulatory requirements.

Alongside CIW and the 4Cs contract monitoring role, the quality and performance of commissioned IFA providers are monitored on an annual basis by the CCU. From analysing the quality of care and support provided, overall, the Council's foster care market and procured IFAs located out of county deliver good quality care and support provision. Incidents of poor performance have been largely isolated incidents and are not indicative of sector wide quality issues. The largest risk to the achievement of personal outcomes relate to placement location, suitability and stability. The insufficient availability of suitable placements present key challenges to personal outcome achievement.

### **Current and Projected Trends**

#### Changing Population Based Demand

In line with Council's Children's Services strategic plans, the use of early intervention and prevention services alongside edge of care and family support services aims to further decrease the Council's CLA population over



the next five years. The likely impact of a decreasing CLA population is an overall decrease of demand placed upon the foster care market.

#### Reduced Foster Care Households

The Council's Fostering Service has experienced a decline in the number of foster carers, which has also been experienced Wales wide. Reasons for the decline is attributable to foster care retirement (has been more applicable to mainstream foster care households) and the approval of Special Guardianship Orders (has been more applicable to connected carers). This trend is a key risk to market sufficiency going forward. The Council's review and revision of fostering plans will include a focus on foster care recruitment and retention.

#### Changing CLA Population Support Needs

The continued drive to utilise effective early intervention and prevention services, edge of care and family support services may also support younger children at an earlier age, the likely long term impact is a reduction of the CLA population presenting with complex support needs. Whilst the presentation of support needs is multi-factorial, as a general overview, the effective use of such support services may reduce the level of support presented by young people on entry and during their foster care placement, which will contribute to improved service sufficiency for this cohort of young people.

#### Changing Population Demographics

The composition of the area foster care population estimates 40% will be turning 18 years old over the next five years. This may affect the sufficiency of foster care provision twofold. Firstly, many young people will leave the foster care to move on into more independent models of accommodation, this is likely to result in decreased overall demand placed upon the foster care market and may lead to increased placement availability for new placements for those aged 11+. Secondly, the future uptake of 'When I'm Ready' placements is currently unknown. The rate of uptake for this type of placement will determine how service sufficiency is affected going forward. A high uptake of these placements will result in reduced availability of foster care placements, which is a risk to the Council's foster care market achieving service sufficiency over the next five years.

#### Increasing Competition for Family Based Support Services

The Council's social care market is increasingly adopting family hosting models of support. While this is achieving better outcomes for people who require

care and support, this can further increase the intensity of competition between providers and services who rely on the recruitment and retention of households delivering accommodation based support services.

New and expanding services which are considered as attractive alternatives by foster care households may lead to reduced levels of foster care recruitment and retention, which will further impact upon the sufficiency of the Council's foster care market. Further development of the Council's risk assessment approaches will be examined to ensure when commissioned services are designed and planned, the risks are identified and mitigated as far as possible to prevent negative risk placed upon the fostering market.

### **Impact of Commissioning Practices on the Market**

In line with the Council's Children's Services strategic plans, whenever it is considered necessary for a child to become looked after, the first consideration will be to place the child with a suitable connection person or with the Council's foster carer located in or around the locality, whenever this meets their assessed needs.

Sometimes an independent foster placement is needed when no suitable match is available with an approved connected person or the Council's foster carer; this may be due to the child's needs, the needs of other young people already in the foster placement, the skills of the foster carers or the need to keep a sibling group together. The approach has led to the reliance upon external IFAs providers to support more complex placements. However, IFAs vacancies are in short supply are they are able to fill vacant placements from a wide range of local authorities due to widespread insufficient placement availability.

The use of IFAs placements are procured through the 4Cs AWFF. Use of the Framework provides the Council with the support from a national commissioning approach and improves the limited buying power of the Council. Whilst the use of the 4Cs AWFF provides the Council with an opportunity to source fostering placements from a wide array of providers, this does not necessarily result in a suitable match due to the lack of available and suitable placements to meet demand. Providers on the AWFF have been pre-accredited as part of their application process to join the Framework. Whilst this provides assurance on pre-quality checks, there is no evidence to

indicate that placements provided by IFAs are of a better quality than those provided through the Council's Fostering Service.

The Council will continue to contribute to the commissioning development work led by the 4Cs and will work closely with the 4Cs and other local authorities to support market developments both on a regional and national basis.

### **Sustainability of Provision**

The Council's foster care market contains a number of service providers, with no over reliance upon 1 external provider. The current market share<sup>17</sup> of the Council's use of foster placements is distributed as follows: The Council's Fostering Service Carers 57.5%, Connected Persons Carers 24.4%, Independent Commercial Fostering Agencies 13.3%, Independent Third Sector Fostering Agencies 4.6% and other Local Authority Carers 0.2%.

Whilst the foster care market has a diversity in terms of the mix of providers (public, private and third sector organisations form part of the local foster care market), all providers have been unable to collectively address the shortfall in service sufficiency.

### **Risks to Market Stability**

The long term risks to market stability will be closely monitored, however there are no identified issues at this point in time.

### **Section D – Non Regulated Provision**

The continued investment into effective early intervention and prevention services, family support services and edge of care services is likely to further decrease the number of children becoming looked after, which is likely to reduce the overall demand placed upon the Council's foster care market. Furthermore, the effectiveness of such support services provided to families at an earlier stage may also reduce the number of looked after children who

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<sup>17</sup> Market share based on usage as on 31.03.2020

present complex support needs in the future. This may reduce the gap in service sufficiency for this cohort of children.

The impact of moving on arrangements such as ‘When I’m Ready’ placements is currently unknown at present. The rate of uptake for this type of placement will determine how service sufficiency is affected going forward. A high uptake of these placements will result in reduced availability of foster care placements, which is a risk to the Council’s foster care market achieving service sufficiency over the next five years.

The Council is currently reviewing the provision of enhanced support services which aim to improve foster placement suitability and stability.

## **Section E – Other Considerations Affecting the Market**

### **Resources**

The level of funding and investment available to the in-house Council’s Fostering Service is constrained by budgetary challenges faced by local government. The resources available to the Council’s Fostering Service as compared to commissioned IFA’s are not balanced.

The Council’s Fostering Service has joined the Foster Wales brand to attempt to level up the marketing approach to support foster care recruitment.

Planned reviews of fostering plans will explore and consider further opportunities to ‘level up’ resources in line with the IFAs market where possible. This work will aim to improve the competitive position of the Council’s Fostering Service in relation to its IFAs competitors, the likely impact of which will be to increase foster care recruitment and retention within this service.

## **Section F – Summary of the Market**

The Council’s foster care market will continue to face challenges to meet market sufficiency, which is an issue shared across Wales. The Council will review its fostering plans in 2022 and will continue to work with regional and

national partners to support market wide developments. Market stability risks will be monitored closely.

## 8.7 Adult Placements – Shared Lives

### Section A – Market Sufficiency

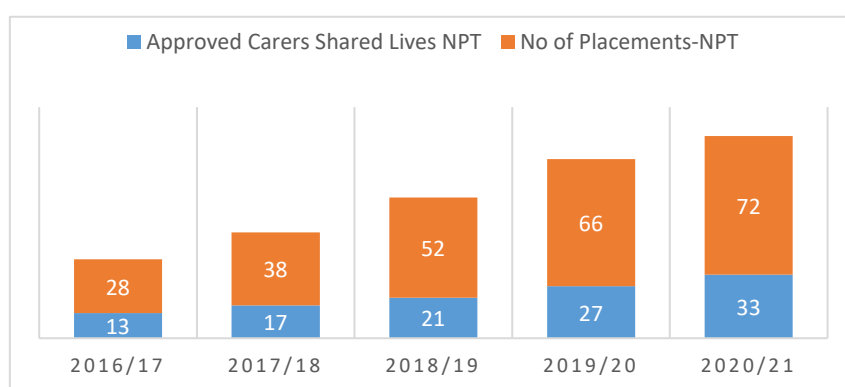
#### Population Based Demand

The Council has in place a contract with a not for profit organisation to deliver the Shared Lives Support Service to Shared Lives carers. This scheme currently supports 33 carers providing 72 placements, 69 of these placements are within the locality boundary and 3 of the placements are out of county.

Placements with Shared Lives carers are pan-disability, however the majority of people living with a Shared Lives carer have a learning disability. Most demand for new placements relate to young people with a disability transitioning into adulthood from foster placements and there has been an increase in the number of foster carers applying to become Shared Lives carers.

#### Core Data - Overview - 2017 onwards

##### Number of Carers/Placements



**Table 7.1: Number of approved Shared Lives Carers and placements per year**  
(NB: No of placements includes The Council/Out of County)

The above graph illustrates that the number of approved shared lives carers has more than doubled over the five year period. Each carer has had an average of two placements over a 12 month period.

The information presented informs us that the market was sufficient over the five year period as demand for carers and placements were realised.

## Section B - Market Stability

### Population

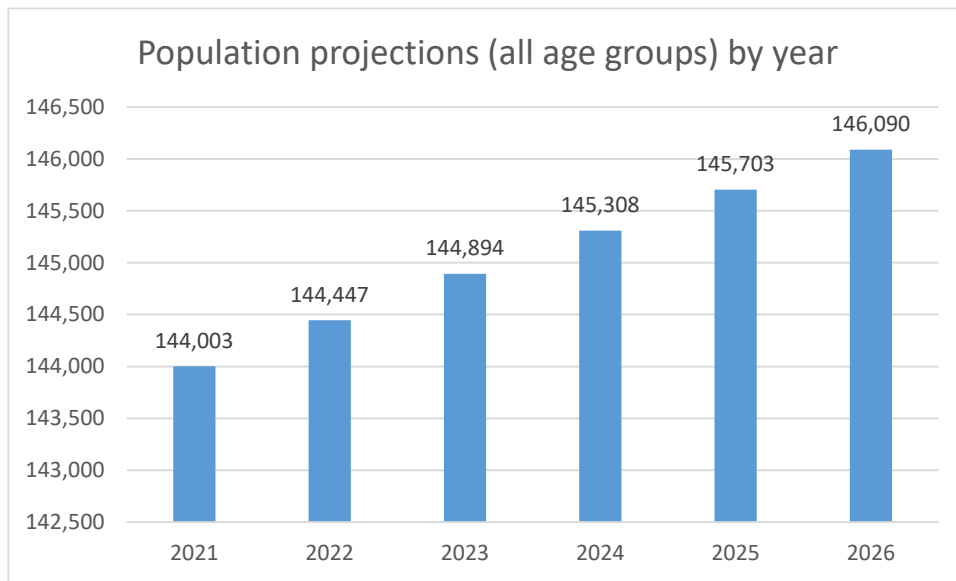


Table 7.2: NPT population projections by year

The above graph illustrates that over the next five years, projected population figures will see a consistent increase year on year.

Within the area foster care population, an estimated 40% will be turning 18 years old over the next five years. It is expected that demand for Shared Lives will increase in consideration of the anticipated numbers of children and young people in foster placements that will transition into adult services over the next five years.

### Carers (November 2021)

Currently there are five carers with availability for placements and there are four new carers who are going through the procedure of being approved.

### Referrals (November 2021)

There is currently one individual going through the process of being placed with a carer.

#### Marketing Plan

The commissioned provider has its own Communication and Marketing Department and are currently working on marketing activities, targeted recruitment, increasing the use of social media platforms along with improving the website. The purpose of this exercise is to encourage and offer placements and carer opportunities. The plan going forward includes:

- Pursue further marketing opportunities to attract more people to the service.
- Diversify the service to support more people with complex needs.

#### **Action due to Failure**

In the event of a placement breaking down, a Multi-Disciplinary Team (MDT) meeting will be arranged by the social worker and all stakeholders will be invited. The situation will be discussed and a plan going forward will be put in place to support the individual and regular contact will be made with all stakeholders to ensure the plan is followed through.

If the placement was deemed to be breaking down, an alternative placement would be sourced. Initially a temporary vacancy with another Share lives carer would be explored. In the case of not being able to find another carer, a respite stay would be arranged with Trem-y-Mor (*the Council's own emergency respite service*) until a new Shared Lives placement can be arranged.

Over the last five years there have been a low number of placement breakdowns.

#### **Section C – Other Market Stability Factors**

##### **Quality – Monitoring**

##### Unplanned Focused Monitoring

This process would be instigated if there was concern that the provider was experiencing issues with service delivery or service quality. The CCU will carry out the monitoring process and if that visit identified potential issues, commissioners would prepare a SIP. This will be followed through with regular monitoring and meetings to ensure the required changes/improvements have been made.

#### Regular Communication

Performance information is provided to the CCU and regular provider meetings take place in order to have a shared understanding of service delivery and performance.

#### Provider Review

Annual service reviews take place, which include case studies, financial assessment, emerging best practice and performance.

#### Engagement

A person centred planning approach is undertaken to ensure all the outcomes, goals and aspirations for the individual are met. The provider undertakes regular consultation which includes review meetings, surveys and specific events. Service users are also included in the recruitment process for Shared Lives carers which involves shortlisting and participating in the interview process.

### **Current and Projected Trends**

The Shared Lives service model is still unfamiliar to many people across Wales and it requires ongoing promotion with communities and also local authorities.

Population trends are predicting an increase in people experiencing dementia over the next five years and there are opportunities for Share Lives services to be developed in this area. There is also a need to further promote Share Lives as an option for people with mental health needs.

### **Sustainability of Provision**



There are only a few providers offering a Shared Lives Support Service to Shared Lives carers, which could present a risk if there was market failure. Data suggests that the recruitment and retention of Shared Lives carers is in line with placement demand. There are very few cases of placement failure and the overall assessment is that we have sustainable provision.

### **Risks to Market Stability**

There may be challenges with retaining Shared Lives carers in situations where they experience long periods without a placement as these carers may find alternative employment. However data suggests that the retention and recruitment of Shared Lives carers, alongside placements made with Shared Lives carers, is stable.

There is a lack of diversification in the current service being provided, with most placements being for younger adults with a learning disability. Opportunities to create a more diversified service will be explored over the next 1-3 years.

### **Section D – Summary of the Market**

The Shared Lives scheme in area is reliable and continues to grow in line with demand. Moving forward, work will take place to diversify the service model so that it is more accessible to a wider range of people with an assessed care need.

In regards to COVID-19, this did not overly impact on this service and the changes made were managed well.

## 8.8 Advocacy - Adults

### Section A – Market Sufficiency

#### Introduction

In late 2019, the Council retendered its adult Independent Professional Advocacy (IPA) Service. This tender process included an updated service model that was more consistent with the requirements of The Social Services and Wellbeing (Wales) Act 2014. The tender was awarded to an experienced advocacy provider in the spring of 2020 with a starting date of May 2020.

#### Population Based Demand

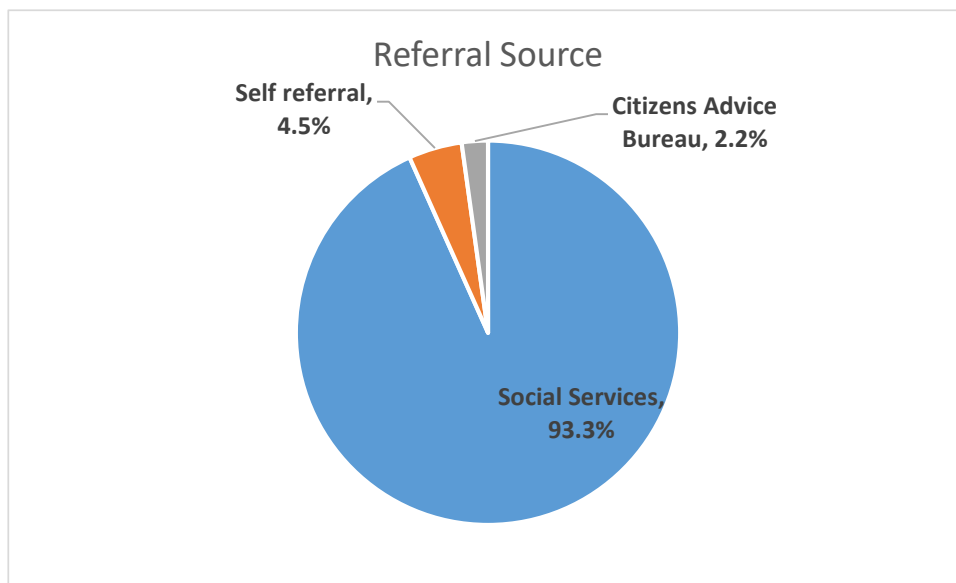
The legislation places a requirement on local authorities to “enable individuals to engage and participate when local authorities are exercising their statutory duties in relation to them”. To put this into context, as a snapshot in March 2021 the Council supported people in the following categories –

Category	Number of Individuals
Residential and Nursing Care	552
Domiciliary Care (external)	752
Domiciliary Care (internal)	105
Shared Lives	25
Supported Living	158
Specialist Residential (LD and MH)	66
Parents of Children(families)	295

Table 8.1: Number of people supported by category (snapshot March 2021)

#### Referral Source

The chart below illustrates the percentage of new referrals for the period May 2020 to March 2021. The majority of referrals came from Social Services, followed by self-referral and via Citizens Advice Bureau.



**Table 8.2: Advocacy service referral source**

Issues/Reason for Referral

<b>Issue/Reason</b>	<b>Percentage of Referrals</b>
Assessment, care and support planning and reviews	26.7%
Accommodation issues (e.g. care homes)	2.3%
Child Protection	62.2%
Safeguarding	8.8%

**Table 8.3: Reasons for referral**

The above table illustrates the highest percentage of referral reason/issue was Child Protection (62.2%)

## Breakdown of Client Group Category

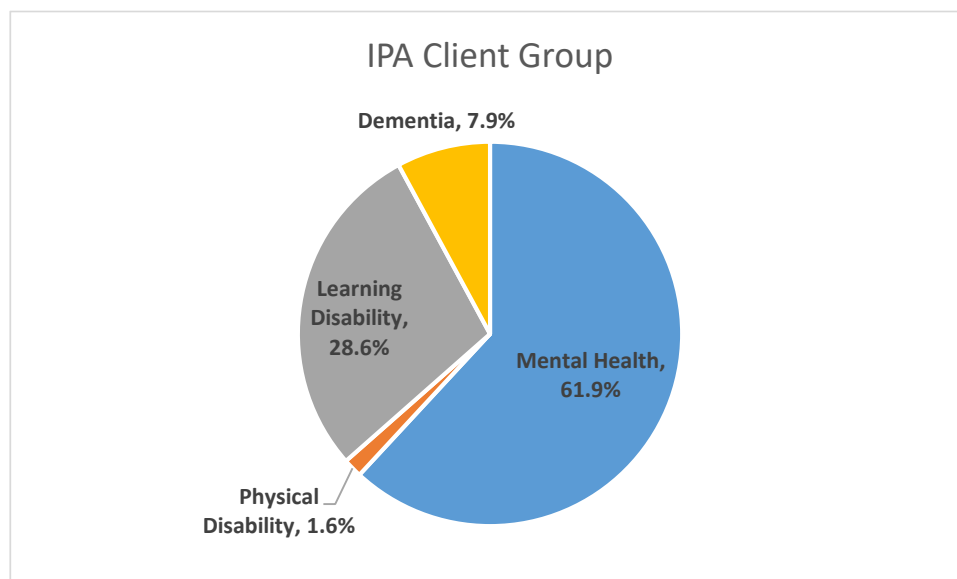


Table 8.4: Breakdown of IPA client group

The chart shows the group with the highest number of clients is those with Mental Health issues (61.9%) followed by those with a Learning Disability (28.6%).

### **Eligibility Based Demand - Uptake as a proportion of the population**

Given the current service started at a time when restrictions from the pandemic were high, the number of referrals were less than was considered likely pre-COVID-19. From the start the service made the adjustment of being able to work remotely and worked effectively to ensure that support was given to the existing caseload from the previous provider and any new referrals that were made. The service is demand and issues led and is reliant on referrals and self-promotion.

There is a significant emphasis on marketing and promotion by the provider so that hard to reach and often excluded groups may have equal access to advocacy, as is their right under the Social Services and Wellbeing (Wales) Act 2014.

Following consultation with providers through a market engagement event, the service was tendered as a block arrangement linking to advocate capacity numbers (face to face hours per week) on a caseload with the potential to spot purchase additional support (or capacity) over and above the block maximum.

It was felt this gave the provider some stability around having a solid commitment from the Council on payments but also allowed for flexibility should those numbers increase beyond the base block figure. There was recognition that the organisation who secured the tender was a large organisation with an IPA Service footfall across a number of local authority areas.

Given the backdrop of a pandemic which affected the numbers of referrals, understanding the appropriateness of numbers coming through has been difficult, though given the obvious challenges it was felt uptake had been broadly as expected, though did fall short of what would be reasonably regarded as 'normal' service levels.

At the time of writing, the number of referrals as a proportion of the population of individuals that may require this service (e.g. number of referrals for people with a learning disability, mental health, older people, physical disability, etc.) is an area which is currently being considered and a plan will be put in place so that these numbers can become more consistent.

There are some obvious challenges – larger numbers of mental health referrals were made along with significant numbers of learning disability referrals compared to other client groups. Numbers of older persons and other categories such as physical disabilities were lower and it is recognised that referrals need to increase across the board, but particularly with harder to reach groups. Despite efforts towards promoting to underrepresented sectors, to the older persons residential and nursing care sector and the domiciliary care sectors (older persons), and ethnic minorities or protected groups, the numbers engaging in some areas were lower than expected. This again may be a reflection of the pandemic which has impacted on the residential and nursing care services particularly hard and as the risks associated with the pandemic are lessening, more opportunities will present themselves to engage more effectively with sectors that may be under-represented.

Broadly, the variances between the population supported and uptake requires a response to address the following broad issues so demand can increase:

- There is a need for a plan to address the relatively low uptake in the older persons sector, particularly residential, nursing and domiciliary care.

- It is recognised that work is needed to engage more effectively with people affected by dementia and may fall under the category for support.
- There is a need to consider how the service can better engage with people who are considered harder to reach or from protected and minority groups.
- The number of new parent carers has again been lower than anticipated, and will be considered as part of any development plan in the borough.

## Section B - Market Stability

### Supply and Demand

As mentioned previously, the current service provision operates across a number of local authority areas and the provider has the ability to direct resources as required to meet demand. Up until now given the current challenges, demand has lessened in some key areas, which are now being stimulated through an agreed action plan. Available data indicate the following caseload numbers:

Total numbers of unique individuals supported through IPA Service from May 2020 to March 2021			
Q1	Q2	Q3	Q4
17	32	36	43

Total unique individuals: 128 people

Total numbers of issues supported through IPA Service from May 2020 to March 2021			
Q1	Q2	Q3	Q4
23	46	66	56

Total number of issues: 191 issues

Total numbers of issues closed			
Q1	Q2	Q3	Q4
0	20	32	31

Total number of issues closed: 83

Total numbers of clients closed			
Q1	Q2	Q3	Q4
0	3	9	10

Total number of clients closed: 22

Analysis

As a result of feedback from potential bidders, the service was tendered in a way that allowed the winning bidder to have security but also some flexibility built into the service model to meet changes in demand.

The service remains flexible and is able to meet current and likely future demand by building flexible capacity in the services so capacity is increased or decreased to meet variations in service demand. As the service is ‘issues based’ demand is not uniform.

As noted, the service supported 128 unique individuals over the 11-month period up until March 2021. Recent indications are that demand has increased for 2021 up to time of writing broadly in line with when national restrictions lessened, and the service was able to promote and engage with the sector more directly and robustly. Looking at the amount of work coming from the caseloads, again the service was engaging over 191 issues over the same period, though again it should be noted that this work was less than the available capacity through the block arrangement in place.

From a service provision perspective therefore it is felt that the service provision is stable and is sufficiently flexible to meet changes in demand.

Stability

The current service provider is the only provider offering statutory IPA Service. There are a very small number of private individuals offering advocacy but the IPA Service provision in the borough is primarily through the provider. It should be noted that the provider also delivers the Relevant Persons Representative (RPR) provisions in the borough and they offer an Independent Mental Capacity Advocate (IMCA) Service.

Having one provider has advantages as there is a more joined up approach to advocacy generally in the borough, but there is a lack of choice of provider. If an individual wishing advocacy stated they would not wish to have support through the current provision, then the right of choice would come into effect.

Issues affecting likely future market stability over the next five years include:

#### Population Based Demand

Changes in demographics of numbers in regulated services such as residential, nursing, domiciliary care, supported living and other adult oriented services, and also changes in the numbers of individuals prepared to undertake the difficult task of being unpaid carers in the borough will have a significant influence on the stability of the market. As mentioned previously, social care is currently under unprecedented levels of change, where it is fair to say there will be significant change in some form between the types of support most suitable for individuals. The Council is fully committed to meeting the rights of all individuals to have a professional advocate represent them when it is the best means by which the individual's voice may be heard. This commitment is echoed by our current service provider who holds the rights and values of all individuals close to heart.

#### Implementation of the service providers own action plan –

Implementing the agreed action plan should help raise awareness of IPA Service within the borough and help further stimulate demand.

#### Continuation of the COVID-19 pandemic over coming years

There have been significant challenges to social care services including the IPA Service. Any potential further restrictions on how the service may operate, for example the requirement to work from home or to restrict face to face contact to a minimum will have a significant effect on how this IPA Service operates.

#### Changes in Statutory Legislation and Regulations

Changing the current position of adult advocacy as being unregulated and bringing through a range of changes so that adult advocacy can be regulated in much the same way as children's advocacy will bring its own challenges and may affect market stability.

#### Price / Quality

The service was tendered with an overriding emphasis on 'quality' and not 'price'. The Council is clear that good quality services are crucial to support positive outcomes and it was clear that 'quality' was the main driving force in both the tender and the selection of provider. It should be noted that the Council has given the provider an ongoing commitment to the provision until the end of the contract term in April 2024; this commitment has meant that there is an opportunity to build on the provision since the tender was



awarded, particularly regarding stimulating more representative demand, and offers some added certainty to the provider between now and 2024.

Notwithstanding any unforeseen events outside both the Council's and the provider's control, it is recognised that during 2023 the Council will look at options for the future of its IPA Service provision beyond April 2024.

### **Action due to Failure**

It should be noted that the provider is a very experienced provider such that no action of this kind was required to address any failures in either quality of provision or failure from an organisations perspective. As noted we only contract with one provider which technically could make it more difficult to respond to a situation of provider failure. However regular service monitoring and checks are in place and the likelihood of provider failure is low.

## **Section C – Other Market Stability Factors**

### **Quality of Provision**

The service is backed by a robust service specification and contract that details the requirements of the service model, including the need for quarterly activity reporting. This is usually strengthened by regular meetings with the service provider to discuss current service levels, challenges, opportunities and agreed actions. These regular meetings are supplemented by an annual review to discuss the overall service and how well it meets the needs of individuals. It is recognised that the provider is one of the largest IPA Service providers in Wales and has processes in place that self-regulate standards and operates a team of fully qualified professional advocates. Processes are in place to measure 'quality' and to make the changes required from feedback from stakeholders, including individuals having support. Qualitative evaluation, including client feedback, demonstrates that an overwhelming majority of individuals who have used the service have had a very positive experience.

At the time of writing the service has been delivering support for around 19 months though under a backdrop of unprecedented challenges in social care.

During this time the service has been working remotely though the use of mobile phones and laptops and linking directly when able.

The feedback has been that working remotely has benefited some individuals requiring support though it has also been a challenge for others.

When it has been a challenge the service has always aimed to work innovatively so that that the degree of 'challenge' can be reduced.

### **Current and Projected Trends**

It is recognised the regulatory support market across Wales is under change. Changes and pressures as a result of staff leaving the sector to work in other sectors (e.g. retail) or moving between types of services, e.g. from domiciliary to residential care has placed pressures on various sectors and services. These challenges are well publicised and are shaping the market henceforth.

The design of the tender however allowed for flexibility where spot purchasing above an agreed block figure would allow for the service to respond to increased demand. Also, as the market changes we would expect the demand for an IPA Service within those sectors to fluctuate, as individuals will need support making decisions around changing the type of care and support they or their loved ones are having.

#### Residential, Nursing, and Domiciliary Care

Aside from the potential changes in the older persons residential, nursing and domiciliary care sectors resulting from staffing pressures and from changing demand, anticipating the likely emerging trends has been challenging. It is felt that moving forward there are some indications that there is increasing demand by individuals to be better supported in the home through their own support networks rather than being placed in residential or nursing care. The ongoing influence of the Social Services and Wellbeing (Wales) Act 2014 will again further strengthen this trend.

It should be noted however that it is felt the provision has sufficient flexibility in place to allow for any changes in demand.

The service was flexible in its provision of advocacy in situations where care home residents have needed to move into a different care home as a result of their current home closing. Advocacy was provided to all residents that

requested it in these situations, in order to help them make choices that were right for them.

### **Impact of Commissioning Practices on the Market**

The provision has been recently tendered and the contractual arrangement is due to conclude by the end of April 2024. Market events will take place to inform organisations of our future commissioning intentions post-2024.

### **Sustainability of Provision**

The provider is the only Council supported IPA Service provider in the area and the Council recognises that the service is overwhelmingly stable with low numbers of staff transiency.

As previously mentioned, contracting with one provider may technically make it more difficult to respond to a situation of provider failure. However, regular service monitoring and checks are in place and the likelihood of provider failure is low.

### **Risks to Market Stability**

There are some risks associated with external influences such as legislation and regulation. Any 'change' was factored in the tender process and service model and the Council is confident that the Council and the provider would be able to meet any change with little or no impact on the market itself, such as:

- There may be plans at some future time to regulate adult advocacy and the regulation of the service will bring some changes to how advocacy is delivered. However, it is also felt that this type of change would be increasingly unlikely by April 2024.
- The modernisation agenda – the Council continues to change the way it works and how it delivers services. It is also continuing to refine its service models to meet best practice around the founding principles of the Wellbeing Act. Again, the Council feels the provision is sufficiently robust and stable enough to meet this changing agenda.

- Technological change – there is recognition that services have had to work innovatively to overcome barriers. One of these barriers has been the challenge of delivering advocacy under the backdrop of the pandemic. The provision has been using technology heavily over recent years and undertaking advocacy support utilising laptops (e.g. Microsoft Teams), telephone support and other platforms such as chat applications. This has worked well, though it is recognised that there is no substitute for face to face contact between an individual needing support and an advocate.
- Clearly given the changing demand across the sector and some indication that the flow of general referrals into services such as residential, nursing care and domiciliary care is continuing to change, this is likely to have an impact on how the service responds to these changes. It is felt that given the service is stable, and the provider is experienced and well established across a number of local authority areas, the provider is in a good position to respond positively to any changing demand.

#### **Section D – Non Regulated Provision**

IPA Services are not currently regulated. The service model recognises that individuals are unique and what may work for one individual may not work for another. Therefore, the IPA Service is considered only if other forms of advocacy (e.g. peer advocacy; self-advocacy; citizen advocacy) would not be more suitable for the individual.

There are a small number of other advocacy providers in the area but these providers are relatively small or individual advocates, and the Council-led referrals are passed to the commissioned service.

#### **Section E – Other Considerations Affecting the Market**

As with other new service models commissioned by the Council, the service model was developed from the ground up to be fully compliant with the ongoing principles of the Social Services and Wellbeing (Wales) Act 2014. The provision places to the fore the rights of the person to have a voice and be in

control of the support they have and how that support is delivered. Both the service provider and the Council are clear in this case the person comes first and how the individual is offered support is based primarily on the individual and their desired outcomes.

The third sector plays a central role to this provision. The service provider themselves are a third sector provider who deliver support both alongside and within a network of other support structures that are third sector or voluntary led. The advocacy sector therefore is very strongly supported by the third sector and works as an integral part of the third sector network in the borough.

## **Section F – Summary of the Market**

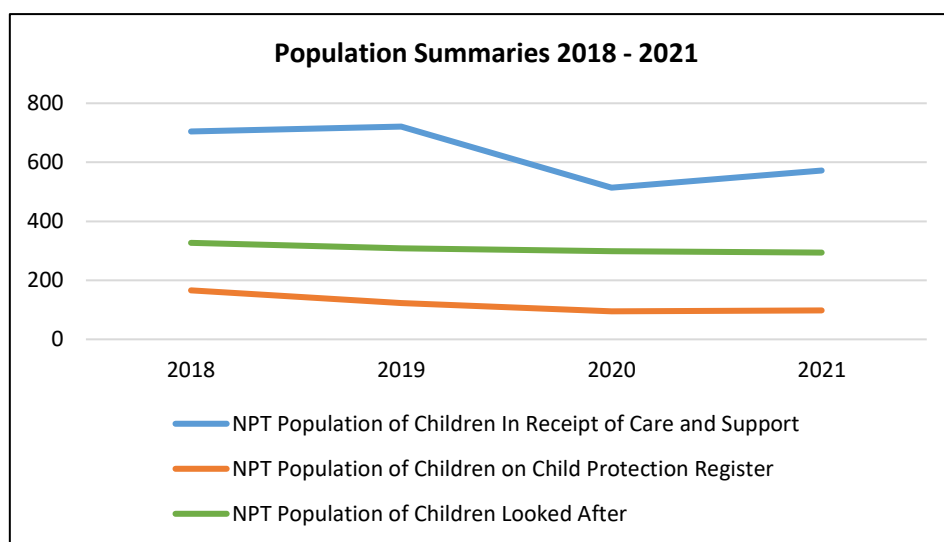
The Council's IPA Service was tendered in 2019 and started in May 2020, since then the service has worked hard to innovate and work in different ways so that the needs of individuals can be best met under challenging times, including limited face to face contact between individual and advocate. It is felt the provider offers very good standards of service and works to a model that has been updated, refreshed and is consistent with best practice. Recently, the Council has made the decision to extend the contract to April 2024, a period of another 24 months. This gives the provider additional security and certainty over its work in the borough. The service is stable, operates well and it is felt stands in good stead to meet any changes that may come to social care in the borough. It should be recognised that the service works closely with other providers, including many third sector providers and continues to take a multiagency, collaborative approach to meeting the needs of individuals.

Given the environment, the service has had some challenges however there is a renewed need to focus on refreshing an action plan where it can be agreed with stakeholders how the provider can continue to promote the service to reach and better engage with various groups including older people (incl. dementia), harder to reach communities in the borough and family members of young people who may be eligible for advocacy support under legislation. At the time of writing the Council is engaging with the provider to agree a new action plan that will serve to help the Council, the provider and others to continue to work together to strengthen IPA Service in NPT.

**Section A – Market Sufficiency**

**Population Based Demand**

Since 2017, the area’s population of children looked after (CLA), children on the child protection register and children in receipt of care and support have been steadily reducing; therefore the overall population based demand for the IPA Service has also been reducing.

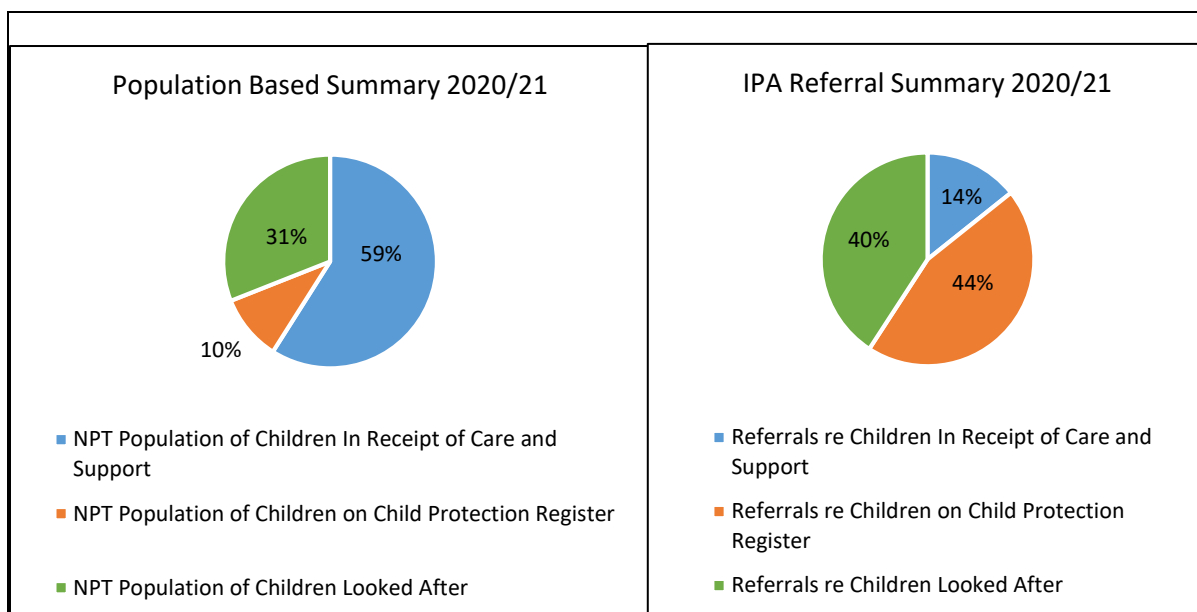


**Table 9.1: Comparison/Nos Receipt CS,CPR,CLA/Years**

Population Based Representation

The 2017 Western Bay Population Assessment identified the region had to plan for the need to ensure robust commissioning arrangements are in place *‘for advocacy services for all children, not just those who are looked after’*.

A comparison between referrals to the IPA Service and relevant population sizes identified that children/ young people who are in receipt of care and support continue to be significantly under-represented within the IPA Service.



**Table 9.2: Population based and IPA referral summaries**

### Active Offer

The uptake of the IPA Service is multi-factorial and access to the service is consent led by the child/young person. In 2020-2021, only 34% of eligible children/young people were referred for an active offer and of those, 61% accepted an active offer.

Therefore, overall, only 21% of eligible children/young people proceeded through the active offer stage to accepting the IPA Service.

### Issue Based Advocacy

Again, whilst the uptake of the issue based advocacy is multi-factorial and is consent led by the child/young person, in 2020-2021 it was estimated that 7% of the eligible population of children/young people were referred to the IPA Service for issue based advocacy, and of those, 63% accepted an issue based advocacy service.

Therefore, overall, only 4% of the total eligible population proceeded to access issue based advocacy through the IPA Service.

### Service Supply

Since 2017, the IPA Service has maintained sufficient levels of resources to comfortably meet local demand. Commissioning arrangements and allocated budgets for the IPA Service have consistently included contingency plans for

the implementation of additional resources in order to meet any increase in demand above budget envelopes.

### Service Quality

The IPA Service performance and service quality was analysed on a quarterly basis. Service performance data demonstrated children/young people receive a prompt, accessible and professional standard of service from suitably qualified and experienced IPA Service.

Feedback from the children/ young people accessing the service has been very positive relating to the quality of service and their achievement of personal advocacy outcomes.

The current IPA Service provider is proactive in identifying areas for development and works closely with commissioners to flexibly adapt the service in response to identified trends. For example, the service provider identified some children/young people did not like engaging with an advocate over the phone (due to COVID-19 related restrictions) but some preferred this method of communication. Therefore, the provider has implemented a hybrid method of working to meet all children/young people's preferred communication mediums. The current service provider utilises a range of feedback mechanisms and has an active Young Person's Advisory Group (YPAG) which advises on service development in a co-produced way. The provider is currently encouraging young people from the Council to participate in this group. This IPA Service was also procured following a competitive tendering process.

Throughout the lifetime of the current contract, the Council will be undertaking annual child/young person consultations to ascertain feedback on the quality of the service and to obtain their views on how to further develop/improve the service. Furthermore, throughout the lifetime of the current contract the Council will conduct annual contract monitoring visits of the Service provider to evidence compliance with contractual requirements and to analyse the quality of key service delivery areas.

### **Current Level of Market Sufficiency**

Current commissioning arrangements for the IPA Service are informed by the Welsh Government's 'Range and Level Assessment mechanism' which, when



applied to the eligible population (locally and regionally) assists with gauging service capacity requirements and associated costs.

So far, demand and usage of the IPA Service has consistently been lower than the Welsh Government's 'Range and Level Assessment mechanism' had anticipated for the local area.

During 2020/2021, the Council reviewed the usage of the child and young persons' IPA Service, which has resulted in a commitment to greater embedding advocacy services for children and young people in the Council to ensure children and young people are aware of their rights and benefits of this service.

Two areas for improvement were identified as key to embedding advocacy in the Council, namely:

- increased awareness of the IPA Service among children and young people
- increased understanding and awareness of the IPA service among professionals

An 'embedding advocacy' action plan is being delivered within the Council, the result of which is an anticipated increase in the use of the IPA Service in the area.

Current commissioning arrangements can sufficiently cover the increased demand based on the current population needs assessment and the projected outcomes of the 'embedding advocacy' action plan. Should demand exceed expectations over the next five years, commissioning contingency plans are in place to ensure the IPA Service can meet such demand.

### **Likely Issues To Affect Market Sufficiency Over Next Five Years**

#### Population Based Demand

In line with the Council's Children's Services strategic plans, the use of early intervention and prevention services, family support services and improvements in quality of practice is aimed to further reduce the number of children and young people becoming looked after and subject to child protection processes in NPT. A decreasing CLA and child protection population is likely to decrease the overall demand placed upon the IPA service.

### Impact from 'The Embedding Advocacy' Action Plan

The Council's 'Embedding Advocacy' Action Plan is intended to increase awareness and use of the advocacy by children and young people in the area. Over the next five years, the effectiveness of the action plan is anticipated to increase referrals and usage of the IPA service. Based on current projections, the current service provider has the resources to meet this anticipated increased demand which is underpinned by suitable commissioning arrangements.

### Impact from New/ Developing Services

The impact from the future development of new or enhanced services delivered or commissioned by the Council may result in an increase or decrease in referrals and usage of the IPA Service. For example, a long term continuation of the Council's current Family Group Conferencing Service (FGC) may create increased demand for the IPA Service from children and young people. The FGC service is relatively new within the Council and therefore demand based data relating to advocacy support required to support children/young people to contribute within the FGC service is not currently rich enough to ascertain any reliable predictions, but this analysis will be undertaken in due course.

When designing and developing new services, the Council will continue to undertake commissioning impact assessments to identify, plan and address any resultant impacts these services may have upon commissioned services such as the IPA service.

### Wider Market Sufficiency Issues

Where market sufficiency difficulties are experienced from the wider services market, this is likely to increase demand placed upon the IPA Service. For example, market sufficiency difficulties experienced within the foster care market, children's residential care market and other service areas may give rise to children and young people seeking issue based advocacy support from the IPA Service.

Market sufficiency issues and their resultant impact on services such as the IPA Service will continue to be monitored closely.

## Section B - Market Stability

The regional children and young persons' advocacy market has been assessed as a stable market. Commissioners are confident that the IPA Service provider is financially stable and there are robust financial and business continuity checks built in the contract review and evaluation process. Through the competitive tendering process completed in April 2021, the market demonstrated itself as competitive with high quality advocacy organisations able to operate locally.

The current commissioning arrangements allow for fluctuations in demand and commissioners are confident the current IPA Service provider has a flexible staff base which can meet current and anticipated demand. Therefore, the anticipated increased demand for the children and young persons' IPA Service, as identified through the market sufficiency assessment is not predicted to create any instability within this market.

Advocacy services are procured services which are planned in advance and involve market testing events to engage potential providers in the service development process. This planned and coordinated approach minimises service disruption to children and young people accessing advocacy services. The market can benefit from increased communication from the Council relating to its planned service development and tendering plans; these will be implemented through a series of market position statements which will be published following the market stability report.

### Action due to Failure

Not applicable – no action has been taken in this area.

## Section C – Other Market Stability Factors

### Consideration of Market Quality

The current contract for the children's and young person's IPA Service was awarded through a competitive tendering process which concluded in April 2021. Service performance data has demonstrated the IPA Service provider is delivering a high quality service and meets relevant advocacy outcomes frameworks and regulatory standards.

Feedback received from children and young people has been positive relating to the quality of the IPA Service and impact the service has had on their achievement of personal advocacy outcomes. Over the lifetime of the agreement, the Council will undertake a series of quality assurance checks which will consist of quarterly performance management meetings, annual service reviews, annual service evaluations, and annual contract monitoring visits to the service.

### Current and Projected Trends

#### Changing Population Based Demand

In line with Council's Children's Services strategic plans, the use of early intervention and prevention services alongside edge of care and family support services aims to prevent children/young people from becoming looked after and prevent children from entering the child protection arena over the next five years. The likely impact of these decreasing population cohorts is an overall decrease of demand placed upon the IPA Service.

#### Increased 'Embedding' of Advocacy

The effectiveness of the Council's 'Embedding Advocacy' Action Plan will be closely monitored. The likely impact of the completion of said action plan will be an increase in referrals and usage of the IPA Service. Current commissioning arrangements will sufficiently cover the projected increased demand from the 'embedding advocacy' approach and will be closely monitored should projections prove to be inaccurate.

### Understanding What Children/ Young People Want

More in-depth analysis of what children and young people want from advocacy services will mature as the current IPA Service is in its infancy of service delivery and will be explored in detail from 2022 to identify potential trends and required service/ commissioning changes.

### **Impact of Commissioning Practices on the Market**

The Children and Young Persons' IPA Service is jointly commissioned with SC. There is an inter-agency agreement in place which supports the joint commissioning arrangement. This regional approach has provided many benefits to contracted parties, including better value for money, reduced contract mobilisation resources and shared resources within service delivery.

### **Sustainability of Provision**

An assessment of the advocacy market has demonstrated IPA Service based organisations who can operate locally are all based in the third sector. They appear to be a mix of small and large organisations. There appears to be no shortage of providers who are able to operate advocacy services locally.

### **Risks to Market Stability**

The market assessment identified no significant challenges to the current or future sufficiency, quality and stability of the provision of IPA Services to children and young people within the West Glamorgan Region. The IPA Service provider utilises a mixed staff base and has reported no difficulties regarding staff recruitment and retention. Due to issues presented in other areas of the social care market relating to staff recruitment and retention, this will be closely monitored going forward.

## **Section D – Non Regulated Provision**

### Alternative Advocacy Models

Alternative forms of formal and informal advocacy support may be a preferred or more suitable option for children and young people to meet their individual

advocacy needs and outcomes. The overall impact of the use of these alternative forms of advocacy is low within the locality but may grow in response to the Council's approach to more effectively 'embed advocacy'. Over the next five years the use of alternative, more informal forms of advocacy will be monitored closely to analyse trends and effects.

#### Use of Non Regulated Provision/ Service Changes

During 2020-2021, the two highest categories of advocacy issues presented by children and young people were; 53% related to attending meetings and 14% related to placements. 0% of advocacy issues related to availability and quality of support services.

Whilst future commissioning activity may include the commissioning or decommissioning of services which may have an impact on the demand for the IPA Service, historic usage is very low relating to advocacy issues based on the delivery of support services to children and young people. This may change as a result of an increased awareness of advocacy amongst children and young people through the 'embedding advocacy' approach currently being adopted within the Council. Currently, this anticipated change in the advocacy issues presented by children and young people will increase demand for the IPA Service but commissioners are confident that this demand is sufficiently covered within the current contract.

## **Section E - Other Considerations Affecting the Market**

### **Resources**

The current IPA Service was awarded following a competitive tendering process. Throughout the lifetime of the contract, demand and usage of the IPA Service will be closely monitored to ensure, if the maximum budget envelope was neared or reached, then contingency plans will be implemented to ensure any disruption to service availability and service continuity is prevented.

## Workforce

The current advocacy workforce utilises a mix of employed and self-employed staff to meet any fluctuations in demand. There is no reported shortfall in staff in this service area.

All staff working within the IPA Service have achieved or are working towards the relevant regulatory required advocacy qualification. The requirement to achieve recognised advocacy qualifications has not presented itself as a barrier to recruitment within the advocacy workforce.

## Section F – Summary of the Market

The Council's advocacy market is both sufficient and stable. Moving forward, the Council will continue to greater embed advocacy within the locality through increased awareness and understanding of advocacy among children, young people and professionals.

**Section A – Market Sufficiency**

**Population Based Demand**

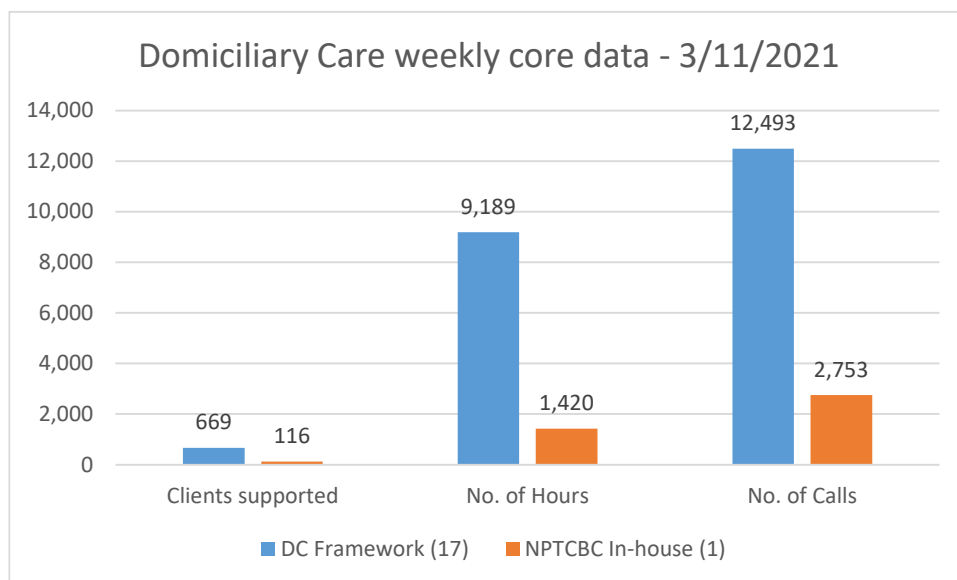
The Council currently provide a Domiciliary Care Regulated Service to individuals in the community. In addition to the Council’s in-house provision we have contracts with 18 independent providers that have been commissioned though a Dynamic Purchasing System.

There are a range of commissioned providers, from small local organisations to large national organisations. In the last 12 months, five providers have been purchased and taken over by another organisation.

These services are provided over a seven day period from 7am until 11pm.

**Core Data**

Weekly domiciliary care data



**Table 10.1: Comparison of the Council’s In-house Service/DC Framework**

The above graph illustrates that In-house services currently provide 2,753 calls, and 1,420 hours to 116 residents over a weekly period. Likewise Domiciliary Care commissioned providers deliver 12,493 calls, and 9,189 hours to 669 residents over a weekly period.



### Domiciliary Care Dynamic Purchasing System (DCDPS)

Within the last two years, 16 providers have requested the tender pack for the Dynamic Purchasing System. Of these, eight were successful. Their current status is indicated below:

Details	Number
Commenced care packages	5
Provider terminated the contract	1
Currently not commenced any care packages	2

Table 10.2: Progress of eight successful new DCPS providers

### Overview: 2017 onwards

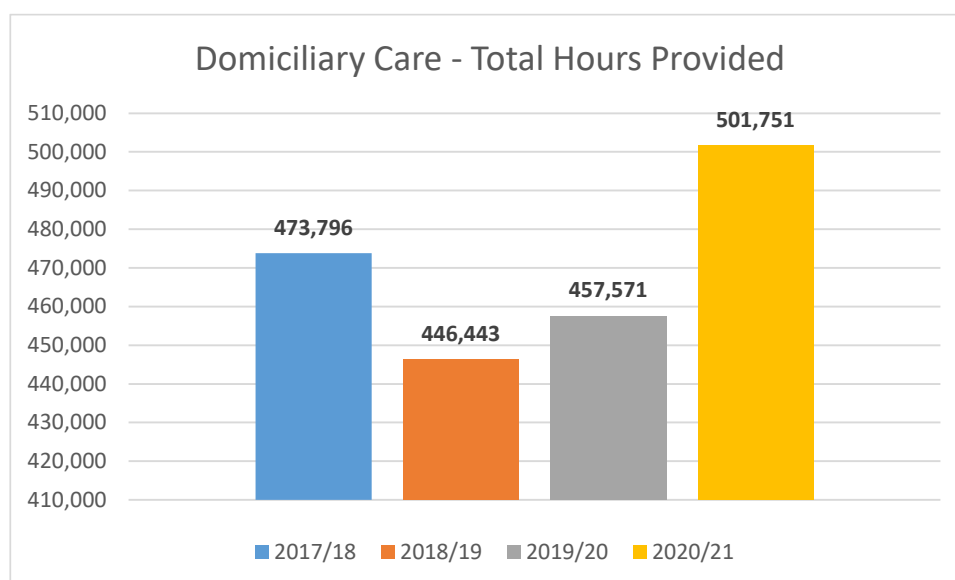
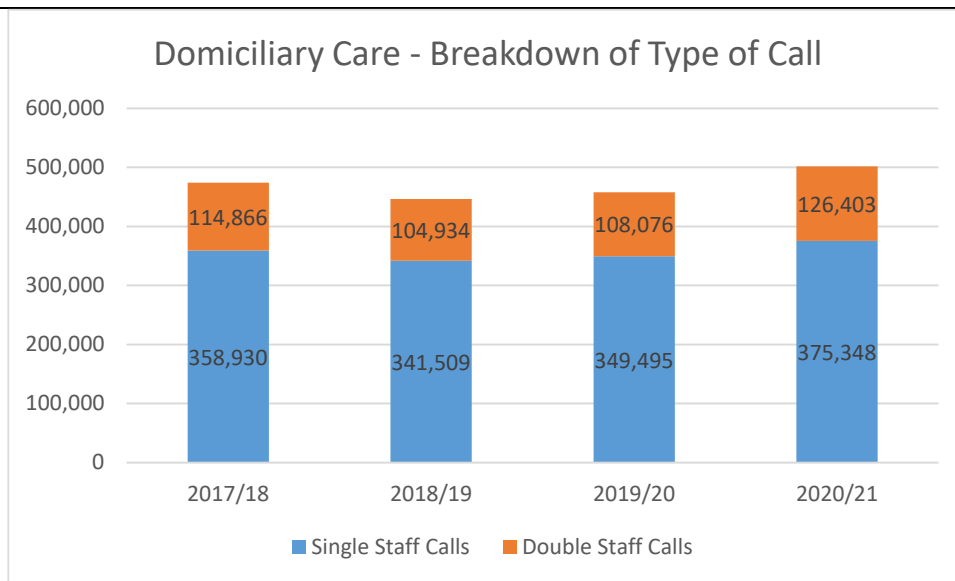


Table 10.3: Total domiciliary care hours per year

The above graph shows that 2020/21 was the year that provided the highest level of hours, showing an increase of 10% on the previous year.



**Table 10.4: Comparison of total commissioned domiciliary care hours by type of call**

The above graph indicates that comparing a four year period, the level of single calls (75%) to double calls (25%) undertaken by commissioned providers has remained consistent.

*NB: Please note internal domiciliary care data not available at this time*

The number of care packages has been relatively stable over the period, except with the significant increase during the pandemic. Despite an increase in number of calls last year, the demand for type of call has remained relatively consistent.

The following is regional /national data showing total number of clients during the year, including in-house.

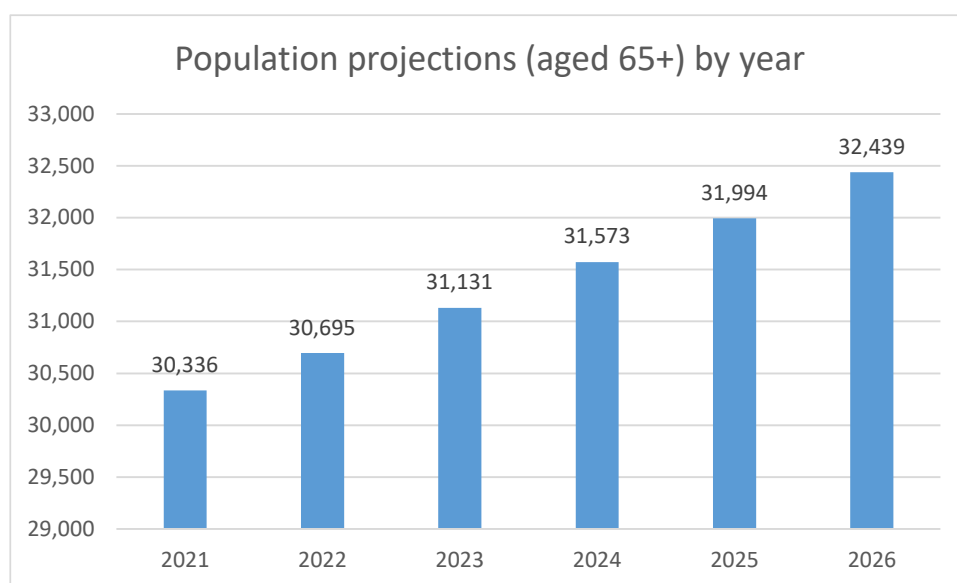
Measure	Year	Swansea	Neath Port Talbot	West Glamorgan	Wales
Number of domiciliary care services received by adults aged 65+ during the year	FY 2016-17	1,811	973	2,784	26,805
Number of domiciliary care services received by adults aged 65+ during the year	FY 2017-18	1,808	974	2,782	24,710
Number of domiciliary care services received by adults aged 65+ during the year	FY 2018-19	1,655	1,108	2,763	23,702
		-8.6%	13.9%	-0.8%	-11.6%

**Table 10.5: Domiciliary care services received by adults aged 65+**

It can be seen that the number of people receiving domiciliary care increased in the locality during the three years for which comparable data was available, which is at variance to Swansea and Wales as a whole.

## Section B - Market Stability

## Population



**Table 10.6: Projected NPT population aged 65+ by year**

The above graph indicates that the area population aged 65+ is projected to increase by 7% over the next five years.

## Provider - external

There have been eleven new Domiciliary Care providers added to our framework as a result of a successful tender application process over the period 2017/18 – 2021/22.

<b>Year</b>	<b>Total Number of Providers</b>	<b>New Providers</b>	<b>Terminated</b>
2017/18	11	0	0
2018/19	15	5	1
2019/20	13	1	4
2020/21	18	2	1
2021/22	20	3	2

**Table 10.7: Comparison of Total Number of Providers/New Providers/Terminated by year**

Since 2017/18-2021/22 eight Domiciliary Care Providers have terminated their contracts with the Council. This has resulted in sourcing alternative provision for service users, whereby a planned process has been successfully implemented.

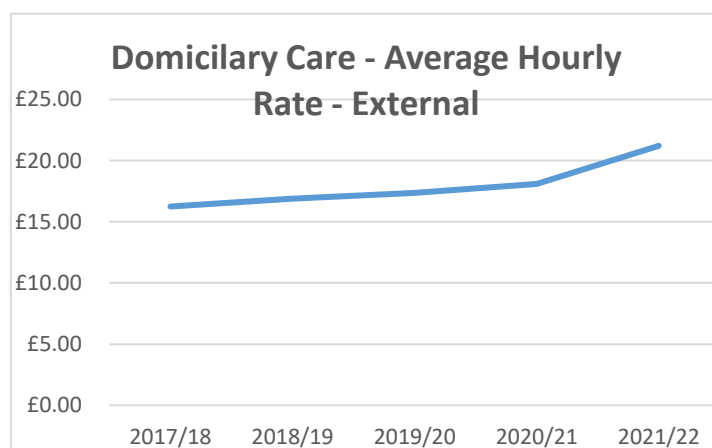
During 2021 a total of five Domiciliary Care Providers were issued with a QIP, as a result of required improvements being identified following our contract

monitoring process. These plans focused on how to improve processes and/or the quality of care and support provided to service users. Three plans have been closed down due to the provider meeting compliance and two QIPs are ongoing at point of writing (April 2022).

Commissioned providers terminated 114 packages at short notice in the period August 2021-April 2022. The cause of this was due to staffing issues impacting on their ability to deliver safe care. These handbacks included notice periods of less than the contractual requirement, with 101 packages being terminated with less than 48 hours' notice.

**Financial**

Cost of hourly rate invoiced to the Council from providers



**Table 10.8: Average hourly rate from 2017 to 2022**

The above chart illustrates there has been a year on year increase in the hourly rate which was generally consistent (3% - 4% p.a.) within the 2017 to 2020 period. In 2021/22 the rate increased by 15%. In 2021 an exercise was undertaken to standardise historical hourly rates and an in-year uplift was provided in October 2021, bringing the average hourly rate to £21.20.

**Action due to Failure**

A comprehensive procedure has been established to support this area of work. If a provider becomes unable to carry on providing care due to business failure, then the Council will follow the 'Provider Failure Process' to secure

alternative care provision for the service users impacted by the failure. This involves the CCU Brokerage team working with other providers (both in-house and externally commissioned) to take over the affected care packages.

The entry and exit of providers is a normal occurrence in the Domiciliary Care Market, it is also usual for providers to give notice on a small number of individual packages over the year. However, in 2021/22 a number of providers either exited the market or terminated multiple packages without giving the contractual notice period. Reasons for this included the inability to recruit staff due to the current care market position and also current staff not fulfilling their notice term when leaving employment. Over the last four years there have also been two instances of contracts being terminated at short notice due to financial failure.

Although there has been increased turbulence over the last 12 months, overall the market has responded well and stepped in to take over packages from failing providers at short notice to ensure minimal disruption to service users.

## **Section C – Other Market Stability Factors**

### **Contract Monitoring**

Contract monitoring is essential to help us to improve the quality of the commissioned support services.

This process includes the following:

- Planned Annual Service Provider Review
- Unplanned Focused Monitoring
- Service User Review
- Regular Provider Forums
- Individual Provider Meetings

### **Monitoring Visits**

As part of our contracting and monitoring process, monitoring visits are completed with service providers to review the quality and performance of their services. A monitoring report is produced based on the observations and findings from the visits, and supporting evidence (including staff and service

user feedback) supplied as part of the assessment process. When monitoring the domiciliary care providers' services, an established evidence based approach is followed. This is to ensure that adult social care responses are linked to assessed need and the desired outcomes for people are clearly linked to safeguarding and minimising risks to people's independence.

#### Planned Annual Service Provider Review

The annual monitoring reports are based on two domiciliary domains:

##### *Outcome A: Outcome A: Care And Support*

Service Users receive good quality support which is designed and coordinated around their desired personalised outcomes

##### *Outcome B: Outcome B:Leadership and Management*

There is a dynamic leadership style that drives sound quality management process and motivates a competent staff team.

Following the annual service quality review monitoring process if there are gaps and issues a QIP is implemented. This plan is based on an overall view of the service provider's quality and performance and is separated into a number of key areas of service delivery, highlighting the outcomes, areas of activity, findings and any subsequent recommendations (including any areas of non-compliance against the Contract and Regulatory Standards). Timescales and deadlines are agreed in conjunction with the provider and this plan is completed by the monitoring officer. Home visits also form part of the service review and the findings are also included in the QIP.

#### Unplanned Focused Monitoring

This process is instigated when the provider is perceived to be experiencing problems such as complaints; AAR referrals; contract compliance concerns and staffing issues. The monitoring process is undertaken as well as the completion of the QIP.

#### Provider Meetings

Commissioners met with providers on a quarterly basis over the period 2017-2019 but this increased to weekly from the onset of the pandemic in March 2020. This change ensured there was constant dialogue, support and sharing of ideas/experiences/good practice with providers. Through the pandemic a

phone call was made from the Contract Monitoring Officers twice weekly in order for providers to discuss any issues and for monitoring officers to collect data to help understand emerging issues. This information included all COVID-19 aspects and contributed to a regional position for WG RPB.

Sub groups are set up with providers to coproduce solutions to current market pressures and to address sector challenges.

### Service User Review

There are a number of mechanisms used to support the individual:

- A person centred planning approach is taken to prepare a new care personal plan which meets the needs of Council's 'Care and Support Plan' process which includes detailed personal preferences.
- Home monitoring visits are held to gather feedback with the service users and their families about the care and support received. This report feeds into the Service Provider Review and unplanned focused monitoring updates.
- Quarterly reviews are held with the service provider and service users/families/representatives.
- RI reports – completed questionnaires from service users

### **Current and Projected Trends**

Emerging patterns are showing individuals with higher levels of need wish to stay at home and no longer want to go into care homes, especially with the pandemic impact. This is supported by an increasing brokerage waiting list relating to increased number of referrals for these services.

Providers are having difficulties in recruiting staff, and staff turnover is at an all-time high. The staff leaving the care sector are not being replaced with new entries into the sector. This means that providers are finding it challenging to meet this increased demand for services.

It is expected that the number of people requiring domiciliary care will continue to grow.

### **Impact of Commissioning Practices on the Market**

The Domiciliary Care Market is facing challenges from both the reduction of the social care workforce and increasing numbers of people requiring support, as such we have a position of market saturation. Regular meetings are held with Domiciliary Care Providers to explore how changes to commissioning could positively impact on current market pressures. It is anticipated that a number of pilots will be rolled out over the next 12 months and the feedback from these pilots will inform how we commission this type of service in the future.

The Council have awarded the Older Persons Domiciliary Care Providers a 10% uplift for the 2022/23 financial year which was brought forward to October 2021 in order to help improve staff terms and conditions, including payment of the Real Living Wage. All Domiciliary Care Providers have committed to pay their staff the Real Living Wage.

Over the last 10 years there has been a significant shift from in-house provision to externally commissioned provision and external providers now deliver the majority of all domiciliary care. However there has been recent investment in expanding the Council's in-house care home service to help meet increased demands and this is expected to continue over the next four years.

### **Sustainability of Provision**

Contracted providers are all struggling with recruitment and retention regardless of the size of the organisation; they have described continued financial pressure including ensuring rates of pay for staff are competitive and increasing fuel costs. Providers have reported that retaining staff can be difficult due to staff being attracted to higher rates of pay in other sectors e.g. retail and hospitality, not forgetting that the pandemic has also created more pressures on staff for other reasons e.g. working long hours to cover sickness.

Between autumn and winter 2021, a significant number of packages were handed back by providers with very little notice, in the majority of cases with less than 48 hours' notice. This position has now stabilised, however it is accepted that the sector is still very fragile and Brokerage waiting lists are still higher than before COVID-19 due to market saturation.



Providers work within a geographical concentration (cluster) model, which is more manageable and efficient as care workers have less travelling time between calls. It gives the provider the ability to accept more care packages in the cluster model. The issue of geographical spread is a factor in determining market sustainability, as if an area relies heavily on only one or two care providers then it becomes more challenging to identify an alternative provider in cases of market failure or market saturation.

### **Risks to Market Stability**

Domiciliary Care Providers continue to experience pressure and influences from a range of sources. Employment/staffing factors continue to be the largest threat to the market as the number of new recruits into the workforce does not match the number of new people requiring a care package. The wider employment market offers the same rates of pay with less demands and better sociable hours and in some cases offer financial incentives to switch. Staff are exhausted with the pandemic impact and are leaving not only the domiciliary care sector but the care sector as a whole. This further impacts on current staff workloads as this is increased to try and meet demands of the service which then has a knock on effect on quality and care.

Due to the changing staff environment and the inability to recruit into the sector, providers on occasions are using agency staff. Costs are much higher and this may lead to further financial pressures for the provider.

Providers are advertising jobs via recruitment agencies, by word of mouth, at job fairs and social media sites such as 'Facebook'. However providers are reporting very low interest and have highlighted a low return on their recruitment investment.

### **Section D – Summary of the Market**

#### **Pre COVID-19**

The market has proven to be sufficient and stable prior to March 2020, with the sector able to meet the increasing demand for care. Despite a number of

providers handing back their contracts, this had a minimal impact on service users and overall the service did not see any significant issues. This can be attributed to a very robust, reactive service commissioned through genuine co-production by the Council.

**Post COVID-19**

It is very clear COVID-19 has had a major impact on this service with providers handing packages back at short notice and the significant increase in demand. Without improvements in the recruitment and retention of staff it will be challenging to meet the significant increase in demand for domiciliary care and to guarantee sustainability of existing provision.

8.11 Domiciliary Care – Younger Adults, LD/MH/PD Supported Living

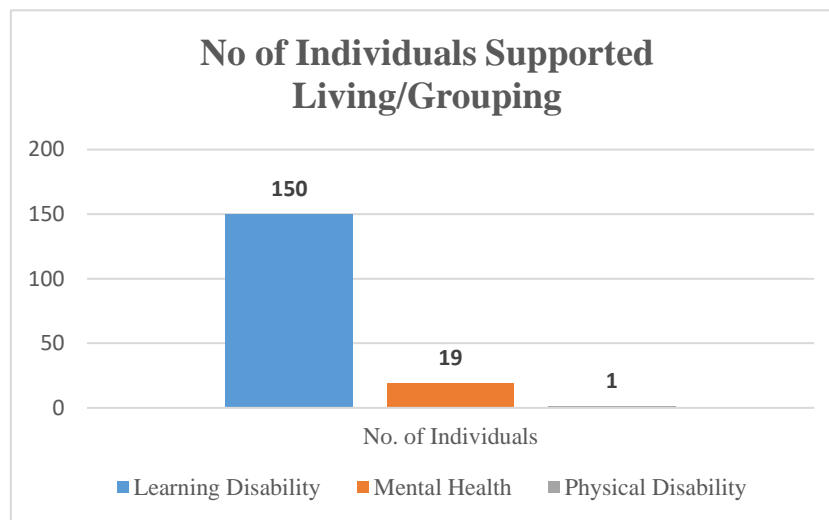
**Section A – Market Sufficiency**

**Population Based Demand**

Domiciliary Care is provided in two ways: within a supported accommodation setting whereby individuals have their own tenancies with 24 hours support, and the spot purchasing of individual packages of floating support delivered in a person's home.

## Core Data

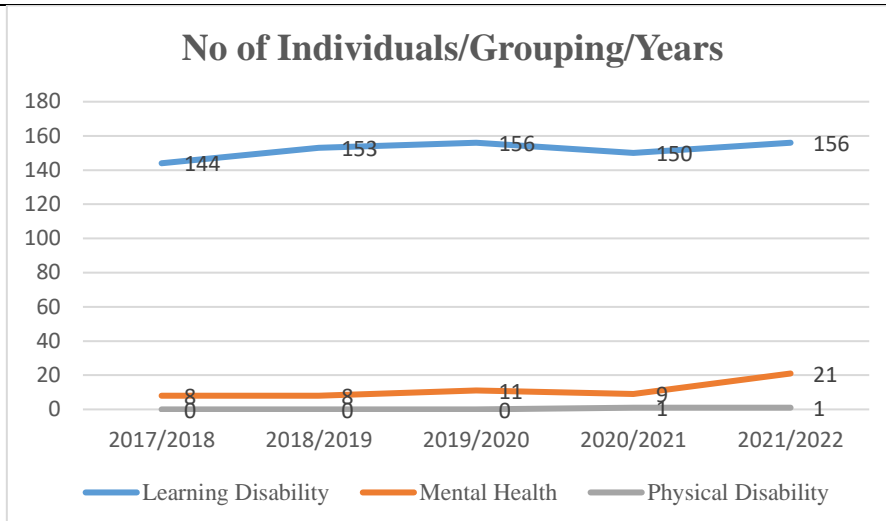
### Supported Living



**Table 11.1: Number of Individuals Supported/Grouping (May 2022)**

The above graph illustrates there are currently 150 individuals with a primary learning disability need, 19 with a primary mental ill health need and one with a primary physical disability need who reside in a supported living setting where domiciliary care is provided as part of their care package.

## Overview –2017 onwards

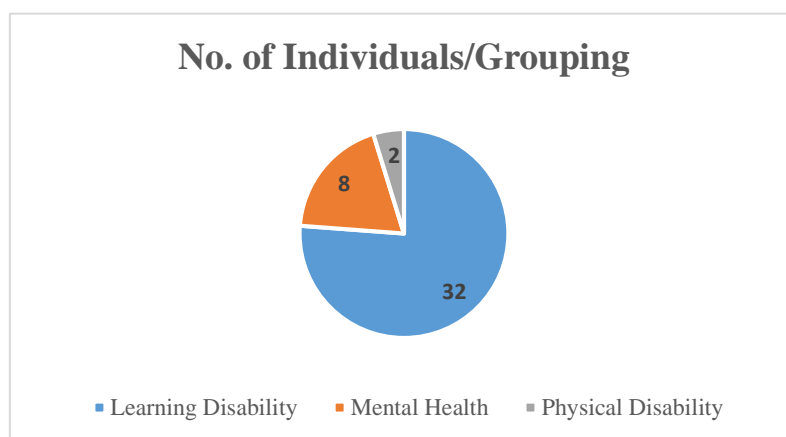


**Table 11.2: Comparison of No of Individuals/Grouping by year**

The above graph illustrates that there has been a small increase in the number of people with a learning disability over the five year period, although the service remains constant.

The number of people supported that have mental ill health has more than doubled over the last two years. This can be attributed to an increase in demand and the extra provision of two new schemes for people that require support due to their mental ill health, which provided an alternative to care home provision. There has only been one physical disability placement in the last five years.

### Domiciliary Care Packages in the Home



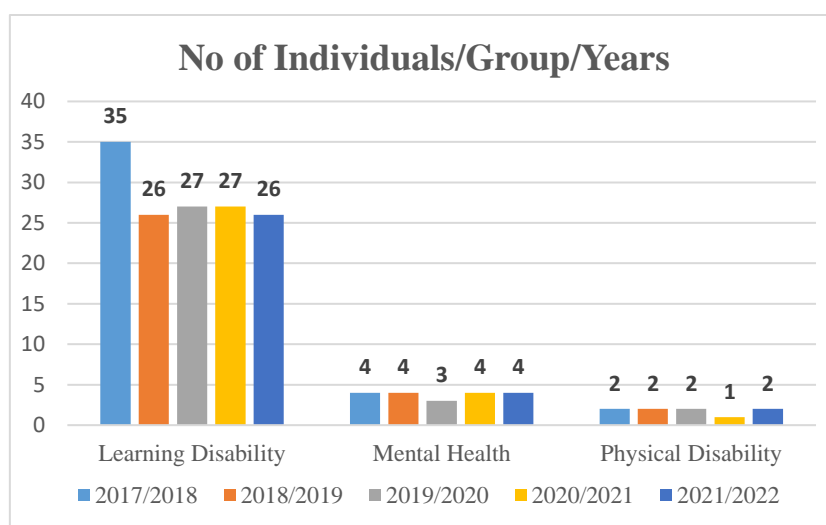
**Table 11.3: No of Individuals/Grouping (May 2022)**

Presently the number of people receiving floating domiciliary care in their own home is relatively low, however the Council are in the process of developing a Specialist Domiciliary Care Framework. Having this in place will provide more

opportunity for the spot purchase of care packages, which will allow individuals to remain in their own homes with specific packages of care as stipulated within their care and support plans.

There are currently 13 providers who deliver floating domiciliary care for individuals within their own homes.

### Overview –2017 onwards



**Table 11.4: Comparison of No of Individuals/Grouping/Year.**

Over the last five years people with a primary learning disability need were the largest group of people to receive floating domiciliary care in their homes, followed by people with a primary mental ill health need and lastly people with a primary physical disability need. There has been consistency in demand over the five year period.

The Council is keen to address any gaps in service by planning the development of accommodation based models. An Accommodation and Pathway Group was established to support this work and membership includes senior management, practitioners, housing leads and commissioning leads from the Local Authority, Health Board and the West Glamorgan Regional Partnership.

There have been a number of successful developments over the last few years, including:

Project Model: **Extra Care**

Date: 2021/2022

The Council and health board commissioned a pan-disability Extra Care Scheme in partnership with Tai Tarian Housing Association. The scheme consists of six self-contained flats, staffing and communal areas. The service includes a mix of 24 hour support within the building and additional floating support for targeted 1:1 care and support. The type of service delivered to tenants is a mix of personal care as well as support for people to develop and maintain their daily living skills and independence.

Project Model: **Mental Health Supported Living**

Date: 2019/22

The Council and health board commissioned a Mental Health Supported Living Scheme in partnership with First Choice Housing Association for three people. Each person has their own tenancy and the service is a mix of 24 hour support with additional 1:1 care and support.

Project Model: **Independent Flats**

Date: 2018/20

The Council and health board organised a project to promote a pan-disability independence and progression model in partnership with First Choice Housing. This scheme is a property consisting of four self-contained flats which were purpose built to support progression to independence for individuals. The support being provided is spot purchased via Domiciliary Care Provider.

Project Model: **Learning Disability Supported Living**

Date: 2010/22

The Council and health board worked in partnership with First Choice Housing to develop a supported living service for three individuals with a learning disability who were previously living at home with family. This service was specific to meet the needs of the three individuals.

Current Projects/Schemes

Name of Project: **Autistic Spectrum Disorder (ASD) Supported Living**

Date: Live December 2022

This joint project with the health board is specifically being developed for three individuals with complex ASD needs. The service will be in partnership with First Choice Housing and a commissioned external support provider. The three people will be transitioning from either Children's Services or their family home.

Name of Project: **Core and Cluster**

Date: Fully Live July 2023

This project will be in partnership with the Council, health board, First Choice Housing and a commissioned external support provider. There will be two phases to this project; phase 1 being the development of a bungalow for two individuals who require ground floor access and physical disability adaptations, phase 2 will be the development of flats, which will be utilised by individuals with a range of disability needs.

Name of Project: **Mental Health Homelessness Accommodation** Date: TBC

This is a project is in its initial stages of development and is between the Council, health board and Tai Tarian Housing Association. The scheme will provide supported accommodation for individuals with complex mental health and co-occurring needs, who are also at risk of repeated episodes of homelessness. The project will help to develop the individuals' daily living and housing support skills.

Name of Project: **Progression Accommodation Step Up to Step Down**

Date: 2023

Specialist support for a period of 18-24 months to develop independence and daily living skills for up to four people with a learning disability and/or mental ill health, who have potential to live more independently.

Proposed schemes for 2023-2027, subject to Capital Funding Agreement

<b>Timeline</b>	<b>Details</b>
2023-27	Independent Flats x 2 Two independent flats for 4 people with targeted floating support.
2023-24	Supported Living Mental Health Scheme for 3 individuals
2024-25	Supported Living Mental Health Scheme for 3 individuals
2025-26	Extra Care Scheme for 5-6 people

Floating domiciliary care for individuals with physical disabilities is being drawn down from the same provider framework as is used for older people and there is sufficient supply to meet demand.

When accommodation options are not available within the existing social housing stock for individuals with a physical disability, the Council will work with Registered Social Landlords (RSL). New bespoke properties will be developed and floating domiciliary care will be provided. Currently need is being met and there is no projected demand to develop any new schemes at this point in time. The Council has access to a specialist physical disability bungalow that can be used for emergency housing needs whilst a person's longer term housing options are developed.

The complex needs domiciliary care market has been operating at close to capacity levels and is facing market based pressures to sustain capacity. Issues have included service disruption based on staff sickness (largely associated with the COVID-19 pandemic) and challenges in attracting new staff to enter the market, which is an issue across the social care workforce.

In order to further develop the Council's Domiciliary Care Market, the Council will be undertaking a procurement exercise to establish a new framework for complex needs domiciliary care, which will be a joint framework with SBUHB.

## Section B - Market Stability

### Population

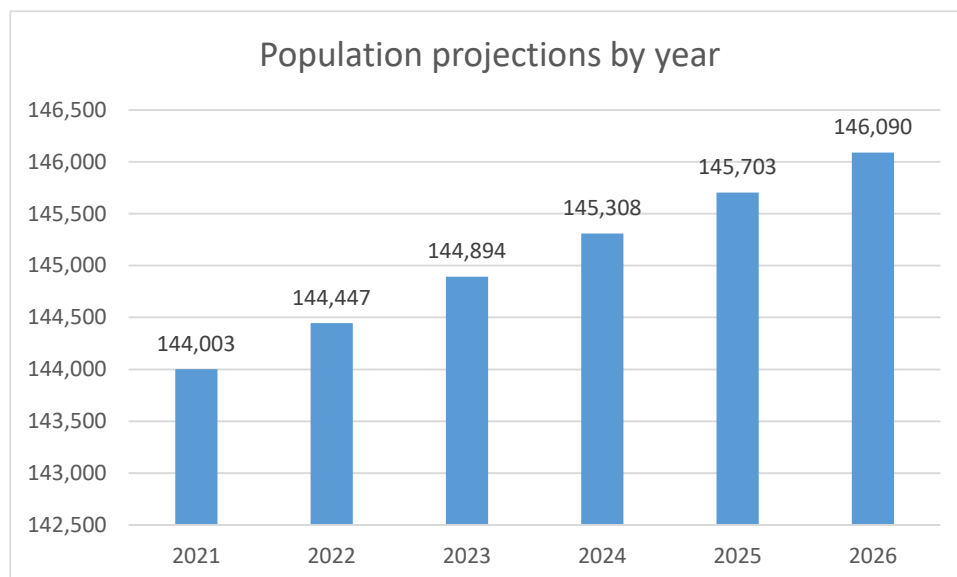


Table 11.5: NPT population projections by year

The above graph illustrates that over the next five years, projected population figures will see a consistent increase year on year.



The Council have in place a framework for supported living schemes which consists of 26 service providers.

### Financial

Providers have seen increased cost pressures since the pandemic, mainly relating to the workforce. In October 2021 the Council implemented a 10% uplift in order to support the sector in improving its workforce terms and conditions, including payment of the Real Living Wage. A further 2% uplift was provided from April 2022 to take into account the rising costs of delivering services, such as increases in fuel costs.

Intelligence suggests that some providers have been heavily reliant on the use of agency staff which could potentially affect their viability and create a financial risk if this continues longer term. Agency staff can also cause anxiety to people that require consistency in staff; as such, providers are committed to using the same pool of agency staff to reduce this impact.

### Action due to Failure

A comprehensive procedure has been established to support this area of work. If a provider becomes unable to carry on providing care due to business failure, then the Council will follow the 'Provider Failure Process' to secure alternative care provisions. This process has not yet been used as schemes have not closed. Commissioning have regular contact with the providers involving open dialogue and transparent conversations, as such commissioners are confident that they would be alerted early to any signs of market failure.

Within the last three years the Council was approached by a supported living provider who was experiencing significant financial pressures. The Council worked with the support provider and regional partners to resolve the issue and prevent provider failure.

## Section C – Other Market Stability Factors

### **Contract Monitoring**

Contract monitoring is essential to help us to improve the quality of the support commissioned services.

This process includes the following:

- Planned Annual Service Provider Review
- Unplanned Focused Monitoring
- Service User Review
- Regular Provider Forums
- Individual Provider Meetings

### **Monitoring Visits**

As part of our contracting and monitoring process, monitoring visits are completed with service providers to review the quality and performance of their services. A monitoring report is produced based on the observations and findings from the visits and supporting evidence supplied as part of the assessment process. When monitoring the domiciliary care providers' services, an established evidence based approach is followed. This is to ensure that adult social care responses are linked to assessed need, and the desired outcomes for people are clearly linked to safeguarding and minimising risks to people's independence.

#### Planned Annual Service Provider Review

The annual monitoring reports are based on the domains within The Quality Assurance Framework for the Council. The development of this framework involved a formal 90 day consultation, which included involving service users, family members and support providers in its development. Following the annual service quality review monitoring process, if there are gaps and issues a Service Improvement Plan (SIP) will be implemented. This plan is based on an overall view of the service provider's quality and performance and is separated into a number of key areas of service delivery, highlighting the outcomes, areas of activity, findings and any subsequent recommendations (including any areas of non-compliance against the Contract and Regulatory Standards). Timescales and deadlines are agreed in conjunction with the provider and this plan is completed by the monitoring officer.

### Unplanned Focused Monitoring

This process is instigated when the provider is perceived to be experiencing problems such as complaints; AAR referrals; contract compliance concerns and staffing issues. The monitoring process is undertaken as well as the completion of the SIP.

### Provider Meetings

Commissioners met with providers on a quarterly basis over the period 2017-2019. Through the pandemic a phone call was made from the contract monitoring officers twice weekly in order for providers to discuss any issues and for monitoring officers to collect data to help understand emerging issues. Monthly provider meetings took place throughout the pandemic, this has now returned to quarterly meetings.

## Current and Projected Trends

The Council have identified a number of key themes and these include:

### Learning Disability

There is sufficient supply of supported living, so the focus is on development of independent living flats and extra care over the next five years.

There are a number of people in supported living or care homes that have the potential to develop their daily living skills in order to move into their own independent accommodation. A step up scheme is being developed to support these people in achieving their independence outcomes.

There is a need to develop the market for floating domiciliary care delivered in a person's home. As mentioned, the Council intend to develop a framework to address this issue.

### Mental Health

There is a heavy reliance on residential care and an insufficient number of independent accommodation based options.

The Council have started to address these issues by developing different models of accommodation. Over the last three years schemes have been developed to ensure individuals maximise their outcomes, reach their

potential and have opportunities for progression. Models include: extra care schemes, core and cluster, and independent living flats with support. The step up scheme will also support people with mental ill health to move into their own independent accommodation. Additional schemes are planned for development over the next five years.

The Council have identified individuals who come under Section 117, that due to their mental health and consequent vulnerabilities have found it difficult to maintain/or retain sufficient housing. The CCU is developing close links with the Council's Housing Options Team and RSLs to develop adequate supported accommodation. There will be the option for individuals to receive specialist floating domiciliary care within their own home which will help them with their daily living skills and help to reduce the cycle of homelessness.

There is a need to develop the market for floating domiciliary care delivered in a person's home. As mentioned, the Council intend to develop a framework to address this issue.

#### Physical Disabilities

Most people are supported to stay in their own homes through the use of relevant grants to implement adaptations. In these cases a package of floating domiciliary care will be delivered to the person in line with their identified needs.

Domiciliary care is provided through the same framework used for older people.

There are a number of people that have a learning disability and/or mental ill health that also have a physical disability. The development of the extra care service took these requirements into account and contained a number of specially adapted flats. The core and cluster model will also be designed in a way to support people with a learning disability and /or mental ill health that also have a physical disability. Existing supported living schemes have also been adapted in line with a person's physical disability requirements.

#### Transition Group

This forum has been established to support young people with a disability to plan for their future and support their transition from Children's Services to Adult Services. Membership of this forum includes key practitioners who support the individuals, with representation from the health board, social

care, education, housing, employment, commissioning and community services. From this the CCU can plan the commissioning of relevant services.

#### Accommodation Pathway Group

These monthly meetings are a gateway to discuss identified needs, gaps in service and plan new developments.

#### Co-production

The Council strive to encourage participation and promote co-production when developing new services. The Council work with two main groups to include:

- Potential Support Providers – market engagement events are held whereby potential support providers are invited to attend. A presentation of the new service is given, with opportunities for questions and feedback. This information is taken into account in the development of service models.
- Family and Service User Engagement Meetings – a meeting group is established with service users and, where relevant, the families and carers of individuals identified for new services, with all key stakeholders attending. Regular meetings take place and information is presented to the group at every stage of the development. There are opportunities for questions and feedback and this information feeds into the process, including accommodation design. The group is also invited to be involved in the process to source the care provider by developing evaluation questions and sitting in on presentations given by the prospective providers. Feedback from this group also informs the service specification to ensure that the provider delivers a service in line with what matters to the individuals.

### **Impact of Commissioning Practices on the Market**

There could potentially be an impact on specialist mental health and learning disability residential placements as the Council is looking to develop more independent living care models. There will be opportunities for providers to develop plans and be informed of any commissioning intentions. The Council liaises closely with providers to inform them of future service development opportunities through Sell2Wales or the established frameworks. There may be a reduction in supported living placements for people with a learning

disability as individuals are enabled through the step up service to develop their independent living skills in order to move into their own homes.

### Sustainability of Provision

Contracted providers are all struggling with recruitment and retention regardless of the size of the organisation. Providers have described continued financial pressure including ensuring rates of pay for staff are competitive and increasing fuel costs. Providers have reported that retaining staff can be difficult due to staff being attracted to higher rates of pay in other sectors e.g. retail and hospitality, not forgetting that the pandemic has also created more pressures on staff for other reasons e.g. working long hours to cover sickness. In addition there has been a higher than normal use of agency staff, which also negatively impacts on a provider's financial position.

The overreliance on a small number of providers to deliver floating domiciliary care in a person's home is a potential risk if one of those providers left the market.

As mentioned, there are robust processes in place to assess the potential risk and manage provider failure.

### Risks to Market Stability

Domiciliary Care Providers continue to experience pressure and influences from a range of sources. Employment/staffing factors continue to be the largest threat to the market as the number of new recruits into the workforce does not match the number of new people requiring a care package. The wider employment market offers the same rates of pay with less demands and better sociable hours and in some cases offer financial incentives to enter their professions. Staff are exhausted with the pandemic impact and are leaving not only the domiciliary care sector but the care sector as a whole. This further impacts on current staff workloads as this is increased to try and meet demands of the service which then has a knock on effect on quality and care.

Due to the challenging staff environment and the inability to recruit into the sector, providers on occasions are using agency staff. Costs are much higher and this may lead to further financial pressures for the provider.

Providers are advertising jobs via recruitment agencies, by word of mouth, at job fairs and social media sites such as 'Facebook'. However they are reporting very low interest and have highlighted a low return on their recruitment investment.

## Section D – Summary of the Market

### **Pre COVID-19**

The market has proven to be sufficient in terms of supported living for people with a learning disability, with the sector able to meet the increasing demand for care. However there is currently a lack of other accommodation models and a lack of provision for floating domiciliary care. This imbalance will be addressed over the next few years through the development of new models.

Mental Health provision has been more pressured with an overreliance on care homes due to a lack of more community based alternatives. Again plans are in place to address this.

Staffing was not a significant issue prior to COVID-19, but has now become one of the key risks to market stability and sufficiency.

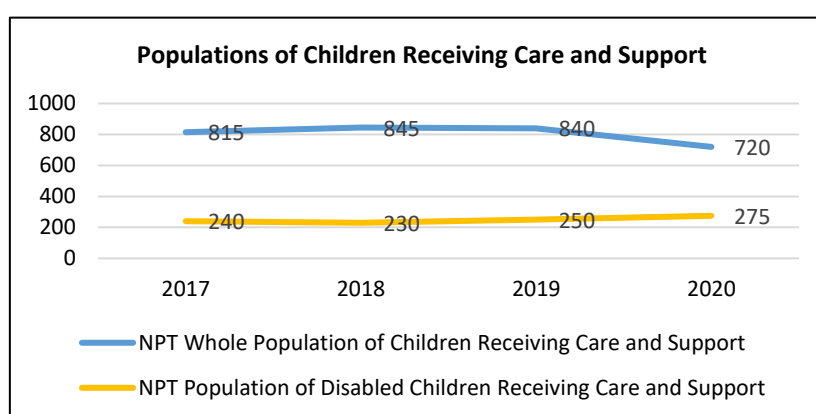
### **Post COVID-19**

Looking ahead the Council have plans to introduce new ways of working and continue to develop new models of care. The main threat since COVID-19 is the availability of suitably experienced staff.

## Section A – Market Sufficiency

### Population Based Demand

Since 2017, the Council’s child population receiving care and support has fluctuated but the overall population size has decreased<sup>18</sup>. The cohort of children who live in the area with a disability and receive care and support has been increasing since 2017 and so the population based demand for children’s domiciliary care provision has increased<sup>19</sup>.



**Table 12.1: Children’s population and disabled children’s population receiving care and support by year**

### Domiciliary Care Usage

In line with the individual child’s assessed needs, domiciliary care packages are designed in a personalised way. The number of hours and frequency of domiciliary care support differs between children and frequently changes throughout the lifetime of the support package to meet the changing support needs of the child and their family.

Since 2017, the number of children accessing domiciliary care provision within the area has increased, with a sizeable increase noted during the COVID-19 pandemic. The reasons for this increased demand is multi-factorial but can largely be attributable to two key factors:

- The extended use of domiciliary care provision to deliver support based packages due to the limited availability of such provision within the local social care market.

<sup>18</sup> Data obtained from Stats Wales

<sup>19</sup> Data obtained from Stats Wales



- The increased use of domiciliary care provision to provide short breaks to children and their families (which provide parent carers with short breaks from their caring responsibilities whilst providing the child/children with enjoyable experiences within the home or community).

Number of Children Accessing Domiciliary Care Provision <sup>20</sup>	2017/18	2018/19	2019/20	2020/21
		5	5	15

Table 12.2: Comparison -Years/Council Nos- accessing services

In line with the increased numbers of children accessing domiciliary care provision, the annual usage of domiciliary care provision has grown by 68% from 2017 to 2021<sup>21</sup>.

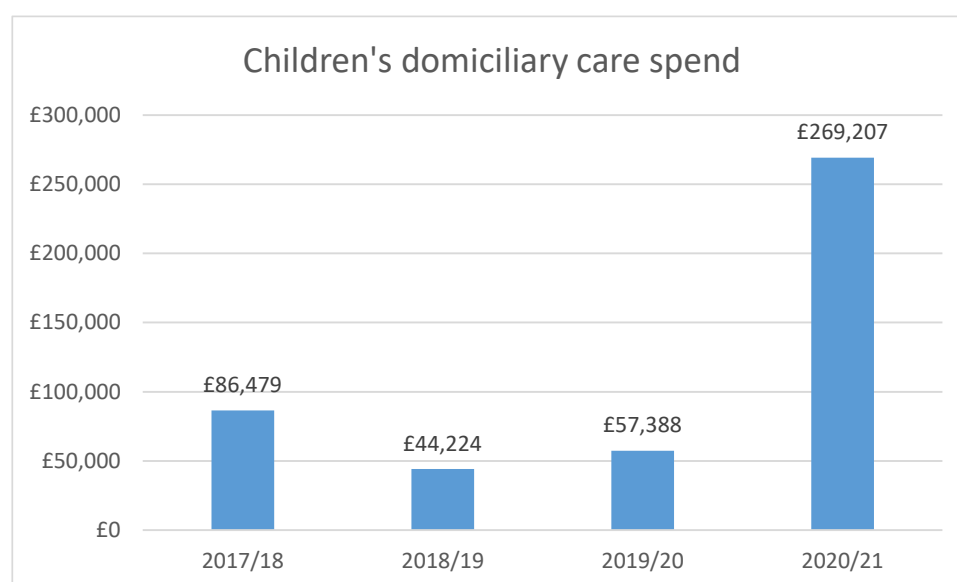


Table 12.3: Children's domiciliary care spend by year

### Domiciliary Care Supply

Local domiciliary care providers provide care and support to a wide cohort of children who present with various care and support needs, and there is no cohort of children to which local providers have reported difficulties in delivering their service to. Over the past four years, domiciliary care providers have demonstrated flexibility in their service models in order to adapt their service offering to meet various support needs. This flexibility and commitment to meeting local need has helped achieve service sufficiency with no key service gaps.

<sup>20</sup> Data rounded to the nearest 5 for disclosure reasons

<sup>21</sup> Based on annual spend on domiciliary care provision

From 2020, the local domiciliary care market responded to increased demand by increasing their service capacity. However, at times, demand still outstripped supply with local providers reporting they were operating at service capacity. This presented challenges to achieving sufficient levels of service availability. This high level of demand is predicted to correlate with the impact from the COVID-19 pandemic.

### Quality and Outcomes

Care and support plans continue to be co-produced with the child and their progression and achievement of personal outcomes are regularly reviewed and evaluated. Overall, the Council's domiciliary care market sufficiently met required service quality standards and effectively supported children to achieve their personal wellbeing outcomes.

Identified areas of poor performance across the Council's domiciliary care market have been isolated incidents and are not indicative of market wide quality issues.

### **Current Level of Market Sufficiency**

The Children's Domiciliary Care Market is operating at close to capacity levels and is facing market based pressures to sustain capacity. Current issues include service disruption based on staff sickness (largely associated with the pandemic) and challenges in attracting new staff to enter the market, which is an issue across the social care workforce.

Domiciliary care provision is largely commissioned from one provider (please refer to the market stability assessment below for further information). Whilst this provision provides a good quality service, this is a high risk commissioning approach due to the potential risks presented relating to future service stability and sufficiency. A number of domiciliary providers have demonstrated an interest to become part of the Council's commissioned service over recent years, but they have cited barriers to enter the market, including the small number of support packages. The Council has a commissioning need for a very flexible workforce to sustain flexible packages of support.

In order to further develop the Council's Domiciliary Care Market, we are reviewing and revising the Children's Services strategic and commissioning

plans, which includes a focus on domiciliary care and short breaks demand profiling.

## **Likely Issues To Affect Market Sufficiency Over Next 5 Years**

### COVID-19 Pandemic Impact

Since 2020, the COVID-19 pandemic has brought much disruption to the lives of children and their families. School and support service closures/ disruptions contributed to increased demand for care and support services. This has been a key contributor to the recent rise in demand for domiciliary care provision which has led to market growth but has also led to maximised market capacity. Over the next five years, the continuing impact of the pandemic will be closely monitored as it is most likely to continue to affect market sufficiency in the short term.

### Population Based Demand

In line with Welsh Government population projections, the population of children who live with a disability is projected to remain stable over the next 5-10 years, therefore there is no correlation between the projected population size and demand placed upon domiciliary care provision.

### Accessible Suite of Support Services

Domiciliary care provision is one of many support services children and families may access, which can also include support services from other areas to include the Council, commissioned providers and other partner organisations.

Many of these other complementary support services are currently overwhelmed and are providing limited service availability. The knock on effect frequently results in an increased demand on domiciliary care services to support child/children and their families to support family wellbeing and continuity.

The Council is working closely with commissioned services and partner organisations to highlight and support service sufficiency developments which impact the locale's domiciliary care market. Without effective developments in this area, it is likely that demand placed on domiciliary care provision will continue at an increased level, which is likely to affect market sufficiency over the next five years.

### Impact from Wales Wide Workforce Sufficiency Issues

The sufficiency of the social care workforce across Wales is a concern. The sufficiency and quality of the Council's children's domiciliary care market relies on providers achieving suitable levels of staff recruitment and retention.

This area will be closely monitored as workforce sufficiency issues present a key risk to achieving market sufficiency over the next five years.

## **Section B - Market Stability**

### **Balance of Demand and Supply**

The sufficiency assessment above identified that demand and supply within the Council's domiciliary care market have both increased since 2020. The market has successfully grown to meet levels of demand but as COVID-19 related impacts decrease, any significant drop in domiciliary care demand may destabilise the local market and its workforce. The Council will work closely with commissioned providers to monitor service stability on an ongoing basis.

### Provider Base Diversity

The composition of the Local Children's Domiciliary Care Market has changed quite considerably since 2017, with a decreasing number of domiciliary care providers commissioned by the Council. The reasons for this decrease have been attributed to providers moving away from this market, providers operating limited local availability or past experience of poor service quality. The way in which the Council select and commission domiciliary care provision has impacted upon the distribution of market share associated with the Council commissioned support packages.

% of Local Market Share Held by The Council's Most Frequently Used Domiciliary Care Provider	2017/18	2018/19	2019/20	2020/21
	89%	45%	95%	99%

**Table 12.4: Percentage of market share held by Council' most frequently used domiciliary care provider**

The market leader during 2017/18 and 2018/19 had a declining market share, which was absorbed by a growing locally based provider since 2019 which emerged as a new local market leader since 2019.

Whilst the current market leader provides a good quality service, the Council's reliance on this provider for 99% of local domiciliary care provision is a high risk approach due to the potential risks this arrangement presents upon future service stability and sufficiency. Domiciliary providers have expressed an interest in growing or diversifying their business models to enter the Council's Children's Domiciliary Care Market. However, such providers cited barriers to enter the market including the small number of support packages the Council commission and the need for a very flexible workforce to sustain flexible packages of support.

The Council is currently reviewing its strategic and commissioning plans, which will include a review of commissioning arrangements and market development work relating to the Children's Domiciliary Care Market.

#### Access to Local Market Information

The Council will work closely with partner organisations to undertake market engagement and market shaping activities from 2022 to support local market development.

#### Financial Viability

The Council accredits domiciliary care providers before commissioning activity takes place. Accreditation and annual service reviews have not identified risks to the financial viability of commissioned domiciliary care providers.

#### Price/ Quality Equilibrium

The equilibrium between price and quality is not balanced within the area's domiciliary care market. Prices charged by domiciliary care providers vary quite considerably with a price difference of up to 30%<sup>22</sup> between providers, but there is no evidence to suggest any increased service quality in relation to the price paid.

Over the previous four years, some providers have expressed a requirement to only provide support packages of a minimum number of hours, which has presented issues relating to delivering personalised support packages and achieving value for money. The planned market engagement activities in 2022 will signal and clarify the position on how it commissions support packages to enable providers to understand the Council's commissioning approach.

#### Market Wide Shocks

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<sup>22</sup> Based on price per hour

The risk of market shocks within the Council's Children's Domiciliary Care Market is being closely monitored, especially with regards to stability of commissioned domiciliary care providers.

#### **Action due to Failure**

No action has been applicable by the Council in pursuance of its duty under section 189(2) of the Social Services and Well-being (Wales) Act 2014.

### **Section C – Other Market Stability Factors**

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

Children and young people accessing domiciliary care provision have outcome based care and support plans, which are coproduced with the individual. Commissioned domiciliary care providers regularly review progression and the achievement of personal outcomes. All commissioned domiciliary care providers deliver a package of training and support to their workforce in line with regulatory requirements.

Alongside CIW, the quality and performance of commissioned domiciliary care providers are monitored on an annual basis by the Council's CCU. From analysing the quality of care and support provided, overall, the Council's domiciliary care market delivers good quality care and support provision. Incidents of poor performance have been largely isolated incidents and are not indicative of market wide quality issues.

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

##### Covid19 Impact

During any period where COVID-19 related disruptions are experienced by families such as school/ service closures or disruptions, the level of demand

for children's domiciliary provision is expected to remain stable at current levels.

Once pandemic impacts reduce or are resolved, the level of demand for children's domiciliary care provision is expected to reduce to pre-pandemic levels which is a significant decrease compared to current demand levels.

These predicted trends, if and when they come into fruition, will have a significant impact on the level of demand placed upon the Councils Children's Domiciliary Care Market. The Council will work closely with and support commissioned providers to mitigate service disruption when possible.

### **Impact of Commissioning Practices on the Market**

The Council have a number of spot purchasing contracts with Domiciliary Care Providers. Providers are selected by care managers and this decision making process is not currently underpinned by any formal commissioning arrangement. Decisions are largely based on experience of service quality and availability of service.

The above decision making process has led to an informal 'preferred provider' approach which has led to the reliance upon one domiciliary care provider which has seen a notable growth in market share. This has created a situation where the local domiciliary care market is not providing a diverse provider base to commission from.

The intention is to implement a procured framework of providers in the next 12-18 months.

### **Sustainability of Provision**

The area's Domiciliary Care Market contains a number of service providers but there is a reliance upon commissioning one external provider who currently holds 99% of the local market share. The largest identified risk to future market sustainability relates to the future stability of the local market leader. There are no current indications of risk to the financial viability of

commissioned domiciliary care providers but risks have been identified to the sustainability of the domiciliary care workforce. This risk is not provider specific risk, rather, it is associated with the overall challenges experienced across the wider social care workforce.

### **Risks to Market Stability**

The largest identified risk to market stability relates to how demand for future domiciliary care will be managed once the impact from the COVID-19 pandemic has been reduced or resolved. Any significant decrease in future demand for domiciliary care may destabilise the market.

### **Section D – Non Regulated Provision**

The Council's Domiciliary Care Market delivers packages of support which includes both care and support, as well as support-only packages. Non-regulated support services operate within the area which are not currently used.

Should the capacity of the non-regulated support sector grow locally, this may decrease demand placed upon local domiciliary providers for support only packages. As part of the Council's market development activities planned for 2022, we will engage with the non-regulated support sector to further understand this sector and their local operating service models in more detail.

### **Section E – Other Considerations Affecting the Market**

#### **Resources**

Planned reviews of commissioning and strategic plans will explore and consider areas of resource pressures and areas where resources require investment and levelling up.



## Direct Payments

Many families choose to use a direct payment for the delivery of personal care and support. However, many reported difficulties in recruiting and retaining personal assistants, the impact of which has led to some families accessing commissioned domiciliary care providers rather than utilising a direct payment.

Unfortunately, the recruitment and retention of personal assistants is a sector wide concern and is not unique to the Council.

## Self-Funders

Data relating to care and support packages are collated and analysed by the Council in line with the assessed need of the child and their family. Little information is held on those who choose to self-fund services in addition to what is provided through care and support assessments.

## Section F – Summary of the Market

The Council's Domiciliary Care Market has faced considerable pressure during the COVID-19 pandemic and responded with market growth and flexibility. Moving forward, we will review the Domiciliary Care Commissioning Arrangements.

## 9. References

No	Legislation
A	Sustainable Social Services for Wales: A Framework for Action 2011 <a href="http://www.wales.nhs.uk/sitesplus/documents/829/WAG%20-%20Sustainable%20Social%20Services%20for%20Wales%202011.pdf">http://www.wales.nhs.uk/sitesplus/documents/829/WAG%20-%20Sustainable%20Social%20Services%20for%20Wales%202011.pdf</a>
B	The Social Services and Wellbeing (Wales) Act 2014 <a href="https://www.legislation.gov.uk/anaw/2014/4/contents">https://www.legislation.gov.uk/anaw/2014/4/contents</a>
C	Wellbeing of Future Generations (Wales) Act 2015

	<a href="https://futuregenerations.wales/about-us/future-generations-act">https://futuregenerations.wales/about-us/future-generations-act</a>
D	Housing (Wales) Act 2014 <a href="https://www.legislation.gov.uk/anaw/2014/7/contents/enacted">https://www.legislation.gov.uk/anaw/2014/7/contents/enacted</a>
E	Regulation and Inspection of Social Care (Wales) 2016 <a href="https://socialcare.wales/hub/regulation-and-inspection">https://socialcare.wales/hub/regulation-and-inspection</a>
F	The Regulated Services (Service Providers and Responsible Individuals) (Wales) Regulations 2017 <a href="http://www.legislation.gov.uk/wsi/2017/1264/made">http://www.legislation.gov.uk/wsi/2017/1264/made</a>
G	Prosperity for All: the national strategy – Taking Wales Forward – Welsh Government 2017 <a href="https://gov.wales/prosperity-all-national-strategy">https://gov.wales/prosperity-all-national-strategy</a>
H	Together for Mental Health 2012 <a href="https://gov.wales/together-mental-health-our-mental-health-strategy">https://gov.wales/together-mental-health-our-mental-health-strategy</a>
I	The Local The Council Fostering Services (Wales) Regulations 2018 <a href="https://www.legislation.gov.uk/wsi/2018/1339/contents/made">https://www.legislation.gov.uk/wsi/2018/1339/contents/made</a>
J	The Fostering Panels (Establishment and Functions) (Wales) Regulations 2018 <a href="https://www.legislation.gov.uk/wsi/2018/1333/made">https://www.legislation.gov.uk/wsi/2018/1333/made</a>
K	The Children (Private Arrangements for Fostering) (Wales) Regulations 2006 <a href="https://www.legislation.gov.uk/wsi/2006/940/made">https://www.legislation.gov.uk/wsi/2006/940/made</a>
L	The Regulated Fostering Services (Service Providers and Responsible Individuals) (Wales) Regulations 2019 <a href="https://www.legislation.gov.uk/wsi/2018/1339/contents/made">https://www.legislation.gov.uk/wsi/2018/1339/contents/made</a>
M	THE COUNCIL Public Services Board Wellbeing Plan 2018-2023 <a href="http://www.the Councilpsb.org.uk/downloads/Well-being%20Plan.pdf">http://www.the Councilpsb.org.uk/downloads/Well-being%20Plan.pdf</a>
N	Western Bay Population Needs Assessment <a href="http://www.westernbay.org.uk/areaplan">http://www.westernbay.org.uk/areaplan</a>
O	Neath Port Talbot Corporate Plan 2021-2023 <a href="https://www.the Council.gov.uk/28581">https://www.the Council.gov.uk/28581</a>
P	Neath Port Talbot Plan for Adult Social Care 2019-2022 <a href="http://moderngov.the Council.gov.uk/ieListDocuments.aspx?CIId=322&amp;MIId=8356">http://moderngov.the Council.gov.uk/ieListDocuments.aspx?CIId=322&amp;MIId=8356</a>
Q	The Parliamentary Review of Health and Social Care in Wales 2018 <a href="https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf">https://gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf</a>

No	Data Sources
1	Social Care Wales Research and Data - <a href="https://socialcare.wales/research-and-data">https://socialcare.wales/research-and-data</a>
2	Social Care Wales Workforce Reports - <a href="https://socialcare.wales/research-and-data/workforce-reports">https://socialcare.wales/research-and-data/workforce-reports</a>
3	Social Care Wales Population Projections Platform - <a href="http://www.daffodilcymru.org.uk/">http://www.daffodilcymru.org.uk/</a>
4	CIW Inspection Reports - <a href="https://careinspectorate.wales/service-directory">https://careinspectorate.wales/service-directory</a>
5	Data Cymru - <a href="https://www.data.cymru/data">https://www.data.cymru/data</a>

6	WG Stats Wales <a href="https://statswales.gov.wales/Catalogue/Health-and-Social-Care">https://statswales.gov.wales/Catalogue/Health-and-Social-Care</a>
7	Neath Port Talbot CBC – Social Service Health and Housing – Internal Data Sets