

Health and Social Care Committee

Meeting Venue:
Committee Room 1 – Senedd

Meeting date:
Wednesday, 3 June 2015

Meeting time:
10.00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



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Agenda

1 Introductions, apologies and substitutions (10.00)

**2 Regulation and Inspection of Social Care (Wales) Bill: evidence session
17 (10.00 – 11.15) (Pages 1 – 70)**

Mark Drakeford AM, Minister for Health and Social Services

David Pritchard, Head of Regulation and Workforce Development

Kate Johnson, Lawyer

Mari Williams, Lawyer

[Regulation and Inspection of Social Care \(Wales\) Bill](#)

[Explanatory Memorandum](#)

3 Papers to note (11.15)

Minutes of the meeting on 13 May 2015 (Pages 71 – 74)

Regulation and Inspection of Social Care (Wales) Bill: additional information (Pages 75 – 82)

Additional information from Carers Trust Wales

Additional information from Age Cymru

Additional information from Age Alliance Wales

Additional information from the British Association for Adoption and Fostering

Inquiry into the GP workforce in Wales: correspondence from the Minister for Health and Social Services (Pages 83 – 84)

4 Motion under Standing Order 17.42(vi) to resolve to exclude the public from the remainder of the meeting (11.15)

5 Regulation and Inspection of Social Care (Wales) Bill: consideration of evidence (11.15 – 11.30)

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Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: LF/MD/0392/15

David Rees AM
Chair of the Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
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CF99 1NA

19 May 2015

Dear David,

Regulation and Inspection of Social Care (Wales) Bill

I would like to thank you and the Committee for the opportunity to discuss the Regulation and Inspection of Social Care (Wales) Bill on 25 March 2015.

I am pleased to provide the Committee with further information on the following issues which were raised during the session:

- a.) the costs associated with registering domiciliary care workers and adult residential care workers;
- b.) information on what a Market Stability Report might look like; and
- c.) an indication of the expected timescales for publication of draft regulations under section 60(6) and 60(7) relating to Ministers' ability under section 60 to assess the financial sustainability of a service provider.

Registering Domiciliary Care Workers

The Regulatory Impact Assessment provides the costs and benefits associated with extending mandatory registration across the whole of the social care workforce. Two options are presented for extending registration:

- i. extending registration using the existing fee structure; and
- ii. extending registration using an increased fee structure.

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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The supplementary analysis set out below discusses the costs and benefits of applying these options to two groups of the workforce: domiciliary care workers and adult residential care workers.

There are an estimated 47,163 domiciliary care workers and adult residential care workers in Wales (see table one below for a breakdown). The current cost to the Care Council for Wales of registering care and support workers is £273.31 per registrant (see table two below). The current registration fee for domiciliary care workers and adult residential care workers, where they choose to register voluntarily, is £10. The Care Council for Wales suggested in discussions with officials during the preparation of the RIA that due to economies of scale extending mandatory registration across the whole of the social care and support workforce would cost £85.24 per registrant (see table three below). In addition, the Care Council for Wales suggested increasing fees to enable mandatory registration to be extended without additional cost to the public purse. The Council proposed an increased fee for domiciliary care workers and adult residential care workers of £25.

Table one: number of care workers by sector and role

Sector	Role	Number
Local authority	Domiciliary care worker (adult services)	5,109
Local authority	Senior Domiciliary care worker (adult services)	359
Independent sector	Domiciliary care worker (adult services)	11,831
Independent sector	Senior domiciliary care worker (adult services)	831
Local authority	Domiciliary care worker (children's services)	411
Local authority	Senior domiciliary care worker (children's services)	11
Independent sector	Domiciliary care worker (children's services)	955
Independent sector	Senior domiciliary care worker (children's services)	30
Local authority	Care workers (residential homes for adults)	2,855
Independent sector	Care workers (residential homes for adults)	24,771
	Total	47,163

Table two: current cost of mandatory registration

Year	Estimated Cost	Number of registrants	Cost per registrant	Income from fees (existing rates)	Grant in aid required
2012-13	3,170,175	11,599	273.31	264,350	2,905,825

i. Extending registration to domiciliary care workers and adult residential care workers using the existing fee structure of £10

Table three: cost of extending mandatory registration to domiciliary care workers and adult residential care workers using existing fee structure of £10

Year	Number of registrants	Cost per registrant	Estimated Cost	Estimated income from fees (existing fee of £10)	Estimated grant in aid required	Current grant in aid (2012-13)	Additional cost to the public purse (existing fees)
2017-18	47,163	85.24	4,020,174	471,630	3,548,544	2,905,825	642,719
2017-18	47,163	130.00	6,131,190	471,630	5,659,560	2,905,825	2,753,735
2017-18	47,163	273.31	12,890,120	471,630	12,418,490	2,905,825	9,512,665

Where economies of scale are realised and the consequent cost per registrant is £85.24, extending mandatory registration to domiciliary care workers and adult residential care workers, based on the existing fee of £10, would result in an additional cost of £642,719 per annum to the public purse (see table three above).

If no economies of scale are realised and the cost per registrant remains at £273.31, extending mandatory registration to domiciliary care workers and adult residential care workers, based on the existing fee of £10, would result in an additional cost of £9,512,665 per annum to the public purse.

It is likely that some economies of scale will be realised by extending registration. For illustrative purposes, a cost per registrant of £130 has, therefore, been assumed. Using this cost and the existing fee of £10, this would result in an additional cost of £2,753,735 to the public purse.

ii. Extending registration to domiciliary care workers and adult residential care workers using an increased fee structure

Where economies of scale are realised and the consequent cost per registrant is £85.24, extending mandatory registration to domiciliary care workers and adult residential care workers using the increased fee of £25, would result in a saving to the public purse of £64,726 per annum (see table four below).

If no economies of scale are realised and the cost per registrant remains at £273.31, extending mandatory registration to domiciliary care workers and adult residential care workers, using the increased fee of £25, would result in an additional cost of £8,805,220 to the public purse.

It is likely that some economies of scale will be realised by extending registration. For illustrative purposes, a cost per registrant of £130 has been assumed. Using this cost and the increased fee of £25, this would result in an additional cost of £2,046,290 to the public purse.

The significant assumption of the figures provided by the Council is the delivery of significant savings in terms of economies of scale. It has also no calculation of other effects of these changes such as the impact on the supply of the workforce and costs to employers, for example in enabling their staff to achieve the required qualifications.

Table four: extending mandatory registration to domiciliary care workers and adult residential care workers using increased fees of £25

Year	Number of registrants	Cost per registrant	Estimated Cost	Estimated income from fees (increased fee of £25)	Estimated grant in aid required	Current grant in aid (2012-13)	Additional cost to the public purse (increased fees)
2017-18	47,163	85.24	4,020,174	1,179,075	2,841,099	2,905,825	-64,726
2017-18	47,163	130.00	6,131,190	1,179,075	4,952,115	2,905,825	2,046,290
2017-18	47,163	273.31	12,890,120	1,179,075	11,711,045	2,905,825	8,805,220

Market Stability Reports

As promised, I have enclosed a link to the guidance paper drafted by the Institute of Public Care at Oxford Brookes University on behalf of the Social Services Improvement Agency (SSIA), "Developing a Market Position Statement: A Commissioner's Toolkit," which shows that local authorities in Wales have already given careful consideration to the issue of market stability reports. A copy of this document is enclosed for ease of reference at **Annex A** and further copies can be found at:

<http://ipc.brookes.ac.uk/publications/index.php?absid=796>. As you will notice, the toolkit recognises that there is currently no statutory requirement for local authorities to produce Market Position Statements (MPS), although many authorities are currently collecting this information. The guidance also sets out what questions an MPS should seek to address as well as outlining what it should look like. It reiterates our sentiments why such statements are beneficial to local authorities and their stakeholders (at page 11) stating that:

"Putting together an effective MPS is not easy. It requires good information, succinct analysis and a willingness to engage with many different stakeholders in a way which promotes a genuine and meaningful dialogue. It can be worth the effort, however, in helping local authorities and their partners secure the kind of services that will be needed to meet the needs of its local population into the future."

I would reiterate that this is provided for illustrative purposes only. It is likely that any such statement would, following engagement and consultation, differ from this model. However I hope it is helpful in providing a flavour of such a report.

The rationale for legislating in this area is twofold: firstly by making it a statutory duty we will ensure compliance and improve consistency across Wales; and secondly, it will provide local authorities with the levers to more readily bring partners around the table to develop a more collaborative approach to identifying and meeting the specific needs of their communities. Our intention is not to use this information to highlight bad practice or failures in local government, but ensure that commissioners have the ability to readily identify and source the necessary service providers to fill gaps in the market in their communities and help the sector identify areas for greater opportunities.

Timescales for publication of draft regulations under section 60(6) and 60(7).

It would be my intention to undertake early consultation on these matters, and to bring forward draft regulations in 2016.

Amendments to Transcript of Health & Social Care Committee meeting of 23 March 2015

Following on from the receipt of the draft transcript of the meeting, my officials noted some minor factual amendments that were needed to the transcript and I thought it might be useful to remind the Committee what these were and provide a short rationale for them:

- In paragraphs 11 and 14, I made reference to the Health and Social Care Act. The formal name of the legislation to which I was referring is the Health and Social Care (Community Health and Standards) Act 2003;

- In paragraph 38 there was some confusion regarding the organisation that regulates Occupational Therapists. For clarity, this is the Health and Care Professions Council (HCPC), not the College of Occupational Therapists (which is also not a Royal College as stated);
- In paragraph 39 it was suggested that the groups of workers to be regulated are named on the face of the Bill. In fact, the Bill currently only requires a register for Social Work to be maintained and the requirement for a register of other groups is a matter for regulations;
- In paragraph 57 it was stated that the HCPC haven't introduced a form of negative registration. For absolute clarity, it is noted that there is a scheme that relates to social work students currently in operation; and
- In paragraph 131, I stated that the Inspectorate would have the power to require information following a due diligence exercise. In fact, the powers to require information are not reliant on such an exercise and would be used to facilitate such a due diligence exercise.

Other information requested

Your letter also sought my views on a number of areas that Committee members felt would help them with their consideration of the Bill:

Commissioning of services

1. *The provisions in section 26 of the Bill and section 9 of the Social Services and Well-being (Wales) Act 2014, and whether it is your intention to provide for a specific quality standard for the commissioning of services in regulations made under section 26 of the Bill?*

I understand the Committee's rationale for this suggestion - members will recall my own comments regarding this area in our session. However I am not yet fully persuaded that additional standards under section 26 of this Bill would be helpful. Section 26 is the regulation making power to impose requirements on providers of regulated services. Commissioning is a function of local authorities and it is they who must be held accountable for how it is carried out. The regulations under section 26 will not apply to local authorities.

Local Authorities are currently and will continue to be regulated with regard to the exercise of their social services functions that are set out in Schedule 2 to the 2014 Act. Section 9 place a duty on Welsh Ministers to issue codes to set out how local authorities can achieve well being outcomes and section 145 provides a power to Welsh Ministers to issue a Code in relation to the exercise of social services functions. I believe it would be much more helpful to focus our legislation in this area on the codes being established under the Social Services and Well-being (Wales) Act 2014. These will establish the requirement for local authorities to ensure that the care and support provided to a citizen in their home adequately meets their needs. The role of the Inspectorate will be to ensure that local authorities are meeting these requirements.

2. *The provisions in section 26(4) of the Bill, which refers to codes under section 9 of the Social Services and Well-being (Wales) Act 2014, and whether there should be similar references to sections 34(3) and (4) of the Act (which provide that a local authority must be satisfied that care visits to a person's home are of sufficient length and that guidelines to this effect must be included in the code of practice under section 145) to ensure inspection against these provisions?*

In a similar line of reasoning, I am not yet persuaded that a 'double lock' on the provision of domiciliary care would be the best approach to avoid inappropriately short visits. This double lock would place, through regulations, a similar obligation on providers to that placed on local authorities by the 2014 Act to ensure that there is sufficient time to deliver quality care during home visits to meet people's needs. I believe this would complicate the accountabilities in our system. It is local authorities that are required to ensure visits are of a suitable length, and this should be reflected through their commissioning. The local authority has a responsibility to be satisfied that its contractual requirements are being met, and I am not convinced that the Inspectorate should act, effectively, as their contract managers in this case.

In any event, the standards that will be developed in regulations made under section 26 will ensure that care must be provided with reference to a service user's well being outcomes. The general system that will be established under regulations will therefore ensure that the service regulator inspects a provider with regard to the quality of the care that is provided without the need for a specific provision to be made on this.

Changes to service provision/provider failure

3. *Whether the Bill will provide sufficient protection for people in receipt of social care services if or when the provider of their services decides to change or cease the services they provide?*

Protection to service users when a provider fails is afforded through the Social Services and Well-being (Wales) Act 2014. Section 189 of that Act sets out how, in addition to similar duties already in place for children, a local authority must for so long as it considers necessary (and in so far as it is not already required to do so) meet;

- a.) those of an adult's needs for care and support, and
- b.) those of a relevant carer's needs for support,

This Bill supports that protection by providing powers to Welsh Ministers to inspect against how any local authority is meeting its duties, including this one.

If there is a proposed change to service provision, then the proposed new provider will have to make an application for registration in the normal way. The service regulator will need to be satisfied that the new provider is fit and suitable to provide the service that it is proposed that they take over. New providers of regulated services who take over an existing service will not be able to circumvent the requirements for registration that exist on the face of the Bill.

4. *Whether the Bill provides adequate powers of intervention for the regulator when social care services are failing to meet the required standards, including your views on the use of interim managers or improvement notices?*

I believe the Bill strengthens the powers of the regulator in terms of its enforcement options. Sections 14 and 15 provide the regulator with the power to issue statutory Improvement Notices and the ability to, effectively, provide a time limit for improvements to be made. In terms of the use of interim managers, I do not believe it is the role of the Inspectorate to take over failing services. The response to such a situation is one for the local authority and whilst the Inspectorate has a role to play in providing information and advice, ultimately it should not become a direct deliverer of services by default.

5. *The extent to which the Bill enables the regulator - when making decisions in relation to social care services that are failing to meet the required standards - to take into account the impact on people in receipt of that service and the local market for that service?*

The Welsh Ministers are and will continue to be the service regulator and are required to make decisions that are reasonable and proportionate in the circumstances. Under the current system the service regulator does take into account the impact on service users of enforcement action and I would expect that to continue under the arrangements set out in this Bill. However, the service regulator has as its general objective under section 4 of the Bill to 'protect, promote and maintain the safety and well-being of people who use regulated services' and in that light I would expect that on occasions enforcement action is the best possible way to achieve that objective.

Public engagement;

6. *Whether the provisions in sections 39, 40 and 70 in relation to public engagement with regulation and inspection are sufficient to achieve your policy intentions?*

I firmly believe that this Bill clearly sets out our expectation that our regulators must work closely with citizens in carrying out their work. However, I feel that it would be inappropriate and unhelpful to be overly prescriptive on how this is achieved on the face of the Bill, as there is a danger that this would constrain rather than encourage greater citizen involvement.

Our service and workforce regulators, CSSIW and the Care Council for Wales are already taking steps to involve citizens in their work, through a variety of ways. For example, members of the Committee will be aware of the newly established CSSIW National Advisory Board following its presentation of evidence on this Bill, and they will also be aware of the long-standing lay-led approach to regulation of the Care Council. The Bill will further this work and place a new duty on both regulators to publish a policy on their engagement with citizens and to report annually on how this been achieved. At this stage I believe this is the right approach, because it allows the regulators to adapt their approach as they learn how and when citizens want to be involved, and what works well. It also allows the regulator to adapt their approach dependent upon the group of citizens most directly involved in a particular service area.

Inspections

7. *The provisions in the Bill in relation to the involvement of lay inspectors, and whether the Bill could be more explicit?*

Whilst there is no specific mention of them in the Bill, we do recognise that lay inspectors can, in appropriate circumstances, make an effective contribution to the inspection process. Indeed, CSSIW has used lay inspectors in their work. However I do not intend to restrict the regulator to a particular approach on the face of the Bill. The understanding of lay inspection, and what a lay inspector is, differs across our sector. Ultimately I do not believe that the Bill is the place to provide this level of operational detail. However, the requirement to publish plans in this area and report on their delivery by regulators will ensure you, and the general public, will have an opportunity to scrutinise and comment on whether the regulators are meeting expectations in this area.

8. *The Older People's Commissioner's recommendation that Community Health Councils should be given a formal role in carrying out inspections?*

I agree with the Committee that there may well be merit in utilising the expertise of Community Health Councils (CHCs) in the inspection process. I recognise that they provide an important link between health, social care and citizens and I am aware that the Commission on Public Service Governance and Delivery has also identified a number of ways that CHCs could be utilised to improve oversight. The Bill as it stands does not prevent CHCs from being involved in the inspection process. However, I am not convinced that placing such a requirement on the face of primary legislation is appropriate. As I mentioned in Committee, I will be issuing a Green Paper on a number of aspects that relate to health and social care before the summer recess; and I am confident that the issue around the involvement of CHCs will be a part of the discussion that flows from that process.

9. *Whether regulations made under section 38(1) would enable the regulator to charge service providers for the inspection, or re-inspection, of their services?*

This would be possible under the Bill as drafted.

Joint working

10. *Whether Part 9 of the Bill is sufficiently broad in focus to enable joint working between relevant regulators in the health and social care sector?*

I am confident that the Bill strengthens information sharing between regulators, and with other bodies. Ultimately, getting organisations to work collaboratively is not a matter simply for law. However, through this Bill we will ensure that there can be no excuses for these organisations failing to work in partnership and failing to share information, where this is appropriate. I believe that section 180 of the Bill, for example, is a powerful new duty on our regulators to share information if well-being is at risk.

Part 9 of the Bill makes a distinction between regulatory bodies and relevant authorities in order to distinguish the powers and duties that are placed on the social care regulators whose functions are set out in this Bill; and those powers and duties that are to be placed

on those bodies that are connected in some way to, and may have a role in, assisting the social care regulators in Wales in relation to those functions. The regulatory bodies named in the Bill are limited to the Welsh Ministers exercising their functions under this Bill and Social Care Wales; and all of the powers and duties that are within Part 9 are placed on those regulatory bodies. That includes making it clear that co-operation between these two is mandatory in carrying out their functions (section 176(1)) and the ability to exercise their functions jointly (section 177).

The Bill currently only includes at section 175 a range of relevant authorities that are Wales-only bodies. Our intention is for this legislation to include in the list those bodies in the UK which are integral to social care regulation in Wales, for example, Care Quality Commission (CQC) and Health and Care Professions Council (HCPC). Discussions are taking place with the UK Government as to how best to achieve this intention.

Preventative services

11. The extent to which this Bill will provide for effective scrutiny of the preventative services developed under section 16 of the Social Services and Well-being (Wales) Act 2014?

I am confident that we have provided for the effective scrutiny of preventative services, as they have been set out in the Social Services and Well-being Act 2014.

Section 15 of the 2014 Act will place a duty on local authorities to provide or arrange for the provision of preventative services in their areas. This duty is a social services function within the meaning of Schedule 2 of the 2014 Act and falls within the scope of the inspection powers of Welsh Ministers as set out in this Bill which inserts section 149B into the 2014 Act, and therefore members can be confident that they can and will be scrutinised.

Financial implications

12. The anticipated economic and financial impact of the regulatory framework established by the Bill on small-scale social care providers?

Economic and financial implications for small-scale service providers

In Wales, the data available indicates the greater majority of care and support providers are small-scale. This profile provides diversity in provision and a more community centred approach.

The financial impact of the Bill from 2017/18 for care and support providers in the RIA is estimated to be approximately an additional £50 per annum. It is anticipated that much of this, if not all, will be absorbed through providers utilising existing time, and thus have no direct cash impact on businesses. The information on which the calculations were based was provided by the UK Homecare Association, an organisation which represents providers of domiciliary care.

Any use of the power to set fees will be done in a proportionate way to ensure small-scale providers are not unfairly penalised.

13. How the increased costs of £9.2 million to the Care and Social Services Inspectorate Wales between 2016-17 and 2020-21 will be funded, from which other departments these funds will be drawn, and whether this has any implications for the affordability of the Bill?

The RIA sets out costs that will fall to CSSIW, both to cover transition and those required on a year by year basis.

In terms of **transition costs**, the Welsh Government is already investing significantly in the changes required by Sustainable Social Services generally, and the Social Services and Well-being (Wales) Act 2014 specifically. Members will be aware that in the current year, the Welsh Government is providing £3 million to the sector directly to support transition and in particular the implementation of the Social Services and Well-being (Wales) Act 2014. This funding has always been earmarked to support the overall change agenda in social care, and therefore should be available for transition costs under this Bill.

In terms of ongoing costs, the RIA identifies approximately £1.7m annually for CSSIW. The overwhelming majority of this (£1.4m) is due to the implementation of ratings, a Quality Judgement Framework, and in particular the additional time required by Inspectors to make these judgements. However I think these costs for ratings are likely to be reduced as we understand more about how the system might work, given that Inspectors are already undertaking inspections and making judgements about compliance. Secondly this is a power not a duty. Any introduction could only take place after detailed regulations which will have their own Regulatory Impact Assessment. The Assembly will therefore have an opportunity, through affirmative procedure, to assess whether the system has been costed accurately and will be resourced appropriately. And, of course, the Welsh Government will not introduce ratings if they are not value for money.

The other cost of significance is the delivery of the market stability and oversight provisions by the regulator. This has been estimated by CSSIW to be £200,000, although given that similar work is already undertaken by other Welsh Government departments, and a closely aligned scheme of oversight is underway in England, I am sure there are opportunities for economies in this area.

I am sure the Committee will also appreciate the wider picture, and those factors in play that will ultimately affect any resource requirements.

As the Committee will be aware, CSSIW is not only responsible for social care regulation, it also oversees early years and childcare. Therefore, the work of CSSIW follows the policy directions set out by my Cabinet colleagues, the Minister for Education and Minister for Communities and Tackling Poverty. Significant changes in that area are currently being consulted on, for example increasing the age of compulsory registration of childcare from eight years up to 16 or 17 years in the case of disabled children.

As a Welsh Government we work across portfolios, including that if the Minister for Public Services who is responsible for the administrative management of CSSIW, to deliver the most cost-effective way of running the Inspectorate.

The Green Paper I have committed to publish later this year will consider the way that HIW and CSSIW work together, and where they are located. The outcome of that debate will also have a significant impact on the costs of any change.

I can confirm that under current arrangements the Welsh Government will be able to fund the costs that fall on CSSIW as a result of this Bill.

14. Anticipated timescales for the provision of more detailed cost benefit analyses of the proposed subordinate legislation?

The Regulatory Impact Assessment continues to be reviewed. Members will be aware that prior to my recent attendance at the Finance Committee I set out in correspondence some minor changes to the calculations within it that had emerged through this reviewing process. I will lay a revised version at the appropriate stage.

In terms of the impact of secondary legislation, these will be developed in consultation with stakeholders so that full and robust RIAs will be presented alongside the draft regulations.

Human Rights implications

15. The analysis which has been undertaken in the drafting of the Bill and preparation of the Explanatory Memorandum of the Human Rights implications for actions proposed under the Bill?

I am satisfied that the provisions of the Bill are compatible with the rights contained in the European Convention on Human Rights. As you will be aware to be within competence, the provisions in the Bill must be compatible with the Convention. Human rights issues were considered as part of the overall legal advice which I received and which enabled me to make the declaration in the Explanatory Memorandum that the Bill is within the legislative competence of the Assembly.

The Presiding Officer has also determined that the Bill is within the legislative competence of the Assembly.

I hope that the information provided in this letter answers the questions raised by Committee members and I look forward to answering any further questions from members in due course.

I am copying this letter to the Chair of the Constitutional and Legislative Affairs Committee.

Best wishes,

Mark

Mark Drakeford AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol

Minister for Health and Social Services

ssia

Improving Social Care in Wales
Gwella Gofal Cymdeithasol yng Nghymru

Developing a Market Position Statement: A Commissioner's Toolkit

[See Contents](#)



Pack Page 47

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SSIA would like to thank IPC, Oxford Brookes University who were essential in the development of this toolkit.

We would also like to acknowledge the special contribution from Steve Vaughan (Welsh Government), the Association of Directors of Social Services Cymru Commissioning Policy Advisory Group and Local Authority commissioning staff.

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Developing a Marketing Position Statement: A Commissioner's Toolkit 4

1. Introduction	4
2. The national context	4
3. Defining market facilitation	5
4. Market facilitation activities	7
4.1 Capturing and sharing marketing intelligence	7
4.2 Structuring the market	8
4.3 Market intervention	8
5. What is a market position statement?	8
6. What question does an MPS need to address?	9
7. What might an MPS actually look like?	10
8. Frequently asked questions	12
8.1 Must we produce a market position statement?	12
8.2 Can we co-produce the market position statement in partnership with providers?	12
8.3 Our providers stretch across more than one local authority boundary, can we produce a joint market position statement?	12
8.4 How do we define a market or are we talking about all social care?	12
8.5 What is meant by market facing?	12
8.6 We already have plenty of information about demand, why do we need to do more analysis?	12
8.7 What is meant by 'whole populations'?	13
8.8 Why does the local authority need to do anything, if in the future social care consumers will drive demand and supply?	13
8.9 Do we still need commissioning strategies?	13
8.10 How should we disseminate a market position statement?	13
9. Finally	13

APPENDICES 14

Appendix 1: The relationship between a commissioning strategy, market position statement and a procurement plan	14
Appendix 2: Example materials for adult social care	15
Appendix 3: An example market position statement for children's services	17

1. Introduction

The Welsh Local Government Implementation Plan for Sustainable Social Services includes a commitment to facilitate meaningful dialogue with commissioners and providers, to build a clear picture of current markets, and determine where these need to be reshaped to achieve the best outcomes for users and carers.

To support this, the Institute of Public Care at Oxford Brookes University (IPC) was asked by the Social Services Improvement Agency ('SSIA') to produce guidance for commissioners of adult and children's social care on how to develop a market position statement.

There is no statutory requirement to develop market position statements in Wales. However, developing an accurate picture of need and markets is a key activity for effective commissioning and this toolkit offers support for commissioners in developing market position statements for the social care market. It has been developed following an initial series of workshops on market facilitation and a consultation workshop which was attended by commissioners from across Wales in spring 2013. It contains the following:

- A summary of key national policy and guidance.
- An evaluation of the key ideas informing market facilitation.
- An overview of what should be included in a market position statement.
- Frequently asked questions.
- Example market position statements for both adults and children's social care.



2. The national context

There are 2 key policy documents from the Welsh Government which are particularly relevant to effective commissioning and market facilitation in social care.

Firstly, in 2010, the Welsh Government issued Section 7 Guidance to local authorities on commissioning social care services. '*Fulfilled Lives Supportive Communities Commissioning Framework and Guidance (2010)*' recognises that commissioning for social care is one of the most important activities undertaken by a local authority. The Guidance includes standards, which centre on the development and delivery of evidence-based, outcome-focused, commissioning plans. It highlights the need for commissioners to make judgements, based on their analysis of the existing market, about the most appropriate approaches to market development and procurement in their local area, including different contract forms, grants or in-house provision.

Secondly, '*Sustainable Social Services for Wales: a Framework for Action*' was published in 2011. It sets out the Government's aspirations for the transformation of social care and is a response to the changing needs of citizens, as well as the reduction in public finances. In particular it highlights:

- Greater citizen control.
- A focus on outcomes and prevention.
- The need for better integration and collaborative working, which avoids duplication and focuses on the needs of citizens.
- A shared approach between the public, private and voluntary sectors.

In the framework the Welsh Government articulates its view that national and local government must drive improvements in the market, rather than simply respond to the existing range of services. Commissioners are encouraged to work in dialogue with providers to ensure that social care is delivered within a public service ethos.

Commissioners can access support in implementing '*Fulfilled Lives Supportive Communities Commissioning Framework (2010)* and *Sustainable Social Services for Wales: a Framework for Action (2011)*' via the SSIA and Welsh Local Government Association programme of support described in '*The Local Government Implementation Plan (2012)*'.

In addition to existing guidance, at the current time the Social Services and Well-being Bill (Wales) 2013 is proceeding through legislative scrutiny. The Bill includes a number of important elements relevant to the development of local care markets in Wales including:

- Promoting the range of services to support the well-being of people who need care and support, and their carers.
- Better understanding the needs of the local population and the ability and capacity of local services to meet that need.
- Promoting the development of new models of delivery through social enterprises, co-operatives, user led and third sector services.
- Promoting the availability of preventative services from the third sector in the arrangements it makes for providing care and support and informing people in its area about what services are available.
- Securing the provision of an information, advice and assistance service to provide people with information and advice relating to care and support and provide assistance to them in accessing it. Providing information and advice about the care and support system provided for under this Bill, the type of care and support available in a local authority area and how to access it and how to raise concerns about people who appear to have needs for care and support or support.

Assuming the continued passage of the Bill through to an Act in 2014 this will have significant further implications for the roles of the local authority and its key partners as facilitators of the market.

3. Defining market facilitation

A market position statement is only one element in a range of activities which local authorities and their partners need to undertake if they are to be successful in promoting the successful development of services to best meet the needs of the local population. This range of activities is called market facilitation, and can be defined as follows¹ :

“Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future.”

Looking at some of the phrases in the definition in more detail:

Phrase	Comments
Understanding of need and demand	Many local authorities routinely collect population needs information within Joint Strategic Needs Assessments or similar documents. They may also have information which gives a view of demand. However, the task is more than a simple matching of existing services to populations. Understanding demand is also about understanding what approaches work best, with whom and when. It involves asking where interventions might best be targeted and understanding which situations might deteriorate leading to poor outcomes for the individual and high, potentially avoidable, costs for public care. Finally, strategic commissioners must relate their understanding of demand to that of actual and potential users of care services.
Strategic commissioners	In the past this would probably have meant the commissioning and contracting functions in social care. However, taking a holistic view of the market means also encompassing those involved in housing, planning and community development, as well as, for example, health and education.

¹ Some of the concepts explored in this paper have been derived from earlier work by IPC with the National Market Development Forum (NMDF). The NMDF is a work stream of the Think Local, Act Personal Partnership and further information is available at www.thinklocalactpersonal.org.uk

Phrase	Comments
Diverse, appropriate and affordable provision	<p>There is a balance to be struck here:</p> <p>Diverse may mean a choice of providers or a choice of different services from one provider. It does not mean a market where there are many providers all offering the same service.</p> <p>'Appropriate' may have a wide range of interpretation; for example, an older person's rehabilitation service may not be appropriate for a young physically disabled adult; a foster carer may offer an ideal care environment but be too far from a child's original home to be acceptable.</p> <p>Affordable does not mean 'at any price' but equally, it does not always mean the lowest price. This is the case whether the purchaser is a local authority or an individual buying independently, or through a direct payment.</p>
Deliver effective outcomes	<p>The word 'outcomes' is being used more extensively in public care. However, there is a difference between simply stating a set of outcomes that are desired, as compared to paying for that service by the achievement of those outcomes. An example may be where the purchase of home care moves from purchasing by cost and volume to one where the purchase is based around a set of rehabilitative or re-ablement goals.</p>
Now and in the future	<p>Market facilitation needs to combine both short and long term strategic approaches. Of immediate concern will be day to day issues over supply and demand. However, as most providers assert, the key to a successful market is about consistency of demand and price. Investment requires predictability about how the market will behave and longevity if new ideas are to mature and develop.</p>

In the 'Fulfilled Lives Supportive Communities Commissioning Framework and Guidance (2010)' commissioning is described as essentially a sequential series of activities centred around 4 quadrants:



Market facilitation and the MPS form part of the 'securing services' quadrant, intended to contribute realistically and constructively to ensuring that the relationships between commissioners, providers and services is constructive, mature and above all valuable for service users. They are only part of the overall commissioning task, but are increasingly important as local authorities aim to work constructively with all of the many different providers of services in their local communities to best meet the care and support needs of their citizens.

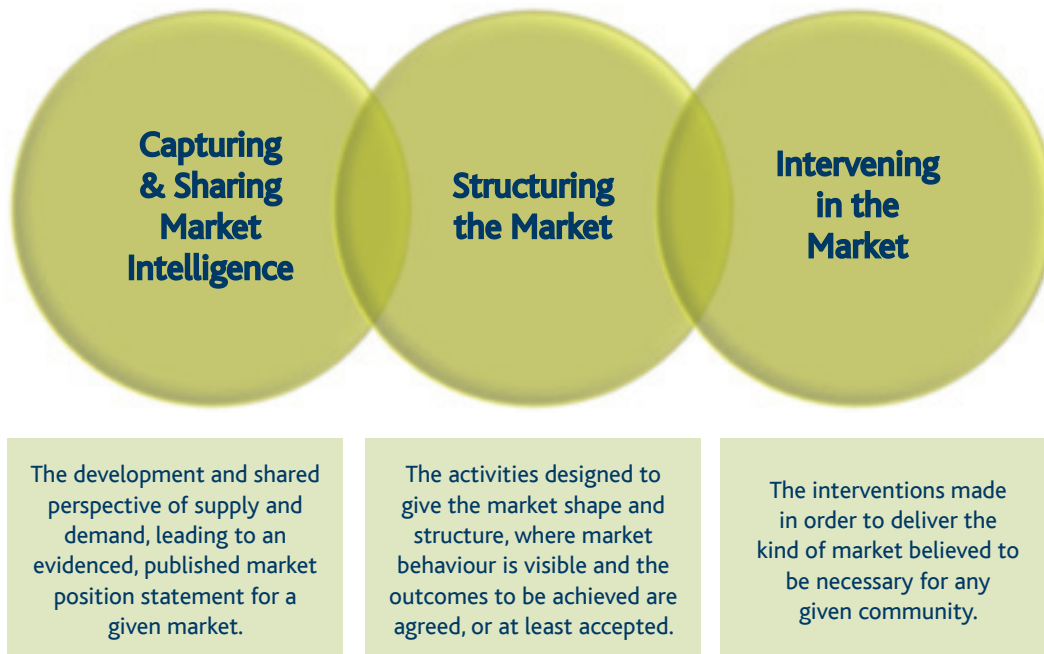
As Wales looks to build further on its legacy of community-based services and promote and encourage citizen-directed service models² and social enterprises³, local authorities will need to use the discipline of commissioning to ensure that its resources promote service choice and that the social care market in the local area is vigorous and able to offer real choice to citizens. Potentially more and more services will develop and grow through direct provision to individual citizens, and the local authority role will be less to do with contract management on behalf of citizens, and more about helping to ensure that the local area has a range of providers who understand and can meet the needs of the population. Systematic market facilitation through shared intelligence and on-going dialogue will be a key way in which this takes place.

² See for example the Wales Alliance for Citizen Directed Support <http://wacds.org.uk/>

³ See for example specific provisions in the Social Services and Well-being (Wales) Bill 2013

4. Market facilitation activities

The market facilitation task is complex, and it requires a new set of activities and skills from commissioners.



Considering each of these in turn:

4.1 Capturing and sharing market intelligence

This involves ensuring that the local authority is well informed about the market, understands the factors that influence demand and supply and has a clear vision of what good quality care looks like and the outcomes that it will achieve. A commissioner would naturally want to know, for any market, who provides what, where, to whom and at what price. However, they would also need to answer some of the following questions:

- What does quality look like?
- How sustainable are the care businesses that serve the local area?
- Is there sufficient diversity and flexibility of services to meet local need or is the market dependent on very few providers, where the service is delivered at the provider's convenience rather than that of the consumer?
- What are the deficiencies in current provision?
- What do consumer surveys tell us about the future shape of provision?

The social care market has close interaction and interdependence with the markets for health, education, housing, transport and leisure and can have a significant impact on local economies. Therefore, a full understanding of the market should involve working with other public care commissioners in gathering and sharing data, wherever possible. It is vitally important that this information is not just seen as belonging to the local authority. It is valuable information which if shared with providers and potential providers can help them make good business decisions and develop their services to meet the future needs of the population. The local authority needs to use the intelligence to explain to all stakeholders the current status of the social care market and to identify what it should look like at a fixed point in the future.

Once data has been captured and analysed it forms the basis of a market position statement (MPS). The MPS is intended primarily for providers, although it can be of interest to consumers, to help them understand and respond to a local authority's commissioning intentions. We will look at the contents of the MPS in more detail later in this document.

4.2 Structuring the market

Structuring the market involves making explicit how the local authority intends to perform and behave to influence the market. For example, an activity that supports providers to change the shape of purchasing from 'cost and volume' to 'commissioning outcomes' would be market structuring activity.

Structuring the market may involve work with other key stakeholders such as health, housing and planning colleagues. Other examples of market structuring could involve working with planners to produce guidance that reflects long term demand for care homes and supported housing in the context of older people or learning disability. It may also mean identifying and removing barriers to market entry faced by specific providers; developing channels to gather ideas from providers about new models of care, or piloting innovative approaches.

Market structuring may also involve the local authority developing the skills and competencies of its own staff so that they are better equipped to facilitate the market.

4.3 Market intervention

Market intervention brings the results of the intelligence gathering and analysis and the market structuring together to deliver the desired market. This may include, for example, stimulating particular parts of the market with financial incentives; offering specialist training; supporting providers with business planning; working with providers and consumers in order to deliver good quality information; creating vehicles for consumer feedback on service provision; or, setting up not for profit ventures.

5. What is a market position statement?

So, within the overall market facilitation task, a market position statement is a key product to help with capturing and sharing market intelligence. It has the following characteristics:

- It presents a picture of current demand and supply and possible future trends.
- It is a brief, analytical document that is clear about the distinction between description and analysis. It explains the local authority's priorities based on an evaluation of the data and evidence.
- It supports its analysis by bringing together material from a range of sources such as Joint Strategic Needs Assessments, surveys, contract monitoring, market reviews and statistics into a single document. The data presented should help providers to develop effective business plans.
- An MPS should cover all potential and actual users of services in the local area, not just those accessing state funds.



6. What questions does an MPS need to address?

As a succinct and authoritative analysis of the local market, the MPS is likely to need to address some or all of the following questions if it is to be effective. Some of these questions will be straightforward, and it will be easy to secure and analyse the relevant data. To answer other questions however, new data and new approaches will be needed.

Demand	<ul style="list-style-type: none"> ● What are the broad population trends and which sectors of that population will grow the fastest? ● Are there geographical distinctions in the way populations are distributed? ● What is the relationship between the whole population and people who currently receive a service? Is it possible to distinguish between populations that are known, those that we should know and those that are likely to remain unknown? Are there changes in demand that providers are experiencing and are these quantifiable? ● Are there market sectors where there are particular problems in meeting need? ● How might past trends over time match the future trajectory of demand? ● What surveys of the general public and of service users have been conducted? Can these be brought together with material from inspection reports and national research into clear indications about future trends and desires?
Supply	<ul style="list-style-type: none"> ● What is the current distribution of services in relation to the population? What does service take up look like over time? ● Have we been able to identify those who fund their own care and support and if so what is the distribution between the state funded and the person funded service? ● Is this a stable market, a market that is growing or a market that is in decline and what are the consequences of any of these positions? ● What is considered to be the threshold of quality, how good is local performance as shown through complaints, inspections and so on? ● Are there services that we would currently see as over, or under supplied and why? ● Which services are financially vulnerable, which have grown and which diminished? ● Are there some providers who have a significant market share?
Other	<ul style="list-style-type: none"> ● What sensitivity is there to price and what relationship has been established between price and service quality. Are there sectors of the market where people would be prepared to pay more for enhanced provision? ● Have we outlined what we would consider a good service to look like, in what volumes to match demand and explained why the local authority has come to that conclusion? ● Have we been clear about the likely future level of resourcing by the local authority both in terms of estimating likely future service purchase and the resources the Authority might offer to the sector, eg, training, etc, ● Is there a clear plan for how the MPS might be used and a process by which providers can respond to the Local Authorities market analysis?

7. What might an MPS actually look like?

An MPS will of course have to be developed to meet the needs of specific population groups, and length and detail will vary. Nevertheless there are some common characteristics and the table below outlines what might typically be contained in an MPS for social care.

Section	Key Elements
A summary of the direction the local authority and its commissioning partners wish to take and the purpose of the document	<ul style="list-style-type: none"> Summarises the outcomes to be achieved and any elements of policy, legislation and regulation which will have an impact on the market. Contains a summary of the key elements of the analysis presented in the individual sections below. This section should be written last of all and ideally be no more than one page.
The local authority's predictions of future demand, identifying key pressure points	<ul style="list-style-type: none"> An analysis of the current population and anticipated projections for the coming 5 to 10 years for the relevant market sector. It will identify the impact any population change may have on future demand for services. The analysis should cover the whole population of potential service users, including those who fund services themselves and those funded by the local authority either in part or in total. Consumer perspectives should be represented here. Highlights particular aspects of demand now and in the future; for example, by geography (which wards have high density) and by nature (dementia, profound and multiple disabilities et cetera), and whether this is likely to increase, remain the same or diminish. This analysis will include the rationale on which such estimates are being made.
The local authority's picture of the current state of supply covering strengths and weaknesses within the market	<ul style="list-style-type: none"> A review of current spend on services across the relevant market including public private and voluntary sector resources. A quantitative picture of supply, looking at what services are provided, to whom, where and in what volume. Particular issues to look out for could be: does the profile of service provision match likely future demand; are services located in the areas of highest need: do the services available offer genuine choice? A qualitative picture of current supply indicating those areas where services appear not to be meeting required standards or user's requirements or outcomes. These may be based on reports, of complaints, of user surveys mystery shopper exercises and the like.
Identified models of practice the local authority and its partners will encourage	<ul style="list-style-type: none"> A review of how the commissioning organisation understands supply in terms of the latest evidence about the best approaches and methodologies. An explanation of the desired models of care and an analysis of whether they are matched by current provision. Suggestions about how the market might deliver change. A statement about whether commissioners will provide or directly purchase any services; whether they will seek framework agreements with providers and whether these will be based on outcomes. An explanation of areas where the local authority will seek to influence the inspectorate, service users, carers, or national government.

Section	Key Elements
The likely future level of resourcing	<ul style="list-style-type: none"> ● The local authority's priorities: where it wishes to see services develop and those areas where it would be less likely to purchase. ● A description of likely future public care resourcing, and how this might drive the vision identified in the previous section. ● If less funding is to be made available, an explanation about this and of the opportunities for the market to propose or be involved in ideas for service re-design and new delivery models. If particular service areas are vulnerable to funding reduction, an analysis of the likely service areas which might be de-commissioned or discouraged and how the local authority will seek to achieve these changes.
The support the local authority will offer towards meeting its identified model	<ul style="list-style-type: none"> ● An analysis of what the authority anticipates will be the impact of more service users purchasing or negotiating their own care, and the impact this might have on the market. ● Opportunities to shape future thinking and also any particular offers that may be available to providers; for example, outcome based contracts, land availability, help with planning consent, guaranteed or underwritten take up of services, training and development, business and management support.

Putting together an effective MPS is not easy. It requires good information, succinct analysis and a willingness to engage with many different stakeholders in a way which promotes a genuine and meaningful dialogue. It can be worth the effort, however, in helping local authorities and their partners secure the kind of services that will be needed to meet the needs of its local population into the future.



8. Frequently asked questions

Many authorities across England, Scotland and Wales are working on market position statements at the current time. Some of the most frequently asked questions from their work are outlined below, along with suggested answers:

8.1 Must we produce a market position statement?

There is no statutory requirement for any local authority in Wales to produce a market position statement. However, developing an accurate picture of need and markets is a key activity within the Local Government Implementation Plan and the development of market position statements for the social care market is considered good practice.

8.2 Can we co-produce the market position statement in partnership with providers?

While the analysis of demand and supply can be developed jointly, the local authority needs to be clear about its approach to facilitating the market. For example, the local authority needs to communicate clearly the level of resourcing available; its expectations about models of service delivery and the outcomes required. Essentially, the market position statement is a clear statement of public sector plans for the health and social care market.

8.3 Our providers stretch across more than one local authority boundary, can we produce a joint market position statement?

In some instances it may make sense for authorities to work together in producing a market position statement. This may provide mutual support to its authors. More importantly, it may also reflect local provider communities; for example, where regional contracts are in place. However, where there are differences, such as in demand, or in terms of the shape of future support, or in approach to best practice between authorities, these would need to be identified clearly and explicitly.

The regional collaborative agenda is developing a pace in Wales and many local authorities are engaged in regional initiatives to improve their capacity to manage

the commissioning of social care services. For some markets, such as looked after children placements, specialist care for people with mental health problems or learning disabilities, or complex substance misuse problems for example, regional collaboratives might be an ideal place where regional MPS could be developed.

8.4 How do we define a market or are we talking about all social care?

The definition needs to focus on the provider's own definition of their market, rather than on how the local authority defines its functions. Therefore, if providers feel they serve a market defined by their consumers, such as older people learning disability, then a market position statement should be produced for each of those market areas. It is important to describe what is within, and sometimes beyond, the scope of a market position statement. For example, some market position statements will focus on particular populations, such as all older people; others will focus on sections of the population, such as older people with dementia.

8.5 What is meant by market facing?

This is a document that should be written for people who provide services in a particular market, whether state, private or voluntary sector. Therefore, it should aim to give its readers information they may not already know and which would be helpful in their future business planning. It should offer a clear picture of what gaps there are in the existing care market and identify what consumers and potential consumers are saying about services. It should be a document that encourages dialogue between the local authority and its providers.

8.6 We already have plenty of information about demand, why do we need to do more analysis?

In understanding demand, it can be unhelpful to simply extrapolate population data without applying more subtle and detailed analysis. For example, population trends may vary over time; evidence-based practice may influence and change perspectives on the most appropriate types of intervention for client groups; or legislation and policy direction may change.

8.7 What is meant by 'whole populations'?

Previously many social care strategies have looked only at known and state-funded populations. In considering the 'whole market' it is important to broaden the analysis. For example, we may know how many older people in residential care are being funded by the state but it might also be helpful to know how many people are self-funding and to consider the future implications for the market. Some authorities may not have ready access to such information. However, it can be helpful if the market position statement provides clarity about current knowledge and indicates what the local authority wishes to better understand in the future.

8.8 Why does the local authority need to do anything, if in the future social care consumers will drive demand and supply?

The market facilitation process recognises the potential changing role of the local authority from the provider of services to one where it seeks to influence, develop and encourage the market towards the provision of good quality care.

8.9 Do we still need commissioning strategies?

The answer to this question is 'sometimes'! The commissioning strategy is likely to be a more wide ranging, extensive and detailed strategic document which indicates broad commissioning intentions and is supported by a detailed needs assessment which offers a statement of demand. The market position statement primarily describes the key elements of a strategy in terms of the local authority approach to suppliers, an approach to supply. The diagram in Appendix 1 illustrates the relationship between Commissioning Strategies, market position statements and Procurement Plans.

8.10 How should we disseminate a market position statement?

Local Authorities are increasingly establishing 'Provider Forums' to ensure they have regular and direct dialogue with their providers. This can be an obvious and useful starting point for disseminating market position statements. Others are developing dedicated areas on their corporate websites which can be used to indicate

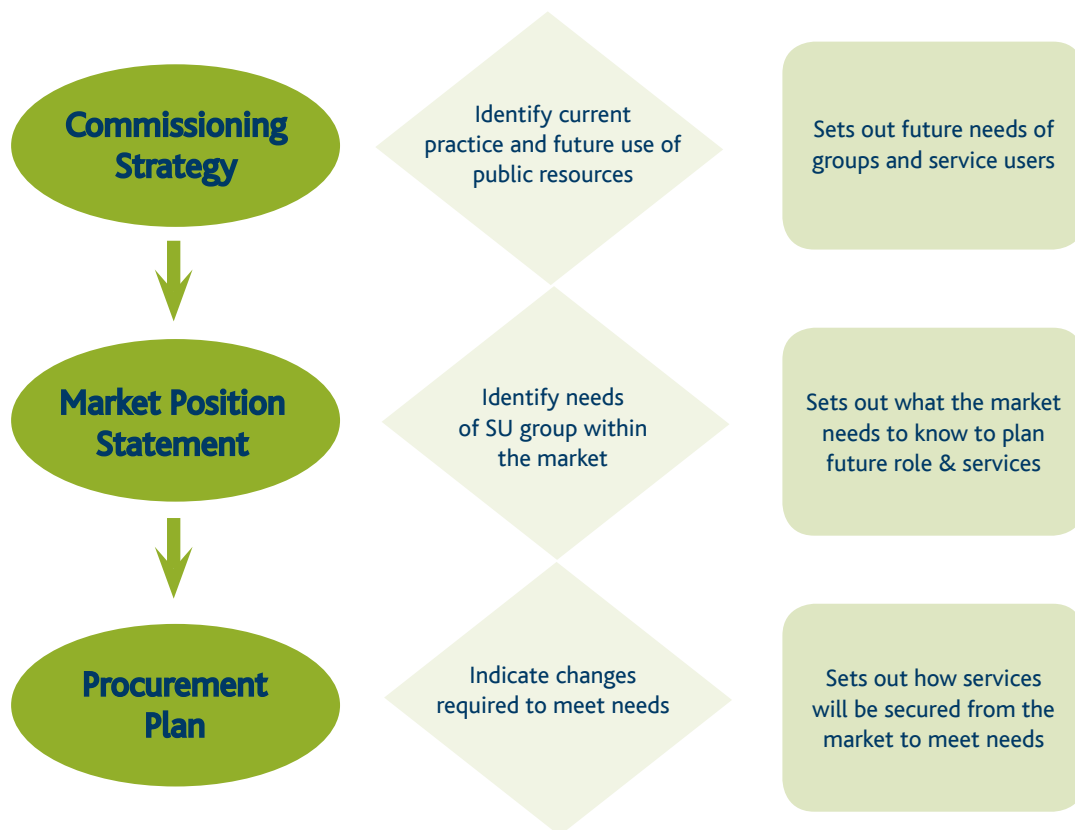
commissioning intentions and related information such as a market position statement.

9. Finally

The role of local authorities is changing and current and future policy both suggest that its task in facilitating and supporting the development of the social care market will become increasingly important. This is a complex and demanding task and commissioners will need new skills and new tools to help them address them. Developing and using Market Position Statements to build a good picture of the market, and then work with providers to help them respond to need is not the only way in which this can be done, but it is certainly one approach that is already proving useful



Appendix 1: The relationship between a commissioning strategy, market position statement and a procurement plan



Appendix 2: Example materials for adult social care

The following is an illustrative market position statement based on information provided by a number of authorities in Wales.

Adult Social Care Market Position Statement for Dragonshire

A summary of the direction the local authority and its commissioning partners wish to take and the purpose of the document

This document is aimed at existing and potential providers of adult social care and support. It represents the start of a dialogue, between the Council, people who use services, carers, providers and others about the vision for the future of social care markets. We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged.

The local authority's predictions of future demand, identifying key pressure points

The future of Adult Social Care is going to see significant change. By 2030 nearly 20% of the population will be aged 65 or over (*source : Daffodil*) The demand for services to older people will increase as the shape of local and national populations changes as a result of advances in medical science meaning more people are living longer. The rise in demand will not be matched by Government Funding meaning a new approach is needed to how social care and support is delivered. Regardless of funding, people will want more choice about how their needs are met. A recent customer survey indicated that a priority is to support people to live independently and stay at home longer.

The local authority's picture of the current state of supply covering strengths and weaknesses within the market

There are seventy three registered care homes for older people in the area, providing around 2,900 places. 4 of these homes are operated by the Council, the remainder by the independent sector. The Council's information systems indicate that the authority currently purchases around 60% of all places on behalf of its residents.

Twenty four of the care homes (with 741 beds) qualify for the Council's additional fee for dementia payments. There are a further 80 Dementia beds within two of the Council run care homes.

There are a number of care homes that are in single ownership and some of these providers have stated that when the property market improves, they intend to retire and sell their property. It has already been identified that some of these homes are not viable mainly due to size but some are in a poor state of maintenance.

Identified models of practice the local authority and its partners will encourage

We are developing a new way of helping people who have lost life skills to regain their independence through a joint health, social care and support service. We have piloted this in a rural part of the authority by creating integrated teams of health, social care and domiciliary workers.

Referrals are received direct from GPs or therapists based in hospitals, or re-directed from our call centre. There are no waiting lists and no criteria, as these immediately create barriers.

The service is free of charge, is available for up to six weeks and maximises a persons' independence so that, ideally, no on-going support is needed. However, it is recognised that, at times, long term care and support may need to be delivered following and episode of reablement.

This service helps prevent hospital admissions and facilitates timely discharges so that a customer can return home straight from an acute hospital without the need for a transfer to a community hospital.

We would like providers to support reablement by offering services which demonstrate:

- Flexible and integrated care and support provision to achieve customer outcomes.
- Workforce development, including contributing to assessments and reviews in order to better respond to customer needs.
- Consistency of carers and care.
- Working with a reablement ethos to enable independence.
- Connecting customers with wider community opportunities.
- Staff training and development of services to respond to the increasing numbers of customers with dementia.
- Transport and simple pricing structure.
- It is looking to work with providers of services who are able to develop services which will be cost-effective and of high quality in a highly rural and geographically dispersed area.
- That they can deliver services using the medium of the Welsh Language equally as well as those delivered in English.

The likely future level of resourcing

- The adults, health and community well-being budget in 2011/12 was 5.9% less than the previous year; the budget available in 2012/13 is a further 4.5% less; and in 2013/14 a further 4.1% less.
- Last year the Council spent £76 million (net) with over 590 organisations on social care services for older people in 2010/11 which constituted 55% of the total adult social care spend, 3% higher than the national average.
- As can be seen from the table there has been a consistent proportionate increase in expenditure on residential care for older people. We need to change this balance so that a greater proportion of the budget is spent on preventative services and through cash payments and a smaller proportion spent on registered care.

The support the local authority will offer towards meeting its identified model

The Council wants to support voluntary sector providers via infrastructure organisations to come together to build more social capital in the district. It also wants to reduce requirements placed on providers to work within complex contractual arrangements and to make it easier for existing and new providers to enter the market and work with us. The Council aims to continue to encourage local people to help influence local commissioning decisions and will always consult with its residents to shape the services they want.

Appendix 3: An example market position statement for children’s services

This example is taken from ‘Commissioning for Families with Complex Needs’ developed by IPC as part of the Commissioning Support Programme on behalf of the Children’s Improvement Board. It can be found at <http://ipc.brookes.ac.uk/>

The participants in the all Wales consultation workshop felt this worked example is helpful when producing market position statements for Children’s Service. It illustrates how to describe:

- The audience for the market position statement.
- An analysis of demand.
- The current state of supply.
- The models of best practice which the commissioners wish to encourage.
- Any significant and specific changes to service delivery required by the local authority.
- The likely levels of funding.
- A description of how the local authority will support providers to deliver the desired outcomes.

This worked example is illustrative of a market position statement for children’s centre services. It is not a policy model, but is used here to show how these guidelines might be used in practice.

Market Position Statement for Children’s Centres in Anytown’

Children’s centres are the lynchpin of our provision for vulnerable families with younger children. We must look to make best use of our total local resource to ensure the best outcomes for all children aged 0–5 including, in particular, our most vulnerable children.

This market position statement is aimed at:

- organisations interested in providing children’s centre services – what kinds of services we are looking to support.
- families – how we intend to shape the local children’s centre market to best meet your needs, and how you might be encouraged to participate.

It represents the start of a dialogue about the future of local children’s centre markets. We aim to give a clear insight into the ways in which we propose to commission children’s centre services and our vision for how other key services, such as health visiting, speech and language services, and early years education can work together with and use children’s centres as a vital local hub for more vulnerable families.

It takes into consideration the findings of the recent review of children’s centre and allied services, which was shared with local families and providers, our Commissioning Strategy for Early Years Services, and our knowledge of good or emerging practice. It also takes account of national developments in relation to health services overall as well as recent national reviews such as the Kennedy Report (2010), the Review of the Early Years Foundation Stage (2011), the Allen Review (2011) and the Munro Review of Child Protection Services (2011).

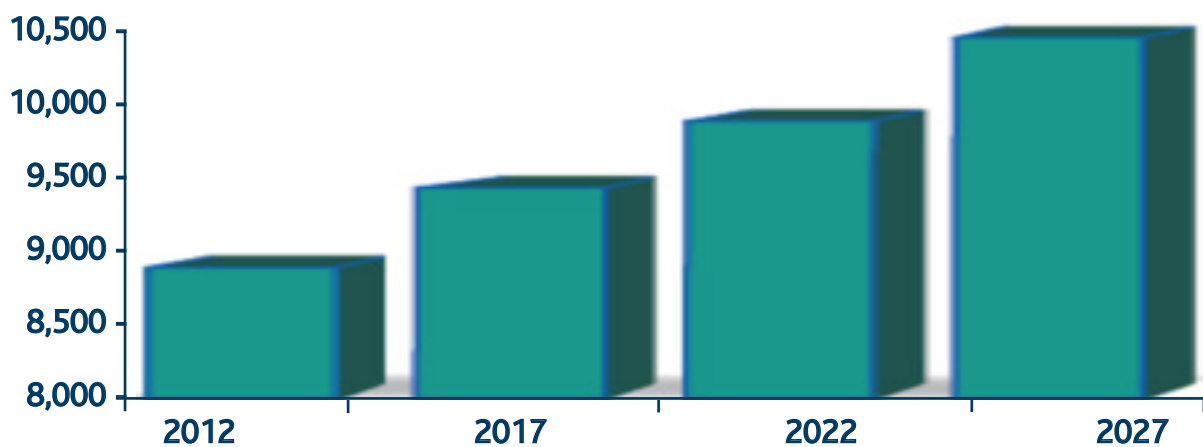
We are committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged. This is an important role for the Children and Young People’s Partnership. It is a key part of shaping a place where all families, but particularly those with emerging additional needs, can engage in and benefit from services that build on family strengths, and address difficulties, with the important ultimate aim of improving outcomes for children.

Organisations interested in providing children’s centres can learn about our intentions as a purchaser of services, and our vision for how services might respond to the national drive for greater targeting of the more vulnerable families.

Likely future demand and pressure points

Our population of children aged 0–5 years old is set to grow slowly over the next 10 to 15 years.

The population aged 0-5



Families currently registered with and using children’s centre services come from a range of backgrounds and some centres are succeeding in attracting a greater diversity and number of vulnerable families. However, overall the balance is too much in favour of parents who could get by without additional help, and we are not succeeding in stimulating sufficient demand for services aimed at supporting more vulnerable families, for example:

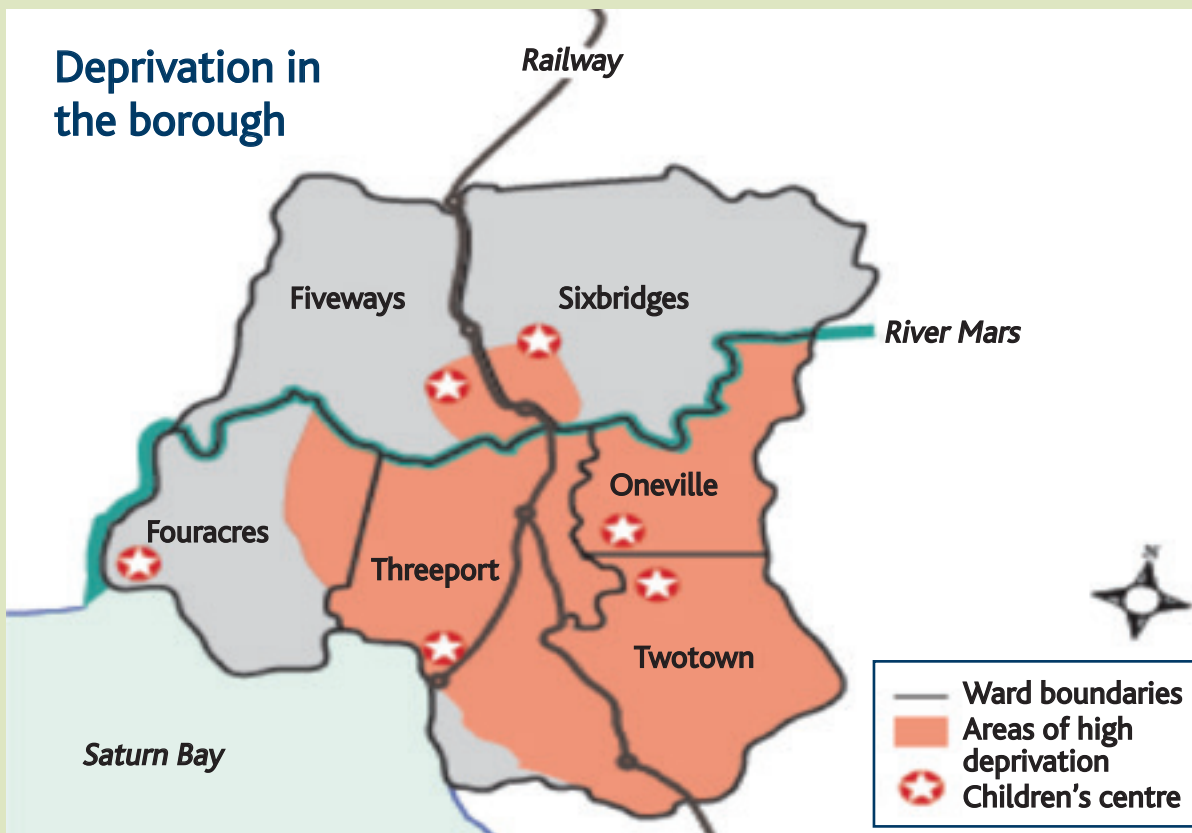
- families who have children with disabilities.
- younger parents, including in particular teenage parents.
- families with parental mental ill-health.
- families with parents who drink too much or take drugs .
- families where there is domestic violence.

Demand for key aspects of children’s centre services such as parenting education classes is high but, again, insufficient numbers of families with additional needs are being supported to attend these.

Families – including vulnerable families accessing children’s centres – travel; they don’t necessarily choose to access their local centre.

Wards that are more deprived and have a greater number of indicators of family vulnerability currently include: Oneville, Twotown and Threeport although there are pockets of deprivation and vulnerable families in all of our six wards.

Deprivation in the borough



Although our local breastfeeding rates are high overall compared with the national picture, rates for vulnerable groups such as younger mums remain stubbornly low.

Vulnerable families do access Team around the Family locally, but in much greater numbers for older children and young people. We have very low demand for in Team around the Family arrangements for families of 0–5 year olds. There is no clear record of the extent to which Team around the Family families are accessing children's centre services and little connection between the two.

Demand for specialist children in need services for under 5s continues to grow locally, but not as steeply as in other areas.

Our recent children's centre parents' survey has revealed that many existing users are happy with the services on offer but would like more flexible opening hours including more evening and weekend activities, more groups for fathers, more welcoming reception areas, and greater one-to-one support where appropriate.

The current state of supply

We currently fund a children's centre in each of the six wards. There is a mixed economy of provision, with some centres and services delivered by the council and some by the voluntary and community sector.

The 'offer' and activity type and level varies greatly from centre to centre. Most have standard offers such as nursery provision, parent and toddler groups, employment advice and general family support. However, not all centres offer evidence-based parenting programmes, which we know are central to effective early intervention, or more intensive and tailored support for families identified as being vulnerable, or outreach services that can target and support families who might find it difficult to ask for help.

Services provided by the more successful children’s centres include a combination of relatively open-access and attractive services such as nursery provision, baby massage and parent and toddler groups with:

- evidence-based parenting programmes such as Webster Stratton.
- dads’ groups.
- parents’ forum.
- outreach services.
- breastfeeding support.
- access to other services, such as counselling and other mental health support services, housing and debt advice.
- young parents’ group.
- bespoke family support.
- community activities.
- activities for disabled children and their families.

Models of practice we will encourage and support

We retain a commitment to commissioning children’s centre services, focusing resources in particular on areas where there is greatest deprivation and need. Children’s centres will continue to need to deliver a ‘core’ offer including:

- energetic and visionary leadership.
- welcoming reception areas and easy access information, advice and support services.
- working together with families and involving of parents in shaping delivery.
- services to support a range of good outcomes for children – seen through the eyes of the child.
- contribution to the sufficiency of good quality child care locally.
- targeted family support.

Particular changes we are seeking to achieve over the period 2012–15

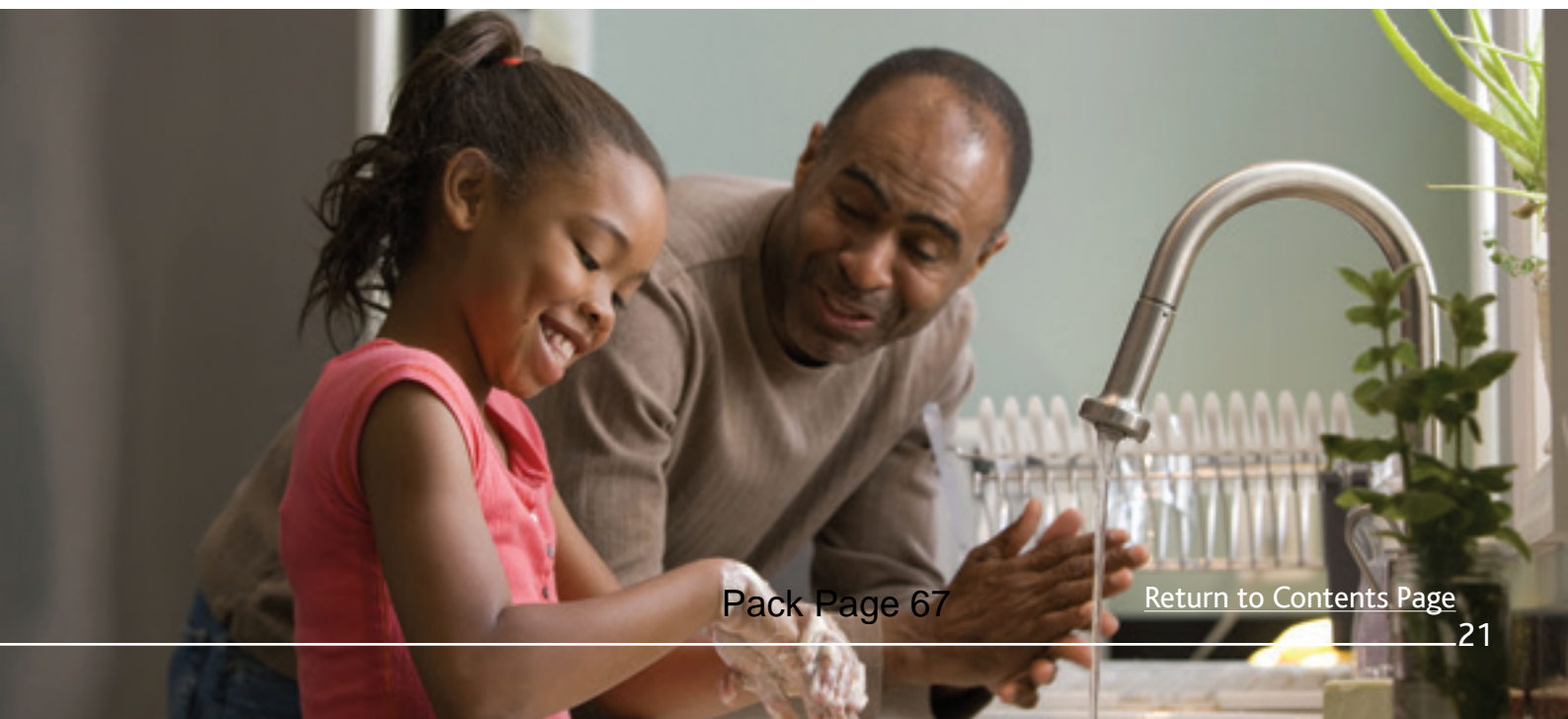
1. A shift away from focusing on growing registrations from across the overall population of 0–5 year olds to extending the number of vulnerable children and their families accessing outcomes-focused, flexible, and evidence-based support. Particular target groups include:

- families where housing, debt, parental mental ill-health, substance misuse, disability, social isolation and/or domestic violence or a combination of these are impacting or likely to impact on parenting capacity.
- younger parents, including in particular teenage parents.
- fathers.
- children with disabilities – particularly those with emerging behavioural or speech and language problems.

These services will not need to be delivered exclusively by children's centre staff. They will need to be developed with and complement other targeted services locally including those commissioned by the local authority to support children in need, and community health services. Services should focus on increasing child resilience and preventing or reducing risk factors including parent and environmental factors. They will need to be well planned and for sufficient duration to make a difference.

2. A further extension of outreach activities – including evidence-based engagement with and planned programmes of support for vulnerable families. Again, these services will need to complement and not duplicate others including community health services.
3. A greater focus on parenting skills development, including evidence-based group and individual programmes of support designed to enable consistency, capacity and motivation of parents to nurture children.
4. A further extension of children's centres as hubs for other services, including in particular community health services such as health visiting, speech and language therapy and midwifery.
5. Facilitation of parent or community-led universal activities and consideration of charging mechanisms for open access provision – to ensure that these services remain viable and provide a bridge into more targeted or specialist services if necessary.
6. A shift towards maximising the use of children's centre 'space' for a range of activities relevant to children and young people as well as the wider community. This will include stimulating grass roots including parent-led groups or individuals to make creative use of the space and support networks of parents.
7. Greater focus on the facilitation of and support for crucial integrated systems to help vulnerable families move smoothly through and across services – for example CAF, Team around the Family, lead or key professional activities. This may involve children's centre staff sometimes 'holding onto the baton' and so taking the lead on these systems and activities.

We would also like to explore the extent to which children's centres can become hubs for integrated workforce learning and continuous improvement in early childhood services – and would welcome the views of all concerned about how this could work in practice.



Likely future level of resources

Our income from central government for children's centre services is reducing overall from £2 million per annum for the period 2010–2011 to £1.8 million per annum for the periods 2011–12 and 2012–15. Central government funding thereafter is uncertain.

We have in the past supplemented the central government grant for children's centre services with a local authority contribution of £600,000 per annum for allied family support services. In keeping with overall council reductions, we will need to reduce this spend on children's centre related family support services to £400,000 per annum for the period 2012–13.

We will therefore have approximately £2.2 million to spend on children's centre services in the year 2012–13, compared with £2.4 million in 2011–12 and £2.6 million in 2010–11.

We will need to ensure that this money works as hard as it can in the next period of time, and that we make best use of the total resource available locally to ensure the future applicability, effectiveness and sustainability of services. In this context, we will wish to prioritise our direct spend on:

- activities that are evidence-based, particularly for more vulnerable families, for example centres offering parenting education classes.
- improved engagement with vulnerable families, in order to support them to access and benefit from children's centre services.
- activities that draw other services in to support vulnerable families, such as Team around the Family, lead professional services or contributions to Team around the Family, access to facilities for peripatetic workers who need to meet with families and access to drop-in clinics for community health professionals.

We anticipate that children's centres will also need to and indeed can realistically attract and increase their income from a number of other sources, including:

- families accessing universal offers such as nursery, parent and toddler groups, baby massage and parenting education.
- the wider community, for example by offering space to let to community groups.
- professional groups and organisations, for example through the provision of training for groups of practitioners in relation to areas of children's centre expertise, such as:
 - building family capabilities and resilience.
 - how to engage with harder to reach families, and keep them engaged for long enough to make a difference.
 - improving communication and language development in early years by all professionals – the significance of and tools to support this area of development.
 - use of local tools and systems to consistently and effectively identify and act on early signs of need.

What we can offer to support innovation and change

The support we will offer families

Information and advice about the services on offer at children's centres, including those services that will no longer be on offer or no longer free of charge, and the rationale for the change(s).

Information about the services they can expect to receive from each children's centre and their likely cost.

Support to develop parent or community-led groups to organise and access funding for services to be delivered in or run from children's centres, including activities for disabled children, peer support for vulnerable parents and community events.

Information and advice to individual families about accessing services or funding for services particularly for vulnerable groups, such as nursery provision, short breaks and specific grants via our Family Information Service (FIS).

To support effective integrated services we will continue to share information about the needs of vulnerable families and communities across the local authority area and by Clinical Commissioning Group.

We will encourage statutory agencies to use children's centre premises and services as local area 'hubs' to meet with families, professionals and teams and to access training.

We will support Team around the Family arrangements in relation to vulnerable families who have needs greater than one agency can address and who would benefit from this approach.

The support we will offer providers

A transparent tendering process for all children's centre services to commence in April 2012 including: provider involvement in developing the detailed specification for local authority funded services; outcome-based procurement processes and contracts; and the award of contracts for a 3 year period (from 2012 to 2015).

One-off time limited funding and complementary advice for all commissioned children's centres to develop, or further develop, aspects of the 'offer' that may be currently underdeveloped, such as training, Team around the Family lead professional work, parenting education and outreach services.

Direct advice, support and coaching from our Business and Innovation Unit for all providers to identify and grow legitimate sources of income from other sources, including families, the wider community and professional groups or organisations, and to develop their business plans.

Direct marketing and brokerage of children's centre offers that include paid-for services, for example through our Family Information Service (FIS) or with our partner organisations interested in early intervention and prevention services for families.

Information for existing users about the changes in services we are making across the local authority area, and why.

Continued access for key children's centre staff, including children's centre leaders to our own workforce development programme.

Health and Social Care Committee

Meeting Venue: **Committee Room 3 – Senedd**

Meeting date: **Wednesday, 13 May 2015**

Meeting time: **09.17 – 12.20**

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



This meeting can be viewed on [Senedd TV](#) at:

<http://senedd.tv/en/3009>

Concise Minutes:

Assembly Members:

David Rees AM (Chair)
Alun Davies AM
Janet Finch–Saunders AM
John Griffiths AM
Elin Jones AM
Darren Millar AM
Gwyn R Price AM
Lindsay Whittle AM
Kirsty Williams AM

Witnesses:

Sarah Rochira, Older People’s Commissioner for Wales
Nicola Evans, Older People’s Commissioner for Wales
Dr Rosanne Palmer, Age Alliance Wales
John Moore, My Home Life Cymru
Lorraine Brannan, ‘Justice for Jasmine’ Campaign Group
Pamela Cook, ‘Justice for Jasmine’ Campaign Group
Kelvyn Morris, ‘Justice for Jasmine’ Campaign Group
Robin Moulster, BASW Cymru Manager, British Association of Social Workers Cymru

Committee Staff:

Helen Finlayson (Second Clerk)
Catherine Hunt (Second Clerk)

Sian Giddins (Deputy Clerk)
Rhys Morgan (Deputy Clerk)
Gareth Howells (Legal Adviser)
Joanest Varney-Jackson (Legal Adviser)
Amy Clifton (Researcher)

Transcript

View the [meeting transcript](#).

1 Introductions, apologies and substitutions

1.1 Apologies were received from Lynne Neagle.

2 Regulation and Inspection of Social Care (Wales) Bill: evidence session 9

2.1 The witness responded to questions from Members.

2.2 The Older People's Commissioner agreed to provide the Committee with:

- a copy of her letter to the Minister for Health and Social Services setting out her views on the Bill; and
- case studies of the impact the Bill might have on older people in Wales.

3 Regulation and Inspection of Social Care (Wales) Bill: evidence session 10

3.1 The witnesses responded to questions from Members.

3.2 Dr Rosanne Palmer agreed to provide a note regarding:

- the reservations of one member of Age Alliance Wales in relation to the extension of registration to the whole social care workforce; and
- Age Alliance Wales' views on ensuring the cost effectiveness of using lay inspectors.

3.3 The witnesses agreed to write to the Committee with a view on whether the Bill should provide that those involved in commissioning services and awarding contracts to private companies should be prevented from working for such companies within a specified time frame.

4 Regulation and Inspection of Social Care (Wales) Bill: evidence session 11

4.1 The witnesses responded to questions from Members.

4.2 The Committee agreed to write to the Minister for Health and Social Services to ask how the Bill would take account of Dr Margaret Flynn's independent review of Operation Jasmine.

5 Regulation and Inspection of Social Care (Wales) Bill: evidence session 12

5.1 The witness responded to questions from Members.

6 Papers to note

6.1 Minutes of the meeting on 23 April 2015

6.1a The Committee noted the minutes of the meeting on 23 April.

6.2 Minutes of the meeting on 29 April 2015

6.2a The Committee noted the minutes of the meeting on 29 April.

6.3 Regulation and Inspection of Social Care (Wales) Bill: additional information from the Welsh Reablement, Wales Carers and Social Care and Wellbeing Alliances

6.3a The Committee noted the additional information from the Welsh Reablement, Wales Carers and Social Care and Wellbeing Alliances. It noted that the information was also endorsed by the Wales Alliance for Mental Health.

6.4 P-04-603 Helping Babies Born at 22 Weeks to Survive: correspondence from the Petitions Committee

6.4a The Committee noted the correspondence. It:

- agreed to write to the Chief Medical Officer to ask her to clarify her expectations of individual hospitals' application of professional guidance for the treatment and care of extremely premature babies;
- requested a paper outlining options for future work on this issue, to be considered as part of a future forward work programme discussion; and
- agreed to inform the Petitions Committee of the Committee's decision.

6.5 Inquiry into the performance of Ambulance Services in Wales: correspondence from the Deputy Minister for Health

6.5a The Committee noted the correspondence from the Deputy Minister for Health.

6.6 Scrutiny of the Minister for Health and Social Services and the Deputy Minister for Health: correspondence from the Minister for Health and Social Services

6.6a The Committee noted the correspondence from the Minister for Health and Social Services.

7 Motion under Standing Order 17.42(vi) to resolve to exclude the public from the remainder of the meeting and for item 1 of the meeting on 21 May 2015

7. The motion was agreed.

8 Regulation and Inspection of Social Care (Wales) Bill: consideration of evidence

8.1 The Committee noted the consultation responses, and considered the evidence received.

9 Regulations in relation to eligibility to be made under the Social Services and Well-being (Wales) Act 2014: consideration of approach

9.1 The Committee considered and agreed its approach to scrutinising the regulations in relation to eligibility to be made under the Social Services and Well-being (Wales) Act 2014.

Agenda Item 3.2

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[Regulation and Inspection of Social Care \(Wales\) Bill / Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol \(Cymru\)](#)

Evidence from Carers Trust Wales – RISC AI 03 / Tystiolaeth gan
Ymddiriedolaeth Gofalwyr Cymru – RISC AI 03

Note for Health and Social Care Committee

Registration of the Social Care workforce – reservations of Carers Trust re implementation.

Although Carers Trust Wales supports the registration of the social care workforce (and the professionalisation that would hopefully accompany this) our concerns are around implementation, and the potential impact on small, third sector services that registration may have.

Small, third sector services prioritise training and quality care delivery, investing any surplus into the organisation. The current financial climate and the current approach to commissioning have made it increasingly difficult for small, third sector services to remain viable as the ‘unit cost’ for an hour of care has been increasingly squeezed.

Our concerns over registration of the workforce is that the costs and administrative burdens of registration may have a disproportionate impact on these small, third sector, quality-orientated services. This is particularly worrying given the new duties in the Social Services and Well-being (Wales) Act 2014 to promote the use of social enterprises and the third sector. That is why we feel it is crucial that if registration of the wider workforce is introduced, that the Regulation and Inspection of Social Care (Wales) Bill also considers how it may improve and safeguard the commissioning process at the same time.

We also have some concerns over how best to safeguard staff, when there is a register of the workforce, from an organisation shifting responsibility for the quality of care onto individuals rather than the organisation as a whole

Note for Health and Social Care Committee Commissioning of Services

Kirsty Williams' point:

The older person's commissioner was quite devastating in her evidence this morning, I felt, about the inadequacies of the provision within the Bill, as it currently stands, around commissioning and the role of commissioners. I wonder whether you have any views on whether you think commissioning is adequately addressed within the Bill. I also wonder whether you have a view on whether the Bill should explicitly say that those people who are involved in commissioning and awarding contracts to private companies, then should be prevented from moving from a commissioning role to employment within one of those companies over a certain period of time. So, for instance, Ministers would have a cooling off period before they could move into a particular role, but it seems to me that there is nothing to stop somebody working in a local authority today, handing out a very valuable contract tomorrow, and then working for that company the following week.

Response from John Moore, Age Cymru

- We need to have clear guidance on commissioning, rules and standards. Commissioning is not a regulated profession and I don't think it needs to be, but there should be a code of practice. Also, commissioning officers/ managers should be expected to work toward a relevant qualification.
- In a code of practice or even in individual contracts with officers/ managers, it could be stated that there was a clause that covered scenarios such as stated above.
- In the contract with providers, this could also be addressed. This would be harder to implement than the point above.
- Lastly, Kirsty mentions private companies. I don't think that it should be limited to that but should cover all providers.

Note for Health and Social Care Committee
Age Alliance Wales' views on ensuring the cost effectiveness of lay inspectors



Age Alliance Wales believes that lay inspectors have an important role in ensuring inspections of care homes fully consider all aspects of an individual's daily life and care. Lay inspectors bring different experiences and can offer a different perspective upon the quality of life and the quality of care that is being provided. Managed well, lay inspectors can also enable a more effective, legitimate and transparent inspection regime.

We are concerned by CSSIW's claim that lay inspectors are not cost effective. If co production is to be enacted, investment has to be made to support the engagement of all stake holders. If lay inspectors are to be engaged, AAW believes it should be on the basis of evidence based good practice and not solely on cost. Lay inspection is not cost neutral. There will always be a cost to recruiting, training and maintaining lay inspectors engaged and up to date with knowledge and skill.

Lay inspector projects do not come for free and agencies have to invest in the staff culture and new/different inclusive processes, otherwise initiatives can fail and become discredited for the wrong reasons.

The All Wales Forum of Parents and Carers (AWF) did a partnership pilot with CSSiW two years ago to explore the potential of using family carers and individuals with learning disabilities as 'independent visitors' to support the inspection process. Age Cymru was also involved in this project. The aim was to consider the areas of quality of life and control. The project was a success as it wasn't overly structured and aimed to compliment the services of the main inspectorate body.

Learning from this project shows that lay inspector initiatives are more likely to succeed if organisations move towards a partnership approach that engages citizens at a voluntary level (plus travel expenses etc), rather than pushing for full reinstatement of lay inspectors with the full costs attached. (For more information, contact Kate Young, Director of All Wales Forum for parents and carers; [REDACTED]).

The AWF is currently in discussions with CSSiW and HiW to enable real engagement of families in the recently commissioned review of all learning disability registered services – they are hoping this can resurrect the positives from the joint pilot project and also help pave a way for ongoing joint working.

AAW would like to draw the attention of the Committee to organisations who currently use lay inspectors and greatly value their contribution:

Care Quality Commission – Experts by Experience

<http://www.cqc.org.uk/content/experts-experience-procurement-0>

Estyn – Lay Inspectors

<http://www.estyn.gov.uk/english/about-us/working-for-estyn/inspector-roles/>

Age UK – Experts by Experience

<http://www.ageuk.org.uk/professional-resources-home/services-and-practice/care-and-support/experts-by-experience/>

Older People’s Commissioner – Social Care Rapporteurs

http://www.olderpeoplewales.com/en/news/news/14-11-10/Too_many_older_people_living_in_care_homes_in_Wales_have_an_unacceptable_quality_of_life_says_Commissioner.aspx#.VWcYd03bL5o

Health Inspectorate Wales

<http://www.hiw.org.uk/home>

Dimensions Cymru

Contact - Ceri Meloy; [REDACTED]

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee](#) / [Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[Regulation and Inspection of Social Care \(Wales\) Bill](#) / [Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol \(Cymru\)](#)

Evidence from British Association for Adoption & Fostering – RISC AI 06
/ Tystiolaeth gan Gymdeithas Brydeinig Mabwysiadu a Maethu – RISC AI 06

28th May 2015

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David Rees AM
Chair, Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mr Rees

Thank you for your request to BAAF Cymru for a view about whether it would be appropriate for foster carers to be registered with, and regulated by, Social Care Wales.

BAAF is a national charity with a membership base that includes all 22 Local Authorities in Wales, as well as many Independent Fostering Providers. We are aware that the issue of registering foster carers has been muted in the past and have therefore had previous discussions within our wider organisation and informally with Fostering Service providers.

We understand that some benefits may come from registration of foster carers e.g. if a carer approaches another fostering service provider a central register would quickly clarify that a previous termination has occurred. However our belief is that the situation is a complex one because of the existing regulatory framework, and the overlap of roles, responsibilities and processes that a second tier of registration needs to be carefully considered and understood.

Existing regulations (The Fostering Services (Wales) Regulations 2003) impose a clear duty on fostering services to maintain an up to date register of foster carers approved by them, their terms of approval and the details of children who are placed.

They also prescribe a clear approval, review and termination process involving the Fostering Service Provider and the Independent Review Mechanism (Independent

Croesewir gohebiaeth yn y Gymraeg neu'r Saesneg – Correspondence in either Welsh or English is welcomed



Review of Determinations Adoption and Fostering (Wales) Regulations 2010). At present there is oversight and scrutiny of these processes by the agency's Fostering Panel and via annual inspection by CSSIW. In addition, notifications about foster carers may be made to the Disclosure and Barring Service in the relevant circumstances.

The regulatory framework for Fostering Services is backed up by National Minimum Standards, and guidance about processes in the event of allegations from Welsh Government and within the All Wales Child Protection Procedures.

If Social Care Wales was to take a role in the registration and regulation of foster carers there would be a considerable overlap between the regulatory requirements and processes as outline above and any new responsibilities assumed by Social Care Wales in this arena.

We therefore believe it would be critical to fully explore and understand how any proposed registration process would dovetail with the existing processes and the duties, roles and responsibilities that are currently allocated to the Fostering Service Provider, their foster panel and agency decision maker, as well as the IRM and CSSIW.

Current arrangements for dealing with poor practice are well embedded and contain measures for external scrutiny if good practice is in place. Foster carers registration is annually reviewed, foster panels have the capacity to quality assure the work of the fostering service provider, and CSSIW inspects on an annual basis.

Our concern would be that if the inter- relationship between any new regulations and the existing structures are not well thought through, there could be unintended consequences, loopholes or delays that could be created by this overlapping of roles.

For example, at what point would a central register be notified of de registration – when foster panel makes its recommendation? When the Agency decision maker makes their decision, or at the end of the 28 day appeal period that follows etc. How would the panel deregistration procedure, the IRM process and the Social Care Wales regulatory process work together in cases where issues were being looked at by all three bodies; which process would take precedence ; how would timescales work; what if multiple appeals were made to different parties in the process.

It's unclear to BAAF what the benefits from these changes would be, who they would be for and whether they would outweigh the additional work that could be created.

BAAF is also anxious that at this time of cuts to services there are no additional unnecessary administrative burdens placed on Local Authorities. Since the requirements for Fostering Services to keep a register of foster carer extends further than simply who is approved, they would by necessity need to keep their own up to date list, as well as administering a central register. As processes currently stand we believe that there would be unnecessary duplication of time and effort.

If this proposal were to be considered, the issue of foster carers living in Wales who are registered with non-Welsh fostering services would also have to be thought through.

In summary, our concerns stem from

- Creating unnecessary duplication of effort and cost when the benefits for young people seem uncertain. The case for change needs to be developed to provide evidence from across the multi -agency network that interfaces with foster care that this change is required, and should be prioritised, in the face of other competing demands for time and resources. There may well be other more urgent priorities to consider improving services for looked after children and young people.
- The current process for registration, reviews and termination of approval is well embedded, well understood and has levels of internal and external scrutiny within the current framework. There may well be improvements that could be made about improving practice within the current arrangements and BAAF would be happy to be a part of any work that looks at this.
- In order to dovetail these changes with existing process there would have to be a detailed analysis of current and proposed processes, and their inter relationship. It is our view that introducing registration and regulation by Social Care Wales would require:
 - a reframing of legislation and regulations
 - training in new processes for Fostering Services and foster carers
 - a revision of the current inspection framework
 - additional expenditure to undertake the administration and implementation of this structure (within Social Care Wales and Fostering Service Providers).
- The additional administrative burden that we believe could be placed on Fostering Services, specifically within Local Authorities and they have no mechanism to raise revenue to cover these additional costs.

We are aware that there are some tentative discussions about the benefits of creating of a National Framework for Fostering. If there is an appetite in Wales for the central registration of foster carers, which we believe still has to be established, then this proposal might better sit within a more holistic analysis of how Fostering Services can be better delivered at a national, regional and local level.

Yours sincerely

Wendy R Keidan

Wendy Keidan
Director, BAAF Cymru
British Association for Adoption and Fostering



Llywodraeth Cymru
Welsh Government

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Ein cyf/Our ref SF/MD/0659/15

David Rees AM
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
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CF99 1NA

14 May 2015

Dear David,

On 19th March I provided a response to your letter of 20th February about the Committee's Inquiry into the GP Workforce in Wales.

As part of this response I agreed to write to you again setting out the current position with the Royal College of General Practitioners (RCGP) proposal the minimum training time in all general practice programmes be extended from three to four years, with at least 24 months spent in primary care.

During the UK wide discussions about this proposal, Professor Sir David Greenaway published a report resulting from the review he had undertaken into medical postgraduate education entitled Shape of Training – Securing the Future of Excellent Patient Care. This review is set against the backdrop of the changing needs of patients across the UK and the consequent need to address more chronic illness and with patients presenting with multiple and complex conditions. This is a result of unhealthy lifestyles and an ageing population.

The Report makes a number of recommendations aimed at ensuring doctors have the appropriate skills, competences and aptitudes to meet these changing needs. It also focusses on the need to redress the balance between doctors trained to provide generalist care and those trained for more specialist care. The background and aims of the report are consistent with the requirements of NHS Wales that the workforce be flexible enough to adapt to change with patient safety, continual improvement and dignity and respect at the heart of the service provided.

The report was broadly welcomed by Health Ministers across the UK but it was agreed further work should be undertaken to consider how the recommendations within the report could be taken forward in practice. It was also agreed the question of an additional year of training for GPs should be considered as part of that wider work of the UK Shape of Training Steering Group given the proposal in the Greenaway Report was for a wider focus on generalist training,

It seems to me to be entirely appropriate that any changes proposed in relation to the education and training agenda are considered alongside each other to ensure the system works as a whole system rather than seek to make changes in isolation.

You will also be aware that since my response of 19th March, the *Health Professional Education Investment Review*, led by Mr Mel Evans has been published and is currently subject to a period of engagement with relevant stakeholders. It provides a clear overview of matters which have an impact on the future of GP workforce in Wales. In the meantime we are working with the Wales Deanery and others to identify areas where targeted periods of additional training and development would assist the current situation.

Best wishes,

Mark

Mark Drakeford AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services