![GIG CYMRU NHS WALES - Bwrdd Iechyd Prifysgol Hywel Dda University Health Board]

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

DYDDIAD Y CYFARFOD: **DATE OF MEETING:**	30 March 2023
TEITL YR ADRODDIAD: **TITLE OF REPORT:**	Care Home Capacity and Fragility Report
CYFARWYDDWR ARWEINIOL: **LEAD DIRECTOR:**	Jill Paterson, Director of Primary Care, Community and Long Term Care
SWYDDOG ADRODD: **REPORTING OFFICER:**	Penny Lamb, Senior Nurse Manager (Long Term Care)

Pwrpas yr Adroddiad (dewiswch fel yn addas) **Purpose of the Report** (select as appropriate)
Er Gwybodaeth/For Information

ADRODDIAD SCAA **SBAR REPORT**
Sefyllfa / Situation This report provides the Board with: - A summary of the current position regarding the Independent Nursing/Care Home Sector;   - Information relating this to the wider discharge capacity position.   - An outline of ideas of Future Planning.

Cefndir / Background

More than ever before, it is recognised that the Independent Care Home Sector plays a pivotal role in our national and local response to current challenges. Across West Wales, there are examples of innovative Care Homes, which provide more flexible models of care to support and meet the changing needs of the older population; however, it is also important to recognise real weaknesses and growing challenges within the Sector which will quickly need to be addressed. Over the last 4 years, Care Home Providers have been communicating with the Health Board about several major concerns outlined in this report.

Whilst recognising the growing population challenges, it is important for the Health Board to recognise that Care Homes are experiencing difficulties in securing ongoing investment to enable them to maintain their current estate, develop and improve models of care and initiate innovative approaches to supporting an increasingly complex and diverse older population; in an environment where financial institutions, for a number of reasons, are continuing to demonstrate a nervousness regarding the financial stability of the Sector

The Care Home Sector, which consists predominantly of independent providers; plays a key role in the care of individuals with ongoing care needs who are unable to be supported within their own home, but do not require the facilities of inpatient hospital care in an acute or Community Hospital setting. Any instability which affects the continuity of its function will have a threefold impact on the entire sector. It will impact on the ability to move patients out of hospital into long-term care placements, the ability to transfer from care at home to a Care

Home and has resulted in Care Home closures/deregistration of nursing beds, seeing many residents requiring alternative accommodation.

In October 2022, the Health Board saw the most recent home closure, with a loss of 42 Nursing/residential beds, the residents accommodated were a mix of residential, privately funded and Nursing. Although it has been difficult to source alternative accommodation, this was achievable due to the relatively small numbers of residents with Nursing needs. The concern is that there is a very real risk that the next home closure could be a Nursing only home where alternative placement options may not be available. It is also important to recognise that Care Home closures are not always as a result of poor care, and therefore not open to the sort of remedial measures and plans which are implemented through the statutory escalation arrangements. The care delivered in the most recently closed Home was of a high quality; however, the Home failed due to alleged financial mismanagement of the Company's finances at a strategic level, and as such was out of the Health Board/LA's locus of control.

Asesiad / Assessment

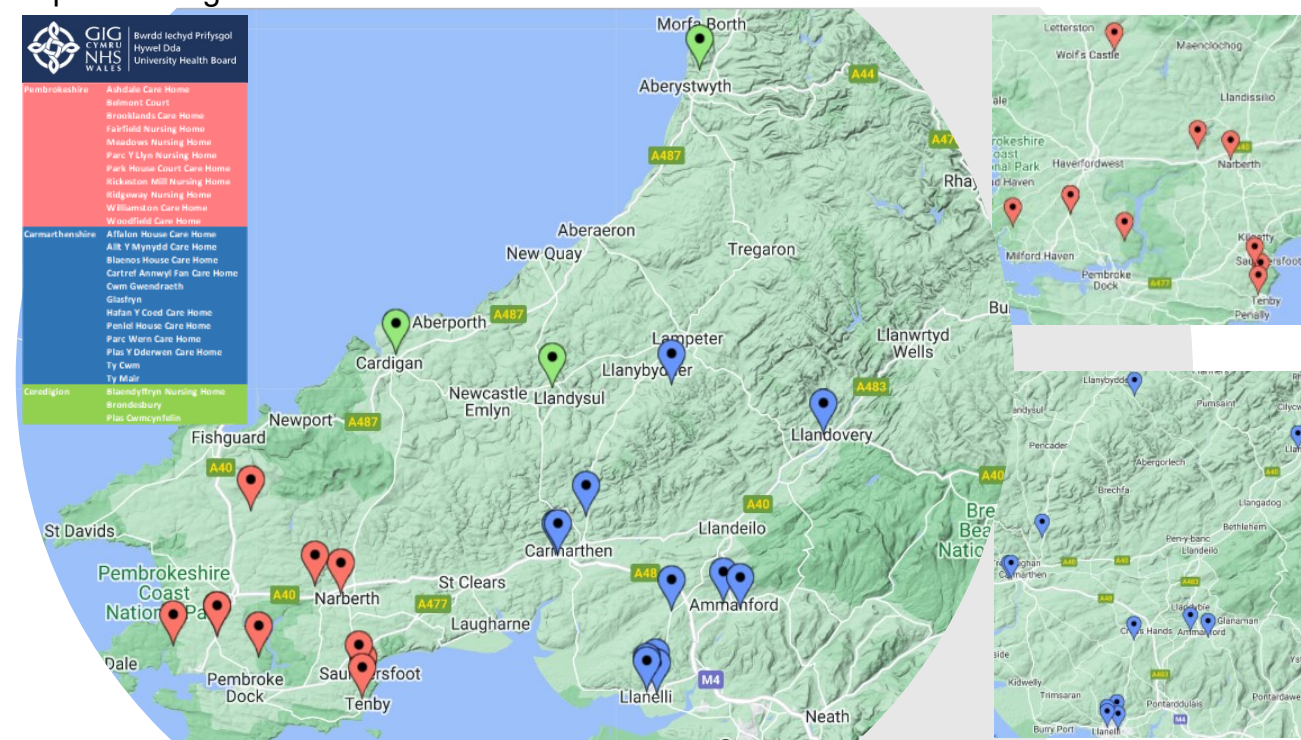### Outline of current Market
Map of Nursing Home locations

Table 1

Carmarthenshire		Pembrokeshire		Ceredigion	
Affalon	52	Ashdale	27	Blaendyffryn	30
Allt y Mynydd	44	Belmont Court	27	Brondesbury Lodge	28
Blaenos	38	Brooklands	40	Plas Cwmcynfelin	56
Cartref Annwyl Fan	52	Fairfield	43		
Glasfryn	24	Meadows	60		
Hafan y Coed	107	Park House Court	87		
Peniel House	31	Parc Y Llyn	48		
Parc Wern	55	Rickeston Mill	29		
Plas y Dderwen	66	Williamston	34		
Ty Mair	74	Woodfield	24		

Table 1 outlines the Nursing home Sector across West Wales and bed capacity. There are currently 23 Nursing Homes providing a mix of General and Dementia nursing care. These Nursing Homes have a potential capacity of 1076 beds. There are currently no dementia nursing beds in Ceredigion following a recent home closure, and only 5 homes in Pembrokeshire and 8 homes in Carmarthenshire are registered to provide dementia care. There are also 2 specialist providers.
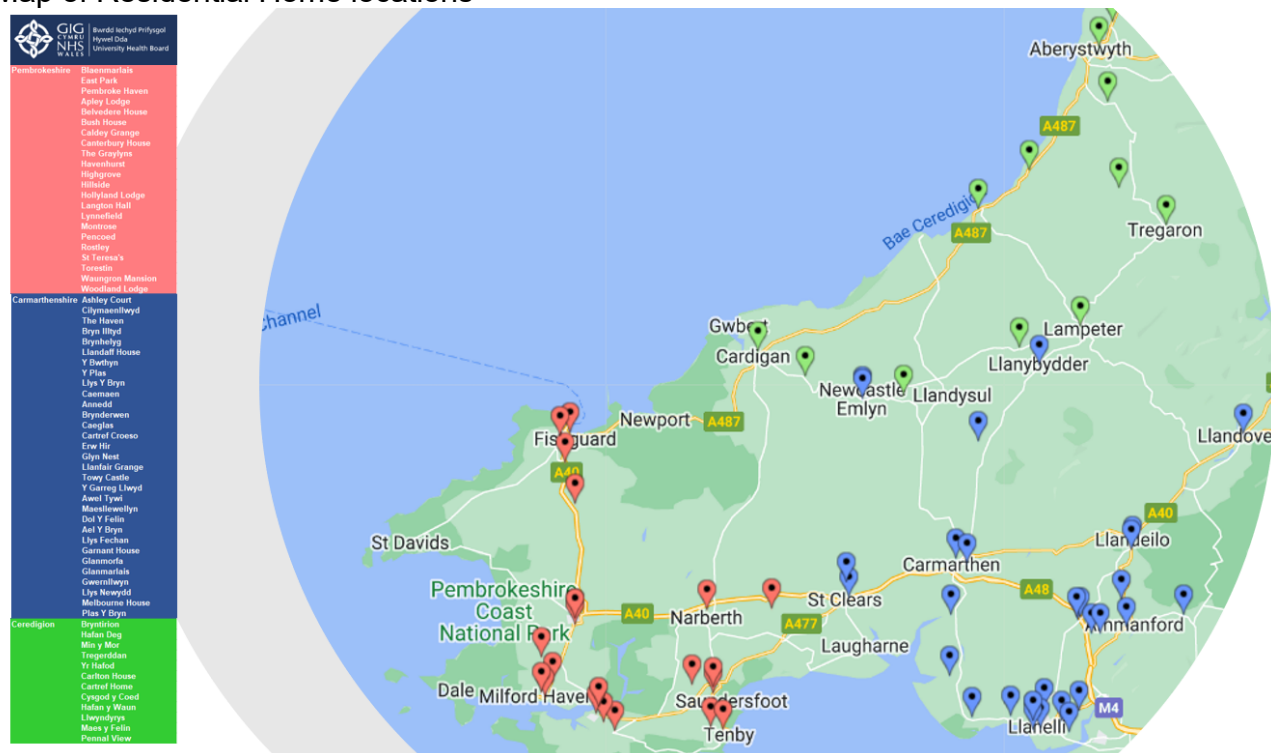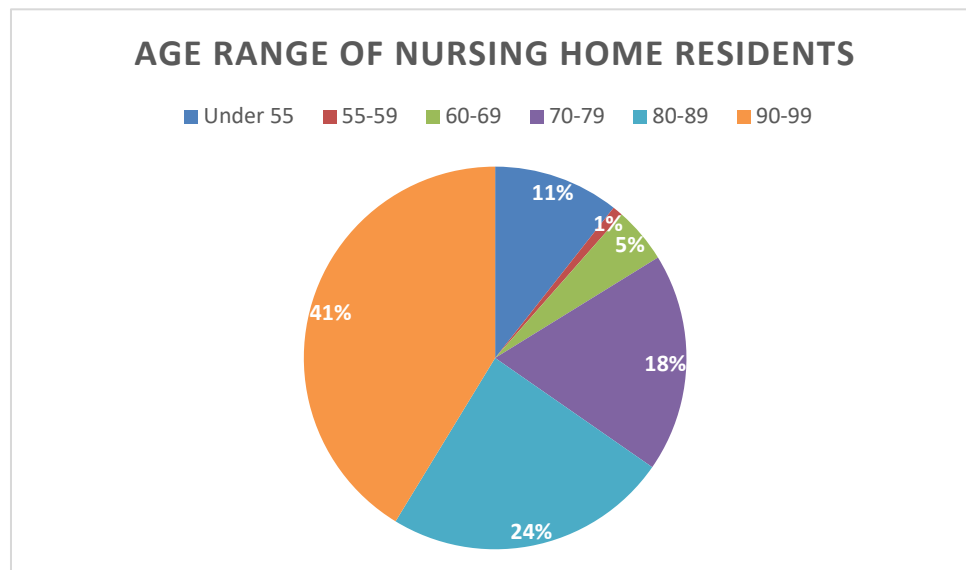
Map of Residential Home locations

Table 2

Carmarthenshire		Pembrokeshire		Ceredigion	
Ashley Court	47	Blaenmarlais	22	Bryntirion	15
Cilymaenllwyd	49	East Park	21	Hafan Deg	20
The Haven	28	Pembroke Haven	31	Min y Mor	30
Bryn Illtyd	39	Apley Lodge	24	Tregerddan	28
Brynhelyg	10	Belvedere House	19	Yr Hafod	25
Llandaff House	21	Bush House	36	Carlton House	16
Y Bwthyn	32	Caldey Grange	19	Cartref Home	5
Y Plas	30	Canterbury House	12	Cysgod y Coed	15
Llys Y Bryn	45	The Graylyns	16	Hafan y Waun	90
Caemaen	30	Havenhurst	22	Llwyndyrys	26
Annedd	27	Highgrove	29	Maes y Felin	19
Brynderwen	32	Hillside	22	Pennal View	16
Caeglas	24	Hollyland Lodge	14		
Cartref Croeso	15	Langton Hall	24		
Erw Hir	15	Lynnefield	15		
Glyn Nest	28	Montrose	10		
Llanfair Grange	34	Pencoed	25		
Towy Castle	60	Rostley	12		
Y Garreg Llwyd	14	St Teresa's	26		
Awel Tywi	38	Torestin	44		
Maesllewellyn	40	Waungron Mansion	15		
Dol Y Felin	33	Woodland Lodge	19		
Ael Y Bryn	49				
Llys Fechan	18				
Garnant House	21				
Glanmorfa	24				
Glanmarlais	37				
Gwernllwyn	41				
Llys Newydd	34				
Melbourne House	23				
Plas Y Bryn	34				

Table 2 outlines the Residential home Sector across West Wales. There are currently 65 Residential Care Homes providing a mix of General and Dementia Residential Care. These Residential Homes have a potential capacity of 1754 beds.

AGE RANGE OF NURSING HOME RESIDENTS

Legend: Under 55, 55-59, 60-69, 70-79, 80-89, 90-99

- 11% (Under 55)
- 1% (55-59)
- 5% (60-69)
- 18% (70-79)
- 24% (80-89)
- 41% (90-99)

- 84% of residents living in a Care home in Hywel Dda are aged over 70 and 41% aged over 90.
- Over 50% of individuals have been formally diagnosed with dementia, with many more experiencing some cognitive impairment. Most residents over the age of 70 have 4 or more core morbidities.
- Adults who have experienced mental health issues through their life course are living into old age with significant behavioural problems.
- Previously we were seeing an increase in requests for 1-1 care in addition to the agreed care fee; however, what has changed over the last couple of years is that Care Homes are reluctant to offer a placement to residents where the nursing assessment identifies a high risk of falls or other needs that may require 1-1, as staffing this is a challenge.
- Increased placements in Complex Care environments at high cost

High-Cost Complex Care Placements

The presenting needs of people now requiring Long Term Care (LTC) are significantly higher and often patients are mentally unwell or unstable when moving directly from an acute hospital bed into an Elderly, Mentally Infirm (EMI) nursing bed. Since 2019, the LTC Caseload of High-cost Cases has grown from 43 to 50.

Capacity changes over time

As outlined in Table 3 below, since 2014, the Health Board has continued to see a reduction in bed capacity of 324 nursing beds, 30% (105) of which was lost in 2022.

Table 3

2014	2015	2016	2017	2018	2019	2020	2021	2022
Nursing Home Closure	Deregistered Nursing Beds	Deregistered Nursing Beds	Deregistered Nursing Beds		Nursing Home Closure			Nursing Home Closures / Deregistered
50	45	57	30	0	37	0	0	105

Placement trend from 2017-2022

Table 4

Placement Profile	Client Numbers 16/17 @ 31/03/2017	Client Numbers 17/18 @ 31/03/2018	Client Numbers 18/19 @ 31/03/2019	Client Numbers 19/20 @ 31/03/2020	Client Numbers 20/21 @ 31/03/2021	Client Numbers 21/22 @ 31/03/2022	Client Numbers @ Mth 6 22/23
General Nursing	128	130	126	129	116	116	110
EMI Nursing Home	228	243	214	204	192	187	178
Adult Palliative Care	37	31	16	31	42	51	43
Respite	16	17	12	11	0	0	6
Total General Community	409	427	368	375	350	354	337
Funded Nursing Care	363	323	353	340	266	307	337
Totals	772	744	721	715	616	661	674

Table 4 demonstrates a relatively stable caseload overall; however, since the COVID-19 Pandemic, numbers of patients in hospital requiring Nursing placements have declined. We believe this is a direct impact of the Long-term Care Pathway and the LTC Specialist Nurses being involved from the initial consideration of Long-term Care, ensuring that nursing beds are being appropriately accessed by patients with clearly identified nursing needs. Also, the development of Health Board County Care at Home Teams in both Pembrokeshire and Carmarthenshire have resulted in a reduction in the number of commissioned packages of care

The Long-term Care Service has continued to innovate and move forward following the previous Health Board Turnaround processes (put in place to address targeted intervention) , with each initiative considering the speed of operational delivery, quality, and efficiencies. One Initiative has been the LTC Discharge to Assess (D2A) Pathway which:

- Enables a patient to be referred and have a Nursing Needs Assessment (NNA) (not a full Continuing NHS Health Care (CHC) assessment) completed within 48-72 hours and sent to appropriate homes for consideration.
- The Nursing Assessment gives a good indication of LTC needs and as such an appropriate LTC placement is sought
- The Care Home will inform the LTC team if they are able to meet the patient needs based on the nursing assessment provided
- This is communicated to the ward and discharge planning is completed
- The placement is agreed by the Complex Care Panel retrospectively to eliminate any funding delays
- Following discharge, a CHC Assessment will be completed with the family and Care Home to determine eligibility
- The completed assessment and eligibility is ratified through the Panel process as outlined in the National Framework for Continuing NHS Health Care

This process has eliminated the following:

- Ward Staff arranging, chairing, completing time consuming CHC assessments at ward level
- Lengthy of scrutiny and Panel processes
- Some poor family communication regarding the CHC Process
- Poor eligibility decisions
- Retrospective claims and appeals

The Long Term Care team has worked hard to move away from paper-based processes and much of the information required to undertake a Nursing Needs Assessment (NNA) can be accessed directly from the Welsh Nursing Care Record (WNCR), although the pathway relies on other parts of the system to support the process in terms of supplying clinical information for the NNA not yet available on WNCR, and the Nursing Home's time to consider the application and respond. However, many are rejected, and this can be for a number of reasons, which include the view that needs are thought to be beyond what the home is able to manage, Providers not accepting agreed fees, or families being asked to pay Additional Voluntary Contributions (AVC's)/Top ups. Nursing Homes are also raising concerns about having to take time out to support lengthy CHC meetings following placement, as this process was not previously undertaken within the home.

Reviewing and Governance

Following a resident's placement, a Long-term Care Assessment is undertaken to establish eligibility, with robust reviews carried out at 12 weeks and annually to ensure that the care delivered meets the individual needs of the resident. This is a statutory process as set out in the National Framework for NHS Continuing Health Care. Over the last couple of years, the service has found that owing to increasingly complex needs of some residents, it has become necessary to undertake more regular reviews as many residents' needs fluctuate throughout the year; as yet this has not been recognised within the Welsh Government Performance Framework. The newly revised National Framework makes no reference to the population shift in terms of complexity and as such the statutory guidance continues to outline a 3 and 12 month review and as such this will be what HB's are measured against.

An Internal Audit has recently been completed which concluded that robust arrangements were demonstrated throughout testing and evidenced in all instances, and that the processes and key assessment steps are followed appropriately and are in line with the National Framework.

In addition to the assessment and review processes, the Long-Term Care Specialist Nurses undertake 3 monthly monitoring visits of their allocated Nursing Homes. The monitoring visit is based on the Regulation and Inspection Act (RISCA) and includes reviewing Well-being, Care and Support, Environment and Leadership. Any issues or compliments will be discussed with the manager at the time and an action plan will be put in place. This is then documented and shared with the rest of the LTC team. Where possible, monitoring visits are undertaken jointly with the Local Authority Contracting teams and intelligence shared in any provider performance or escalating concerns meetings.

During the initial stages of the COVID-19 outbreak, a weekly Teams meeting was facilitated for all Care Homes by the LTC team, at which issues could be shared, and to provide much needed peer support. Over time, this has developed to a six weekly meeting at which speakers are invited to attend, to talk about a variety of nursing and non-nursing topics. There is also representation from the Royal College of Nursing and the Strategic Programme for Primary Care. The LTC team has hosted an 'away day' for Nursing Care Home Managers, in recognition of their extraordinary efforts to deliver safe, effective, and high-quality care to patients and residents throughout the past two years. This has been well received and offered the Nursing Home staff an opportunity to reflect and share thoughts and experiences.

Traditionally, healthcare student placements have focused on NHS settings; however, with the introduction of student placements in Care Homes, this has not only offered a wider variety of placement opportunities for the Universities, but has also highlighted the excellent opportunities for nursing within the Independent Sector. The role of Care Home Education Facilitator (CHEF), piloted in the Carmarthenshire area initially, has been introduced to expand placement

learning opportunities in the Care Home sector, initially focusing on nursing students. The LTC team works closely with our local CHEF in facilitating and supporting both the CHEF, the Care Homes and the students.

The LTC Specialist Nurses are allocated areas of special interest and taking on a role of Link Nurse within that area. This role facilitates a link between our LTCS Nurse, the Nursing Home Staff and Health Professionals from within the Health Board in a number of specialisms. The role enables Care Home staff to access advice and, if required, further training.

The Care Home Wellbeing Collaborative was established in December 2019, on the premise that attending health and social care professionals would be able to share their knowledge, resources, and updates on their work with Nursing Care Homes, in support of improved quality of care, reduced duplication of efforts, and increased skill levels. The collaborative also enables the LTC team to access the knowledge base and – through their link nurse roles – share this training and expertise. Meetings take place 3 times a year, with sessions scheduled in-between for professionals to deliver training and support to Care Home staff.

Current Challenges for the Health Board/Local Authorities

- Inaccurate vacancy lists
- Increasing Delayed Transfers of Care (DToCs)
- Using Care Home beds for interim placements and blocking LTC Beds
- Inability to step up from EMI/Residential to Nursing
- Inability to find accommodation for patients blocking Mental Health beds, as specialist placements are not available
- No capacity in neighbouring Health Boards, who have the same issues
- Inability to offer respite
- Inability to support care breakdown at home or hand backs from Agencies
- Increasing social admissions
- Possible further deregistration of nursing beds
- Possible business failure
- More home closures/embargos
- No choice/redundant Care Home of Choice (CHoC) policy
- Risk of short-term initiatives resulting in increased future costs
- Increase in Deprivation of Liberty Safeguards (DoLS) renewals and Court of Protection (COP) cases
- Increased complaints

Challenges for the Care Home Sector

Recruitment and Retention

- Low unemployment (Particularly in Pembrokeshire)
- Retail: conditions of employment and rates of pay
- Reduced European workers seeking employment
- Inability to recruit skilled managers
- High numbers of nurses and carers reaching retirement
- Agency recruitment (carers and nurses)
- Staff shortages impacting on staff morale
- Staff not wanting to work overtime
- Companies paying high fees to recruitment agencies

- Residents Increasing Complex Dementia Needs
- Impact on staff
- Increase safeguarding referrals
- Resident to resident violence
- 1-1 care
- Provider performance

Property/Estate

- Ageing properties and disrepair
- Many not purpose built
- Poor or no outdoor space that is safe for residents
- Poor condition of equipment
- Higher staffing required due to layout
- Low confidence of the financial institutions in loaning money
- RISCA

Fees

- Many providers state that applied fees are insufficient to maintain Sector
- Increasing providers applying AVC's/third Party Top Ups
- Providers accepting Residential or Privately funded, not nursing and CHC due to no differential fee
- Two Tier system/standard and high-cost fees

All Wales Induction Framework

- Cost to providers in time
- Cost to Carer £30 for registration to be added to the Carers Register
- Older carers reluctant to complete this training

Workforce Assessment

In 2019, following engagement meetings with the Pembrokeshire Care Home Group, where workforce was highlighted as a significant and growing risk, the Long-term Care Service undertook a survey of the Nursing Homes to assess current staffing and vacancies across the whole workforce. This has been revisited and a snapshot review of Nursing Homes staffing levels and recruitment challenges reveal significant changes across the sector over the last four years. 17 out of 24 Nursing Homes responded to our survey in both 2019 and 2023, representing 71% of the current homes the LTC team place patients with. In summary, these 17 homes:

- Employ 1006 staff in all roles. 743 staff involved in direct care delivery and 263 additional staff (Chefs, Caretakers, etc)
- Employ 121 WTE more in 2023 than in March 2019. 94 of these extra staff are Carers or Senior Carers. This represents a growth of 20% in direct care staffing
- Despite the growth in staffing levels, current vacancies equate to 96 WTE. 86 of these vacancies are for Carers/Senior Cares and 10 for RGN/RMN. This represents a 15% vacancy factor for Carers/Senior Carers and a 50% increase in vacancies since 2019

81% of Nursing Homes responding in 2023 are currently using agency staff to cover current vacancies.

The level of agency use equates to approximately 75 WTE every week.

Providers are now raising the risks associated with a likely NHS Pay Award having a filter effect on the Independent Sector. Nursing Homes costs increase due to competition from the NHS for Nurses on higher wages and better terms & conditions and also the increase in Agency costs.

Sufficiency

Most Care Homes in West Wales are within the Independent Sector. Each County has some in-house LA provision, with Ceredigion having proportionately the most and Pembrokeshire the least. Most homes in West Wales are owned by small or medium sized businesses and there is little provision by large national businesses or corporate chains. Whilst this can be positive in terms of long-term commitment to local communities, it does mean that businesses may lack access to capital for remodelling existing services or investing in new facilities.

Although there has been a slight reduction in the number of homes over the past five years, the wider change has been in the type of provision; with a 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 own home for longer, which means that people move to residential care at an older age and with multiple co-morbidities.

The decline in nursing beds runs counter to this, and means that there may already be insufficient care beds with nursing to meet the needs of people, especially those with more complex needs, such as behaviour 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 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, introduced as a response to the pandemic ended 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, providing the capacity can be accessed, however this could change over the next 6-12 months if pressures on providers lead to a rapid increase in the number of exits from the Market as hardship funding ends. This will be monitored carefully through the Provider forums

Trends

There is significant challenge for any potential Provider in entering the Market, including capital costs, detailed Regulatory standards to meet; however, 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. Providers also reported that 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, 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.

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.

Whilst regional collaboration, including shadow pooled fund arrangements, has increased transparency, and helped mitigate certain pressures, 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.

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 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; however, in current conditions it is difficult to see the market delivering that at sufficient pace or scale

Demographic Data

Table 5
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

Table 6
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

Table 7
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+

Table 8
Projected increase in the number of people aged 85+ 2021-2031

	Carmarthenshire	Ceredigion	Pembrokeshire	West Wales
2021	5478	2617	4565	12659
2031	6842	3288	6048	16178
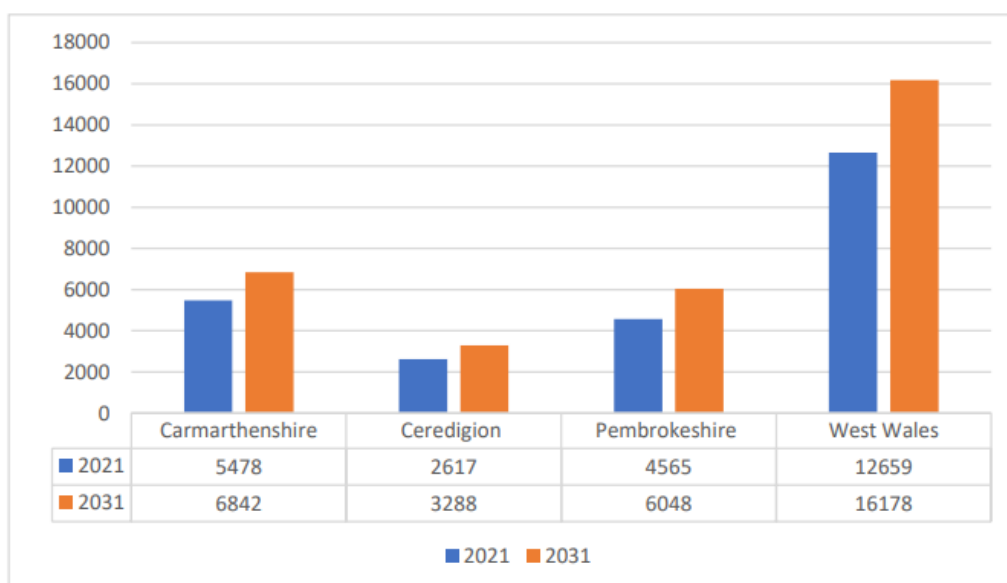
Source: Stats Wales, Population Projections 2018 based

Table 9
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
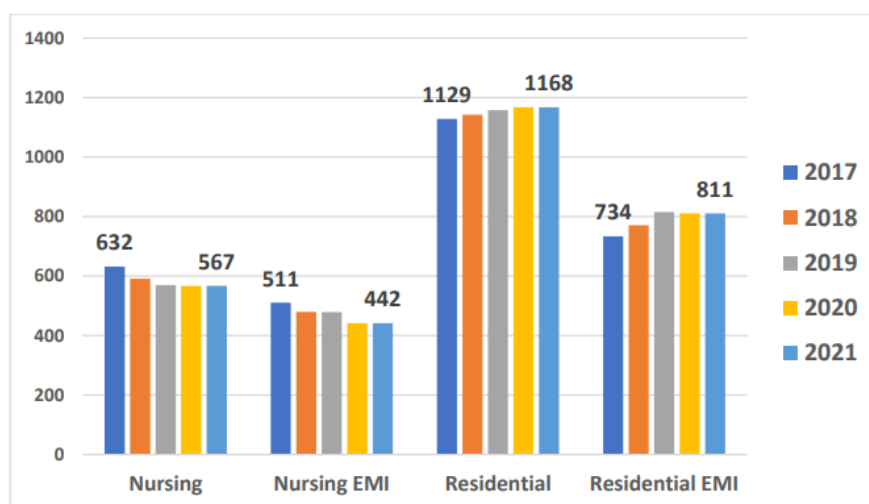*This will include a small number of younger people with dementia

Table 10
Number of homes for older people in West Wales
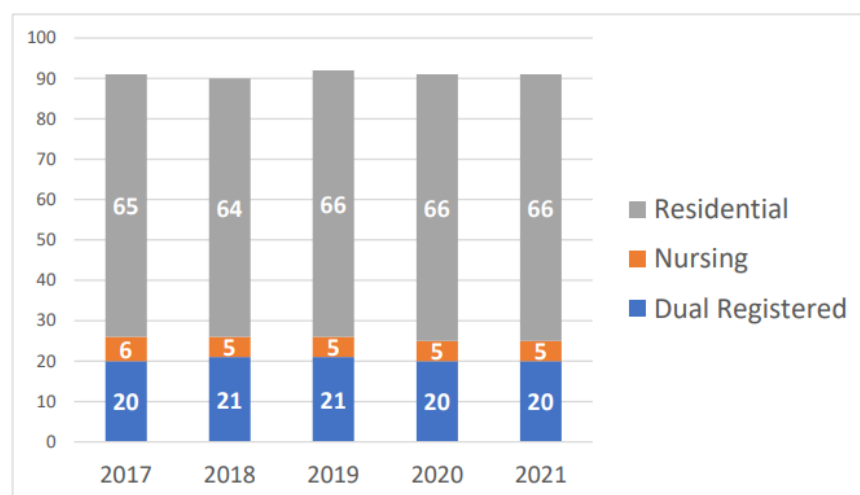
Source: data collected by IPC for MSR

Table 11
Trends in bed numbers for older people

Source: data collected by IPC for MSR

12/15

Market Stability Report

The Long Term Care team has been working with West Wales Care Partnership (WWCP), The Institute of Public Care (IPC) at Oxford Brookes University and Local Authority (LA) colleagues to produce the region's first comprehensive Market Stability Report.WWCP-MSR-Final-Feb-2022.pdf

The Market Stability Report (MSR) published in 2022, incorporates accommodation-specific assessments in relation to Older Adults, people with a Learning Disability and people with a Mental Health condition (including dual diagnosis). The MSR suggests that intervention will be necessary in addressing a range of issues within the Market and in the context of Welsh Government policy intentions as expressed through the Rebalancing Care and Support White paper.

Clearly highlighted within the MSR is the risk of insufficient Nursing home/complex care accommodation whilst there continues to be a growing demand.

The IPC was commissioned by the WWCP to help translate the issues and opportunities identified in the MSR into action through developing a methodology to prioritise existing projects and facilitating a series of thematic workshops to identify promising ideas to take forward to proposals and business cases.

Future Planning

The Health Board team recognises the importance of collaborative working, co-production, and ongoing work with the WWCP and LA colleagues. The joint Health Board and LA workshops which followed the review of the MSR captured some strong ideas and also point to broader strategic themes.

Opportunities

- LA consider converting excess in-house residential accommodation into Nursing
- Stimulate the Market through higher fee settlements
- Encourage the Dual Registration homes to accommodate more Nursing residents
- Increased District Nursing Support to residential care
- LA open and operate a vacant building and Health Board recruit Nurses

Broader thematic ideas

- Remodelling in-house care home capacity e.g., dementia specialists, combined with grow plan to rebalance the market
- Review the model for care homes i.e., existing categories to reflect the growing complexity issue. Fees and in reach of professionals to support
- Expand the Regional Micro-enterprise approach
- Invest in alternatives to care homes (e.g., extra care) link with needs of older adults and make housing with care a real extra community hub
- Encourage hub and spoke models of care homes with flexible in-reach/outreach support to local people.
- Maximise the role of Assistive technologies
- Develop hyper local approach & collaboration across Registered and third sector to develop local solutions

- Utilisation of care home expertise for more creative respite offers/ more holiday type break with support
- Further develop Cross-boundary working - health/social care/third sector/private sector within a local patch
- Develop our approach to overseas recruitment to support capacity

In Summary
The final Report from IPC will be key to addressing the challenges, however, at this stage, any ideas discussed in the workshops are at a formative stage, considering work to stimulate the market. There is no formal report to outline in this paper as the ideas from the IPC workshops have been created a thought piece for presentation to Directors within the Regional Commissioning Group on 31st March. There are also a number of WG groups that have been established to strategically address the fragility of the Independent Care Home Sector, however, outputs have yet to be presented, which further demonstrates the scale of the challenge.

Argymhelliad / Recommendation

The Board is asked to:

- **NOTE** the information provided and **RECOGNISE** the current challenges within the Sector, and the resulting impact on the overall Care system and the population projections, which will require increased capacity in future years.

- **NOTE** the areas identified as future opportunities and **RECOGNISE** the support required locally, regionally and nationally to address these, in order to achieve the aspired level and type of service provision for our population, in the short-, medium- and long-term.

- **NOTE** that further work will be required following the joint workshop on 31 March 2023 to agree priorities across all areas of the Market stability report, including that of the Care Sector. These priorities will be presented to IEG and thereafter, the RPB as a part of the future work plan for the region subject to approved business cases which will need to confirm the scale of the financial and work requirements.

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 3. Effective Care 7. Staff and Resources 7.1 Workforce
Amcanion Strategol y BIP: UHB Strategic Objectives:	3. Striving to deliver and develop excellent services 4. The best health and wellbeing for our individuals, families and communities 5. Safe sustainable, accessible and kind care 6. Sustainable use of resources

Amcanion Cynllunio Planning Objectives	Not Applicable
Amcanion Llesiant BIP: UHB Well-being Objectives: Hyperlink to HDdUHB Well-being Objectives Annual Report 2018-2019	8. Transform our communities through collaboration with people, communities and partners

Gwybodaeth Ychwanegol: Further Information:	
Ar sail tystiolaeth: Evidence Base:	Supreme Court legal proceedings (2015-2017) regarding s49 of the Health and Social Care Act. Continuing NHS Healthcare: The National Framework for Implementation in Wales
Rhestr Termau: Glossary of Terms:	Contained within the body of the report.
Partïon / Pwyllgorau â ymgynhorwyd ymlaen llaw y Cyfarfod Bwrdd Iechyd Prifysgol: Parties / Committees consulted prior to University Health Board:	All Wales Long-Term Care Leads HDdUHB Executive Team National Commissioning Board Local Authority Lead Directors Care Providers (via Care Forum Wales)

Effaith: (rhaid cwblhau) Impact: (must be completed)	
Ariannol / Gwerth am Arian: Financial / Service:	
Ansawdd / Gofal Claf: Quality / Patient Care:	No impact identified.
Gweithlu: Workforce:	
Risg: Risk:	
Cyfreithiol: Legal:	
Enw Da: Reputational:	
Gyfrinachedd: Privacy:	No impact identified.
Cydraddoldeb: Equality:	No impact identified.