Llywodraeth Cymru
Welsh Government

PUBLICATION

Code of Practice and Guidance under the Social Services and Well-being (Wales) Act 2014

Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to market stability reports.

First published: 29 March 2021

Last updated: 29 March 2021

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Issued under sections 145 and 169 of the Social Services and Well-being (Wales) Act 2014.

1. Preamble

1.1. Section 144B of the Social Services and Well-being (Wales) Act 2014 ('the 2014 Act') requires local authorities to prepare and publish market stability reports, and makes provision for regulations setting out the form these must take, matters to be included, and the prescribed period for carrying out market stability assessments. These matters are set out in the Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021 ('the Regulations').

1.2. The Regulations also amend the Partnership Arrangements (Wales) Regulations 2015 so that the preparation and publication of market stability

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reports must be carried out on a regional footprint, with local authorities and Local Health Boards working together through the seven Regional Partnership Boards (RPBs). The composition, role and functions of RPBs are explained in statutory guidance on partnership arrangements in respect of **Part 9 of the 2014 Act**.

1.3. This document is in two parts:

- part 1 (chapters 2-5) is a code of practice for local authorities on the exercise of their functions in relation to market stability reports. It sets out the approach that local authorities must take, in collaboration with Local Health Boards and other RPB partners, to prepare and publish a market stability report for their RPB area
- part 2 (chapter 6) is statutory guidance for local authorities and Local Health Boards on partnership working through the RPBs to prepare and publish market stability reports

Who is this document for?

1.4. The primary audience for this document is local authorities and Local Health Boards, in their role as statutory partners of RPBs. The document will, however, also be of interest to other partner agencies and sectors represented on RPBs, including the third sector, care and support providers, housing representatives, citizens who need care and support, and their families and carers. The intention is that market stability reports will be co-produced by RPBs on a regional footprint, and the code and guidance contain requirements for engagement and consultation with a wide range of stakeholders in their preparation. Other partners on the RPB are invited to note the requirements contained in this document, and to use these guidelines to inform their own involvement in preparing the report for their region. The role of RPBs and the goverance arrangements around market stability reports are covered specifically in Part 2.

1.5. The code of practice for local authorities (Part 1) is issued under section 145 of the 2014 Act, which gives the Welsh Ministers the power to issue codes on the exercise of social services functions. This means that local authorities,

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working in partnership to exercise their functions in respect of market stability reports, must act in accordance with the requirements contained in this code. Section 147 of the 2014 Act (departure from requirements in codes) does not apply to any requirements contained in this code, so this code must be followed in full. The code describes how local authorities are to carry out market stability assessments, and what needs to be included in market stability reports. It describes how market stability reports relate to population needs assessments and area plans, and sets out the timetable for carrying out assessments and submitting the reports.

1.6. The statutory guidance for local authorities and Local Health Boards (Part 2) is issued under section 169 of the 2014 Act, to which local authorities and Local Health Boards must have regard. It deals specifically with the partnership arrangements for preparing and publishing market stability reports, and is intended to be read in conjunction with the code of practice.

1.7. In both the code of practice and the statutory guidance, a requirement is expressed as must or must not. Guidelines are expressed as 'may' and 'may not' or 'should' and 'should not'.

1.8. This code and guidance should be read in conjunction with the **code of practice and guidance on the exercise of social services functions and partnership arrangements in relation to Part 2 of the 2014 Act, especially chapters 2A and B** which deal with population needs assessments.

Consultation

1.9. Section 144B places a specific duty upon the Welsh Ministers to consult with any persons they think appropriate before making regulations on other matters relating to regulated services to be included in the market stability assessment. In developing the Regulations and this code of practice / statutory guidance, Welsh Government has continued its practice of implementing the 2014 Act in a way that fully engages stakeholders. Welsh Government is grateful to those organisations and individuals that responded to the consulation and served as members of the reference group.

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Part 1 - Code of Practice

2. The legal framework

2.1. This chapter summarises the legal framework for market stability reports. The Social Services and Well-being (Wales) Act 2014.

2.2. The 2014 Act provides the legal framework for improving the well-being of people who need care and support, and carers who need support, and for transforming social services in Wales. The fundamental principles of the 2014 Act are:

- voice and control – putting the individual and their needs at the centre of their care, and giving them a voice in and control over achieving their well-being outcomes
- prevention and early intervention – increasing preventative services within the community to minimise the escalation of critical need
- well-being – supporting people to achieve their own well-being and measuring the success of care and support
- co-production – encouraging individuals to become more involved in the design and delivery of services

2.3. A statement of well-being outcomes and measures has been issued by Welsh Ministers under section 8 of the 2014 Act. The statement describes the national well-being outcomes for people who need care and support and carers who need support. It builds on the definition of well-being in the 2014 Act, and describes the national well-being outcomes in relation to all areas of an individual's life. It was issued to build a common understanding of well-being across all agencies, to ensure everyone is working together towards the same outcomes. The well-being of people who need care and support, and of carers who need support, will be monitored annually by Welsh Government through the **national outcomes framework** which was published in February 2019.

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Section 144B

2.4. The duty to prepare and publish market stability reports is contained in section 144B of the 2014 Act, and was inserted by section 56 of the Regulation and Inspection of Social Services (Wales) Act 2016 ('the 2016 Act'). Section 144B therefore sits within the wider context and principles of the 2014 Act, but was also intended to work in conjunction with the market oversight provisions in the 2016 Act (which are not currently in force).

2.5. Section 144B places duties upon local authorities. It requires a local authority to prepare and publish a market stability report which includes an assessment of the sufficiency of provision of care and support; any other matter relating to the provision of regulated services as prescribed by regulations; and the effect on the exercise of the local authority's social services functions of the commissioning by the authority of any services in connection with those functions. The report must also include any action taken by the local authority during the specified period in pursuance of their duty under section 189(2) of the 2014 Act, to meet the care and support need of individuals in the case of provider failure.

2.6. In preparing their market stability reports, section 144B requires local authorities to take account of the most recent population needs assessment and area plan, prepared under sections 14 and 14A of the 2014 Act. Local authorities are also required to consult with the Local Health Board with which they carried out the population needs assessment.

The Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021

2.7. The duties in section 144B are supplemented by the Regulations. As well as dealing with specific matters set out in section 144B, the Regulations also amend the Partnership Arrangements (Wales) Regulations 2015 so that local authorities and the Local Health Board are required to carry out these functions in partnership across the area covered by a RPB.

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2.8. The Regulations require local authorities to produce market stability reports every five years, with the first reports published by 1 June 2022. The reports will help inform and shape the next five year area plan, along with the most recently published population needs assessment.

2.9. The Regulations specify that the period of assessment of the sufficiency of care and support, and of the effect of commissioning and funding on the provision of regulated services, should be the five year period since the previous population needs assessment was produced. The focus of this review will be on gaps, impact and lessons learned. The sufficiency assessment will also need to link with the current (most recently published) population needs assessment, which sets out the range and level of services that will be needed over the next five years, and assess sufficiency against current and projected demand. This code of practice contains guidance on this aspect of sufficiency assessments.

2.10. The Regulations also contain a Schedule which lists the specific matters which must be included in the market stability report in respect of regulated services. These matters are: the sufficiency and overall quality of provision of those services, current or developing trends, significant challenges, and the impact of commissioning and funding on local authority social services functions.

2.11. Section 144B requires market stability reports to be submitted to the Welsh Ministers.

Market oversight

2.12. Section 144B was inserted into the 2014 Act by means of section 56 of the 2016 Act. The 2016 Act sets out the system for regulating and inspecting the provision of social care in Wales. Section 56 was intended to work in conjunction with sections 59 to 63 of the 2016 Act which provide for the setting up of a statutory market oversight regime for providers of regulated care and support.

2.13. However, initial conversations between Welsh Government, the regulator (Care Inspectorate Wales) and stakeholders, including local authorities and providers, have suggested that introducing a statutory market oversight scheme

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may not be appropriate or proportionate at this time. Welsh Government therefore intends to develop a non-statutory market oversight framework, appropriate to the Welsh context and drawing upon existing sources of information about providers. The market stability reports produced under section 144B will be a key building block of that framework. Commencing section 144B means that the decision not to commence the market oversight provisions in sections 59 to 63 must be kept under review. Monitoring the effectiveness of the non-legislative market oversight framework will form a key part of this ongoing process of review.

2.14. The decision not to implement the market oversight provisions also means that section 144B(2)(a)(ii) cannot be commenced at this time, as it deals with providers to which the as-not-yet-implemented section 61 of the 2016 Act applies. Section 61 would allow the Welsh Ministers, through the regulator, to assess the financial sustainability of providers to which the market oversight regime applies; and section 144B(2)(a)(ii) requires local authorities to assess (as part of the market stability assessment) the extent to which regulated services were provided in a local authority area by service providers to whom section 61 applies. Section 144B can therefore only be commenced in part at the present time.

3. Purpose and approach

3.1. This chapter sets out the purpose of market stability reports, the regional partnership approach to their production, their place within the strategic commissioning cycle, and who needs to be involved in their preparation.

Purpose

3.2. Market stability reports are a tool to assist RPBs in planning and commissioning quality care and support for their populations. Preparing the reports will be an important step in ensuring that there are stable and resilient markets for adult and children's social care across each region of Wales, and in promoting sustainable and partnership approaches to achieving this. The COVID-19 pandemic has given an added impetus to measures to ensure that

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social care markets are stable, and to create a more resilient and diverse social care market going forward. Market stability reports should help RPBs determine what the overall shape and balance of the market for care and support should be within the region, and enable them to exercise more consistent and robust leadership in managing the social care market.

3.3. Market stability reports will help local authorities and Local Health Boards to better understand the social care market within each locality, particularly with respect to regulated services such as care home accommodation, domiciliary care and fostering. As well as describing the current composition and dynamics of the social care market, the reports will also address wider issues such as market trends, sustainability of provision, risks to market stability, and the impact that commissioning practices can have on the market. This should enable them to make better informed and strategic decisions about which services to procure or arrange over the five year period covered by the area plan.

3.4. Market stability reports will also be a useful tool for providers and potential providers of care and support, and particulary those that provide regulated services, enabling them to better understand the state of the market within a particular region, and helping to inform their own strategic thinking about future investment in that market.

3.5. More generally, market stability reports will be of interest to citizens, particularly individuals with care and support needs, their families and carers, and those who advocate and work on their behalf. They will help hold local authorities and Local Health Boards accountable to the populations they serve, providing transparency about the use of resources and how decisions about service provision are made.

What do we mean by the ‘social care market’?

3.6. At its broadest, the term ‘social care market’ refers to the context within which local authorities, the NHS or individuals purchase care and support (via procurement or other arrangements) to meet an individual’s care and support needs and help them achieve their personal well-being outcomes; and in which providers of care and support seek to win contracts or otherwise arrange to

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provide care and support for those individuals.

3.7. The social care market is therefore a place of exchange, where state and private funding is utilised to secure care and support for (and sometimes by) those individuals who need it.

3.8. The social care market is very diverse, reflecting the wide range of care and support needs and the many ways in which they may be met. It is also a market that is evolving as needs and expectations change. Much provision is through regulated services, such as care home accommodation, domiciliary care, or fostering and adoption; but there is also a range of other types of provision including preventative services, family support, sheltered accommodation and supported living. There is a variety of ways in which care and support may be commissioned, procured or arranged. The majority of care and support is purchased by local authorities or health boards, but some is purchased by individuals using Direct Payments or by self-funders. The social care market is also unique in its range of providers from across the public, private and third sectors. These include large commercial companies, SMEs, micro-providers, social enterprises and co-operatives, and individuals employed as Personal Assistants, as well as 'in house' local authority provision.

3.9. With such diversity, it might be more accurate to talk of social care 'markets' than of a single market. Some of these markets operate through competition (e.g. adult care homes), whereas others are more managed (e.g. adoption). The use of the term 'market' or 'markets' imply that there is an element of choice both for commissioners and procurers, as well as for individuals, in line with the principles of the 2014 Act, although in some parts of the market there is little choice of provision in reality.

3.10. Much care and support is provided outside of the market altogether, in particular the many hours of informal family or friends care. Market stability assessments are primarily concerned with the market for care and support regulated under the 2016 Act ('regulated services').

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Developing a regional partnership approach

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

3.12. In fulfilling this duty, local authorities must ensure that the RPB as a whole is involved in preparing the report and takes ownership of it. This will enable the RPB to take a strategic overview of the sufficiency of care and support, and of the stability of the market for regulated services, across the region as a whole; and help feed into the strategic commissioning cycle, which also includes regional population needs assessments and area plans.

3.13. However, local authorities must ensure that the market stability report also contains an assessment of the market for care and support within each local authority area as well as across the RPB area as a whole. Much care and support provision will continue to be procured or arranged at the local authority level, providing services to people close to home wherever possible in line with the principles of the 2014 Act, so it is important that local market information is available.

3.14. In this way, the report will inform both regional and local decision-making around commissioning care and support (especially, but not exclusively, regulated services), feeding into the strategic area plan for the RPB area and helping shape local and regional commissioning strategies. The report should help determine which services are best commissioned at which level, in particular identifying which services are best commissioned on a regional basis or across more than one local authority area.

3.15. There must be a clear link between the market stability report and the population needs assessment which must also be prepared for each RPB area. The population needs assessment sets out current and projected need and demand for care and support, and the range and level of services that will be required to meet that demand. The market stability report will assess the

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sufficiency of the care and support provided in meeting the needs and demand established through the population needs assessment. It will describe the market for regulated services across the region and within each local authority area, and assess its overall stability. RPBs may also decide to include an assessment of the market for wider non-regulated care and support services, so that there is a more comprehensive read across between the two documents. Together the population needs assessment and the market stability report should provide those commissioning care and support, at the regional and local level, with a comprehensive picture of current and projected demand and supply.

3.16. Market stability reports are designed to give a high-level overview and assessment of the overall sufficiency of care and support, and of the stability of the market for regulated services. There will still be a need for local authorities and / or RPBs to produce more detailed market position statements for particular regulated services or segments of the social care market, linked to the commissioning priorities and intentions set out in local or regional commissioning strategies.

3.17. The diagram below shows how market stability reports fit into the overall commissioning framework for RPBs.

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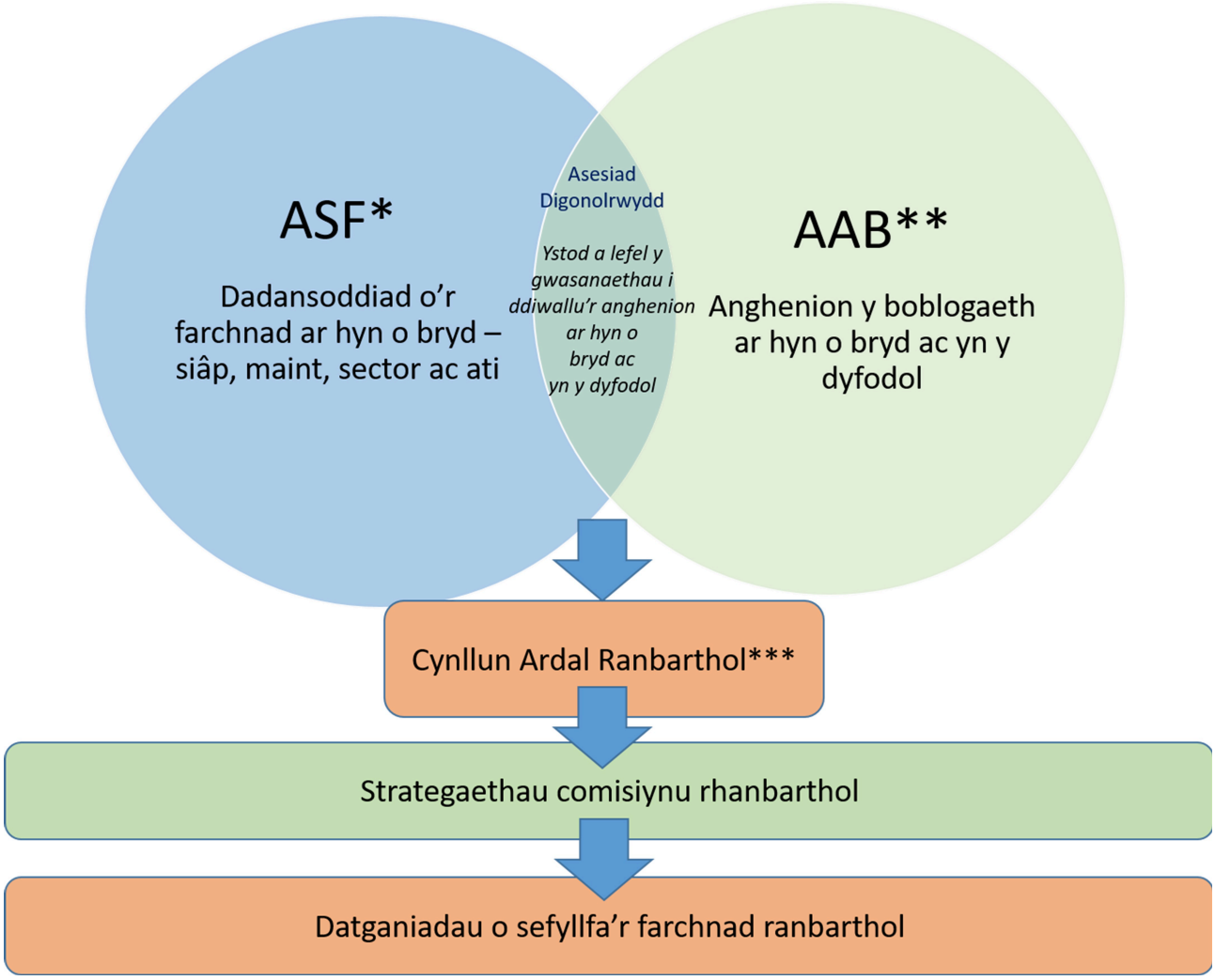

*ASF – Adroddiad ar Sefydlogrwydd y Farchnad
**AAB – Asesiad o Anghenion y Boblogaeth
***Gofyniad statudol o dan Ddeddf 2014.

Who needs to be involved

3.18. Local authorities must work together, in partnership with the Local Health Board and other partners through the RPB, in preparing a market stability report for their RPB area. The market stability report should be owned by the RPB as a whole, with each partner contributing as necessary. Although a large proportion of care and support is commissioned by local authorities (especially regulated services), the overall market for social care is much wider and more varied than this. Some care and support services will be jointly commissioned with Local

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Health Boards, and within local authorities education and housing will have a role in meeting social care needs alongside social services. Some care and support will be purchased by individuals, using Direct Payments or as self-funders. The social value sector also has a key role to play in providing support services within communities, in particular those that are preventative in nature. Local authorities should take a holistic approach in considering the sufficiency of care and support provided, both through regulated services and through other provision, and each RPB partner will have a contribution to make to this. Statutory guidance for local authorities and Local Health Boards may be found in Part 2 (chapter 6) below.

3.19. Local authorities must take reasonable steps to engage with citizens, including people with care and support needs, parents of children with care and support needs, and carers, when preparing their market stability reports. Suitable arrangements must be put in place to engage with children and young people with care and support needs, including those who are looked after, young carers and care leavers. The views of citizens will be particularly important when assessing the sufficiency and quality of provision of regulated services in meeting individual care and support needs and achieving personal well-being outcomes. Other parts of the report may not require direct public involvement – for example, identifying market pressures or trends, or considering the impact that a local authority's commissioning decisions have had on the way they are exercising their social services functions, although even here the views of Direct Payments users and self-funders should be sought. There will already be mechanisms in place to engage citizens in the population needs assessment, and local authorities should be able to use these when preparing their market stability reports also.

3.20. Local authorities must also take reasonable steps to ensure that they engage with any private sector or third sector organisations which are concerned with, or have an interest in, the provision of care and support to the local population. Information and data provided by service providers will be necessary to build up a profile of care and support at regional and local level, and the views of providers on the operation of the market for regulated services will contribute to a rounded assessment of overall market stability. Local authorities which directly provide regulated services must also take steps to engage with

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managers and staff, as appropriate, when undertaking their market stability assessment. This includes NHS managers and staff where services are jointly commissioned.

3.21. Local authorities and NHS bodies in England will also have a contribution to make, especially where the RPB area borders an English local authority and where there is significant cross-border provision of care and support. Local authorities must take steps to consult and engage with English local authority and NHS commissioners, as appropriate.

4. Undertaking sufficiency and market stability assessments

4.1. This chapter sets out the requirements with regard to sufficiency and market stability assessments, including the matters that must be taken into account when undertaking them.

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

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

4.3. Market stability reports must be produced on a regional footprint, as discussed in Chapter 3 above. Local authorities must discuss and agree with Local Health Boards and other RPB partners how best to achieve this for their particular RPB area.

‘Care and support’ and ‘regulated services’

4.4. Although section 144B of the 2014 Act uses the term ‘market stability reports’, it is important to note that these reports actually focus on two distinct though related things:

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

4.5. Care and support includes any kind of social care service provided to an individual who needs care and support, or to a carer who needs support, in order to meet their personal well-being outcomes. This can include preventative and family support services. For the purposes of market stability reports, it does not include informal family or friends care.

4.6. Regulated services are those listed in Schedule 1 to the 2016 Act. They are registered with Care Inspectorate Wales in accordance with regulations made under that Act. The services are: care homes, domiciliary care, fostering, adoption, adult placements, advocacy, secure accommodation (for children) and residential family centres.

Due regard and other duties

4.7. Local authorities must take account of the following when undertaking their sufficiency and market stability assessments:

- the well-being and other overarching duties in sections 5 and 6 of the 2014 Act, and the statement of well-being outcomes and measures issued by Welsh Ministers under section 8 of the 2014 Act
- the duty under section 7 of the 2014 Act to have due regard to the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, and the UN Principles for Older Persons. Regard should also be given to the UN Convention on the Elimination of All Forms of Discrimination against Women, particularly when considering the social care workforce
- the Public Sector Equality Duty in section 149 of the Equality Act 2010, which requires all public authorities to have due regard to protected characteristics when exercising their functions
- the relevant Welsh language standards

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- the duty on local authorities under section 16 of the 2014 Act to promote social enterprises, co-operatives, user-led services and the third sector
- the duties on public bodies under the Well-being of Future Generations (Wales) Act 2015, and how market stability reports can help them apply the sustainable development principle
- the socio-economic duty on public bodies, which comes into force in Wales on 31 March 2021

The sufficiency assessment

4.8. The sufficiency assessment focuses on the extent to which the care and support available across the RPB area meets the needs and demand for social care.

4.9. Sufficiency may be defined in the following ways:

- an amount of something that is good enough for a particular purpose (Cambridge Dictionary)
- the condition or quality of being sufficient for its purpose or for the end in view (Oxford English Dictionary)

4.10. Sufficiency of care and support needs to be measured against the needs and expectations of individuals who need care and support and of carers who need support, and against the range and level of services identified in the population needs assessment as necessary to meet demand. The end in view is whether individuals receive the care and support they need to meet their personal well-being outcomes, in line with the principles of the 2014 Act.

4.11. The sufficiency assessment will contain the following elements:

- an overview of sufficiency measured against the previous population needs assessment, drawing upon any reviews undertaken and focusing upon lessons learnt
- an assessment of how current levels of care and support meet existing demand, linking to the range and level of services identified in the current population needs assessment

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- consideration of issues likely to affect sufficiency of provision over the next five year period, linking both with the current population needs assessment and the market stability assessment

4.12. The Regulations specify that the sufficiency of provision of care and support must be assessed over the period since the previous population needs assessment was published (this is 'the specified period' required by section 144B of the 2014 Act). Population needs assessments are produced on a five year cycle, and the first assessments were published in April 2017. This means that local authorities will be looking back over the previous five year period, and considering the extent to which the range and level of services identified in the previous population needs assessment were sufficient to meet people's care and support needs over that period. The population needs assessment guidance specified that these documents should be kept under review and that there must be at least one formal review at the mid point of the five year cycle. Local authorities should draw upon these reviews when undertaking their sufficiency assessments. The purpose of this backwards look is to determine how well the pattern and supply of care and support provision kept pace with changing levels of demand, where there were shortfalls in provision, and what conclusions can be drawn and lessons learned which can help shape current and future provision.

4.13. The sufficiency assessment must also consider current and future provision, linking to the range and level of services identified in the current (most recently published) population needs assessment – i.e. the extent to which provision of care and support is sufficient to meet current and projected levels of demand. The timing of market stability reports has been designed so that local authorities and Local Health Boards, working with their RPB partners, will be undertaking their populations needs assessments and sufficiency assessments concurrently, with one feeding into the other.

4.14. As well as establishing current levels of sufficiency, the assessment must also consider the factors likely to affect sufficiency over the lifetime of the current population needs assessment. Factors to be considered include:

- changing patterns of demand
- changing expectations of service users

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- current and emerging trends
- challenges, risks and opportunities
- how each of these will affect sufficiency of provision going forward into the next five year period (this will link to the assessment of the stability of local markets for regulated and other care and support services)

and how each of these will affect sufficiency of provision going forward into the next five year period. This will link to the assessment of the stability of local markets for regulated and other care and support services.

4.15. It is important to remember that sufficiency is more than just measuring the quantity of care and support provision. The sufficiency assessment must also ask whether care and support services are of sufficient quality, and consider the extent to which the care and support provided within the RPB area delivers the right type and mix of services to meet the needs and preferences of individuals with care and support needs, and delivers outcomes-focused care and support. This includes issues such as choice of how and where care and support is provided.

4.16. The sufficiency assessment must also consider where care and support is located, and issues around accessibility. Where possible, care and support should be provided within an individual's local community, where they can be near friends and family. This is particularly important, for example, when placing looked after children, or for older residents who need to move into residential care or supported accommodation.

4.17. Local authorities must ensure that they assess the sufficiency of care and support provided through the medium of Welsh against the Welsh language community profile established during the population needs assessment. This includes any gaps in provision.

4.18. The sufficiency assessment should also take account of the specific core themes for population needs assessments as set out in the Part 2 Code of Practice.

4.19. As far as possible, local authorities should measure the sufficiency of care and support against each theme, so that there is a clear read across

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between what the population needs assessment says about need and demand for care and support, and what the market stability report says about the sufficiency of care and support provision to meet those needs.

4.20. Some questions to ask when undertaking a sufficiency assessment include:

- is the range and level of care and support good enough to meet current and projected need identified in the population needs assessment?
- is the care and support provided of sufficient quality to meet individuals' needs and enable them to achieve their personal well-being outcomes?
- have individuals sufficient choice and a say in how and where care and support is provided, and to what extent is care and support co-produced with users and carers?
- where are the gaps and areas of concern – i.e. where is supply insufficient to meet demand – and what are the main reasons for this and lessons learnt?
- what is the likely impact of changing patterns of demand, changing expectations, and new and emerging trends, upon the sufficiency of care and support going forward?

Sufficiency duty: looked after children

4.21. The sufficiency assessment will also provide an opportunity for local authorities to assess how they have fulfilled the duty under Part 6 of the 2014 Act, to take steps to ensure that they have sufficient accommodation to meet the needs of their looked after children. With the exception of 'other arrangements' for some 16-17 year olds, this accommodation will be provided by regulated services (fostering, care homes, secure accommodation, or residential family centres). The Part 6 Code of Practice (Looked After and Accommodated Children) requires local authorities to have regard to the benefits of having a sufficient number and range of providers in their area to discharge this duty, and capable of meeting different needs. The aim is to improve the quality and choice of placements, and minimise the likelihood of suitable placements not being available for looked after children in their local area. The sufficiency assessment should link with local authorities' strategies for reducing the number of placements in regulated fostering, residential or secure settings out of the local

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area or outside of Wales.

4.22. The Part 6 Code of Practice suggests that local authorities may wish to consider making arrangements on a regional basis where appropriate. Accommodation that might need to be commissioned regionally includes residential care for children with complex care packages, or safe accommodation for children at risk to going into or stepping down from secure accommodation. The market stability report should help them determine which types of accommodation for looked after children might best be commissioned on a regional footprint, and help to secure appropriate buy-in from Local Health Boards and other RPB partners in respect of services which might need to be co-commissioned.

4.23. Market stability reports also provide an opportunity to assess the use of unregulated settings for children who are in crisis due to placement or family breakdown. These are often the result of unmet need and placement insufficiency, and it is important that the sufficiency assessment takes account of this element of children's provision. Understanding how often and why local authorities across the RPB area have had to place a child or young person in an unregulated setting would help inform solutions either locally or regionally.

The market stability assessment

4.24. The market stability assessment focuses on regulated services. These are listed in the Schedule to the 2016 Act. Currently these are:

- a care home service (adult and children's)
- a secure accommodation service (for children)
- a residential family centre service
- an adoption service
- a fostering service
- an adult placement ('shared lives') service
- an advocacy service
- a domiciliary support service

4.25. Other services may be added from time to time.

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Characteristics of a stable social care market

4.26. What constitutes a stable social care market has been the subject of much debate, but there are certain factors that clearly characterise a stable and well-functioning market for care and support. It is suggested that a stable social care market is one where:

- demand and supply are broadly balanced – i.e. there is sufficient provision of quality care and support to meet demand
- there is a diverse provider base and an element of competition, with no over-reliance on any one provider or sector
- individuals who need care and support have a real say and choice over how their care and support needs are met, and providers are readily able to respond to changing demand and expectations
- providers are able to access reliable information about the market in order to plan for the future and make investments
- there is a healthy competitive equilibrium between price and quality
- there are sufficient levels of suitably trained and motivated staff providing quality care and support across providers
- commissioners and purchasers have confidence that providers are financially viable and sustainable, and any risks are clearly identified
- entry and exit of providers to and from the market takes place in an orderly fashion without individuals who need care and support being disadvantaged
- the market is robust enough to withstand shocks, and contingency plans are in place so that the market can respond effectively when providers (especially large or specialist providers) fail

4.27. When assessing the stability of the market for regulated services, local authorities must particularly assess the following matters set out in the Schedule to the Regulations:

- the sufficiency of provision of regulated services providing care and support, including any gaps in provision to meet needs identified in the most recent population assessment
- the overall quality of care and support provision being provided by regulated services in meeting the needs and personal outcomes of people who need

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care and support and carers
- current or developing trends in the provision of regulated services providing care and support, and their impact or likely impact upon the sufficiency, quality or stability of service provision
- any significant challenges to current or future sufficiency, quality and stability of the provision of regulated services providing care and support
- the impact of commissioning and funding on the sufficiency, quality and stability of regulated services providing care and support, including regional approaches and the use of pooled funding

Sufficiency

4.28. The sufficiency of provision of regulated services will form part of the overall assessment of sufficiency of care and support, but local authorities must also consider, as part of the market stability assessment, how sufficiency affects the stability of the market for regulated services. This must include any gaps in provision to meet needs identified in the population needs assessment, including any insufficiency of regulated services available through the medium of Welsh. The diversity of the market, and the mix of providers across the public, private and third sectors, will also be relevant considerations, particularly where this has an impact upon the availability of particular regulated services within the local area.

Quality

4.29. The market stability report must consider the extent to which regulated services deliver quality care and support to individuals requiring care and support, and whether the state of the market poses any risks to the quality of provision. Quality will be monitored at many levels, individual, organisational and regional. Information and intelligence about the quality of regulated services will include the outcomes of inspections, local authority contract monitoring, information from local authority and Local Health Board quality monitoring systems, and from national commissioning frameworks such as those for children's services managed by the Children's Commissioning Consortium Cymru, and the National Collaborative Framework for care homes for adults

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aged 18 – 64 with learning difficulties and / or mental health support needs.

Trends

4.30. The assessment of market stability should not only consider the composition and stability of the current market for regulated services, but must also consider what current or projected trends suggest the market for regulated services might look like over the next five years and beyond. Market stability reports, along with the population needs assessments, will help to inform and shape the area plan, which sets the strategic direction for the RPB for the following five years.

4.31. Understanding market trends will help to future-proof the decisions the RPB, local authorities and Local Health Boards make about commissioning care and support services. Assessing trends is likely to be informed by intelligence about what citizens want more of (for example, extra care housing or supported living rather than traditional care home accommodation), the impact of demographic changes on the social care market (for example, the need for more specialist care home provision for the oldest and frailest individuals), or the impact of new technologies such as Technology Enabled Care. Trends analysis will also be informed by the pattern of exit and entry of providers within the market for particular regulated services, and the reasons for this.

Challenges

4.32. Local authorities need to be open and transparent about the challenges and risks faced by commissioners and/or providers of regulated services within the RPB area, and open about how they intend to mitigate those risks and respond to those challenges. These challenges will also give rise to opportunities to innovate or respond in new ways to changing expectations or circumstances.

4.33. The fact that market stability reports will be published should not inhibit the honest discussion of risks and challenges between local authorities and their RPB partners. Local authorities will need to strike a balance between creating

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space for open and frank discussions within their own organisations and within the RPB, and being open and transparent with providers and the public in the final published document.

4.34. Local authorities must also consider how the identified risks might be mitigated, including how those risks will be shared between the RPB partners.

Impact of commissioning

4.35. When preparing their market stability reports, local authorities must consider the impact of commissioning and funding on the sufficiency, quality and stability of provision of regulated services across the RPB area. This is specifically required by section 144B of the 2014 Act. In doing so, they must assess regional as well as local approaches to commissioning, and the use of pooled funding. This will include the effectiveness of the RPB as a commissioning mechanism for specialist services, and the use of revenue and capital funding streams across the RPB area.

4.36. It is worth re-emphasising here that the purpose of this part of the market stability report is to provide information and analysis about the market for regulated services, which together with the population needs assessment will help RPBs develop their area plan and any more detailed commissioning documents which fall out of it, such as market position statements or commissioning strategies for specific services or segments of the market. Assessing the impact that the commissioning decisions of the RPB, local authorities and the Local Health Board have had on the shape and stability of provision of regulated services over the five years since the last population needs assessment was undertaken, will help the RPB and its constituent bodies determine what their strategic commissioning intentions should be going forward.

Welsh language

4.37. In considering the above matters, local authorities must also consider the state of the market for regulated services provided through the medium of

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Welsh. This should link back to the population needs assessment, which will have identified the demand for Welsh language services, and to the sufficiency assessment which will have looked at the availability of wider care and support provided in Welsh. The market stability assessment must consider how this impacts upon the sufficiency of regulated services in Welsh, and any gaps in provision; the quality of those services; how current or future trends in the market might affect the provision of regulated services providing care and support to the Welsh-speaking community; any challenges and risks; and the impact of local authority and Local Health Board commissioning and funding decisions on regulated services provided through the medium of Welsh.

Other care and support services

4.38. There are other services not regulated under the 2016 Act which also help meet individuals' needs for care and / or support. This is particularly true of support for carers and for young people leaving care. When preparing their market stability reports local authorities must consider how these services impact upon the provision of regulated services – and, indeed, how the shape of the market for regulated services impacts upon other aspects of care and support provision.

4.39. For example, when assessing the market for fostering and residential care for older looked after children (both regulated services), local authorities should also consider what accommodation options are available for them to move on to when they are preparing to leave care. This includes the sufficiency of supported lodgings and semi-independent living arrangements for care leavers, and the use of 'When I am Ready' arrangements (including the impact of these on the availability of foster placements).

4.40. Preventative services are not regulated services, but the Part 2 Code of Practice specifically requires local authorities and Local Health Boards to consider preventative services as part of the population needs assessments, and set out the range and level of preventative services that will be required to meet those needs. The availability of preventative services can also have a major impact upon the need for regulated services - for example, in reducing the need for children to go into care, or enabling older people to stay at home rather

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than enter residential care or hospital. Such services can range from safeguarding or family support services, to aids and adaptations, Extra Care and other forms of sheltered housing. Local authorities will need to understand the profile, sufficiency, quality and impact of preventative services, as well as the market for regulated services, in order to fully meet the care and support needs of their local populations. The overall impact of preventative services on the market for regulated services must be considered by local authorities when preparing their market stability reports.

Other matters to be considered

4.41. When carrying out their assessments, local authorities must also consider the following matters which have a direct bearing upon the sufficiency of care and support services and the stability of the social care market.

Social value

4.42. Market stability reports provide an opportunity for local authorities to consider the extent to which they have promoted social value models of delivery. In general terms this means the increased presence in the social care market of delivery models that:

- achieve well-being through co-production
- give users a strong voice and real control
- have a proactive preventative orientation
- involve collaboration, co-operation and partnership
- add value (social, economic and environmental)

4.43. The Wales Co-operative Centre: Social Value Forums Toolkit defines social value as a term that seeks to capture an ethos and value base that promotes respect, collaboration and collective endeavour towards securing well-being outcomes for individuals and communities. Social value organisations are organisations that deliver social value as a core part of their ethos and culture in a way that embodies the principles of the 2014 Act. This means proactively working in a way that provides voice and control and improves well-being for

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citizens.

4.44. There are certain types of organisation particularly well-placed to provide social value in their work. Section 16 of the 2014 Act places a duty on a local authority to promote:

- the development in its area of social enterprises to provide care and support and preventative services
- the development in its area of co-operative organsations or arrangements to provide care and support and preventative services
- the involvement of persons for whom care and support or preventative services are to be provided in the design and operation of that provision (i.e. user-led provision)
- the availability in its area of care and support and preventative services from third sector organisations (whether or not they are social enterprises or co-operatives)

4.45. Social value organisations are particularly well suited to provide wider care and support, inlcuding care and support that goes beyond the market, but they can also provide regulated services. For example, some local authorities have supported small independent fostering agencies to become not-for-profit providers, or supported the development of co-operative models for delivering domiciliary care services.

4.46. When undertaking their assessments, local authorities must assess the contribution that social value organisations have made to the social care market within the RPB area. This means, in particular, assessing the provision of care and support provided by social enterprises, co-operatives, user-led organisations and the third sector, in line with their duty under section 16 of the 2014 Act.

4.47. The market stability report should consider the extent to which local authorities have used this duty to shape or re-balance the provision of care and support across the RPB area. They should also consider the opportunities to further promote this type of provision, and any barriers or challenges to expanding this part of the market. As part of the market stability assessment, local authorities should particulary consider the impact their commissioning

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decisions and practices have had on the development of this type of provision.

4.48. Local authorities must ensure that they fully engage the regional social value forum in the preparation of market stability reports.

Resources

4.49. Funding resources, and the way they are used, will have a major impact upon the sufficiency and pattern of care and support across the RPB area, and how the market for regulated services operates. Local authorities will need to consider the impact of resourcing when undertaking their sufficiency assessments, and they must consider how resourcing and investment decisions, and their contracting and procurement methods, are impacting upon the stability and sustainability of provision of regulated services across the RPB area. This will include strategic decisions on budget allocation as well as methods for agreeing service fees and costs. It is important that cost of delivery is fully understood when agreeing a service price. There are a range of price and cost calculators and tools available that would support with this. For example, the 'Let's Agree to Agree' toolkit highlights the elements that make up the cost of care for older people's care homes, and the key steps for agreeing a price for care outside of formal tendering arrangements.

Direct payments

4.50. The report must also consider the provision of care and support to individuals who purchase their own care and support using direct payments. This should include the take-up of Direct Payments and the effect this has had on the market for regulated services. It will be important to understand what care and support these individuals purchase, what they would like to purchase in the future, and any factors or issues affecting the availability, choice or quality of services for individuals who use Direct Payments. The purpose of Direct Payments is to give individuals greater choice and direct control over the care and support they receive, and to promote innovative solutions to meeting needs and improving outcomes, so understanding the relationship between regulated services and other means of support in Direct Payment packages will be

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particularly important in assessing how the market for regulated services works for this particular group of users.

Self funders

4.51. Local authorities should also take steps to gather any available intelligence on those who fund their own care and support packages, and attempt to build up a profile of this group of service users and the effect they have on the social care market. Although data may not be readily available, increased knowledge of what self-funders purchase and would like to purchase, including changing patterns of demand, can be important for understanding the emerging care market within the RPB area. Local authorities will also want to assess the extent to which the market for regulated services in particular provides self-funders with the choice and quality of services they need, and the factors that might promote or hinder this.

Workforce

4.52. The composition and characteristics of the social care workforce will be an important factor in determining the sufficiency of the care and support provided in the RPB area. The market stability assessment must provide a description of the current care and support workforce, particularly across regulated services. This should include the size and nature of any shortfall in numbers in any particular sector, and any current or projected risks or challenges. The assessment will also need to consider the impact of recruitment, development and training of the social care workforce upon the provision of care and support, and identify any skills gaps, including where there is a lack of suitably trained staff to deliver particular models of care (for example, trauma informed approaches to working with children in care, or nursing approaches in adult care homes with nursing).

Market oversight

4.53. Local authorities must also consider what arrangments they have in

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place for ongoing market trends or risks, and the mechanisms that will help them to identify and, where possible, mitigate any potential provider or market failure.

Equality impact assessment

4.54. An equality impact assessment must be undertaken as part of the process of preparing a market stability report, in line with the duty on local authorities under the 2014 Act to have due regard to the UN Convention on the Rights of the Child, the UN Convention on the Rights of Persons with Disabilities, and the UN Principles for Older Persons; and the Public Sector Equality Duty contained in section 149 of the Equality Act 2010, which requires all public authorities to have due regard to protected characteristics when exercising their functions.

4.55. This means that when assessing the sufficiency of care and support, and the stability of the market for regulated services, local authorities must particularly consider the impact upon age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and beliefs, sex and sexual orientation (the 'protected characteristics'), and take due regard of the UN conventions and principles. The equality impact assessment should consider not just the impact of sufficiency and market stability upon individuals who need care and support and carers who need support, but also upon the social care workforce and unpaid family and friends carers (including young carers).

4.56. The equality impact assessment must be published as an appendix to the market stability report, but RPBs should also ensure that any significant impacts upon particular groups, or in relation to any of the protected characteristics, are also discussed and embedded within the main body of the report where appropriate.

5. Preparing the report

5.1. This chapter summarises what needs to be included in market stability reports and how they should be presented; arrangments for agreeing the report;

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and how frequently they should be reviewed.

5.2. Once the sufficiency and market stability assessments have been completed, local authorities must produce a joint report for the RPB area which sets out the results of the assessments, including all the matters set out in the Regulations or in this code of practice.

5.3. The report should be drafted using accessible language so that it can be read and understood by as wide a range of stakeholders as possible, including citizens and providers.

5.4. The main issues which must be covered in the market stability report are:

- sufficiency assessment – an assessment of the sufficiency of care and support across the RPB area in meeting the needs identified in the population needs assessment. This will include a review of lessons learned from the previous population needs assessment, but will also focus on care and support in meeting current and projected demand as identified in the most recently published population needs assessment
- market stability assessment – an assessment of the stability of the market for regulated services providing care and support across the RPB area, and which must include the following matters:
  - the sufficiency of provision of regulated services providing care and support, including any gaps in provision to meet needs identified in the most recent population assessment
  - the overall quality of regulated services providing care and support in meeting the needs and personal outcomes of people who need care and support and carers
  - current or developing trends in the provision of regulated services providing care and support, and their impact or likely impact upon the sufficiency, quality or stability of service provision
  - any significant challenges to current or future sufficiency, quality and stability of regulated services providing care and support
  - the impact of commissioning and funding mechanisms and approaches on the sufficiency, quality and stability of regulated services, including regional partnership approaches and the use of pooled funding
- action taken due to provider failure – an account of any action taken by any

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of the local authorities in the RPB area during the specified period in pursuance of their duty under section 189(2) of the 2014 Act, to meet the care and support needs of relevant individuals in the case of provider failure. This must include any lessons learnt and recommendations for future mitigating action.

- partnership and engagement – a description of:
  - o the role and involvement of each local authority and other RPB partners in carrying out the sufficiency and market stability assessment, and preparing the report
    o how the RPB engaged with citizens in carrying out the sufficiency and market stability assessment, and a summary of the key messages and issues arising
    o how the RPB engaged with private and third sector providers which have an interest in the provision of care and support to the local population, and a summary of the key messages and issues raised
- the report must also contain an equality impact assessment

Agreeing the report

5.5. The Regulations amend the Partnership Arrangements (Wales) Regulations 2015 so that the preparation and publication of market stability reports are among the functions undertaken jointly by local authorities and Local Health Boards through regional partnership arrangements. Local authorities must therefore ensure that the draft market stability report is submitted to a meeting of the whole RPB for discussion and consultation before it is submitted to each local authority for formal approval. It is important that the whole RPB 'owns' the report, although it is acknowledged that there will be some parts of the report where RPB members may hold differing views – for example, provider or third sector representatives may hold different opinions to local authorities over the impact that local authority approaches to commissioning have had on the market for regulated services. The views of providers, the third sector and citizens must be detailed in the report; and where there are significant differences of opinion between RPB members over the assessment of sufficiency or of market stability, these also must be noted and discussed in the report.

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5.6. When completed, the market stability report must be submitted to each local authority in the RPB area for formal approval. The report will need to be approved by the full council on submission by the council's executive or board. Sufficient time should be allowed for this (and for similar approval within the Local Health Board), in order to meet the deadlines for publication and submission to the Welsh Ministers.

Publication

5.7. Market stability reports are public documents and must be published. Each local authority must publish on its website the report for their RPB area, and the report should also be published on the RPB website.

Submission to Welsh Ministers

5.8. Market stability reports are primarily a tool to help local authorities and Local Health Boards commission sufficient care and support at the regional and local level, and to shape regional and local markets for regulated services. As they evolve over time, they should become a key component of the strategic commissioning cycle, linking to population needs assessments and feeding into the area plan.

5.9. The reports will also help to build up a picture of the market for care and support across Wales as a whole, informing Welsh Government policy on commissioning, resourcing and reshaping care and support, and assisting Welsh Government and Care Inspectorate Wales develop a proportionate and appropriate approach to market oversight. They will also contribute to informed discussions between Welsh Government and RPBs about their strategic area plans.

5.10. Section 63 of the 2016 Act contains provisions for the Welsh Ministers to prepare a national market stability report, having regard to the market stability reports prepared by local authorities under section 144B of the 2014 Act. Section 63 forms part of the broader market oversight provisions within sections 59 to 63 of the 2016 Act, which have not yet been commenced. (This is

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discussed in paragraphs 2.12 to 2.14 above.) Although it is not the intention to commence these provisions at the current time, Welsh Government, working with Care Inspectorate Wales, intends to use the regional market stability reports, along with other relevant sources of data, to build up a national overview of the sufficiency of care and support, and of the shape and stability of the market for regulated services in Wales.

5.11. Market stability reports must be submitted to the Welsh Ministers at the time of publication. This should be in an electronic format, and sent to **PartnershipandIntegration@gov.wales**. This function should be delegated to the lead co-ordinating body.

Review

5.12. Local authorities must work with their RPB parnters to keep the market stability reports under regular review and revise them as necessary. The market stability assessment, in particular, will need to be reviewed whenever significant changes occur within the social care market, so that the report remains a 'live' document throughout the whole of the five year cycle. Regular review will, for example, allow local authorities and their RPB partners to trace patterns of market entry and exit, identify new and emerging trends in provision, and mitigate or manage the risks to the stability of the social care market.

5.13. Market stability reports must be reviewed at least annually. If significant changes are identified following the annual review, local authorities must produce either a revised report or an addendum, which must be published on and local authority websites, and submitted to the Welsh Ministers.

Part 2 - statutory guidance

6. Partnership arrangements

6.1. This chapter deals with the partnership arrangements between local authorities and Local Health Boards for the purpose of preparing and publishing

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market stability reports.

6.2. This chapter is statutory guidance issued under section 169 of the 2014 Act, to which local authorities and Local Health Boards must have regard. It should be read alongside the code of practice on the exercise of local authority functions in relation to market stability reports (chapters 2-5 above).

6.3. The Partnership Arrangements (Wales) Regulations 2015 required local authorities and Local Health Boards to establish seven RPBs to carry out certain delegated local authority and health board functions. The Partnership Arrangements (Amendment) and Regulated Services (Market Stability Reports) (Wales) Regulations 2021 (the Regulations) include the preparation and publication of market stability reports among the functions to be undertaken under these partnership arrangements. This means that market stability reports must be produced on a regional footprint by local authorities and Local Health Boards, working together and with other partners through the RPB.

6.4. Local authorities and the Local Health Board for each RPB area must prepare and publish a market stability report for that area. In doing so, local authorities must act in accordance with the requirements of the code of practice set out in chapters 2-5 of this document, and Local Health Boards must engage as active partners and co-commissioners with local authorities in fulfilling those requirements. [Code of Practice, 3.6 – 3.12]

6.5. In preparing their market stability report, local authorities and the Local Health Board must undertake an assessment of the sufficiency of care and support within the RPB area, including those services which are jointly funded and /or commissioned; and also an assessment of the stability of the market for regulated services. Regulated services are those listed in the Schedule to the 2016 Act. In assessing the stability of the market for regulated services they must include the following matters: the sufficiency of provision, including any gaps; the overall quality of those services; current or developing trends in provision; any significant challenges to current or future sufficiency, quality and stability; and the impact of commissioning and funding mechanisms and approaches on the sufficiency, quality and stability of regulated services, including regional partnership approaches and the use of pooled funding. They must also ensure that the assessment includes the sufficiency of care and

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support provided through the medium of Welsh, and the market for regulated services provided in Welsh. [Code of Practice chapter 4]

6.6. Local authorities and the Local Health Board must take reasonable steps to engage with citizens, including people with care and support needs, parents of children with care and support needs, and carers, when preparing their market stability reports. [Code of Practice 3.14]

6.7. Suitable arrangements must be put in place to engage with children and young people with care and support needs, including those who are looked after or who have left care, and also with young carers. There are already well-established mechanisms around participation of children and young people, including those set up by local authorities, Care Inspectorate Wales, advocacy providers, and (for regulated services in particular) the Children's Commissioning Consortium Cymru.

6.8. Local authorities and the Local Health Board must make arrangements to engage with providers or potential providers of regulated care and support services, across both the private and third sectors. This must include the regional social value forum. Providers should be seen not only as a potential source of relevant data and information, but as partners who can bring valuable knowledge and experience to the development of market stability reports, for example on the true costs of providing care and support. Local authorities and the Local Health Board must also take steps to engage with their own managers and staff where services are provided directly (including those that are jointly commissioned by local authorities and the NHS). Professonal bodies and trades unions must also be consulted as appropriate. [Code of Practice 3.15]

6.9. Local authorities and the Local Health Board must take appropriate steps to consult and engage with NHS and local authority commissioners and providers in England, especially where the RPB borders an English local authority area and where there is cross-border provision of care and support. [Code of Practice 3.16]

6.10. Local authorities and the Local Health Board, through the RPB, must nominate a lead co-ordinating body for preparing and publishing the market stability report. The lead co-ordinating body will be responsible for co-ordinating

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the sufficiency and market stability assessments, and producing the market stability report, but each local authority and the Local Health Board must participate in the exercise as required by the lead co-ordinating body. The lead co-ordinating body will also be responsible for co-ordinating the engagement of other RPB partners in the preparation of the market stability report. The lead body arrangement can be reviewed when the partnership sees fit.

6.11. It is the responsibility of the lead co-ordinating body to resolve issues that may hinder the production of the market stability report. The RPB may also act as a forum for resolving any conflicts which arise either in relation to undertaking the sufficiency and market stability assessments, or in agreeing the report.

6.12. Market stability reports do not simply describe the composition and characteristics of the market for regulated services, but also make judgements about potentially sensitive issues around sufficiency and the impact of commissioning by local authorities and Local Health Boards. It may not be possible for all the local authorities and the Local Health Board to agree to a particular aspect of the combined market stability report. There may also be different perspectives or disagreements between them and other RPB members such as the provider, third sector or citizen representatives. Where there are disagreements about conclusions or the content of the report, the lead co-ordinating body should try to resolve these in the first instance, but where this is not possible the matter should be referred to the RPB. If it is still not possible to agree on any aspect of the assessment, then the lead co-ordinating body should take note of the differing views and reflect these in the report.

6.13. The local authorities and the Local Health Board in the RPB area must each contribute to any costs involved in the exercise. They should also agree with the wider RPB what other resources, including staff, may need to be deployed to support the lead co-ordinating body in carrying out the assessments and producing the report – for example, in facilitating the involvement of citizens or providers.

6.14. The local authorities and the Local Health Board in the partnership arrangement must share any information required to prepare the market stability report. Any personally identifiable information must be shared within the principles of the Wales Accord on the Sharing of Personal Information (WASPI).

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All local authorities and Local Health Boards in Wales are signatories to the WASPI Accord. More information on **WASPI** can be found

6.15. When completed, local authorities and the Local Health Board must submit the market stability report to the RPB for agreement, before it is submitted to each local authority and to the Local Health board for formal approval. [Code of Practice 5.4 – 5.5]

6.16. The first market stability report must be published by 1 June 2022 and submitted to the Welsh Ministers at the time of publication. The lead co-ordinating body is responsible for submitting the report to the Welsh Ministers. [Code of Practice 5.6 – 5.10]

6.17. Local authorities and Local Health Boards must keep market stability reports under regular review and revise them as necessary. The reports must be reviewed at least annually. The lead co-ordinating body is responsible for managing this review and for submitting any revised report or addendum to the Welsh Ministers. [Code of Practice 5.11 – 5.12]

Resources

'**Let's Agree to Agree**' – a toolkit for commissioners and providers to agree the cost of residential and nursing care for older people in Wales (August 2018)

The Right Way: A Children's Rights Approach in Wales:

Welsh language Standards relevant to health boards and local authorities in compliance notices on the **Welsh Language Commissioner's website**

HEIW & Social Care Wales '**A Healthier Wales: Our workforce strategy for health and social care**'

Social Care Wales research and data

Social Care Wales: Workforce reports

Wales Co-operative Centre 'Supporting Care Commissioners and

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Data sources

Care Inspectorate for Wales

Data Cymru

Dewis Cymru

This site includes adult care home bed vacancy data (log-in required to secure site)

Social Care Wales populations projections platform

Stats Wales

Health and social care (comprehensive set of information on health, health services and social services in Wales, covering a range of topics including social servicesm NHS primary and community activity and waiting times)

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