

**CYFARFOD BWRDD PRIFYSGOL IECHYD
UNIVERSITY HEALTH BOARD MEETING**

DYDDIAD Y CYFARFOD: DATE OF MEETING:	31 March 2022
TEITL YR ADRODDIAD: TITLE OF REPORT:	Regional Partnership Board – Population Assessment and Market Stability Report
CYFARWYDDWR ARWEINIOL: LEAD DIRECTOR:	Jill Paterson, Director of Primary Care, Community and Long-Term Care
SWYDDOG ADRODD: REPORTING OFFICER:	Anna Bird, Assistant Director of Strategic Partnerships, Diversity and Inclusion

Pwrpas yr Adroddiad (dewiswch fel yn addas)

Purpose of the Report (select as appropriate)

Ar Gyfer Penderfyniad/For Decision

ADRODDIAD SCAA

SBAR REPORT

Sefyllfa / Situation

Under Part 2 of the Social Services and Wellbeing (Wales) Act 2014, the Health Board and Local Authorities are required to produce a Population Assessment (PA). This work is undertaken through the Regional Partnership Board (RPB) and is co-ordinated by the Regional Programme Management team. Population Assessments must be published once within each local government electoral cycle and the first Population Assessment was produced in March 2017.

Welsh Government also requires Local Authorities, acting together with Health Boards, to produce Market Stability Reports (MSRs) on a Regional Partnership Board basis. Such reports must assess the sufficiency of care and support services. In addition, the reports must also assess the stability of specified services regulated by Care Inspectorate Wales (CIW).

Executive summaries of both documents are attached and links to the full reports are provided.

Cefndir / Background

The Social Services and Well-being (Wales) Act 2014 (SSWBA) became law in April 2016 and provides a legislative framework for Wales aimed at improving the well-being of people who need care and support, and carers who need support. Its core principles provide a basis for changing the shape of services and the way in which they are delivered.

The West Wales Regional Partnership Board was created in June 2016 under Part 9 of the SSWBA. In addition, an Integrated Executive Group (IEG) was established to provide a mechanism for regular meetings between the three Directors of Social Services and the nominated Health Board Directors to drive forward the practical actions required to progress service integration within health and social care.

Part 2 of the Social Services and Well-being (Wales) Act 2014 requires Local Authorities and Health Boards to produce a Population Assessment, which must include:

- A joint assessment of need for care and support and the support needs of unpaid carers in their area.
- An assessment of the extent to which those needs are not being met.
- Details of the range and level of services required to meet those needs.
- Details of the range and level of services required to deliver the preventative services required in section 15 of the Act.
- Details of how these services will be delivered through the medium of Welsh.
- New for 2022 is the requirement to develop separate sections for Dementia and Autism

Population Assessments are required for each RPB area and are expected to provide a clear and specific evidence base in relation to care and support needs and carers' needs to underpin the delivery of their statutory functions and inform planning and operational decisions. They must inform regional Area Plans, published within a year of the Population Assessment, setting out how partners aim to address the needs identified.

In addition to the publication of a Population Assessment, the Social Services and Wellbeing (Wales) Act 2014 has been amended by Regulation to require Regional Partnership Boards to undertake a Market Stability Assessment (MSA) and to produce a regional Market Stability Report (MSR), which also reflects county circumstances. The publication deadline is 30th June 2022. Following a decision at the Integrated Executive Group (IEG), an existing contractual arrangement was approved via an exception request and the Institute of Public Care (IPC) were appointed to undertake the assessment of market stability on behalf of the West Wales Care Partnership (WWCP).

Asesiad / Assessment

The attached report (Appendix 1) provides an Executive Summary of the Population Assessment and presents an overview of the key findings for defined population groups, namely: Learning Disability; Sensory Impairment; Older People; Unpaid Carers; Disability; Mental Health; Dementia; and Children and Young People.

Included in the findings of the PA report is information and data provided by a wide range of individuals, stakeholders and community support organisations in response to regional on-line snap surveys circulated by the WWCP and partner organisations. To facilitate ongoing review and updating over the period before the next Population Assessment in 2027, an online version of the report will be published, held on the West Wales online data portal, with summaries of each chapter available in HTML format. The final document when translated will be published here [Population Assessment - West Wales Care Partnership \(wwcp-data.org.uk\)](http://www.wwcp-data.org.uk).

Market Stability Reports are concerned with the supply of care and support and therefore, in principle, a response to the demand identified through Population Assessments. Put another way, the PA identifies 'what', whereas MSRs inform the 'how' of care and support. Regulations require that the Market Stability Report must be published by 30th June 2022.

Though a single report, the regulations require MSRs to comprise two distinct assessments: firstly, an assessment of the sufficiency of care and support services; and secondly, a stability assessment for regulated services. In practice, the second aspect applies as an additional element – but only in relation to regulated services.

The attached Executive Summary of the MSR (Appendix 2) provides an overview of the key findings for defined population groups and regulated services. In general, the MSR confirms that the ongoing COVID-19 pandemic has exposed some of the frailties of an already fragile

health and care system. In combination with sustained public sector austerity, the pandemic is compounding pressures on the whole system. Market uncertainty is inhibiting private investment and increasing levels of complexity are not being matched by corresponding workforce capacity, placing further pressure upon market stability.

The MSR will be a key document to inform future commissioning arrangements for HDdUHB and statutory partners. The full MSR can be viewed [here](#).

Both the PA and MSR are key statutory documents required under the Social Services and Well-being (Wales) Act 2014 and have been developed through the partnership governance arrangements of the Regional Partnership Board. The RPB considered and approved both documents at their meeting on 23rd March 2022 and their content will help to inform the development of a refreshed West Wales Area Plan and commissioning arrangements for regulated and non-regulated services.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the production of the Population Assessment and Market Stability Report and the attached executive summaries;
- **ENDORSE** the refreshed Population Assessment which has been approved through the Regional Partnership Board on 23rd March 2022;
- **ENDORSE** the Market Stability Report which has been approved through the Regional Partnership Board on 23rd March 2022.

Amcanion: (rhaid cwblhau)	
Objectives: (must be completed)	
Cyfeirnod Cofrestr Risg Datix a Sgôr Cyfredol: Datix Risk Register Reference and Score:	N/A
Safon(au) Gofal ac Iechyd: Health and Care Standard(s):	Governance, Leadership and Accountability
Amcanion Strategol y BIP: UHB Strategic Objectives:	All Strategic Objectives are applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	9. All HDdUHB Well-being Objectives apply

Gwybodaeth Ychwanegol:	
Further Information:	
Ar sail tystiolaeth: Evidence Base:	Social Services and Well-being (Wales) Act 2014

Rhestr Termiau: Glossary of Terms:	Contained in the body of the report
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	Strategic Development and Operational Delivery Committee – 24 th February 2022 Regional Partnership Board – 23 rd March 2022

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	The MSR highlights that, in combination with sustained public sector austerity, the pandemic is compounding pressures on the whole health and care system.
Ansawdd / Gofal Claf: Quality / Patient Care:	The Population Assessments highlights the needs of defined population groups.
Gweithlu: Workforce:	The MSR highlights that market uncertainty is inhibiting private investment and that increasing levels of complexity are not being matched by corresponding workforce capacity, placing further pressure upon market stability.
Risg: Risk:	N/A
Cyfreithiol: Legal:	The Health Board has a statutory requirement to work with Local Authority partners to prepare and publish a Market Stability Report and Population Assessment in line with SSWBA requirements.
Enw Da: Reputational:	N/A
Gyfrinachedd: Privacy:	N/A
Cydraddoldeb: Equality:	N/A

February 2022

West Wales Population Assessment 2022

Summary of report and key issues

1. The West Wales Care Partnership (WWCP) 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.
2. The West Wales region covers the area of Hywel Dda University Health Board (HDdUHB) and includes the council areas of Carmarthenshire, Ceredigion and Pembrokeshire
3. In March 2017 West Wales Care Partnership published the first Population Assessment (PA) for West Wales.
4. Required under Section 14 of the Social Services and Well-being (Wales) Act, this assessment was carried out jointly by the three local authorities and Hywel Dda University Health Board with input from users, carers and colleagues in the third and independent sectors. It provides a detailed analysis of care and support needs, and support needs of carers in the region, the range and level of services required and the extent to which those needs are currently being met
5. The PA is required by Welsh Government to look at the specific needs of the following population groups:
 - Carers
 - Children and Young People
 - People with Physical Disabilities
 - People with a Learning Disability and people with Autism
 - People with a Mental Health condition
 - Older people
 - People with a sensory impairment
 - People involved in Substance Misuse
 - People experiencing Violence Against Women, Domestic Abuse and Sexual Violence
6. PAs must be published once within each local government electoral cycle, so must now be reviewed and published in April 2022.

7. The 2022 PA must take into account the impact of COVID 19. Also, as well as the above population groups the PA must give attention to

- Autism
- Dementia

As specific population groups

8. Welsh Government issued supplementary advice for Regional Partnership Boards regarding the production of the 2022 assessment. This included the need to also produce a separate Market Stability Report (MSR).

9. The MSR will provide:

- An assessment of the sufficiency of care and support in meeting the needs and demand for care and support
- An assessment of the stability of the market for regulated services providing care and support

10. The MSR is subject of a separate report which will detail the findings for consideration and endorsement prior to publication

11. We are then required to produce an Area Plan setting out how we will work together to address the findings and recommendations of our PA and MSR.

12. The West Wales RPB will publish the PA and MSR on [online data portal](#) for the region This contains summary information from the existing PA and Area Plan, alongside core data sets included within the Population Assessment. These are updated on a regular basis.

13. This report provides an executive summary of the finding of the 2022 PA. The report sets out the approach taken and summarises the key findings for each population group.

Recommendations

1. The key findings of West Wales Population Assessment are endorsed
2. The approach to publication is agreed

Approach

1. To complete the 2022 PA, we have built upon the learning from the creation of the 2017 PA and the existing structures and planning activities of the Regional Partnership Board.

This includes utilising:

- Well-established relationships with the three Public Services Boards (PSBs) and a shared commitment to align the development of the Population Assessments and Wellbeing Assessments
 - The evidence base of population and service data, held on the [online data portal](#), which reduced the need for extensive additional data collection
 - Existing population based planning groups to facilitate engagement and consultation events.
 - The results from the Population Assessment survey.
 - The available evidence in relation to the impact of Covid-19, including the initial analysis approved by the RPB in October 2019.
2. We commissioned the Trittech Institute [Home Page - TriTech Institute \(nhs.wales\)](#) to undertake the production of the PA.
 3. This work has been overseen by the Regional Commissioning Programme Group with oversight and scrutiny from all partners. Regular updates have been provided to the Regional Partnership Board
 4. On the 7th December 2022 an Extraordinary meeting of the Regional Partnership Board, in a workshop format shared the initial findings of the PA and the approach taken with members and the approach endorsed.
 5. The PA will be a public document, published on the West Wales Care Partnership website on behalf of Regional Partners.
 6. The PA will be bi-lingual, providing a full report, including all data, analysis and appendices. The PA will also provide a summary & easy read version to ensure it is accessible.

Summary of findings

1. Population overview

According to the Office for National Statistics (ONS) by 2025, the population of the West Wales region is estimated at 389,719, an increase of 1.34% since the 2017 population assessment was undertaken.

- 48.8% of the population in the region live in Carmarthenshire, 18.7% in Ceredigion and 32.5% live in Pembrokeshire.
- 40% of adults in Carmarthenshire; 49% of adults in Ceredigion and 22% of adults in Pembrokeshire speak Welsh.
- 2021 estimates from ONS indicate that people over 65 make up 24.1% of the population in Carmarthenshire, 26.2% in Ceredigion and 26.7% in Pembrokeshire and as large parts of West Wales are both rural and coastal, the area attracts high levels of inward migration of people over 65.

By 2043, current Welsh Government population projections predict an increase in the total population of West Wales to 396,000, with a predicted rise in those aged over 65 to 124,587 or 31.5% of the total population.

2. OLDER PEOPLE

Overview and key messages

West Wales has a higher proportion of older people than average across Wales, with inward migration a major accelerating factor for the growth of the older population. Pembrokeshire has an older population than Carmarthenshire and Ceredigion, with a projected regional increase in those 85 and over of 28% by 2030, with variation as follows: Carmarthenshire=25%; Ceredigion=26% and Pembrokeshire=33%.

People are living longer with increasingly complex issues, whilst wanting to remain in their own homes as independently as possible for as long as possible. COVID-19 has had a significant impact on the physical and mental wellbeing of older people. This is as a result of long periods of social isolation, lack of access to health and care services as well as the direct impact of contracting COVID-19.

Care and support arrangements should be designed with older people, should be flexible and include a range of community, digital and technology-based solutions.

Gaps and areas for improvement

Include:

- Involving older people and their carers in assessment and care planning, including discharge planning
- Helping people to remain independent in their homes for longer through continuing development of digital and telehealth support particularly for those in very rural areas and where transport is an issue
- Providing additional support for carers managing multiple and complex conditions
- Continuing development of community connectivity, well-being and resilience services that address a range of needs including loneliness and isolation
- Increasing supply of alternative accommodation options such as extra-care schemes.
- Ensuring older people and their families can access services through their language of choice and the active offer through the medium of Welsh is available.

The impact of COVID -19:

The COVID-19 has led to widespread social isolation, with lasting implications on mental health of older people. People have delayed seeking help during the pandemic and now are presenting with much more complex health issues.

Due to the reported mortality rates in residential care older people are now far more reluctant to go into residential care creating a greater demand for alternative accommodation.

3. DEMENTIA

Overview and key messages

As life expectancy and inward migration of older people impacts on the percentage of older people in the region, the number of People Living with Dementia (PLwD) in West Wales is expected to increase in the coming decades.

The Dementia Action Plan for Wales (DAP) 2018 – 2022 sets out a clear vision for “Wales 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.”

Our West Wales Regional dementia strategy is being produced and will inform the development of person-centred dementia pathways, co-produced with users and carers. *(a link to which will be included once it has been approved).*

Key messages are as follows:

- The incidence of dementia on the Quality Assurance and Improvement Framework (QAIF) disease register in Hywel Dda in 2019-20 was 0.7%, in line with the Welsh national average of 0.7%
- In 2016-17 dementia diagnosis rates were one of the lowest in Wales at 45.6% indicating that prevalence rates are likely to be closer to 1.4% although, the number of those diagnosed has increased an average of 3% per annum to 2947 in 2020.
- Over thirty genetic, medical, lifestyle, cultural and societal factors have been identified, which impact the risk of cognitive decline differently depending on gender. Some of these factors increase risk more dramatically in women than in men.

Gaps and areas for improvement

Include:

- Continuing to improve awareness, identification, and diagnosis of dementia, including onset of dementia in younger people
- to ensure timely diagnosis and access to appropriate care and support
- Improving co-production of services by including PLwD
- Increasing diagnosis rates in non-specialist community settings by:
 - Improving training and awareness of new evidence-based best practice dementia models within primary care, based on the Good Work Framework
 - Supporting GPs, allied health professionals (AHPs) and nurses to make assessments
 - Improving quality of referrals into specialist care for those requiring it
- Developing more consistent rights-based person-centred care and support
- Continuing improvements in community support, training and help for PLwD to discuss their diagnosis, navigate/co-ordinate services, to build resilience and maintain balance across all aspects of their life
- Ensuring equal access to physical health services and treatment for PLwD
- Ensuring advance care planning and end of life care is fully embedded in wider inclusive, person-centred care and wellbeing planning
- Improving research into dementia by involving care homes in the region in current research opportunities
- Continuing the development of a “hub” or single point of contact approach for PLwD to access information and support.

The impact of COVID -19:

COVID-19 has had a disproportionately negative impact on PLwD, with dementia being shown as an age-independent risk factor for severity and death in COVID-19 patients.

Although the exact impact on the diagnosis and incidence rate of dementia is unclear, stakeholders have identified that COVID-19 has impacted timely diagnosis due to late presentations.

Full information on the impact of COVID-19 upon those with dementia and their carers is not yet available. However, there is some concern that it may cause damage to the brain in the longer term.

4. UNPAID CARERS

Overview and key messages

2011 ONS Census data indicates there are more than 47,000 known unpaid carers across West Wales, of which, 3,436 were Young Carers (defined as 5-17 years old), representing 12.5% of residents. It is recognised also that there is a considerable number of 'hidden' carers who do not define themselves as such.

Early identification and self-identification of unpaid carers is vital to ensure they access the right help and support at the right time, as well as maintain their own health, well-being and independence.

Support for unpaid carers in West Wales is driven through the West Wales Carers Development Group (WWCDG), a formal sub-group of the West Wales Regional Partnership Board (RPB) and a partnership between Hywel Dda University Health Board, the three Local Authorities of Carmarthenshire, Ceredigion and Pembrokeshire, Third and Voluntary sector organisations and representatives of service users and Carers in West Wales.

The Regional Partnership Board published their Carers Strategy in November 2020. [WWCDG West Wales Carers Strategy 2020-2025](#) The West Wales Carers Development Group (WWCDG) are responsible for ensuring that an annual action plan is in place to respond to the key priority areas.

Gaps and areas for improvement

Highlighted during the engagement session include:

- Continuing improvements in the consistency of approach, information, advice and assistance provided across the region, within a more integrated system
- Reviewing information provided to carers to ensure it is current, relevant, more accessible and easier to find
- Extending use of social media and technology to identify and provide information to carers and maintain regular contact, particularly for young carers
- Developing a single point of contact to help people navigate the system
- Ensuring respite care fits the needs of both the carer and the cared for
- Addressing the challenges of accessing support in rural areas
- Improving the statutory carers assessment process, which can be challenging, often takes too long and may not always consider carers needs appropriately
- Improving delivery of the “active offer” through the medium of Welsh. Carers want to feel comfortable using their preferred language of choice, including languages other than English and Welsh

Young carers report:

- They struggle to have a break, are not seeing their friends and don't have their own space.
- They find it difficult to balance schoolwork, homework and their caring role and can feel stressed, worried and anxious at school, as they are away from the person that relies on them for care
- They may require extra support for their mental health and wellbeing.

The impact of COVID -19:

Caring is such an important part of life and the role of unpaid Carers has become increasingly prominent. A significant number of unpaid carers have sought support with their caring role and in an on-line survey circulated as part of the process to develop the PA, many carers reported:

- Feeling isolated during the pandemic
- Being cautious of people coming into their homes due to the risk in virus transmission, with many choosing to suspend domiciliary care, putting further strain on their wellbeing and mental health
- Experiencing financial pressure, as they have had to take more time off work to support the person they care for
- Concern over the adverse effect of limited social contact on the well-being of loved ones in hospitals and care homes, due to strict visiting restrictions
- Young carers missed the break from caring and social interaction with peers that schooling (suspended during lockdown) usually provides

- Improved access to support due to the increased availability of on-line services in response to the pandemic.

5. LEARNING DISABILITY

Overview and key messages

The population of People with a Learning Disability (PwLD) in West Wales is projected to remain relatively stable. However, projections suggest the number of people diagnosed with severe or profound and multiple learning disabilities (PMLD) is expected to grow by 1.8% each year. The number of older people with a learning disability is set to increase.

PwLD often have additional diagnoses and/or co-existing conditions such as: autism; physical disabilities; sensory and communication impairment. They are more likely to experience poorer physical and mental health and multiple morbidities, often linked to poor diet, low levels of physical activity, smoking, alcohol use and difficulties in accessing preventative health services.

Through the Regional Improving Lives Partnership, PwLD have worked together with partners to develop the [West Wales Charter](#) – a simple list of things they expect, and need, to live fulfilling lives, which is supported by the Welsh Government; County Councils of Carmarthenshire, Ceredigion and Pembrokeshire, Hywel Dda University Health Board and a range of community and 3rd sector organisations.

Gaps and areas for improvement

Include:

- Improving awareness of the needs of PwLD and through training and education of service providers, healthcare workers, families and carers
- Improving the quality of communication with and information for PwLD (easy read)
- Widening access to supported accommodation in a location of choice
- Strengthening access to education, volunteering and paid work opportunities in local communities
- Improving processes for managing transition between children's and adult services and specialist health services
- Supporting self-advocacy for PwLD
- Increasing planning and resources for PMLD and their carers.

The impact of COVID -19:

COVID-19 has had a particular effect on mental health, well-being, health and feeling of isolation for PwLD and their care and support network. There has been a significant impact upon services and care available, such as day opportunities and short breaks which has significantly impacted their health and wellbeing.

Many PwLD have been required to shield during the pandemic, limiting their opportunities to contribute to many of the consultations and planning events around services in LD, including the development of the PA.

6. AUTISM

Overview and key messages

Autism is a term used to describe people with a group of complex neuro developmental symptoms, of variable severity which affects how people communicate and interact with the world. Autism is generally described as a spectrum and can cover a wide range of behaviours and needs. Autism was covered under the Learning Disability chapter in the 2017 PA however, in response to the introduction of the Autism Code of Practice in 2021, a separate Autism chapter is being developed.

The term 'autistic people' rather than 'people with autism', reflects the language preferences expressed by autistic people. The term 'people' refers to children, young people and adults.

Estimates of the prevalence of autism spectrum disorders suggest rates of around 1% in the general population. This would suggest there are about 4000 autistic people living in West Wales. However, there is much debate and the suggestion that not all individuals are identified¹

New services for adult diagnosis have been set up across Wales at a time of rising awareness of the spectrum of autism experiences; however, until recently no studies have examined adult autism prevalence in Wales

Increased rates of diagnosis and more prevalence of autism will require more specialist support in the community.

Feedback from engagement meetings across the region identified the following:

Gaps and areas for improvement:

- Improve waiting times for diagnosis and diagnosis rates for both children and adults
- Improve access to information and advice for Autistic people and their families, including the autism strategy and the associated support services available in West Wales.

¹ (Brugha et al., 2011, 2016; Chiarotti & Venerosi, 2020; Fombonne et al., 2021; Lyall et al., 2017).

- Improve awareness of Autism and the Autistic Spectrum Conditions across health, social care services, education and all public services.
- Greater emphasis on user engagement and coproduction in service development
- Improving the transition for Autistic Young people when they leave school
- Increasing opportunities for volunteering, work experience, employment opportunities and networking for autistic people.

The impact of COVID -19:

The pandemic has impacted on the care and support available for autistic people as many support services were paused. In addition, the uncertainty and frequent changes to routines and rules will, in some cases have had a significant impact upon people’s mental-health and wellbeing. This has placed increased pressure on family members and carers.

For Autistic People the resumption of and reintegration to activities such as education following prolonged periods of lock down has also presented significant challenges.

7. CHILDREN AND YOUNG PEOPLE

Overview and key messages

There are over 82,000 children and young people in the region, approximately 22% of the total population. Although the population of children and young people up to the age of 25 will remain relatively stable, the number of children aged 10-15 in the region is expected to decline by 8% by 2031. It is estimated that 6,105 children and young people live with a long-term condition or disability.

31% of Children in Wales a living in poverty, where families are unable to buy food, clothing and provide a safe place to live. West Wales has seen a dramatic rise in child poverty during the last five years as result of stagnating family incomes, increase of rent and the COVID-19 pandemic. The rate of children living in poverty across the region are:

Area	Rate 2019/20	% Point change since 2014/15
Carmarthenshire	31.3%	2.4%
Pembrokeshire	32.4%	2.1%
Ceredigion	31.8%	2.7%

The region has a lower number of looked After Children (LAC) than the national average. The Capped 9-point score (Year 11 pupils' best 9 results from qualifications available in Wales) is 361.7, above the Wales average of 353.8.

At 14%, the number of young people not in education, employment or training in West Wales is marginally lower than the Welsh average.

Gaps and areas for improvement:

Include:

- Further integration with early years services
- Involvement of children and young people, including care experienced young people and those with complex needs such as disability in the planning of services.
- Further development of preventative and early intervention services, building on established programmes such as Family Information Services, Families First and Team Around the Family and trauma informed models of support
- Considering the importance of physical, mental and emotional wellbeing of children and the key role of community services play in achieving this
- Enhancing partnership working to deliver a '*No Wrong Door*' approach to services so that children and young people receive the support they need regardless of where they enter the system.
- Developing resilience and wellbeing in families to enable children and young people to remain within their families and/ or communities so long as it is safe for them to do so
- Continuing development of multi-agency and individualised approach to supporting children with complex needs
- Developing a regional transition process for children and young people into adult services where appropriate.

The impact of COVID -19:

Children and Young People's Mental Health and Wellbeing has been significantly affected during the pandemic. School closures, quarantine periods, fear of becoming unwell and impact upon older relatives are factors that have contributed to a decline in their Mental Health and Wellbeing.

In addition, Children and Young People from areas of poverty were subject to increased risk of poor Mental Health and Wellbeing. Contributing factors included the increased worry of parent financial insecurity, lack of social support, housing quality and poor nutrition.

Children's Social Services have maintained face-to-face contact for children identified as at risk throughout the pandemic. However, enforced absences from school and time at home has presented significant challenges in identifying and responding to risk.

The region has experienced a rise Children and Young People seeking support with complex emotional and mental health difficulties, including behaviours that challenge.

8. MENTAL HEALTH

Overview and key messages

Our mental health affects how we think, feel and act. A healthy outlook can reduce both the intensity and duration of illnesses, whereas poor mental health can have the opposite effect. It has been shown that depression and its symptoms are major risk factors in the development of coronary heart disease and death after myocardial infarction. Stigma surrounding mental illness is common and can play a role in people potentially hiding issues surrounding their mental health rather than seeking help, which can be mitigated through increasing the information, education and public awareness.

According to the Welsh Government's Together for Mental Health Strategy:

- 1 in 4 adults experience mental health problems or illness at some point in their lifetime.
- 1 in 6 adults are experiencing symptoms at any one time.
- 1 in 10 children between the ages of 5 and 16 has a mental health problem, and many more have behavioural issues.
- 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.

The Hywel Dda Mental Health Quality and Outcomes Framework (QOF) register records approximately 4,100 patients in 2019.

Through a range of facilitated engagement sessions we were able to identify:

Gaps and areas for improvement

- Improving integration and communication between services, so that patients with multiple issues have access to the range of support and care needed
- Improving processes for those experiencing crisis, to reduce instances where patients in crisis have difficulty accessing services
- Promoting and supporting self-management by educating people on how to manage their conditions, live more independently and make their own choices.

- Shifting the emphasis to community-based services
- Recognising the effect of COVID-19 and the resulting increased demand for mental health services.

The impact of COVID -19:

COVID-19 has led to increased isolation and a disruption of normal life, which could have short term effects on mental health. It is not clear what the long-term effects of COVID on mental health and wellbeing might be however, in the period immediately before the pandemic, it was reported that 11.7% of Welsh people suffered from severe mental health issues, which reportedly climbed to 28.1% in April 2020.

COVID-19 has also had a worse effect on particular on those groups who already experience poor mental health outcomes, including those from black and minority ethnic backgrounds, those with existing physical or learning disabilities and those in areas of high poverty.

9. HEALTH AND PHYSICAL DISABILITIES

Overview and key messages

Most people in the West Wales region between the age 18 to 64 will not access care and support for a specific need or protected characteristic. Instead, they are served by public health information and national and local programmes designed to encourage healthy lifestyles and practices. These programmes are aimed at reducing specific health risk factors such as cardiovascular disease, often achieved by strategies to reduce obesity and smoking and improve diets.

There are a proportion of people who have a range of specific needs because of physical disability or chronic health conditions that may require extra support to enable them to live as independently as possible.

Gaps and areas for improvement

identified through engagement include:

- Involving people with a range of disabilities at the planning and design phase of new developments and accommodation, to ensure they are easy to use and accessible.

- Improving early identification, treatment and management of preventable and chronic conditions including diabetes, heart disease and respiratory illness, to improve long term well-being and reduce complications.
- Improving appropriate access to a range of information, advice and assistance.
- Increasing use of assistive technology, such as telecare to transform domiciliary care and supported living services
- Improving access support for assisted living. Many of the current rules and regulations about supporting and helping people with disabilities are too rigid.
- Improving access to and communication of financial support such as personal independence payments, disabled facilities grant, direct payments
- Improving the process for home improvements and modifications.
- Increasing the flexibility of step up and down provision to respond to changing needs
- Improving access to transport.

The impact of COVID -19:

COVID-19 has led to widespread social isolation, with lasting impact on physical and mental health for those people having to shield during the pandemic.

People will struggle to access or delay seeking help during and are now presenting later, with much more complex health issues often resulting in worsening comorbidities and prolonged illness.

10. SENSORY IMPAIRMENT

Overview and key messages

Sensory impairment is inevitable with ageing. As sensory impairment can be a significant life-limiting condition, the challenges associated with the condition are likely to grow over the coming decades.

People with sensory impairment are more likely to feel lonely and isolated. Research by RNID in 2000 found that 66% of deaf and hard of hearing people feel isolated due to their condition excluding them from everyday activities.

Sensory impairment is something that cuts across system wide services; it is important that sensory impairment awareness and services are embedded in the whole system of provision.

The combination of two sensory impairments can mean that a deafblind person will have difficulty, or find it impossible, to utilise and benefit fully from services for deaf people or services for blind people. Meeting the needs of deafblind people therefore needs a different approach.

Apart from the day-to-day difficulties, people with sensory impairment also have poorer health outcomes, higher rates of poverty and lower educational achievements than people free from disability.

- Both visual and hearing impairment are projected to increase in West Wales over the coming years
- Accelerating factors for sight loss include diabetes and obesity
- Sensory impairment is associated with increased risk of falls and fear of falling has a major impact on people's ability to remain independent.

Gaps and areas for improvement

- Improving awareness and understanding of sensory impairment
- Improving the accessible implementation standard and developing a process to audit implementation
- Improving provision of accessible information e.g., braille letters
- Extending provision of the interpretation service outside 9-5 and increasing availability of interpreters
- Enhancing record systems such as Welsh Patient Administration System (WPAS) to be able to record more than one impairment

The impact of COVID -19:

The COVID pandemic has contributed to communication difficulties for both hearing and visually impaired people. Access to information has been more difficult to obtain for the visually impaired e.g., reduced access to braille in surgeries. Where services have shifted from face to face to video consultations, they don't work for sight impaired people, who prefer phone conversations.

The pandemic has also led to challenges for hearing impaired people around communication e.g., face masks make lip reading impossible. People with sensory impairment are more likely to suffer from isolation and loneliness, which has been exacerbated by the COVID pandemic.

11. SUBSTANCE MISUSE

Overview and key messages

Welsh Government has recently launched its new [Substance Misuse \(drug and alcohol\) Delivery Plan for 2019 - 2022](#). The new plan builds on the progress made during the lifetime of the 2008-2018 strategy and is a key reference for the PA.

Gaps and areas for improvement

- Improving prevention and harm reduction
- Reducing smoking prevalence levels
- Supporting individuals to improve health and aid maintain recovery
- Supporting and protecting families
- Tackling availability of substances and protecting individuals and communities
- Developing stronger partnerships, workforce development and service user involvement.
- Developing accommodation provision in response to care and support needs

The impact of COVID -19:

The effect of COVID-19 pandemic may have had a significant impact on substance misuse however, at present data is not available.

12. VAWDASV

Overview and key messages

Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) is a major public health problem, a criminal justice issue, and a violation of human rights. It causes harm to individuals and families, and its impact can be felt across whole communities, societies, and economies and can impact on victims in many ways. For example, sexual violence can lead to a multitude of health consequences including physical, reproductive, and psychological harm.

The Violence against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, together with the statutory guidance on commissioning sets the conditions and expectations for service developments in Wales, with [progress reported](#) annually.

Gaps and areas for improvement

- Increasing awareness of violence against women, domestic abuse and sexual violence
- Enhancing education about healthy relationships and gender equality
- Ensuring professionals are trained to provide effective, timely and appropriate responses to victims and survivors
- Providing equal access to appropriately resourced high quality, needs led, strength based, gender responsive services
- Improving prevention focussed initiatives e.g. IRIS/Ask Me.

The impact of COVID -19:

Emerging literature suggests that levels of VAWDASV have been impacted by the COVID-19 public health restrictions, including lockdown, shielding and social distancing regulations (Snowdon et al., 2020). Whilst the full picture of how the pandemic has impacted on VAWDASV is still to fully emerge, it appears likely that both the scale and nature of VAWDASV may have worsened, with rising helpline contacts for all forms of VAWDASV and increased reports to emergency services for domestic abuse in some areas (Hohl and Johnson, 2020). Many prevention strategies and programmes have been put on hold or been forced to adapt during the pandemic because of restrictions on movement, face to face interactions and public events. Given the increasing number of reports of VAWDASV during the pandemic, it is more important than ever to promote prevention through the transformation of norms, attitudes and stereotypes that accept and normalise violence.

WEST WALES MARKET STABILITY REPORT



February 2022

West Wales Market Stability Report 2022: Executive Summary¹

Summary of report and key issues

Welsh Government requires local authorities, acting together with health boards, to produce Market Stability Reports (MSRs) on a regional partnership board basis. Such reports must assess the sufficiency of care and support services. In addition, the reports must also assess the stability of specified services regulated by Care Inspectorate Wales (CIW). The publication deadline is 30th June 2022.

Recommendations

Strategic Development and Operational Delivery Committee is asked to note the MSR, which has been produced on a regional basis to enhance understanding of the regional market for care and support, in line with legislative requirements.

The West Wales Market Stability Report (MSR): Executive Summary

This report is structured into the following sections:

1. Context and legislative requirements
2. Approach and method
3. Findings and implications:
 - regulated services
 - population groups
4. Recommendation

1. Introduction: context and legislative requirements

The Social Services and Wellbeing (Wales) Act has been amended by Regulation to require local authorities to work together, and with health partners, through Regional Partnership Boards, to undertake a Market Stability Assessment (MSA) and to produce a regional Market Stability Report (MSR), which also reflects county circumstances.

¹ This executive summary draws on the commissioned work undertaken by the Institute of Public Care and was produced by Dr Kevin Pett of the WWCP. Use is also made of the Code of Practice and Statutory Guidance on the exercise of social services functions and partnership arrangements in relation to market stability reports. See: <https://gov.wales/code-practice-and-guidance-under-social-services-and-well-being-wales-act-2014>

Considered broadly, MSRs are concerned with the supply of care and support² and, therefore, in principle, a response to the demand identified through Population Needs Assessments (PNAs). Put another way, PNAs identify 'what', whereas MSRs inform the 'how' of care and support. The Market Stability Report must be published by 30th June 2022.

Though a single report, the regulations require MSRs to comprise two distinct assessments³: firstly, an assessment of the sufficiency of care and support services⁴; and secondly, a stability assessment for regulated services. In practice, the second aspect applies as an additional element – but only in relation to regulated services.

Market Stability Reports: two key elements

Sufficiency assessment

Considering first the sufficiency assessment, this must consider:

- An overview of sufficiency against the previous Population Assessment (backward view)
- The extent to which current levels of care and support services are meeting existing demand (current state)
- Issues likely to affect sufficiency over the coming five years (future)

Relevant issues will include:

- Changing patterns of demand
- Expectations of users
- Trends, challenges, risks and opportunities

Welsh Government intend that the sufficiency assessment addresses the needs applying to the defined *Population Groups* within PNAs⁵ and suggest the sufficiency assessment is cross referenced accordingly⁶.

Stability assessment

Secondly, a stability assessment must be undertaken as an additional requirement – but only for 'regulated services'⁷. The stability assessment must assess, for regulated services⁸, the following five aspects:

- Sufficiency (see relevant paragraphs above)
- Quality: inspections, contract monitoring, etc

² All population groups (support services only for carers).

³ In undertaking MSRs, local authorities must pay 'due regard' to a range of duties (e.g., equality duty) and conventions (e.g., UN convention on the rights of the child) – see code of practice (page 16).

⁴ 'Care and support' is broadly conceived, to include preventative services, but excluding that provided informally or by family. Wellbeing services, including those offered by GP clusters, should not be overlooked.

⁵ LD, sensory impairment, older people, unpaid carers, disability, mental health, dementia, children and young people, autism, VAWDASV

⁶ The code of practice suggests that the MSR process can be used to meet duties under part 6 of the Act in relation to the sufficiency of accommodation for Looked After Children.

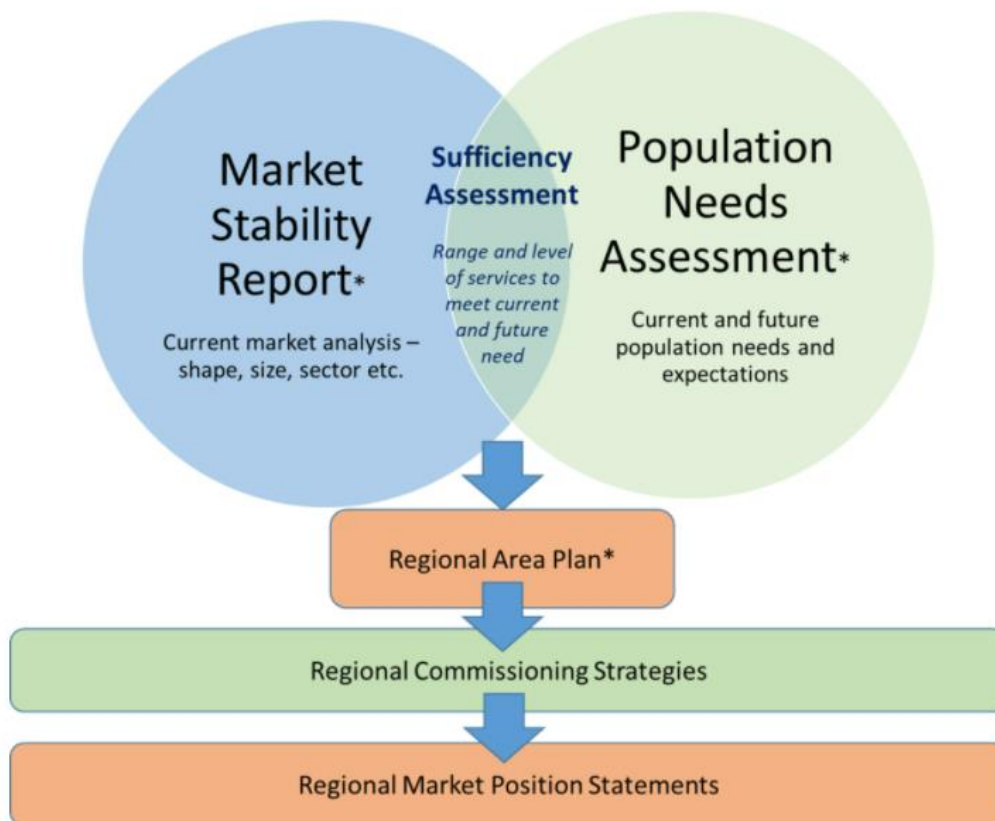
⁷ Care homes, secure accommodation (children), residential family centre, adoption service, fostering, adult placement, advocacy, domiciliary support service.

⁸ In addition, the Welsh language dimension of these five aspects must be considered, alongside the impact of non-regulated services on regulated services (and vice versa).

- Trends (current and developing): user expectations, TEC, demography, etc
- Challenges (current and developing): transparency and mitigation
- Impacts of commissioning and resourcing decisions: funding, fee levels; regional and county approaches; pooled funding

The above paragraphs describe the main elements needed for undertaking the 'sufficiency' and 'stability' exercises. The code of practice outlines that the MSR 'should', or in some cases 'must' cover a number of other aspects⁹.

The relationship between the MSR and other relevant strategic documents is expressed in the diagram overleaf:



* Statutory requirement under the 2014 Act.

2. Approach and method

Following decision at the Integrated Executive Group (IEG)¹⁰, The Institute of Public Care (IPC) was appointed to undertake the assessment of market stability on behalf of the West Wales Care Partnership (WWCP)¹¹. This work culminated in the MSR

⁹ See the code of practice from page 27. Examples of additional duties include assessing the contribution of social value and the impact of Direct Payments on regulated services.

¹⁰ It was agreed to extend the existing contract in place with IPC for the delivery of an MSR for older adult care homes.

¹¹ WWCP is the Regional Partnership Board for West Wales.

that accompanies this paper. The 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 programmes that informed 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.

3. Findings and implications

In January 2021 the Welsh Government (WG) 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'. The findings from the MSR support active pursuit of this policy direction.

In general, the MSR confirms that the ongoing pandemic has exposed some of the frailties of an already fragile health and care system. In combination with sustained public sector austerity, the pandemic is compounding pressures on the whole system. Market uncertainty is inhibiting private investment and increasing levels of complexity are not being matched by corresponding workforce capacity, placing further pressure upon market stability.

It is unrealistic for this report to encapsulate the detailed findings of the MSR in its entirety. This section therefore draws out only key points.

Sufficiency: population groups¹²

Implications	County variations (where relevant)
Children	
The number of children 0-15 is expected to decline 8% over the next decade (to 2031). There are therefore likely to be sufficient universal services, however, demand for specialist support and services such as CAMHs and residential care which are already hard to source locally may increase. User voice, co-	There is a decline in all counties, with variation as follows: Carmarthenshire=6% Ceredigion=11% Pembrokeshire=10%

¹² For further detail, please refer to the draft PNA.

production, and integration, including more seamless transitions to adult services, remain key areas for development.	
Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)	
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 growing issue of supporting older victims of domestic abuse.	-2994 incidents were reported across the region in 2018: Carmarthenshire=1215 Ceredigion=1062 Pembrokeshire=717
Unpaid carers	
The amount of care and support given by unpaid carers is projected to increase significantly over the next 10 years as the population grows older. Key issues for the region include improving digital inclusivity of unpaid carers and access to all-age unpaid carer support services and support, especially within rural communities. 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.	-The number of requests for support in the region has increased by 2073 in 2020-21: Carmarthenshire=6,071 (was 4,613) Ceredigion=1,092 (was 825) Pembrokeshire=2,918 (was 2,570)
Learning Disability (LD)	
The numbers of people with LD who 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 LD is expected to increase significantly reflecting an improvement in life expectancy. There will be demand for more Shared Lives and supported living accommodation.	-Prevalence is estimated at 0.5% across the Region
Autism	
The PNA identified many people with autism had a general feeling of being unsupported with a need for improved and accessible signposting across the region. Projections suggest numbers will remain stable to 2030. Issues include significant waiting times for diagnosis and limited access to subsequent services and support. The Housing LIN report has identified significant demand for specialist housing in the region for people with Learning Disability and Autism.	-It is estimated that there are around 4,000 people with Autism in the region, broken down as follows: Carmarthenshire=2,000 Ceredigion=750 Pembrokeshire=1,500
Mental Health	
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. The housing needs assessment identifies a need for significant additional units of accommodation over the next two decades.	
Physical disability	
Ensuring access to specialist services for people with a range of more complex needs is particularly challenging in rural areas. This is compounded by existing barriers relating to design and accessibility. 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.	
Sensory impairment	
The numbers are expected to grow significantly in line with an ageing population. A range of support will be needed, including specialist services and equipment, to enable people to access opportunities, including (for those working age) employment.	
Dementia	
The number of people living with dementia is expected to increase significantly with impacts on care and support services ¹³ . Locally available bespoke support for early onset dementia may be needed.	-There is a projected regional increase of 41% to 2030 (severe dementia), with variation as follows: Carmarthenshire=41% Ceredigion=37% Pembrokeshire=44%
Older people	
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 ¹⁴ is even greater given the fragility of the markets for regulated services highlighted in the stability assessments.	-There is a projected regional increase in those 85 and over of 28% by 2030, with variation as follows: Carmarthenshire=25% Ceredigion=26% Pembrokeshire=33%

Stability: regulated services

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.

¹³ Including support services for unpaid carers.

¹⁴ Including strengthening support for unpaid carers.

- 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.

Implications	County variations
Care homes for children and young people	
<ul style="list-style-type: none"> • The market for children's homes is not functioning well nationally or regionally. There are currently insufficient places available, partly because of placements made by 'out of region' authorities • The WG goal of eliminating private profit from the market is 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 'rebalancing' agenda. This has investment implications • In parallel, investment in evidence-based preventative services can successfully reduce the need for children to be looked after away from their families 	<p>-Carmarthenshire has the fewest children in care homes</p> <p>-Looked After Children are increasing in Ceredigion and Pembrokeshire but declining in Carmarthenshire.</p> <p>-Pembrokeshire has the most placements available (49), then Carmarthenshire (44), and Ceredigion has none.</p> <p>-In house capacity is highest in Carmarthenshire (3 units)</p>
Fostering	
<ul style="list-style-type: none"> • Increased numbers of looked after children regionally¹⁵ and nationally are making it harder to place children • There is considerable uncertainty in the market with the WG commitment to eliminate 'for profit' provision and the impact of the 	<p>-Looked After Children are increasing in Ceredigion and Pembrokeshire but declining in Carmarthenshire.</p>

¹⁵ Carmarthenshire has seen a reduction.

<p>pandemic. Growing in-house capacity may be necessary as well as desirable</p> <ul style="list-style-type: none"> • 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 • 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 • Investment in preventative, respite and edge of care services can help reduce the need for children to be looked after away from their families 	<p>-Pembrokeshire has increased in-house fostering places in recent years, with the opposite being true of Carmarthenshire and Pembrokeshire</p>
<p>Adoption</p>	
<ul style="list-style-type: none"> • There is no independent sector involvement in the regional market, but 3rd sector agencies are involved with placement in some cases¹⁶ • Enhancing support to adoptive families will be beneficial to children and will reduce the risk of breakdowns of adoptive placements. West Wales should consider the recommendations from the national evaluation of adoption support 	<p>-Adoption services are provided regionally (including Powys) -Numbers are small (less than 20 in 2021)</p>
<p>Secure accommodation</p>	
<ul style="list-style-type: none"> • Provision is extremely specialist for which there is very little demand from the Region¹⁷. 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 (Neath) • WG should be alerted if there are concerns about the sufficiency of secure accommodation 	<p>-County variation cannot be discerned (numbers very low)</p>
<p>Residential family centres</p>	
<ul style="list-style-type: none"> • There is insufficient demand for residential family placements to justify commissioning dedicated regional provision 	<p>-County variation cannot be discerned (numbers very low)</p>

¹⁶ If 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.

¹⁷ Typically, only one or two placements may be required – none in some years

<ul style="list-style-type: none"> 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 	
Domiciliary care services	
<ul style="list-style-type: none"> There is chronic under-supply and the outlook is worsening as complexity increases 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 arguably the sector under 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 Fee methodologies should reflect issues relating to costs (such as national commitment to the Real Living Wage) Further exploration of investing into community preventative and early intervention solutions to offset demand and increasing levels of complexity is encouraged. There is potential to expand upon community-based early intervention and preventative services 	<p>-Research suggests greatest pressures are in Ceredigion and Pembrokeshire (waiting lists and hand backs)</p> <p>- Carmarthenshire has the most in-house provision (32% of hours delivered) and this is growing. Pembrokeshire's in-house provision has gone from 0% to 17% over the last 3 years, (Ceredigion=very limited).</p> <p>-Pembrokeshire had seen an expansion of micro-enterprises to 30</p>
Adult placement (Shared Lives)	
<ul style="list-style-type: none"> Adult placement has growth potential, subject to sufficiency of carer availability 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 	<p>-76% of people supported are from Carmarthenshire (plans have been agreed to increase numbers across the Region)</p>
Care homes for working aged adults	

<ul style="list-style-type: none"> • The vast majority of placements accommodate people with learning disability and/ or mental health needs • A more strategic approach to commissioning care homes for younger adults is needed to increase the availability of local provision, including further investment to develop and scale up alternative community provision • Commissioners may wish to consider offering any “spare” in-house provision to other West Wales councils • Investment in dedicated resources and projects for younger 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 	<p>-Ceredigion has the highest proportion of out of county placement (though also high for Carmarthenshire and Pembrokeshire)</p>
Care homes for older people	
<ul style="list-style-type: none"> • 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 • Uncertainty combined with escalating workforce pressures are major barriers to investment and transformation • Market conditions are unlikely to incentivise sufficient investment without more active market shaping and intervention • In-house provision offers control over supply and ensures local authorities retain expertise and capability (critical when risk of provider failure). In-house also offers a context for trialling innovative practice • More specialist and nursing provision especially for people with dementia will be needed. Options include: <ul style="list-style-type: none"> ○ incentivise investment 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, 	<p>-In-house provision is proportionately highest in Ceredigion and lowest in Pembrokeshire</p> <p>-Fee rates differ across the Region and are highest in Pembrokeshire, followed by Ceredigion¹⁸</p>

¹⁸ Except Nursing EMI rates, where Ceredigion’s rate is lowest.

<p>such as supported living, or release the capital to reinvest in new provision</p> <ul style="list-style-type: none"> ○ 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) 	
<p>Advocacy</p>	
<ul style="list-style-type: none"> ● There is a wide spectrum of formal and informal advocacy but only advocacy for children who need care and support or are looked after are regulated ● 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 	<p>-Regionally commissioned service</p>

4. Recommendation

Strategic Development and Operational Delivery Committee is asked to note the MSR, which has been produced on a regional basis to enhance understanding of the regional market for care and support, in line with legislative requirements.