

	recruitment campaigns. Powys had 72 generic foster carers, 5 generic respite carers and 4 generic short-breaks carers as at 31 <sup>st</sup> December 2021. We are aware that our therapeutic support services for children in care and their foster carers needs to be improved; we are therefore developing a therapeutic model to underpin our Fostering Service.
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Provision	
<b>Adults Placement ('Shared Lives') Services</b>	<p>Shared Lives Powys provides support for vulnerable adults and helps them choose who they live with, where they live and how they spend their time. It provides accommodation, care, and support to adults with a learning disability, but also to others such as older people, people with mental health problems and adults with a physical or sensory disability and young people in transition</p> <p>It also helps arrange for people, who may need some additional help, to have short breaks or live long term, in the homes of carefully selected and trained people called Shared Lives Carers. Carers are paid when the person stays with them.</p> <p>There are currently 22 Shared Lives Carer households in Powys, supporting 16 individuals with long term arrangements. Powys is working towards expanding this offer to complement the housing and support options in the county.</p>

Provision	
<b>Advocacy Services (Adults)</b>	<p>Powys offers statutory advocacy services via a commissioned provider. Regularly monitoring meetings with the provider allows us to have a clear picture of the stability of the market. Statutory advocacy services have experienced a significant shift from face-to-face provision to often digital provision (via Zoom sessions) and this caused a significant challenge to both users and providers. In addition, there are community-based providers in some localities, offering non-statutory advocacy provision. Feedback from the provider suggests that activity is generally healthy although some areas, such as Care Homes, receive very few referrals. This is being addressed by the provider via a stronger presence in care homes and presentations to social work teams.</p> <p>In addition to the above, Independent Mental Health (IMHA) and Independent Mental Capacity Advocacy (IMCA) services are provided by Powys Teaching Health Board. Advocates report periodically to the Health Board's Executive to ensure that provision is monitored and any actions taken to remedy e.g., pressures on the Advocacy system.</p>

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Provision	
<b>Advocacy Services (Children)</b>	<p>Powys act as Lead Commissioner for the Mid and West Wales Regional Advocacy Service and have recently led the recommissioning of this service on behalf of Carmarthenshire, Ceredigion, Pembrokeshire, and Powys local authorities and Hywel Dda and Powys Health Boards. The contract was re-rendered in Autumn 2021 and the new contract commenced on 1<sup>st</sup> April 2022. The contract commissions independent professional advocacy services for children and young people for whom there is a statutory entitlement. The advocacy operates on several levels, Independent Professional Advocacy, Formal Advocacy, and Informal/Peer Advocacy that work together to form an advocacy network in support of the child or young person.</p> <p>The Service is delivered in accordance with the Independent Professional Advocacy: National Standards and Outcomes Framework for Children and Young People in Wales<sup>21</sup></p>

Provision	
<b>Domiciliary Care services</b>	<p>These have continued to function well during the pandemic. Powys introduced a Dynamic Purchasing System (DPS, a type of framework) to purchase care via approved providers. Whilst in 2020 we experienced some challenges in relation to provision in certain areas the market held up well. Some providers have left the market with new ones emerging, which we interpret as a healthy market environment. Like in other areas there is an emerging challenge of staff retention and recruitment, which is not unique to Powys. Powys, due to its rurality, presents some unique challenges where individuals live in remote areas, which we are addressing in different ways.</p>

Provision	
<b>Non-regulated and community services</b>	<p>Powys has 2,241 Third Sector groups based in the County together with a further 1,839 national or UK organisations who operate in Powys. This is one of the largest numbers of Third Sector organisations working in any Welsh county. They offer a wide range of different services; some provide county-wide, but many undertaken by smaller groups operate solely within their local community area.</p> <p>The voluntary sector is complex in its structures, roles, and responsibilities. The sector is diverse and ranges from small self-help groups run by volunteers to large charities employing many staff, addressing a range of</p>

<sup>21</sup> [Advocacy standards and outcomes framework for children and young people | GOV.WALES](#)

	<p>issues impacting on health and wellbeing. The sector fulfils a wide variety of roles; from one-to-one support, provision of information and advice, condition specific support, advocacy, and befriending. Community Services cover all age groups.</p> <p>Delivering community services in a deeply rural community is challenging not least because of access to services, travel, and the cost-of-living crisis. For example, it may appear that Powys has a strong network of Community Transport provision but there are several areas of the county not covered by this provision, such as Llandrindod Wells; and much of the provision is age specific. This leaves many people finding access to non-regulated and regulated services a challenge. Delivery of consistent and comparable services across Powys is challenging in the third sector.</p> <p>Community services have a vital role to play in supporting prevention and early intervention. Community Services offer person centred approaches to care and support, they are flexible and responsive to the needs of people in Powys and are innovative in their approaches.</p> <p>The impact of Covid-19 upon services and the needs of people is still being felt by the sector and this is being exacerbated by the cost-of-living crisis. The financial stability of services is challenging with providers reporting financial vulnerabilities and this is impacting on workforce recruitment and retention. Third sector funding via Service Level Agreements and grants have generally not grown in value for the past 8-9 years. This has resulted in organisations operating at a financial loss and the third sector recruitment becoming less and less competitive within the employment market.</p>
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## Key Market Stability Factors

This section of the report considers the stability of the prescribed regulated services as set out in the Code of Practice. This assessment also considers the sufficiency of these regulated services to meet projected demand.

### Care Homes Services (Older People)

**Workforce:** Powys has been witnessing a reduction in available workforce in the sector during the Covid pandemic. Anecdotal evidence given to us by our providers suggest that this is largely due to staff re-evaluating their careers because of the immense pressures they worked under during the pandemic and have been and are seeking alternative employment in other sectors of the economy. This is largely outside the sphere of influence by Powys County Council or indeed the care home management, although it is important to mention efforts being undertaken such as the Powys Pledge (see below), our Workforce Futures programme and the increase in the minimum wage which our providers are paying now.

**Occupancy levels in care homes:** During the pandemic occupancy levels dropped to levels not known previously. This has impacted on the financial viability of several homes, often those which are run as small/family run business which do not have the financial reserves required to sustain the business over a longer period. The Welsh Government's Hardship Fund supported social care providers financially, however this is now no longer available.

Whilst care homes vacancies generally fluctuate, there had been a significant rise in average vacancies as shown below:

31.1.2021 156 bed vacancies per week

30.4.2022 31 bed vacancies per week

This demonstrates the challenges for Council and Health Board to place people with assessed need in Powys Care Homes.

**Financial viability:** the above contribute to concerns by some providers about financial stability. The increase in the National Living Wage and the Social Care levy, has put pressure on providers. Whilst we do not have any feedback yet on the impact of the rising fuel costs, we assume that this is an additional cost pressure which will concern providers. This will be mostly small, family-owned providers who may not have any funds to fall back on.

### Care Homes Services (Adult)

Powys specialist residential care homes are under sustained but not critical staffing pressures with most care homes operating with only mild staffing shortages. Specialist residential care homes have very low levels of empty beds resulting in a lack of choice for those who requires specialist residential care and who wish to resident in Powys.

Overall, the support planning systems used by specialist providers are outcome focused and supporting independence however move-on options are limited within the county.

Residents report high levels of satisfaction in their services and positive feedback has been received from a range of sources.

### **Care Home Services (Children)**

Powys Commissioning Team have worked extensively with the children's residential care market and service providers in Powys during Covid-19 to offer support and guidance whilst in business continuity, to increase engagement and to encourage access to, growth and development of quality services. Prior to Covid we have met with existing and new Independent Care and Educational Providers in Powys collectively and individually. We regularly meet with Housing colleagues and are continually exploring further placement options within Powys. We work within the National (Framework) Commissioning Standards and benchmark commissioning activity with other local authorities and the 4Cs which enables us to understand how to improve services on a strategic and operational level. The range of placements commissioned and provided within Powys has expanded to include mainstream Children's Homes, 16+ Accommodation and Support and Emergency Accommodation as per our Sufficient Supply of High-Quality Care Placements Strategy and we are improving placement choice through better commissioning arrangements resulting in delivery of care plans and interventions and improved outcomes for children and young people.

Despite the challenges that the service has faced over the year, we continued to keep a focus on all of the excellent improvement that started prior to the pandemic. This has ensured that our services have continued to be of a high quality and meet the needs of the children, young people, and families in Powys.

### **Adoption Services**

The main challenge facing our Adoption Service is the insufficient numbers of adoptive families to meet the demand of the numbers of children who require adoptive placements.

### **Fostering Services**

As with Adoptive parents, finding foster placements continues to be challenging. Recruitment of foster carers has gone through a major change in the last twelve months when all twenty-two Local Authorities in Wales joined forces to launch *Foster Wales*<sup>22</sup>. This will hopefully increase the number of fostering households in Wales.

Despite over a third (39%) of Welsh adults claiming they have considered becoming a foster carer, there is still a need to recruit an estimated 550 new foster carers and families across Wales every year. This is to keep up with the numbers of children who need care and support, whilst replacing carers who retire or can provide a permanent home to children.

Foster Wales will use social media as a platform to raise the profile of the services as well as there have now been local television and radio adverts.

<sup>22</sup> [Fostering in Wales | Foster Wales \(gov.wales\)](https://www.gov.wales/fostering-in-wales)

The Powys fostering website<sup>23</sup>, linked to the Foster Wales website, is updated on a regular basis in line with Foster Wales. Social Media such as Facebook and Twitter are used by the Local Authority again with regular updates and news. The service is supported by the Local Authority corporate communication team.

The service has had no visual presence within the local community but is implementing strategies to become a consistent, continuous presence by promoting fostering in Powys during national awareness campaigns, local family-based events, fun days and local supermarkets and community groups, and on a day-to-day basis using flyers, poster, and banners.

The service has been involved in the regional work of the National Fostering Framework considering the impact of National, Regional and Local advertising.

The Service usually has the support of its current foster carers in recruitment campaigns and several carers have supported the service by writing articles for publication or appearing in video's talking about their experience of being a foster carer.

As of 21<sup>st</sup> June 2022, there were 227 children looked after by the Local Authority.

On 31<sup>st</sup> May 2022 there were 67 Generic Fostering housing holds and 25 Friends and Family carer households.

### **Adults Placement ('Shared Lives') Services**

We currently provide long term arrangements for 16 individuals. In addition, 8 individuals access Shared Lives/Family Link carers for respite. Our intention is to grow the offer and advertise locally for Shared Lives carer roles. There is a growing emphasis on this type of provision, as traditional domiciliary care services have been under pressure for some time, with the pandemic adding to the staff retention and recruitment challenges of commissioned providers.

### **Advocacy Services (Adults)**

The Independent Advocacy Service is being provided by a commissioned provider on a three-year contract. Regular monitoring meetings take place between the provider and commissioners and any issues reported will be addressed between the provider, commissioners, and referrers.

Powys Teaching Health Board provides Independent Mental Health (IMHA) and Independent Mental Capacity (IMCA) advocacy.

In both areas feedback from the providers has been that demand continues to be high but manageable by the providers. The commissioned provider for Independent Advocacy has regularly reported that referrals vary both geographically and by social work team(s). This is being addressed by commissioners.

### **Domiciliary Care (Support) Services**

Workforce capacity has been challenging in recent years with the service unable to meet current demand in some localities. The Dynamic Purchasing System has

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<sup>23</sup> [Fostering in Powys | Foster Wales Powys \(gov.wales\)](https://www.gov.uk/government/organisations/foster-wales)

a floor and ceiling price, £19.48 and £24.08 respectively (June 2022). The aim is to bring all spot contract and DPS contracts to the ceiling price over the next few years, which increases in line with the Homecare Association's recommended Living Wage Minimum Price and is also linked to improved Terms and Conditions for the workforce via the Powys Pledges. For example, the Powys Pledges include the requirement for mileage to be paid at 35p per mile, paid training, and uniform, DBS, and Registration Fees to be paid or reimbursed. Despite these positive steps the market remains fragile, and we have seen several providers leaving Powys in recent years. Reasons given to us range from the sometimes-extreme rurality of Powys, which in turn makes the provision of care sometimes economically unviable or staff not willing to travel such long distances. We recognise that the workforce is ageing and staff in recent years have left due to retirement. Alternative employment opportunities in especially retail, tourism or – where the opportunity arises – working in neighbouring areas which may pay higher rates than Powys.

The Continuing Health Care Framework<sup>24</sup> stipulates that ... "The commissioning of services to meet the needs of individuals with continuing care needs cannot be undertaken in isolation to the commissioning of other similar services. LHBs (Local Health Boards) and LAs (Local Authorities) should have an integrated approach to the commissioning of services, including residential and nursing care homes and domiciliary care to exercise maximum influence over the development of provision. They will also need to work closely with providers to ensure that an appropriate range of services are in place to respond to the needs of their population".

Powys County Council and Powys Teaching Health Board do not have pooled funds in relation to Domiciliary Care, however, we do commission some packages of care jointly. This is as an outcome of a multi-disciplinary team meeting. Meeting the needs of individuals needs to be outcome focused, person-centred, supporting independence and not diagnosed led. Commissioning responsibility for joint packages, currently depends on the lead commissioner with greater percentage of involvement. Despite this, individuals receiving a joint package will have a named co-ordinator from the Health Board, usually the District Nursing service.

There are, however, some patients whose needs are greater and are in receipt of 100% Health funding. In these circumstances, the individual will usually have the involvement from Health as a care co-ordinator, depending on the individual need; this could be the Mental Health service, learning disabilities services of adult general health.

The Health Board and the Council do not have pooled funds in relation to domiciliary care, however, we do commission some packages of care jointly. This is as an outcome of a Multi-Disciplinary Team Meeting. Meeting the needs of individuals, needs to be outcome focused, person-centred, supporting independence and not diagnosed led. Commissioning responsibility for joint packages, currently depends on the lead commissioner with greater percentage of involvement. Despite this, individuals receiving a joint package will have a

<sup>24</sup> [Continuing Healthcare \(gov.wales\)](https://gov.wales)

named co-Ordinator from Health, usually the District Nursing service. Evidence suggests that a dedicated pooled fund arrangement (similar to the one existing for residential and nursing care) might be beneficial and this will be explored by both parties going forward.

There are, however, some patients whose needs are greater and are in receipt of 100% health funding. In these circumstances, the individual will usually have the involvement from health as a care co-Ordinator, depending on the individual need; this could be Mental Health, learning disabilities of adult general health.

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## Partnership and Engagement Arrangements

Powys County Council, Powys Teaching Health Board and third sector partners engage in a variety of ways with people in Powys. This is partly ongoing (engagement), specific (consultation) and via partnership boards and groups both formally and informally. We decided to limit the additional engagement with partners to a minimum, thus avoiding asking for additional time commitments by partners. We also were able to use available information and insights gathered over a period of several years, using the mechanisms outlined below. We are therefore confident that this report considers significant insights, gathered over a period and thereby providing the insights needed for analysis and future planning.

Market segment	Type of engagement	Insights from this engagement
Third Sector Engagement specifically to this report	<p>In compiling this report, the sector has actively engaged to aid a true reflection and collaboration of views on market stability in Powys. This was supported through engagement with Powys Social Value Forum, the third sector Response group, which is facilitated by PAVO.</p> <p>Dedicated workshop with third sector providers. Dedicated survey for Social Value Forum.</p>	<p>Increased demand putting pressure on providers;</p> <p>There is a shift from intervention and prevention work to direct support work across all 3<sup>rd</sup> Sector organisations. These organisations predict that this will continue for at least 2 years.</p> <p>Staff leaving organisations due to pressures during pandemic; this will add further pressures on in-contract delivery of services;</p> <p>Council and Welsh Government funding often short term (one/two years), which is counterproductive and counterintuitive</p> <p>Organic strength and resilience of the workforce adds value to the sector.</p> <p>Providers felt there is a need for longer term, joint commissioning and a more balanced reporting system</p>

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		<p>which should be appropriate to the allocated funding.</p> <p>More time is needed for third sector providers to engage fully in tendering processes, which has been a concern for some time.</p> <p>It was felt that the processes can be lengthy and complex, and this has negatively affected the sector, with providers reporting too few opportunities and deadlines that are too tight. Complex reporting requirements for relatively small grants and contracts can be disproportionate to the funding available and in turn this is resulting in some providers moving away from applying to new funding streams.</p>
<p>Regional Partnership Board Engagement</p> <p>Powell Bethan 07/07/2022 16:11:56</p>	<p>Specific session took place in June 2022</p>	<p><b>Early help and support</b> – reflecting on sufficiency and how Powys can increase sufficiency over the next five years.</p> <p><b>Recruitment issues</b> – these will almost certainly get worse due to demographic challenges.</p> <p><b>‘Grow our own solutions’</b>, we need to control our own destiny by coming up with our own solutions. The <i>North Powys Programme</i> is an example of this.</p> <p><b>Trialling a seamless service</b>, Integrated model in North Powys could be an example of this, along with Vanguard approach developed in Brecon, with involvement of the Third Sector.</p>

		<p><b>Value of the third sector</b> and <b>removing barriers</b> to work more effectively.</p> <p><b>Importance of people's own voice</b> not assuming what people may need (often what is asked for is less than what would have been provided).</p> <p><b>Workforce challenges</b> exist across all sectors, particularly though in the third sector due to some providers ceasing to work.</p>
Care Homes	<p>Weekly calls with providers throughout peak covid response period and regular information briefing letters to provider</p> <p>Contract monitoring meetings;</p> <p>Co-production of the Care Homes dashboard</p> <p>Care Homes MDT initially met weekly at the beginning of the pandemic and is now weekly</p> <p>Responding to 1 to 1 provider queries (email and phone)</p> <p>Routine (online) provider forum meetings</p>	<p>Responsive and regular feedback from providers on pandemic response; understanding of the pressures and pinch points in delivery allowed support activities to be better tailored to meet providers circumstances and needs, whilst also providing increased up to date information to inform the planning and delivery of those activities.</p> <p>Move to increased use of on-line communication to facilitate engagements during the pandemic. Some changes i.e., holding provider forum meetings online increased attendance on previous face to face meetings and will continue as such post-pandemic</p> <p>Feedback from Care Homes staff on the disruptive impact from the number of phone calls from PCC and NHS officers seeking identical information led to the creation of the self-updated care homes dashboard, accessible by all partner organisations. This has been progressively developed and has now replaced some systems</p>

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		previously used for gathering monitoring and performance information.
Domiciliary Care	Regular (daily and weekly) calls with providers to discuss provision and challenges during the pandemic Quarterly Provider Forum Quarterly Contract Monitoring meetings	Responsive and regular feedback from providers on pandemic response; understanding of the pressures and pinch points in delivery, etc, etc.  Discussion on common issues.
Carers including Young Carers	Regular (every 4 months) meetings of carers steering group; Quarterly Contract Monitoring meetings Quarterly strategic meetings	Understanding of priorities and required strategic direction.
Advocacy	Powys Advocacy Networks meets (bi-) monthly, with attendance by commissioned provider and other advocacy organisations	
Micro Enterprise development	Quarterly project group meeting between provider, commissioners, care management and third sector organisations	Gaining insights in developments elsewhere.  Mutual Learning
Direct Payments	Quarterly Contract Monitoring meetings with support provider Quarterly strategic meetings with support provider Regular meetings with Virtual Wallet provider to discuss progress and raising awareness via the VW champions.	Understanding any barriers to progress and sharing good practice.
Children's Placement Providers	Weekly calls took place with all providers caring for Powys Children Looked After and external residential providers with Homes in Powys throughout the peak covid response period. Weekly/regular email information/briefing letters were also circulated to providers disseminating key information from Welsh Government and Powys County Council. Virtual contract monitoring meetings took place during Covid pandemic, with face to face only were concerns with provider. Contract monitoring visits have returned to face to face from Spring 2022.	Providers welcomed communication and correspondence from Commissioning Team and felt supported during the pandemic. Greater understanding of the pressures and pinch points in delivery and health and wellbeing of Powys Children Looked After.

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<p>Childcare Sector</p>	<p>Regular communication with childcare providers throughout the pandemic and ongoing.</p> <p>Support provided for guidance, policy, and procedures</p> <p>Contract monitoring meetings with Flying Start and Foundation Phase settings</p> <p>Childcare Sufficiency Assessment carried out.</p> <p>Engagement with 107 providers through phone calls and virtual stakeholder groups</p> <p>Parental survey and engagement</p> <p>Stakeholder engagement survey</p>	<p>Identified areas for improvement</p> <p><b>Limited out of school care provision</b></p> <p>Out of School childcare provisions, such as wraparound and holiday, are in extremely high demand across Powys. However, this high demand is not being met with sufficient supply, in part due to a lack of resources and funding available to offer such care. This has been noted by parents, children, stakeholders, and the schools themselves. Headteachers would seemingly like to offer this provision, but unfortunately are limited due to being understaffed and under-resourced.</p> <p><b>Insufficient support for Welsh- medium settings</b></p> <p>Unmet demand extends to the availability of Welsh medium provision, with parents and wider stakeholders expressing a desire for providers that can deliver Welsh-medium childcare.</p> <p><b>Recruitment and retention</b></p> <p>A problem noted was emerging issues around recruitment and retention of staff. The impact of the pandemic, alongside rising costs, has left many providers struggling to provide sufficient staffing, leading to closures across the county. This has been compounded by school-based childcare not being able to function as usual, placing additional pressures on Early Years providers</p>
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<p>Powell Bethan 07/07/2022 16:11:56</p>		<p><b>High-quality childcare, with limited accessibility</b></p> <p>Many parents are struggling to access affordable, flexible, and local childcare and feel that rising costs are not being mitigated against through extended universal, free childcare schemes, with limited eligibility to schemes such as Flying Start. Flexibility is also a major issue, with many parents having to rely on family or informal childcare to meet the gap in provision.</p> <p><b>Local authority communication</b></p> <p>Through stakeholder, provider, and parent consultation, many stated that they wanted increased communication from the local authority and that information which is currently accessible to be further clarified. Though email circulars, social media updates and sample paperwork is shared, many believe they would benefit from clarity (some noted that the struggled during the pandemic). A large proportion of children have also noticed the impact COVID-19 had on the provision, resources, and staffing as retention and workforce entry to the childcare sector drops.</p> <p><b>Training opportunities</b></p> <p>Many providers cited a lack of sufficient training or a lack of suitably qualified staff as issues to be addressed to allow them to better support children with ALN and disabilities. Many put this down to a lack of sufficient funding and a lack of ability to provide 1:1 support for children</p>
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		<p>with ALN. It should be noted that providers who had attended training delivered through the local authority, particularly around autism and speech and language needs, had felt this was excellent, however further training is required to ensure staff feel fully able to provide sufficient support to children with ALN and disabilities.</p> <p>An in-depth action plan has been agreed with stakeholder input to address the above areas for improvement.</p>
Children's Emotional Health and Wellbeing Providers	<p>Regular Emotional Health and Wellbeing workstream meetings where a wide range of providers attend. Frequency of meetings increased over the pandemic to share good practice and agree responses to increased demand.</p> <p>Several subgroup meetings to look at specific areas such as Domestic Abuse Support.</p>	<p>Providers welcomed increased communication and support from the partnership and felt supported during the pandemic. Greater understanding of the pressures and pinch points in delivery and opportunity to share good practice.</p>
Providers of services for people with disabilities	<p>Regular MDT meetings during the pandemic</p> <p>Regular (daily and weekly/based on Risk Assessment) calls with providers to discuss provision and challenges during the pandemic</p> <p>Provider forum meeting during pandemic</p> <p>Contract Monitoring meetings</p>	<p>Ensuring services were provided safely.</p> <p>Early intervention where providers reported staffing challenges.</p> <p>Responsive and regular feedback from providers on pandemic response; understanding of the pressures and pinch points in delivery, etc, etc.</p> <p>Discussion on common issues.</p>

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## **Section 2 – Detailed discussion of regulated and non-regulated services**

### **Market Sufficiency (Regulated Services):**

This section looks in more detail at sufficiency in the market. It is based on detailed information from various sources, including our engagement work with providers in the social care market, which is detailed below.

This report examines the sufficiency and stability of the following types of regulated provisions in Powys:

Care Homes Services (Adult) – this includes older peoples residential and nursing settings, as well as provision for adults with learning disabilities, physical disabilities, and mental health issues.

- Care Home Services (Children)
- Secure Accommodation Services (Children)
- Residential Family Centre Services
- Adoption Services
- Fostering Services
- Adults Placement ('Shared Lives') Services
- Advocacy Services
- Domiciliary Care Support Services

These services are all directly provided or commissioned by Powys County Council and/or Powys Teaching Health Board.

The report also considers the wider network of unregulated provision in Powys which comprises many services that support or feed into regulated provision and impact upon the level of need of Powys residents for the regulated services. Please refer to [this section](#) for these services.

### **Care Homes Services – Adult (Older People)**

#### **Current Provision**

- There are 30 older people's care homes in Powys registered with Care Inspectorate Wales and 4 nursing care homes
- There are 7 dual registered homes (providing both nursing and residential care beds) and 18 residential care homes
- One intermediate care facility (providing temporary care following hospital discharge, etc. prior to the individual returning to their own home with an appropriate home care package).
- Powys Teaching Health Board provides healthcare services through its network of community services and community hospitals, with a range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community-based facilities. These play a pivotal role in supporting patient flow from hospital to their home or avoiding hospital admissions in the first place.



Twelve of the residential care homes (and the one intermediate care facility) are premises owned by Powys County Council, but which are operated by Shaw Healthcare through a contract with the Council.

The remaining residential care homes, as well as all the nursing and dual registered homes, are owned and operated by a range of different private sector owners with two exceptions (one nursing home is owned and operated by a registered charity and one residential home is operated by Powys Teaching Health Board).

Powys' care homes have a capacity of 1,114 care beds (as registered with Care Inspectorate Wales) though in practice a small number of these registered beds are not in use.

The capacity of care home settings varies, ranging between 10 to 99 beds, with majority of homes having between 20-40 beds.

There are residential homes located in most Powys' localities, however nursing and dual registered homes are less evenly distributed with only one home providing nursing beds in the mid-Powys area. There is a higher concentration of homes and beds around Powys' largest population centres (Newtown, Welshpool, Brecon and Ystradgynlais) with some localities only having a single small residential home (Machynlleth).

Since 2018 4 residential care homes in Powys have closed. Additionally, a large new private residential and nursing facility opened in Newtown in January 2020, which whilst providing good quality, modern, accommodation has adversely impacted upon the number of new resident placements in other residential homes in the vicinity.

Powys County Council funds 49% (553) of the care home beds within the county, Powys Teaching Health Board funds 7% (80) with CHC funding (NHS continuing healthcare – long-term life care) and the rest are either out of county funding (residents from outside the county placed within a Powys Care home) or are privately funded. (November 2021).

In addition to the regulated care home services, there are also 58 extra care units for older people within Powys:

As part of our ambition to widen the choice of accommodation for older people, we opened our first Extra Care scheme in Newtown in (date), Llys Glan Yr Afon. It opened in 2015 and offers 48 flats and on-site support for those tenants who require. It is closely located to the centre of the busy market town of Newtown. The service is operated by Wales and West Ltd.

At present a further two schemes are being developed, one in Welshpool, Neuadd Maldwyn which will offer 66 flats and another one in Ystradgynlais, Pont Aur. Whilst the Welshpool development is a development based on a former council building, to be managed by a housing association, the Ystradgynlais service is based on an existing sheltered housing scheme and is going to be run by another housing provider. Both will be operational at the end of 2023.

A further scheme, in Brecon, has had the agreement by Powys County Council and discussions have begun to explore a facility in Machynlleth.

Powys also has a sizeable stock of sheltered housing accommodation for elderly or disabled people, consisting of private independent units with some shared facilities and a warden. This is an accommodation option for people who want to

live independently but need additional support, or just need to live in a smaller and easier-to-manage home.

In Powys there are currently 2,170 sheltered housing homes (units), a rate of 94 sheltered housing per 1,000 of 75+ population.

A10-unit Extra Care Housing facility attached to a Sheltered Housing scheme (Bodlondeb) in Llanidloes (Llanidloes locality).

### **What current levels of care and support meet existing demand**

There are approximately 18,000 people aged over 75 years living in Powys and the population is ageing. As the population ages, there is an increasing trend of people with increased levels of frailty due to age requiring support, including those whose children have been caring for them but can no longer do so due to increasing levels of need.

The increasing provision of care in people's own homes has been successful in Powys in increasing independent living. This is reflected in the increasing average age of people moving into residential care and in the long-term reduction in care home admissions in Powys.

Powys County Council commissions resident placements at all Powys' care homes, whilst Powys Teaching Health Board also commissions placements at the country's nursing and dual registered homes. All settings are also home to privately funded residents, as well as residents funded by out of county local authorities and health boards.

As of December 2021, Powys County Council was funding 621 resident placements (permanent and temporary respite care) in older people's care homes, 520 in Powys homes and 101 in homes located out of county. Of these, 417 placements were for residential care whilst 204 were for nursing care (59 of these placements were jointly funded by Powys County Council and Powys Teaching Health Board).

The UK Care Home Market is driven by commercial concerns and naturally seeks to develop its provision in localities where there exists the strongest opportunity for financial return; however, these are not always areas where unmet need is greatest. Consequently, it cannot be guaranteed to provide the geographical breadth of facilities that Powys requires (many of which need to be in localities where the relatively low numbers of residents requiring them would render them commercially marginal).

### ***Is the range and level of care and support good enough to meet current and projected need identified in the population needs assessment?***

There is currently sufficient residential care provision across the county, with some settings routinely having numbers of vacant beds particularly in those localities with several homes.

The overall number of nursing care beds in Powys broadly meets current demand. However, their concentration in the North and South of the county means there is limited provision in mid Powys, which can result in residents being placed in settings some distance from their previous place of residence and family and friends.

Powys size means it borders many other RPB areas in Wales and English Local Authorities. This results in 16% of Powys County Council funded residents being placed in homes located out of county because of residents and their families exercising personal choice. Similarly, several homes near to the county boundary

have numbers of residents who have been placed and funded by other local authorities and health boards.

It is generally considered that the ideal commercial model for a satisfactory financial return for care home facilities are settings with 60+ residents. Powys' geography of widely spread small market town communities means there are only a few localities where the creation of new facilities of such size would be viable. If new facilities were to be created it seems likely that smaller, more localised, facilities would close, resulting in new residents having to relocate to a new area, away from their existing family and carer social and support networks.

***Is the care and support provided of sufficient quality to meet individuals' needs and enable them to achieve their personal well-being outcomes?***

The quality of the care and support provided to care home residents is monitored, and assessed through a range of mechanisms, including:

- Individual's personal care plans and their regular review
- Regular visits to settings by Powys County Council Contract Monitoring Officers and Powys Teaching Health
- Board nursing staff
- Care Inspectorate Wales inspections and inspection reports
- Referral of Poor Practice concerns by service providers and visiting professionals
- Reporting of care medical incidents by service providers and visiting professionals
- Safeguarding concern reporting and investigation.

Where issues arise in respect of individual residents these are addressed by the relevant health and care professionals supporting the resident. Where issues affect a home, these are addressed with the home to rectify the accommodation, staffing, management, or care practice issues which gave rise to them. This can result in settings being placed in Provider Performance measures with formal corrective action plans being set and monitored by commissioners.

There are several general themes identified through these processes concerning the quality-of-care home services:

- Accommodation Quality – Many homes in Powys are older purpose-built premises or converted from older
- pre-existing premises. Meeting the need for regular maintenance and improvement of facilities is recurrent
- issue for some settings
- Staff Training – The level of turnover of care and ancillary staff poses a challenge for care home managers in
- ensuring staff training is completed and refreshed for all staff.
- There are also some general quality issues that have arisen during the Covid-19 pandemic
- Temporary staff absence and recruitment challenges causing additional pressures upon care staff as well as
- affecting staff to resident ratios
- The need to strengthen and maintain Infection Prevention and Control practices

- Increased turnover of home managers resulting in disruption to homes' management practices and
- operational oversight.

***Have individuals' sufficient choice and a say in how and where care and support is provided, and to what extent is care and support co-produced with users and carers?***

Powys County Council's Choice Policy enables potential residents to make informed decisions about any possible additional fee (top up) in a care home of their choice.

The preparation of personal care plans upon resident's initial placement involves people with care and support needs and/or family and carers. These plans are subject to regular review by social services officers.

**Nursing Care** – There is limited provision of nursing care beds which can cause difficulty with making new residential placements in individuals' home of preference when occupancy levels are high.

The available nursing care beds are unevenly distributed across the county with limited provision in Mid-Powys.

This means that individuals in Mid-Powys sometimes must be placed in settings some distance from their original place of residence distant from their family and social network. Over the past four years the age of older people going into nursing care has increased from 83 to 85 years, whilst nationally the trend has been a decrease from 85 to 81 years; this means that in Powys older people are on average four years older than across the United Kingdom as a whole.

There are ongoing challenges for Homes to recruit and retain enough qualified nursing staff to meet the care needs of their existing bed capacity. Homes often have to rely upon temporary use of expensive Agency Staff to cover absence.

These recruitment and retention difficulties exist across the whole of Powys' health and care services and reflect a shortage within the health and care workforce in general.

**Elderly Mental Health/Higher level care needs** – As a result of increased home support options there are more people living in their own homes for longer before needing admission to a residential care setting. This means the care needs of new placements are increasingly greater than previously the case for people living in residential care.

This is particularly apparent regarding the proportion of new residents living with conditions such as dementia.

With an increasing proportion of elderly people in the population and increasing diagnosis of conditions such as dementia it is anticipated that the existing level of specialist provision will become insufficient to meet demand.

Although most residential care settings have some level of staff skills and some suitable accommodation to appropriately care for people with these needs such provision is limited. It is evident this limited capability means homes cannot always accept new placements with higher care needs. In these situation people can end up being placed in nursing care settings even though their overall physical health would not have otherwise required this

***What is the likely impact of changing patterns of demand, changing expectations, and new and emerging trends, upon the sufficiency of care and support going forward?***

Overall, the demographic projections for Powys' elderly population, combined with increased home support services, suggest that fewer people will need traditional residential care services, but those that do will generally have higher care needs.

Measures to support people to live independently, safe, and well within their own home for longer will reduce the number of people needing to enter residential care homes.

Similarly, the planned development of further Extra Care and Extra Care – Lite provision in Powys will also reduce future demand for traditional residential care provision.

Those people who do move to residential care settings are also likely to have higher level of care needs than current residents. The growth in need for specialist EMI provision to meet the needs of people living with conditions such as dementia will mean that existing care homes will need to increase their level of staff skills to care well for those individuals. Homes will also need refurbish or redevelop their physical infrastructure to provide appropriate accommodation for residents with these conditions. There is an evident need to increase the breadth of nursing care provision, particularly within Mid-Powys.

**Issues likely to affect sufficiency of provision over the next five-year period**

***Changing patterns of demand***

The increasing provision of care in people's own homes has been successful in Powys in increasing independent living. This is reflected in an increasing average age of people moving into residential care and in a long-term reduction in care home admissions in Powys. However, there is increasing demand for dementia specialist residential care as the number of people living with dementia increases due to the increasing proportion and number of the elderly population of Powys. The expectations of older people and their families regarding the nature and quality of accommodation and care, combined with the personalisation agenda in social care strategy means that the traditional model of residential care accommodation (and the services provided within it) will need to transition to become less 'institutional' and more focused upon meeting individual residents' needs, preferences, and expectations.

***Current and emerging trends***

People across Wales have changing expectations when considering their housing and care needs. Successive governments, both UK and Welsh, have emphasised the desire to meet this changing demand and the need to support people within the community and for residential institutions to become more specialist in nature. Social policy makers have identified the need to address the reducing funding available triangulated against increasing and more complex needs.

Nationally, there has been a drive towards developing extra care schemes and supporting people to live within their own communities.

With a continued national focus on personalisation and more specifically, the increasing prevention agenda, Powys County Council needs to ensure the sustainability of services within this changing environment. The Council has

identified areas of Powys where there is a lack of appropriate accommodation options. There are areas of Powys specifically identified as requiring the development of extra care housing (Brecon, Welshpool, and Montgomery).

The Council has agreed ambition to develop 5 additional extra care schemes in Powys. These are Neuadd Maldwyn in Welshpool, Pont Aur in Ystradgynlais, and 3 other schemes, to date in draft development only, in Machynlleth, Radnorshire/mid Powys and Brecon.

The Covid-19 pandemic has had significant impact upon the number of residents within Powys' older people's care homes. At its peak in March 2021 there were 264 vacant care beds. As of January 2022, the number of beds vacancies had reduced to 170 (approximately double the number pre-pandemic).

Although the financial impact upon providers caused by high vacancy rates was substantially mitigated by Welsh Government's 'Hardship Fund' it is probable that some settings will enter the post-pandemic period with significantly low occupancy: causing a shortfall in income that may jeopardise their financial viability.

### ***Challenges, risks, and opportunities***

We have described the increasing elderly population (in overall numbers and as a proportion of population as a whole) that will result in changing accommodation demands. It is anticipated that social care policy, and the provision of alternative care and accommodation models, will progressively reduce the number of people entering residential care homes in the next 5-year period.

However, the care needs of those people are likely to be higher, creating demand for more specialist care capacity. This may manifest itself as a need for more nursing care beds but also in a need for increased specialised care accommodation for people living with dementia.

Residents with higher care needs do necessitate higher care costs but also attract payment of higher care fees.

Workforce recruitment and retention is a challenge for Powys's care homes (particularly in respect of nursing staff, but increasingly care staff as well):

- The availability of sufficient, suitably skilled, staff will be a major factor in determining the operational viability of existing care home settings, but also in determining the market's ability to develop new, higher need, care provision.

The opening of new extra care facilities in the Welshpool, Ystradgynlais, Machynlleth, Brecon and Mid-Powys area will reduce demand for residential care beds in those areas over the next 5 years and may reduce placement numbers in other local residential homes to a point where they are no longer financially viable.

It is anticipated that Powys County Council will need enter into an operating agreement with a provider organisation to manage and operate the new settings. This would create a new contractual opportunity for an appropriate provider (or providers).

- The current impetus to provide care at home to allow people to live at home for longer will continue to reduce demand for residential care placements. This will continue to reduce need for current levels of residential care provision. However, given the existing pressures in the

domiciliary care market this will require some changes to the current model of care. This trend potentially creates opportunities for diversification of services offered by older peoples care homes to meet the growing need for at home services and associated demands such as short-term respite care or day care. At the same time our "Modernisation of Care at Home" workstream will seek to identify opportunities that will respond to this challenge.

Further detailed information about older people's accommodation provision and future need can be found in Powys County Council's Market Position Statement.<sup>25</sup>

## **Children's Placements**

### **Issues likely to affect sufficiency of provision over the next five-year period**

The shortage of children's placements to meet children's needs together with the National increasing numbers of children in local authority care will place significant future demand on the market. Welsh Government's aim to eliminate private profit from the care of children looked after will transform the market across Wales.

### **Care Home Services (Children) Current Provision**

The term 'children looked after' relates to any children who are looked after by a local authority, under the Children Act 1989 and the Social Services and Wellbeing Act 2014. The implementation of the Children Looked After Strategic Framework has been instrumental in tackling some of the challenges faced by the previous increase in the numbers of children being looked after and achieving better outcomes for the children who are placed in our care. Due to the span of work needed to be considered and implemented in relation to children looked after in Powys, we have adopted an approach whereby we will implement an overarching Children Looked After Strategic Framework.

Our key enablers for children looked after are

- Applying robust commissioning methodologies
- Models of investment
- Workforce Development
- Quality Assurance
- Systems and Process Design
- Engagement, Listening and Co-production
- Cultural and Practice Change

There are 19 children's homes within the county of Powys, two of which are owned and run by Powys County Council (Golwg y Bannau and Glyn Mawr). Only 9 of 86 placements within the 19 homes are currently occupied by Powys Children Looked After. Powys County Council do not hold block contracts with any of the independent homes within Powys and children are being placed in residential

<sup>25</sup> [Market Position Statement Older Peoples Accommodation.pdf \(moderngov.co.uk\)](#)

placements out of county and out of Wales. As at 30<sup>th</sup> April 2022 there were 30 children placed in residential placements outside of Powys.

There are 65 generic foster carers (53 of whom are in Powys), 14 respite carers (10 within Powys), 21 "family and friends" carers (9 of whom are in Powys) and 22 Springboard, Training Flat, and 16+ Accommodation and Support (within Powys).

### **How current levels of care and support meet existing demand**

Building relationships between Children's Commissioning Team and the 17 external care providers in Powys and have improved significantly during Covid-19. However, the number of available beds with Powys external providers are limited due to the models of care/ statement of purposes/size of these homes i.e., 12-week assessment, specialist sexualised behaviour, female only. Despite foster carer recruitment campaigns, the establishment of an in-house Children's Home, an increase in the number of beds at our established children's home and new Springboard/Training Flat and 16+ Accommodation and Support provision, there is insufficient supply of in-house and external foster, residential and 16+ placements in Powys to meet existing demand in Powys.

### ***Is the range and level of care and support good enough to meet current and projected need identified in the population needs assessment?***

Powys Children's Services Placement Team have undertaken numerous residential searches for children and young people within the last 12 months, with some children/young people experiencing repeated moves. Powys children/young people experiencing 3 or more placements has increased by 6% in the last 12 months as external providers are in a seller's market and are able to give notice too easily on our children and young people.

The range of placements commissioned and provided within Powys has expanded to include mainstream Children's Homes, 16+ Accommodation and Support and Emergency Accommodation as per our Sufficient Supply of High-Quality Care Placements Strategy and we are improving placement choice through better commissioning arrangements resulting in delivery of care plans and interventions and improved outcomes for children and young people.

### ***Is the care and support provided of sufficient quality to meet individuals' needs and enable them to achieve their personal well-being outcomes?***

Our Commissioning Team have robust contract monitoring processes in place to monitor quality of individual placements and ensure that they meet children/young people's needs, in addition to general 4Cs contract monitoring. Pre-placement visits are undertaken with new providers/provisions together with six monthly / annual contract monitoring visits. A clear concern with provider policy is in use and announced/unannounced visits take place, as required.

### ***Have individuals' sufficient choice and a say in how and where care and support is provided, and to what extent***



Children's Commissioning Team understand the importance of the need to involve children/young people and their families/carers in service development and decision making and ensure the voice of the child and "what matters" is integral to strategic commissioning and provision of services through participation, contract monitoring visits and promotion of engagement forums with established and new groups. Young people were involved in the tender process for 16+ accommodation and support services which included development and evaluation of tender questions. However, we have noted that young people and their families are often more concerned with the quality of service delivered rather than who delivers it.

***Is care and support co-produced with users and carers?***

The Children's Commissioning Team ensure that children/young people and their families are involved in service planning through engagement with established groups and fora, i.e., Care Leavers Forum.

Commissioning Team identify any themes or gaps in service provision that can be fed into future commissioning to mould and shape future development of services so that they meet the needs of children, young people, and families in Powys, i.e., new provision of in-county 16+ accommodation and support placements.

***What is the likely impact of changing patterns of demand, changing expectations, and new and emerging trends, upon the sufficiency of care and support going forward?***

Children's Placement Team have been instrumental in delivering objectives of Children's Services Closer to Home and North Powys Wellbeing Projects. 21 change of placements to bring children and young people closer to home/step downs closer to home or return home was realised in 2020/21 and 17 change of placements equating was realised in 2021/22.

The *Sufficient Supply of High-Quality Care Placements Strategy (2018-2023)* is currently being reviewed. It has already been noted that there has been an increase in demand for placements for older teenagers, those with more complex needs, parent and baby foster and residential placements and sibling groups in the last 12 months. This demand will have an impact on sufficiency and will need to be incorporated into the updated Strategy.

Powys developed report about the sufficiency of provision for children's care services which goes into detail about the current and historic situation and what the Council with its partners is doing to address imbalances in the market.<sup>26</sup>

***Challenges, risks, and opportunities***

There are concerns about a shortage of appropriate places and high prices which may contribute to poor outcomes for children and local authorities. It seems clear that the placements market overall is not providing sufficient appropriate places to ensure that children consistently receive placements that fully meet their needs, when and where they require them. This is resulting in some children being placed in accommodation that, for example, is too far from their home base, does not provide the therapy or facilities they need, or separates them from

<sup>26</sup> [Our Strategies and Plans on a Page - Powys County Council](#)

their siblings. Given the impact that poor placement matches have on the well-being of children, this is a significant concern.

There are concerns that a range of other barriers, including access to staff, recruitment and retention of foster carers, and property acquisition and planning processes may be restricting the ability of providers to provide more placements where they are needed.

## **Advocacy (Children)**

### **Current Provision**

Powys, as Lead Commissioner, has responsibility for the Mid and West Wales Regional Advocacy Service and have recently led the recommissioning of this service on behalf of Carmarthenshire, Ceredigion, Pembrokeshire, and Powys local authorities and Hywel Dda and Powys Health Boards. The contract was re-tendered in Autumn 2021 and the new contract commenced on 1<sup>st</sup> April 2022. The current contract has 4 lots.

#### **Lot 1 - Independent Professional Advocacy**

An independent advocacy service is designed to provide safeguards for children and young people, and it is imperative that the advocates providing the service should be free to support them, without any conflicts of interest, and to appropriately challenge service providers on the children and young people's behalf. The subject of such challenge may be very broad and can include:

- Decisions made about a child or young person's care
- The upholding of a child or young person's legal rights
- The quality of care being provided

The role of the advocate is to support a child or young person to make an informed decision with the young person's views and wishes being their sole focus. An advocate will help a child or young person to understand his or her rights and the choices of action that are available, but ultimately, any decisions taken will be the child or young person's own.

#### **Lot 2 – Independent Visiting Service (Supplementary)**

The overall aims of an Independent Visiting Service for looked after children who have little or no contact with their birth families are to provide Independent Visitors, (who are volunteers), who will visit, advise, and offer friendship on a 1:1 basis to children and young people and to facilitate a consistent relationship over a longer-term period.

#### **Lot 3 – Complaints in relation to NHS Service (Powys Teaching Health Board and Hywel Dda University Health Board)**

The provision of independent Advocacy for all children and young people under 18 wishing to manage representation, raise a concern, or make a complaint in relation to NHS services. Section 187 NHS (Wales) Act 2006.

#### **Lot 4 - Regional Junior Local Safeguarding Board – (CYSUR)**

To enable the effective participation of Service Users in the work of the Regional Safeguarding Children's Board.

### **How current levels of care and support meet existing demand**

During the quarter January to March 2022, we received 163 referrals (issues) from 110 children and young people. This includes 33 looked after children, 67 children in the child protection arena, nine children in need of care and support and one care leaver. Slightly more males accessed then service than females (58 compared to 52), following the same pattern as last quarter, and equal numbers of children and young people accessed the service from the 6-11 and 12-16 age range (46 each). Thirty-three children and young people accessing advocacy this quarter were new to the service.

### ***Is the range and level of care and support good enough to meet current and projected need identified in the population needs assessment?***

Some 43 children and young people became eligible for the Active Offer during the quarter. A total of 24 children and young people were referred for Active Offers. This included three looked after children and 21 children who entered the child protection arena. Meetings were arranged with 19 of these children and young people and 16 accepted the Active Offer and continued to Issue Based Advocacy. We have been unable to meet two young people due to availability, and one child was too young to understand the information being shared. More males (13) were referred for the Active Offer than females (11) and, as with Issue-Based Advocacy, equal numbers of children and young people accessed the Active Offer from the 6-11 and 12-16 age range (10 each).

### ***Is the care and support provided of sufficient quality to meet individuals' needs and enable them to achieve their personal well-being outcomes?***

We can report that 137 Issue Based Advocacy cases have been closed during the quarter and 191 issues resolved and closed with the support of an advocate. Requests for support at meetings has once again remained high. During quarter four a total of 113 meetings took place, at which a child or young person's wishes and feelings were shared. IROs referred more children and young people for advocacy than anyone else during quarter four (49 referrals), closely followed by social services (48 referrals).

### ***Have individuals' sufficient choice and a say in how and where care and support is provided, and to what extent is care and support co-produced with users and carers?***

Advocates are doing more and more face-to-face visits now Covid-19 restriction have eased. To ensure the safety of the children and young people we work with, TGP Cymru have an overarching risk assessment and checklist to ensure all safety precautions are made in regard to Covid-19 prior to visits taking place. Virtual visits are still taking place at the choice of the child/ young person or where the advocate feels it is appropriate to do so. The blended approach to service delivery will continue as it meets the needs of children and young people and offers benefits to staff who have busy caseloads.

Following team discussions during the last year, the advocates are now offering two means of children and young people providing feedback on their advocacy service; either directly to their advocate or via the in-house Quality Assurance Officer (via letter or text). We received four completed forms this quarter. All four young people expressed a positive experience and advised that they feel more included in decisions because they have an advocate on their side. One young

person stated, "It was good that there was someone who could ask questions at LAC meetings."

### **Current Provision**

The impact of the Pandemic has taken a heavy toll on people's emotional well-being and sense of stability particularly with employment and finances. The war in Ukraine and the financial implications on the cost-of-living crisis has compounded an already unstable landscape. Recruitment has slowed down on a national level. The self-employed are not entitled to Adoption leave payments and with the increase in self-employed population this has made people reluctantly rule themselves out of coming forward to adopt. Campaigns to change this are in place. Recruiting adopters remains challenging in 2022/2023.

### **Domiciliary Care services**

#### **Current Provision**

As demonstrated elsewhere in this report there has been ongoing and sustained pressure on the domiciliary care market for some time. We have seen an increase in demand over time, especially during the pandemic and several providers exiting the market. Between 2019 and 2021 seven providers handed packages back and/or exited the Powys market. That amounted to over 150 packages or 2,209 hours of care which had to be reallocated and sometimes temporarily deliver by our Bridging Team. Challenges emanate from the lack of recognition of working in the care sector (which applies to all sectors), the relative low level of pay, long working hours and increasing travel costs for carers. Powys has been taken corrective action over the past three years by introducing our Powys Pledge (see elsewhere in this report), investing into our Health and Care Academy and segmenting our fee structure to take account of the differing levels of travel costs. However, in the short term this may not be sufficient to respond to the challenges. Powys Teaching Health Board commissions care packages separately, these have increased from 14 in 2017/18 to 26 in 2021/22, an increase of almost 50% in the period.

#### **How current levels of care and support meet existing demand**

We have seen an increase in waiting times for care packages to be picked up by our providers, which is an indication of how the increase in demand and the supply is mismatched. Our Dynamic Purchasing System remains open for new providers to enter the Powys market but challenges in particular areas remain.

#### ***Is the range and level of care and support good enough to meet current and projected need identified in the population needs assessment?***

As discussed elsewhere there is a mismatch in the market which Powys is actively addressing. We are experiencing an increasing number of individuals with higher and more complex care needs which our providers are not always able to cover. With a projected increase in the number of older people (see our Population Needs Assessment) and a net outflow of people of working age we are putting in place other measures to address this issue (see elsewhere our work with Home Support, Technology Enabled Care, and community micro enterprises).

#### ***Is the care and support provided of sufficient quality to meet individuals' needs and enable them to achieve their personal well-being outcomes?***

We are confident that our providers can provide the quality-of-care individuals require. We are actively monitoring this and where there are concerns address them through our contract monitoring processes.

### **Issues likely to affect sufficiency of provision over the next five-year period**

*As mentioned throughout this report, the biggest challenges facing all service areas stem from the reduction in the working age population and the rise in demand and complexity of needs of those people requiring care and support. Powys is responding to this with our "Grow Our Own" initiative and the 'Health and Care Academy. However, in the short term we are expecting significant pressures in the market.*

### **Changing patterns of demand:**

As mentioned elsewhere, we have been seeing and expect to see more people with complex and more support requirements. This is partly a result of people being supported by their family members (who may have been furloughed) during the pandemic who now no longer are able to do so as they have returned to work. Anecdotally but also supported by national research, many people did not attend health services during the pandemic and as a result have deteriorating health and increasing frailty. As the UK is now emerging from the pandemic there is evidence that the stored-up demand due to people with care and support needs not attending to GPs and elective surgery is leading to longer waiting times for treatment both in primary and secondary care, which in return has an impact on the social care system.<sup>27</sup>

### **Current and emerging trends**

As discussed elsewhere in this document, we are seeing an increasing number of people waiting for support in their own homes, whilst providers continue to struggle to retain and recruit staff. We are expecting this trend to continue for some time and have put measures in place (see comments about our Grow Our Own initiative and the Health and Social Care Academy.

### **Challenges, risks, and opportunities**

Risks therefore exist in the supply of care in the market. We have seen several providers leaving the Powys market, adding further pressure on an already challenging environment. We have successfully invested in our in-house provision, which comes at a cost to the Council. A further risk is the dual commissioning approach by both Powys Teaching Health Board and the Council in contracting with the same providers for additional provision.

However, there are opportunities which have been explored and, in some cases, implemented. The introduction of the community micro enterprise work has shown promising results and will be further expanded. Our "Home Support" provision has gone through a three-year pilot and is now being rolled out across Powys, reducing the need for traditional domiciliary care provision. Reducing 'double handed' care packages (see elsewhere in this report) has proven successful and, combined with the ongoing and expanding use of Technology Enabled Care (TEC) are further approaches to manage and potentially reduce the pressure on our market.

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<sup>27</sup> [Clearing the backlog caused by the pandemic - Health and Social Care Committee \(parliament.uk\)](https://www.parliament.uk/business/committees/committees-a-z/commons-secondary/health-and-social-care/inquiries-and-public-accounts/clearing-the-backlog-caused-by-the-pandemic/)

## **Advocacy (Adults)**

### **Current Provision**

There are commissioned providers for statutory advocacy, Independent Mental Health Advocacy, and Independent Mental Capacity Advocacy in place. They cover all of Powys via local offices/bases. During lockdown provision was not always sufficient due to restrictions in face-to-face contact. This is now normalising to pre-pandemic provision.

### **How current levels of care and support meet existing demand**

The current provision across statutory advocacy, Independent Mental Health Advocacy and Independent Mental Capacity Advocacy are not always sufficient. We are also aware that referrals vary both geographically and dependent on referral teams.

### ***Is the range and level of care and support good enough to meet current and projected need identified in the population needs assessment?***

Feedback from our providers suggest that generally feedback from people using the services are positive. Projected need is increasing, and we are communicating with commissioned providers about ways of further tools to predict demand, and how to provide support within budgetary limits.

### ***Is the care and support provided of sufficient quality to meet individuals' needs and enable them to achieve their personal well-being outcomes?***

Feedback from users of the services is shared at regular monitoring meetings and focussed/targeted questions about quality. We have no concerns about the quality of provision in the county.

### ***Have individuals sufficient choice and a say in how and where care and support is provided, and to what extent is care and support co-produced with users and carers?***

Feedback from users of the services is shared at regular monitoring meetings and focussed/targeted questions about quality. This information and feedback from other professionals (e.g., social workers) is used to adjust, where necessary, service provision. This feedback will also flow into regular reviews for service specifications prior to recommissioning of services.

### ***What is the likely impact of changing patterns of demand, changing expectations, and new and emerging trends, upon the sufficiency of care and support going forward?***

Feedback from users of the services is shared at regular monitoring meetings and focussed/targeted questions about quality. This information and feedback from other professionals (e.g., social workers) is used to adjust, where necessary, service provision. This feedback will also flow into regular reviews for service specifications prior to recommissioning of services.

### **Issues likely to affect sufficiency of provision over the next five-year period**

Pressures in service provision elsewhere (e.g., longer waiting times for domiciliary care) may result in further requirements for advocacy of people needing these services. The current and projected ongoing cost of living pressures may add to pressures for providers (e.g., access to qualified staff, recruitment, and retention).

***Challenges, risks, and opportunities***

The main challenges have been identified above, e.g., cost of living increase, budgetary pressures and also the demographic patterns which have been identified at the beginning of this document. Opportunities will be explored for joint commissioning of provision, especially in the CHC environment (see elsewhere about CHC provision and joint commissioning).

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## Market Stability

### Care Homes Services (Older People)

#### Current provision

The supply of care home accommodation for older people is slightly imbalanced. There is a good geographical distribution of **residential** care beds, however the overall there is over-provision of total bed numbers. It is however worth noting that at times it has been and is difficult to offer people with care and support needs and/or their family member a home of choice. This is often due to either their locality or the needs of the individual. We understand that some of our 'out of county' placements are due to family members living out of county and wish to be close(er) to the cared for.

Conversely, the distribution of **nursing** care beds is imbalanced, with a shortfall in relation to localised demand within mid-Powys. The overall number of available beds is also insufficient to meet demand at periods of higher need for placements.

The majority of Powys' care home provision is provided by a diverse range of predominantly private sector providers. Most of Powys's nursing, dual registered and residential care homes are owned and operated by private sector owners. These are predominantly smaller companies or single owner homes, with little presence of larger UK wide care home companies in the Powys market historically.

The principal exception to this is where Powys residential care homes are premises owned by Powys County Council, but management and operation are contracted to Shaw Healthcare.

One (residential) home is owned and operated by Powys Teaching Health Board and one (nursing) home owned and operated by a registered charity.

The wide geographical distribution of settings means there are only a few local areas (Brecon, Newtown, Welshpool and Ystradgynlais) with enough settings to drive an element of local competition and offer a range of customer choice.

The geographical distribution of settings means there is frequently only limited opportunity for individuals to exercise meaningful choice in deciding their place of residence unless they are willing and able to move from their current area of residence. This is particularly apparent in respect of nursing care.

The principal source of information available to providers is the Powys Market Position Statement which is made available via the Powys County Council website. ([Older people s accommodation choices Plan on a page \(2\).pdf](#))

Additionally, market information is shared with current providers through:

- Regular provider Forum meetings and briefings
- Individual contract monitoring meetings



Furthermore, any potential provider can contact Powys County Council's Commissioning Team to discuss or request information about the care home market.

Prior to 2021 the 'Powys Rates' for care home placements were amongst the lowest in Wales. This resulted in frequent requests from homes for 'top up' payments to increase the rate paid when negotiating individual new resident placements.

However, during 2018 a 'fair cost of care' review was undertaken by Powys County Council in collaboration with current care home providers to objectively provider costs and need for a fair operating return. This resulted in significant revisions to payment rates and saw significant increase to the rates paid. In 2021 the Council worked with Rockhaven Healthcare Consultancy to undertake a '[Fair Cost of Care](#)' exercise, which enabled us to agreeing set fee rates for older persons' care homes in Powys. The fees are set out in the Cabinet report of March 2021, "[Valuing Residential Care](#)". The exercise adopted an open-book approach to understanding the costs of residential care in Powys for care providers and calculated an agreed average cost and set fees, split into relevant categories. These fees were adopted and used from April 2021 until March 2022. There were several instances during the 'second wave' where the Council had to provide direct support to homes. Support included actions to maintain safe staffing levels (including temporary Council staff redeployment). In one instance the Council helped to source alternative temporary arrangements for resident catering.

The recruitment and retention of sufficient numbers of suitable trained staff is an ongoing challenge for care home operators. This dynamic has been further complicated by the varied impacts of the Covid-19 pandemic upon the social care workforce.

A study of staff vacancy levels in all of Powys' care homes in July 2021<sup>28</sup> revealed:

- 25 homes (83.3%) had one or more vacant staff roles
- There were at least 161-164 vacant staff roles (equating to at least 3,509.75 hrs of staff time)
- The predominant vacant staff roles were carers 73-75 (45.34%), whilst there were also 10 – 11 (6.21%) nurse vacancies.
- Several vacant management and senior career/team leader roles (18, in 12 homes – 40%).

This research showed that as of July 2021 the longest reported period for a vacant post (a nurse post) was 18 months. The overwhelming number of reported vacancies had been unfilled for 0-1 month.

Most reported vacancies that have been unfilled for 1 month+ were for nurse roles.

Although some vacancy types (Nurses) have been long term challenges, the high level of management level vacancies was felt to be a consequence of the demands of the pandemic upon staff resilience.

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<sup>28</sup> Powys County Council Older Persons Care Homes Staffing Overview - August 2021

Most providers have ongoing staff recruitment drives, however, pay rate and terms and conditions issues mean that care homes are in competition with other care services for the same section of the workforce. Similarly, there was evidence that the 'reopening' of the local economy after the first wave of the pandemic saw care staff leaving care work as other, less demanding, employment became available in other areas of the economy, such as retail.

Overall, the ongoing difficulty of staff recruitment is a potential risk to the future stability of care home services and the capability of the market to adapt services to meet changing or developing needs. However, there are factors which may begin to mitigate this over the next 5 years:

#### **Appendix:2.1a – CONFIDENTIAL Older Persons Care Homes Staffing Overview attached**

- Any significant national or UK-wide 'reform' of health and social care service provision will as a necessity need to positively address workforce capacity and would be likely to involve measures to incentivise employment in the care profession.
- The ongoing moves towards meeting a national living wage within Powys' economy (as well as the Welsh economy as a whole) will act to boost wage rates in the care sector and may aid recruitment and retention. Similarly, any future revision of the 'Powys Rate' for care fees is likely to include provision to support this trend.
- Finally, it is anticipated that the creation of *Powys' Health & Social Care Academy* will help grow the size of Powys' care workforce, as well as meeting needs for the upskilling of the existing workforce to meet higher levels of care needs. [Powys Health and Care Academy Skills Hwb - Powys County Council](#)

Commissioners have been closely monitoring the impacts of the Covid-19 pandemic on some aspects of provider income and financial sustainability and will continue to do so after direct financial support by the Welsh Government ("Hardship Fund) for pandemic impacts has ended in March 2022.

This has resulted in several preventative actions to ensure individual homes of concern and of strategic importance to services are supported. Measures used include an open book review of fees paid and advance 'block booking' (purchase) of bed spaces to meet anticipated placement demands.

Additionally, concerns regarding the financial viability and sustainability of individual settings are generally identified through routine contract monitoring processes. This can lead to dialogue with the provider concerned to support them with resolving the issue and/or managing the situation.

The information publicly available to prospective or current private purchasers of placements regarding a home's financial sustainability is limited. However, prospective purchasers can contact Powys County Council's Commissioning Team as part of their market research. In the event of a home being at risk due to financial issues, Powys' multi-agency Joint Interagency Monitoring Panel will work

with home management to ensure that residents and their families/carers are informed and updated.

There is no regulatory obligation upon new providers to proactively liaise with Commissioners when seeking to develop new settings. Although where intentions become apparent (e.g., through planning applications) Commissioners proactively seek to engage in dialogue with the provider.

Similarly, there is no regulatory obligation upon providers seeking to sell their home as a going concern to a new owner to proactively engage with Commissioners. In practice however, such issues are generally identified and discussed through the routine contract monitoring dialogue with providers.

In the event of a care home closing, this is managed through the multi-agency Joint Interagency Monitoring Panel process, through which Powys' commissioners work with the provider to ensure the process is orderly and the needs of existing home residents are met.

The current breadth of provision with the market means that there is sufficient spare capacity to accommodate the failure of small residential care settings in most localities of the county. There is less capacity within the market to be able to absorb displaced residents in the event of the failure of a large residential care provider. In these situations, it would probably result in existing residents having to be rehomed away from their present locale.

The situation regarding **dual registered and nursing** homes is less resilient. Although some capacity exists in the overall Powys market, a home failure would result in existing residents having to be rehomed away from their present home and potentially see some people needing to be placed in out of county settings. This is one of the reasons why Powys County Council and Powys Teaching Health Board have been working jointly to develop their strategy for handling the temporary operation of such services.

Currently, excess capacity of residential beds compared to demand is likely in time to lead to a reduction in residential settings, particularly in those areas where new extra care facilities are created. Additionally, any future commercial development of new settings offering more modern, higher quality, residential care accommodation would be likely to adversely affect the viability of other nearby residential care settings.

If unmet demand for additional nursing care beds results in creation of additional nursing bed capacity this would be unlikely to adversely impact the financial stability of existing market provision. The one probable exception to this would be if such additional capacity was created in a locality with existing provision, when it would probably serve to reduce demands in the existing local settings.

### **Care Homes Services (Adult)**

Current adult care home provision consists of the following:

- 87 people live out of county
- 27 people live in Powys
- There are 6 adult residential care homes operating in Powys.

- This includes provision for people living with mental health, learning disability and physical disability support needs.

### Care Home Services (Children)

The age demographics of children receiving care and support in Powys in 2020<sup>29</sup>

- 3% (20) are aged under 1 year
- 15% (95) are aged 1 to 4 years
- 24% (150) aged 5 to 9 years
- 41% (255) aged 10 to 15 years
- 16% (100) aged 16 years and over
- 56% are male and 44% are female

A child who has been in the care of their local authority for more than 24 hours is known as a Child Looked After. Children Looked After (CLA) are also often referred to as children in care, a term which many children and young people prefer. As of 30 April 2022, there are 229 individual Children Looked After in Powys. The age demographics for Children Looked After (Powys County Council 30th April 2022 shows:

- 21% (49) are aged 0 to 4 years
- 17% (39) are aged 5 to 9 years
- 40% (91) are aged 10 to 15 years
- 22% (50) are aged 16 to 18 years

The number of Children Looked After by Powys broken down by placement location shows

- 53% (121) are inside the Powys boundary
- 27% (62) are outside the Powys boundary but still within Wales
- 20% (46) of Children Looked after are outside Powys and outside Wales

Care experienced young people are supported to ensure a smooth transition as possible into adulthood, either moving to adults' services for further support, or being supported with areas such as housing, education, and employment. However, many young adults leaving care have an increased likelihood of becoming homeless, 13% of all care leavers experienced homelessness during 2020/21.

Working with young people, Powys County Council supports them with the 'Closer to Home Strategy' with the usage of residential placements being the least preferred option if a foster carer placement is available and suitable.

In addition, there are currently 23 specialist centres in Powys. 19 of these cater mainly for pupils with moderate learning difficulties (MLD), and autistic spectrum disorder (ASD), based in primary and secondary schools. Four of them are also pre-school assessment centres.

To support the implementation of the Additional Learning Needs and Education Tribunal (Wales) Act 2018, Powys County Council has a new inclusion platform,

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<sup>29</sup> See: [read more about children receiving care and support in Powys and Wales by viewing our interactive report.](#)

Tyfu, which will support schools and settings to work in partnership with pupils, parents, and professionals to support the learning needs of pupils. The bilingual electronic system will allow a coordinated approach to additional learning needs, ensuring pupils receive the support they need as early as possible.

## **Adoption Services**

Adopted children are amongst the most vulnerable children in Wales; these are children for whom other alternatives have been exhausted and who would most likely remain 'looked after' for their childhoods if they were not adopted.

## **Fostering Services**

Recruitment of foster carers has gone through a major change in the last twelve months when all twenty-two Local Authorities in Wales joined forces to launch Foster Wales. This will hopefully increase the number of fostering households in Wales.

Despite over a third (39%) of Welsh adults claiming they have considered becoming a foster carer, there is still a need to recruit an estimated 550 new foster carers and families across Wales every year. This is to keep up with the numbers of children who need care and support, whilst replacing carers who retire or can provide a permanent home to children.

Foster Wales will use social media as a platform to raise the profile of the services as well as there have now been local television and radio adverts.

The Powys fostering website, linked to the Foster Wales website, is updated on a regular basis in line with Foster Wales. Social Media such as the Local Authority use Facebook and Twitter, again with regular updates and news. The service is supported by the Local Authority corporate communication team.

During the two years of the Covid pandemic as with many agencies the service had little in the way of a visual presence within the local community such as the Local Authority had prior to the pandemic however, the service is implementing strategies to re-establish a consistent, continuous presence by promoting fostering in Powys during national awareness campaigns, local family-based events, fun days and local supermarkets and community groups, and on a day to day basis using flyers, poster and banners, and as previously stated social media.

The service has been involved in the regional work of the National Fostering Framework considering the impact of National, Regional and Local advertising.

The Service usually has the support of its current foster carers in recruitment campaigns and several carers have supported the service by writing articles for publication or appearing in video's talking about their experience of being a foster carer.

As of the 21<sup>st</sup> of June 2022, there were 227 children looked after by the Local Authority.

On the 31<sup>st</sup> of May 2022 there were 67 Generic Fostering housing holds and 25 Friends and Family carer households.

## **Adults Placement ('Shared Lives') Services**

The past two years has seen the reregistering of the Shared Lives Powys service under the RISCA regulatory framework. This process has provided an opportunity to review and revise the services policies and procedures. During this period, SL Carers have chosen to leave the service and new SL Carers have been assessed and approved. Numbers have remained broadly static. Recent additions to the staff team mean that the service is now able to recruit additional SL Carers and increase available provision. Post pandemic, there has been renewed interest in the service, with an increase in enquires for possible arrangements. Increasing the pool of available SL carers would provide greater opportunities to find appropriate matches.

Shared Lives arrangements are provided by assessed, approved, and trained carers who work under the auspices of the Shared Lives scheme. Approved carers and the service are members of Shared Lives Plus, a national organisation providing support, guidance and representing the interests of those in the Shared Lives sector. Households may have more than one approved SL Carer if a joint application has been made. Family members or close friends often apply to the service, to become Family Link carers. Family Link carers support the work of Shared Lives carers, providing respite or sessional support to individuals using the service for long term arrangements.

## **Advocacy Services (Adults)**

Powys County Council commissions a single provider for statutory advocacy as required by the Welsh Government's Code of Practice, Part 10.<sup>30</sup> In addition there are community services, which are not funded by Powys County Council that provide e.g., peer advocacy, informal advocacy, and self-advocacy support. Whilst the commissioned provider covers all of Powys, community-based services may only operate in different localities but do add to the rich offer for people to receive support when requiring support to discuss e.g., social care or housing issues.

In addition, as mentioned elsewhere in this report, Powys Teaching Health Board Commissions Mental Health and Mental Capacity advocacy for separate reasons and settings. All our providers operate within the confines and challenges of budgets and increasing demand as outlined elsewhere in this report.

## **Advocacy Services – Children and Young People**

The Children's Advocacy Service market in Wales has a limited number of providers but is stable. There is consistent provision across Wales and good engagement between regions, providers, and Welsh Government. There is a performance reporting template and advocacy providers produce data for local authorities, regions, and Wales. ...

## **Domestic Care Support Services**

<sup>30</sup> [Advocacy services: code of practice | GOV.WALES](#)

The capacity of domiciliary care services means providers can sometimes struggle to meet demands for new care packages, particularly at times when there are spikes in demand.

The challenges with staff recruitment and retention with domiciliary care means the availability of staff is often a major constraint on the ability of Providers to meet demand for new care packages.

Similarly, lengthy journey times between some peoples' homes due to Powys' rurality means some care packages can be difficult to efficiently accommodate within existing staff rotas. This, together with considerations of cost incurred and fees earned, can make some packages unattractive for Providers to bid for.

The available capacity in services does struggle to provide new packages of care in some geographical areas of Powys (e.g., the East Radnor area). However, the development of social care micro-enterprises is developing some additional domiciliary care service capacity in those areas to help mitigate these challenges.

There are a broad range of regulated domiciliary care service providers operating within the Powys' market. As of January 2022, there were 14 providers (including Powys County Council's in-house service) delivering commissioned care packages.

Most of the regulated care domiciliary providers are businesses operating their services on a regional basis (including some also operating in England). Most are commercial businesses, but a small number are third sector businesses. In addition, there is Powys County Council's on in-house domiciliary care service (bridging team).

In January 2022 there were 3 services (including Powys County Council) delivering 100 plus care packages per week each. The remaining providers were each delivering between 3 to 61 packages.

There is no undue reliance upon one single provider by commissioners, however, there is a dependence upon those providers who have capacity to deliver care packages in the more rural and sparsely populated areas of Powys.

There is generally little spare capacity within the market. This means that in the event of provider failure it would be difficult to rapidly transfer any existing care packages to new providers as they would need to recruit additional staff to do so, and that Powys County Council's in-house service would need to pick-up many packages at least temporarily.

The number of regulated domiciliary care service providers being commissioned by Powys County Council varies according to people's need and the availability of capacity to deliver care packages in the place where they are needed

	1 January 2018	1 January 2019	1 January 2020	1 January 2021	1 April 2022
Providers commissioned to delivery domiciliary	19	17	17	18	15



care packages					
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**Home Closures and Escalating Concerns through Provider Performance**

Powys County Council and Powys Teaching Health Board have established mechanisms to manage the closure of a care home or domiciliary care service and ensure the continuation of care for the residents affected. These mechanisms are overseen and implemented through the multi-agency Joint Interagency Monitoring Panel and the use of Home Operational Support Groups to operationally manage each instance.

This process has been used on several occasions in recent years, for instance in response to several closures of residential care homes in Powys. It was most recently employed in response to the closure of one residential care home (24 beds) in Autumn 2021 and resulted in the successful transfer of residents to appropriate alternate settings which met their needs and personal preferences.

In response to the specific challenges faced by the older peoples care home market due to the Covid pandemic, the Council and Health Board agreed principles that will inform decisions to be made in the event of the failure of an older peoples care home<sup>31</sup>.

The arrangement is intended to provide robust criteria (based upon availability of alternative provision and strategic need) to determine which options will be actioned. These options include:

- Managing home closure and re-homing of residents
- Seeking transfer of the service to an alternative provider
- Transfer/purchase of service to Council or Health Board with a contracted operator as temporary measure before resale/transfer to new owner/provider
- Transfer of service to Council or Health Board for permanent operation by those bodies

Our good working relationship between the placing authorities and CIW enabled us to manage this closure process with good outcomes for all parties concerned. However, it also demonstrated that increased attention has to be paid, through our monitoring processes, to especially leadership and management and staff training going forward.

In addition, whilst efforts to work with improving the performance of providers doesn't always require implementing the escalating concerns process, a total of 7 care homes have been held in the Provider Performance process since April 2018.

These arrangements have led to several corrective action plans being developed and implemented with care home providers over the last 4 years. The pandemic has increased the numbers officers had to deal with as the fragility of some of our providers became apparent. In all but two cases these processes have so far been concluded satisfactorily and the providers have put in place the

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required systems, processes, and training for staff where this was necessary. Two providers are still currently working under the Provider Performance process.

## **Appendix: 2.1b – Care Homes Decision Tree attached**

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## Other Market Stability Factors

### Flow through the health and social care system

This issue describes how the partners in the health and social care system managed and will manage moving individuals from one aspect to another. The most prominent aspect and widely reported in the national media is how patients who are ready to leave an acute hospital setting to either their own home (with or without a care package) or a residential/nursing care home. This has been an ongoing discussion between partners prior to the pandemic, however since 2020 the challenges became much clearer and acute. The main challenges were described as staffing (in community hospital wards) and the relative lack of care home placements and/or suitable domiciliary care provision. Partners developed and managed a "Delivery Coordination Group", with the aim of jointly seeking solutions to the above. Some of the actions taken were

- Avoiding placing people, a long distance away from home (quality of life).
- Reducing assessments in hospitals;
- Enabling health care teams to work in a more joint up way.
- Increase preventative work and services (e.g., Falls work).
- Improving the trusted assessor model;
- Making best use of the Choice Policy.

As described elsewhere in this report, the lack of sufficient domiciliary care in Powys (in certain localities and at certain times) has not only renewed our concern over longer waiting times for packages in the community, but also a delay in transferring people from a district general or a community hospital back into their own home with a package of care.

## Market Quality

### Care Homes Services for adults and older people

This section covers all care home services of adults and older people as the approach for monitoring and quality assurance works along the same agreed principles and processes.

The provision of care for our care home residents is regularly monitored and overall is of good quality. The Care Inspectorate Wales (CIW) inspects care homes on a regular basis and considers quality based on e.g., leadership and management, quality of care, compliance of staff and management with e.g., training and recruitment requirements. During the last 24 months (i.e., the pandemic) we discussed with several care homes some failings in the above. This resulted in us invoking the formal procedure of "Escalating Concerns" which is based on guidance by the Care Inspectorate/Welsh Government. In all but one cases providers improved sufficiently to come out of the 'provider performance' status after having provided evidence of sufficient improvement.

We do however note that with care home residents displaying more often more complex needs, not all staff have the necessary skills to provide safe and high-

quality care. This was and will continue to be discussed with providers and some training suitable to upskill staff is accessible via the Council and the Health Board.

We are also aware that not all our care homes provide the high-quality physical environment which both the Council as commissioner and care home residents and their families expect. This is more difficult to deal with as it will require sometimes significant investments which at this stage is challenging for providers. Staff skilling/training to meet more complex needs?

During the pandemic it became apparent that several care home providers had not provided their staff with the opportunities to undertake mandatory and advisory training in resident care and safety as required by Social Care Wales and CIW. As with other aspects described here, these concerns were highlighted with the providers and included in the respective corrective action plan. We have expanded our offer of Council and Health Board internal training to social care providers to ensure that despite existing financial challenges (training budget) staff in care homes are providing high quality care.

Monitoring visits are being undertaken by dedicated officers of the Council or, in the case of nursing homes, by both council and Powys Teaching Health Board nurses. This is an established mechanism which has yielded good results in the past. The pandemic made this impossible due to visitor restrictions in care homes, which has led to concerns in our ability to assess quality and safety of care in care homes. Visits resumed and will continue to be delivered.

### **Care Home Services (Children)**

Powys Contract Monitoring Officers undertake pre-placement visits and six monthly/annually contract monitoring visits to providers in Powys that are caring for Powys Children Looked After. A concern for provider process is in place and 4Cs are notified and updated, as appropriate.

### **Secure Accommodation Services (Children)**

There is no secure accommodation service setting located within Powys and just one in Wales as a whole.

### **Residential Family Centre Services**

There are no registered residential family centres in Powys.

### **Adoption Services**

Please refer to [this section](#) for further information

### **Fostering Services**

Our available carers have remained relatively settled with a loss of only six placements overall in the last year. Whilst the overall number of approvals has decreased, this is to be expected in the light of the pandemic. In terms of placement availability, the numbers available have remained relatively steady over the last three years with a variation of less than ten each year. It must be noted that retirement and the conversion of placements into adoption arrangements has also been common themes.

## **Adults Placement ('Shared Lives') Services**

Quality assurance is an integral part of everyday practice within Shared Lives Powys, which involves the systematic monitoring and evaluation of practice policies and procedures in line with Powys Adult Social Care Registered Provider Services Quality Assurance Framework.

Stakeholders within the service contribute to ongoing quality assurance. Questionnaires are sent annually to individuals using the service, Shared Lives Carers, and relevant 3<sup>rd</sup> parties. Shared Lives carers are invited to comment on their experience of working with and being supported by the service, whilst 3<sup>rd</sup> parties are asked to comment on the operations of the service and its efficacy. Individuals using the service are asked to reflect on the service and how they have been supported to achieve their outcomes. This information is collated into quality assurance reports, submitted to the Care Inspectorate Wales. Plans are developed and implemented for any areas for quality improvement.

Regular reviews of Personal Plans and arrangements are also used to review the quality of the service.

## **Advocacy Services**

Our Advocacy Services are regularly monitored by our commissioning and contracts team.

## **Advocacy Services – Children and Young People**

Quarterly regional contract monitoring meetings and six-monthly individual meetings take place with local authorities and health boards.

## **Domiciliary Care Support Services**

The domiciliary care service is routinely monitored, and regular conversations held with CIW. Visits to provider premises have recently resumed following the pandemic.

The quality of the service is generally good with no providers in 'provider performance', although safeguarding Multi Agency Referral Forms (MARF) and Poor Practice – Service Standards Referral Forms (PPSSRF) continue to be received and investigated.

The resilience of the service has been impressive during the pandemic with quality not being unduly impacted, even during peak staff absence.

We are aware that at present priorities for the regulator (Care Inspectorate Wales) is mostly with residential and nursing home.

## **Current and Projected Trends**

This section should be read in conjunction with the earlier description of the Powys geography and demographics, which can be found [here](#). It builds on our sufficiency, quantity, and quality assessments in this document. As we have demonstrated the most significant trend is in the workforce market. Whilst this market was under pressure already over the past few years, the pandemic has increased these challenges significantly, not only in Powys but across the UK and beyond. Powys County Council, Powys Teaching Health Board and other partners have been working in partnership to address some of these issues (“Grow your Own” initiative and “Health and Care Academy”), however these will take time to come to fruition and may not adequately address the overall migration from the care sector to other parts of the economy.

Cost of providing care will continue to be a factor that will influence how the health and social care market will follow. Domiciliary care and Care Home providers continue to see workforce challenges which are partly based on the willingness of people to work in this field, with often long hours, journey times which are not always compensated financially and the low public reward. Powys County Council will continue to provide approximately 18% of domiciliary care through its in-house provider (“Bridging Team”) which is an appropriate response to provide stability to the domiciliary care market.

We have on occasions seen separate commissioning of nursing home placements by the Health Board, not using the Council’s Brokerage service. This has been highlighted with colleagues in the Health Board as a potential challenge for processing nursing home placements in the most effective way; as independent approaches to making placements forfeit the benefits of cost and coordination that would result from a single joint process.

**Care Homes Services (Older People)**

Welsh Government projections for nursing and residential care home needs (calculated on the basis of demographic change and current rates of need) show no requirement for any additional residential care beds by 2025, but indicates need for an additional 193 nursing care beds:

Powys estimated net demand (shortfall in units/beds) to 2035. <sup>32</sup>			
	2025	2030	2035
Residential Care	0	0	0
Nursing Care	193	320	440

However, the ongoing trend for reduced numbers of residential care home placements, together with planned development of additional extra care facilities are likely to significantly reduce the need for current provision of residential care beds.

<sup>32</sup> Assessment of the demand for specialist housing and accommodation for older people in Wales – Welsh Government 2020 [Independent report on accommodation for older people \(gov.wales\)](#)

In Wales, between 2015 and 2020, the number of people on the dementia register increased by 18%, from 19,239 to 22,686 (Alzheimer's Research UK). Powys Teaching Health Board had the 4<sup>th</sup> highest prevalence rate for dementia out of the seven health boards in Wales, this diagnosis rate is calculated by dividing the number of people diagnosed with dementia (as reported in national health statistics) by the total estimated number of people living with dementia. For Powys Teaching Health Board this rate ranged from 59% to 76% between 2010 and 2020.

In 2019 Powys (PTHB) dropped to 2nd behind Betsi Cadwaladr Health Board with 76%, continuing its decline by 2020 where Powys (PTHB) dropped to being the 4th highest with a prevalence rate for dementia of 72%.

Powys County Council and Powys Teaching Health Board entered into a "Section 33 Agreement" for jointly managing and funding care home services for older people. Whilst much progress has been made to share information about quality, quantity and Finance, there are still separate commissioning arrangements in place for e.g., domiciliary care, which – in the market as described – appears to be detrimental to a joint-up management of the market.

### **Care Homes Services (Adult)**

We have described [here](#) our plan for dealing the needs of approximately 72 individuals with a learning disability or mental health conditions over the next five years

### **Care Home Services (Children)**

Fewer young adults and families living in Powys results in a lower number of births in the county and the effects of this are already becoming apparent, with the average age of the population increasing rapidly. While some services, such as schools, have started preparations to mitigate the impact of this changing demographic, there is a high likelihood of other services needing to adapt to a reduced child population.

In terms of Children Looked After, there is an increasing need for placements for older children/young people.

### **Secure Accommodation Services (Children)**

There is no secure accommodation service setting located within Powys and just one in in Wales as a whole.

### **Residential Family Centre Services**

There are no registered residential family centres in Powys

### **Advocacy Services – Adults**

We are expecting the current trend to deliver advocacy services across the county to continue. This includes the challenges which emerge due to Powys' rurality, despite our provider operating out of de-centralised provision. Due to a change in provision over the past few years we are aware that some previously funded small/locality-based providers may not be viable in the future. This is being closely monitored.

## **Advocacy Services – Children and Young People**

The blended approach to service delivery will continue as it meets the needs of children and young people.

## **Domiciliary Care Support Services**

An increasing proportion of older people in Powys are supported to remain in their own homes as much as possible. This is initially via preventative support using tools, such as Technologically Enabled Care (TEC) and Occupational Therapy aids and adaptations. Alongside these, there are a range of services available to support, including:

- Domiciliary care
- Reablement
- Shared Lives
- Direct Payments
- Technology enabled care (TEC)

As of September 2021, approximately two-thirds of older people with a package of care are being supported in their own homes. The strategic intention is that this proportion will continue to increase.

*Home Support* is an early intervention service for citizens (50+) that enables and provides the support and practical assistance an individual may need in their day-to-day life to stay living at home, in good health, safely and independently. Home Support aims to promote and enhance individual and community assets and wellbeing to prevent, reduce and delay the impact of ill-health and escalation of care. By facilitating and providing the right support, individuals can help themselves to access support and specialist help when they need it.

## **Adults Placement ('Shared Lives') Services**

The re-registration of the service has been a catalyst for a revision of service policies and operations. This, combined with the provision of additional resources and recruitment of additional staff, has consolidated, and strengthened the position of the service. There is now capacity within the service for the recruitment of additional Shared Lives Carers and potential to offer additional person centred, outcome focussed and cost-effective arrangements.

## **Care Homes Services (Older People)**

The contract between Powys County Council and Shaw Healthcare for the operation of Council owned residential care settings includes a 'block bed' arrangement which ensures a regular flow of new residents (and thus income to Shaw Healthcare). Additionally, the contract includes a 'risk and reward' mechanism which helps mitigate adverse financial impacts of low placement numbers for the provider, whilst also providing financial benefits to the Council when resident numbers are high.

These contractual measures help support the financial stability of a key component of residential care home provision within Powys.

During 2019 Powys County Council's Commissioning Team worked with the Market to undertake a 'fair cost of care' review of provider costs and local authority fees for placements. The overwhelming majority of providers participated in this review process, sharing cost information that allowed an accurate and detailed understanding of the financial pressures faced by the Market to be developed.

Consequently, there was a significant revalorisation of the 'county rate' of care home fees in 2020/21 and the adoption of a funding formula that should ensure proportionate and affordable fee rates in future years. In a further development of this work, in April 2022 Powys County Council introduced a revised fee arrangement that included increased fee rates for placements of higher quality bedroom accommodation. This additional component to the fee rate saw Powys County Council adopting new Silver Standard and Gold Standard rates, with associated additional premiums to the agreed care home fees. The criterion for the premium rate is based upon the room requirements for new-build care homes within the Regulation and Inspection of Social Care (Wales) Act 2016 (RISCA).

The additional premium to the standard care home rate is intended to support providers' investment into care home environments and infrastructure and thereby improve their capability for income generation but also help drive forward an overall improvement in resident accommodation within the Market.

In 2019 Powys County Council and Powys Teaching Health Board entered into a Section 33 agreement for a pooled fund for care home accommodation functions. This arrangement has established the basis for a fully pooled fund (and associated arrangements for the management of new placements etc.) but is still being developed to realise all the potential benefits. Whilst arrangements for residential and Funded Nursing Care placements are handled through a single 'brokerage' and payments system, Continuing Health Care placements and funding are handled separately.

Nonetheless the Section 33 arrangements have enabled the partners to share information and develop a shared understanding of market provision and pressures and population demands, allowing an integrated approach to be taken in the response to the Covid-19 pandemic and support for Powys' older persons care homes market. This provides a solid foundation for the delivery of future market development and commissioning activities.

### **Secure Accommodation Services (Children)**

There is no secure accommodation service setting located within Powys and just one in Wales as a whole.

### **Residential Family Centre Services**

There are no registered residential family centres in Powys

### **Domiciliary Care Support Services**

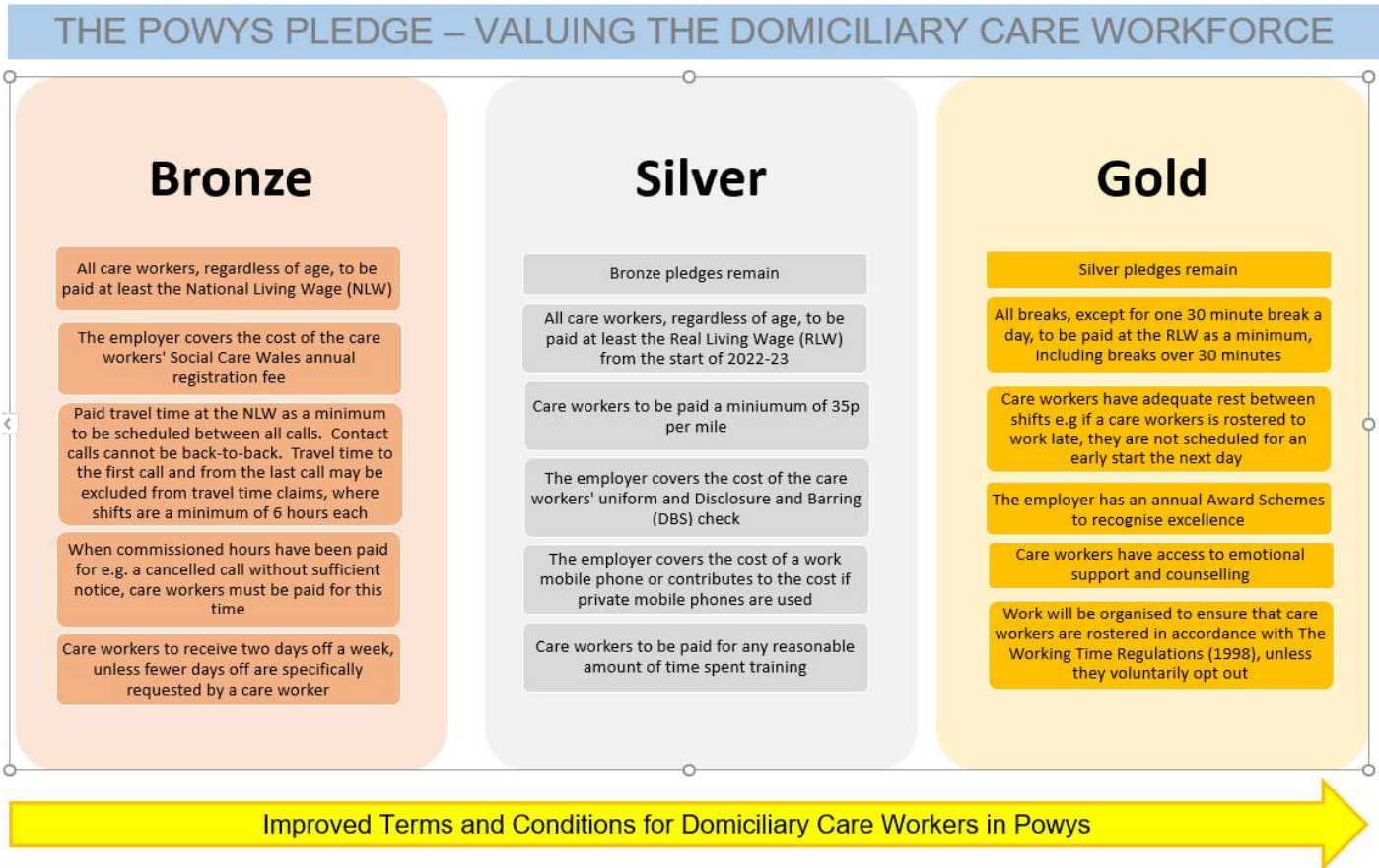
For the market to be sustainable, providers need to attract new staff and retain the current workforce, at a time of a reducing working age population. It is recognised that the role of a care worker is both challenging and rewarding and



it is crucial that staff need to meet their own outcomes, feel valued and be appropriately remunerated.

Starting in 2021-22 the council launched the Powys Pledge; a series of requirements providers can sign up to designed to improve terms and conditions for domiciliary care workers. Each level of the Pledge is linked to an uplift in provider rates, aligned to the United Kingdom Homecare Association recommended minimum rate for homecare. The Bronze level is in place for 2021-22. A potential Platinum level is also under discussion with providers for the future.

Domiciliary care packages are classified as being either town, rural or remote rural. The criterion for determining classification is based on population density and proximity to main roads. For example, if a care package takes place at a property where there are fewer than 15 people per km2 and it is more than 250m away from a main road, then it is classified as remote rural. 12.1% of care hours are classified as being remote rural. 25.4% of care hours are rural. The remaining 62.5% of care hours are town. The fees paid by Powys County council vary according to this classification, with higher rates paid for rural and remote rural packages.



Provision of service in the Welsh Language

Accessing services in Welsh is fundamental to those residents in Powys who wish to communicate in their preferred language. When providing services, regulated

care services must meet the requirements of the Active Offer<sup>33</sup>. The 'Active Offer' is part of the Welsh Government framework for Welsh language services '*More than just words*', meaning that residents should be offered services in Welsh without having to ask.<sup>34</sup>

To implement the Active Offer effectively social services must:

- Discover and record people's first language and other languages spoken.
- Discover and record staff's linguistic skills in Welsh. Good practice would require the percentage of staff who speak Welsh to closely reflect the percentage of people who speak Welsh in the community.
- Allocate bilingual (Welsh speaking) staff to work with Welsh speaking people. The active offer should give Welsh speakers the opportunity to receive services through the medium of Welsh as their first language (which will include those who were brought up mainly through the medium of Welsh or choose to communicate in Welsh) without having to request it or to state a linguistic preference

The available population data about the Welsh language in Powys taken from the 2011 census, but shows:

- 19% of Powys residents can speak Welsh
- 14% can 'Speak, Read and Write Welsh'
- 14 % have other combinations of Welsh language skills, including 'Speaking and Reading Welsh' and 'Speaking and Understanding Spoken Welsh'

There is a difference in the percentage of Welsh speakers within our localities in Powys. The top three localities with the highest percentage of Welsh speakers are

- Machynlleth locality: 54%
- Ystradgynlais locality: 39%
- Llanfyllin locality: 35%

There are Welsh speakers within every locality in Powys and that the language is used in each of our communities although rates differ across the 13 Powys localities.<sup>35</sup> Projections made by the Welsh Government have estimated that Powys could have as many as 28,000 Welsh speakers by 2030. The overall increase is assumed to be driven by younger age groups and that this growth will be maintained through future generations.

<sup>33</sup> More information on the Active Offer can be found here [Active offer information pack – Social Services and Social Care part 2 English \(gov.wales\)](#)

<sup>34</sup> [More than just words \(gov. wales\)](#)

<sup>35</sup> [Wellbeing Information Bank: View information about Welsh language - Powys County Council](#)

Powys County Council's contracts with commissioned providers for regulated services include clauses requiring that their services are available in Welsh:

*"The Service provided shall comply with the "More than Just Words" Framework and the Welsh Language Standards contained in the Compliance Notice issued to the Council under the Welsh Language (Wales) Measure 2011 as it affects the provision of these particular services and the Council Guidance in respect of the Standards. The Council may from time to time give particulars and details to the Service Provider of the requirements under the standards as they affect this Service which may amongst other things include the ability to correspond, handle telephone calls and provide face-to-face services in Welsh as well as provide bi-lingual signs, notices, and information."*

Powys County Council surveyed commissioned service providers (regulated and unregulated) of social care services in April 2019 regarding their ability to fulfil the requirement of the 'Active Offer'.<sup>36</sup> Thirty-seven responses were received from a broad range of different types of services, with staff numbers ranging from 1-10 to 200+. The responses showed that:

- The number of Welsh speaking staff employed even in the largest services was very low (between 1-8)
- 34.29% of respondents had Welsh learners in their organisation, although 69.44% of respondents said they did provide support for people within the organisation to learn Welsh.
- 27.03% of respondents stated their organisation 'always' provided information bilingually (45.95% did 'sometimes' and 27.03% 'never')
- 35.14% of respondents stated their organisation was 'always' able to receive, understand and respond to correspondence in Welsh (29.73% could 'sometimes' and 35.14% 'never')
- 27.03% of respondents stated their organisation could conduct telephone conversations in Welsh (72.97% could not)
- 10.81% of organisations reported they were 'always' able to conduct meetings with members of the public in Welsh or bilingually (40.54% said 'sometimes' and 48.65% said 'never')
- 8.11% of organisation were 'always' able to provide activities, groups, or events through the medium of Welsh (48.65% said 'sometimes' and 27.03% said 'never', whilst 16.22% didn't provide activities, groups, or events)

CIW inspection reports of regulated services assess their compliance with the requirements of the Active Offer. Most Powys' regulated services are assessed by CIW as "working towards the active offer", indicating that Powys' care service market overall has not yet fully developed its ability to meet Welsh Language requirements and the expectations and needs of Welsh speaking people.

Providers anecdotally report ongoing challenges with recruiting staff from within Powys' population with the necessary Welsh Language skills to always be able to

provide services in Welsh, though services do generally have a limited capacity to meet people's language preferences. This challenge is less evident when services can recruit staff from localities with a larger Welsh speaking population.

### **Appendix: 2.1c – Active Offer Survey attached**

It is expected that the growth of Welsh language fluency in Powys' population will over time result in the increased recruitment of staff able to deliver services through the medium of Welsh.

#### **Sustainability of provision**

There are several factors that impact upon the commissioning of regulated care services in Powys and their sustainability.

- cost pressures experienced by both commissioner and providers;
- Population profile and demographic change
- Staffing levels necessary to provide safe care and
- Ability to recruit and retain suitably qualified staff.

### **Care Homes Services (Older People)**

The older peoples care home market in Powys mainly consists of private sector providers, particularly the county's nursing and dual-registered homes.

There is one nursing home operated by a Third Sector organisation and one small residential home operated by Powys Teaching Health Board.

There are also twelve residential homes (and one intermediate care facility) that are owned by Powys County Council but operated by Shaw Healthcare (an Employee Ownership Trust) under contract to Powys County Council.

Most private sector providers in the Powys market are either single-owner ventures or part of small care home companies. This means that homes in the local market lack the financial and operational resilience that can arise from being part of a larger corporate structure. Conversely, this also means that the Powys market is not subject to the risks to provision that can arise from commercially driven decisions made by large national or internationally owned care home companies.

There is an ongoing shift away from making new residential care placements by the Local Authority as further measures are taken to support people to live independently in their own homes. This reduction in demand will be further intensified as new Extra-Care facilities are developed by Powys County Council over the next five years, and localities seeing Extra-Care development are likely to see a significant reduction in demand for residential care placements in any pre-existing settings in those areas.

Currently, nursing care capacity in Powys' market is broadly balanced against demand, although there is potential scope for increased provision by the market in Mid-Powys.

However, nursing care demand is anticipated to grow county-wide in coming years in line with projected changes to Powys' population profile (and particularly in respect of age-associated conditions such as dementia). Nursing care provision will need to expand to meet this increased demand, by the creation of new nursing capacity and the upgrading of residential care settings to be able to meet the needs of more EMI residents.

A significant proportion of Powys' settings (particularly residential homes) are in ageing or converted premises. This creates additional cost pressures of maintenance and refurbishment needs for those settings. Additionally, some premises lack the physical space and layout to enable rooms to be upgraded to the standards expected by prospective new residents, e.g., ensuite bathrooms.

The capital costs associated with refurbishment or replacement of aged or unsuitable accommodation are therefore likely to become a challenge to the financial viability of some settings in the future.

There is anecdotal experience within Powys' market that when a new, purpose-built facility with high quality accommodation is established it will attract prospective people in preference to pre-existing settings in the locality.

This suggests there is some latent commercial scope within the market to develop new provision. However, this dynamic is likely to result in reduced occupancy levels in the longer-term and a potential threat to financial sustainability of any pre-existing settings in the area. This will require careful management by the Council's commissioning team.

The care home market in Powys is typified by the general small size of settings. Of the twenty-nine care home settings, 12 have 30 registered beds or less (plus a 12-bed intermediate care facility), whilst 13 have between 31 to 60 beds. Only four settings have 60-99 beds. Most of the smaller settings are residential care homes. Smaller capacity settings are particularly financially vulnerable in the event of sustained under-occupancy and therefore any changes to patterns of demand will potentially significantly affect them. This became apparent during the Covid pandemic but is now balancing itself out.

The availability of sufficient and suitably skilled, workforce is a key factor affecting the market's current and future sustainability. There are ongoing challenges across the market with the recruitment and retention of care staff but particularly with nursing staff. There is evidence that temporary shortfalls in workforce availability often requires providers to use temporary 'Agency' staff, incurring significant additional cost as a result.

At present there is sufficient excess capacity within residential care settings to absorb residents displaced in the event of the failure of a small provider. However, this excess capacity is broadly spread across Powys, and means it is probable some residents would need to be rehomed at some distance from their current place of residence. However, if one of the largest residential settings were

to close then market capacity would be severely stretched to meet re-homing needs.

There is generally little unused nursing care capacity within the Powys market. This means that in the event of the failure of a nursing or dual registered provider, it would be difficult to re-home residents in proximity to their current area of residence and might well require people to be placed in out of county settings.

Sustainability of the care home market for older people is increasingly dependent on providers being able to retain and recruit staff. As mentioned elsewhere in this report, there are and have been challenges in this market, over which the Council and Health Board have little control. Commissioners work with providers, who in return run ongoing and regular recruitment drives. The concern exists over the inability of the Council to step in where a care or nursing home failing or ceasing to trade.

### **Care Homes Services (Adult)**

The most significant issue relating to the care home sector relating to adults is the large volume of out of county provision, lack of educational residential settings within Powys and limited options for people to be accommodated within the County to have their care and support needs met. The *Closer to Home* strategic project has sought to rebalance provision and shift resources towards a locality model and outcomes focused supported housing which encourages people to achieve optimum level of independence. This whole system approach enables move-on / reduction of support which can be reinvested. In that sense the care home sector needs to be seen within the wider context of accommodation options and an ambition to support people in the least restrictive way

### **Care Home Services (Children)**

The most significant issue relating to the children's care home sector is the volume of independent sector in Powys (with no Powys CLA in placement), out of county provision and limited options for people to be accommodated within the county to have their care and support needs met. The Closer to Home Strategy/ North Powys Wellbeing Project has brought a number of children/young people back into placements in Powys and continues to bring children and young people closer to home and their families, friends and home communities and services.

Access to staff, recruitment and retention of carers, and property acquisition and planning processes is restricting the ability of Children's Services to provide more in-house residential placements as per Strategic Framework.

### **Secure Accommodation Services (Children)**

There is no secure accommodation service setting located within Powys and just one in Wales as a whole.

### **Residential Family Centre Services**

There are no registered residential family centres in Powys. A Parent and Baby Project Board is being established to analyse need to inform future commissioning

requirements. It is known that in-house/in-county parent and child foster placements are required and have been included in fostering recruitment campaigns.

### **Adoption Services**

The main challenge facing our Adoption Service is the insufficient numbers of adoptive families to meet the demand of the numbers of children who require adoptive placements.

### **Fostering Services**

From March 2020 recruitment opportunities were severely curtailed by Covid 19 lockdowns and the resultant lack of events. As everyone was encouraged to stay at home and not bring others into their 'Bubbles', fostering enquiries plummeted. All recruitment over the lockdown and covid restriction periods has been conducted via on and offline communications and social media. Despite the restriction we have continued to recruit and have undertaken initial visits/ assessments using Teams, Zoom and even WhatsApp when required.

Support has been provided to our carers in a variety of ways, taking the constraints of the pandemic into account. Support, supervision, and training have all been delivered virtually when in person activities were not permitted. All foster carers have been allocated local authority email addresses to enable them to correspond securely and join training and e-learning events from the corporate hub. Support groups have continued a monthly basis via the Teams platform, and carers have been fully consulted on the timetable for a return to face to face support groups moving forward.

Foster carers have in the main welcomed the age of digital connection as the geography of Powys can offer cause significant complexities in accessing support and training.

### **Adults Placement ('Shared Lives') Services**

The Shared Lives Powys service is in a stronger position than it has been since its establishment. The provision of additional funding in the last year has meant that the service has been able to recruit two additional operational staff. This recruitment means that the service has been able to enter a phase of active development, targeting the recruitment of new Shared Lives Carers, strengthening existing provision with the recruitment of Family Link Carers, and inviting referrals to the service. Additional funding has been agreed as baseline funding, giving the newly recruited staff job security and additional confidence as they develop into their roles. Re-registration of the service in 2021 also presented an opportunity to review and revise the policies and procedures of the service, providing a strong foundation on which to base further development.

The age demographic of Shared Lives Carers is skewed towards the older generations. Many Shared Lives Carers choose to become involved with the service as a semi-retirement option. An aging population presents an opportunity for further recruitment. People moving to Powys in response to the Covid 19 pandemic also presents an opportunity for further recruitment.

Shared Lives Powys receives a steady flow of enquiries to the service to work with us as Shared Lives Carers and has been able to respond to this due to additional staffing resources. The vocational nature of the Shared Lives Carer role means that is not generally in direct competition with other areas of the social care sector. The Covid 19 pandemic has also been a cause for many to consider their life options, Shared Lives being one such option.

### **Advocacy Services - Adults**

Powys' Independent Advocacy Service for adults is delivered by a single commissioned Third Sector provider.

In the event of provider failure, it is likely the service would need to be recommissioned with another national or regional advocacy provider as, although there are some Powys Third Sector advocacy providers, their services operate in only a few of Powys' localities and do not offer the necessary County-wide coverage. We have had assurances from the commissioned provider that via their business continuity plan they will be able to manage any increases in demand. Regular contract monitoring meetings with the commissioners ensure that such events can be pro-actively managed.

One of the main objectives of this contract is to ascertain the strategic need of advocacy in the future to inform future commissioning options. Demand information at a national level is inconsistent. As such the service was commissioned to deliver the IPA requirement of the Social Services and Well Being Act as well as understand what an optimum service response looks like. This intelligence will support a sustainable model.

Independent Mental Health Advocacy (IMHA) and Independent Mental Capacity Advocacy (IMCA) are commissioned by Powys Teaching Health Board. Providers are subject to regular monitoring and any issues with provision will be addressed based on the outcome of these monitoring meetings.

### **Advocacy Services – Children and Young People**

This service is commissioned via a cross-boundary contract and of sufficient value to allow for fluctuations in demand.

### **Domiciliary Care Support Services**

The Domiciliary Care provider market in Powys is a mix of Private Sector and Third Sector providers (although Private Sector providers form the single largest group within the market). In addition, this provision is augmented by the operation of Powys Country Council's in-house 'Bridging Team' service.

Currently, the available market capacity in Powys struggles to always meet existing levels of demand for new care packages. It is therefore unlikely at present that commercial competition within the market will present risks to providers' sustainability. External providers tend to target the main towns in Powys and are more reluctant to travel to more rural areas of the county due to travel time, fuel costs and wear and tear on vehicles.



Powys County Council is continually working to encourage new providers to enter the Powys Domiciliary Care market. Please see the comments made earlier about the Dynamic Purchasing System (DPS). However, the nature of Powys' geography and population distribution, and the challenges this causes to workforce recruitment and costs, are felt to make Powys a less attractive option for providers than urbanised areas. In the event of a provider failure there is only limited capacity within the existing provider market to absorb commissioned care packages. However, in the event of provider failure it is likely that much of the failed provider's care workforce would seek alternative employment within other providers, building their capacity to pick-up the care packages that were commissioned with the failed provider. This was evidenced over the past 3 years when some providers exited the Powys market.

The availability of sufficient people in the care workforce is key to enabling the market's current sustainability, but also its scope for future growth to meet increasing demand.

The projected decline in Powys' working age population will, in time, reduce the market's ability to meet demand for care packages and place greater demand upon increased use of TEC, maximising the efficiency of existing staff deployment and rotas, and use of alternative forms of community care provision such as Home Support, Community Micro Enterprises and Shared Lives provision, to mitigate the challenges posed by declining workforce capacity.

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## Risks to Market Stability

This report has demonstrated that almost all provision is subject to a challenging environment, which has worsened over the past 3 – 4 years. All services described here have reported their main challenges being

- Cost pressures
- Workforce pressures
- Increased/decreased demographic demands (reduced economies of scale/provision).

We have therefore provided an overview rather than a possibly repetitive description of individual services.

**Cost pressures:** A county as rural as Powys with limited rail and bus services relies heavily on the ability of the workforce to travel from home to work (or, in the case of e.g., domiciliary care provision, between people receiving care and support). This has been a challenge for some time but has been exacerbated in recent times by the steep rise in fuel costs.

Our discussions with providers have shown clearly how **recruitment and retention** in the care sector has been and continues to be affected by these rising costs, with providers having limited ability to increase payments to staff. At the same time as fuel costs have been rising significantly, other costs for daily living have increased dramatically and providers continue to struggle to compensate staff appropriately to make up these increases. The pandemic has led many staff in health and social care to consider their expectations of the employment they are currently occupying. This has led (this has been mentioned earlier in the document) to staff re-evaluating their current roles and alternatives to care work in e.g., hospitality or retail. A clear example of the latter has been how work pressures in care work (both domiciliary and residential/nursing homes) have taken their toll and a considerable number of staff have left their roles, often after many years of service. This not only affects the ability of providers to cover shifts, but also means a loss of significant experience of staff in often key roles.

Finally, as discussed earlier, the **demography** of Powys with a decreasing number of people of working age and an above average number of people who may require care and support due to their age and/or their frailty means that – at least in the short to medium term – Powys will experience continuing pressure in the labour market. Our actions to mitigate this (see our Health and Care Academy) will take some time to be effective which means that continuing efforts between the Council, the Health Board and providers will be necessary to ensure continuing supply of care work force.

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## **Nonregulated provision (preventative services, stepdown)**

Public Sector agencies in Powys operate, grant fund and commission a wide range of non-regulated services that help deliver or support regulated services and the broader preventative agenda in social care and health. The third sector in Powys further seeks funding from a range of sources including directly from Welsh Government grant schemes and other third sector grant schemes; to build capacity in delivering preventative and early intervention wellbeing services which play a significant role in supporting Powys residents and communities and reducing the impact on regulated services.

They often form the 'bedrock' of support for Powys people who require support in their daily lives. Feedback from providers of these services often point out that they have seen an increase in demand (both during and before the pandemic) without necessarily having access to the resources required to respond adequately to that demand. Funding for these services has seen a slow shift away from grants (by the Council, the Health Board, and national organisations) towards Services Level Agreements and contracts, which have to be tendered for. The latter presents many community-based providers with significant capacity challenges due to complexity of the tendering process and the time scales for these processes.

The overwhelming proportion of the third sector is not commissioned and does not receive funding from statutory agencies. Yet, it supports the health and care agenda and is multifaceted in its approach to the provision of support to the Powys population and in its support towards regulated services. Of the 4000+ orgs in or working in Powys no more than 150 have SLAs or contracts i.e., a mere 3-4% (approximately). The impact of non-commissioned and non-statutory funded groups have a significant, positive impact on Powys population. For example; the myriad of children & young people's orgs whose services, individually & cumulatively, have a huge, positive impact on CYP's wellbeing, safety, education & development. This is also true for other population groups. This results in a degree of financial fragility in the sector and means that the continuation of existing services (and creation of new ones) is largely dependent upon insecure short-term funding streams.

The third sector delivers additional benefits and 'added value' to contracts and grant funded provision. The third sector is highly motivated by the desire to deliver positive outcomes and to achieve social goals rather than being profit driven. Being close to the citizen, the third sector has an excellent understanding of the needs of service users and communities that the regulated sector needs to address. It has an ability to deliver outcomes for individuals that the public sector finds it hard to deliver on its own and this should not be underestimated.

### **Information, Advice and Assistance**

Information, advice, and assistance can empower people seeking care or support and help them make informed decisions. It can also delay or prevent the need for care and support at home. It also is included in several services which are commissioned by the Council and the Health Board as part of regulated services (e.g., Advocacy services).

There are a wide range of services providing information, advice, and assistance across Powys for both adults and children.

## **Assist**

Assist is Powys County Council's 'front door' for all Adult Social Care enquiries [Powys ASSIST](#) Daily screening meetings enable people to access the right information, advice, and support. This is delivered in conjunction with [PAVO Community Connectors](#) who enable people to access community-based support to improve their health and wellbeing. This aids improved outcomes for individuals and reduces impact on the regulated social care service.

## **Info Engine**

Info Engine is an online directory of third sector services in Wales and is provided by Third Sector Support Wales, an alliance of County Voluntary Councils and Wales Council for Voluntary Action It provides information and contact details for the wide variety of voluntary and community services operating Powys that can provide information and support so that individuals can make informed choices. It works in partnership with Dewis Cymru and shares information daily. See: [info engine: Find services in your community](#)

## **Dewis Cymru**

[DEWIS Cymru](#) is Wales' platform for wellbeing information. It includes an online directory which works in partnership with Infoengine, but also includes information about private providers, microenterprises, and personal assistants.

## **AskSARA**

AskSARA is an online self-help guide providing advice and information on products and equipment for older and disabled adults. By answering a series of questions, individuals can receive a free personalised report, providing clear, tailored advice on ways to help with daily activities. See: [Powys County Council - AskSARA \(livingmadeeasy.org.uk\)](#)

## **Safe+Well**

Safe+Well offers information and advice regarding daily living aids, which can help an individual live more independently. The service can help people choose products that will help with daily living tasks, suggest places where they can be purchased and let individuals know where they can try them out locally. See: [Safe and Well - Powys](#)

## **CREDU**

CREDU (formerly Powys Carers Service) support young and adult carers in Powys, providing information, advice, and assistance to support life outside caring. See: [Home | Carers Cymru | Support for Unpaid Carers | Wales](#)

## **Supporting Independent Living**

These are services that help people to live independently and prevent people from needing to access regulated care services which are provided or commissioned by public sector agencies in Powys. [POBL](#) provides innovative high-quality support that builds on the strengths of individuals to enable them to live the life they want; in the home they choose.

## **Community Connectors**

The Community Connectors Service operated by Powys Association of Voluntary Organisations helps people in Powys (aged 18+) and their families or carers, to access community-based services and activities that will help them maintain independent lives and which help prevent their circumstances deteriorating to a point where they might need higher level health or social care services. See: [Community Connectors \(pavo.org.uk\)](#)

## **Powys Befriending Service**

The Powys Befriending Service operated by Powys Association of Voluntary Organisations helps improve the independence of people over 50 by helping maintain social networks and remain in their own homes for as long as they are able. See: [Befriending \(pavo.org.uk\)](#)

## **Technology Enabled Care**

Technology Enabled Care (TEC) can provide support to vulnerable individuals, which can reduce, avoid, or delay the need for face-to-face support by e.g., domiciliary care agencies. Technology can also provide support to unpaid carers to keep a “remote eye” on the cared-for, thus enabling family carers to have or maintain a life outside caring.

Outcomes to individuals and carers include an increase in confidence, independence, reduced stress, and anxiety. Currently, work is ongoing to introduce robotics to support people to live independently. One example is the provision of a robotic cat to support someone with a dementia diagnosis. Access to TEC is via the Powys Integrated Community Equipment Service operated by Powys County Council. See: [What is involved in an assessment for adaptations or equipment? - Powys County Council](#)

## **Home Adaptations**

The role of home adaptation provision is significant in a county with a greater population of people aged over 50 increasing at rates above those elsewhere in Wales and a limited supply of suitable housing stock. The adaptations support independent living, are tailored to the needs of the individual to overcome practical problems, and create safe, warm, and secure homes.

Welsh Government along with Powys County Council and Powys Teaching Health Board invest funds to offer small adaptations free of charge to older people and

people with disabilities and grant funding can be applied for larger adaptations. As well as acknowledging that we all want to stay in our own homes for as long as possible, there is value in preventing accidents, reducing the causes of ill health, reducing the strain on family carers, enabling quicker hospital discharge, and reducing demand on health and social care services.

Examples of small adaptations include providing additional stair rails, installing grab rails in the bathroom, replacing steps with ramps. Larger schemes include changing baths into level access showers, stairlifts, improving kitchen lighting or lowering the height of work surfaces.

Care and Repair in Powys, a not-for-profit organisation, has been delivering home adaptations for over 30 years to those in privately owned or privately rented homes along with some for Barcud housing Association tenants and more recently small adaptations for council tenants. Being grant funded, Care and Repair offers free impartial advice including healthy home assessments alongside delivering or managing adaptations. Referrals can be made by health and social care professionals or directly by those who need support.

In 2021/22 Care & Repair in Powys helped 1,385 people with a variety of small adaptations valued at £385,000 and completed 224 larger schemes valued at £892,000. The demand for adaptations is increasing at a time of significant rises to costs of materials and a shortage of building contractors. See: [Adaptations - Powys County Council](#)

## Community Micro Enterprises

In 2020 we introduced a scheme via a commissioned provider (Community Catalysts) in one area bordering England with **community micro enterprises**; these are mostly one-person micro businesses, offering home care. This offer works both for people with a Direct Payment and private customers. At present there are 40 micro business delivering care, mostly in the area between Knighton/Presteigne and Hay on Wye. The pilot area was chosen in response to our challenges in identifying domiciliary care providers in this very rural area of Powys and in recognition that this developmental work required a geographic focus. The provider employs a project worker (Catalyst) who identifies individuals who want to work as a micro provider in care, provides training and support to them and promotes them to our social work teams, who in return will link people with care and support needs with the micro providers. Community Micro Enterprises work differently to Personal Assistants, as they are not employed by the Direct Payment recipient but get paid on presentation of an invoice. This makes the financial transactions easier, and the Direct Payment recipient does not have to act as an employer with legal responsibilities.

They are supporting 47 people with a Direct Payment and 84 private people. The total number of care hours delivered is 834 per week. [Please also see section on Direct Payments in this document.](#)

## Virtual Wallet

Virtual Wallet is an app which helps Direct Payment recipients manage their budgets, the services they purchase as well as billing and other administration.

Virtual Wallet simplifies the administration of Direct Payments and gives people more choice and control over how they purchase the care and support they need. See: [Powys new landing page \(myvirtualwallet.co.uk\)](https://myvirtualwallet.co.uk). [Please also see section on Direct Payments in this document.](#)

## Care & Support Finder

The Powys Care & Support Finder is an online service which connects people seeking care and support with people who are, or want to be, Personal Assistants or micro- enterprises. The website provides information about working as or employing a Personal Assistant or using a self-employed Personal Assistant, care agency or micro-enterprise, ways for Personal Assistants to find suitable vacancies and for employers to find suitable Personal Assistants and links to training courses and other information. See: [Homepage \(caresupportfinder.org\)](https://caresupportfinder.org) [Please also see section on Direct Payments in this document.](#)

## Home Support<sup>37</sup>

Powys Home Support Home Support provides support and practical assistance so individuals can stay living at home, safely and independently. The home support service is open to any person in later life who feels that they would benefit from a little extra help to enable them to live life the way they want to. The service provides early support (including 24/7 cover for emergencies through community alarms) to assist members and their families to:

- remain at home,
- maintaining and maximising their independence and health and wellbeing.
- retaining their links with the community; and
- to contribute towards preventing and/or delaying the development of needs for care and support and reducing isolation and loneliness.

The Home Support project is based on an existing service operating in Rhayader, called [Rhayader Home Support](#). It has been further developed in Llandrindod Wells to provide 24/7 cover for emergencies through community alarms (Careline) for those living in sheltered housing/receiving warden-based services; in Llanidloes Town Centre and in the Knighton and Presteigne area.

Home Support can help with a range of activities such as :

- Welfare visits and telephone support
- Essential Shopping
- Assistance with prescriptions
- Support with appointments
- Support in emergency situations
- Staying fit and healthy
- Signposting and help to access other services
- Accessing local community groups and supportive networks
- Triage, assessment, Home Support plans and review
- Care line responders 24/7/265

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<sup>37</sup>

- Proactive wellbeing checks
- Promotion of independence and wellbeing and healthy lifestyles

Each service area works from a single Powys-wide service specification that was developed at the beginning of the project. This aim of having one specification was to develop a consistent approach to supporting

The service is free. Access is not means tested or dependant on inclusion/exclusion criteria.

### **Home First: Discharge to Recover and Assess**

The Powys Home First team consists of a qualified Occupational Therapist, Physiotherapist and Rehab Therapy Assistants and provides support on a short-term basis to enable patients to be discharged in a timely manner, identify relevant services that need to be involved and continue the rehabilitation process in the most appropriate environment.

It provides rehabilitation at home 7-days a week and can support with a range of daily tasks including:

- Washing and dressing
- Meal preparation
- Progressing mobility/ transfers.

Once a patient is ready to go home from hospital, we know a hospital bed is no longer the most appropriate place for them. It can be difficult to assess what support is needed whilst in a hospital setting. The Powys Home First team carry out a detailed assessment at home on discharge to get a true reflection of the rehabilitation and support needs can be identified and addressed.

### **Dedicated Hospital Discharge Team**

From 1<sup>st</sup> April 2022 we established a hospital social work team. The remit of the team is the transfer of patients cross-border (i.e., neighbouring authorities with a District General Hospital with Powys patients back into Powys). As Powys does not have a District General Hospital, we have a significant number of patients in hospital across our borders both within Wales and in England. This is a particular pressure point and complex to manage especially in English hospitals where they have different policies and procedures. Most border hospitals have been in a state of crisis for the last 2 years, regularly operating on high levels of pressure (level 4). Efficient patient transfer is crucial to free up beds for medical operations and acute admissions. By having a dedicated social worker assigned to each border area we can manage communication and logistical problems far more efficiently. We have one social worker assigned to the North, Shrewsbury, and Telford Hospital Trust (SATH), Mid Why Valley Trust (WVT) and the South, Swansea Bay. We also have a dedicated hospital patient flow project officer who monitors all outpatients both within Powys and across our borders. We work closely with the patient flow team in Bronllys and have daily patient flow meetings. We also have a dedicated hospital patient flow team manager who is a qualified OT



working on developing patient flow as well as managing the operational teams in terms of patient flow.

## **Reablement**

The Reablement Service provides short term support interventions to individuals to retain or regain their independence, at times of change and transition, which promotes the health, wellbeing, independence, dignity, and social inclusion. Service aims and objectives:

- Reablement addresses people's physical, social, cognitive, and emotional needs.
- Reablement is an outcome focused, personalised approach, whereby the person using the service sets their own realistic goals and is supported by the Reablement Team to achieve these goals over a limited period.
- Reablement focuses on what people can do, rather than what they cannot do and aims to reduce or minimise the need for ongoing support.

The team includes an Occupational Therapist, Physiotherapist, Reablement Support Officers, and trained support workers. The team will usually work with an individual for short term intervention. All services from the Reablement team are non-chargeable. If required, following Reablement intervention, the team will support in accessing longer term care and support in line with Social Services and Well-being (Wales) Act 2014 eligibility.

## **Integrated Disability Service**

Powys Integrated Disability Service (IDS) is a multi-agency service where professionals from health, education, children's social care services and voluntary agencies work together to provide support for children and young people with disabilities and their families.<sup>38</sup>

## **Community Services**

Most of Powys' third sector services are primarily delivered by unpaid volunteers, supported by a smaller number of paid staff. They exist independently of the public sector and commercial provision, though many often work in conjunction with other agencies to help meet the broader needs of individuals they assist.

The impact of third sector work is often measured by the success of preventative strategies, helping people to lead healthier and happier independent lives in their own community, although some of the services (particularly those providing information and advice) also serve as a route for people eligible for support to begin to access regulated care services.

Community services' experiences of accessing regulated services provision for their clients has a mixed response, with providers reporting that clients are looking to the third sector for support, which traditionally would have been provided through regulated services/statutory sector. Complexity of referrals and demand continues to grow, and we need to

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<sup>38</sup> See: [Integrated Disability Service - Powys County Council](#)

consider the type of support that is and isn't appropriate for the sector to provide.

Although community level services provide a huge range of different social and community activities, a considerable number provide services that directly contribute to the preventative agenda, particularly those operating in the fields of health and social care, children's services, youth services, housing, education and training, transport, and substance misuse.

Amongst these services are a number which directly support people (and their families and carers) whose circumstances might mean they needed to access regulated services otherwise. Community based services can play an integral role in delivery of Early Help and Support and preventative focused solutions.

The services listed below are not an exhaustive list of third sector support in Powys. It is an illustration of the type of support available that contributes to the health and wellbeing of the Powys population. The services below are funded through a variety of funding mechanisms and many do not have contracts, SLAs or grant funding status with Powys County Council or Powys Teaching Health Board.

There are many different community organisations and services whose activities directly or indirectly support the preventative agenda.

- **Information and Advice:** There are a range of general and specialist information and advice services such as Age Cymru Powys and CREDU (carers). This also includes Debt advice and our PAVO Community Connectors also provide information and advice. Powys Citizen's Advice saw a 21% increase in enquiries and support given compared to 2020/21. *The 0345 telephone support provision took 10,416 calls between April 2021 to March 2022 compared to 7,351 to for the same period in 2020/2021, a 42% increase.*
- **Community Transport:** Powys has 18 community transport organisations that offer dial-a-ride and community car schemes that allow people lacking transport or unable to access appropriate public transport to access other services and amenities. The cost of living and fuel crisis is likely to have a detrimental impact on these schemes as volunteers begin to report that they are facing challenges in recouping the cost of providing the car service.
- **Hospital Discharge and admission avoidance**  
[Red Cross Powys](#) helps patients get home safely, quickly, and effectively through their assisted discharge services. For the first 72 hours after leaving the hospital, they make sure people have everything they need at home. If they need more support, they provide personalised help for the next six to twelve weeks. They also provide a range of equipment to people such as commodes and wheelchairs.

- **Community Support:** Powys has a network of local community Support and Volunteer Bureaux. These operate in many of the County's market towns offering a range of different information and support activities for local people
- **Domestic Abuse:** several organisations provide refuges and services for victims and survivors in Powys.
- **Mental Health:** There are a range of locally based and county-wide mental health organisations that offer a range of different advice and support services for people experiencing mental health issues and their families/carers. Information on the range of services available can be accessed via [Powys Mental Health](#) website. A further report was commissioned by Powys Teaching Health Board on the impact of Covid-19 on Mental Health Services in Powys. [Mental Health in Powys: Finding New Balance](#) included a series of recommendations based on the intelligence gathered from the third sector on the impact of Covid-19 on the delivery of community based mental health support and a gaps analysis.
- **Dementia**  
There is a range of support for people living with Dementia, including information, advice, and specific support for carers such as legal advice. In addition Powys has a [Powys Dementia Network](#), which is attended by a number of third sector and public sector organisations.
- **Health Condition Specific:** There are many organisations providing information and local activities and support for those living with specific health conditions and their families/carers e.g., dementia, neurological conditions.
- **Informal/family carers:** Powys County Council commissions a single carer support organisation to provide a variety of services including information, advice and support and carers breaks.
- **Disability:** Powys County Council commissions a service, providing information, support, and training to disabled individuals and organisations and businesses who work with disabled individuals. They also work to digitally link those with access restrictions to equipment and resources during COVID-19, delivering front-line community support and services as part of ONE BRECON's COVID -19 emergency response team, including a prescription service, shopping, welfare and wellbeing support, affordable meals, and referral to specialist support services.
- Powys County Council funds an **older people's organisation**, providing support to older people in Powys. This includes Benefits checks, footcare, a variety of activities and events.
- **Informal and family carers**  
The council commissions a provider of young and adult carer support, offering a variety of services including information, advice and support and carers breaks (see Carers section below)
- **Children and families** are supported by a wide range of community providers. There are a number of community projects working with children, families, communities, and providers to deliver projects and activities. In partnership with providers, we deliver a wide range of play and holiday

activities for children delivered by a wide range of community organisations and providers.

- **Older People**

Older People's organisations provide information and advice, and also, they provide a range of activities including benefits checks, footcare and a variety of activities and events. Powys Befriending Service supports people aged 50+ to overcome loneliness and isolation and improve the independence of people over the age of 50 by helping to improve the independence of people over 50 by helping maintain social networks and remain in their own homes for as long as they are able. Crickhowell Volunteer Bureau is a delivery partner with Powys Befriending Service.

- **Day activities:** Powys' third sector provides a wide range of day opportunities from befriending groups to informal activities such as Knit & Natter, Walk and Talk groups, arts and green space activity, and condition specific activity such as Dementia Meeting Centres. Much of this activity plays a significant role in improving people's health and wellbeing and reducing demand on statutory services.

- **Veterans Support:** There are a range of third sector services in Powys who deliver support to armed forces veterans. A number of these services are national services but provide activity in Powys either locally or remotely.

- **Community Connecting - Social Prescribing**

Social prescribing in Powys is delivered by Powys Community Connectors. Unlike a traditional, health-based model of social prescribing, community connectors support all people to maintain and improve their wellbeing.

[PAVO Community Connectors](#) are funded through the Powys Regional Partnership Board and play an active role in providing information and advice to Powys' population, through a partnership approach with PTHB, PCC and Primary Care Clusters. Community Connectors contribute to Daily Screening meetings with adult social care, patient flow, MDTs, and Virtual Wards. Community Connectors actively deliver 'social prescribing' - receiving referrals from a range of health and care services along with self-referrals and referrals from other agencies such as the police.

The service helps people in Powys (aged 18+) and their families or carers, to access third sector services and activities that will help them maintain independent lives and which help prevent their circumstances deteriorating to a point where they might need higher level health or social care services.

The Community Connector service is effective in bridging the gap between the health and social care system and the wider support

sector, removing barriers, focussing on preventative interventions, and helping people to access community services to improve their health and wellbeing. By supporting individuals to access the third sector it supports the statutory provision in their delivery and reduces impact and demand on health and social care.

During the Covid-19 pandemic the PAVO Community Connectors initially saw a 720% increase in referrals. Local Covid-19 groups or established community anchors were able to pick up some of this work which was often concerned with basic services for vulnerable people or those isolating. Some tasks are very small but important to the individual.

- **Volunteering in Powys**

Volunteering is a diverse, vibrant presence in Powys and involves a wide range of people, organisations, and communities. Volunteers give their time in a range of settings from providing informal help in their communities through being good neighbours, to working in voluntary organisations and alongside public services in more structured roles. They contribute to the improvement of public services in many and varied ways including health and social care, children's services, youth services, housing, library services, education and training, waste recycling, community regeneration, transport, and substance misuse services.

The [Powys Health & Care Workforce Futures Strategy](#) states that: *"Volunteers and carers play a significant role in providing services to the communities of Powys and they make up nearly two thirds of the effective workforce. The delivery of a wide range of community and support services is critically dependent on volunteers and carers."*

There are an estimated 48,000 volunteers in Powys. Volunteering in Powys contributed significantly to the Covid-19 response, in particular in the depth of volunteering in the field of health and care. This had a significant positive impact on statutory service provision.

[The Future of Volunteering in Powys report](#) (March 2021) concluded that *"Partners can work together to ensure a thriving volunteering sector, supporting people to volunteer in a wide range of place-based and thematic organisations and groups that know and meet the needs of Powys residents. Partners can maximise the potential for volunteering through cross-sectoral working, embedding the opportunity to volunteer in organisational policy, build volunteering opportunities into commissioned services, directly creating volunteering opportunities and strengthening links with the private sector"* furthermore, the report concluded that *"commissioners should ensure that their policy support for volunteering is put on a sustainable*

*financial footing through incrementally investing in volunteering through their medium term financial plans, as part of plans to support resilient communities”.*

It should not go unrecognised that the [volunteer-force](#) in Powys has played a significant role in supporting the wellbeing of Powys' communities and in particular during the Covid-19 pandemic. Volunteers offer services for free but there should be an opportunity to reimburse volunteers for the costs associated in delivering their volunteering activity. Responsible, safe, and compliant volunteering does not come free of charge. Furthermore, volunteers should not be used in a manner which could displace paid roles. Volunteers add to and complement the work of paid staff and can positively impact the regulated services, allowing flexibility in service provision and innovative approaches. The [Welsh Government Volunteering Policy](#) states *"Public services benefit from involving volunteers to enhance and extend their services and from working with Third sector organisations to involve volunteers in new citizen-centred delivery models. Whilst organisations are encouraged to work with volunteers, the Welsh Government is committed to ensuring that paid staff should not be removed in order to directly replace them with volunteers”.*

It is becoming increasingly difficult to recruit volunteers into some areas due to people moving out of the Covid-19 pandemic, returning to family commitments and the future impact of the cost-of-living crisis having an adverse effect on volunteering capacity.

## Unpaid Carers

[Credu](#) (formerly Powys Carers Service) supports young carers, young adult carers and adult carers in Powys, providing information, advice, and assistance to support life alongside caring. Credu has also delivered a Creative Respite Project which gets to the root of what matters to the individual and has the flexibility to provide bespoke solutions to individual carers needs.

Informal carers play a substantial role in delivering support and this has been exacerbated with the Covid-19 pandemic. In Powys there are 16,154 [unpaid carers](#) with 3820 providing 50+ hours per week of care.

Carers Wales report that services are still not returning to full capacity and in Autumn 2021 only 14% of carers had full use of day services that they had before the pandemic. 55% of carers no longer had access to the same level of day services as before or at all, including one in five carers who had seen day services close completely. Furthermore, Carers Wales reported on the overall shortage of social care and delays in accessing assessments and care. 73% of people in Wales think that the role of unpaid carers is not valued by the general public and a

significant number of people said they would not consider caring in the future due to the impact on their physical and mental health (56%) and being unable to cope financially (45%). In the same survey 53% said they would turn to the local council services for help and 40% said they would go to their GP. This could place significant pressure on the regulated care services where additional investment at community level could help reduce this impending impact.

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## Other Considerations affecting the Market

### Social Value

A separate event was held with the "Social Value Forum" to introduce the purpose of this report, and the opportunities for the Forum to add vital information to this report. In addition, a survey was conducted (online). Please note, the number of those providing feedback was low with only nine providers submitting the online form.

Feedback from the survey suggests that

- They consider having their greatest strengths in person centred approaches, flexibility, and responsiveness to needs;
- The impact of Covid and recruitment and retention are challenging the sector;
- Service Level agreements and Grant arrangements were of benefit to them; however, there were an equal number for whom the above were of negative impact; challenges were about short timelines to submit proposals resulting in possible funding;
- Some providers suggested that funding had decreased significantly over the past few years, which has a negative impact on their ability to provide services.

Powys Teaching Health Board and Powys County Council have entered into a number of joint agreements as described in the **Statutory Guidance part-9-statutory-guidance-partnership-arrangements.pdf (gov.wales)**. In particular partnership working, based on Section 33 Agreements for Carers and Care Homes has shown that, whilst there are a number of organisational and cultural obstacles to be overcome, joint commissioning can have benefits for local people and can reduce waste in the Health and Social Care system. Further efforts will be made to maximise the benefits of this joint working.

### Resourcing

This report has gone into some detail about the main challenges facing Powys, including workforce, population changes, demand, and rurality. A key aspect also is the resourcing of provided and commissioned services, details shown below. As mentioned elsewhere in this report and highlighted by Third Sector partners, the way the local authority and Health Board commissions has an Impact on the stability and sustainability of regulated and un-regulated services. A significant amount of the Council's budget and all of the Health Board's budget is raised from Welsh Government allocations; in addition, there are funds distributed to Regional Partnership Boards and allocated to providers in the Third Sector and also in-house to achieve required outcomes. Allocations for Health Board and Council are usually on a year-on-year basis, which makes planning for the long-term challenging. Equally, some budgets are targeted based on political drivers by the Welsh Government and can change over time.



The sector has been dealing with **historic systematic challenges** which are now being magnified because of the pandemic. Over the last decade demand pressures on social care services have been compounded by fiscal austerity across public services. Reduced funding for local authorities and competing priorities has limited the rates that local authorities (and the Health Board) are able to pay for care and placed a disproportionate emphasis on economy rather than quality and improved outcomes. Providers (particularly those running care homes for older people) have commented that prices have not kept pace with their costs and that their inability to remunerate staff at competitive levels is worsening ongoing workforce pressures. Elsewhere we have described how the Council has attempted to mitigate some of these pressures and the Welsh Government's "Hardship Fund" has had a positive, albeit temporary impact on the social care sector until March 2022.

Ongoing public sector budget pressures have impacted upon commissioners' **ability to prioritise investment into preventative community-based services and support**. In 2018 the Welsh Government's Finance Committee Inquiry into "The cost of caring for an ageing population<sup>3</sup>" noted; *"the evidence shows that funding pressures, along with an increasing population, is resulting in a funding shortfall"*. Commissioners have also commented that prices for placements in care settings for children and working age adults are also increasing. Scarce resources have been absorbed in paying for placements in statutory services at the expense of preventative support, fuelling further levels of unmet need and exacerbating the trend towards increasing complexity as needs are not being addressed early.

Whilst these challenges are relatively common across all regions, Powys has distinctive characteristics that accentuate the emphasis of these challenges locally. Firstly, **Powys is predominantly rural** - covering approximately a quarter of Wales but, with a population of 133,000, is home to only 4.24% of the Welsh population. Secondly, **the working age population is falling, whilst there are increasing numbers of older people** retiring to the region and adults living longer with health conditions and Learning Disabilities. Both aspects have a considerable influence over the local care market, specifically:

- additional cost and logistics of providing services within isolated communities and;
- increased demand for health and care just as the potential workforce and carer pool is shrinking.

Social Care budgets in Powys between 2017/18 and 2021/22 increased from £52,63m to £67,834m, a net increase of 28% over the period or 7% year on year. Whilst this outstrips inflation (average of 2% until recently), the pressures in the market have increased substantially and have limited our ability to invest according to demand. Powys has for many years had below inflation funding allocations from the Welsh Government, which only changed during the 2021/22 period.

## Care Homes Services (Older People)

As outlined elsewhere in this report, Powys is investing in Extra Care facilities in addition to the existing schemes in Newtown and Bodlondob/Llanidloes. This investment is currently taking shape in Ystradgynlais and Welshpool at either end of the Powys County. Additionally, a scheme has been given the in-principle agreement for Brecon and another, smaller scheme is under discussion in Machynlleth. This investment will, over time, reduce the pressure on the residential care home market and potentially decrease the need for keeping the number of residential care beds at current levels. This investment is in line with the Welsh Government's direction of investment into Extra Care, offering more choice to local people about where they want to live.<sup>39</sup>

### **Limited refurbishment of some County Council owned premises**

We are aware that some of our care homes have been built some time ago and need investment in their décor, furniture and other parts that affect individuals and their families feeling welcome and 'at home'. We are also aware that during some CIW inspections this was raised. Whilst we are and will be discussing this with providers, we are aware that, as mentioned elsewhere in this report, finances of some of our providers are stretched and will impact on their ability to invest into the 'fabric' of the buildings. This is not only true for the buildings owned by the Council (but managed via a separate contract), but also by other, often small providers.

Powys County Council and Powys Teaching Health Board developed a 'care homes dashboard' during the first pandemic lockdown. As a result, the Multidisciplinary Team (MDT) for older people's care homes was able to monitor and target interventions at an early stage including infection control, staffing problems and Covid outbreaks. This dashboard has been further developed and is now a mainstay of our joint work to support care homes.

### **Care Homes Services (Adult)**

The Accommodation and Support Services Live Well Delivery Plan 2022-2026 describes the different housing option for different client groups. It ranges from individuals living on their own, with family members, living with support independently to temporary accommodation where this is required. All of these are accompanied by different support options including Direct Payments, floating support, domiciliary care, or locality-based support.

In 2021, there were 188 individuals in supported housing provision and 27 in residential care within Powys. There were 18 individuals in supported housing and 87 in residential care out of county.

In addition, Powys provides individuals with complex needs and those who are homeless. Of these there are 204 in temporary accommodation (51 being young people), 21 in Bed&Breakfast accommodation (4 being young people) and 4 individuals being known as rough sleepers. Finally, 72 young people transitioning into adulthood have been identified as requiring housing and support. Our demand forecast for 2021 – 2026 is for 72 adults with mental health needs and learning disabilities requiring housing and support.

<sup>39</sup> [New £182 million fund launched to provide specialist accommodation across Wales \(nation.cymru\)](#)

## **Care Home Services (Children)**

The Council seeks to provide or commission the right range of placements which will provide positive experiences for children and young people who are looked after. For children to be placed within the local authority, there needs to be a range of placements available within Powys to appropriately meet their needs. Key priorities for Powys County Council include increasing our in-house Foster Care provision and greater utilisation of residential care services within Powys.

In order to implement the Sufficient Supply of High-Quality Placements Strategy and meet the needs of Powys Children Looked After, Children's Services are developing a suite of in-house Care Homes within Powys (result of commercial market not providing sufficient capacity). These Care Homes enable Powys children and young people to be placed closer to home and will facilitate the delivery of Powys services across the multi-agency region including Health, Education and Criminal Justice Services.

## **Secure Accommodation Services (Children)**

There is no secure accommodation service setting located within Powys and just one in Wales as a whole.

## **Residential Family Centre Services**

Powys Children's Services have supported a number of families in their own homes via agency support staff as step down from residential provision due to limited availability of parent and baby foster placements.

## **Adoption Services**

There is an increasing trend in the number of children placed with kinship carers and a slight increase in the number of children with specialised medical needs requiring respite placements. We are seeing an upturn in people wishing to do respite foster care. This is partly as a result of promotions earlier in the year, and also possibly as people look for the financial security that employment provides but still have a wish to help in their communities and make a difference to local young people alongside their work commitments.

## **Fostering Services**

Numbers of foster carers has remained relatively stable but there is a clear increase in the demand for placements and the level of complexity those placements require. There is a significant upturn in the number of Connected Persons arrangements being assessed and supported to allow children to remain within their extended network, thus increasing consistency and permanency in the majority of cases. Powys are focusing on recruiting carers for specific carers for teenagers, parent and child placement and emergency care situations and continue in their drive to bring all Children Looked After closer to home.

Powys are fully engaged in the Foster Wales agenda and are keen to promote local cares for local children. Recruiting and retaining a diverse, skilled, active, and motivated pool of foster carers which meets the range of needs of children

in care remains a challenge. The effective recruitment and retention of foster carers is the responsibility of everyone working within the fostering service.

### **Adults Placement ('Shared Lives') Services**

The increase in working from home and relocation to more rural areas may have positive effect on the numbers of people considering becoming a Shared Lives Carer. Shared Lives Plus collates data annually to evaluate the sector and identify trends. Shared Lives Plus also works to promote and raise the profile of Shared Lives at a UK level.

### **Domiciliary Care Support Services**

As mentioned elsewhere Powys County Council have invested into development of community micro enterprises, initially in a single locality. There are currently (June 2022) 40 community micro enterprises delivering care and support to both people with a Direct Payment and also through private arrangements (self-funders). Our ambition is to continue expanding the development of these enterprises across Powys to offer more choice to Direct Payment recipients over how and where they can access care and support.

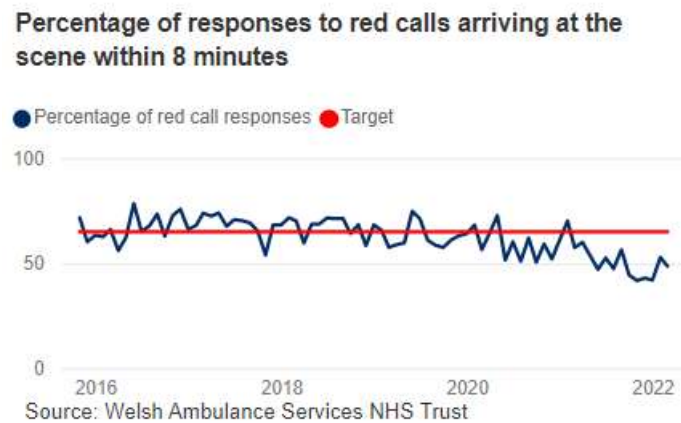
We have explained in more detail the development of our Home Support model and our Technology Enabled Care offer. Both contribute to individuals with care and support needs being able to live in their own home.

### **Access to Health Care – unscheduled care**

Powys healthcare pathways are complex, with acute and specialist care carried out by providers in both England and Wales. Acute care is commissioned by the health board for its population and specialist care is commissioned through collaborative arrangements in Wales and England. (Specialist care / 'specialised services' or 'tertiary services' –is care provided for people with health needs that are specialist in nature, refer to • As an example, 63% of total outpatient activity.

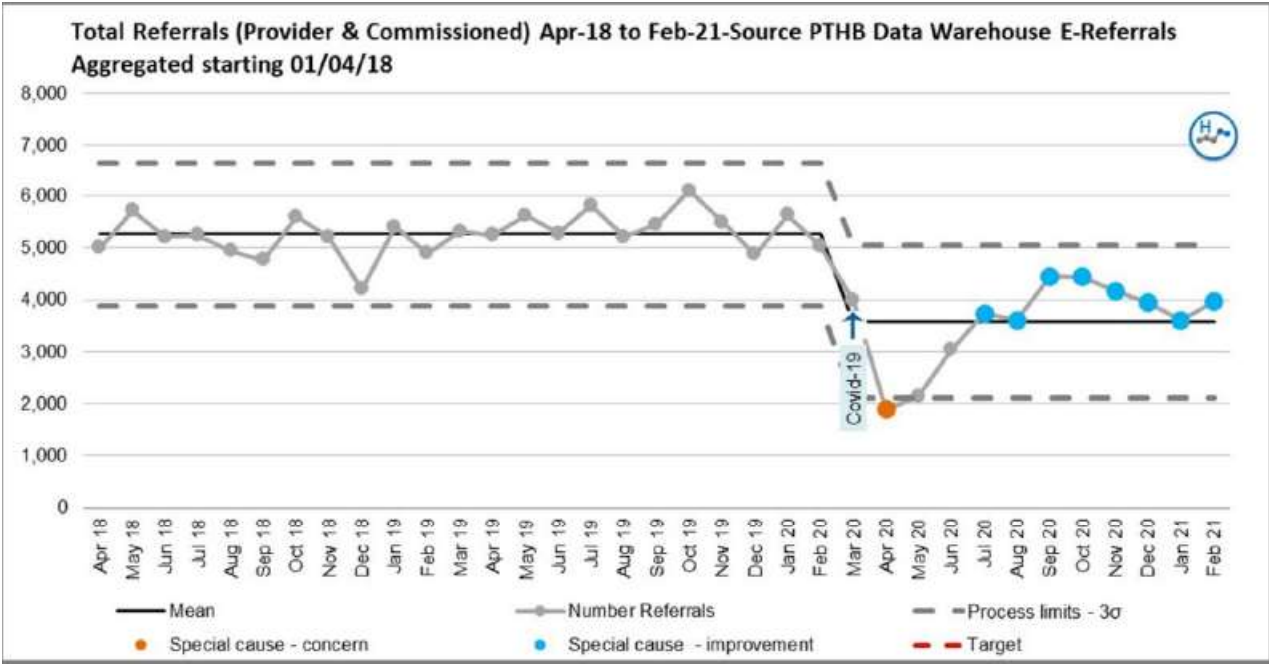
As an example, 63% of total outpatient activity is carried out within commissioned English provider services, 16% in Welsh commissioned services, and a further 20% in Powys provider services.

The performance of the **Welsh Ambulance Services Trust (WAST)** for 8-minute ambulance response time did not meet the target for the majority of the year and performance was 57.2% against 62.5% national average in March 2021, ranking as 5<sup>th</sup> in Wales. The impact of COVID-19 combined with challenges in rural geography and the impact of increased handover times at Accident and Emergency Units has resulted in a reduction in average performance. Low number variation can also cause fluctuations against the target in Powys.



(The above graph shows the difference between the target of responding to emergency calls (“red”) and the percentage achieved)

There was a significant reduction in referrals to secondary care in the first quarter of the year, April to June 2020.<sup>40</sup>



The above shows the total referrals for both directly provided and commissioned care. Demand has not returned to pre-COVID-19 averages and poses a risk of latent need which is explored in more detail in the analysis and forward planning in the PTHB Annual Plan 2021/2022.

Direct payments

**Working via a Personal Assistant:** it is difficult to quantify the active number of PAs in the county, but we understand from the commissioned support

<sup>40</sup> <https://pthb.nhs.wales/about-us/key-documents/annual-reports-annual-accounts-and-annual-quality-statements/powys-teaching-health-board-annual-report-2020-21/>

provider that, depending on level of need and locality of the person seeking a PA, identifying a PA is at times challenging.

Working with a **Community Micro Enterprise (CME)**: this has been successful with 40 Community Micro Enterprise established to date (April 2022), supporting 42 individuals via a Direct Payment and 66 people via a private arrangement. It has to be recognised that CMEs (and PAs) are no replacement for Domiciliary Care where the care needs are high and complex, but both CMEs and PAs play an important role in the provision of care and support at home.

- Guide rates for direct payments are as follows:
- £12.15 Personal Assistant - standard and waking night
- £9.90 Personal Assistant - sleeping night
- £16.13 Community Micro Enterprise
- £19 domiciliary care agency

Direct payments allow individuals to receive payments from the local authority instead of traditional packages of care. This provides much more flexibility and greater control, and allows the individual to act as the employer, using the payment as they see fit to meet their needs. In June 2022 there were 608 recipients of Direct Payments in Powys receiving over 11,000 hours of care weekly.

From January 2017 to June 2022 the number of Direct Payment provision rose from 269 to 608, an increase of over 225%<sup>41</sup>. There was a small minimal decrease in the last year (November 2020 to November 2021) of 17 people and 229 hours, however we do not have any explanations for this reduction.

As of 31 October 2021, Powys County Council provided 128 adults with learning disabilities with direct payments to assist them in living independent lives.

- 32% are under 25
- 35% are aged 25-34
- 24% are aged 35-54
- 5% are aged 55-64
- 4% are aged 65 plus

People with learning disabilities are living longer than in the past and as a result, the number of older people with a learning disability is increasing. Approximately 1.5 million people in the UK have a learning disability. This is even though people with learning disabilities are 58 times more likely to die before the age of 50 than the rest of the population.

Welshpool and Montgomery locality has the highest uptake of direct payments (96 people), followed by Llandrindod and Rhayader locality (68 people). Brecon locality and Newtown locality are both third highest (65 people). The locality with the lowest number of Direct Payments is Machynlleth locality (27 people), followed closely by Ystradgynlais locality (28 people).

The increase in direct payments uptake has supported the domiciliary care market, with some individuals setting up micro-enterprises within their own

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<sup>41</sup> These figures include some recipients with more than one provision, the total number of clients with a Direct Payments rose from 235 in 2017 to 574 in June 2022.

communities to support individuals in meeting their needs. Between November 2020 to September 2021 there was a 55% increase in community micro-enterprises from 16 to 29.

In March 2022 approximately 25% of all care at home was delivered via a Direct Payment. Recipients were 212 for Older People, 147 for People with Disabilities, 71 for Children and Young People, 29 for Carers and 9 for adults with mental health conditions.

Powys has one of highest number of Direct Payment recipients in Wales by population (need stats here). Traditionally Direct Payments were often used to employ a Personal Assistant (PA), but this is slowly changing to not only use agencies and community micro-enterprises but also exploring creative ways to meet outcomes.

In 2020/21 the total cost of delivering direct payments in Powys was £8,565,082 for children, young people, adults with a disability and older People. This includes our contract with a provider for information, advice and support for Direct Payment recipients and our audit costs.

Individuals who receive direct payments or domiciliary care may be asked to make a financial contribution depending on their financial circumstances. The maximum charge for 2021/22, set by the Welsh Government for Community Based Social Care, is £100 per week. More information can be found in the Social Services Charging Policy, which can be found at the end of this report.

### **What are the issues/barriers for people trying to purchase care & support through direct payments?**

We understand from our social workers and individuals that the biggest barriers are identifying support via Personal Assistants or Community Micro Enterprises – the supply is not always as good as we would want it to be. Additional barriers are of an administrative nature, which we are and have been addressing.

Historically Powys has been offering older people Direct Payments not only as a matter of choice (which is a requirement via the SSWBA 2014), but also to overcome the challenges in identifying agency provided Domiciliary Care in Powys. Many older people take advantage of a 'managed account',

delivered by our commissioned Direct Payment Support provider, which takes care of all money management processes, especially where the person choses to employ a 'Personal Assistant'. There are some concerns in relation to it not always being understood that a managed account will not absolve the Direct Payment recipients of their employer responsibilities. We have therefore tightened the guidance for social workers for their 'What Matters' conversations with peoples and/or their families.

We are also aware that the demand for Personal Assistants outstrips the supply of such individuals.

The process of implementing a Direct Payment request from start to finish is complex and presents opportunities for system failure. We have therefore made available more training for social workers to ensure that the process is well understood, and that the system works more smoothly. We have also put in place

arrangements with the two current Direct Payment support providers which will enable them to pay out to care providers even, when necessary, documentation or budgets are delayed.

As mentioned elsewhere in this report Powys County Council started a project with Community Catalysts to develop a set of Community Micro Enterprises to deliver care and support in people's homes. This project was initially limited to the border area of Powys with Herefordshire and Shropshire but has since been slowly expanded into other parts of North Powys. To date there are 40 Community Micro Enterprises delivering care and support, partly to people with a Direct Payment, partly private peoples. Limitations exist due to the ability of these providers delivering larger/complex care packages (typically they are individuals rather than companies with employed staff).

In order to increase access to both Community Micro Enterprises and Personal Assistants we have developed with a separate commissioned provider a 'market place' ([Care and Support Finder tool](#)), where those seeking care and support can advertise their needs, locality etc. and providers (Personal Assistants and Community Micro Enterprises) can advertise their care and support offer. Whilst this has been available since April 2021, take up by those seeking care and support has been limited. Further work is underway to market this facility to social workers.

We are also continuously working with our staff to ensure that opportunities for the use of Direct Payments are better appreciated and applied. We are aware that Direct Payments for Carers need to be increased. We are engaging with our commissioned carer support provider to ensure that we can learn from best practice examples and inform social work practice.

## Learning Disability

As of 31 October 2021, Powys County Council provided 325 people with disabilities with a Direct Payment, of which 246 were adults, 70 were children and young people and 9 were adults with a mental health condition. This number has remained stable in the last year

## Self-funders

Powys County Council published a report in 2020 to explain the process of and safeguards for individuals opting to pay a top up fee (so being partially self-funders) for care homes. This document is available here [Policy Template \(moderngov.co.uk\)](#).

- **Older People Care homes:** There are 153 individuals who privately fund their residential homes privately, and 38 fund their nursing care privately. Information is very often anecdotal, but reasons we are aware of include opting for a care/nursing home at a rate which Powys County Council does not support (provider asking for 'top ups'). (Source: PCC Care Homes dashboard, 27.5.2022)



<b>Care Homes (Older People) by funding type</b>	total	%
Residential funded	401	43.30
Nursing funded (Powys CC)	156	16.85
Residential private funding	153	16.52
Nursing funded (PTHB)	81	8.75
Nursing private funding	38	4.10
Out of county Nursing	57	6.16
Out of county residential	40	4.32
<b>total</b>	<b>926</b>	

At the time of writing this report, 20.6% of residents in Powys' older peoples care homes are self-funded (privately funded). Most self-funded residents are within residential care settings.

Self-funded residents will typically be paying weekly fees significantly in excess of the agreed 'Powys rate' and therefore represent a significant income stream that supports the financial sustainability and commercial viability of the older peoples care home market.

In addition to this, there are a small number of self-funded residents in temporary residence (for respite care), however, accurate information on the overall number is not readily available.

Similarly, there are several residents whose placements are primarily funded by local authority or health board but who privately pay 'top up fees' for their care home placement. This is typically because the resident/family chose a placement in preference to those made available by the placing authority and whose weekly fees are greater than the agreed 'Powys rate'. Again, there is no readily available data to accurately quantify the number of residents paying such fees.

- **Domiciliary care:** We currently only have access to limited data but are communicating with our domiciliary care providers about the situation. Anecdotally there are fewer than 5% of peoples of domiciliary care providers self-funders. This suggest that the impact on the social care market is minimal.
- Our **Micro Enterprise** project support 84 private peoples (I.e., self-funders) out of a total of 131 peoples. As Micro Enterprises are private (micro) businesses they will advertise their services in their locality and often attract individuals who are not eligible for social care services or have to pay for their care due to their income and asset levels. Powys specifically encouraged Micro Enterprises to seek business in both the Direct Payment and private customer

market, to ensure that providers are viable and not reliant on Council funded services only.

- **Adult care homes:** we are not aware of any Younger Adult residents i.e., PD/LD or MH that self-fund
- Shared Live: no individuals fund their Shared Lives care themselves.

## Workforce

Like in other parts of the United Kingdom, retention and recruitment for staff working in the sector has been challenging for both commissioned providers and also our in-house provider. Powys County Council has put in place the "Powys Pledge" to encourage and incentivise providers to improve their pay and benefits for staff to make the care sector more attractive. We have supported providers in their recruitment drives via recruitment fairs in several market towns which have had limited success.

It is difficult to assess the overall picture of employment in the Social Care Sector. Social Care Wales publishes data about employment patterns by Health Board area. Due to the pandemic most, recent data is 2018 and the update for 2021/22 is not published yet, so we have to rely on the 2018 data<sup>42</sup>.

This suggests that in Powys 44% of care staff are working full time, 56% are working part time (although it is not clear how many hours these p/t workers are employed for. Anecdotally though we know from the Care Home sector that staff frequently hold more than one p/t role and work in different (social care) setting.

In addition, we understand from the same source that 48% of providers work in the residential (and nursing) sector, 15% in domiciliary care and 37% work in day care and other sectors (which will include support for people with a learning disability or mental health condition in supported living arrangements.

One additional point of note is that Powys has a considerable number of Personal Assistants (PAs), often working in domiciliary care. The Social Care Wales survey of 2018 suggests that only 49% of those who responded to the SWC survey hold required or recommended qualifications. There is a big caveat in these figures, as the SCW information does not (and cannot) provide reliable information about the total number of Personal Assistants employed across Wales (as they are not regulated services and therefore difficult to access. However, if we extrapolate with the caveat in mind, there is a case for a significant drive to not only ask for minimal qualifications, but also find a way of connecting Personal Assistants, possibly at local level, to increase information, advice, and support for them.

Adding to the general challenges we are also aware that providers compete for staff who have some choice in the employment they can seek (e.g., within social care: Domiciliary Care, Care Homes, NHS employers and private providers of e.g. hospitality or retail or other, professional services). Whilst this is to be welcomed from a choice perspective and to keep Powys an attractive destination

<sup>42</sup> ([Social care workforce](#) | [Workforce and qualifications](#) | [Themes](#) | [Home](#) - [Social Care Wales Data Observatory \(socialcaredata.wales\)](#))

to live, it also has a significantly detrimental effect on social care (and Health) providers.

The Council has reported that there was a significant increase in "leavers of own accord" in Social Care, employed by Powys County Council. Whilst in 2019/20 (only April until December figures available) there were 23 leavers, this rose to 47 in the calendar year 2020 and 80 in 2021 calendar year. Whilst we don't have access to the reasons for this, we can extrapolate from the commissioned social care sector, where often reasons given for leaving care roles were 'burn out' and 'working in a different sector such as retail or hospitality). Another indicator of the staffing challenges (for the council) is the amount of sickness amongst staff. In the Adult Social Services department sickness rose from 13.1 days/FTE in 2019/20 to 19.6/FTE in 2021/22. In total numbers, this means that 8,446 in 2019/20 to 10,982 in 2021/22. In Children's Social Services the equivalent numbers dropped from 15.7/FTE in 2019 to 15.1/FTE in 2021/22 or – in total numbers from 4,787 in 2019/2020 to 4,233 in 2021/22.

Powys County Council undertook its annual staff survey which returned very similar results to the 2021 survey (i.e., within a +/-4% margin).

- Generally, staff gave very positive feedback about their employment and recognition they receive;
- Some concern over reduction in funding, resulting in problems for staff to do their job;
- Staff feel valued and supported in their roles;
- Staff overall felt that remote/hybrid working has increased their productivity;
- Staff feel they have a sense of autonomy in their roles;
- 31% of staff are between 51 and 60 years of age (note similarity with staff in social care as evidenced by SCW) with the potential for staff leaving in the next 5 years
- 

As mentioned elsewhere, an ongoing challenge for all employers in the Health and Social Care sector is an ageing population and a reduction of people at working age. Whilst the Council and the Health Board are trying to address this in the medium to long term via e.g., the Health and Care Academy, in the short term we expect ongoing recruitment issues in certain parts of all organisations.

We are also aware that Powys has a relatively low level of permanent staff in regulated services compared to other localities (i.e., 78% on average in Wales, 100% in Merthyr Tydfyl and Newport, 38% in Powys).<sup>43</sup>

The survey also shows (pre-pandemic) that 34% of all domiciliary care staff left during 2019, compared to 12% in day and other care providers. Whilst we don't have access to reliable data for 2021, we have anecdotal evidence that the net outflow in domiciliary and residential/nursing care exceeded the ability of providers to recruit and fill vacancies. During 2019 almost 40% of care workers left for another sector in the economy, a trend that continued and grew (anecdotally) during 2020/21.

<sup>43</sup> [SCW workforce profile 2019 Commissioned-Services final EngV2.pdf \(socialcare.wales\)](#)

The age profile of staff in the care sector also contributes to the challenges commissioned providers' experience. Just under 25% of staff are in the age bracket of 51-60. Given that this kind of work is both emotionally and physically challenging, it is not surprising that the pandemic has contributed to staff in that age bracket to look for less demanding work (in other sectors of the economy) or to retire.

Some 40% of staff leaving their role in 2019 either left the sector altogether (to work in another sector of the economy) or retired (mid Wales region).

## Appendices

**Appendix: 2.1d – Appendix 1 Evaluation impact Assessment Market Stability Report attached**

## Appendix 2: Definitions

[Regulation of social care services under the Regulation and Inspection of Social Care \(Wales\) Act 2016 | Law Wales \(gov. wales\)](#)

### ***Types of regulated services***

The following care and support services are referred to as "regulated services":

- a care home service
- a secure accommodation service
- a residential family centre service
- an adoption service
- a fostering service
- an adult placement service
- an advocacy service
- a domiciliary support service
- any other care and support service prescribed by the Welsh Ministers in regulations.

Regulated services are defined in Schedule 1 to the 2016 Act. The 2016 Act and the [Regulated Services \(Service Providers and Responsible Individuals\) \(Wales\) Regulations 2017](#) (as amended) exclude certain things which would otherwise come within the definition of one of the regulated services from being treated as one.

#### Care home service

A care home service is the provision of accommodation, together with nursing or care at a place in Wales, to persons because of their vulnerability or need.

The following are excluded from being a care home service:

- a hospital;
- a school unless it provides or intends to provide accommodation and care for at least one child for more than 295 days in any 12-month period that falls within the previous 24 months;
- a residential family centre;
- a secure accommodation centre;
- an adult placement centre;
- places where a child is cared for by a parent, relative, or a foster parent;
- places where an adult is cared for:
  - during a family or personal relationship, and for no commercial consideration,
  - of a period of less than 28 days in any 12-month period or for a number of periods which in total are less than 28 days in any 12-month period;
- places vested in the Welsh Ministers, an NHS trust, or a Local Health Board;
- places provided by a further education institution or a university unless the number of persons provided with accommodation is more than one tenth of

the number of students to whom it provides both education and accommodation;

- child minding, within the meaning of section 19(2), or day care for children, within the meaning of section 19(3) of [the Children and Families \(Wales\) Measure 2010](#) unless in any 12 month period there are 28 or more occasions when care is provided to any one child in excess of 15 hours during a 24 hour period, or the accommodation is provided wholly or mainly to disabled children;
- places provided to children aged 16 and over to enable the children to undergo training or an apprenticeship but this exception does not apply if the accommodation is provided wholly or mainly to disabled children;
- places provided to children at an approved bail hostel or approved probation hostel;
- an institution for young offenders provided under or by virtue of section 43(1) of the [Prison Act 1952](#);
- places provided to children because of their vulnerability or need for the purposes of a holiday or a leisure, recreational, sporting, cultural or educational activity. But this exception does not apply if the accommodation is provided:
  - to wholly or mainly to disabled children and the service provider has first notified CIW of the arrangement, or
  - to any one child for more than 28 days in any 12-month period unless the accommodation is only provided to children over the age of 16.
- places provided to a single child or to a sibling group by a person in that person's own home and where care and accommodation are not provided by that person for a total of more than 28 days in any 12-month period.

#### Secure accommodation service

A secure accommodation service is the provision of accommodation for the purpose of restricting the liberty of children at residential premises in Wales where care and support is provided to those children.

#### Residential family centre service

A residential family centre service is the provision of accommodation for children and their parents at a place in Wales where the parents' capacity to respond to the children's needs and to safeguard their well-being is monitored or assessed and the parents are given care and support.

The following are excluded from being a residential family centre service:

- a hospital;
- a hostel or a domestic violence refuge;
- places where the main purpose of the accommodation and care is to adult individuals who may be accompanied by their children.

#### Adoption service

An adoption service is a service provided in Wales by an adoption society within the meaning of the [Adoption and Children Act 2002](#) which is a voluntary

organisation within the meaning of that Act or an adoption support agency within the meaning given by section 8 of that Act.

### Fostering service

A fostering service means any service provided in Wales by a person other than a local authority which consists of or includes the placement of children with local authority foster parents or exercising functions in connection with such placement.

### **Adult placement service**

An adult placement service means a service carried on (whether or not for profit) by a local authority or other person for the purposes of placing adults with an individual in Wales under a carer agreement (and includes any arrangements for the recruitment, training, and supervision of such individuals). A 'carer agreement' means an agreement for the provision by an individual of accommodation at the individual's home together with care and support for up to three adults.

### **An advocacy service**

For the purposes of paragraph 7(1) of Schedule 1 to the 2016 Act, an advocacy service is a service specified in regulations ( ) as a service carried on providing advocacy for:

- children who make or intend to make representations (including complaints) to a local authority about its social services functions, or
- persons who make or intend to make representations (including complaints) to a local authority about the discharge of its functions under [Parts 3 to 7 of the Social Services and Well-being \(Wales\) Act 2014](#),

where the purpose of the advocacy is to represent the views of the children or persons or to assist them to represent their views in relation to their needs for care and support.

A service is excluded from being an advocacy service if it is provided by:

- a person during a legal activity within the meaning of the [Legal Services Act 2007](#) by a person who is an authorised person for the purposes of that Act, or a European lawyer;
- a Welsh family proceedings officer while discharging functions in relation to family proceedings;
- the Children's Commissioner for Wales or by a member of staff of the Children's Commissioner for Wales;
- a person who has not provided and does not intend to provide advocacy to more than 4 persons within any 12-month period;

- a relative or friend of the person on whose behalf representations are made or are intended to be made.

### **A domiciliary support service**

A domiciliary support service is the provision of care and support to a person who by reason of vulnerability or need (other than vulnerability or need arising only because the person is of a young age) is unable to provide it for him or herself and is provided at the place in Wales where the person lives (including making arrangements for or providing services in connection with such provision).

The following are excluded from being a domiciliary support service:

- personal assistants who provide care and support without the involvement of an employment agency or employment business, and who work wholly under the direction and control of the person receiving the care and support;
- care and support provided at:
  - a place where a care home service, secure accommodation service, residential family centre service or accommodation arranged as part of an adult placement service is provided, or
  - a hospital;
- personal assistant agencies who introduce individuals who provide a domiciliary support service to individuals who may wish to receive it but has no ongoing role in the direction or control of the care and support provided;
- the provision of support only;
- the provision of care and support to four or fewer individuals at any one time;
- care and support for an adult in the course of a family or personal relationship, and for no commercial consideration;
- care and support for a child by a parent, relative or foster parent;
- arrangements for the supply of carers to a service provider by an undertaking acting as an employment agency or employment business;
- where care and support are provided by a person managing a prison or other similar custodial establishment.

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## Appendix 3: Further data sources

Social Care Wales Research & Data - <https://socialcare.wales/research-and-data>

Social Care Wales Workforce Reports - <https://socialcare.wales/research-and-data/workforce-reports>

Social Care Wales Population Projections Platform - <http://www.daffodilcymru.org.uk/>

CIW Inspection Reports - <https://careinspectorate.wales/service-directory>

Data Cymru - <https://www.data.cymru/data>

WG Stats Wales <https://statswales.gov.wales/Catalogue/Health-and-Social-Care>

- **2.1e – Appendix 3i** - Health and Social Care Research, Innovation, and Improvement Landscape (Powys) – November 2021 Attached.
- Powys Population Needs Assessment – March 2022 [Population Needs Assessment \(powysrpb.org\)](#)
- Powys Wellbeing Assessment [Full Well-being assessment analysis - Powys County Council](#)
- **2.1f – Appendix 3ii** - A Place to Call Home' Older People's Commissioner Wales Attached
- Assessment of the demand for specialist housing and accommodation for older people in Wales – Welsh Government 2020 [Independent report on accommodation for older people \(gov.wales\)](#)
- Older People's Accommodation Market Position Statement <https://app.powerbi.com/groups/me/reports/6c8080da-9079-4c0c-ac46-36a5b397a701/ReportSection8460ba9428621b1f3c9f?ctid=c01d9ee1-0eb0-4754-99ae-03ae8a732b50>

**Data Wales data sets:** [Regulated Services](#) | [Themes](#) | [Home - Social Care Wales Data Observatory \(socialcaredata.wales\)](#)

[Care services and places regulated by the Care Inspectorate Wales \(CIW\) \(gov.wales\)](#)

### Other documents

**2.1g – Appendix 3iii** – Supply of High-Quality Care Placement Strategy Attached

**2.1h – Appendix 3iv** - Powys Play Sufficiency Assessment Attached.

**2.1i – Appendix 3v** – Living in Powys Informing Our Wellbeing Plan Attached

**2.1j – CONFIDENTIAL Appendix 3vi** - Live Well Community and Voluntary Sector Grants Attached

**2.1k – Appendix 3vii** – MHPDPB Annual Report 2020-21 Attached

**2.1l – Appendix 3viii – Protocol for managing Escalating Concerns**

General Resource - [Our Strategies and Plans on a Page - Powys County Council](#) which includes

- [Carers Plan on a page](#)
- [Care and Support at Home plan on a page](#)
- [Technology Enabled Care](#)

**2.1m – Appendix 3ix** – Independent Advocacy Service for Adults Attached

**2.1n – Appendix 3x** – Income Management and Service Cost Recovery Policy Attached

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**Agenda item: 4.6**

<b>Planning, Partnerships and Population Health Committee</b>		<b>Date of Meeting: 14 July 2022</b>
<b>Subject:</b>	<b>COMMITTEE BASED RISKS ON THE CORPORATE RISK REGISTER</b>	
<b>Approved and Presented by:</b>	Interim Board Secretary	
<b>Prepared by:</b>	Interim Corporate Governance Manager	
<b>Other Committees and meetings considered at:</b>	n/a	

**PURPOSE:**

The purpose of this paper is to provide the Committee with the July 2022 version of the Committee Risk Register for information.

**RECOMMENDATION(S):**

It is recommended that the Committee CONSIDERS the July 2022 version of the Committee Risk Register, which reflects the risks identified as requiring oversight by this Lead Committee. This iteration of the Committee Risk Register is based upon on the Corporate Risk Register (CRR) considered by the Board on 25 May 2022.

<b>Approval/Ratification/Decision</b>	<b>Discussion</b>	<b>Information</b>
✖	✓	✓

**THE PAPER IS ALIGNED TO THE DELIVERY OF THE FOLLOWING STRATEGIC OBJECTIVE(S) AND HEALTH AND CARE STANDARD(S):**

<b>Strategic Objectives:</b>	1. Focus on Wellbeing	
	2. Provide Early Help and Support	
	3. Tackle the Big Four	
	4. Enable Joined up Care	

Health and Care Standards:	5. Develop Workforce Futures	
	6. Promote Innovative Environments	
	7. Put Digital First	
	8. Transforming in Partnership	✓
	1. Staying Healthy	
	2. Safe Care	
	3. Effective Care	
	4. Dignified Care	
	5. Timely Care	
	6. Individual Care	
	7. Staff and Resources	
	8. Governance, Leadership & Accountability	✓

### EXECUTIVE SUMMARY:

The purpose of the Committee Risk Register is to draw together relevant risks for the Committee from the Corporate Risk Register (CRR), to provide a summary of the significant risks to delivery of the health board's strategic objectives.

### BACKGROUND AND ASSESSMENT:

The CRR provides a summary of the significant risks to the delivery of the health board's strategic objectives. Corporate risks also include risks that are widespread beyond the local area, and risks for which the cost of control is significantly beyond the scope of the local budget holder. The CRR is reviewed by the Executive Committee on a bi-monthly basis and is noted by the Board.

The Committee is asked to DISCUSS the risks relating to Planning, Partnerships and Population Health Committee and the risk targets within the Committee Risk Register, and to CONSIDER whether the targets identified are achievable and realistic.

The full Committee Risk Register is attached at **Appendix A**.

### NEXT STEPS:

The Risk and Assurance Group will lead the ongoing development of the CRR, escalating any organisational risks for proposal to the CRR, for consideration by the Executive Committee.

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# Committee based Risk Register

## July 2022

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Committee Based Risk Register  
Appendix A

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Planning, Partnerships and Population  
Health Committee  
14 July 2022  
Item: 4.6a  
Appendix A

# There is a risk that...

Committee Based Risk Register  
Appendix A

## CORPORATE RISK DASHBOARD – July 2022

Risk Lead	Risk ID	Main Risk Type	Risk Description	SCORE (Likelihood x Impact)	Trend	Board Risk Appetite	Risk Target	At Target ✓/✗	Lead Board Committee	Risk Impacts on
DPP	CRR 004	Regulation & Compliance	There is ineffective partnership working and partnership governance	3 x 3 = 9	➔	Low	6	✗	Planning, Partnerships & Population Health	Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership
DPP	CRR 008	Innovation & Strategic Change	Fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic	4 x 4 = 16	➔	High	12	✗	Planning, Partnerships & Population Health	Organisational Priorities WBO 1 to 4
CEO	CRR 010	Finance / Resources	The need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board	3 x 4 = 12	➔	Low	8	✗	Planning, Partnerships & Population Health	Organisational Priorities underpinning WBO 1 to 8

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KEY:

LIKELIHOOD	IMPACT			
	Insignificant 1	Minor 2	Moderate 3	Catastrophic 5
Almost Certain 5	5	10	15	25
Likely 4	4	8	12	20
Possible 3	3	6	9	15
Unlikely 2	2	4	6	10
Rare 1	1	2	3	5

Very Low	1-3	Low	4-8	Moderate	9-12	High	15-25
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Executive Lead:	
CEO	Chief Executive
DPCMH	Director of Primary, Community Mental Health Services
DN	Director of Nursing
DFIIT	Director of Finance, Information and IT
MD	Medical Director
DPH	Director of Public Health
DWODSS	Director of Workforce & OD and Support Services
DTHS	Director of Therapies & Health Sciences
DPP	Director of Planning & Performance
BS	Board Secretary

RISK APPETITE	
Category	Appetite for Risk
Quality & Safety of Services	Low Risk Score 1-6
Regulation & Compliance	Low Risk Score 1-6
Reputation & Public Confidence	Moderate Risk Score 8-10
Finance	Moderate Risk Score 8-10
Innovation & Strategic Change	High Risk Score 12-15

Trend	
↑	risk score increased
→	risk score remains static
↓	risk score reduced



<b>CRR 004</b>		<b>Executive Lead:</b> Director of Planning & Performance																																					
<b>Risk that:</b> there is ineffective partnership working and partnership governance arrangements in place		<b>Assuring Committee:</b> Planning, Partnerships & Population Health																																					
<b>Risk Impacts on:</b> Organisational Priorities underpinning Wellbeing Objective 8: Transforming in Partnership		<b>Date last reviewed:</b> July 2022																																					
<div><div><div><b>Risk Rating</b> (likelihood x impact): Initial: 3 x 4 = 12 Current: 3 x 3 = 9 Target: 2 x 3 = 6</div><div><b>Date added to the risk register</b> July 2021</div></div><div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Month</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Jul-21</td><td>10</td><td>5</td></tr><tr><td>Aug-21</td><td>10</td><td>5</td></tr><tr><td>Sep-21</td><td>10</td><td>5</td></tr><tr><td>Oct-21</td><td>10</td><td>5</td></tr><tr><td>Nov-21</td><td>10</td><td>5</td></tr><tr><td>Dec-21</td><td>10</td><td>5</td></tr><tr><td>Jan-22</td><td>10</td><td>5</td></tr><tr><td>Feb-22</td><td>10</td><td>5</td></tr><tr><td>Mar-22</td><td>10</td><td>5</td></tr><tr><td>Apr-22</td><td>10</td><td>5</td></tr><tr><td>May-22</td><td>10</td><td>5</td></tr></tbody></table></div></div>	Month	Risk Score	Target Score	Jul-21	10	5	Aug-21	10	5	Sep-21	10	5	Oct-21	10	5	Nov-21	10	5	Dec-21	10	5	Jan-22	10	5	Feb-22	10	5	Mar-22	10	5	Apr-22	10	5	May-22	10	5	<b>Rationale for current score:</b> Effective partnership working arrangements requires strong governance and performance management. There should be a clear approach to ensure and demonstrate that investment in partnerships delivers effective and appropriate outcomes for the local population. In January 2021, Internal Audit reported limited assurance in respect of how the Health Board ensures effective partnership governance. Further, achievement of the health board's Health and Care Strategy will be dependent on the success of successful working relationships with key partners and stakeholders.		
Month	Risk Score	Target Score																																					
Jul-21	10	5																																					
Aug-21	10	5																																					
Sep-21	10	5																																					
Oct-21	10	5																																					
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Dec-21	10	5																																					
Jan-22	10	5																																					
Feb-22	10	5																																					
Mar-22	10	5																																					
Apr-22	10	5																																					
May-22	10	5																																					
<b>Controls (What are we currently doing about the risk?)</b>		<b>Mitigating actions (What more should we do?)</b>																																					
<ul style="list-style-type: none"><li>Health Board attendance at Public Service Board, Regional Partnership Board, Joint Partnership Board</li><li>High-level reporting to Board from Public Service Board, Regional Partnership Board, Joint Partnership Board</li><li>Powys Health and Care Strategy in place with Powys County Council and PAVO</li><li>Active engagement with Mid Wales Joint Committee</li><li>Engaged in regional planning and partnership arrangements such as South East Wales Central Planning Group; Future Fit</li></ul>		<b>Action</b>	<b>Lead</b>	<b>Deadline</b>																																			
		Identify all existing partnerships and collaborations to inform development of a Framework	BS / DPP	30/09/2021																																			
		Mapping of partnerships and collaborations against existing and proposed governance arrangements to ensure appropriate and robust information flows for monitoring and assurance purposes	BS / DPP	30/09/2021																																			
		Development and population of a Partnership Register	BS	31/03/2022																																			
		Development of the Partnership Governance Framework for presentation to Board in September 2022																																					
		BS / DPP																																					
		31/08/2022																																					

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 Committee Based Risk Register  
 Appendix A

Current Risk Rating:		Additional Comments
3 x 3 = 9		

<b>CRR 008</b> <b>Risk that:</b> fragmented and unsustainable service models as a result of population changing need and service reconfiguration of neighbouring NHS bodies and the response of multiple providers / systems to the Covid-19 pandemic	<b>Executive Lead:</b> Director of Planning & Performance  <b>Assuring Committee:</b> Planning, Partnerships & Population Health																																											
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 4	<b>Date last reviewed: July 2022</b>																																											
<div><div><div><b>Risk Rating</b> (likelihood x impact): Initial: 3 x 3 = 9 <b>Current: 4 x 4 = 16</b> Target: 3 x 4 = 12</div><div><b>Date added to the risk register</b> January 2017</div></div><div><table><caption>Risk Score and Target Score Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>10</td><td>5</td></tr><tr><td>May-18</td><td>10</td><td>5</td></tr><tr><td>Jan-19</td><td>10</td><td>5</td></tr><tr><td>May-19</td><td>10</td><td>5</td></tr><tr><td>Sep-19</td><td>10</td><td>5</td></tr><tr><td>Jan-20</td><td>10</td><td>5</td></tr><tr><td>May-20</td><td>15</td><td>10</td></tr><tr><td>Sep-20</td><td>15</td><td>10</td></tr><tr><td>Jan-21</td><td>15</td><td>10</td></tr><tr><td>May-21</td><td>15</td><td>10</td></tr><tr><td>Sep-21</td><td>15</td><td>10</td></tr><tr><td>Jan-22</td><td>15</td><td>10</td></tr><tr><td>May-22</td><td>16</td><td>11</td></tr></tbody></table></div></div>	Date	Risk Score	Target Score	Dec-17	10	5	May-18	10	5	Jan-19	10	5	May-19	10	5	Sep-19	10	5	Jan-20	10	5	May-20	15	10	Sep-20	15	10	Jan-21	15	10	May-21	15	10	Sep-21	15	10	Jan-22	15	10	May-22	16	11	<b>Rationale for current score:</b>  As a result of the COVID-19 Planning / Implementation across NHS Wales and NHS England currently, strategic change programmes were paused or significantly changed. Programme management arrangements externally and internally were paused and progressively restored from Q2 2020/21. The Grange opening was accelerated by ABUHB in Q3 2020/21 as part of winter preparedness in the context of the response to Covid-19, changing pathways for South Powys patients sooner than originally planned, from November 2020.  The usual stocktake and pipeline processes to manage strategic change were ceased in March 2020 whilst programmes were suspended. Capacity to reset, articulate and respond to strategic change is variable across NHS Wales and is tracked through Annual / IMTP planning and commissioning assurance processes.	<b>Mitigating actions (What more should we do?)</b>
Date	Risk Score	Target Score																																										
Dec-17	10	5																																										
May-18	10	5																																										
Jan-19	10	5																																										
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Sep-21	15	10																																										
Jan-22	15	10																																										
May-22	16	11																																										
<div><div><div><b>Controls (What are we currently doing about the risk?)</b></div><div><ul style="list-style-type: none"><li>- Briefings with CHC and updates provided to CHC Services Planning Committee; Full Committee and Local Committees as appropriate</li><li>- All Wales Chief Executive and Directors of Planning meetings provide horizon scanning and intelligence regarding neighbouring organisations planning intelligence and strategic change proposals</li><li>- Integrated Medium Term Plan 2022 – 2025 in final stage of development and due for submission to PTHB Board March 2022 and Welsh Government by end of March 2022 – this process has included</li></ul></div></div></div>	<b>Action</b>  Provide robust management of and response to the system planning arrangements in Shropshire, Telford and Wrekin including the development of the ICS (Integrated Care System) and the Future Fit Programme / Shrewsbury and Telford Hospital NHS Trust	<b>Lead</b>  DPP	<b>Deadline</b>  In line with Annual Plan for 2022-23																																									

<p>an appraisal of external and internal challenges and opportunities and the development of a PTHB Planning Framework to guide the development of Strategic Priorities</p> <ul style="list-style-type: none"> <li>- This returns to the shared long term health and care strategy, 'A Healthy Caring Powys', which itself is set in the context of the Powys Wellbeing Plan, Towards 2040</li> <li>- The IMTP reflects the complex Partnership landscape for Powys and the NHS Wales Planning Framework continues to recognise the unique circumstances for this health board and the need for certain flexibilities</li> <li>- The IMTP responds to ministerial priorities / legislation, policy and investment opportunities and builds on the Annual Plan 2021/22 and System Resilience Plan 2021/22</li> <li>- NPWP 5-year plan developed (IMTP) setting out high level critical path activity.</li> <li>- Close liaison with Welsh Government following endorsement of PBC at Strategic Investment Board in November 2021.</li> <li>- NPWP Strategic Outline Cases (SOC) internal approvals underway from early Jan 22 – end March 22 followed by Q1 submission to Welsh Government – pending endorsement of PBC.</li> <li>- Site survey work, concept site drawings developed to aid site master planning. Memorandum of Understanding approved PTHB Board and PCC EMT ready for submission with the SOC.</li> <li>- Phase one modelling has concluded, along with the financial modelling to support. This has been incorporated into the SOC. Some limitations around the financial analysis to be further progressed at OBC stage. Phase 2 modelling priorities agreed. Service Specifications reviewed and further strengthened in relation to transformation and underpinning evidence base.</li> <li>- Majority of short-term projects progressing well, some projects exceeding targets. Sustainability discussions taking place and business cases drafted for further funding post March 22.</li> <li>- South Powys Programme Board in place. Scope revised in response to the accelerated opening of GUH as part of the response to the COVID-19 winter in November 2021.</li> </ul>	Continuous monitoring of impact as Hywel Dda UHB's strategic plans are refreshed and reframed – the programme formerly called Transforming Clinical Services is now incorporated into engagement plans for 'Building a healthier future after Covid-19' with engagement planned for 2021	DPP	In line with Annual Plan for 2022-23
	Provide robust management of engagement and response to the system planning arrangements in Herefordshire and Worcestershire including the development of the Integrated Care System (building on their Sustainability and Transformation Plan) and Stroke programme	DPP	In line with Annual Plan for 2022-23
	Take forward Phase 2 of the South Powys Programme, including monitoring existing maternity and neonatal pathways until the timing of a strategic pathway change can be recommended to the PTHB Board.	DPP	In line with Annual Plan for 2022-23
	Robustly manage the response and engagement with external service change programmes and developments as they arise during the year	DPP	In line with Annual Plan for 2022-23
	As a member of the MWJC for Health and Care, support delivery of the agreed Action Plan	DPP	In line with Annual Plan for 2022-23
	<p>North Powys Programme: -</p> <ul style="list-style-type: none"> <li>• Programme Business Case – achieve WG Ministerial approval</li> <li>• Strategic Outline Cases – Approve final drafts, followed by internal and WG approval of (Q4 and Q1).</li> <li>• Confirm governance arrangements for next phase of work including identified</li> </ul>	DPP	In line with Annual Plan for 2022 / IMTP 5 Year Plan

<ul style="list-style-type: none"> <li>- The first phase of the PTHB programme managed changes to South Powys emergency flows to Prince Charles Hospital and was closed with lessons identified and reasonable assurance through audit; the second phase of the programme is in place in relation to consultant led maternity and neonatal services. No decision in relation to the timing of strategic pathway changes for existing flows has yet been made, but monitoring of existing pathways, assurance and readiness assessment continuing.</li> <li>- The CEO led Renewal Strategic Portfolio Board is in place. Each of the programmes has an Executive lead, an approved PID, a Programme Board, a programme plan, a portfolio risk register and highlight reporting. An external audit review is underway. Programmes were suspended during December and January due to mass vaccination and Omicron with some staff redeployed during that period. In-sourcing underway. Work on the diagnostics strategy initiated. GIRTH Review undertaken, which will support orthopaedic pathway redesign. Patient Liaison Team in place with over 3,500 patients contacted and wellbeing information available. Analysis to support frailty and community model redesign underway. Cancer clinical lead in place. Cancer tracker and PTHB Harm Review Panel established. Access to FIT testing for patients with suspected bowel cancer in place. Respiratory backlogs reduced through a strengthened Powys MDT approach. Sleep Clinic pathway developed. Drive through spirometry pilot completed. Community cardiology business case developed. Value Based Health Care Programme in place.</li> <li>- PTHB has re-established participation in the Hereford and Worcestershire Stroke Programme and updated the programme for Wales.</li> <li>- Partnership mechanisms are in place in key areas of work including joint oversight and leadership of Test, Trace and Protect; Care Homes; and, Unscheduled Care. The RPB and PSB are re-established and commenced recovery planning and a set of population assessments</li> </ul>	<p>leads and ensure alignment to the portfolio of renewal priority programmes.</p> <ul style="list-style-type: none"> <li>• Implement Plan for 22/23</li> <li>• Secure funding via Regional Integration Fund Proposal and Approve AFC Business Cases</li> </ul> <p>Implement the Renewal Portfolio of Programmes including:</p> <ul style="list-style-type: none"> <li>• Frailty and the Community Model</li> <li>• Diagnostics, Ambulatory and Planned Care</li> <li>• Children and Young People</li> <li>• Breathe-Well (Respiratory)</li> <li>• Cancer</li> <li>• Circulatory</li> <li>• Mental Health</li> </ul> <p>Ensure plan for the renewal priorities for the next three years embedded within the IMTP.</p>	<p>CEO and lead Directors</p> <p>To be reviewed again during Qtr 1 of 22/23 to reassess risk and revised delivery timescales</p>
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<b>CRR 010</b> <b>Risk that:</b> the need to improve health equity is not adequately reflected in the priorities and resource allocation of the Health Board	<b>Executive Lead:</b> Chief Executive <b>Assuring Committee:</b> Planning, Partnerships & Population Health <b>Date last reviewed:</b> July 2022																																																
<b>Risk Impacts on:</b> Organisational Priorities underpinning Well-being Objectives 1 to 8																																																	
<div><div><div><b>Risk Rating</b> (likelihood x impact): Initial: 4 x 4 = 16 <b>Current: 3 x 4 = 12</b> Target: 2 x 4 = 8</div><div><b>Date added to the risk register</b> May 2018</div></div><div><table><caption>Risk Rating Data</caption><thead><tr><th>Date</th><th>Risk Score</th><th>Target Score</th></tr></thead><tbody><tr><td>Dec-17</td><td>16</td><td>8</td></tr><tr><td>Mar-18</td><td>16</td><td>8</td></tr><tr><td>Jun-18</td><td>16</td><td>8</td></tr><tr><td>Sep-18</td><td>16</td><td>8</td></tr><tr><td>Dec-18</td><td>16</td><td>8</td></tr><tr><td>Mar-19</td><td>16</td><td>8</td></tr><tr><td>Jun-19</td><td>16</td><td>8</td></tr><tr><td>Sep-19</td><td>16</td><td>8</td></tr><tr><td>Dec-19</td><td>16</td><td>8</td></tr><tr><td>Mar-20</td><td>16</td><td>8</td></tr><tr><td>Jun-20</td><td>12</td><td>12</td></tr><tr><td>Sep-20</td><td>12</td><td>12</td></tr><tr><td>Dec-20</td><td>12</td><td>12</td></tr><tr><td>Mar-21</td><td>12</td><td>12</td></tr><tr><td>Jun-21</td><td>12</td><td>12</td></tr></tbody></table></div></div>	Date	Risk Score	Target Score	Dec-17	16	8	Mar-18	16	8	Jun-18	16	8	Sep-18	16	8	Dec-18	16	8	Mar-19	16	8	Jun-19	16	8	Sep-19	16	8	Dec-19	16	8	Mar-20	16	8	Jun-20	12	12	Sep-20	12	12	Dec-20	12	12	Mar-21	12	12	Jun-21	12	12	<b>Rationale for current score:</b>  The Annual Plan sets out the key priorities of the Health Board. The Renewal priorities in particular are based on evidence of impact of the pandemic on the population including as a key strand health inequity. Whilst the priorities achieve this focus, there is further, longer term work needed to redesign provision that fully takes account in practice of the health equity issues including the allocation of resources to specific service priorities, geographies, programmes based on greatest need / equity considerations.
Date	Risk Score	Target Score																																															
Dec-17	16	8																																															
Mar-18	16	8																																															
Jun-18	16	8																																															
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Mar-21	12	12																																															
Jun-21	12	12																																															
<b>Controls (What are we currently doing about the risk?)</b>  <ul style="list-style-type: none"><li>Clear annual plan and evidence-based priorities taking account of health equity issues.</li><li>Renewal Portfolio with a golden thread of the principle of 'greatest need' running through each programme.</li><li>Resources allocated to priority areas for taking forward supportive action in relation to annual plan priorities</li></ul>	<b>Mitigating actions (What more should we do?)</b> <table><tr><th>Action</th><th>Lead</th><th>Deadline</th></tr><tr><td>Consider the longer-term approach to service redesign that focuses on health inequalities; reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018</td><td>CEO with Public Health Director</td><td>Q3/4</td></tr><tr><td>Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.</td><td>DFIT</td><td>Q3/4</td></tr></table>	Action	Lead	Deadline	Consider the longer-term approach to service redesign that focuses on health inequalities; reviewing the Health Inequalities Strategic Assessment/Report undertaken in 2018	CEO with Public Health Director	Q3/4	Undertake detailed exercise in understanding more visibly the resource allocation map against key elements of health inequity.	DFIT	Q3/4																																							
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<b>Current Risk Rating</b> <b>3 x 4 = 12</b>	<b>Additional Comments</b>																																																

## **PLANNING, PARTNERSHIPS AND POPULATION HEALTH COMMITTEE PROGRAMME OF BUSINESS 2022-23**

The purpose of the Planning, Partnerships and Population Health Committee is to provide advice and assurance to the Board on the effectiveness of arrangements in place for the development of strategy, strategic frameworks and plans for the delivery of high quality and safe services, consistent with the board's overall strategic direction. The scope of the Committee extends to the full range of PTHB responsibilities, including via partnership arrangements and the consideration of population health.

This Annual Programme of Business has been developed with reference to:

- the Committee's Terms of Reference as agreed by the Board;
- the Board's Assurance Framework;
- key risks identified through the Corporate Risk Register, Commissioning Assurance Framework; and Operational Risk Registers.
- audit and regulatory reports identifying weaknesses in internal control (following consideration by the Audit, Risk and Assurance Committee);
- key statutory, national and best practice requirements and reporting arrangements.

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MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
		7 April	14 July	20 Oct	19 Jan
Assurance Reports					
Audit and Regulatory Assurance Reports		As and when identified			
Regional Partnership Board Programmes Reporting: i. Start Well ii. Live Well iii. Age Well	DPP	✓		✓	
Strategic Weight Management Pathway, Levels 1-4, Overview Report	DPH	✓			✓
Healthy Weight: Healthy Wales 2020-22 Assurance Report					
Smoking Cessation Services Assurance Report	DPH			✓	
Healthy Schools and Healthy Pre-schools/Bach a Iach Schemes Assurance Report	DPH				✓
Covid-19 Prevention and Response Assurance Report	DPH		✓		

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
		7 April	14 July	20 Oct	19 Jan
National Immunisation Framework for Wales Assurance report	DPH			✓	
Delivery of Multi Agency Plan for Additional Learning Needs (ALN) and Education Tribunal (Wales) Act (2018) Assurance Report	DPCCMH		✓		
Smoke free Premises (& Vehicles) Regulations (2018) Compliance Report	DPH	✓			
<b>Strategy, Strategic Frameworks &amp; Plans in Development</b>					
<b>As and when identified in accordance with the Scheme of Delegation</b>					
Powys RPB Market Stability Report	DPCCMH		✓		
North Powys Programme Models of Care Update Following SAIL Review	DPP		✓		
Strategic Planning: <ul style="list-style-type: none"> <li>Internal Planning Framework</li> <li>IMTP Requirements and Approach for Development</li> <li>IMTP draft</li> </ul>	DPP			✓	✓
Strategic Change Report	DPP	✓		✓	
Wellbeing Assessment and Population Assessment Briefing Paper	DPH	✓			

MATTER TO BE CONSIDERED BY COMMITTEE	EXEC LEAD	SCHEDULED COMMITTEE DATES 2022-23			
		7 April	14 July	20 Oct	19 Jan
Primary Care Development Programme Highlight Report	DPCCMH				✓
Primary Care Cluster Planning	DPCCMH			✓	✓
Integrated Care Fund Update	DFI&IT		✓		
<b>Organisational Performance</b>					
Review of Statutory Partnerships and Joint Committees	DPP				✓
<b>Governance Reports</b>					
Committee Risk Register	BS	✓	✓	✓	✓
Policies Delegated from the Board for Review and Approval	<b>As and when identified</b>				
Review of Committee Programme of Business	BS			✓	
<b>Committee Requirements as set out in Standing Orders</b>					
Development of Committee Annual Programme Business	BS		✓ (22-23)		✓ (23-24)
Annual Review of Committee Terms of Reference 2022/23	BS			✓	
Annual Self-assessment of Committee effectiveness 2022/23	BS				✓
<b>Total Number of Agenda Items</b>		<b>6</b>	<b>7</b>	<b>9</b>	<b>9</b>

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KEY: Chief Executive  
CEO: Director of Planning and Performance  
DPP: Director of Finance, Information and IT  
DFI&IT: Director of Primary, Community Care and Mental Health  
DPCCMH: Medical Director  
MD: Director of Nursing and Midwifery  
DoNM: Director of Therapies and Health Sciences  
DoTHS: Director of Workforce & OD  
DWOD: Director of Public Health  
DPH: Board Secretary  
BS: Director of Environment  
DE