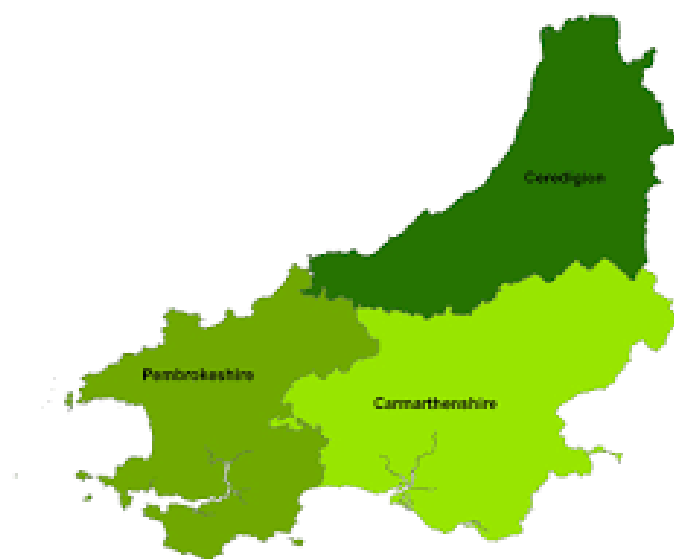


West Wales Care Partnership Market Stability Report (v12)

Report

February 2022



Partneriaeth Gofal Gorllewin Cymru
West Wales Care Partnership

Cyflawni Newid Gyda'n Gilydd
Delivering Change Together

West Wales Care Partnership Market Stability Report (v12)

Report

Contents

1	Introduction.....	6
1.1	Purpose.....	6
1.2	Scope.....	6
1.3	Context.....	7
2	Approach and Methods.....	11
2.1	The Code of Practice.....	11
3	Structure of Report.....	14
4	Market Overview.....	15
4.1	Rebalancing.....	15
5	Sufficiency Assessment: Part A.....	17
6	Stability Assessment: Part B.....	22
6.1	Care homes for children and young people.....	22
6.1.1	Sufficiency.....	22
6.1.2	Quality & Choice.....	23
6.1.3	Trends.....	23
6.1.4	Challenges & Opportunities.....	24
6.1.5	Impact of Commissioning.....	24
6.1.6	Issues & Recommendations.....	25
6.2	Fostering.....	26
6.2.1	Sufficiency.....	26
6.2.2	Quality & Choice.....	27
6.2.3	Trends.....	27
6.2.4	Challenges & Opportunities.....	28
6.2.5	Impact of Commissioning.....	28
6.2.6	Issues & Recommendations.....	29
6.3	Adoption Services.....	30
6.3.1	Sufficiency.....	30
6.3.2	Quality & Choice.....	30
6.3.3	Trends.....	30
6.3.4	Challenges & Opportunities.....	31

6.3.5	Impact of Commissioning.....	31
6.3.6	Issues & Recommendations	31
6.4	Secure Accommodation	33
6.4.1	Sufficiency	33
6.4.2	Quality and Choice.....	33
6.4.3	Trends.....	33
6.4.4	Challenges & Opportunities	33
6.4.5	Impact of Commissioning.....	34
6.4.6	Issues & Recommendations	34
6.5	Residential Family Centres.....	35
6.5.1	Sufficiency	35
6.5.2	Quality and choice	35
6.5.3	Trends.....	35
6.5.4	Challenges & Opportunities	35
6.5.5	Impact of Commissioning.....	35
6.5.6	Issues & Recommendations	36
6.6	Children’s Advocacy Services	37
6.6.1	Sufficiency	37
6.6.2	Quality and choice	37
6.6.3	Trends.....	38
6.6.4	Challenges & Opportunities	38
6.6.5	Impact of Commissioning.....	38
6.6.6	Issues & Recommendations	38
6.7	Adult Placement Services.....	39
6.7.1	Sufficiency	39
6.7.2	Quality and choice	39
6.7.3	Trends.....	39
6.7.4	Challenges & Opportunities	40
6.7.5	Impact of Commissioning.....	40
6.7.6	Issues & Recommendations	41
6.8	Care Homes for working Aged Adults.....	42
6.8.1	Sufficiency	42
6.8.2	Quality & Choice	43
6.8.3	Trends.....	43
6.8.4	Challenges & Opportunities	44
6.8.5	Impact of Commissioning.....	44
6.8.6	Issues & Recommendations	45
6.9	Domiciliary Care Services	46

6.9.1	Sufficiency	46
6.9.2	Quality and Choice.....	48
6.9.3	Trends.....	48
6.9.4	Challenges and Opportunities.....	49
6.9.5	Impact of Commissioning.....	50
6.9.6	Issues and Recommendations.....	50
6.10	Care Homes for Older People	51
6.10.1	Sufficiency	51
6.10.2	Quality & Choice.....	51
6.10.3	Trends	52
6.10.4	Challenges.....	53
6.10.5	Impact of Commissioning	53
6.10.6	Issues & Recommendations	54
7	Region Wide Options.....	55
7.1	Focus on quality and outcomes.....	55
7.2	Invest in Unpaid Carers	55
7.3	Invest in prevention and early intervention	56
7.4	Re-provision services	56
7.5	Reconfiguring services	57
7.6	Developing new services.....	57
7.7	Enhancing regional commissioning for specialist services	58
7.8	Rebalancing the market.....	58
7.9	Build workforce capacity.....	58
7.10	Fee Methodologies.....	59
7.11	Support market confidence	60
7.12	Restarting work delayed by the pandemic.....	60
7.13	Invest in Technology Innovation.....	60
8	Conclusion – A Call to Action	62
	Appendix 1: Full Sufficiency assessments.....	63
1	Children and Young People.....	63
1.1	Looking Back.....	63
1.2	Looking Forward.....	64
1.3	Issues and Gaps.....	65
2	Violence Against Women, Domestic Abuse and Sexual Violence	66
2.1	Looking back	67
2.2	Looking forwards.....	67
2.3	Issues and Gaps.....	68
3	Carers (including unpaid carers)	68

3.1	Looking Back.....	69
3.2	Looking Forward.....	69
3.3	Issues and Gaps.....	71
4	Learning Disabilities	71
4.1	Looking Back.....	72
4.2	Looking Forward.....	72
4.3	Issues and Gaps.....	74
5	Autism	74
5.1	Looking Back.....	75
5.2	Looking Forwards.....	75
5.3	Issues and Gaps.....	75
6	Mental Health	75
6.1	Looking Back.....	76
6.2	Looking Forward.....	76
6.3	Issues and Gaps.....	78
7	Health and Physical Disability	78
7.1	Looking Back.....	78
7.2	Looking Forward.....	80
7.3	Issues and Gaps.....	80
8	Sensory Impairment	80
8.1	Looking Back.....	81
8.2	Looking Forward.....	81
8.3	Issues and Gaps.....	82
9	Dementia	82
9.1	Looking Back.....	82
9.2	Looking Forward.....	82
9.3	Issues and Gaps.....	83
10	Older People.....	83
10.1	Looking Back.....	83
10.2	Looking Forward	85
10.3	Issues and Gaps	86
	Technical Appendix	87
1	Cross-cutting	87
1.1	Demographic Data.....	87
1.2	Guidance	88
1.3	Key Data Sources.....	88
1.4	Regional Documents	88
1.5	Further Reading & Background	88

2	Older People	89
2.1	Demographic Data.....	89
2.2	Trends in activity, capacity and spend.....	90
2.2.1	Domiciliary Care.....	90
2.2.2	Care homes for Older People	92
2.2.3	Social Care Wales Priority Area Reports	96
2.2.4	Further Reading & Background.....	96
3	Working Age Adults	97
3.1	Demographic Data.....	97
3.2	Trends in activity, capacity and spend.....	97
3.3	Regional Documents	101
3.4	Further Reading & Background	101
4	Children and Young People.....	101
4.1	Demographic Data.....	101
4.2	Trends in activity, capacity and spend.....	102
4.3	Regional Documents	105
4.4	Social Care Wales Priority Area Reports.....	105
4.5	Further Reading & Background	106

1 Introduction

1.1 Purpose

This is the first regional Market Stability Report (MSR) for West Wales. Its purpose is to:

- assess the market for services for individuals requiring care and support and their carers,
- inform action, and ultimately to;
- improve outcomes for people.

The MSR was commissioned by the West Wales Care Partnership (WWCP) which brings together partners from local government, the NHS, third and independent sectors with users and carers with the aim of transforming care and support services in the region.

The legal duty to prepare a MSR was introduced by the Social Services and Well-being Act (Wales) 2014 in recognition that the way social care services are provided has changed dramatically over recent decades. Less is now delivered directly by public sector bodies and services are now provided by a complex mix of independent, public, and voluntary sector provision. These are often commissioned and funded by local authorities and health boards, but sometimes purchased by people themselves, either using Direct Payments or their own funds if they do not qualify for state funded care. The mix of provision varies across local authorities and types of service creating a complex landscape for people trying to find the right care.

The shift towards a mixed market for care has potential benefits, including increased choice, competition, and economies of scale. However, it has also brought complexity and new risks - such as potential market failure or exits of individual providers, gaps in provision and market imbalances, which, if not addressed might mean that sufficient care of the right quality and cost will not be available in future. The Welsh Government has therefore legislated for stronger market shaping responsibilities for commissioning organisations, including the requirement to produce comprehensive MSRs every five years alongside Population Needs Assessments (PNAs¹).

1.2 Scope

This MSR covers the whole of Carmarthenshire, Ceredigion, and Pembrokeshire, which is the area covered by the Hywel Dda University Health Board. In line with the national [Code of Practice](#) it comprises two inter-linked assessments:

- the sufficiency of care and support services; and
- the stability of the market for regulated services

The Sufficiency Assessment covers all the population groups included in the PNA - namely:

- Children and young people (including looked after children)

¹ Not to be confused with Pharmaceutical Needs Assessment

- Violence against Women, Domestic Abuse and Sexual Violence
- Carers (including unpaid carers)
- Learning Disability
- Autism
- Mental Health
- Health and Physical Disabilities
- Sensory Impairment
- Dementia
- Older People

The Stability Assessment covers all services regulated by Care Inspectorate Wales, namely:

- Care homes for children and young people
- Fostering
- Adoption
- Secure accommodation
- Residential family centres
- Children's advocacy services
- Adult placement services
- Care homes for working age adults
- Domiciliary care
- Care homes for older people

Supported Living services are not regulated as such, but the care provided is regulated as domiciliary care. They are therefore included either in the sufficiency sections for relevant population groups or the domiciliary care stability section.

The benefit of assessing care and support from these two inter-linked perspectives is that future requirements for regulated services cannot be understood adequately in isolation from the broader fabric of services and support.

1.3 Context

This MSR has been developed against the background of the worst **pandemic** for over a century **impacting profoundly on people who need care and those caring for them** - whether unpaid or paid. Providers of services have also been severely affected and existing workforce pressures have worsened considerably. The challenges of the pandemic have introduced a great deal of uncertainty into care markets - making this MSR very timely and crucial in setting out a direction of travel across the West Wales Region to urgently and collectively address market stability and sufficiency.

The sector has also been dealing with **historic systematic challenges** which are now being magnified² as a consequence of the pandemic. Over the last decade demand pressures on social care services have been compounded by fiscal austerity across public services. Reduced funding for local authorities and competing priorities has limited the rates that local authorities (and the Health Board) are able to pay for care and placed a disproportionate emphasis on economy rather than quality and improved

² <https://www.kingsfund.org.uk/publications/covid-19-magnified-social-care-problems>

outcomes. Providers (particularly those running care homes for older people) have commented that prices have not kept pace with their costs and that their inability to remunerate staff at competitive levels is worsening ongoing workforce pressures.

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

Whilst these challenges are relatively common across all regions, West Wales has distinctive characteristics that accentuate the emphasis of these challenges locally. Firstly, **West Wales is predominantly rural** - covering approximately a quarter of Wales but, with a population of 389,719, is home to only 12% of the Welsh population⁴. Secondly, **the working age population is falling, whilst there are increasing numbers of older people** retiring to the region and adults living longer with health conditions and Learning Disabilities. Both aspects have a significant influence over the local care market, specifically:

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

West Wales has a much higher proportion of Welsh speakers than the national average with 37% of people aged over three speaking Welsh in 2011: almost twice the national figure of 19%. Carmarthenshire has more people who speak Welsh than any other county in Wales (just over 78,000), and Ceredigion has the highest proportion of Welsh speakers in the region at 47%, the third highest in Wales (there are just under 35,000 people who speak Welsh in the county). The proportions are lower in Pembrokeshire with 19% of the population able to speak Welsh (just under 23,000 people). It is therefore particularly important that people can access services in their local communities and through the medium of Welsh if they wish⁵.

The wider national policy context is one of a **long-term drive to help people to live independently in the community and reduce reliance on residential care**, as described in the Welsh Government's policy paper "A Healthier Wales". This applies across population groups and has been driven by changing public expectations as well as an awareness that, with a rapidly aging population, social care services will not be sustainable without better prevention and community support. For children, there is a similar emphasis on prevention and enabling children to live safely with their own families whenever possible.

³ <https://senedd.wales/laid%20documents/cr-ld11773/cr-ld11773-e.pdf>

⁴ Population Estimates 2020, Stats Wales

⁵ Data from the 2021 Census will start to be published from March 2022

Prevention and early intervention are key planks of the well-being agenda - as articulated in the Social Services and Well-being (Wales) Act 2014 and more recently in the Welsh Government's A Healthier Wales plan which was updated in 2021⁶. Both seek to improve outcomes for people by addressing the long-term national challenges such as health inequity, aging and climate change in ways which benefit future generations as well as the current population. The Well-being of Future Generations (Wales) Act 2015 sets out ambitious long-term goals for Wales and requires each area to produce Well-being assessments and local Well-being Plans.

In this context, it is noted that Ceredigion has recently launch it's "Through Age Well-being Strategy 2021-2027"⁷, which sets out plans to design and deliver services based upon the life course of individuals as opposed to being determined by age categorisations. This approach can offer greater continuity in supporting people to being resilient and maintaining their independence in their own homes.

The **contribution of unpaid carers** is a significant aspect to regional market stability and sufficiency activity. Building upon the vision for a 'Healthier Wales', a national Strategy for Unpaid Carers was launched in March 2021, which committed to "*embed the preventative aspects...more effectively in public services and move key providers of services, including the third sector, towards an improved model of support for unpaid carers.*" This theme is reflected throughout this MSR.

Partnership and collaboration is another key theme. Regional Partnership Boards were established in recognition that good outcomes for people can best be achieved through integrated health and social care services - with partners sharing a common vision and agenda, collaborating well at a local level and across the region. The requirements to produce PNAs and Well-being Assessments overseen by local Public Services Boards form part of this system of partnership arrangements, as of course do MSRs.

In January 2021 the Welsh Government published a White Paper setting out an ambition to **rebalance care and support**. 'Rebalancing' includes an explicit commitment to a **mixed economy of provision** 'so that there is neither an over reliance on the private sector (including the voluntary and charity sector), nor a monopoly in the other direction', but is defined more broadly as a set of descriptors of the system change sought:

Rebalancing means...

...Away from complexity. Towards simplification.
 Away from price. Towards quality and social value.
 Away from reactive commissioning. Towards managing the market.
 Away from task-based practice. Towards an outcome-based practice.
 Away from an organisational focus. Towards more effective partnership...

... to co-produce better outcomes with people¹.

⁶ <https://gov.wales/healthier-wales-long-term-plan-health-and-social-care>

⁷ Ceredigion [Through-age & Wellbeing Strategy](#)

The Programme for Government goes further in relation to children's services, committing to 'eliminate private profit from the care of looked after children during the next Senedd term' (2026-31). Whilst the direction of travel has been indicated, further detail on how this will be achieved, and the wider rebalancing agenda is awaited. In the meantime, this MSR is an opportunity to take stock of the care and support markets in West Wales and assess the extent to which rebalancing is required.

2 Approach and Methods

This MSR has been shaped by five main sources of evidence;

- Analysis of data, both from published sources and bespoke data collections from the three counties and Hywel Dda Health Board.
- Review of key policy documents, strategies, and plans.
- Surveys of providers (administered bilingually online).
- Interviews and focus groups with commissioners and providers.
- Intelligence from the engagement programme to inform the PNA and Well-being Assessments, including engagement with citizens, individuals with care and support needs and their carers.

Together these provide a strong evidence base. Working with the teams responsible for the PNA and Well-being Assessments has helped to maximise synergies and avoid duplication.

The assessment of care homes for older people was done first and considered both the stability and sufficiency of this market segment. This provided the opportunity to pilot some of the approaches which were then rolled out across other types of regulated services. IPC is also doing similar work in other parts of Wales and the UK providing a valuable reference point and a richer overall understanding of the markets and commissioning approaches.

2.1 The Code of Practice

This MSR is structured in accordance with the Code of Practice.

The Code of Practice states that:

“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 services⁸”.

Importantly, the Code of Practice recognises that there will continue to be a need for more detailed Market Position Statements and commissioning strategies for specific services and segments of the market.

The sufficiency element of the MSR intentionally overlaps with the PNA as set out helpfully in the diagram below which is taken directly from the Code of Practice:

⁸ Code of Practice and guidance on the exercise of social services functions and partnership arrangements in relation to market stability reports, paragraph 3.16



* Statutory requirement under the 2014 Act.

The Code of Practice also includes useful definitions of sufficiency and stability which have been adopted in developing this MSR.

'Sufficiency' is defined using standard dictionary definitions:

- 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)⁹

As these definitions make clear sufficiency is about **both** the quantity of provision required to meet needs and the quality of this provision.

Taking this further, for the purposes of this MSR the following aspects as set out in the Code of Practice have been considered to assess sufficiency:

- **Choice of Services:** Is there a choice as to what services are available to meet personal preferences and needs?
- **Access to Services:** Are services available in people's communities or within reasonable travelling distance? Are more specialist services located within the local authority boundary, West Wales Region or Nationally?

⁹ As above, paragraph 4.9

- **Availability of Services:** Within this range of services, are there vacancies or waiting lists?
- **Affordability of Services:** Are prices for care and support affordable within budgets? How do rates for self-funders compare and are they affordable?
- **Welsh Language:** Are services available through the medium of Welsh?
- **Quality of Services:** What do service users and carers think of the quality of services available? What does evidence from monitoring and inspection tell us?

The Code of Practice defines market stability in terms of a set of characteristics of a well-functioning market for care and support:

- 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 or experience operational difficulties.

This MSR will help commissioners and others across the West Wales Care Partnership to identify risks and opportunities and address strategic collaborative planning in supporting market sufficiency and stability going forwards.

3 Structure of Report

The structure of this report closely follows the Code of Practice and is designed to ensure that the two assessments – sufficiency and stability- dovetail with each other and the PNA.

This report begins with an overview of care and support markets in the region highlighting key themes and issues which are drawn out in the detailed assessments.

Part A: summarises the sufficiency assessment setting out the issues and gaps which have been identified for each population group either in the PNA or in the research for this MSR. Rounded judgements about the sufficiency of regulated services cannot be made without this wider picture of the care and support available. The full sufficiency assessment undertaken for this MSR is found in **Appendix 1**. This covers the detailed requirements of the Code of Practice.

Part B: The stability assessment covers services regulated by Care Inspectorate Wales (CIW). This is presented in full in the body of the document as this covers the market and stability aspects which are fundamental to the MSR. As required by the Code of Practice, each stability assessment covers the sufficiency of that regulated service in greater depth.

The assessments are ordered on a life course basis, from children and young people, to working aged adults and finally to older people.

4 Market Overview

The ongoing pandemic has impacted us all. It has exposed some of the frailties of the health and care system - but has also brought to the fore many of its qualities, demonstrating the level of commitment and action across the sector to supporting people within local communities.

A combination of sustained public sector austerity and the wide-ranging impact of the pandemic is compounding pressures upon the whole system. Market uncertainty is inhibiting private investment and increasing levels of complexity are not being matched by corresponding workforce capacity – increasing pressure upon market stability.

Across adult services, some providers have, or are considering, handing back contracts or stopping services, waiting lists are developing and domiciliary care packages are being subjected to tighter assessment. Further there is limited access to some local specialist services – such as those focused on people with mental health issues, and critically, significant workforce shortages across all parts of the care and support market.

Analysis undertaken for this report indicates that the market for domiciliary care for older people is currently presenting the greatest risk of market instability as workforce pressures continue to mount and complexity of need increases, whilst prices paid for care are reported by providers as being insufficient to pay staff at competitive rates. This market segment has seen all three counties taking on more in-house domiciliary hours and reablement support over the last 3 years.

However, there is also a growing risk of market instability within the residential / nursing home market for older people across the region. Providers are facing significant workforce pressures, rising levels of complexity, increased costs and reduced occupancy levels. As additional funding tapers away by March 2022 (Hardship Fund), some providers are considering closing their business or reducing the services being offered. Market intelligence across Wales suggests that the pressures on residential providers have escalated since Autumn 2021 with staffing issues meaning that some homes are not able to accept new residents.

Likewise in children services and services for working aged adults, there are growing challenges in ensuring access to the right services and support - with many placements being made outside of the county (and region) at significant cost.

Whilst there are sufficient places in fostering, children's homes, and care homes for working aged adults across the region as a whole, many of these are purchased by authorities from outside the region and are therefore not available locally in practice - leading to out of county or out of region placements. There are also gaps either geographically or for more specialist services such as younger onset dementia and CAMHS.

4.1 Rebalancing

Across each county, the MSR has evidenced a shift over the last 3 years in the extent by which services are being operated in-house, often as a direct response to market failure or to anticipate market exits- particularly amongst domiciliary care providers.

This shift is happening at a time of national debate about rebalancing the market and removing the profit element from service provision in children services.

The extent of these shifts differs across the region in terms of scale and pace. For example, Ceredigion operates all its reablement services in-house as well as running six residential care homes, whilst Carmarthenshire has recently expanded its in-house share of the local domiciliary market to 32% of hours commissioned from 19% in 2017/18. Pembrokeshire has gone from 0% to 17% share of its domiciliary market in 3 years and took its reablement service completely in-house in 2019 - as part of its development of intermediate care services. These variations reflect differing political appetites for market intervention as well as local conditions, but the overall regional trend is clear.

Feedback from system leaders and commissioners indicates that in-house services can help secure access to the right support locally - although at similar or higher costs- as well as adding in-house capability to support market development. At the same time, it is widely acknowledged that the role of the independent provider sector remains critical - and the key judgement for the regional partnership, the Health Board and individual county councils is to determine the **optimal balance** between in-house and independent provision. This judgement will require significant engagement across the system to include independent providers and importantly local people. Each county has its own distinctive characteristics and challenges and will have to decide, together with the Health Board, the right mix of action to tackle instability in care markets and take advantage of the opportunities presented by the current crisis to 'reset' the system.

5 Sufficiency Assessment: Part A

This section provides a summary of the issues and gaps in terms of sufficiency of care and support services for each prescribed population group.

Population Group	Children and Young People
Issues & Gaps	<ul style="list-style-type: none"> • The draft Well-being assessments highlight concerns about the sufficiency of affordable child care, particularly in Pembrokeshire and Ceredigion. • Child poverty has increased across West Wales. • The overall child population is projected to decline but the demand for specialist support and services such as CAMHs and residential care which are already hard to source locally may increase. • The long-term impact of the on-going pandemic is very uncertain but there is a significant risk that it will be detrimental to children and young people's wellbeing and exacerbate existing challenges. • User voice, co-production, and integration, including more seamless transitions to adult services, remain key areas for development.

Population Group	Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)
Issues & Gaps	<ul style="list-style-type: none"> • Incidents of violence against women have increased during the pandemic whilst victims may have found it harder to access services. • The complex funding arrangements are a significant risk to ensuring sufficiency of support. • There is a specific gap in terms of lack of services for older victims of domestic abuse. • The Mid and West Wales VAWDASV Strategic Group, consisting of commissioners, providers and survivors of VAWDASV identified the following themes as gaps or areas for improvement <ul style="list-style-type: none"> • Services for children and young people • More prevention focused services • Ensuring there is VAWDASV specialist input for specific groups ie BAME, disability, LGBT, older people • Reviewing the refuge model and accommodation options • Accommodation and support options for people with complex needs who challenge existing models • Community based services for survivors of sexual violence and abuse • Interventions /Services for perpetrators

Population Group	Carers (including unpaid carers)
Issues & Gaps	<ul style="list-style-type: none"> • The level of unpaid care and support sought by unpaid carers is projected to increase significantly over the next 10 years as the population grows older. • Many carers are themselves over 65 and 46% of older carers are providing more than 50 hours of care per week¹⁰. • This is against the backdrop of the significant increase in self-identification of unpaid carers during the pandemic and the existing strain on specialist carers support services to provide a timely response. • There is a need to improve access to services and support within rural communities for unpaid carers and improve level of digital inclusivity of unpaid carers. • Young carers need more mental health and emotional support and services. The pandemic has had a significant negative impact upon young carers in terms of increased isolation and mental health / emotion stress.

Population Group	Learning Disability
Issues & Gaps	<ul style="list-style-type: none"> • The numbers of people with learning disabilities likely to present themselves to health and care services is predicted to remain relative consistent over the next 10 years – although the number of older people with learning disabilities is expected to increase significantly reflecting an improvement in life expectancy. • The housing needs assessment identifies a need for significant additional units of specialist accommodation (shared lives and supported living) over the next 15 years, whilst the volume of residential care placements is projected to reduce considerably. • Many of the challenges faced prior to the pandemic persist and are highlighted in both the 2017 and 2022 PNAs.

¹⁰ Social Care Wales Population Projections Platform (daffodil)

Population Group	Autism
Issues & Gaps	<ul style="list-style-type: none"> • The numbers of people with autism will remain relatively stable over next 10 years • The PNA identified that many people with autism feel unsupported – particularly when living within rural areas. • There is a need for improved signposting across region, particularly for supporting young people transitioning to adult social care services. • Significant waiting times for diagnosis and limited access to subsequent services and support – especially supported living options and Mental Health services for young people. Currently there are 900 adults and 1500 children on the diagnostics waiting list. • The Housing LIN report identified significant demand for specialist housing in the region for people with Learning Disability and Autism. • The pandemic has led to increased levels of mental health problems and further isolation.

Population Group	Mental Health
Issues & Gaps	<ul style="list-style-type: none"> • The pandemic is likely to have had a severe impact on mental wellbeing. The long-term impact is difficult to predict, however, there is a significant risk that there will be a legacy of increased mental health problems. • Meanwhile the pandemic has disrupted services and there are increased waiting times for assessment and treatment for both CAMHs and adult services. This may compound the direct impact of the pandemic. • The housing needs assessment identifies a need for significant additional units of accommodation over the next two decades.

Population Group	Health and Physical Disability
Issues & Gaps	<ul style="list-style-type: none"> • The pandemic has had a disproportionate impact on disabled people which may compound existing inequalities • Engagement for the PNA highlighted a number of the social barriers which cause disability, particularly the design of buildings, including housing, and the lack of public transport. • Ensuring access to specialist services for people with a range of more complex needs is particularly challenging in rural areas • Evidence about the sufficiency of specialist services for specific conditions and needs is limited and further work is needed to identify and tackle gaps.

Population Group	Sensory Impairment
Issues & Gaps	<ul style="list-style-type: none"> • The number of people with sensory impairments is expected to grow significantly as the population ages. • There is a specific need to reduce social isolation of people with sensory impairments within rural communities including improvements to community support and access to specialist services. • For the relatively small number of younger people with sensory impairments, a range of support is needed including equipment and advice to remove barriers and increase employment and opportunities.

Population Group	Dementia
Issues & Gaps	<ul style="list-style-type: none"> • The number of people living with dementia is expected to increase by 49% by 2040¹¹. • This is a major factor in the increased complexity of needs which is impacting upon services. • The number of people living with young onset dementia is small, but they typically require specialist services which may not be available locally. • There is a lack of bespoke support for younger people living with dementia such as group activities or specialist residential care.

¹¹ Draft West Wales Care Partnership (WWCP) Dementia Strategy

Population Group	Older People
Issues & Gaps	<ul style="list-style-type: none"> • The number of people aged 85 or over is expected to increase by 27.8% by 2031, whilst the West Wales population as a whole will grow by just 1.3%¹² • The ageing population means that there will be an increasing demand for care and support services including a diverse range of housing options. • The complexity of needs will also continue to grow as the number of people living with dementia and multiple co-morbidities increases. • The need to grow community support is even greater given the fragility of the markets for regulated services highlighted in the stability assessments. • Recruitment and retention of staff is a key challenge across social care and is severely impacting both domiciliary and residential care. • A continuing shift towards more specialist residential and nursing care is required but in current conditions it is difficult to see the market delivering that at sufficient pace or scale.

¹² Stats Wales, Population Projections 2018 based

6 Stability Assessment: Part B

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

6.1 Care homes for children and young people

The vast majority of children who are looked after are placed with foster carers or kinship carers, but at any one time there is a small group of children whose needs cannot be met in a family setting either temporarily or on a longer-term basis – around 25 children as at March 2021, or 5.5% of children looked after.

6.1.1 Sufficiency

Overall, there is a shortage of available residential care places for children and young people in West Wales - as most of the provision is purchased by local authorities from outside the region. There are also differences between counties in terms of demand.

Whilst rates of children looked after remain below the national average, both Ceredigion and Pembrokeshire have experienced significant increases in the number of children looked after, and increases in the number of children placed out of county and in residential care. This picture is common across Wales and many parts of England, but Carmarthenshire is one of four Welsh authorities to have seen consistently reducing numbers of children looked after over recent years.

The vast majority of children homes in West Wales are run by independent sector providers and, with strong demand from other areas, it has proved increasingly difficult to place children appropriately. Five children's home providers responded to the provider survey. They reported only one vacant place between them. There was also significant purchasing from authorities outside the region with two providers having more than two thirds of places purchased by authorities outside West Wales, one of which was mainly commissioned by English local authorities.

If all the capacity in West Wales was available to the region there would not be a shortage, other than perhaps niche specialist services. There would also be more opportunity to re-shape regional provision to better match the priorities identified in the Mid and West Wales Market Position Statement for Children's Residential Care and Fostering Services (see below).

Data from the Children's Commissioning Support Resource (CSSR) shows that as of December 2021 there are 26 children's homes in West Wales providing a maximum of 93 places (44 in Carmarthenshire and 49 in Pembrokeshire and none in Ceredigion). The vast majority of these places are commissioned by local authorities outside the region, and as a result children are increasingly placed out of county and sometimes out of region. Pembrokeshire has the highest number of children placed in residential care, and although there are 11 independent sector homes offering 43 places, 16 children were placed in children's homes out of county as at March 2021. Carmarthenshire has the most in house capacity (three units, including two providing respite care) but the lowest number of children placed in residential care as at March 2021.

The CSSR data shows that there are some vacancies in children's homes in West Wales – a total of 12 as at December 2021- but it should be borne in mind that these may not be suitable to the individual needs of a child requiring a placement.

A draft Market Position Statement (MPS) for Mid and West Wales (including Powys) has been developed for children's residential care and fostering. For residential care, the draft emphasises that in addition to the issue of local capacity often not being available there are also gaps in capacity that meets the needs profile of children looked after. These include:

- Local emergency / crisis models of care
- Step down from Secure Welfare
- Homes with evidence-based models and proven outcomes
- Support for emotional and mental health need

Overall, this picture suggests that there is a need to rebalance the children's care home market, both geographically and to secure access to local capacity, and also to better match the priorities identified in the Mid and West Wales MPS. Action to address this is underway as described below.

6.1.2 Quality & Choice

With rising numbers of children looked after, frequently needing to be placed on an urgent or emergency basis, it is very difficult to match placements to each child's individual needs. The more distant a placement the harder it is to monitor quality and provide oversight of each child's care even if the overall quality of the provision is good.

The small number of children in the region who currently require residential care are often placed out of their own area, occasionally in England, making it harder to maintain family relationships and friendships, or community and educational links. For Welsh speakers, placements may not meet their assessed language needs, even though meeting their assessed and agreed care and support needs.

6.1.3 Trends

The increase in the number of children looked after is a national trend, although as we have seen, with exceptions including Carmarthenshire. The number of children starting to be looked after each year in Wales has however been falling since 2017. This implies that nationally children are on average being looked after for longer, as the total of looked after children at any one time has continued to increase.

Modern children's homes tend to be very small – typically four beds- catering mainly for adolescents with complex needs, often exhibiting risky and sometimes challenging behaviour.

The market for children's care has become a controversial issue, with the Welsh Government committing to end private profit in children's care in the next Senedd term, as recommended by the Children's Commissioner for Wales. The high costs of placements have also been widely criticised. The national independent review of children's social care has highlighted the issue and the Competition and Markets Authority (CMA) are undertaking a study of the market. The CMAs interim report suggests that the market is failing and found that large providers were currently making

higher profits than would be expected in a well-functioning market. However, it found no evidence that quality in the independent sector is lower and also suggested that the costs of providing residential care in-house are similar to the prices paid by local authorities. The CMA believes that profit margins reflect lower overheads, on-costs and staffing ratios within the independent sector.

6.1.4 Challenges & Opportunities

Rising numbers of children looked after are currently making it difficult to place children appropriately in Ceredigion and Pembrokeshire. However, it is very difficult to predict future trends as the factors driving variation in children looked after numbers are complex and not fully understood. Commissioning specialist services for low but variable numbers of individuals (e.g. parent and child placements or step-down from Tier 4 CAMHS) is inherently challenging and is one reason why councils have tended to rely on spot-purchasing placements in the independent sector. Regional collaboration can help mitigate this.

It is not yet known when, or how, the Welsh government will implement its proposals to remove private profit from children's care. This is already causing uncertainty in the market (as referenced in the Children's Commissioning Consortium Cymru submission to the Competition and Markets Authority study on children care markets) and was highlighted as a concern in the provider survey with two respondents saying that they would otherwise have considered expansion in the region. This is likely to continue until proposals are finalised and there is clearly a significant risk that provision will be lost if the transition is not managed smoothly.

Recruitment and retention is a challenge shared across social care and applies to both in-house and independent provision. The pandemic has exacerbated labour shortages across the economy and social care is competing with other sectors which can offer similar or better wages for less challenging work.

The long-term impact of the on-going pandemic on the wellbeing of children and young people and therefore the volume and type of services they might require cannot be predicted with confidence at this stage.

There is an opportunity to share and build on best practice in the region with Carmarthenshire succeeding in reducing the need for children to be looked after away from their families against the national trend. The rebalancing agenda presents opportunities alongside risks and is already giving impetus to regional collaboration.

6.1.5 Impact of Commissioning

For the reasons explained, local authorities have tended to rely on spot purchasing of placements. Other factors include the recognition that children's homes are difficult services to manage well and carry significant risks, and the higher 'on costs' of local authority employment contracts. Spot purchasing, whilst understandable, has resulted in the current situation where local authorities feel they lack influence over the market and local provision is often purchased by authorities from other parts of the country or UK.

The West Wales Care Partnership has begun to address these issues by developing proposals for additional in-house capacity. A successful bid for Welsh Government funding was made proposing a regional hub with local 'step-down' provision. Further

work questioned the feasibility of the hub model but plans for local provision are being taken forward in all three counties.

6.1.6 Issues & Recommendations

- The market for children's homes is not functioning well nationally or regionally. There are currently insufficient places available to children within their local areas.
- The Welsh Government has set a radical goal of eliminating private profit from the market but not yet set out the mechanism or timescale, creating uncertainty for both providers and commissioners.
- A significant shift towards in-house or third sector provision will be required over the next decade to meet the policy change (and mitigate potential risks of increased 'out of county' placements).
- This will require both revenue funding and capital investment.
- As a short to medium term response - explore commissioning independent provision differently with more use of 'soft' block contracts. However, contract terms would need to be attractive to providers (particularly covering voids) and moving from the current provision to a contract would need to be done carefully and gradually, avoiding children having to move unnecessarily.
- In parallel, investment in evidence-based preventative and edge of care services to safely reduce the need for children to be looked after can help improve both placement choice and outcomes for children and young people.

6.2 Fostering

The vast majority of children who are looked after live with foster cares, including connected or kinship carers. Most foster carers are recruited and supported by local authorities but there are also Independent Fostering Agencies (IFAs) which recruit and approve carers and offer placements to local authorities. Most IFAs are in the independent sector but a few are operated on a not-for-profit basis by charities and social enterprises. Of 460 children looked after by West Wales councils at March 2021, 350 (76%) were looked after in foster care, including 38 (8%) in IFA placements.

6.2.1 Sufficiency

The number of children looked after has been increasing both regionally and nationally. As a result, it has become harder to place children locally. Data from the Children's Commissioning Support Resource (CSSR) shows that the issue is less one of capacity, but rather that many fostering placements in West Wales are purchased by authorities outside the region. As at December 2021 there were a total of 704 fostering places in West Wales across 354 households, many more places than the 350 children who were placed in foster care as at March. Just over half of these foster placements are local authority carers, with 45% being IFA placements. Only a handful of the IFA placements are provided by third sector providers (<2% of the total fostering places in West Wales).

IFA placements offer choice, and sometimes meet specialist needs, such as parent and child placements but, in the absence of block contracts, they will often be purchased by authorities outside the region.

The increasing difficulty in finding placements is evident in a rising number of IFA placements and an increase in children placed out of county. As at March 2021 there were 38 children placed with IFAs compared to 13 in March 2018, while 34 children were placed with foster carers out of county at March 2021, compared to 29 in March 2018. Five of these Placements were outside the region.

There are important differences between counties however, with Ceredigion and Pembrokeshire both seeing sharp increases in the number of children looked after, while Carmarthenshire has achieved a reduction.

Pembrokeshire has succeeded in increasing both the number of 'in-house' fostering households and available places over the last four years, (carers may be approved to look after more than one child), but in-house capacity has declined in Ceredigion and Carmarthenshire over the same period.

The CSSR also records vacancies. At December 2021 there were 36 fostering vacancies across Mid and West Wales (including Powys) or 4.1% of the total places. This is a slightly higher than the national rate of 3.9% vacancies but suggests a tight market, especially when you consider that many of these vacancies will not be appropriate for an individual child requiring a placement, for example because they are for a different age group or have additional needs.

The draft Market Position Statement for Mid and West Wales emphasises that whilst in-house fostering is generally able to meet the needs of most children there is a need of for more specialist foster placements, including:

- Placements for young people who have experienced significant trauma and maybe exhibiting multiple risk-taking behaviours including substance misuse, risk of CSE, poor decision making and absconding
- Children with autism and significant learning disabilities
- Parent and child placements; and
- Foster carers who are able to speak Welsh.

Overall, there are enough foster placements across West Wales but these are not all available to West Wales authorities and meeting specific needs close to a child's home is sometimes not possible. If demand continues to increase (regionally and/or nationally) finding placements which match children's needs will become increasingly difficult.

6.2.2 Quality & Choice

The quality of care provided by foster carers, whether local authority or IFA is generally high¹³, but the fewer vacancies there are the harder it becomes to match children appropriately to placements. Distant placements also make it harder to maintain relationships and continuity of education and health care, whilst individual needs, including Welsh language care may not be met. For the vast majority of children, the best quality placement will therefore be local to their home area.

The number of placement moves children experience is an important indicator of quality, with frequent moves correlated with poorer long-term outcomes. In 2021 proportion of children experiencing 3 or more placement moves was above the national average in Pembrokeshire and Ceredigion but below average in Carmarthenshire, consistent with the counties' respective demand pressures.

6.2.3 Trends

The increase in the number of children looked after in Wales is a long-term trend, with numbers increasing steadily from 4195 in 2003 to 7265 in 2021: an increase of 73%. This would have placed strain on the local market for care placements even if the region itself had not seen an increase. Carmarthenshire is, as we have seen, one of four Welsh authorities to have achieved a reduction against this trend, but both Ceredigion and Pembrokeshire have seen increases.

An increase in the proportion of children looked after by relatives or friends is another long-term national trend reflected in local data. This can help mitigate the shortage of local placements.

The Welsh Government's stated policy goal of eliminating private profit from children's care in the next Senedd term impacts most Independent Fostering Agencies. They also fall within scope of the Competition and Markets Authority's (CMA) investigation which covers England, Scotland and Wales. The CMA's interim report found that the largest IFAs were making higher levels of profit than they would expect in a well-functioning market, suggesting that there are barriers to entry. It also provisionally found that the cost to local authorities of purchasing IFA placements is generally higher than the costs of providing them in-house, even taking account of local authority overheads.

¹³ For example the [CMA interim report](#) found no evidence of differences in quality between local authority and IFA carers

6.2.4 Challenges & Opportunities

With current levels of demand, both within the region and beyond, it is increasingly difficult to match children to appropriate local placements. Without mitigating action this will be detrimental to children and will see continuing pressure on budgets.

Recruiting foster carers is an ongoing challenge compounded by the falling working age population across the region. The availability and cost of housing is another constraint as foster carers obviously need sufficient space to offer children homes. Initiatives to increase the supply of affordable family homes, such as the council house building programmes in train across the region can help address this.

The success of Pembrokeshire in recruiting carers and of Carmarthenshire in reducing numbers of looked after children shows that there is good practice across the region to share and build on.

The 'rebalancing' agenda, particularly the proposals to eliminate profit present both risks and opportunities for the region. Depending on timing and how well the transition is managed, there is a risk that some placements and expertise will be lost, as some carers may prefer to give up fostering rather than change agency. On the other hand, if the change is well managed there is potential to increase the pool of local carers and ensure that those placements are available for West Wales children.

The long-term impact of the ongoing pandemic on fostering is very uncertain. There is some evidence that people may be more attracted to fostering having re-evaluated their lives and attitude to employment and commuting. The pandemic prompted an upsurge in volunteering and community action, but on the other hand it may deter others from offering placements, particularly on a short-term or respite basis.

The impact of the pandemic on children may be poorer emotional and mental well-being, which in turn will mean that children who need to be looked after away from home need even more support. This could potentially exacerbate existing trends towards children exhibiting more complex and challenging needs, including acute mental health issues, autism and self-harm.

6.2.5 Impact of Commissioning

There have been a number of national and regional initiatives to support effective commissioning of children's placements. These include the National Fostering Framework¹⁴ and Children's Commissioning Consortium Cymru's (4Cs), placement finding tool: the Children's Commissioning Support Resource (CCSR).

An issue frequently raised by providers is insufficient clarity from commissioners about the projected level of demand and the type of services required. The Market Position Statement and this MSR should help to address that but ongoing engagement and dialogue with providers is essential.

¹⁴ National Fostering Framework [Final Report 2018-21](#)

The 4Cs represent an important source of expertise in commissioning placements and the CSSR, when fully used by local authorities, provides useful intelligence to both commissioners and providers.

6.2.6 Issues & Recommendations

- Increased numbers of children looked after regionally and nationally are making it harder to place children
- There is considerable uncertainty in the market with the commitment to eliminate 'for profit' provision and the impact of the pandemic
- The ultimate constraint is recruiting sufficient foster carers with the skills and motivation to care for children and young people who have typically experienced significant trauma and adversity
- Growing in-house capacity can help address these challenges. Recruitment campaigns alone are often ineffective and have low conversion rates. Reviewing and, where necessary enhancing, the total offer to foster carers is more likely to succeed. Non-financial elements like out of hours support and training are particularly important. The Mockingbird model, which groups carers together into constellations providing mutual support is worth exploring
- Alongside growing in-house capacity, engagement with IFA providers offering placements in West Wales is crucial, both to begin planning for the likely transition to a not-for-profit model, and to make the most of local capacity for West Wales children. Different commissioning models – such as “soft” block contracts and stronger partnerships will be needed, otherwise IFAs will have little incentive to tailor their offer to local requirements.
- Investment in preventative, respite and edge of care services can help reduce the need for children to be looked after away from their families. There is good practice in the region to share and build upon.

6.3 Adoption Services

Adoption provides permanent families for children who cannot safely live with their birth families. It is a vital service with lifelong impact but one which is only needed by a small number of children. Since 2014 adoption services in Wales have been provided on a regional basis, including by Adoption Mid and West Wales (which includes Powys), with support from the National Adoption Service (NAS) and in partnership with local authorities and voluntary adoption agencies. There is no independent sector involvement so there is not really a market for adoption services in the same way that there is a market for other sectors e.g. residential care. However, the availability and quality of adoption services does affect demand for other children looked after services, and vice versa.

6.3.1 Sufficiency

At any one time the number of children going through the adoption process in West Wales is small. As at March 2021 there were less than 20 children placed for adoption by the three West Wales counties (national data does not report the precise number for Ceredigion as it less than 5). Since 2016 numbers have fluctuated between around 15 and 30.

Recruiting sufficient adopters has been a long-term challenge nationally and regionally, and it remains difficult to find well matched adoptive carers, especially for older children, sibling groups and children with additional needs or disabilities.

6.3.2 Quality & Choice

Outcomes for children who are adopted are generally positive but the process of assessing carers and matching and placing children can be protracted and there is a focus on minimising delays. There has been limited progress nationally in reducing the time from entry to care to adoption, with the process taking around 800 days on average over recent years. In 2021 this increased to 854 days possibly due to the impact of the pandemic on timescales.

Commissioners have identified that if a placement cannot be identified in-region, a search will be made through Adoption Register Wales. Those adopters may have been approved by a Voluntary Adoption Agency, another regional adoption service, or an adoption agency in England. The Adopting Together scheme is utilised where children have very complex needs.

There is increasing recognition that adoptive families need consistent and ongoing support. The IPC recently published an evaluation of the Welsh National Adoption Support Framework, which was introduced in 2017 to address gaps in support. This identified significant progress but also support gaps including for older children with more complex needs, including those who are in transition to adulthood.

6.3.3 Trends

The long-term trend has been a reduction in the average age of children adopted in Wales, from 61 months in 2003, to 37 months in 2021. This probably reflects more timely decision making and increased use of concurrent planning in care proceedings. Most children adopted in Wales were aged between 1 and 4 years (84%).

The pandemic has had a significant impact on adoption services. Nationally, there was an increase of 23% in the number of initial enquiries, and 20% in adopter assessments starting, possibly reflecting the upsurge in altruism and volunteering seen during the pandemic, and the opportunity for people to reassess their priorities and lifestyles. However, the practicalities of completing assessments amidst Covid restrictions meant that fewer adopters were approved, with a decrease of 8% nationally. Whether the increased interest in adoption will be sustained is very uncertain.

The pandemic is also likely to have a detrimental impact on the emotional and mental well-being of children and young people. This could potentially exacerbate existing trends of children exhibiting more complex needs, often due to mental health problems. The IPC evaluation mentioned above found that adopted children had much greater difficulties, as measured by the Strengths and Difficulties Questionnaire (SDQ), than a representative sample of British children.

6.3.4 Challenges & Opportunities

The fundamental challenge remains recruiting a sufficient pool of adoptive families to ensure that children can be well matched, and that their individual needs, including for many the opportunity to grow up in a Welsh speaking family can be met.

In this context the pandemic presents both opportunities and challenges. More people may be attracted to adopt in a world of increasingly flexible work styles, however so long as the pandemic continues there may be challenges and delays to assessment processes.

6.3.5 Impact of Commissioning

The development of regional services has ensured that specialist skills are available to authorities which would otherwise be working with only a handful of children requiring adoption at any one time. They also help ensure consistency and quality in assessment and matching.

6.3.6 Issues & Recommendations

- Enhancing support to adoptive families will be beneficial to children and also reduce the risk of breakdowns of adoptive placements. It may also be the best way to promote recruitment of adopters as, like fostering, positive ‘word of mouth’ is by far the most effective recruiting tool.
- West Wales should consider the recommendations from the national evaluation of adoption support, namely:
 - All adopted children to have the right kind of support and attention in schools or colleges, where they often struggle, often more so than at home.
 - Consistency of access for families to valued forms of targeted support across all regions and / or support agencies, particularly that which can provide effective ‘early stage’ therapeutic or psychological support before families reach a crisis, also pro-active advice about contact with birth families and high-quality therapeutic life story work.

- Greater overall access to targeted and specialist support where it is needed by adoptive families across Wales, including for older children or young people with complex needs, and for those children who may have neuro-developmental conditions requiring further exploration and support.

6.4 Secure Accommodation

Secure accommodation is an extremely specialist provision, the use of which is rightly governed by a tight legal framework to ensure that children are only placed in locked environments when absolutely essential and for as short a period as possible. Secure accommodation for a child's welfare, as opposed to in criminal proceedings, can only be used, with the necessary court authorisation, to ensure the safety of the child or others.

6.4.1 Sufficiency

There is only one children's secure unit in Wales: the Hillside Secure Children's Home in Neath which has a maximum of 22 places. Places at Hillside are shared between the Youth Justice Board, for placements due to offending, and Welsh local authorities for welfare purposes. West Wales typically only needs one or two secure placements a year, and in some years none.

Because there are so few secure units (there are also few in England), they tend to be used nationally and it can be difficult to find a place when they are required. This is a national commissioning issue and not something that can appropriately be addressed at a regional level.

By their nature secure placements will usually be distant from the child's home, and will always be, if there are no vacancies in the Neath secure home.

6.4.2 Quality and Choice

The Hillside Secure Children's home is inspected by Care Inspectorate Wales and Estyn for the on-site education provision.

Given that there is only one provision of this type there is clearly a lack of choice of provision and if there were any quality concerns the only alternatives are in England. This obviously presents a risk at the national level should any issues arise at Hillside or places become unavailable for any reason.

The fact that the unit is relatively close to the region is beneficial.

6.4.3 Trends

The number of children requiring secure accommodation is low and that can be expected to continue.

6.4.4 Challenges & Opportunities

It is very difficult to ensure that there is just sufficient of this type of provision as needed at any one time, given that the number of children requiring it is so low. Secure accommodation is costly and difficult to provide and recruiting and retaining skilled staff willing to work in a challenging environment is difficult.

For Wales, having only one unit presents significant risks, and means that places will usually be far from home and sometimes not available in Wales when children need them.

6.4.5 Impact of Commissioning

The commissioning of secure accommodation is a national responsibility.

6.4.6 Issues & Recommendations

- On the rare occasions when a West Wales child needs secure accommodation it may not be available in Wales as there is only one secure unit.
- Welsh Government should be alerted if there are concerns about the sufficiency of secure accommodation.

6.5 Residential Family Centres

Residential family centres are another extremely specialist service which is rarely required by local authorities in West Wales. They provide assessments and therapeutic interventions for families, usually in the context of care proceedings where it is thought there are significant risks to the child or children, requiring very close monitoring.

6.5.1 Sufficiency

There are only two registered residential family centres in the whole of Wales, one of which recently reopened after a closure. Neither is in West Wales.

Placements in residential family centres are rarely required but there are occasional placements by West Wales authorities, including one recently. In general, parent and child foster placements are often preferred and can provide an assessment in a more 'natural setting'. However, parent and child placements are scarce and are one of the priorities identified in the draft Mid and West Wales MPS for children's residential care and fostering.

6.5.2 Quality and choice

With only two centres nationally there is obviously little choice, and any placements will always be out of region.

6.5.3 Trends

Nationally there has been a shift away from residential assessment models towards parent and child fostering. This is reflected in the limited amount of provision. The use of residential family centres depends to a great extent on the perceptions of the courts about their value.

6.5.4 Challenges & Opportunities

It is challenging to commission rarely used but important services like residential family centres. The fact that there are only two such centres in Wales means that places may not be available when they are needed.

Parent and child fostering can provide an alternative, although it is important to recognise that it is a different service and may not be appropriate. Commissioning regional parent and child foster provision or developing it in-house can mitigate risks and provide more local and cost-effective alternatives.

6.5.5 Impact of Commissioning

Spot purchasing occasional places when they are needed avoids committing resources to provision that may not be needed. However, it does mean that costs are likely to be high when they are required, and placements will be distant and possibly outside Wales.

6.5.6 Issues & Recommendations

- There is insufficient need for residential family placements to justify commissioning dedicated regional provision.
- Increasing regional parent and child fostering capacity, either in house or commissioned from an IFA will mean residential assessments are even rarer, and would provide local capacity over which commissioners have significantly more influence in terms of cost and quality.

6.6 Children's Advocacy Services

Advocacy means promoting the views, wishes and feelings of an individual to ensure that they are fully taken into account and acted upon during decision making processes. There is a wide spectrum of formal and informal advocacy covering all types of needs and age groups, however only very specific aspects of advocacy are regulated: namely advocacy for children who need care and support or are looked after.

6.6.1 Sufficiency

Concerns about the availability and consistency of advocacy for children led to the introduction of a national approach to statutory advocacy services in 2017. Services are commissioned across Mid and West Wales (on the same footprint as **Safeguarding Boards**) but within a national framework including the service specification, national standards and an 'active offer' designed to ensure that children are routinely offered advocacy when they are subject to a child protection conference or enter care. In West Wales the service is commissioned on a Mid and West Wales basis, (including Powys), and provided by TGP Cymru, a children's rights charity. Eligible children who take up the offer are allocated an independent professional advocate. A national helpline – Meic- is available for children and young people who do not qualify for statutory independent advocacy.

The current contract term is coming to an end and a procurement process has been completed for the new contract to begin from April 2022.

Intelligence from commissioners suggests that the active offer is working well and advocacy is available for all those children who need it. A gap has been identified for advocacy for parents, which is non-statutory, and a pilot to address this is being considered in Pembrokeshire.

In terms of the wider advocacy offer across Mid and West Wales, an adult Independent Professional Advocacy (IPA) service has just been regionally commissioned with a view to developing advocacy provision across the spectrum of advocacy and is a collaboration of advocacy providers working together to a co-produced model.

6.6.2 Quality and choice

Nationally there are only two registered providers of children's advocacy, Tros Gynnal Plant (TGP Cymru) and the National Youth advocacy Service (NYAS).

With only two registered providers and a small number of purchasers the market for children's independent advocacy is obviously small. This can be mitigated to an extent by building advocacy capacity more generally across West Wales.

A user survey conducted by TGP during the pandemic gave very positive feedback from young people, with 99% saying they found working with TGP Cymru helpful all or most of the time. The survey was conducted across Wales but 40 of the 95 respondents were from Mid and West Wales.

Commissioners in West Wales report consistently positive feedback from children and young people who receive advocacy.

6.6.3 Trends

Data published by Stats Wales suggests that the total number of children receiving care and support reduced slightly between 2018 and 2020 (from 1380 to 1285). However, as noted above the number of children looked after increased over the same period. These trends influence the potential demand for regulated advocacy services, but actual demand is driven more by awareness of the service and the extent to which children and young people exercise their right to an independent advocate.

6.6.4 Challenges & Opportunities

The new contract has provided an opportunity to review the reporting arrangements with a view to maximising the learning from advocacy without compromising confidentiality. Sharper reporting will provide better insights for commissioners into the views of children and young people and help identify themes for improvement.

6.6.5 Impact of Commissioning

The national approach brings greater consistency in statutory advocacy for children and young people across Wales. However, with only two registered providers there is limited choice for commissioners and risks if either of the providers were in difficulties for any reason.

6.6.6 Issues & Recommendations

- Ensure that the service continues to be promoted through the active offer.
- Build capacity in wider advocacy services across West Wales to strengthen the voices of user and carers and ensure a diverse pool of skilled advocates.
- Consider piloting advocacy for parents to complement the statutory offer.
- Make the most of learning from advocacy through streamlined reporting processes.

6.7 Adult Placement Services

Adult Placement schemes, now more commonly termed Shared Lives, involve carers providing care to adults in the carers own home, either on a long term, respite or day basis. Shared Lives offers people the opportunity to live as part of a household in the community, helping them to be as independent as possible whilst maintaining their links to family, community and friends.

6.7.1 Sufficiency

There is a single West Wales Shared Lives scheme covering the whole region. The services is jointly funded by Carmarthenshire, Ceredigion and Pembrokeshire and hosted by Carmarthenshire.

An independent review of the service was undertaken by Shared Lives Plus in 2019. At the time the West Wales scheme provided care for 142 individuals, with 91 people placed in live-in Shared Lives arrangements and 51 receiving short breaks services only. There were 78 Shared Lives Carers in 58 households. Although the scheme is open to people with a range of needs, the vast majority of people placed (129/142) had learning disabilities. Coverage of the scheme was uneven across the region with 109 of the people supported being from Carmarthenshire (76%).

Based on benchmarking with other schemes, the review identified scope to significantly scale up Shared Lives and improve coverage across Pembrokeshire and Ceredigion. In the best performing area in the UK 2.2% of the adult social care population used shared lives, and 9.4% of the local learning disability population, compared to 0.97% and 5.6% respectively in West Wales. The proportion of people with learning disabilities supported in West Wales varied from 2.2% in Ceredigion to 7.6% in Carmarthenshire.

The West Wales Shared Lives Development Plan 2019-2022 sets out targets to expand the service with an extra 22 placements in Carmarthenshire, 31 in Ceredigion and 29 in Pembrokeshire by 2025.

6.7.2 Quality and choice

The review found that West Wales Shared Lives “delivers significant annual savings, whilst also ensuring fantastic outcomes for people using the service”.

Shared Lives has the potential to enable more people to continue to live in their own communities, and, so long as there is a sufficient pool of carers, to better match individual needs and preferences than supported living or residential care. The model is well suited to the region given the challenges of providing care and recruiting staff in rural areas.

6.7.3 Trends

Shared Lives arrangements have been growing rapidly nationally and schemes have been diversifying to meet a wider range of needs. According to the annual State of the Nation Shared Lives Report, shared lives placements grew by 42% between 2015 and 2020. Schemes now cater for a wide range of needs including mental health, dementia, parent and child arrangements and care leavers and there have been innovative pilots

of using shared lives in hospital discharge pathways. The number of people with dementia supported by Shared Lives more than doubled between 2018/19 and 2019/20.

The review of West Wales Shared Lives recommended that the scheme diversify as well as scale up, with potential to provide for mental ill-health, older people, care leavers, disabled adults and family carers wanting short breaks, hospital discharge, dementia care, and people who have been residing in residential care or long-term assessment and treatment units.

6.7.4 Challenges & Opportunities

The pandemic has brought challenges to assessing carers and making new introductions and placements. These have slowed implementation of the Development Plan.

In addition to demonstrating scope to expand and diversify the service, the review also highlighted that West Wales has good potential for recruiting carers. A demographic analysis looked at household characteristics and compared these with the typical profile of Shared lives carers. This found that 48 of the 156 wards in the region have a higher-than-average number of residents with spare rooms and 43 of these wards have people with the required characteristics to be a Shared Lives carer

The Shared Lives service could be complemented by other community housing and co-housing models. For example, Homeshare involves a person, typically with lower-level support needs, letting a room at a subsidised rate in return for a few hours of support and companionship a week. Like Shared Lives this is a sustainable approach which relies on people's willingness to support one another and makes best use of available housing space. Welsh Government are funding three pilot Homeshare schemes for which there is an opportunity to express an interest. Both Shared Lives and Homeshare add significant social value to communities.

Commissioners reported that early regional discussions were held to consider the opportunity to extend the Shared lives offer to support young people in transition from children services who were in foster placements.

6.7.5 Impact of Commissioning

West Wales has a long established and successful Shared Lives scheme which provides an excellent basis for growth. The business case for Shared Lives is very strong with significant savings against other types of placements. For example, the review estimated that growing the scheme for people with learning disabilities so that 10% of people were supported via Shared Lives could bring savings of £1.1 million per year across the region.

The Service Development Plan provides a good basis for growing the service and addressing the current deficit of carers in Ceredigion and Pembrokeshire.

6.7.6 Issues & Recommendations

- Shared Lives is an excellent fit with the challenges and opportunities faced by West Wales.
- The Development Plan should be revisited, and additional resources invested if necessary to overcome any delays caused by the pandemic.
- Consider making an expression of interest for a pilot Homeshare scheme to complement an expanded and diversified Shared Lives service.

6.8 Care Homes for working Aged Adults

There is a single category of registration for care homes whatever age group they primarily cater for, however the range of needs met by care homes is so wide that for the purposes of assessing stability, separate stability assessments have been made for three sectors of the market: children, working aged adults and older people.

Working aged adults are defined as people aged 18-64 and have a variety of needs including learning disabilities, mental health needs, sensory impairments, neurological conditions, physical disabilities, dementia, and substance use challenges. The overwhelming majority of working aged adults with such needs live in their communities, often supported by informal carers and receiving a range of support services, such as supported housing, day services, equipment, and domiciliary care. However, a small number of people with more significant or complex needs live in residential care.

6.8.1 Sufficiency

There is substantial capacity in care homes which provide care for working aged adults in West Wales but, as with children's homes, many places are purchased by authorities outside the region and people are often placed out of county.

Data on care home capacity for working aged adults is hard to obtain because of changes in the way it is collected nationally. Until 2018 Care Inspectorate Wales published data for care homes for working aged adults separately, but more recent data is not disaggregated.

Triangulating data provided by the counties for the MSR, national data and information from the in-depth study of care homes for older people, there are around 85 homes providing care for working aged adults with a total of around 800 beds across the region. This compares to a total of 429 working aged adults placed by the West Wales authorities as at March 2021, of whom 22 were in homes with nursing. The majority of working aged adults placed in residential care had Learning Disabilities (237/429) with people with mental health needs being the next largest group (131/429). Together these two groups accounted for over 85% of working aged adults in care homes, and 81% of the gross spend on residential care for working aged adults.

Few care homes for working aged adults provide nursing care and almost all are in the independent sector. Over 95% of the total gross local authority spend on residential or nursing care in West Wales is with the independent sector and there is no significant self-funder market.

Despite a long term national and regional drive to shift towards community-based provision, the number of working aged adults placed in care homes has increased slightly since 2018 (up from 400 to 429 or 7%). Although this is well below the maximum regional capacity, around 40% of placements for working aged adults are out of county (171 at March 2021, with little change over the last four years). Ceredigion has by far the highest proportion of out of county placements, reflecting a lack of provision in the area, but even in Pembrokeshire and Carmarthenshire out of county placements are common (30% in Pembrokeshire and 28% in Carmarthenshire).

Responses to the provider survey indicate that a key reason for this is that many places are purchased by authorities outside the region. Thirteen care homes for working aged

adults, including one nursing home responded to the survey. Three providers reported places purchased by Welsh local authorities outside West Wales, one by another Welsh Health Board and two had places purchased by English local authorities.

Commissioners believe that that some placements purchased by local authorities from outside the region were being secured through higher rates than those being paid by West Wales councils and the Health Board. There is no national or local data to fully test this assumption but feedback from providers indicates that securing the highest rates was a priority.

The high proportion of out of county placements may also indicate a mismatch between the type of provision available locally and the needs of people who need to be placed. Commissioners reported difficulty in finding appropriate local placements for people with more complex needs such as multiple conditions, behaviour which challenges and acquired brain injury.

For West Wales as a whole, there is sufficient capacity on paper, but in practice much of this is not available when a placement is needed, and it is difficult to meet individual needs. There is a lack of provision in Ceredigion and as a result most working aged adults who need residential care are placed out of county.

6.8.2 Quality & Choice

Inspection reports indicate that the care provided in many homes is of a high standard but there is a lack of systematic information about quality nationally and regionally. Better ways to measure and monitor quality which give a strong voice to service users and carers are needed. The more distant placements are from people's communities and families the harder it is for them to maintain relationships and for commissioners to monitor quality.

The difficulty of finding placements for individuals and the number of out of county placements indicate that there is a lack of choice in the market in terms of placements being afforded at the prevailing fee rates being paid by the West Wales councils and Health Board. Welsh speakers may also not have their needs well met.

6.8.3 Trends

The working aged population of West Wales is projected to fall over the coming decades. Other things being equal, this should reduce the demand for residential and nursing care for younger adults. However, there are some contrary trends, including the welcome fact that life expectancy for people with many disabilities is improving. There is also evidence that the prevalence of some conditions such as mental health problems and autism has been increasing over the long-term, and the pandemic may exacerbate this in relation to mental health.

There has been a long-term strategy to reduce the need for people to live in residential care and to increase alternatives such as supported housing and shared lives. The recent assessment of the need for supported housing by Housing LIN was predicated on significant reductions in people placed in residential care or in hospital settings over the next two decades. This is a reasonable assumption, but the data suggests that despite a growth in supported housing options the number people in residential care has increased slightly in recent years. It is noted that the region has developed an

Market Position Statement for Learning Disabilities (this has not been published), which described a strategic objective of reducing residential provision and increasing alternative accommodation to support independence.

There has been a recent increase in the number of younger adults in nursing care, albeit from a low base, up from 16 at March 2020 to 22 at March 2021. The majority of this increase is in people with 'other needs' (i.e., neither Learning Disability, mental health, physical disability or sensory impairment). This includes conditions like acquired brain injury and early onset dementia. This trend is reflected in a significant increase in gross spend on nursing care for younger adults in the Revenue Outturn data, from £9.6 million in 2018/20 to £12 million in 2020/21 across all categories of need (25.7%).

6.8.4 Challenges & Opportunities

It is very challenging to commission locally accessible services for a diverse range of individual needs. The total spend on care homes for younger adults is however substantial and growing, (over £50 million gross local authority spend in 2020/21) suggesting that there is an opportunity to achieve a better match between need and provision through a more strategic approach to commissioning locally and regionally.

The issue of local provision being purchased by authorities outside the region could be addressed through either growing alternatives, including in-house provision, or engaging with the market in a different way, with more use of regional or local block contracts. These options will however require careful consideration and business case analysis to understand costs.

The workforce challenges felt across social care are shared by working age adults care homes and are particularly acute in rural areas. This was confirmed by providers in the survey who were also concerned about cost pressures, fee levels and registration requirements.

The pandemic has had a major impact on care homes of all types, although homes for working age adults have seen less of a dip in occupancy than the older people's sector. Five of the 13 providers who responded to the survey had 100% occupancy, and most were at 85% or higher. But whilst occupancy may not be a major concern for most providers, the other challenges of the pandemic are shared with other social care services: infection control, increased isolation for residents, recruitment, inflation and decreased mental wellbeing of residents and staff.

The long-term impact of the pandemic is very uncertain but the effect on mental and emotional wellbeing may add to the complexity of needs of working age adults requiring support.

6.8.5 Impact of Commissioning

There is a National Collaborative Framework for Adults (18+ years) in Mental Health and Learning Disabilities care homes & care homes with nursing for NHS and Local authorities in Wales ('Care Home Framework')¹⁵. However, feedback from commissioners is that use of the framework is inconsistent across the region, meaning that opportunities to secure local provision are not always taken.

¹⁵ [Annual Position Statement 2019/20](#)

Because of the diversity of needs amongst working age adults' 'spot' purchasing is an attractive model. However, the current market conditions are showing the limitations of this approach with many people placed out of county and commissioners having limited influence over price and quality. Providers do not receive clear or consistent signals about the provision which is required and have little incentive to prioritise local placements. They also carry the risk of fluctuations in demand and occupancy which influences decisions about investment.

There has been good progress in developing alternatives to residential care such as supported housing, extra care housing and shared lives. However, this has not been fast enough to reduce the total numbers in residential care in recent years.

6.8.6 Issues & Recommendations

- A more strategic approach to commissioning care homes for working age adults is needed to increase the availability of local provision and thereby improve outcomes for people.
- This should include further investment to develop and scale up alternative community provision, including a diverse range of specialist housing options (as referenced in the Housing LIN report).
- Consideration should also be given to securing dedicated local provision, whether in-house, or through contracts (there are many options in between pure spot purchasing and rigid block contracts).
- Commissioners may wish to consider offering any "spare" provision to other West Wales councils or offer these more generally via an LATC when not needed regionally. It is important that such arrangements take full regard of costs and ensure capacity is returned to the host/lead council if required.
- Consistent use of the National Collaborative Framework can also help secure local provision.
- Commissioning resources and expertise are thinly spread or focused on the higher volume higher spend areas such as older people. Investment in dedicated resources and projects for working age adults has the potential to return substantial improvements in quality and better value for money in the longer term, as well as securing capacity.
- Better data about quality, including the user voice should be a priority
- The working age adults' sector should be included in a cross-system approach to addressing workforce challenges.

6.9 Domiciliary Care Services

6.9.1 Sufficiency

Regulated domiciliary care services are an important part of the social care “fabric” that supports local people to maintain their independence in their own homes. These services support resilience and well-being and offer alternatives to residential provision, as well as reablement support to facilitate expedient and safe transfers from hospitals and contribute to reducing emergency hospital admissions.

Domiciliary care services are available to all age groups, but in practice they are predominantly focused upon supporting older people with care and support needs. Children and working aged adults are generally supported to be independent in their own communities through other arrangements - such as supported living and respite care- which are calibrated around different needs and expectations of these population groups.

The fact that domiciliary care is overwhelming a service for older people is reflected in the revenue outturn data. In West Wales 93% of adult spend categorised as domiciliary care is on older people, with the remainder spent on working age adults. There is no category for home care for children, reflecting the fact that at home support for children with disabilities is limited and would not normally best be described as home care. If ‘other support for disabled children’ is combined with home care, then spend on older people still represents 91% of the total, and that on children 1.4%.

The national picture is similar, in that most domiciliary care is provided to older people but the proportion of spend on working age adults is markedly higher than in West Wales (22.4% for Wales as a whole compared to just 6.97% in West Wales in 2021). This signals that across West Wales, the level of commissioned home care support for working aged adults is below that of other Welsh local authorities, suggesting a gap in sufficiency which is only partly explained by lower numbers of working age people in the local population.

The draft PNA 2022 reaffirms that older people prefer that their care needs are met in their own homes and that the demand for care is increasing, as the region’s population ages, with increasing health complexity. The picture of growing demand was also reflected in responses from providers to the survey, who generally expect volumes of local authority commissioned activity to increase going forwards, although less so for self-funders purchasing domiciliary care.

The actual size of the self-funder market is problematic to accurately capture. There are no national data sets that collate this intelligence and local authority systems are focused upon commissioned activity only. Research undertaken by the Homecare Association estimates that across Wales, 21% of domiciliary care is purchased by self-funders.

Analysis of activity data over the period April 2020 to September 2021 shows a broadly flat picture of activity both in terms of number of people supported by the councils and the hours commissioned. For West Wales as a whole, an average of 2,217 people received general domiciliary care each week (i.e. not including reablement or supported living), with an average of 25,567 hours per week provided – equivalent to 11.5 hours per person per week.

In terms of making judgements on the sufficiency of regulated domiciliary care services for older people, there are a number of factors in play which suggest that services are being stretched and local older people are not able to readily access services that support them to remain independent in their own homes. Feedback from both commissioners and providers and analysis of commissioned domiciliary activity data indicate that:

- Providers are handing back contracts as they report they do not have the staffing capacity in the right places to take on new referrals.
- Workforce shortages, including the ability to retain high quality home care staff are highlighted by both providers and commissioners as the single most significant risk to market sufficiency and stability across the whole care market.
- Feedback from commissioners indicates that pressures on the domiciliary market are most pronounced in Pembrokeshire and Ceredigion. Both counties are reporting waiting lists and service hand-backs, although similar issues are also being reported in Carmarthenshire.
- Many providers in the survey commented that they were unable to pay sufficiently to compete with other sectors (such as leisure, retail and tourism) posing a risk to the stability of their business. Increasing fees was the second most popular option to “improve the stability of their business”
- However, analysis undertaken by the Homecare Association in 2021, indicates that Carmarthenshire and Pembrokeshire are the highest paying councils in Wales and are the only two nationally paying above the Homecare Association recommended minimum rate of £21.43 per hour, although Ceredigion was reported to be paying below the recommended minimum rate¹⁶.
- All three councils are reporting growing waiting lists since summer 2021 (see technical appendix).
- Commissioners are reporting the increasing use of residential care to support individuals being discharged from hospital and awaiting a domiciliary care package signalling shortages in the market.
- Commissioners are reporting that they are actively reviewing domiciliary care packages to consider reducing the number of hours provided where appropriate and seeking greater support from family carers as a substitute and accessing wider preventative community support options. This is being reflected in activity data for 2021 (see technical document), which shows the number of hours being commissioned either remaining flat or reducing despite indicators of increased demand.

These circumstances are largely aligned to the consequences of two key factors, firstly the on-going pandemic and secondly the ongoing public sector budget pressures which have necessitated savings over a prolonged period.

The overall readout is that the stability of the domiciliary care market in the region is fragile and risks sufficiency in meeting demand and expectations of local people.

¹⁶ The Homecare Deficit 2021, Home Care Association, p125

6.9.2 Quality and Choice

Currently Care Inspectorate Wales (CIW) is not publishing ratings of its inspections including those for regulated domiciliary services - but rather are using a “silent system” whereby the rating is only available to the regulator. This arrangement does not assist individuals in exercising choice based upon professional evaluations of quality. Under the terms of the Regulation and Inspection of Social Care (Wales) Act 2016, the intention has been for a ratings system to be introduced from 2021, but this was postponed due to the pandemic.

CIW data from 2020 shows that the proportion of registered domiciliary care workers who were fluent in Welsh across the region was 15.2% which is below the regional average of fluent Welsh Speakers (37% of the population in 2011) and the gap is more marked in Pembrokeshire where only 5.9% of this workforce were fluent Welsh speakers.

The rurality of the region and the relatively low number of providers per head suggests that in some parts of West Wales, local people have a more limited choice between domiciliary providers. This seems to be more pronounced in Pembrokeshire and Ceredigion.

6.9.3 Trends

Whilst the long-term consequences of the pandemic remain uncharted, some clear trends are emerging which will impact upon the sufficiency and stability of the domiciliary care market going forwards- namely:

- Spend on commissioned domiciliary care by all three counties has increased over the course of the pandemic but volumes of commissioned hours have remained relatively flat. At the same time the proportion of in-house delivered hours have increased signalling potentially higher costs of in-house services (suggested linked to better T&Cs for staff).
- The draft PNA 2022 confirms that local people increasingly want care delivered and accessed in their own home as an alternative to residential care.
- Feedback from commissioners and providers suggest that the pandemic has negatively impacted people’s views on residential care. People are managing at home for longer on their own and are much more resistant to go into formal care settings because of COVID restrictions and concerns.
- Both providers and commissioners are reporting increasing levels of complexity amongst people receiving domiciliary care. This is having a significant impact upon provider’s capacity to respond given widespread workforce shortages across the sector.
- Providers are reporting increased proportions of local authority purchased hours of domiciliary care compared to hours purchased by self-funders. Feedback indicates that self-funders have more discretion about accessing care and support and are choosing not to use domiciliary (or even residential) care due to concerns about the pandemic. Around 50% of providers responding to the provider survey indicated that volumes of hours purchased by self-funders reduced over the course of 2020/21.
- Feedback from commissioners indicate that there an opportunity to offer new models of domiciliary care to self-funders through the expansion of micro-enterprises. Many of these services are not regulated but offer support to individuals to maintain their

independence. Pembrokeshire is investing into this market and has supported the introduction of 30 micro-enterprises to the area.

- Only 15% of providers responding to the provider survey expected volumes of self-funder activity to significantly increase over the next 12 months (signalling a small return in market confidence), but 40% did expect local authority and Health Board volumes to increase over the same period.
- However, this provider survey was undertaken in late 2021 ahead of Omicron variant and it remains uncertain as to when and whether activity levels, particularly amongst self-funders will return to pre-pandemic levels.
- County councils have increased their share of provision in the domiciliary care market over the last 3 years. Most notably, the exit of a major provider in 2021 signalled a significant shift towards in-house provision as councils responded to ensuring continuity of care as part of their market duties.
- However, the level of in-house provision is markedly different between the three county councils - with limited in-house provision reported in Ceredigion in terms of long-term domiciliary care provision; Pembrokeshire has increased its share of this market segment from 0% to 17% over the last 3 years; and Carmarthenshire is reporting that they are now covering over 50% of this market in terms of hours purchased.
- In terms of reablement (services which are short term in nature to generally assist individuals in regaining independence when being transferred from hospital), it is noted that these are all delivered in-house across the region, with Pembrokeshire moving all its reablement provision in-house in 2019/20 as part of its strategic intent to develop intermediate care services.

6.9.4 Challenges and Opportunities

- Demand for domiciliary care is likely to grow in the long term due to the aging population and the increasing numbers of people with dementia and other complex needs.
- The pandemic may amplify this as people are postponing moving into residential care. This will reinforce the existing trend towards greater complexity in needs of people supported in the community.
- Delivering domiciliary care is more challenging and expensive in rural areas and this is a disincentive for new or existing providers to increase provision (for example, some providers noted that travel time between visits were not paid - and there is a need to ensure consistency across the region in meeting travel and additional costs).
- Recruitment and retention have become increasingly challenging, partly due to the pandemic, but also reflecting the competition for staff with other sectors. This is likely to continue as the working age population is projected to fall.
- The challenges are already manifesting themselves in waiting lists, market exits and contract hand-backs. This has encouraged a shift towards in-house provision over the last three years in a bid to secure provision. This shift presents challenges, but also opportunities for both commissioners and providers to proactively re-shape provision and develop new models.
- There are opportunities to strengthen partnerships with community support networks, which have flourished during the pandemic, and also to scale-up hub and spoke models of provision, including residential homes and health services, alongside home care and third sector provision.

6.9.5 Impact of Commissioning

Nationally there is concern that margins for home care providers are very tight and that commissioning models, such as dynamic purchasing systems, have encouraged providers to compete on price rather than quality in 'a race to the bottom'. The rates paid by West Wales authorities are above average, but this may not be sufficient to offset the challenges of rurality and workforce.

Commissioners have acted quickly to bring services in-house and respond to market exits and pressures. However, a more proactive approach will be needed to rebalance the market longer term, to ensure a sustainable market with a good mix of provision. There is considerable scope to enhance partnership and innovation with commissioners and providers working together to develop more effective models of reablement and make better use of technology.

6.9.6 Issues and Recommendations

- The domiciliary care market is critical to helping people to live independently and reduce / delay the need for acute health services and residential care. However, it is also the sector under perhaps the greatest pressure risking both stability and sufficiency of supply.
- Commissioners and providers need to collaborate to address significant workforce issues across the sector.
- Ongoing engagement with providers is also needed to develop new models and promote innovation.
- The region should develop a strategic approach to the market, moving beyond the reactive emergency measures which have increasingly been required during the pandemic.
- Fee methodologies should be reviewed to address issues relating to costs (such as national commitment to the Real Living Wage) and seeking greater consistency across the region. It is noted that Carmarthenshire and Pembrokeshire have included the Homecare Association unit cost models in their current tenders for 2022, and both counties are currently paying above the Homecare Association recommended minimum rate - whereas Ceredigion is reported to be paying below this recommended rate.
- Further exploration of investing into community preventative and early intervention solutions (to include availability of suitable accommodation) to offset demand and increasing levels of complexity is encouraged. For example, there is potential to expand upon Pembrokeshire approach to supporting "micro- enterprises" in providing community based early intervention and preventative services.

6.10 Care Homes for Older People

6.10.1 Sufficiency

The overall number of care homes and beds for older people in West Wales has changed little over the last five years.

The vast majority of care homes in West Wales are in the independent sector. Each county has some in-house provision, with Ceredigion having proportionately most and Pembrokeshire least, but in all three counties there are few third sector homes.

Most homes in West Wales are owned by small or medium sized businesses and there is little provision by large national businesses. This has strengths in terms of long-term commitment to local communities but does mean that businesses may lack access to capital for remodelling existing services or investing in new facilities

Although there has been little change in the number of homes or their ownership over the past five years there has been a change in the type of provision, with a modest decrease in the number of nursing home beds and an increase in the number of 'elderly, mentally infirm' or EMI beds in residential care homes without nursing. To an extent these trends align with the drive to enable people to live in their homes for longer which means that people move to residential care at older ages and with multi morbidities.

However, the decline in nursing beds runs counter to this and means that there may already not be sufficient care with nursing to meet the needs of people, especially those with more complex needs, such as behaviour that challenges associated with dementia, who are frequently placed out of county or out of region.

The on-going pandemic has had a severe impact on providers with subdued demand, increased costs and exacerbated recruitment and retention difficulties. Support from Welsh Government and commissioners regionally has mitigated this to a significant extent, but as financial support tapers away (The Welsh Government Hardship Fund ends in March 2022) the outlook for providers is very uncertain. This is a further brake on investment and means there is likely to be a greater shortfall in the more specialist provision needed in future.

There is currently sufficient general residential provision to meet demand however this could change over the next 6-12 months if the pressures on providers lead to a rapid increase in the number of exits from the market as hardship funding ends.

6.10.2 Quality & Choice

Care Inspectorate Wales does not have a system for grading care homes. This makes it harder to benchmark quality against other areas or for individuals and their families to choose care with confidence. However, the available evidence suggests that the quality of care provided by homes in West Wales is generally good. Occasionally however significant concerns are identified through monitoring or following inspections. There is a regional protocol in place to identify, address, and if necessary, escalate concerns.

There is a lack of data about quality from the user's point of view. This is a challenging area given the needs of residents but there is scope for improvement.

Many care homes in West Wales are converted buildings and there is a need for significant investment both to improve existing provision and provide the sort of modern purpose-built facilities that people requiring care increasingly prefer. (It is noted that the Regulation and Inspection of Social Care (Wales) Act requires increased physical standards for new build care homes and extensions, with every room requiring an ensuite including a shower as well as increased space requirements). Providers have indicated that the opportunity to invest is challenging resulting in a lack of choice –and people may not be able to find care of the quality they want, or the type they need, close to home or family.

Care homes provide significant social value through the important contribution that they make to well-being and the overall functioning of the health and social care system. They are also significant employers and the fact that most current providers are West Wales businesses helps keep expenditure and revenues within the local economy.

A 2016 study estimated the total the total direct, indirect, and induced value of the adult social care sector in Wales £2.2 billion. The total GVA of the sector (the direct value) was estimated at £1.1 billion with over a quarter - £328 million - in residential care.¹⁷

There is scope to increase the social value delivered by encouraging more third sector provision and promoting collaboration between care homes, other providers, and the communities in which they operate. A residential care home could partner with local community networks and domiciliary care providers for example. Pembrokeshire is the early stages of testing such an approach, partnering an independent residential care home with domiciliary care and day care services to offer support to people in the community. This approach includes creating flexible care roles allowing for staff to work in different settings – which adds to job satisfaction and potentially improving staff retention and recruitment levels.

6.10.3 Trends

The market has been relatively stable with few entries or exits but, once hardship funding ends in March 2022, providers whose occupancy has not fully recovered may struggle to continue (as reflected in the provider survey). This is most likely to apply to older homes in need of investment offering general residential care.

If this happened gradually alongside an increase in more specialist provision this would better match demand, but the risk is that the loss of provision happens too quickly with insufficient investment in replacement provision.

There are significant capital costs in entering the care market and regulatory standards to meet, but the provider survey indicated that currently the need to recruit and retain suitably skilled staff, especially registered nurses is perhaps the biggest barrier to entry.

The trend towards increased acuity of needs of residents is marked. One provider interviewed was expanding nursing care and had established a home care business during the pandemic, but this was an exception. Many providers reported they were unable to convert to nursing care either because of the physical constraints of the building and higher specifications for extensions and new builds, poor access to capital,

¹⁷ [The Economic Value of the Adult Social Care sector – Wales, ICF Consulting, commissioned by Skills for Care and Development, 2016](#)

or significant concerns about recruiting registered nurses and care staff. Commissioners also reported that some care homes were struggling to cope with the more complex needs of residents, exacerbated by workforce shortages.

If community services to help people live independently for longer expand, the number of people requiring residential care is likely to grow modestly, if at all, but they will move into care homes later with more complex needs. This scenario is likely to result in shorter duration of stays within residential care settings and consequently a higher turnover rate and likely a longer time to secure a new admission. Analysis by Welsh Government in 2018 highlighted that “it can often take several weeks to make arrangements to fill an unoccupied place once a resident leaves or passes away – and longer if major redecoration is needed”. These delays add further pressures upon the stability of care home provision.

Both providers and commissioners have reported the increased use of respite options within care homes to help rehabilitate individuals being transferred from hospital (the ‘Right Sizing’ agenda) and offer care until domiciliary care is in place. These arrangements are designed to only be temporary, but commissioners recognise that, with growing waiting lists, there is a risk of individuals becoming institutionalized the longer such packages last. Further, providers have commented that respite options are extremely costly to manage (each move to a care home requires a new full assessment – often requiring additional staff time) and such arrangements do not provide the same planning assurances as that of longer-term placements or admissions.

Recent national government announcements about capping the care costs for individuals will not offer significant additional funding, at least in the medium term, and leave it unclear how the gap between local authority and self-funder rates will be addressed.

More active intervention and market shaping will be required to ensure sufficiency and stability. Without it there is likely to be insufficient specialist residential and nursing care, a lack of investment and innovation and an increase in market exits, compounding pressures on overall market sufficiency.

6.10.4 Challenges

The key challenges facing providers are:

- Significant difficulty recruiting and retaining skilled and qualified staff, particularly in the context of the pandemic, low pay and status across the sector, increasing competition for staff (and consequentially higher agency fees) and a falling working age population in the region
- Uncertainty about the long-term impact of the pandemic on demand particularly amongst self-funders
- Increased acuity of needs amongst residents; and
- Converted buildings which are difficult and costly to update or expand

6.10.5 Impact of Commissioning

Commissioners have helped sustain provision through both public sector austerity and the pandemic. They have not however succeeded in reshaping the market for the

future. This is not surprising given the constraints facing commissioners including tight budgets, competing priorities, and stretched capacity.

Regional collaboration, including shadow pooled fund arrangements, has increased transparency, and helped mitigate some pressures, but a more active market shaping approach will be needed to match the scale of the post-pandemic challenges and opportunities. Whether this takes the form of incentivising investment in the type of provision required, facilitating independent or third sector provision, or increasing in-house provision, it will require a commensurate level of resourcing for commissioning and transformation.

6.10.6 Issues & Recommendations

- There is an increased risk of market exits as temporary government support tapers away.
- Uncertainty combined with escalating workforce pressures are a major barrier to investment and transformation.
- Market conditions are unlikely to incentivise sufficient investment without more active market shaping and intervention.
- The number of people requiring residential care is unlikely to rise in line with demographic changes but the trend of residents having greater needs will continue.
- There is therefore a need for more specialist and nursing provision especially for people with dementia, and it is noted that modern purpose-built facilities tend to have the highest occupancy. The pandemic has accelerated this trend, particularly in the self-funder market.
- Monitor occupancy closely as hardship funding tapers to identify providers who may be struggling and try to ensure that any unavoidable exits are planned and supported.
- Seek to incentivise investment in new/expanded dementia and nursing care in the region, for example through contracts which share occupancy risks, providing sites, facilitating planning consents and supporting workforce initiatives.
- Consider whether to acquire homes which are at risk of closure either to sustain provision, repurpose for other uses which support people to remain independent, such as supported living, or release the capital to reinvest in new provision.
- Consider the business case to develop in-house nursing provision (including taking due regard to registration requirements) to rebalance the market and address market failures.
- Develop in-reach and out-reach models with residential homes at the centre of their communities (also referenced as Hub and Spoke models). This will be mutually beneficial for homes and the wider array of community services and support.

7 Region Wide Options

Within the stability assessment (Part B), several recommendations to address specific issues related to that regulated service area have been set out. To complement these recommendations, this section describes broader strategic options that can be applied singularly or in combination according to regional and county circumstances and priorities.

The options have been constructed as prompts for strategic and business case discussion and agreement. Where possible this MSR includes examples of innovation and market development which can support these discussions.

7.1 Focus on quality and outcomes

Feedback suggests that the focus upon maximising scarce public resources has been to the detriment of maintaining a focus on quality and outcomes. Commissioners reported that they are hard pushed to assure quality of placements made outside of their locality and the outcomes being achieved. This is in part due to the lack of national outcome measures (that work across organisational boundaries), and limited contact between the commissioner and provider due to distance differences.

The regional partnership is committed to high quality and improved outcomes as a key building block to ensuring market sufficiency and stability. High quality outcome-based services and facilities are more attractive to people who need care and support, and both public and private investment is likely to be more forthcoming where services can meet market expectations and be seen to add value across the whole system.

This emphasis on developing quality and improved outcomes needs to be undertaken in partnership with providers - and importantly with people who have lived experience of care and support (and can be supported through the development of the regional Independent Professional Advocacy service). It is suggested that any co-produced developmental work should be undertaken at a regional level to support continuity and integration, encourage inward investment and complement existing shared data returns and management information systems - although it is recognised that national data systems need to be improved at the same time.

The voice of the person is key. The region needs to build upon its work on supporting advocacy.

Ceredigion has recently launched a “Through Age Well-Being Strategy 2021-2027¹⁸” which in part addresses the well-being outcomes of local people through an “all- age” approach that does not make distinctions between age profiles but rather focuses upon a continuum of improving outcomes over the individual’s life course. This approach anticipates a shift in resources towards prevention.

7.2 Invest in Unpaid Carers

The contribution of unpaid carers is widely acknowledged and appreciated as key to supporting people remain independent within their own homes and communities.

¹⁸ <https://www.ceredigion.gov.uk/resident/social-care-wellbeing/through-age-wellbeing-strategy/>

However, this contribution cannot be taken for granted and the region needs to ensure unpaid carers are supported in their vitally important roles. The West Wales Care Partnership Unpaid Carers Strategy 2020-25 provides the framework for this support, but further work is required to ensure that dedicated services and support are available and accessible to all unpaid carers across all parts of the region, with a particular reference to improving the digital offer to supporting unpaid carers within rural communities.

7.3 Invest in prevention and early intervention

As a cornerstone to market sufficiency and stability, this MSR confirms the significance of investing and supporting early prevention and intervention. This is echoed in the Welsh Government's paper "A Healthier Wales" which emphasized *"Over the next decade, we will see a shift of services from hospitals to communities, and from communities to homes. People will be supported to remain active and independent, in their own homes, for as long as possible. A lot of this change will be as a result of maintaining good health, through more emphasis being placed on prevention"* and the commitment to prevention and early intervention is 'hard-wired' into the WWCP Area Plan and its transformation work programme.

However, feedback from system leaders recognised that the overwhelming pressures on the "statutory" element of care and support services is drawing away focus and resources from the very elements that support local people to remain independent and safe in their own homes or with their families for longer. The PNA describes gaps in these community preventative services across adult and children population groups, and feedback from residential and domiciliary providers indicates that the perceived shortage of community services is placing pressures on their services in the context of increasing complexity of new placements and referrals.

Further work is required regionally and at a county level to build community and individual resilience, support community initiatives (such as the community catalyst model in Pembrokeshire) and create new opportunities for the 3rd sector to contribute within their own communities. The pandemic has unleashed a growing sense of community action - which can be built upon, but as noted in the PNA, many population groups feel isolated and unsupported and progress needs to be urgently accelerated across all parts of the region.

7.4 Re-provision services

Commissioners and providers are encouraged to consider options to re-provision existing services into other models of care - when faced with potential market failures or in response to market opportunities. Examples can include re-provisioning a former care home into extra care housing units as seen in Ceredigion. This shift away from traditional care models to new approaches can allow for existing market capacity to be retained - but which is more closely calibrated with rising public expectations. The option to re-provision care homes into specialist housing has been specifically highlighted as a viable approach in responding to the projected demand for specialist housing across the region, within a business model that is more suited to retaining and recruiting staff.

7.5 Reconfiguring services

Feedback from commissioners and providers identified examples where existing service models can be reconfigured and expanded into different market segments or ways of delivering services and support, whilst retaining the existing model. Examples include developing “hub and spoke” models - combining residential care with community services, which can offer a more dynamic way of supporting individuals to remain independent in their homes but with the options of residential support. Such approaches can also offer staff increased flexibility of different working conditions and experiences - which may boost staff recruitment and retention levels.

7.6 Developing new services

System leaders, commissioners and providers have all recognised the advantages of ‘starting from scratch, in developing new services to meet projected levels of need and changing market expectations. This MSR identifies particular market growth areas to include specialist residential care for older people, domiciliary care, and specialist housing for working aged adults and older people.

However, current market conditions are considered not conducive to new investment from the private sector. General feedback from providers is that concerns about workforce pressures and income levels, as well as higher specification for new builds are limiting opportunities for market expansion and investment - and it is noted that many of the providers operating in the region are SME organisations with limited access to investment capital and internal capacity for developmental project work

However, the analysis has identified some small pockets of recent market growth, for example Carmarthenshire has experienced a growth in the number of regulated domiciliary care providers in the last 3 years (up from 23 in 2018 to 32 in 2020) and there have been several new extra care developments recently being built in both Pembrokeshire and Ceredigion for older people as well as working age adults.

County councils have a key part to play in supporting the conditions for new market entrants (and expansion of existing providers) to develop new care and support services. Feedback from system leaders and commissioners indicates a range of options to include;

- Access to capital grants including HRA grants and Welsh Government capital funding initiatives and grants (Pembrokeshire has recently started to build council houses again, including specialist housing) and economic development support. Carmarthenshire is considering how to use this HRA grant to support the development of Supported Living and Extra Care units in the county (as identified in the Housing LIN report). Improved access to capital funding is suggested as a key priority for the region to stimulate a new care and support offer.
- Freeing up land-banks for development (for example Ceredigion has recently released land in the north of the county to work in partnership with an independent provider to develop a new Residential EMI Care Home)
- Land use planning and project management advice and support. County councils can offer access to internal project management expertise particularly to small sized providers, who dominate the care market across the region and who may lack internal capacity

- Where possible, county councils should review their Local Development Plans (LDPs) to seek out opportunities to support the development of new care and support services – including the provision of specialist housing units.

7.7 Enhancing regional commissioning for specialist services

System leaders and commissioners recognised that under current arrangements several service areas (particularly specialist services for adults and also for children) would benefit from a more joined up regional approach to commissioning and resourcing. This MSR highlights high-cost low volume services which are best suited to more joined up regional arrangements. In some markets there is sufficient provision on paper but in practice it is mainly utilised by authorities outside the region. Where national and regional arrangements are already in place, such as the Children's Commissioning Consortium Cymru (known as the '4Cs:'), there is scope to make better use of them, but ultimately a move away from spot purchasing will be needed to secure consistent access to local independent sector provision.

7.8 Rebalancing the market

In line with statutory requirements relating to business continuity, local authorities must work with existing providers to find solutions if they are in difficulties and act as the provider of last resort if there is a market exit. For example, the recent exit of a group domiciliary provider in Pembrokeshire has resulted in the local authority taking on an increasing share of the local market (now at 17% of the market provided in-house).

The nature of such interventions is problematic, whilst such responses secure continuity of care, these exits are often rapid and unexpected particularly where the provider is part of a group operating outside the locality (decisions to exit maybe a result of a decision not directly connected to the locality) and requires the local authority to act expediently without the options to make a more considered strategic response as to the long-term implications of decisions to intervene.

The decision to exit the market maybe a result of a failing business - and the local authority is at risk of taking on a service that is not viable or requires significant investment (i.e., building refurbishment etc). The need for robust business cases is key to any market intervention alongside clear regard to ensuring continuity of care. Having in-house capacity (and hence capability) will also mean the local authority is better placed to support providers experiencing difficulties and manage potential transfers from private to public provision.

It is noted that there is an opportunity to develop a regional approach to "Home Closure" based upon local policies already in place in Pembrokeshire and Carmarthenshire councils.

7.9 Build workforce capacity

The current deteriorating market conditions are largely attributable to significant workforce shortages across the whole sector. Whilst many underpinning national workforce actions are out of scope of the regional partnership etc, there are several options that were identified as being constructive in mitigating (in part) some of these

pressures and importantly to establishing a platform for a bold vision of market development and change going forwards. Options include;

- Hybrid care and nursing roles - allowing staff to work flexibly between services. These are already in development in Ceredigion and Pembrokeshire and can be expanded across the region
- Local and regional recruitment campaigns - to include online resources hosted by the local authority or regional partnership
- Learning and Development offers to support staff career progression across both in-house and independent provider sectors
- In-house staff pool that can be deployed to independent providers as required.
- Parity of T&Cs across the sector. This will require significant investment and partnership approaches between the Health Board and the county councils.
- Linking up local economic initiatives – such as Pembrokeshire’s Regeneration Strategy to supporting the recruitment and retention of care staff, alongside wider economic and enterprise stimulus activity.
- Commitment to the Real Living Wage - Welsh Government has already signalled support and new tenders being developed in the region (Pembrokeshire and Carmarthenshire councils) reference a commitment to the Real Living Wage. This commitment will require significant investment across all parts of the market - for example research conducted by the Homecare Association indicates domiciliary care rates will need to increase by around 12%¹⁹ in 2022 across Wales.

7.10 Fee Methodologies

Most providers responding to the MSR surveys identified unmet rising costs as a significant challenge to their market stability, particularly in services for older people. At the same time commissioners in other market segments, notably children’s homes and independent fostering are concerned by the high cost of placements. It is noted that the Competition and Markets Authority are currently conducting an inquiry into children services, which is likely to influence national policy going forward²⁰.

The fee setting process for older people residential and domiciliary care differs across the region and despite recognition in the Rebalancing White Paper for a standardised fee setting framework, local arrangements currently persist raising concern amongst providers as to transparency and consistency across the region (for example the domiciliary care rate in Ceredigion is significantly different to the other two county councils). This variation is creating internal tensions in the market in terms of stability between counties and services although it is recognised that these arrangements are determined by a range of local factors to include for example differing rurality costs.

Commissioners have indicated that regional capacity (particularly care homes for working aged adults) is being absorbed by out of region local authorities who are prepared to pay a competitive rate to secure placements. West Wales councils and the Health Board need to consider external competition when calculating their fee rates.

¹⁹ <https://www.homecareassociation.org.uk/resource/real-living-wage-for-careworkers-in-wales-must-be-funded.html>

²⁰ <https://www.gov.uk/cma-cases/childrens-social-care-study>

There is opportunity for the region to move together towards greater consistency in how it sets placement fees across the three councils and the Health Board (Continuing Health Care fees), and such approaches will require close engagement with providers using an open book approach and formula that addresses the need to ensure value for money whilst delivering high quality services that improve outcomes.

This approach is clearly endorsed by Welsh Government and there is opportunity to build upon progress already being made in the region to harmonize shared methodologies - for example Pembrokeshire and Carmarthenshire use to the “Lets Agree to Disagree” framework for older people care homes, and the Homecare Association unit cost model for setting domiciliary care fees. WWCP has established a Regional Fees Group as a forum to collectively work towards greater consistency in setting fees and this work needs to be prioritised going forwards.

7.11 Support market confidence

Feedback from both commissioners and adult care home providers was that block contracts rather than spot contracts provided more robust business assurances in planning ahead. Whilst such arrangements require careful consideration to ensure scarce resources are efficiently and effectively deployed, it was acknowledged that block contracts, even if set over a short period, can offer assurances to providers when occupancy levels are below the financial break-even point - whilst giving commissioners secure options when making placements. Increasing use is being made in some areas of ‘soft’ block contracts which share occupancy risks.

7.12 Restarting work delayed by the pandemic

General feedback from system leaders, commissioners and providers was that many of the existing regional and local priorities to supporting local people to remain independent in their own homes and communities have been subject to delay or suspension during the pandemic, including for example projects funded through the ICF such as the Discharge to Review and Assess (D2RA) Schemes which prevented the full use of planned step-down facilities. It is suggested that the regional partnership reviews its priorities ahead of the next spending round i.e. conduct a stocktake of the Area Plan to identify which of these existing priorities should be reinstated if temporarily halted by the pandemic. It is noted that the Welsh Government introduced a statutory duty under the Local Government (Wales) Measure 2009 for local authorities to prepare an Annual Improvement Review, which can form the catalyst for this proposed stocktake.

7.13 Invest in Technology Innovation

Wider use of digital technology was identified by all stakeholders as an option to support individuals remain independent in their own homes for longer, whilst also supporting improved community cohesion and resilience. These elements were considered vital in addressing rising complexity of demand upon local care markets.

The region has already embraced digital technology and a regional digital group has recently been established to take forward this agenda. However the feedback from both commissioners and providers was that currently much of the regional deployment of digital technology was considered as basic technology – such as fall alarms, pendants and sensors – and that there was opportunity to both scale up current levels of digital

adoption and the types of digital technology being used- such as the use of AI technology in people's homes (including residential care homes) and digitalised care records for example. Further, the PNA has identified concerns around the lack of digital inclusion of people with care and support needs across the region - particularly in rural areas. This extent of digital exclusion has been accentuated by the pandemic and physical access to services and support being restricted.

The region has recently established the Research, Innovation and Improvement Coordination Hub (RIICH) funded by the Transformation Fund bringing together Health Board and county council staff, providers and entrepreneurs with the aim to *“enable teams and services to share learning, access information, advice and good practice, and look at opportunities to up-scale and spread new ideas and ways of working”* across the regional health and care system.

It is suggested that the regional partnership builds upon the work of this hub to support wider use of digital technology innovation. This can include scaling up the region's CONNECT project on using digital technology to support early intervention and prevention activities, as well as exploring and encouraging commissioners, providers and technology suppliers to work together on developing new digital care and support services.

Other examples of progress include work undertaken in Pembrokeshire during the pandemic to support local people access digital technology, to include loaning digital equipment. This initiative was recognised nationally (MJ finalists).

Further, the county councils are encouraged to explore use of national government funding and initiatives²¹ to support digital connectivity across the region, as well as to look to internal resources and capacity to support local people to become “digital citizens” – such as schemes to loan digital hardware- such as tablets and laptops to local people.

²¹ <https://gov.wales/digital-strategy-wales-html>

8 Conclusion – A Call to Action

This MSR and the PNA describe a care and support system under significant stress. Much can be attributed to the compounding impacts of the pandemic, public sector austerity and workforce pressures across all parts of the market. However, the sector has also shown great resilience and flexibility - and it is these strengths alongside a shared recognition that bold action is required that offers a sense of optimism and vision for the future.

There are many examples of innovative practice and delivery to build upon - alongside a real opportunity to shape a market that is calibrated around the expectations and demands of 21st Century citizens. This does not mean jettisoning the past, but rather consolidating upon what works well and seeking innovative approaches to arising opportunities and challenges as described in this MSR.

Much will depend upon a collaborative approach to seek commitment, consistency, and continuity in improving quality and outcomes. The forthcoming national funding allocation is particularly timely to potentially underwrite some of this ambition - especially in terms of leveraging in capital investment to help kick-start new (and innovative) service to ensure a vibrant mixed economy of care and support services.

The WWCP is well placed to coordinate and drive this agenda to ensure a stable and sufficient care and support market across the whole region that promotes Well-being for local people and communities.

Appendix 1: Full Sufficiency assessments

1 Children and Young People

Children and young people rely on a wide range of services to complement the care provided by their families. These range from universal services like schools and health visiting to specialist services for children with particular needs such as residential care and child and adolescent mental health services. All these services need to be available in sufficient quantity and quality and working well together to enable children and young people to achieve the best possible outcomes.

Only a few of these services are regulated services which fall directly within the scope of the MSR Code of Practice:

- Care homes for children and young people
- Fostering
- Adoption services
- Secure accommodation
- Residential family centres
- Regulated Advocacy

In addition, children and young people also sometimes need domiciliary care services, but since these services are overwhelmingly aimed at adults, they are covered elsewhere in this MSR.

The children's services in scope of the MSR represent half of the list of regulated services but they are only needed by a very small proportion of children and young people locally, and in some cases, such as secure accommodation by less than 30 children across all of Wales at any one time.

To avoid duplication the sufficiency assessment considers services for children and young people in the round based on the PNA. There are separate stability assessment for each of the regulated services which are specifically for children and young people. It is important to bear in mind that the extent to which the regulated services will be required depends crucially on the wider constellation of universal and targeted services for children, young people and their families or carers.

1.1 Looking Back

The 2017 PNA identified that the number of children in West Wales was likely to stay broadly stable over the next 15 years at around 85,000. It also identified that the rate of children looked after was lower than the average for Wales.

In general, the PNA concluded that 'the required statutory services are in place to meet the needs of the most vulnerable children and young people and to keep them from harm' but 'the development of fit for purpose services right across the range is, however, an ongoing journey and there are a number of areas in which further improvement can be made'. These included:

- Strengthening user voice and control

- Increasing co-production; and
- Developing co-operation partnership and integration

The priorities set out in the Area Plan included two relating specifically to regulated services, namely:

- Reconfiguring commissioning processes for high cost, low volume care and support packages for children with complex needs, to deliver consistent cost-effective services that ensure best outcomes for service users
- Reducing the number of placement moves for LAC and reducing reliance on residential care

Although progress has been made on commissioning specialist provision, high-cost low volume placements remain a challenge. Over the last four years the number of children looked after in West Wales has increased, from 390 at March 2018 to 455 at March 2021, whilst the number in residential care has also increased. The picture has varied across the region however with number rising sharply in Ceredigion and Pembrokeshire but falling in Carmarthenshire. This suggests that regional partnership needs to be combined with bilateral and single county solutions when appropriate.

There are also reported gaps in targeted and specialist services, including support for disabled children and CAMHs service.

1.2 Looking Forward

The latest population estimates suggest that whilst the population of West Wales will grow modestly over the next decade (1.3% by 2031), the number of children under 16 will decline by 8%, or around 5000 fewer children, with the decline greatest in Ceredigion and Pembrokeshire. This will affect the demand for universal services, but it is unlikely to translate directly into reduced demand for specialist services, indeed current trends show increases.

The factors determining the number of children requiring specialist support are complex and the variation between areas and time periods is an area of debate and ongoing research nationally. The draft PNA 2022 highlights the impact of the Covid 19 pandemic as a major source of uncertainty. There is emerging evidence that the pandemic has adversely affected children and young people's wellbeing in a variety of ways, particularly their mental health and has increased adverse experiences such as domestic abuse. Education has also been severely disrupted and there may be children suffering or at risk of harm who have not been identified or helped as promptly as before. The long-term impact of the pandemic will only become clear over the next few years but services would be wise to anticipate a likely increase in the number of children and young people with more complex needs who require targeted and specialist services.

The draft Well-being assessments highlight concerns about the sufficiency of affordable child care, particularly in Pembrokeshire and Ceredigion. Lack of childcare is a barrier to employment and high child care costs are a significant factor in in-work poverty. For other universal services, such as schools, the demographic trends suggest that there are likely to be sufficient services, although these can expect to face significant

workforce challenges with the projected decline in the working age population across the region.

Increased levels of child poverty are identified in the draft Well-being Assessments as a regional priority. Rates are above the national average for Wales and increased in all three counties between 2018/19 and 2019/20.

A report released in October 2020 by the End Child Poverty coalition using research which modelled DWP data, found that Pembrokeshire had the highest child poverty rate in Wales (once housing costs have been taken into account) with 31.4% of children judged to be living in poverty (a total of 4,376 children). (Ceredigion was fourth highest at 30.3% and Carmarthenshire 9th at 29.3%)²².

Demand for more specialist services may well increase due to the direct and indirect consequences of the pandemic, including the economic impact. This is particularly challenging given the difficulties of providing services in more rural areas. There may be shortfalls in the availability of specialist services within reasonable distance of the child's home and well matched to their needs, for example in the Welsh language where needed.

Some of the issues identified in the previous PNA such as enhancing user voice and control and improving the coordination of services and the transitions between them have been highlighted again.

1.3 Issues and Gaps

- The draft Well-being assessments highlight concerns about the sufficiency of affordable child care, particularly in Pembrokeshire and Ceredigion.
- Child poverty has increased across West Wales.
- The overall child population is projected to decline but the demand for specialist support and services such as CAMHs and residential care which are already hard to source locally may increase.
- The long-term impact of the on-going pandemic is very uncertain but there is a significant risk that it will be detrimental to children and young people's wellbeing and exacerbate existing challenges.
- User voice, co-production, and integration, including more seamless transitions to adult services, remain key areas for development.

²² Draft Pembrokeshire Well-being Assessment

2 Violence Against Women, Domestic Abuse and Sexual Violence

Violence against women domestic abuse and sexual violence (VAWDASV) is a major public health problem, criminal justice and human rights issue, with a range of adverse consequences for health and wellbeing over the life course. It causes harm to individuals and families, and its impact can be felt across whole communities, societies, and economies.

Whilst actual number of reported VAWDASV can be captured, there is no agreed methodology to project forward the number of individuals directly or indirectly impacted by VAWDASV. This is because incidents of VAWDASV are not predictable. The 2017 PNA identified that in 2018 there were 1,215 reported cases of abuse in Carmarthenshire, 1,062 reported cases in Ceredigion and 717 reported cases in Pembrokeshire, compared to a total of 22,410 reported abuse cases across all of Wales, but did not project these incidents forwards.

Data supplied by ONS identified that between March 2018 and 2019, Welsh police forces recorded 80,924 VAWDASV related incidents nationally, yet recorded police data only highlights a fraction of the real picture, as incidents often go unreported.

In response to the scale and seriousness of VAWDASV, the Welsh Government has recently refreshed its national VAWDASV Strategy 2016-21. A key objective of the national VAWDASV strategy is to make early intervention and prevention a priority, in recognition that prevention is vital to breaking the cycle of violence in families and communities.

Similarly, an VAWDASV Strategy for Mid and West Wales (Safer Lives, Healthier Families) was initiated in 2018, to mirror this national strategy and act as catalyst for enhanced partnership working between commissioners and providers to tackle VAWDASV and ensure appropriate support and prevention interventions were available and accessible where and when required.

VAWDASV services and support range from statutory duties, such as provision of refuge centres and support to a range of non-statutory services and support to include for example access to specialist counselling and online help and advice services. The range of services that are covered include;

- Models of accommodation
- Community based services
- Early Intervention and Prevention initiatives
- Services for Children and Young People
- Perpetrator related services
- Public Service Initiatives
- Sexual violence and abuse services

Latest analysis by the Mid and West Wales VAWDASV Strategy Group indicates that the region has received a total of £2.9m in funding in 2018, although it was noted that it remains a complex task to identify the totality of financial resources due to how budgets for universal support are disaggregated. A large proportion of this funding was routed through the Housing Support Grant and many services also rely upon grants from

charities. This complex funding arrangement was considered by the Strategy Group to pose significant challenges in effectively planning and delivering services.

2.1 Looking back

The 2017 PNA preceded the Mid and West Wales VAWDASV strategy and identified the following gaps in service provision and areas for improvement:

- Raising the profile and public understanding of violence against women, domestic abuse and sexual violence, including among vulnerable groups such as Black and Ethnic Minorities, disabled people, the LGBT community, older people, refugees and migrants.
- Embedding good practices around identification, information, consultation and integration of other related services.
- Earlier identification of violence against women, domestic abuse and sexual violence.
- Enhancing education about healthy relationships and gender equality.
- Ensuring professionals are trained to provide consistent effective, timely and appropriate responses to victims and survivors.
- Provide victims with equal access to appropriately resourced, consistent high quality, needs led, strength based, gender responsive services.
- Developing community-based, user-led, co-produced services that prevent isolation and promote well-being and resilience.
- Increasing survivor engagement in the planning, delivery and monitoring of services.
- Developing and implementing an integrated pathway for all forms of violence against women, domestic abuse and sexual violence.
- Increased focus on perpetrators, holding them to account for their actions and providing opportunities, through intervention and support, to change their behaviour.

2.2 Looking forwards

The ongoing pandemic has had a significant impact upon survivors of VAWDASV, and the consequences going forward remain uncharted. Since the outbreak of COVID-19, emerging data, and reports from those working in front line services have shown that many types of VAWDASV, particularly domestic violence have intensified.”

The draft PNA 2022 has had the benefit of building upon the more recent gap analysis undertaken by the Mid and West Wales VAWDASV Strategic Group, in preparation for the roll out of Regional VAWDASV Service Specification. The Strategic Group consisting of commissioners, providers and survivors of VAWDASV identified the following themes as gaps or areas for improvement. Note, these themes are themselves more specific than those identified in the 2017 PNA, which are considered more generic and concerned with approach rather than actual service delivery.

- Services for children and young people.
- More prevention focused services.
- Ensuring there is VAWDASV specialist input for specific groups ie BME, disability, LGBT, older people.
- Reviewing the refuge model and accommodation options.

- Accommodation and support options for people with complex needs who challenge existing models.
- Community based services for survivors of sexual violence and abuse.
- Interventions / Services for perpetrators.

Alongside the draft PNA 2022 gap analysis, work undertaken by the Mid and West Wales VAWDASV Strategy Group in 2021 has provided a “deeper dive” into service and support gaps within each county council area.

In response to the challenges faced in delivering consistent and high-quality services across the region, the VAWDASV Strategy Group is preparing to launch a Regional VAWDASV Service Specification, to underpin the Mid and West Wales “Safer Lives, Healthier Families” Strategy 2018. The timings for this roll-out coincide with each county renewing their VAWDASV contracts in 2022.

2.3 Issues and Gaps

- Incidents of violence against women have increased during the pandemic whilst victims may have found it harder to access services.
- The complex funding arrangements are a significant risk to ensuring sufficiency of support.
- There is a specific gap in terms of lack of services for older victims of domestic abuse
- The Mid and West Wales VAWDASV Strategic Group, consisting of commissioners, providers and survivors of VAWDASV identified the following themes as gaps or areas for improvement
 - Services for children and young people
 - More prevention focused services
 - Ensuring there is VAWDASV specialist input for specific groups i.e. BAME, disability, LGBT, older people
 - Reviewing the refuge model and accommodation options
 - Accommodation and support options for people with complex needs who challenge existing models
 - Community based services for survivors of sexual violence and abuse
 - Interventions /Services for perpetrators

3 Carers (including unpaid carers)

A carer is anyone who cares, unpaid, for a friend/family member/neighbour who has any sort of health condition, illness, disability, a mental health problem or an addiction and cannot cope at home without extra support. Services for unpaid carers is overseen by the West Wales Carers Development Group (WWDDG) which includes representation from the Health Board, county councils, third sector partners and unpaid carers.

The Social Services Well-being Act (Wales) 2014 sets out a range of duties upon local authorities to support unpaid carers to cover:

- Identification and recognition
- Advice and information
- Assessment of carers needs
- Practical support
- Advocacy
- Condition specific support for the carer and the person they care for

However, unpaid carers are also supported through a myriad of services and support, to include;

- **Universal services:** For example, leisure centres, community centres, libraries, and adult education opportunities.
- **Preventative services:** For example, good neighbour schemes, luncheon clubs, community enterprises, community/ voluntary services.
- **Day Opportunities:** Providing social contact, reducing isolation and loneliness, maintaining and / or restoring independence, offering activities which provide mental and physical stimulation, providing care services, offering low-level support.
- **Respite provision:** these services however are discretionary.
- **Direct Payments:** These provide another way for individuals to access a range of opportunities by being able to choose who provides the services they need.

3.1 Looking Back

The PNA in 2017 identified the following gaps and opportunities to support (un-paid) carers across the region;

- There are challenges to improving outcomes for carers. Caring responsibilities can grow over time so that individuals do not immediately recognise they have become a 'carer' or that support may be available.
- There is a need to design and develop preventative services.
- There is a need to improve carer assessments and to do more to ensure services that support the cared for person are accessible and available.
- There is a need to strengthen the role of social enterprises and user-led services.
- There is a need to develop a much more joined up approach between partners and other agencies to ensure the issues facing carers are taken into account when planning community programmes such as transport, housing, technology developments and other community programmes.

3.2 Looking Forward

Analysis from the draft PNA 2022 indicates that currently the extent and volumes of services and support offered to unpaid carers across the region is insufficient when set against prevailing numbers of unpaid carers coming forward.

Analysis undertaken by Carers Wales in October 2019 "Track the Act Report" highlighted that the unpaid Carer population across Wales is expected to increase significantly in the coming years. By 2037 it is estimated that the Carer population will rise from 370,000 to over half a million nationally.

As a baseline the 2011 Census estimated that there was over 47,000 unpaid carers representing 12.5% of residents in West Wales in 2011, and the 2022 PNA has noted that whilst number of people self-identifying as carers has increased over the course of the pandemic, the numbers of identified carers is below the numbers highlighted in the 2011 Census analysis. This suggests a considerable gap in carers being recognized and supported in their vitally important caring roles.

There are a significant and growing number of older carers. While the number of unpaid carers is projected to increase by 2% between 2020 and 2030, the proportion aged over 65 is projected to increase by 17%. An estimated 30% of carers provide 50 or more hours a week of care, but this rises to 46% of carers aged 65 or over²³.

This reflects ONS projections of an increasing older population across the region, contrasted by a falling working age population. ONS data illustrates that the number of people aged over 85 is projected to increase by 27.8% between 2021 and 2031, whereas the working aged population is projected to fall by 3.1% over the same period. This mismatch will place increasing pressures on the need to identify and support unpaid carers.

As noted, the pandemic has had a significant bearing upon unpaid carers. Analysis by the regional Carers Information and Support services has confirmed significant increases in the numbers of request for support over this period;

- up by 31% in Carmarthenshire,
- up 15% in Pembrokeshire, and
- up 32% in Ceredigion.
- The draft PNA 2022 calculates that there is a total of 10,081 known carers in the West Wales region identified via GP practices, social services and education settings – of which 9,500 are adult carers and over 400 Young Carers.

Furthermore, the Health Board identified that 8,483 unpaid Carers were known to GP practices on 31st March 2020. Within twelve months this had increased by over 2,000 (25%) and as a result of the roll-out of the vaccination programme by May 2021 a further 3,000 unpaid Carers had self-identified, an overall increase of over 5,500 unpaid Carers (64%) during the course of the past 15-months.

Since the PNA in 2017, the region has seen considerable development in its approach to supporting unpaid carers, although the gaps identified in 2017 persist. Most notably, in November 2020, the West Wales Care Partnership launched the 'Our West Wales Carers Strategy 2020-2025: Improving Lives for Carers'. The strategy is focused upon supporting unpaid carers to achieve what matters to them socially, economically, educationally and to maintain good health and mental well-being. The strategy focuses on 4 main priorities;

- **Priority 1:** Improve the early identification and self-identification of Carers including Young Carers and Young Adult Carers.
- **Priority 2:** Ensure a range of services is available to support the well-being of Carers of all ages, in their life alongside caring.

²³ Social Care Wales Population Projections Platform, Daffodil

- **Priority 3:** Support Carers to access and maintain education, training, and employment opportunities.
- **Priority 4:** Support Carers to become digitally included.

The draft PNA 2022 also provided some more granular details on gaps in services and support for unpaid carers – which can be summarized as follows:

- The negative Impact of being a carer on wellbeing and mental health and the need for more emotional support and counselling services.
- Difficulty accessing support and the need for better signposting, accessible information, and navigation.
- Problems in accessing carer services and support within rural communities.
- Supporting carers to be digitally included.
- More targeted support for young carers to include improved access to respite break, mental health and emotional support and services.

3.3 Issues and Gaps

- The level of unpaid care and support sought by unpaid carers is projected to increase significantly over the next 10 years as the population grows older.
- Many carers are themselves over 65 and 46% of older carers are providing more than 50 hours of care per week²⁴
- This is against the backdrop of the significant increase in self-identification of unpaid carers during the pandemic and the existing strain on specialist carers support services to provide a timely response.
- There is a need to improve access to services and support within rural communities for unpaid carers and improve level of digital inclusivity of unpaid carers.
- Young carers need more mental health and emotional support and services. The pandemic has had a significant negative impact upon young carers in terms of increased isolation and mental health / emotion stress.

4 Learning Disabilities

People with learning disabilities (LD) have a reduced ability to understand new or complex information and learn new skills. In addition, people with LD often have a reduced capacity to live independently. Importantly, LD is a diagnosis and not a health condition and should not be confused with other diagnoses such as ‘mental health problems’ or ‘learning difficulties’.

Care services are generally arranged around prevailing conditions, such as Learning Disabilities for example. However, services are also arranged around age groups to include children & young people, working age adults and older people. People with learning Disabilities are generally identified within the children & young people, and the working age adults’ groupings as distinct services, but not within Older People services. This is in part due to historic issues relating to life expectancy, which has now

²⁴ Social Care Wales Population Projections Platform (daffodil)

significantly improved for people with LD, although the categorisation of services remains unchanged.

There are degrees of learning disability ranging from mild to severe. Those people diagnosed with Profound and Multiple Learning Disabilities (PMLD) who have the highest level of needs.

All of the regulated services covered in the Stability part of the MSR are used by people with learning disabilities, but Shared Lives and Care Homes for Younger Adults are predominantly provided to people with learning disabilities.

4.1 Looking Back

The PNA assessment undertaken in 2015 estimated there were 1,483 adults (aged 18+) with a moderate or severe learning disability across West Wales - and was projected to rise to 1,571 by 2030, although as a percentage of the total population the position was expected to remain largely the same. Projected growth was identified in Carmarthenshire whilst numbers within Pembrokeshire and Ceredigion numbers were expected to remain the same.

Significantly the projections identified a rise of 33% in people over 75 with a moderate or severe learning disability over the same period, however the PNA projections did not detail incidence of LD amongst children and young people.

The 2015 PNA identified the following gaps in service provision and support- namely:

- Empowering people with a learning disability to decide who provides their support and what form that support takes.
- Strengthening pathways back to local communities following education, and developing local education, volunteering and work opportunities in communities, making the necessary adjustments for people with a learning disability.
- Increasing access and availability of appropriate local housing and accommodation to enable people with a learning disability to live as independently as possible, in a place of their choice.
- Developing consistent, integrated commissioning and procurement processes that are based on co-production principles, which involve user-led community-based groups and fora in the design and delivery of services.
- 'Right-sizing' existing packages of care to ensure they meet current needs, facilitate personal development, increase independence and deliver cost-effective services that ensure best outcomes for service users.
- Developing a consistent, outcomes-based performance framework for service delivery across the region, utilising data to support future planning and commissioning.

4.2 Looking Forward

The draft PNA 2022 has taken a different approach to that of using the Quality Outcomes Framework (QoF) register, as it was recognised that this methodology does not account for people undiagnosed with LD.

In terms of overall numbers of adults with a LD, the draft PNA 2022 reviewed data relating to Personal Independence Payments (PIP) across West Wales on the assumption that these payments are targeted mainly at people with LD. The number of people claiming PIP in November 2020 was 2,264 (1,160 in Carmarthenshire, 770 in Pembrokeshire and 334 in Ceredigion). This is a larger number than that presented in the 2015 PNA and indicates a higher level of (undiagnosed) need across the region, but of course this includes people with other disabilities and health conditions.

The total number of children and young people with LD (aged 0-17) in West Wales is currently calculated to be 2,978 in 2021 and is expected to remain consistent over the next 10 years.

The draft PNA 2022 also considered the number of people diagnosed with PMLD who are most likely to be receiving care services at high intensity. This was based upon research undertaken in Scotland in 2013. The PNA applied a prevalence rate of 0.05% expanding at 1.8% per year and identified 77 people with PMLD in Carmarthenshire, 51 in Pembrokeshire and 32 in Ceredigion in 2021. However, this baseline has not been projected forwards.

The Housing Lin produced an analysis of accommodation needs for adults with learning disabilities in West Wales based upon extrapolations of prevalence rates. These projections considered different accommodation needs up to 2037, and concluded that there will be significant reductions in the use of residential care and more moderate reductions in the numbers of people with LD living with family carers, compensated by significant increases in supported housing units, shared lives places and more moderate increases in the number of adults with LD accessing mainstream housing with support (see below):

- A reduction in the use of residential care from 266 places to 149 places.
- An increase in provision of supported housing from 299 housing units to 529 housing units.
- An increase in the provision of shared lives places from 76 places to 161 places.
- An increase in access to mainstream housing with support from 129 to 169 housing units.
- A reduction in the number of adults with learning disabilities living with family carers from 634 to 569 people.

Feedback from people with LD identified significant progress across the region in the level of engagement and commitment to co-produce services to include the establishment of the Dream Team, and the launch of a LD Charter, but there was feedback that there were increases in the number of complex cases which required more support and funding. The engagement suggested that a joined-up strategy was required to meet these needs.

The PNA engagement considered the (ongoing impact) of the pandemic upon services and support for people with LD and concluded that there was a “..loss of momentum and progress in the development of LD services during the lockdown” and that the pandemic has had significant impact upon people with LD, particularly in the context of increased levels of isolation and stress, as well as incidences of service breakdowns, and sadly proportionately higher Covid mortality rates amongst people with LD than the general population.

The PNA identified the following themes as gaps in current service provision and support:

- Accommodation/housing needs for this group of individuals with complex health needs, most of whom will be eligible to continuing health care funding.
- Redesign of the current accommodation model with a focus on community living and enabling people to live independent lives.
- Transition between child and adult community services.
- Access to day services and respite care.
- Improvement in the quality information provided to individuals (easy read and bilingual) and better signposting in how to access that information.
- Systems and information to improve access to primary and secondary health care services.
- Systems, strategies, and technology to improve communication between different services and department across the region.
- A multifaceted approach and more joined up way of working between specialities when caring and supporting people with LD who also have other complex issues.

4.3 Issues and Gaps

- The numbers of people with learning disabilities are more likely to present themselves to health and care services is predicted to remain relative consistent going forwards over the next 10 years – although the number of older people with learning disabilities is expected to increase significantly reflecting an improvement in life expectancy.
- The housing needs assessment identifies a need for significant additional units of specialist accommodation (shared lives and supported living) over the next 15 years, whilst volumes of residential care settings is projected to reduce considerably.
- Many of the challenges faced prior to the pandemic persist and are highlighted in both the 2015 and 2022 PNAs.

5 Autism

According to the National Autistic Society²⁵, autism is defined as a lifelong developmental disability which affects how people communicate and interact with the world. The society estimates that one in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK.

The society however notes that autism is a spectrum disorder which means autistic people can have varying support needs. One third of autistic people also have a learning disability. The autism spectrum isn't linear, and some autistic people will have high support needs, which may mean that they require full time care and support. Some people may need a bit of support with day-to-day activities, while others live fully independent lives.

²⁵ <https://www.autism.org.uk/>

5.1 Looking Back

The 2017 PNA did not cover autism as a separate population group, but rather included autism within the learning disability population assessment (see LD PNA section).

5.2 Looking Forwards

The draft PNA 2022 used the same projection ratio identified by the National Autistic Society (autism affecting one in every 100 people in a population) and estimated that there was around 4000 people living with autism in West Wales. This was further broken down by:

- 2000 in Carmarthenshire,
- 1500 in Pembrokeshire and
- 750 in Ceredigion based upon current population estimates

The draft PNA 2022 estimated that numbers of people with Autism will remain relatively stable up to 2031 across all three county councils. This is also consistent with other projection models such as Daffodil. However, the PNA did also recognise that overall estimates maybe under- representative.

5.3 Issues and Gaps

- The numbers of people with autism will remain relatively stable over next 10 years.
- The PNA identified many people with autism had a general feeling of being unsupported – particularly when living within rural areas across the region.
- Need for improved and accessible signposting across region, particularly for supporting young people transitioning to adult social care services.
- Reported significant waiting times for diagnosis and limited access to subsequent services and support – especially supported living options and Mental Health services for young people. Currently there are 900 adults and 1500 children on the diagnostics waiting list.
- The Housing LIN report has identified significant demand for specialist housing in the region for people with Learning Disability and Autism.
- The pandemic has led to increased levels of mental health deterioration and further isolation.

6 Mental Health

According to the World Health Organisation, mental health is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"

It has been estimated that 1 in 4 adults experience mental health problems or illness at some point in their lifetime and that 1 in 6 adults are experiencing symptoms at any one time. Approximately 50% of people who go on to have serious mental health problems will have symptoms by the time they are 14 and many at a much younger age.

6.1 Looking Back

The 2017 PNA identified that the prevalence of common mental health disorders in West Wales was very similar to the national figure: 75% of people aged 16+ were 'free from a common mental health disorder' compared to 74% for Wales as a whole. (Common mental health disorders include depression, anxiety disorder, panic disorder, obsessive-compulsive disorder and post-traumatic stress disorder and make up around 75% of all mental health problems). It was projected that the prevalence of the full range of mental health disorders would increase between 2015 and 2030 in all three counties in the Hywel Dda area.

In line with the national Welsh Government ten-year strategy Together for Mental Health, there had been a marked shift towards community-based support and a reduction in the number of people admitted to hospital across the region, from 165 in 2009 to 123 in 2015. However, the number of people with mental health problems placed in residential care was projected to increase unless further community accommodation and support was developed.

Gaps and areas for improvement identified in the 2017 PNA included:

- Improving prevention and early intervention services, alternatives to hospital services such as a safe haven, respite and transfer of care liaison services, and access to services, especially for those in crisis.
- Developing an outcome focused and 'risk-enablement' approach to service provision to support a flexible approach to supporting people with a MH problem.
- Improving access to specific mental health welfare rights support and increased support for carers and carers need to be involved in Care and Treatment planning.
- Developing 24-hour direct access to alternative provision for those in crisis where hospital admission is not the best option.
- Improving service user experience and conveyancing in relation to S136 of the Mental Health Act for those detained in police custody.
- Developing co-produced services and community networks to support people in building confidence and skills using peer support and/or mentoring.
- Developing a flexible and responsive workforce across health and social care to successfully deliver new models of mental health service; and
- Addressing the lack of transport links within very rural regions, which add to the difficulty of accessible service delivery and recruitment challenges.

The draft PNA 2022 suggests that, although progress has been made, some of these issues, require further improvement including access to 24/7 support and shifting further towards a more community-based model.

6.2 Looking Forward

The draft PNA 2022 suggests that mental health problems are a growing issue in West Wales linked to the pandemic.

The data presents a mixed picture. The proportion of people who are 'free of common mental health disorders' has increased but remains just above the national figure.

The number of people recorded on the mental health quality outcomes framework has increased between 2009 and 2019 suggesting that awareness of mental health and access to treatment have improved over the longer term.

Projections of future prevalence have changed since 2017 with the latest version now showing an overall decrease between 2020 and 2043, although common mental health disorders are projected to increase slightly in Carmarthenshire and Pembrokeshire. This change reflects revised population projections which predict a falling working age population in West Wales. Since mental health disorders are more common in people at working age this demographic change affects the expected prevalence. The latest estimates would equate to approximately 48,000 people living with mental health disorder across West Wales at any one time (15% of the population aged 16+). The vast majority of people will not seek or receive any treatment for their condition, signalling potential un-met need.

The number of people with more severe or enduring mental illnesses is much lower. A baseline of people requiring accommodation and support due to mental health was calculated for a housing needs assessment conducted by Housing Lin in 2021. They estimated a total of 571 people across West Wales with support needs either living in the community or in residential or hospital settings.

The pandemic may however change this significantly. There is evidence that the pandemic has had a detrimental impact on mental wellbeing, for example a study by Fiscal Wales concluded that “mental health in Wales has deteriorated substantially as a result of COVID-19 for the whole population. The impact has not been distributed equally in the population, with the negative effects disproportionately affecting younger adults, women, low-income earners, and ethnic minorities, which are groups that already experienced lower levels of mental health before the onset of the pandemic.”

The pandemic has also seen increased waiting times for mental health assessment and treatment which can be expected to compound the direct harm caused by the pandemic. In September 2019 there were 379 referrals for Local Primary Mental Health Support Services, of which 91% were assessed within 28 days²⁶. In September 2021, the number of referrals was lower at 262 but only 71% were assessed within 28 days. Similarly, the number of children waiting more than 4 weeks for a CAMHS appointment increased from 2 to 22 (or from 2% to 28%)²⁷.

A recent assessment of the housing needs of people with mental health problems conducted by Housing LIN concluded that a significant increase in units of accommodation would be required over the next two decades – a total of 460 additional units by 2040. This assumed:

- A year-on-year increase in the number of people requiring support
- A substantial reduction in people in residential care; and
- A substantial reduction in psychiatric in-patient numbers

²⁶ [Stats Wales waiting times for LPMHSS assessment](#)

²⁷ [Stats Wales CAMHS appointment waiting times](#)

Even if these assumptions prove inaccurate the need for more accommodation with support, of good quality and offering a choice of different types of accommodation and levels of support is clear.

6.3 Issues and Gaps

- The pandemic is likely to have had a severe impact on mental wellbeing. The long-term impact is difficult to predict not least because the pandemic is ongoing. However, there is a significant risk that there will be a legacy of increased mental health problems.
- Meanwhile the pandemic has disrupted services and there are increased waiting times for assessment and treatment for both CAMHs and adult services. This may compound the direct impact of the pandemic.
- The housing needs assessment identifies a need for significant additional units of accommodation over the next two decades.

7 Health and Physical Disability

The social model of disability draws an important distinction between ‘impairment and ‘disability’. According to Disability Wales, the national association of disabled people’s organisations an ‘impairment’ is:

- An injury, illness, or congenital condition that causes or is likely to cause a long-term effect on physical appearance and / or limitation of function within the individual that differs from the commonplace.

Whereas a disability is:

- The loss or limitation of opportunities to take part in society on an equal level with others due to social and environmental barriers.
- Disability is caused by ‘barriers’ or elements of social organisation which take insufficient account of people who have impairments.

Unfortunately, much of the legislation and data is rooted in a medical model of disability which conflates impairments with disabilities, and emphasizes the characteristics of individuals rather than the social changes which could promote equality.

Some impairments are life-long, others are caused by injuries or health conditions. As we age the proportion of people with impairments grows but healthy and active lifestyles can reduce or delay this significantly.

7.1 Looking Back

The 2017 PNA found that the number of adults aged 18-64 living with a limiting long-term illness was likely to decline, reflecting the projected fall in the working age population rather than any change in the incidence of impairments. In contrast the number of older people living with long term illnesses or disabilities is increasing, an important factor in the increased complexity of care needs highlighted in the older people’s section.

There were a total of 1,679 people registered with a physical disability on local authority registers in West Wales and a further 1,744 registered as having physical and sensory disabilities: equivalent to around 1.1% of the total 18-64 population. Registration data underestimates the number of people with disabilities as many people are unaware of the register or choose not to use it. This is demonstrated by the fact that the number of adults receiving Disability living Allowance and Personal Independence Payments was much higher at 16,740, although this would include other needs such as learning disabilities.

The PNA identified neurological conditions as the most common cause of serious disability having a major, but often unrecognised, impact on health, social services and on people's lives.

The PNA stated that although the current number of people with specific care and support needs is small, and projected to decrease in the medium term, 'it is vital that appropriate provision is in place to promote wellbeing and independence and prevent escalation of need'.

The gaps and areas for improvement identified in the Area Plan based on the PNA 2017 focused on prevention and early intervention:

- Developing appropriate access to a range of information, advice and assistance including Dewis Cymru and Infoengine, and advocacy services relevant to health and social care needs at all key life stages.
- Developing consistent, integrated regional services that are accessible and respond to population need.
- Improving the early identification, treatment and management of preventable and chronic conditions including diabetes, heart disease and respiratory illness, to improve long term wellbeing and reduce complications.
- Ensuring effective interventions and pathways for prevention, treatment and management of obesity and childhood obesity are routinely available and systematically implemented.
- Improving early identification and treatment of risk factors associated with health inequality.
- Strengthening transition arrangements between children and young people's services and adult services.
- Developing community-based, user-led, co-produced services that prevent isolation, promote independence and support people to become more resilient and manage their own conditions.
- Increasing use of assistive technology, such as telecare to transform domiciliary care and supported living services.
- Improving flexibility to deliver step up and down provision to respond to changing needs.

There was little about improving access to specialist services or about the removing barriers which cause disability such as poorly designed buildings or better more accessible public transport.

7.2 Looking Forward

The draft PNA 2022 identifies similar trends, with the number of adults aged under 65 living with impairments likely to decrease in line with the projected fall in the working age of the population of West Wales. A total of 3460 people were recorded on local authority registers with a physical or sensory impairment as at 2019 (the most recent data published) – about the same number as the 2017 PNA.

Engagement for the PNA highlighted a number of the social barriers which cause disability, particularly the design of buildings, including housing, and the lack of public transport especially in rural areas. People also highlighted the complexity of rules around supported living leading to delays and frustration.

The Covid pandemic has had a disproportionate impact on disabled people which can be expected to exacerbate existing inequalities. Disabled people were more likely to be directly impacted by Covid, with a significantly increased mortality risk, and were also more likely to be employed in sectors which were badly affected by restrictions. Disruption to services added to this. (See for example data published in March 2021 by the Welsh Government on the impact of Covid on disabled people).

There is little data in the PNA about the sufficiency of specialist services for particular needs or conditions reflecting gaps in data nationally and regionally.

Improving information, advice and advocacy is an improvement area highlighted both in 2017 and 2022.

7.3 Issues and Gaps

- The pandemic has had a disproportionate impact on disabled people which may compound existing inequalities.
- Engagement for the PNA highlighted a number of the social barriers which cause disability, particularly the design of buildings, including housing, and the lack of public transport especially in rural areas.
- Ensuring access to specialist services for people with a range of more complex needs is particularly challenging in rural areas.
- Evidence about the sufficiency of specialist services and services for conditions and needs is limited and further work is needed to identify and tackle gaps.

8 Sensory Impairment

Sensory impairment refers to the range of visual or hearing impairments, including dual sensory loss. A person does not have to have a full loss of a sense to be 'impaired'.

As highlighted above an impairment is not the same as a disability. Disability arises when social or environmental barriers deny or limit opportunities to take part in society on an equal basis.

8.1 Looking Back

The 2017 PNA found that sensory impairment becomes increasingly common as we age. It is therefore becoming more common as the population ages and is an aspect of the increased complexity of needs seen in older people. Whereas it was estimated that 145 people aged 18-64 had a severe visual impairment in West Wales, 2592 people over 75 were estimated to have registerable eye conditions. Around 12% of people aged over 75 have a moderate or severe visual impairment. Similarly, hearing loss disproportionately affects older people as it was estimated that 71% of people aged over 70 have some kind of hearing loss. In total, around 47,000 adults in West Wales were estimated to have a moderate or severe hearing impairment.

The importance of early intervention was highlighted as well as the fact that many sensory impairments go undiagnosed meaning that opportunities for early treatment are missed.

Gaps and areas for improvement included:

- Raising the profile and public understanding of sensory impairment and the NHS Low Vision Service and embedding good practices around identification, information, consultation and integration of other related services.
- Developing appropriate access to a range of information, advice and assistance that addresses the needs and barriers to accessing services, which can prevent those with sensory impairment accessing vital healthcare.
- Developing specific consistent support and services such as interpretation, translation, lip reading, talking therapies, rehabilitation and clinics for ophthalmology and glaucoma to ensure they are available and accessible across the region.
- Increasing use of direct payments to ensure people can exercise genuine choice and control over the care and support they receive.
- Developing community-based, user-led, co-produced services that prevent isolation; promote community connectivity, well-being and resilience and support people to remain independent for longer in their own communities.
- Addressing the lack of transport links within very rural regions, which add to the difficulty of accessible service delivery.

8.2 Looking Forward

The draft PNA 2022 identifies similar trends of increasing numbers of people with sensory impairments in line with the aging of the population. The number of younger people with sensory impairment is expected to reduce slightly to 2043 whilst most of the growth is in people aged 75 or older.

Overall, the number of people with a visual impairment in West Wales is expected to increase from 12,971 in 2020 to 21,910 by 2043. Meanwhile the number of people with a hearing impairment is expected to grow from 85,864 in 2020 to 107,782 by 2043.

As with physical disabilities, people with sensory impairment have been disproportionately impacted by the pandemic. They also face additional barriers to accessing services remotely or maintaining social contact virtually.

People with sensory impairment are at much greater risk of loneliness and social isolation both as a direct impact of their impairments and because of issues like lack of transport and sign language. Social isolation is also increased by lack of access to public transport, especially in rural areas, and by fear of falls, exacerbated by poorly designed or maintained public realm.

8.3 Issues and Gaps

- The number of people with sensory impairments is expected to grow significantly.
- There is a specific need to reduce social isolation of people with sensory impairments within rural communities to include improvements community support and access to specialist services.
- For the relatively small number of younger people with sensory impairments, a range of support is needed including equipment and advice to remove barriers and increase employment and opportunities.

9 Dementia

Dementia is a syndrome (or group of related symptoms) that manifests when the brain is damaged by injury or disease. As dementia progresses, it leads to impairments in memory, thinking and behaviour, which negatively impact a person's ability to function and carry out everyday activities. Dementia is caused by a range of conditions, the most common of which is Alzheimer's disease, and is becoming more prevalent as the population ages. Pre-pandemic, dementia had become the leading cause of death in the UK, accounting for 12.7% of all deaths.

9.1 Looking Back

The 2017 PNA did not consider dementia separately, but rather as part of the chapters on older people and mental health. Although this reflected the fact that dementia is far more common amongst older people it risked giving insufficient attention to dementia which begins before the age of 65 ('young onset dementia').

The areas identified for improvement specific to dementia in this group were as follows:

- Ensuring services (including primary care, domiciliary care, residential care and reablement) and communities are 'dementia friendly'.
- Improving dementia diagnosis rates.

The Dementia Action Plan for Wales 2018-2022 sets out a vision: to be a dementia friendly nation that recognises the rights of people with dementia to feel valued and to live as independently as possible in their communities.

9.2 Looking Forward

The number of people living with dementia is projected to continue to increase. Work done for the draft West Wales Care Partnership Dementia Strategy estimates that the number of people diagnosed with dementia will increase from 2,812 in 2020 to 4,200 by 2040 (a 49% increase). However, factoring in undiagnosed dementia (estimated at 53%

of total cases), the Strategy estimates that the number of people living with dementia across West Wales will increase from 5,300 to 7,900 by 2040.

These estimates broadly align with projections published on the national population projections platform using a different methodology. These project a 41% increase in the number of people living with dementia in West Wales between 2020 and 2030, from 4,107 to 5,802.

Although the prevalence (the number of people living with) dementia is increasing as the population ages, the incidence (the proportion of people in an age group living with) dementia, is declining over the long term. International research has estimated that the incidence of dementia has fallen by approximately 15% each decade over the last thirty years. This is mainly due to improved vascular health thanks to reductions in smoking and underlines the importance of public health campaigns to encourage people to reduce their personal risk of dementia through simple changes in lifestyle. (Reported by [Alzheimer's Research UK](#)).

The draft Dementia Strategy identified 84 patients on GP registers who are under 65 years old. Of those, 55 are in the 60-65 year age group. This gives West Wales a rate of 0.04% across the population in the adult population, which is very similar to the rate seen across Wales registers nationally. Only 5 patients on the GP registers were under 50 years old.

9.3 Issues and Gaps

- The number of people living with dementia is expected to increase by 49% by 2040²⁸.
- This is a major factor in the increased complexity of needs which is impacting upon services.
- The number of people living with young onset dementia is small, but they typically require specialist services which may not be available locally.
- There is a lack of bespoke support such as group activities for younger people living with dementia or specialist residential care.

10 Older People

For the purposes of this document 'older people' refers to people aged 65 or over. This is a large segment of the population with widely varying levels of wellbeing and need. The group aged 85+ is often used as a proxy to estimate the number of people who are likely to have more substantial care and support needs.

10.1 Looking Back

The 2017 PNA identified an aging population and an increase in the complexity of needs of older people ("people are living longer but with increased levels of illness and disability"). The assessment commented that rurality, deprivation, and fuel poverty in

²⁸ Draft West Wales Care Partnership (WWCP) Dementia Strategy

West Wales would potentially compound demographic trends, increasing demand for health and social care services.

The PNA identified a range of gaps and areas for improvement for older people:

- Developing appropriate access to a range of information, advice and assistance including Dewis and advocacy services relevant to health and social care needs at relevant stages for health and social care.
- Improving anticipatory care across the health, social care and other sectors to avoid escalation of need.
- Reducing the reliance on residential and nursing care in favour of lower level, preventative and well-being services.
- Developing community-based, user-led, co-produced services that prevent isolation; promote community connectivity, well-being and resilience and support people to remain independent for longer in their own communities.
- Enhancing assessment and care planning processes to ensure older people and their carers are involved in decisions about them, including discharge planning.
- Ensuring that older people and their families are able to access services through their language of choice and that the offer through the medium of Welsh is available.
- Achieving a consistent, integrated approach to frailty across the region that aligns with regional frailty and dementia strategies and pathway.
- Developing consistent, integrated commissioning and procurement processes based on co-production principles, which involve older people, user-led community-based groups and fora in the design and delivery of services, to achieve market sustainability.
- Improving and standardising levels of telehealth and telecare across the region.
- Addressing the lack of transport links within very rural regions, which add to the difficulty of accessible service delivery and recruitment challenges.
- Growing an integrated approach to quality assurance and contract monitoring of care homes to identify and address emerging concerns and prevent placement breakdown.

The PNA shaped the West Wales Area Plan, the delivery plan for which included a range of actions to address gaps and areas for improvement for older people including development of a regional dementia strategy.

The overall strategic direction for older people services and support set in the Area Plan remains valid, but the context for delivering it has been even more challenging than anticipated due to the ongoing pandemic. As a result, the challenges identified remain and, in many ways, have become sharper.

The fact that the 'system' has not collapsed and continued to deliver good quality care and support for older people despite unprecedented challenges is testament to the dedication and commitment of social care workers and providers and their staff.

Another important lesson highlighted by the pandemic is the huge potential of hyper-local support networks to play a growing role. However they require ongoing funding and facilitation going forwards, and more broadly, significant effort and investment will be required nationally as well as regionally and locally to secure long term sustainability.

10.2 Looking Forward

The draft PNA 2022 confirms the trends previously identified i.e. an aging population and increased complexity of needs due to increased prevalence of dementia and life expectancy increasing faster than disability free life expectancy.

According to the latest projections the population of West Wales is likely to grow from 386,501 to 391,688 between 2021 and 2031, an increase of 1.3%. Meanwhile the number of older people (65+) is projected to increase by 17.5%, and people over 85 by 27.8%. These increases in the older age groups are higher than the national average. Further the 2020 PNA identifies that the area attracts high levels of inward migration of people over 65. The highest levels are found in Pembrokeshire with 87% of those moving in aged over 65.

Meanwhile the working age population is projected to decline in all three counties but most sharply in Ceredigion where the overall population is projected to decline. (Between 2021 and 2031 the population aged 16-64 is projected to fall by 3.1% across West Wales and by 5.6% in Ceredigion).

These demographic trends will increase demand for health and social care, but they will not necessarily translate directly into increased demand for residential and nursing care. This is because of changing expectations and the fact that more intensive support at home has enabled people to live independently for longer. A national report by Grant Thornton found that the proportion of people over 85 in residential care declined steadily between 1996 and 2017 from 25.2% to 14.8%²⁹, and Fiscal Wales reported a similar picture in *The Future of Care in Wales* with numbers in residential care falling as the older population increased.

The corollary of this is that people who do need care tend to have more complex needs. Data analysis and fieldwork for the MSR, such as the provider survey and interviews confirmed that these trends are also evident in West Wales, with both providers and commissioners reported increasing complexity of new referrals and placements.

Analysis undertaken by the Alzheimer's Society estimated that about 70 per cent of all care home residents have dementia or severe memory problems.

The PNA has identified that the pandemic has impacted public perceptions of care homes and made people reluctant to choose residential care for themselves or their relatives unless absolutely unavoidable. Where people do opt for residential care (including nursing care), market intelligence from both the fieldwork and desk-top review suggests that they increasingly prefer higher specification purpose-built homes with ensuite bathrooms which facilitate infection control. This has accelerated existing trends in the market driven by higher user expectations and stronger requirements to provide choice.

This points to the need for increased community provision, and specialist housing options such as Extra Care schemes (as identified in the PNA and referenced in projections made by the Housing LIN for West Wales) to enable people to live independently for as long as possible alongside more specialist residential and nursing provision designed to meet the needs of people with dementia and multiple conditions.

²⁹ Care homes for the elderly: Where are we now? Grant Thornton 2018

The draft PNA 2022 also highlights the potential benefits of scaling up technology enabled care which can complement more traditional care especially in rural areas. This requires both infrastructure and digital inclusion initiatives.

Evidence from the annual workforce survey conducted by Social Care Wales suggests that the proportion of staff who can communicate effectively in Welsh varies significantly between areas and is higher in local authority directly provided services than in commissioned services. For commissioned services in 2019, 11% of staff across Mid and West Wales could communicate effectively in Welsh. Although this is higher than the national average of 8% it means that people will not consistently have access to services in the Welsh language.

Detail about the sufficiency of regulated services for older people is provided in the stability sections for care homes and domiciliary care, but in short:

- The supply of domiciliary care has not expanded rapidly enough to provide sufficient capacity to fully meet demand and provide choice and this sector is under stress in terms of meeting rising levels of complexity set against ongoing workforce pressures and inflation.
- The overall number of care home places is currently sufficient but there is a shortfall in nursing provision, especially for more complex and specialist needs.
- Future sufficiency is uncertain due to the pandemic.

10.3 Issues and Gaps

- The number of people aged 85 or over is expected to increase by 27.8% by 2031, whilst the West Wales population as a whole will grow by just 1.3%.
- The aging population means that there will be an increasing demand for care and support services including a range of housing options.
- The complexity of needs will also continue to grow as the number of people living with dementia and multiple co-morbidities increases.
- The need to grow community support is even greater given the fragility of the markets for regulated services highlighted in the stability assessments.
- Recruitment and retention of staff is a key challenge across social care and is severely impacting both domiciliary and residential care.
- A continuing shift towards more specialist residential and nursing care is required but in current conditions it is difficult to see the market delivering that at sufficient pace or scale.

Technical Appendix

This appendix provides selected data underpinning the MSR together with links to key sources and background documents. Charts and tables have not been included in the main body of the MSR to keep it to a manageable length.

The appendix is structured under four broad headings:

- Cross-cutting
- Older People
- Working Age Adults; and
- Children and Young People

1 Cross-cutting

1.1 Demographic Data

Population Estimates Mid-Year 2020

	0 to 15	16 to 64	Aged 65 +	Total
Carmarthenshire	33,156	111,224	45,693	190,073
Ceredigion	10,774	43,453	18,668	72,895
Pembrokeshire	21,363	72,219	33,169	126,751
West Wales	65,293	226,896	97,530	389,719

Source: Stats Wales, Mid-Year Estimates 2020

Projected percentage change in number of people 2021-31

	All ages	0-15	16-64	65+	(85+)	(90+)*
Carmarthenshire	2.2%	-6%	-1.9%	17.6%	24.9%	13.7%
Ceredigion	-1.5%	-11%	-5.6%	13.2%	25.7%	20.1%
Pembrokeshire	1.7%	-10%	-3.4%	19.7%	32.5%	31.8%
West Wales	1.3%	-8%	-3.1%	17.5%	27.8%	21.7%
Wales	2.3%	-5%	-0.4%	16.6%	24.9%	19.0%

Source: Stats Wales, Population Projections 2018 based

Projected increase/decrease in number of people 2021/2031

	All ages	0-15	16-64	65+	(85+)	(90+)*
Carmarthenshire	4,083	-1,862	-2,087	8,032	1,364	259
Ceredigion	-1,046	-1,164	-2,358	2,476	671	200
Pembrokeshire	2,151	-2,097	-2,382	6,630	1,483	532
West Wales	5,187	-5,124	-6,827	17,138	3,518	990
Wales	73,796	-29,299	-8,520	111,615	21,164	5,799

Source: Stats Wales, Population Projections 2018 based

*65+ includes all people over 64, including those aged over 84 or 89. Likewise 85+ includes 90+

1.2 Guidance

[Code of Practice and Guidance](#) on the exercise of social services functions and partnership arrangements in relation to market stability reports.

1.3 Key Data Sources

[Stats Wales](#) (includes demographic, health and social care and finance data).

[National Social Care Data Portal For Wales](#) (includes a wide range of data and thematic reports for each local authority and region on three priority areas: care and support at home, dementia and children who are looked after).

[Social Care Wales Population Projections Platform](#) (includes projections about a wide range of needs and conditions at local authority, regional and national levels, including: informal care, autism, activities of daily living, common mental disorders, hearing impairment, visual impairment and dementia).

1.4 Regional Documents

[Population Needs Assessment 2017](#).

Population Needs Assessment 2022 (link when published).

Draft [Well-being Assessments](#) (one for each county).

West Wales [Area Plan](#).

West Wales [Carers Strategy 2020-25](#).

Regional framework for service development and commissioning of Violence against women, Domestic Abuse and Sexual Violence Services in Mid and West Wales.

Annual Report of the Statutory Director of Social services [Carmarthenshire](#), [Ceredigion](#), [Pembrokeshire](#).

1.5 Further Reading & Background

[Rebalancing Care and Support](#) Welsh Government White Paper.

Association of Directors of Social Services Cymru Rebalancing Social Care: A report on Adult Services.

Association of Directors of Social Services Cymru [Rebalancing Social Care: A report on Children's Services](#).

[Challenges and Priorities for Health and Social Care in Wales](#), Wales Centre for Public Policy, December 2021.

Bevan Commission, [Bevan Exemplars](#), innovation projects in health and care. [Digital innovation in social care](#), NHSX, Ipsos Mori, Skills for Care and IPC 2021.

2 Older People

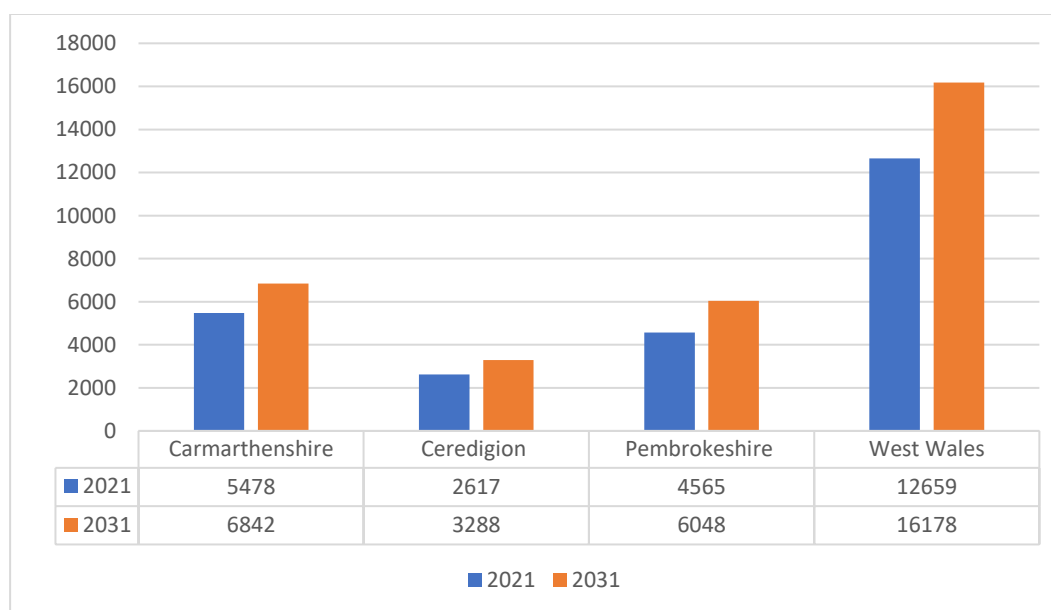
2.1 Demographic Data

Population Estimates Mid-Year 2020

	65 to 74	75 to 84	85 and over	Total 65+
Carmarthenshire	24,841	15,053	5,799	45,693
Ceredigion	9,998	6,035	2,635	18,668
Pembrokeshire	17,767	10,995	4,407	33,169
West Wales	52,606	32,083	12,841	97,530

Source: Stats Wales, Mid-Year Estimates 2020

Projected increase in the number of people aged 85+ 2021-2031



Source: Stats Wales, Population Projections 2018 based

Projected increase in the number of people with severe dementia over the next decade*

	2020	2025	2030	Increase (number)	Increase (%)
Carmarthenshire	1,912	2,306	2,697	785	41.1%
Ceredigion	789	942	1,076	287	36.5%
Pembrokeshire	1,407	1,720	2,030	622	44.2%
West Wales	4,107	4,968	5,802	1,695	41.3%

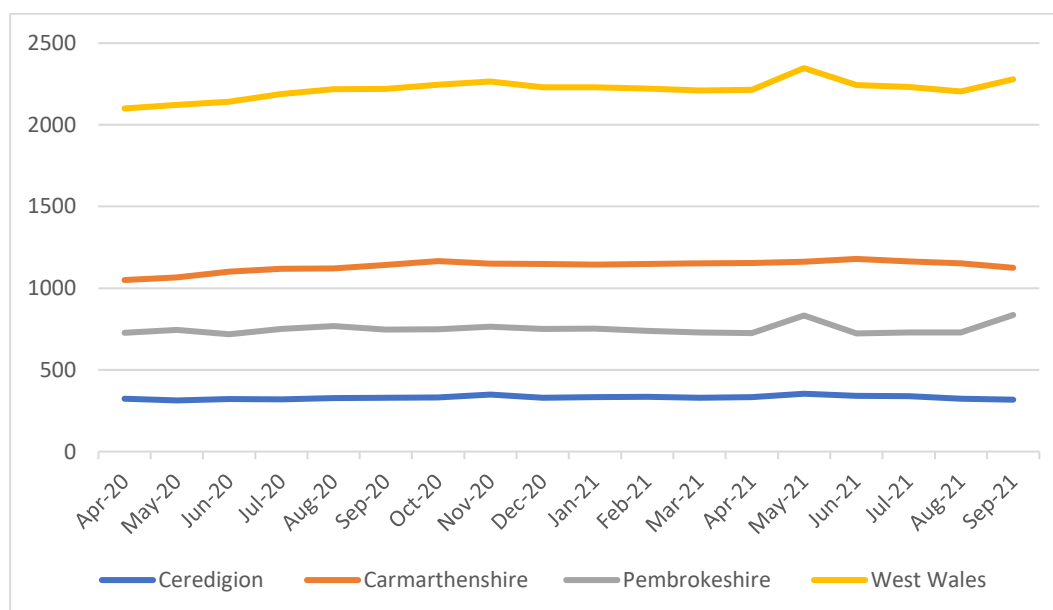
Source: Social Care Wales Population Projection Platform, Daffodil Cymru

*This will include a small number of younger people with dementia

2.2 Trends in activity, capacity and spend

2.2.1 Domiciliary Care

Number of people receiving general domiciliary care



Source: data collected by IPC for MSR

Hours of general domiciliary care

West Wales General Domiciliary Care Trend			
	People	Estimated Weekly Hours	Hours per person
Apr-20	2,100	23539.3	11.2
May-20	2,122	25798.2	12.2
Jun-20	2,141	24638.2	11.5
Jul-20	2,188	25003.7	11.4

West Wales General Domiciliary Care Trend			
	People	Estimated Weekly Hours	Hours per person
Aug-20	2,218	27447.2	12.4
Sep-20	2,219	25391.0	11.4
Oct-20	2,246	25610.1	11.4
Nov-20	2,264	27590.9	12.2
Dec-20	2,229	25404.0	11.4
Jan-21	2,230	27167.9	12.2
Feb-21	2,222	25051.2	11.3
Mar-21	2,210	25158.9	11.4
Apr-21	2,214	25114.6	11.3
May-21	2,347	27242.1	11.6
Jun-21	2,244	25556.6	11.4
Jul-21	2,232	25025.4	11.2
Aug-21	2,205	25977.2	11.8
Sep-21	2,278	23487.8	10.3

Source: data collected by IPC for MSR

Number of people on waiting lists for general domiciliary care West Wales



Source: data collected and analysed by IPC for MSR

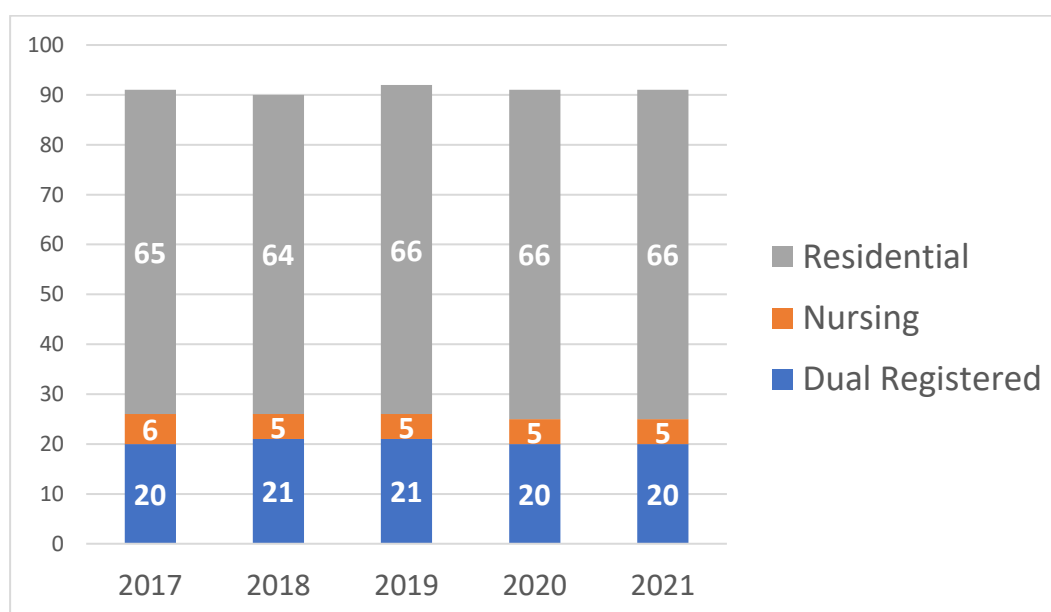
Trends in expenditure on older people's domiciliary care

	Own provision (including joint arrangements)	Provision by others (including joint arrangements)	Gross Expenditure	Net Expenditure	Own provision as % of gross	Change in net spend
2018/19	£5,739,678	£24,667,016	£32,370,612	£27,082,994	17.73%	
2019/20	£8,240,572	£22,456,699	£32,688,443	£26,514,253	25.21%	-2.10%
2020/21	£14,476,337	£18,279,484	£35,108,949	£28,053,682	41.23%	5.81%

Source: Revenue Outturn returns analysed by IPC for MSR

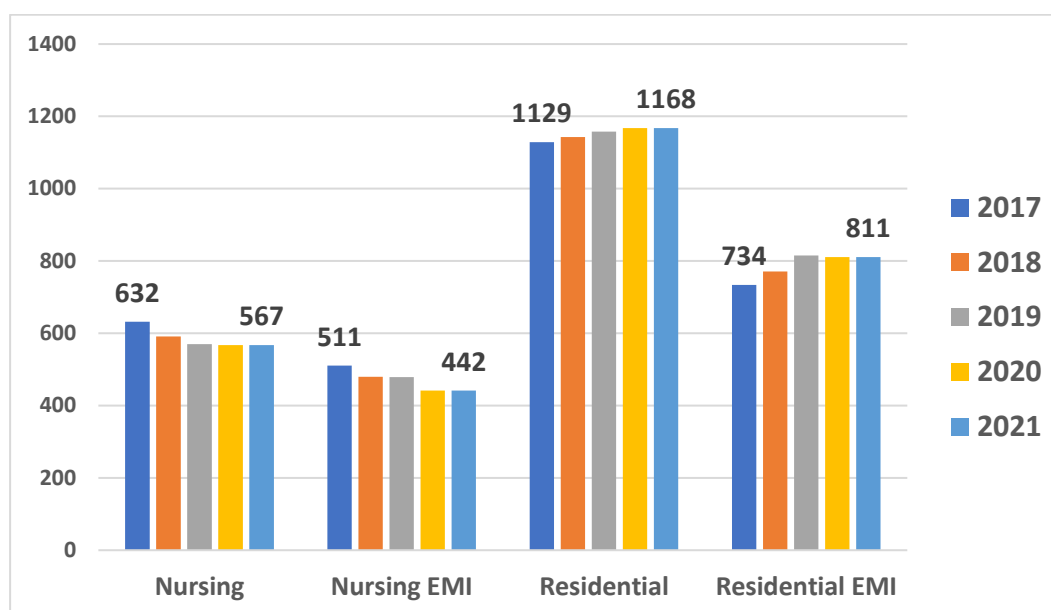
2.2.2 Care homes for Older People

Number of homes for older people in West Wales



Source: data collected by IPC for MSR

Trends in bed numbers for older people



Source: data collected by IPC for MSR

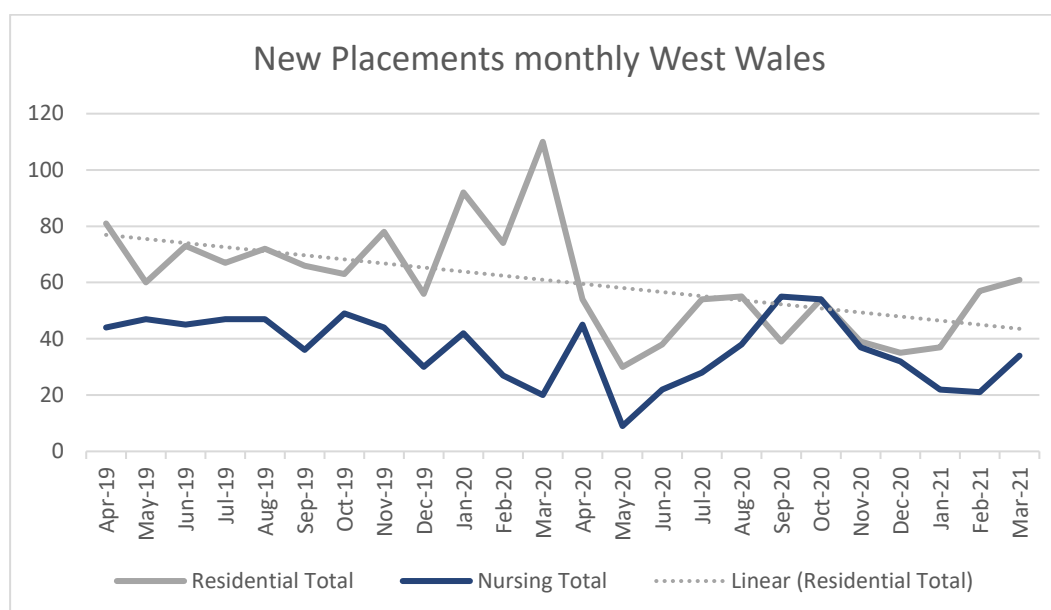
Trends in placements commissioned by the local authorities or Health Board

Total as at 31 March					
	2017	2018	2019	2020	2021
Carmarthenshire	897	860	945	1006	842
Ceredigion	339	356	331	349	329
Pembrokeshire	407	446	450	525	465
Hywel Dda*	325	328	308	297	275
Grand Total	1,968	1,990	2,034	2,177	1,911

Source: data collected by IPC for MSR

*Hywel Dda placement numbers are for Continuing Health Care (CHC) and Section 117 only. Funded Nursing Care (FNC) placements are included in the local authority numbers to avoid double counting.

Impact of the covid-19 pandemic on new placements of older people



Source: data collected by IPC for MSR

Trends in Occupancy

Average occupancy rate			
	2019 (April-Dec)	2020 (Whole year)	2021 (Jan-May)
Nursing	93.6%	91.2%	80.7%
Carmarthenshire	93.6%	89.2%	74.5%
Ceredigion	94.9%	95.5%	88.5%
Pembrokeshire	92.4%	88.9%	79.1%
Nursing EMI	95.9%	93.7%	86.8%
Carmarthenshire	95.3%	95.5%	86.5%
Ceredigion	100.0%	100.0%	91.4%
Pembrokeshire	92.6%	85.8%	82.5%
Residential	95.5%	92.7%	83.5%
Carmarthenshire	92.4%	91.9%	75.6%
Ceredigion	97.0%	95.3%	90.5%
Pembrokeshire	97.2%	90.8%	84.4%
Residential EMI	94.5%	91.6%	83.0%
Carmarthenshire	92.4%	93.8%	83.0%
Ceredigion	94.3%	90.4%	80.4%
Pembrokeshire	96.8%	90.6%	85.4%

Source: data collected by IPC for MSR

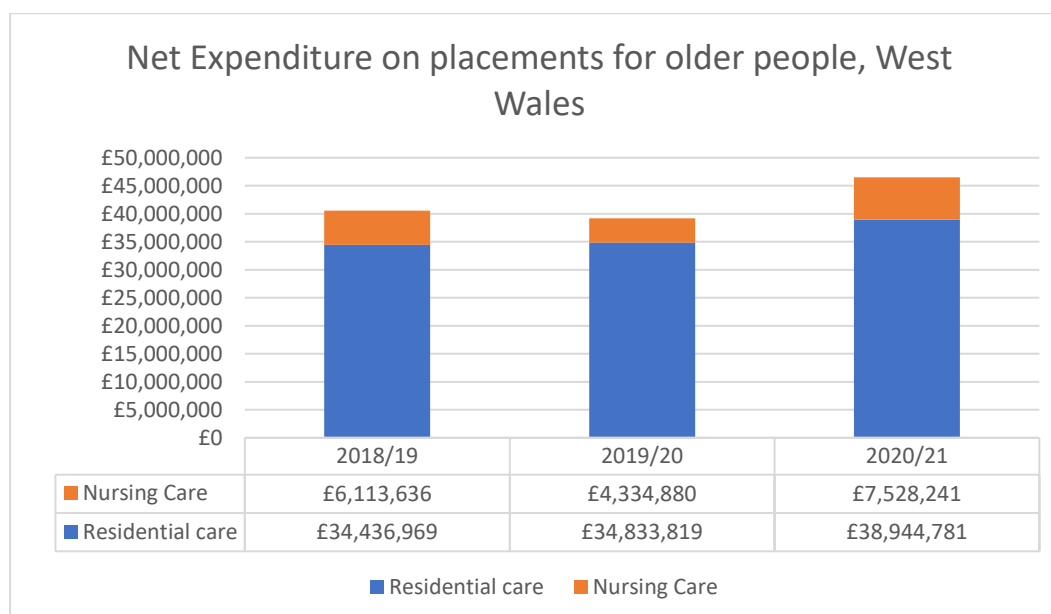
Trends in expenditure on older people's residential care

Residential Care Placements People over 65 (including older mentally ill)				
	Own provision (including joint arrangements)	Provision by others (including joint arrangements)	Gross Expenditure	Net Expenditure
2018/19	£13,436,425	£37,439,911	£54,949,646	£34,436,969
2019/20	£14,595,477	£39,402,785	£57,621,516	£34,833,819
2020/21	£12,020,675	£47,972,723	£62,701,202	£38,944,781

Source: Revenue Outturn returns analysed by IPC for MSR

Nursing Care Placements People over 65 (including older mentally ill)				
	Own provision (including joint arrangements)	Provision by others (including joint arrangements)	Gross Expenditure	Net Expenditure
2018/19	£0	£13,819.432	£14,266.123	£6,113.636
2019/20	£0	£14,591.892	£15,535.686	£4,334.880
2020/21	£0	£16,420.064	£18,051.701	£7,528.241

Source: Revenue Outturn returns analysed by IPC for MSR



Source: Revenue Outturn returns analysed by IPC for MSR

Rates paid for residential care for older people

Standard Weekly Rates 2020/21				
	Residential	Residential EMI	Nursing	Nursing EMI
Carmarthenshire	£594.39	£620.52	£575.56	£663.41
Ceredigion	£605.00	£645.00	£617.00	£657.00
Pembrokeshire	£651.62	£709.10	£665.05	£720.62

Source: data collected by IPC for MSR

Average Weekly Rates 2020/21				
	Residential	Residential EMI	Nursing	Nursing EMI
Carmarthenshire	£646.16	£638.06	£604.26	£705.54
Ceredigion	£629.31	£682.50	£646.98	£842.79
Pembrokeshire	£677.12	£709.10	£682.51	£735.90

Source: data collected by IPC for MSR

Percentage increase in average rates over two years: 2018/2019 to 2020/2021				
	Residential	Residential EMI	Nursing	Nursing EMI
Carmarthenshire	7%	9%	10%	12%
Ceredigion	6%	9%	10%	29%
Pembrokeshire	6%	6%	20%	9%

2.2.3 Social Care Wales Priority Area Reports

[Care and Support at Home](#) (you may select either an individual county or the region).
[People with Dementia](#) (likewise, you may select either an individual county or the region).

2.2.4 Further Reading & Background

Fiscal Wales [The Future of Care in Wales, Resourcing Social Care for Older Adults. Care Homes for the Elderly: Where are we now?](#) Grant Thornton 2018.
[Developing a capacity and demand model for out-of-hospital care](#) John Bolton, LGA 2021.
[Alternative Models for Domiciliary Care](#), Welsh Centre for Public Policy, 2020.
[Market Overview Domiciliary Care](#), Homecare Association 2021.

3 Working Age Adults

3.1 Demographic Data

Population Estimates Mid- Year 2020

	Aged 16 to 64	Percentage of total population
Carmarthenshire	111,224	58.52%
Ceredigion	43,453	59.61%
Pembrokeshire	72,219	56.98%
West Wales	226,896	58.22%

Source: Stats Wales, Mid-Year Estimates 2020

Projected decrease in number of people aged 16-64 2021-2031

	Change in number aged 16-64
Carmarthenshire	-2,087
Ceredigion	-2,358
Pembrokeshire	-2,382
West Wales	-6,827

Source: Stats Wales, Population Projections 2018 based

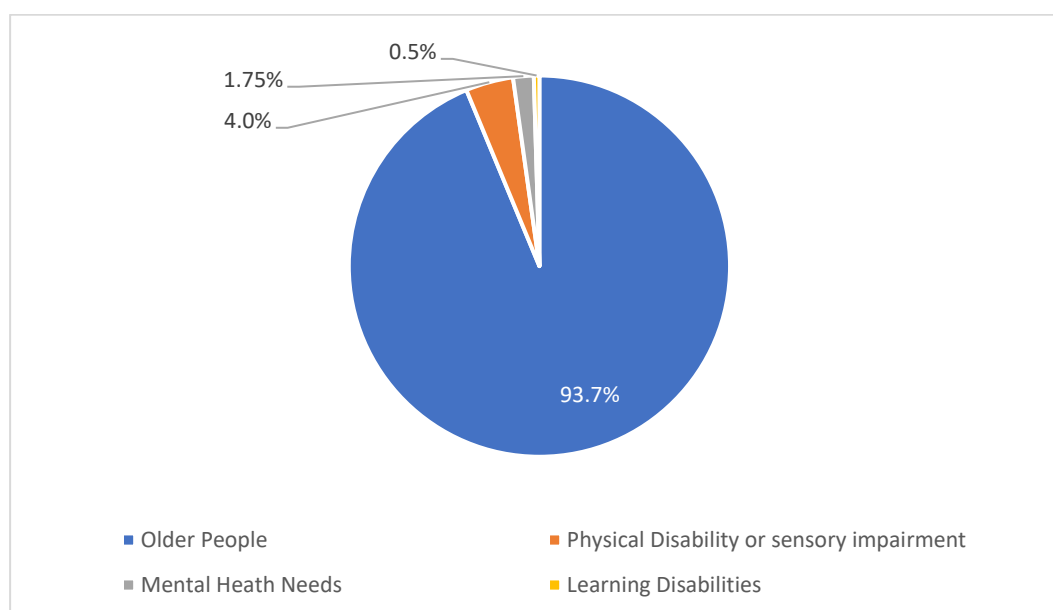
3.2 Trends in activity, capacity and spend

Expenditure on home care for people aged under 65 (all need groups)

	Own provision (including joint arrangements)	Provision by others (including joint arrangements)	Gross Expenditure	Net Expenditure
2018/19	£307,272	£2,051,408	£2,542,765	£1,841,035
2019/20	£443,906	£1,972,443	£2,598,154	£1,962,115
2020/21	£560,764	£1,881,283	£2,630,626	£1,872,265

Source: data collected by IPC for MSR

Net expenditure on home care by need group 2020/21



Source: data collected by IPC for MSR

Adults aged under 65 placed in residential care homes

By need category, as at 31 March (total both in county and out of county)					
	Physical disability or sensory impairment	Learning disabilities	Mental health needs	Other Needs	Total
2018	22	223	123	20	400
2019	27	232	129	15	418
2020	22	240	129	23	430
2021	20	237	131	19	429

Source: data collected by IPC for MSR

Adults aged under 65 placed in nursing homes

By need category, as at 31 March (total both in county and out of county)					
	Physical disability or sensory impairment	Learning disabilities	Mental health needs	Other Needs	Total
2018	2	2	4	4	12
2019	1	0	4	10	15
2020	2	1	3	10	16
2021	3	1	3	15	22

Source: data collected by IPC for MSR

Adults aged under 65 placed in residential care homes out of county

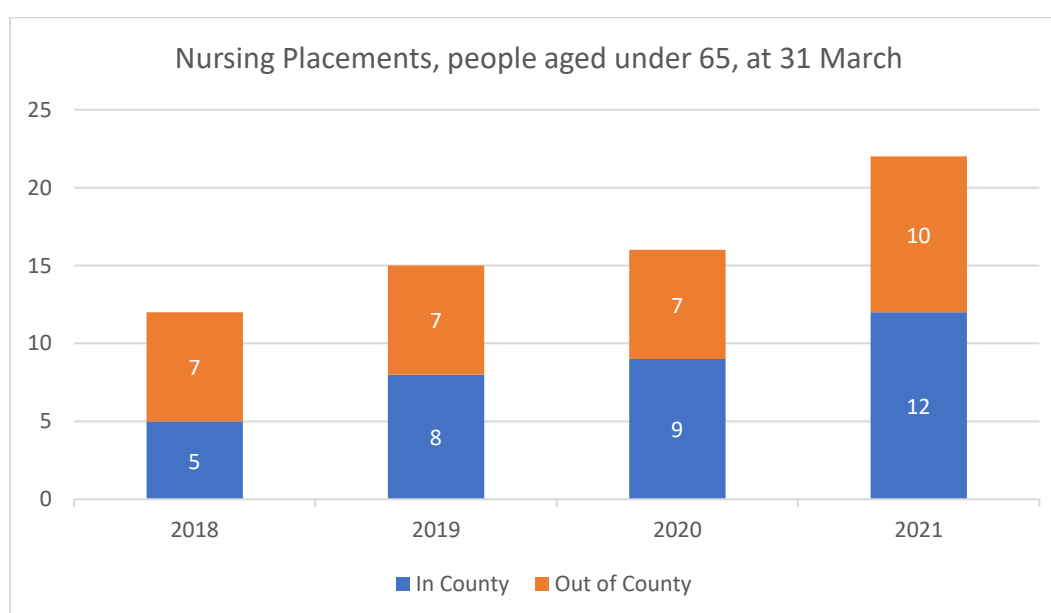
By need category, as at 31 March (out of county only)					
	Physical disability or sensory impairment	Learning disabilities	Mental health needs	Other Needs	Total
2018	9	84	63	6	162
2019	10	89	72	5	176
2020	8	83	71	5	167
2021	6	78	71	6	161

Source: data collected by IPC for MSR

Adults aged under 65 placed in nursing homes out of county

By need category, as at 31 March (out of county only)					
	Physical disability or sensory impairment	Learning disabilities	Mental health needs	Other Needs	Total
2018	0	1	4	2	7
2019	0	0	4	3	7
2020	1	0	3	3	7
2021	1	0	3	6	10

Source: data collected by IPC for MSR



Source: data collected by IPC for MSR

Number of registered care homes and places for adults aged 18-64, 2018

	Homes		Places	
	Without Nursing	With	Without Nursing	With
Ceredigion	7	0	51	0
Pembrokeshire	27	1	207	24
Carmarthenshire	45	1	435	62
West Wales	79	2	693	86

Source: National Social Care Data Portal For Wales archived data

This data has not been published in this form since 2018. Data collected by IPC for the MSR suggests little change in this picture so these figures remain a useful guide.

Trends in expenditure on working age adults residential care

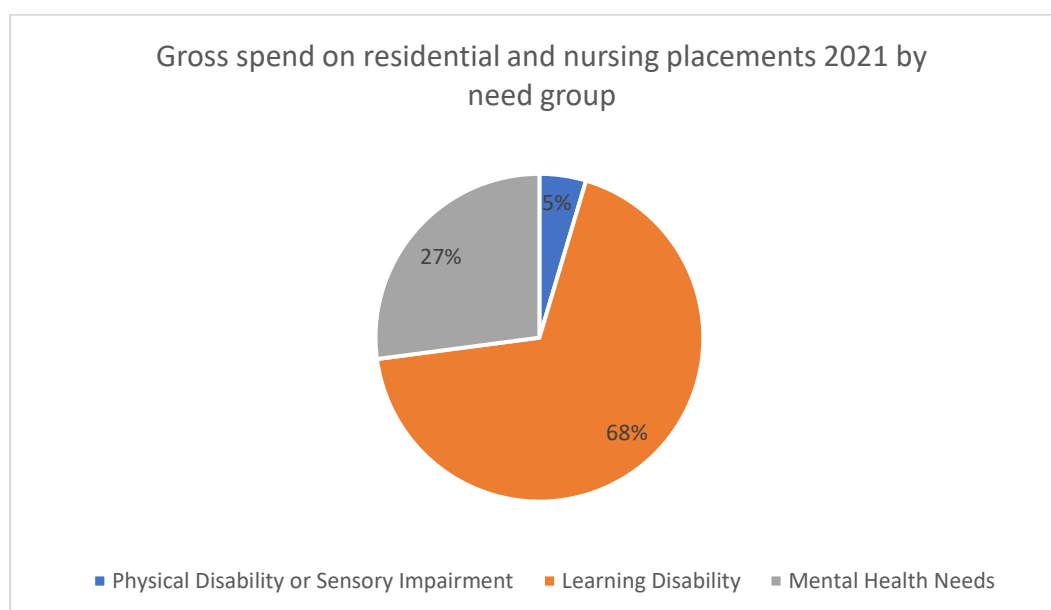
Residential Care Placements People under 65 (all needs groups)				
	Own provision (including joint arrangements)	Provision by others (including joint arrangements)	Gross Expenditure	Net Expenditure
2018/19	£2,278,656	£31,670,722	£36,679,008	£23,515,690
2019/20	£2,513,720	£34,428,506	£39,265,490	£31,062,030
2020/21	£2,478,472	£36,114,158	£39,164,330	£31,502,256

Source: Revenue Outturn returns analysed by IPC for MSR

Nursing Care Placements People under 65 (all needs groups)				
	Own provision (including joint arrangements)	Provision by others (including joint arrangements)	Gross Expenditure	Net Expenditure
2018/19	£0.00	£9,892.31	£9,929.17	£574.40
2019/20	£0.00	£9,118.77	£9,606.55	£1,707.63
2020/21	£0.00	£10,013.38	£12,077.00	£1,503.69

Source: Revenue Outturn returns analysed by IPC for MSR

Gross expenditure on placements (residential and nursing) by need group



Source: Revenue Outturn returns analysed by IPC for MSR

3.3 Regional Documents

West Wales [Charter](#) for people with learning disabilities.
[Housing and accommodation needs assessment](#) for people with learning disabilities in West Wales to 2037, Housing LIN 2019.

3.4 Further Reading & Background

[Learning Disability: Improving Lives Programme](#).
 Code of Practice on the [Delivery of Autism Services](#).
 Disability Wales, [The Social Model of Disability](#).
 Together for Mental Health, a Strategy for Mental Health and Wellbeing in Wales.
[Shared Lives in Wales](#) 2021.

4 Children and Young People

4.1 Demographic Data

Population Estimates Mid-Year 2020

	Aged 0 to 4	Aged 5 to 15	Aged 16 to 24	Total 0-24
Carmarthenshire	9,259	23,897	17,430	50,586
Ceredigion	2,877	7,897	10,606	21,380
Pembrokeshire	5,719	15,644	11,265	32,628
West Wales	17,855	47,438	39,301	104,594

Source: Stats Wales, Population Projections 2018 based

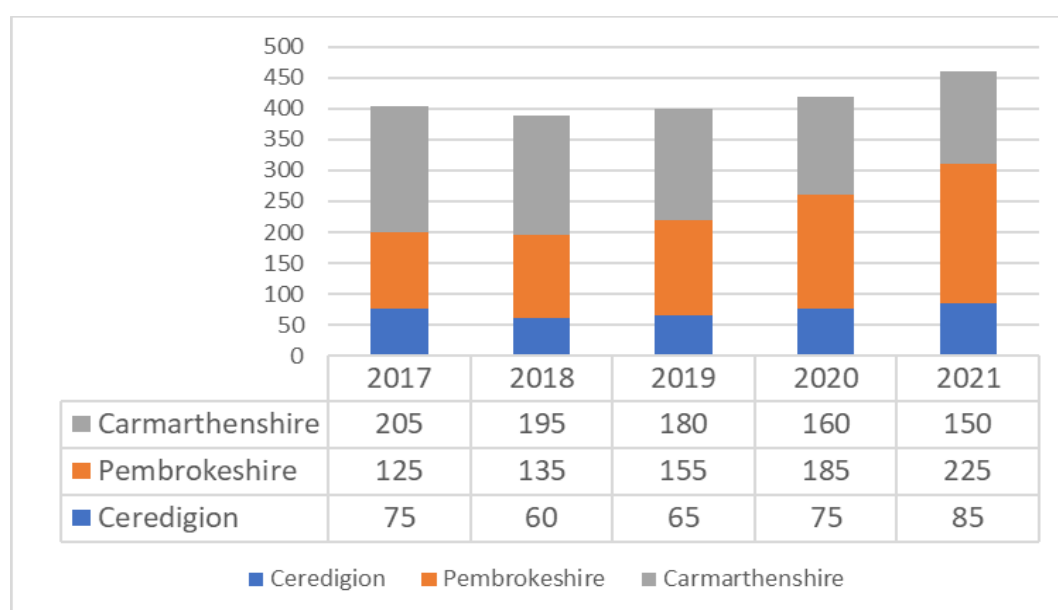
Projected change in number of people under 16 2021-31

People aged 0 to 15	Number	Percentage
Carmarthenshire	-1,862	-6%
Ceredigion	-1,164	-11%
Pembrokeshire	-2,097	-10%
West Wales	-5,124	-8%

Source: Stats Wales, Population Projections 2018 based

4.2 Trends in activity, capacity and spend

Children looked after at 31 March



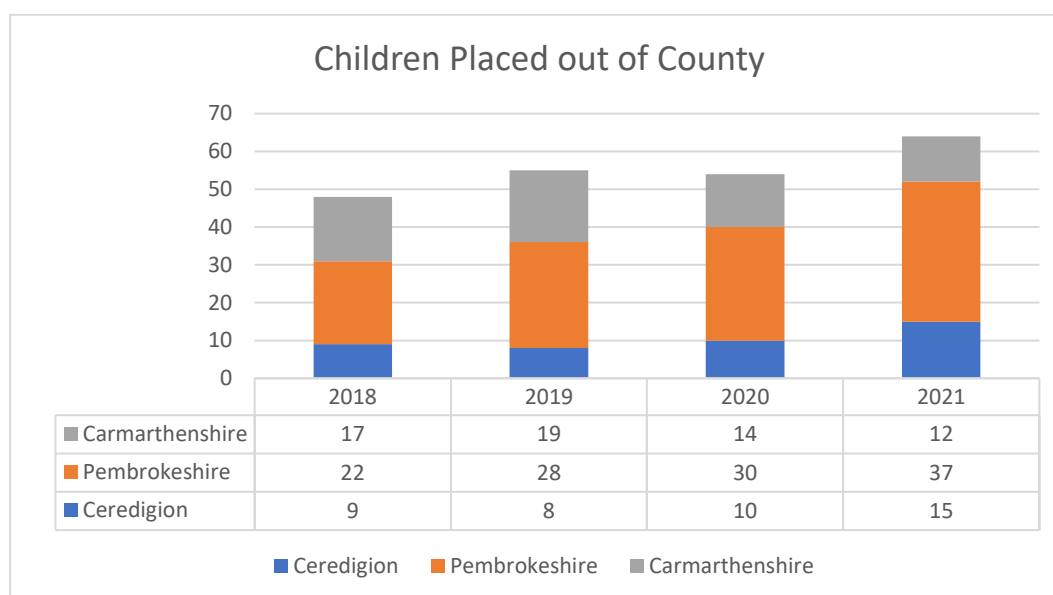
Source: National Social Care Data Portal for Wales

Proportion Placed in Foster Care

	%
Carmarthenshire	83.3%
Ceredigion	70.6%
Pembrokeshire	73.3%
West Wales	76.1%
Wales	69.8%

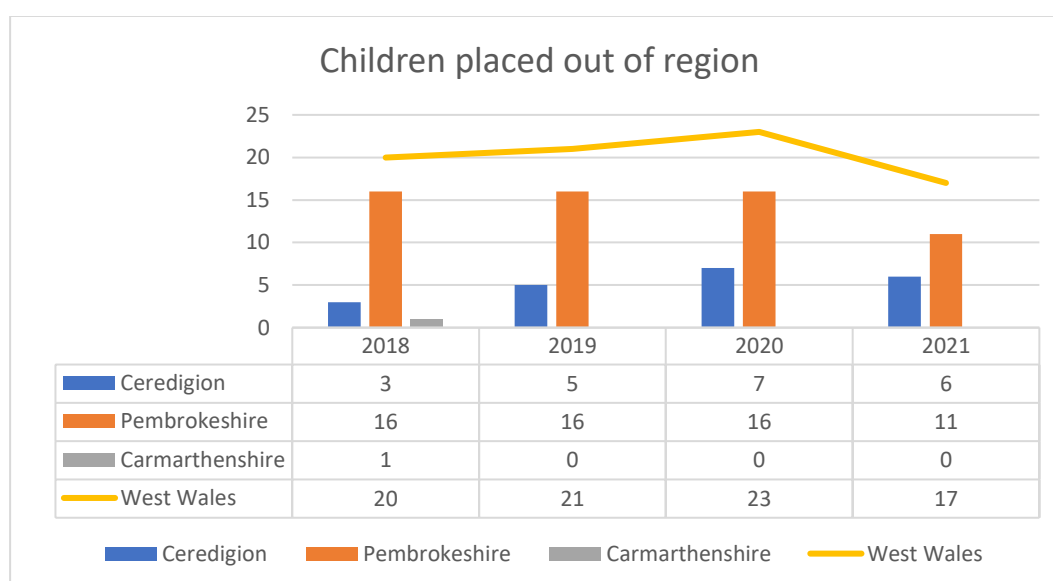
Source: Stats Wales, Children looked after at 31 March by placement type

Trend in out of county placements



Source: data collected by IPC for MSR

Trend in out of region placements



Source: data collected by IPC for MSR

In-house capacity as at January 2022

	Maximum Places	Occupied Places	Vacant Places	Unavailable Places
Carmarthenshire	199	199	0	0
Fostering	191	191	0	0
Residential	8	8		
Ceredigion	79	77	2	
Fostering	79	77	2	

	Maximum Places	Occupied Places	Vacant Places	Unavailable Places
Pembrokeshire	121	111	10	0
Fostering	115	105	10	0
Residential	6	6		
Grand Total	399	387	12	0

Source: Children's Commissioning support Resource data analysed by IPC

Charitable and third sector capacity as at January 2022

	Maximum Places*
Carmarthenshire	6
Ceredigion	2
Pembrokeshire	4
Total	12

Source: Children's Commissioning support Resource data analysed by IPC

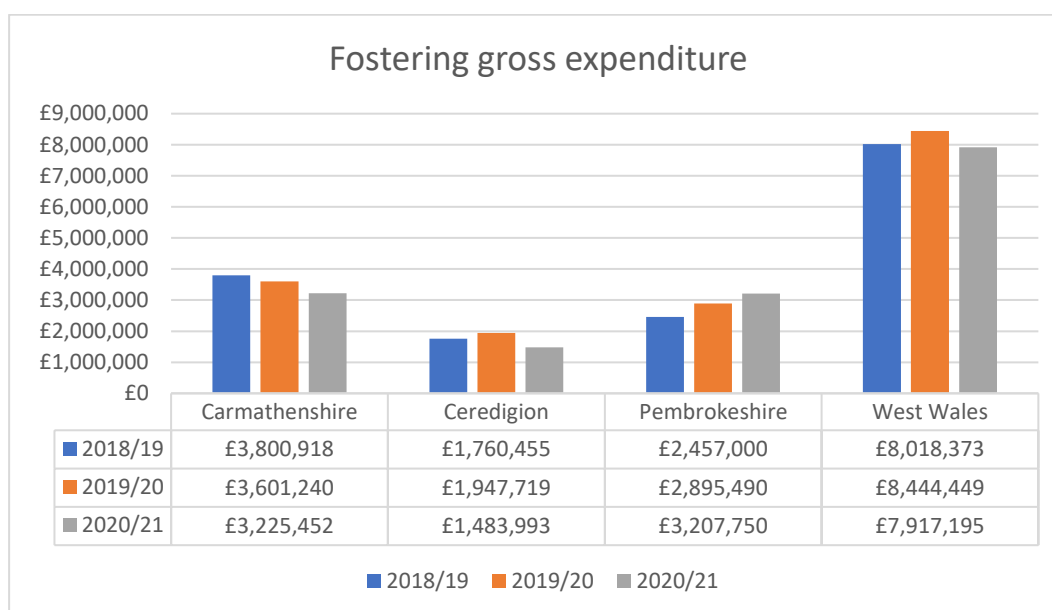
*All fostering, there are no third sector children's residential beds in West Wales

Independent sector capacity as at January 2022

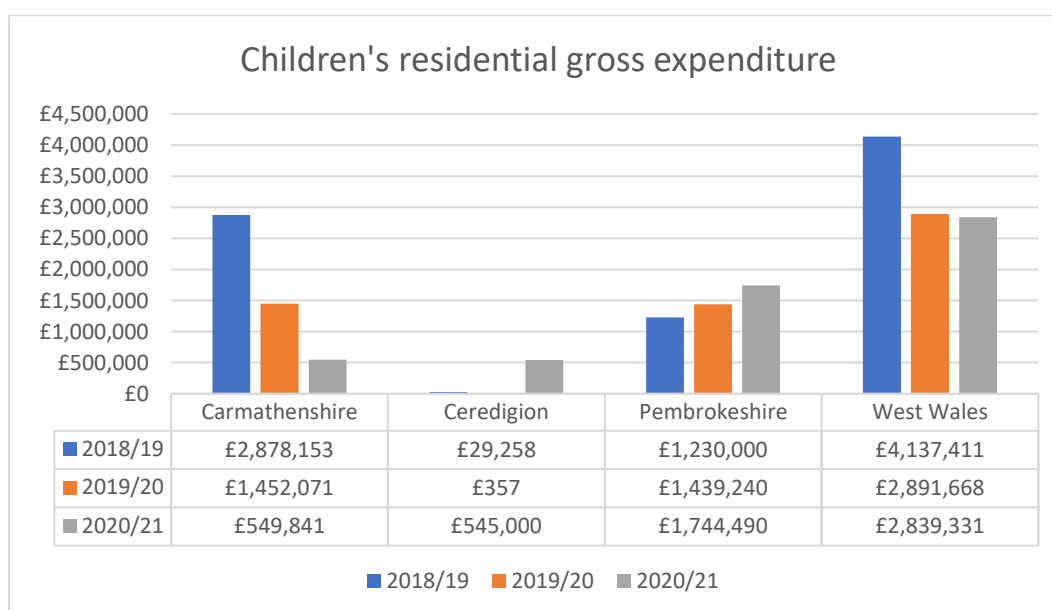
	Maximum Places	Occupied Places	Vacant Places	Unavailable Places
Carmarthenshire	208	135	18	55
Fostering	172	109	12	51
Residential	36	26	6	4
Ceredigion	59	37	4	18
Fostering	59	37	4	18
Pembrokeshire	113	83	15	15
Fostering	70	47	8	15
Residential	43	36	7	0
Grand Total	380	255	37	88

Source: Children's Commissioning support Resource data analysed by IPC

Trends in gross expenditure on placements



Source: Revenue Outturn returns analysed by IPC for MSR



Source: Revenue Outturn returns analysed by IPC for MSR

4.3 Regional Documents

Children and Young People's Residential Care and fostering, Mid and West Wales Market Position Statement, April 2021 to April 2023 (link when published)

4.4 Social Care Wales Priority Area Reports

[Children who are looked after](#) (you may select either an individual county or the region)

4.5 Further Reading & Background

[Children Looked After in Wales: Trends](#) Welsh Centre for Public Policy 2021.

[Children Looked After in Wales](#), Welsh Centre for Public Policy Evidence Briefing Paper 2021.

Children's Commissioning Consortium Cymru (4C's) [response to 'Competition Market Authority \(CMA\) Children's social care market study, Invitation to Comment](#).

Competition and Markets Authority Children's Social Care Markets Study [Interim Report](#).

Social Care Wales, [Improving Outcomes for children already living in care](#).