Document Pack

TUESDAY, 11 OCTOBER 2022

TO: ALL MEMBERS OF THE CABINET

I HEREBY SUMMON YOU TO ATTEND A **MULTI LOCATION** MEETING OF THE **CABINET** WHICH WILL BE HELD IN THE **CHAMBER, COUNTY HALL, CARMARTHEN AND REMOTELY AT 10.00 AM, ON MONDAY, 17TH OCTOBER, 2022** FOR THE TRANSACTION OF THE BUSINESS OUTLINED ON THE ATTACHED AGENDA

Wendy Walters

CHIEF EXECUTIVE

Democratic Officer:	Martin S. Davies
Telephone (direct line):	01267 224059
E-Mail:	MSDavies@carmarthenshire.gov.uk

CABINET
MEMBERSHIP – 10 MEMBERS

Councillor	Portfolio
Councillor Darren Price	Leader
Councillor Linda Evans	Deputy Leader and Cabinet Member for Homes
Councillor Glynog Davies	Education and Welsh Language
Councillor Ann Davies	Rural Affairs and Planning Policy
Councillor Philip Hughes	Organisation and Workforce
Councillor Gareth John	Regeneration, Leisure, Culture and Tourism
Councillor Alun Lenny	Resources
Councillor Edward Thomas	Transport, Waste and Infrastructure Services
Councillor Jane Tremlett	Health and Social Services
Councillor Aled Vaughan Owen	Climate Change, Decarbonisation and Sustainability

A G E N D A

1. APOLOGIES FOR ABSENCE

2. DECLARATIONS OF PERSONAL INTEREST

3. TO SIGN AS A CORRECT RECORD THE MINUTES OF THE   5 - 14
   MEETING OF THE CABINET HELD ON THE 3RD OCTOBER 2022.

4. QUESTIONS ON NOTICE BY MEMBERS

5. PUBLIC QUESTIONS ON NOTICE

6. NET ZERO CARBON PLAN PROGRESS REPORT.   15 - 40

7. STATUTORY DIRECTOR OF SOCIAL CARE SERVICES' ANNUAL   41 - 80
   REPORT 2021/22

8. APPROVAL OF THE WEST WALES CARE PARTNERSHIP'S   81 - 164
   DEMENTIA STRATEGY.

9. WEST WALES CARE PARTNERSHIP POPULATION   165 - 468
   ASSESSMENT AND MARKET STABILITY REPORT

10. TO NOTE THAT THE LABOUR GROUP HAS NOMINATED
    COUNCILLORS MICHAEL THOMAS AND DOT JONES TO
    REPLACE COUNCILLORS SHELLY GODFREY-COLES AND
    ANTHONY LEYSHON ON THE CORPORATE PARENTING
    PANEL.

11. ANY OTHER ITEMS OF BUSINESS THAT BY REASONS OF
    SPECIAL CIRCUMSTANCES THE CHAIR DECIDES SHOULD BE
    CONSIDERED AS A MATTER OF URGENCY PURSUANT TO
    SECTION 100B(4)(B) OF THE LOCAL GOVERNMENT ACT, 1972.

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CABINET

MONDAY, 3 OCTOBER 2022

PRESENT: Councillor D. Price (Chair)

Councillors (In Person):
C.A. Davies	L.D. Evans	G. Davies	E.G. Thomas
J. Tremlett	A. Vaughan Owen		

Councillors (Virtually):
P.M. Hughes	G.H. John	A. Lenny

Also Present (In Person):
W. Walters, Chief Executive
J. Morgan, Director of Community Services
C. Moore, Director of Corporate Services
G. Morgans, Director of Education & Children's Services
L.R. Jones, Head of Administration and Law
D. Hockenhull, Marketing and Media Manager
S. Rees, Simultaneous Translator
L. Jenkins, Cabinet Support Officer
C. Higginson, Media Manager
K. Thomas, Democratic Services Officer

Also Present (Virtually):
I. Jones, Head of Leisure
H. Pugh, Head of Revenues and Financial Compliance
M. Evans Thomas, Principal Democratic Services Officer

Chamber - County Hall, Carmarthen. SA31 1JP and remotely - 10.00 - 11.00 am

1. **APOLOGIES FOR ABSENCE**

   There were no apologies for absence

2. **DECLARATIONS OF PERSONAL INTEREST**

   There were no declarations of personal interests.

3. **TO SIGN AS A CORRECT RECORD THE MINUTES OF THE MEETING OF THE CABINET HELD ON THE:**

   3.1. **18TH JULY 2022**

   The Cabinet was informed that prior to approval of the above minutes as a correct record, there was one amendment required to be made thereto to include Councillor Dot Jones within the list of attendees.

UNANIMOUSLY RESOLVED that, subject to the above amendment, the minutes of the meeting of the Cabinet held on the 18th July 2022 be signed as a correct record.

3.2.   25TH JULY 2022

UNANIMOUSLY RESOLVED that the minutes of the meeting of the Cabinet held on the 25th July 2022 be signed as a correct record.

4.   **QUESTIONS ON NOTICE BY MEMBERS**

The Chair advised that no questions on notice had been submitted by members.

4.1.   QUESTION BY COUNCILLOR TINA HIGGINS TO COUNCILLOR ANN DAVIES - CABINET MEMBER FOR RURAL AFFAIRS AND PLANNING POLICY

Would you be able to provide me with an update including details of the work undertaken, the outcomes and the next steps of the Black, Asian and Minority Ethnic (BAME) Task and Finish Panel. Please also either supply me with an email copy or provide me with the link to where I can find the finished report."

Response by Councillor Ann Davies – Cabinet Member for Rural Affairs and Planning Policy

Thank you for your question.

As we know the Task and Finish Panel for BAME was set up in 2020 in response to two Notices of Motion that came before the Council. The Panel had a limited scope and some of it has been completed.

In relation to the work that has already been done, the Panel, the BAME Task and Finish Group had their last meeting during the Summer of 2021, over a year ago and, at that point, the group had agreed on a set of recommendations and they were in the process of organising the draft report with a view to presenting it to Cabinet at the end of that year.

Unfortunately, there was delay for a short period of time and the report had to be postponed until after the start of the year. Because of the start before the election period in March, the report was kept and the work of the Panel was to be considered this new term.

As a matter of process, every administration reviews the Advisory Panels available to them and as part of the report which came through the Cabinet in July of this year it was agreed that the Cabinet would not ask the Panel to reconvene but, it would like to see the report and this report will start its way through the democratic process very soon and I am very confident that I will be presenting it to this Cabinet over the next one or two months.

I should highlight the fact that the interim report by the panel did go through the Cabinet in December 2020 and, it was agreed on those recommendations in that

report and they were put to work a while ago. So, some of its work has already been completed.

In relation to results, some of the recommendations from the report have been included in the Vision Statement of this administration, and the outcomes of them refer to recruitment and representation and continuing with the campaign to make sure that the organisation is inclusive and varied. Some of the recommendations have also been included with changes in national policy

On a national level, we have seen the announcement of the BAME Communites, contributions and Cynefin in the New Curriculum working Group which has already caused changes to the History of Black People which is taught in the curriculum of schools.

We have also seen published the 'Anti Racism Plan of Wales' which notes the steps required over the next two years to achieve the long-term vision of being an anti-racist nation. Addressing Racism is part of the Co-operative Agreement with the Welsh Government and Plaid Cymru and we completely support this vision.

As I mentioned, the next step is for this final report to be published, and I very much look forward to bringing this back to Cabinet over the next two months.

Supplementary question by Councillor Tina Higgins

It's pleasing to hear about the work that has been done and thank you Ann for the answer this morning. It's great to hear what has been achieved already. I would like to ask whether the report is going to come to full Council?

Response by Councillor Ann Davies – Cabinet Member for Rural Affairs and Planning Policy

Yes, thanks Tina. The process is that it will come to Cabinet and then it will go to full Council. So, it won't go to Scrutiny as the Task and Finish Group had come from Cabinet so, immediately to Cabinet and immediately to full Council

5. **PUBLIC QUESTIONS ON NOTICE**

The Chair advised that no public questions had been received.

6. **REVENUE BUDGET OUTLOOK**

The Cabinet considered a report on the Council's Revenue Budget Outlook subsequent to the Council in March 2022 where its Medium Term Financial Plan had been agreed based on estimates and known commitments at that time and formulated in the context of the Welsh Government financial settlement for 2022/23, including settlements and years 2 and 3 of the plan and estimates for other key inputs. Whilst at the time of the budget setting, the risk of inflation was noted and the greatest uncertainty at the time was adjudged to be the unknown impact and on-going costs and reduced income due to Covid 19, the Cabinet noted that, subsequently, there had been a number of significant changes to the external environment which would have a significant bearing on the future budget i.e:-

- Significant higher general inflation, which was expected to last longer leading to sustained cost of living pressures;
- Acute increases in energy prices impacting both transportation costs as well as heating and electricity bills for households and businesses;
- A strong response from national unions on pay awards;
- A full relaxation of the Covid 19 public health restrictions.

The Cabinet Member for Resources informed the Cabinet that having regard to these, and other budgetary pressures, the report detailed a number of key assumptions for its consideration that would frame the Council's budget development. However, given the scale of uncertainty at the present time on demands on the council's budget from issues such as increased fuel costs and pay awards, the standard approach to budget development had been expanded to incorporate a best, as well as a base case scenario.

Cabinet noted that even in a best-case scenario, it had been calculated that a minimum of £6.1million of budget reductions would be required for the next financial year, being £2m more than previously envisaged. Under the base case scenario, the shortfall was estimated to rise to an almost nearly £19 million, and assuming the already planned £3.9m savings were delivered. In that context, it was important the Council focussed its efforts on the next financial year given the scale of the challenge. It was noted that although the full picture would not likely to be clear until notification of the draft financial settlement was received from the Welsh Government, which is not expected until December, it was important to recognise that at the current point many of the pressures facing Carmarthenshire were not only outside of its control – such as staff pay agreed nationally and the foundation living wage set externally – but were issues also being faced by all Local Authorities across the country.

The Leader advised that, as outlined above, the severe budget pressures were being faced by all local authorities in Wales and, with that in mind, the issues had been discussed at a recent meeting of the Welsh Local Government Association, attended by the Welsh Government's Finance Minister. The Association had stressed that without additional funding being forthcoming to address the budgetary pressures the next financial year would be extremely challenging with severe cuts being necessary. It was therefore important that the authority worked with other Welsh Local Authorities to lobby both the Welsh and UK Governments on the matter.

UNANIMOUSLY RESOLVED

6.1   **that the initial budget outlook be received;**
6.2   **That the proposed approach to identifying the required savings be endorsed;**
6.3   **that the proposed approach to the budget consultation be noted.**

7.   **COUNCIL'S REVENUE BUDGET MONITORING REPORT**

The Cabinet considered the revenue budget monitoring report which provided the latest budgetary position as at 30th June 2022 in respect of 2022/2023.

Overall, the monitoring report forecast an overspend for the year at departmental level of £4,735k with a forecast overspend on the Authority's net revenue budget of £4,767k. At a high level, this was due to a combination of:

- Nationally negotiated pay settlements (as yet unresolved) at much higher levels than budgeted, for which additional governmental funding is currently unknown. High level estimates are that that could be £1.7m above budget;
- Overspends in service areas where budget reductions had been implemented, but progress against delivery was delayed, for example in Learning Disabilities;
- A sustained reduction in commercial income, covering car parks, leisure centres and school meals;
- Capital financing underspends due to scheme delays and a educed need to borrow

It was noted that as part of the 2022/23 budget setting process, the Authority had agreed a £3m in-year contingency budget which was currently held centrally and provided a partial offset to the above mentioned general pressures.

The Housing Revenue Account reported a predicted overspend of £511k for 2022/23, to be funded through a contribution from reserves details of which were provided within Appendix B appended to the report. That would be reviewed as the significant issues identified became clearer from a financial perspective. It was also noted that nationally negotiated pay offers (as yet unresolved) at much higher levels than budgeted would fall directly on the HRA to fund which, at a high level had been estimated could be £0.5m above budget

UNANIMOUSLY RESOLVED that:

7.1   The Budget Monitoring report be received, and the budgetary position and appropriate corrective action taken be noted.

7.2   in respect of significant overspends on specific budget areas Chief Officers and Heads of Service critically review options available to them to address the ongoing impact.

8.   CAPITAL PROGRAMME 2022/23 UPDATE

The Cabinet received a report which provided the latest budgetary position for the 2022/23 capital programme, as at the 30th June 2022 and detailed new projects for noting and Cabinet approval. It was noted that the total capital spend for 2022/23 was £265m gross and £148m nett after taking into account grant allocations and slippages

It was reported that departmentally, a net spend of £140,696k was forecast compared with a working net budget of £147,962k giving a -£7,266k variance.

The net budget included the original H.R.A. and General Fund capital programmes approved by Council on the 2nd March, 2022 and slippage from 2021/22. It was noted that some budgets had also been amended to account for differences in actual grant allocations compared with the anticipated allocations at the time the programme was approved and, new grant awards received during the year to date.

It was noted that Appendix B detailed the main variances within each department.

UNANIMOUSLY RESOLVED that:

11.1   the capital programme update report 2022/23 be received;
11.2. the new projects as detailed within the report be noted and agreed.

9.   **TREASURY MANAGEMENT AND PRUDENTIAL INDICATOR REPORT 1ST APRIL 2022 TO 30TH JUNE 2022**

The Cabinet considered an update report on the treasury management activities and the prudential indicators for the period 1st April 2022 to June 2022.

UNANIMOUSLY RESOLVED that the update Treasury Management and Prudential Indicator Report for 1st April 2022 to 30th June 2022 be approved.

10. **COST OF LIVING**

The Cabinet considered a report on the Welsh Government's Cost of Living Support Scheme that included a proposal in respect of the associated Discretionary Scheme, for which the local authorities could determine a use locally.

It was noted that the Welsh Government's scheme included £152M to provide a £150 cost-of-living payment to eligible households (the main scheme) together with £25M to provide discretionary support for other purposes related to living costs, both of which, were intended to provide immediate support as Wales recovered from the pandemic and supported households to deal with the impact of increasing energy and other costs

The Discretionary Scheme funding could be used by each local authority to support households it considered to be in need of assistance with their living costs and, Carmarthenshire had been allocated £1.556 million to spend on a discretionary scheme.

The Cabinet was advised that in relation to the financial initiative detailed in table 12 within the report, which was supposed to be funded from available underspend from the main scheme, recent government guidance meant it was now anticipated there would not be any significant underspend from the main scheme. Consequently, that final proposal would need to be revisited and the allocation of any balance of funding would be undertaken by the Cabinet Member

for Resources and the Director of Corporate Resources under their delegated powers as soon as the Welsh Government's position had been clarified.

UNANIMOUSLY RESOLVED
10.1 **That the current status of the Mandatory scheme be noted;**
10.2 **That the Discretionary Cost of Living Scheme be approved**
10.3 **That delegated authority be granted to the Director of Corporate Services in consultation with the Cabinet Member for Resources for the use of any underspends / virements**

11. EDUCATION & CHILDREN SCRUTINY COMMITTEE TASK & FINISH GROUP REPORT: SCHOOL ORGANISATION CONSULTATION PROCESS

The Cabinet considered a report on the findings of the Education and Children Scrutiny Task and Finish Group established to undertake a review of the current consultation process for school organisation changes, including changes in linguistic provision and closure of schools.

It was noted that the Task and Finish Group, having regard to the fact the Education and Children Department was undertaking a review of both its Welsh in Education and Strategic Plan and its Modernising Education Programme to be subject to public consultation, had produced an Interim Recommendations report which was endorsed by Cabinet on the 27th September 2021. Subsequently, the Group had met on three further occasions and formulated a number of additional conditions for Cabinet's consideration, as detailed within the report.

UNANIMOUSLY RESOLVED that the report and Recommendations of the Education and Children Scrutiny Committee's Task and Finish Group on the Consultation Process for school organisation changes be endorsed.

12. OMBUDSMAN'S ANNUAL LETTER 2021/2022 CARMARTHENSHIRE COUNTY COUNCIL

The Cabinet Considered the Ombudsman's Annual Letter 2021/2022 along with the fact sheet and accompanying data.

It was noted that each year the Public Services Ombudsman for Wales provided every Welsh Local Authority with a letter in the form of a fact sheet and accompanying data to assist them in reviewing performance.

UNANIMOUSLY RESOLVED that the Public Services Ombudsman for Wales Annual Letter 2021/22 (the Letter) be received.

13. ANY OTHER ITEMS OF BUSINESS THAT BY REASONS OF SPECIAL CIRCUMSTANCES THE CHAIR DECIDES SHOULD BE CONSIDERED AS A MATTER OF URGENCY PURSUANT TO SECTION 100B(4)(B) OF THE LOCAL GOVERNMENT ACT, 1972.

The Chair advised that there were no items of urgent business.

14.	**EXCLUSION OF THE PUBLIC**

UNANIMOUSLY RESOLVED, pursuant to the Local Government Act 1972, as amended by the Local Government (Access to Information) (Variation) (Wales) Order 2007, that the public be excluded from the meeting during consideration of the following items as the reports contained exempt information as defined in paragraph 14 of Part 4 of Schedule 12A to the Act.

15.	**RE-ALIGNMENT OF MILLENNIUM COASTAL PATH AT MORFA BACAS, BYNEA, LLANELLI**

Following the application of the public interest test it was RESOLVED pursuant to the Act referred to in minute no. 14 above not to publicise the content of the report as it contained exempt information relating to the financial or business affairs of any particular person (including the Authority holding that information) (Paragraph 14 of Part 4 of Schedule 12A to the Act). The public interest test in respect of this report outweighed the public interest in disclosing the information contained therein as disclosure would undermine the Council's position in the procurement process and unfairly prejudice the preferred contractor in the wider marketplace.

The Cabinet considered a report which provided information in respect of a proposed re-alignment of the Millenium Coastal Path at Morfa Bacas, Bynea, Llanelli.

UNANIMOUSLY RESOLVED that the report and recommendations detailed therein be approved.

_____   _____

CHAIR   **DATE**

CABINET
17TH OCTOBER 2022

NET ZERO CARBON PLAN – PROGRESS REPORT

Purpose:

To approve the draft Net Zero Carbon Plan – Progress Report for referral to Cabinet.

Recommendations / key decisions required:

It is RECOMMENDED that:

(1) the draft Net Zero Carbon Plan – Progress Report be approved for referral to Cabinet, and
(2) delegated authority be granted to Officers to make typographical or factual amendments as necessary to improve the clarity and accuracy of the Net Zero Carbon Plan – Progress Report

Reasons:

The Net Zero Carbon Plan was approved by County Council on 12th February 2020.

The attached draft report is submitted in accordance with Action NZC-28 of the Plan that requires annual performance reports on progress towards becoming a net zero carbon local authority by 2030 to be published annually.

Cabinet Decision Required	YES
Council Decision Required	NO

CABINET MEMBER PORTFOLIO HOLDER:

Cllr Aled Vaughan Owen, Cabinet Member for Climate Change, Decarbonisation and Sustainability

Directorate	Designations:	
Environment		
Rhodri Griffiths	Head of Place and Sustainability	rdgriffiths@carmarthenshire.gov.uk
Report Author:	Sustainable Development Manager	01267 228351	5351
Kendal Davies		jkdavies@carmarthenshire.gov.uk

Cyngor **Sir Gâr**
Carmarthenshire
County Council

Net Zero Carbon Plan – Progress Report

Overview

1. The County Council approved a Net Zero Carbon (NZC) Plan on 12th February 2020.

2. Action NZC-28 of this NZC Plan requires performance reports on progress towards becoming a net zero carbon local authority by 2030 to be published annually.

3. The first Progress Report (March 2021) reflected on our 2019/20 carbon emissions.

4. This second Progress Report reflects on our 2020/21 carbon emissions.

5. In 2020/21, our overall carbon footprint reduced by 14.1% compared to 2019/20, with all four areas showing a reduction in both consumption and carbon emissions i.e., Non-Domestic Buildings; Street Lighting; Fleet Mileage; and Business Mileage.

6. Whilst these reductions are in part attributable to the impact of COVID-19, the continuation of staff home working, together with changes in working practices such as an increased use of video conference facilities and online communication, should see a lasting reduction in carbon emissions in the longer term.

7. This Progress Report is a comparatively focused document as we will be publishing a revised NZC Plan by 31st March 2023 to incorporate recent NZC-related developments and guidance, plus the declaration of a Nature Emergency by the County Council on 9th February 2022.

8. Some of our wider actions that contribute towards addressing the climate emergency are being collated in advance of the Pre-Cabinet meeting.

Welsh Public Sector Net Zero Carbon Reporting Guide

9. The Welsh Public Sector Net Zero Carbon Reporting Guide (May 2021) introduces a voluntary annual reporting framework across the Welsh public sector to help monitor progress towards achieving Welsh Government's ambition for a carbon neutral public sector by 2030.

Cyngor **Sir Gâr**
Carmarthenshire
County Council

10. As our NZC Plan (February 2020) predates this Reporting Guide, there are differences in the reporting methodologies. This has the consequence of increasing our 2019/20 reported emissions from 20,477 tCO_2e to 28,547 tCO_2e. This total will further increase as we are awaiting revised guidance from Welsh Government on how to calculate emissions arising from staff commuting.

11. This implication was reported to the Pre-Cabinet meeting on 4th October 2021 with the following recommendations agreed:

- Report annual emissions to Welsh Government in accordance with the Reporting Guide, and
- Continue with the existing scope of our NZC commitment but adopt the corresponding methodologies prescribed in the Reporting Guide.

Recommendations

12. It is RECOMMENDED that:

(1) the draft Net Zero Carbon Plan – Progress Report be approved for referral to Pre-Cabinet, and
(2) delegated authority be granted to Officers to make typographical or factual amendments as necessary to improve the clarity and accuracy of the Net Zero Carbon Plan – Progress Report

DETAILED REPORT ATTACHED?	YES

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report:

Signed: Rhodri Griffiths, Head of Place and Sustainability

Policy, Crime & Disorder and Equalities	Lega	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
None	**None**	**None**	**None**	**None**	**None**	**None**

Cyngor **Sir Gâr**
Carmarthenshire
County Council

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below
Signed: Rhodri Griffiths, Head of Place and Sustainability

1. Scrutiny Committee request for pre-determination	YES

Scrutiny Committee	Place, Sustainability & Climate Change
Date the report was considered:-	4th October, 2022

Scrutiny Committee Outcome/Recommendations:-
Resolved to recommend to Cabinet that the Net Zero Carbon (NZC) Plan be endorsed and that the delegated authority be given to Officers.

2.Local Member(s) N/A
3.Community / Town Council N/A
4.Relevant Partners N/A
5.Staff Side Representatives and other Organisations N/A

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED	YES

Section 100D Local Government Act, 1972 – Access to Information

List of Background Papers used in the preparation of this report:

THERE ARE NONE

Cyngor **Sir Gâr**
Carmarthenshire
County Council

Net Zero Carbon Plan Progress Report

September 2022

Contents

1. Context

Recent reports by the <u>Intergovernmental Panel on Climate Change</u> have painted a bleak picture of the present, with potentially devastating effects in the future - <u>'now or never' if world is to stave off climate disaster</u> (April 2022).

2. Introduction

The County Council approved a <u>Net Zero Carbon (NZC) Plan</u> on 12th February 2020.

Action NZC-28 of this Plan requires performance reports on progress towards becoming a net zero carbon local authority by 2030 to be published annually.

The first Progress Report (March 2021) reflected on our 2019/20 carbon emissions.

This second Progress Report reflects on our 2020/21 carbon emissions and should be read in conjunction with the earlier NZC documents.

Much has happened in the last twelve months in relation to climate change, notably the UN Climate Change Conference (COP26) in Glasgow (November 2021), plus the publication of numerous guidance documents, including:

- Welsh Public Sector Net Zero Carbon Reporting Guide (May 2021)
- Net zero carbon status by 2030: A route map for decarbonisation across the Welsh public sector (July 2021)
- Welsh Local Government Decarbonisation Planning: Review (September 2021)
- Net Zero Wales Carbon Budget 2 (2021-25) (October 2021)

Audit Wales also published Public Sector Readiness for Net Zero Carbon by 2030 (July 2022) based on a baseline review completed by all public bodies pre-Christmas 2021.

COVID-19 has continued to present many challenges since March 2020, which have been further exasperated by Brexit, escalating energy costs, and war in the Ukraine. Notwithstanding this, considerable progress has been made on delivering the actions in our NZC Plan.

Our NZC Plan mirrors the Notice of Motion unanimously agreed by County Council on 20th February 2019 to declare a Climate Emergency and to become a NZC local authority by 2030.

The Plan is a living document, and whilst we have consciously adopted a pragmatic approach that focuses on measurable, operational issues within our control, it also recognises some of the wider actions that are taking place across the Council that contribute towards addressing the climate emergency.
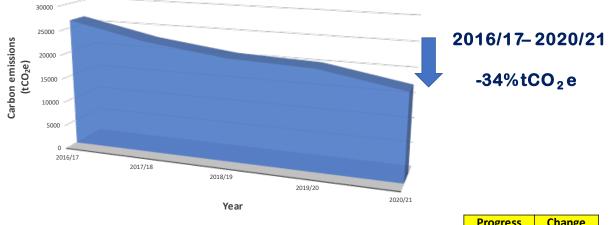
This second NZC Plan Progress Report is a comparatively focused document as we will be publishing a revised NZC Plan by 31st March 2023. This will incorporate recent NZC-related developments and guidance, plus the Nature Emergency declared by County Council on 9th February 2022 (Agenda Item 10.2).

3. Summary of Progress – Carbon Footprint

Carbon Footprint	2018/19	2019/20	2020/21	2020/21 vs 2019/20		% change
	Results			Progress		% change
Non-Domestic Buildings						
Consumption (kWh)	64,857,362	66,407,242	59,808,497	-6,598,745	Improved	-9.9%
Carbon Emissions (tCO$_2$e)	14,822	14,443	12,581	-1,862	Improved	-12.9%
Street Lighting						
Consumption (kWh)	4,202,381	3,925,149	3,875,843	-49,306	Improved	-1.3%
Carbon Emissions (tCO$_2$e)	1,291	1,088	981	-107	Improved	-9.8%
Fleet Mileage						
Mileage (Miles)	5,293,249	5,154,668	4,427,070	-727,598	Improved	-14.1%
Diesel Used (litres)	1,434,583	1,419,336	1,267,437	-151,899	Improved	-10.7%
Carbon Emissions (tCO$_2$e)	3,856	3,814	3,407	-407	Improved	-10.7%
Business Mileage						
Mileage (Miles)	3,846,615	3,971,513	2,251,986	-1,719,527	Improved	-43.3%
Carbon Emissions (tCO$_2$e)	1,118	1,132	621	-511	Improved	-45.1%
TOTAL						
Consumption (kWh)	69,059,743	70,332,391	**63,684,340**	**-6,648,051**	**Improved**	**-9.5%**
Mileage (miles)	8,829,043	9,126,181	**6,679,056**	**-2,447,125**	**Improved**	**-26.8%**
Carbon Emissions (tCO$_2$e)	21,087	20,477	**17,590**	**-2,887**	**Improved**	**-14.1%**

In 2020/21, our overall carbon footprint reduced by 14.1% compared to 2019/20, with all four areas showing a reduction in both consumption and carbon emissions i.e., Non-Domestic Buildings; Street Lighting; Fleet Mileage; and Business Mileage.

Whilst these reductions are in part attributable to the impact of COVID-19, the continuation of staff home working, together with changes in working practices such as an increased use of video conference facilities and online communication, should see a lasting reduction in carbon emissions in the longer term.

2016/17– 2020/21

-34%tCO$_2$e

	2016/17	2017/18	2018/19	2019/20	2020/21	Progress	Change
						2020/21 vs 2019/20	
kWh	72,527,266	68,564,902	69,059,743	70,332,391	63,684,340	-6,648,051	-9.5%
Miles	9,313,790	9,069,875	8,829,043	9,126,181	6,679,056	-2,447,125	-26.8%
tCO$_2$e	26,542	23,143	21,087	20,477	17,590	-2,887	-14.1%

The Welsh Public Sector Net Zero Carbon Reporting Guide (May 2021) introduced a voluntary annual reporting process. This aims to provide a consistent reporting framework across the Welsh public sector to help monitor progress towards achieving Welsh Government's ambition for a carbon neutral public sector by 2030.

Our NZC Plan (February 2020) predates this Reporting Guide; consequently, there are differences in the reporting methodologies.

Total carbon emissions reported under our NZC Plan effectively equate to the Reporting Guide's 'Operational' emissions which additionally include:

- Landfill of municipal waste;
- Well-to-Tank emissions; and,
- Water supply & treatment

	2019/20 tCO$_2$e	
Emissions	Our NZC Plan	Reporting Guide
Operational	20,477	28,547
Supply Chain		76,894
Land Use		-697
Total	**20,477**	**104,744**

Note: A Well-to-Tank emissions factor, also known as upstream or indirect emissions, is an average of all the GHG [Greenhouse Gas] emissions released into the atmosphere from the production, processing and delivery of a fuel or energy vector.
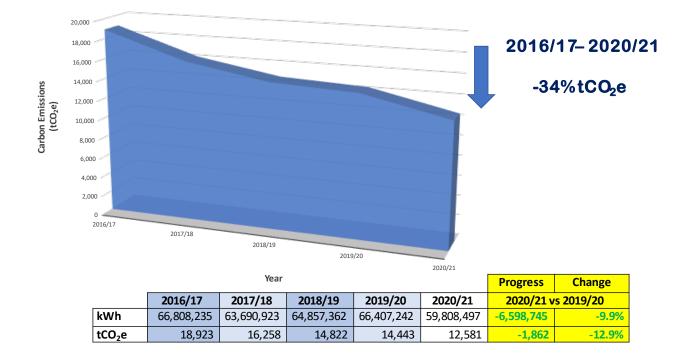
Operational emissions reporting is established, generally well understood, and measurable; whilst the reporting of Supply Chain emissions is a comparatively new, blunt instrument that is based on £ spend plus assumptions rather than accurate data. Welsh Government recognise that Supply Chain reporting is an iterative process that is currently in its relative infancy, with current reporting aimed at identifying and quantifying major spend categories so that more work can be focussed on these areas in future.

Whilst public bodies are requested to submit annual carbon reports in a prescribed format to ensure consistency, the methodology adopted by an organisation for developing and tracking its own NZC Plan is for each individual organisation to determine.

This NZC Plan Progress Report reflects on our 2020/21 carbon emissions based on the same methodologies that we have been applied in previous years to provide consistency and continuity. In future, we will:

- Report annual emissions to Welsh Government in accordance with the Reporting Guide
- Continue with the existing scope of our NZC commitment but adopt the corresponding methodologies prescribed in the Reporting Guide.

Welsh Government published a revised public sector net zero reporting guide on 21st June 2022; consequently, the figures quoted above will change as reporting methodologies are refined.

2016/17– 2020/21

-34%tCO₂e

	Year					Progress	Change
	2016/17	2017/18	2018/19	2019/20	2020/21	2020/21 vs 2019/20	
kWh	66,808,235	63,690,923	64,857,362	66,407,242	59,808,497	-6,598,745	-9.9%
tCO₂e	18,923	16,258	14,822	14,443	12,581	-1,862	-12.9%

Note: The performance data quoted in this document uses UK emission conversion factors issued by the Department for Business, Energy, and Industrial Strategy (BEIS) where appropriate. These emission conversion factors are published annually, for example: Greenhouse gas reporting: conversion factors 2020.

Utility Consumption in Non-Domestic Buildings - 2020/21 vs 2019/20:

Utility	Consumption (kWh)			2020/21 vs 2019/20	
	2018/19	2019/20	2020/21	kWh	%
Electricity	19,984,610	19,668,100	15,444,707	-4,223,393	-21.5%
Gas	39,176,883	40,025,303	35,506,410	-4,518,893	-11.3%
Oil	3,878,728	4,576,446	4,893,784	+317,338	+6.9%
LPG	1,398,425	1,355,527	2,873,628	+1,518,101	+112.0%
Kerosene	418,716	660,249	1,089,907	+429,658	+65.1%
Biomass	0	121,615	61	-121,554	-99.9%
Total	64,857,362	66,407,242	59,808,497	-6,598,745	-9.9%

Note: Whilst our Electricity and Gas consumption is metered, our reporting for Oil, LPG and Kerosene is based on delivery dates which can distort year-on-year comparison should deliveries be near year end. This to be addressed under Action NZC-05: Extend 'smart' and sub-metering technology to ensure accurate and timely capture of energy consumption data. Also, three Oil to LPG fuel conversion projects were completed in our Re:Fit Cymru Phase 1 project (as LPG has a lower carbon emissions factor and is cheaper). Future fuel conversion projects will address the decarbonisation of heating.

Progress against Actions

NZC-01		
Action	**Lead Officer**	**Timescale**
Deliver Re:fit Cymru (Energy Efficiency) Phase 1 project to achieve energy / carbon savings	Head of Property	~~Apr 2021~~ Apr 2022
Progress		

Whilst COVID-19 delayed on-site commencement of our Phase 1 programme, works were able to commence in September 2020 with most of the work completed by 31st March 2021. The solar PV system at our Parc Dewi Sant offices was outstanding due to additional bat surveys being required to secure planning permission. Planning permission was unanimously granted in January 2022 and the works have now been completed.

Phase 1 is projected to save £315,726 and 675 tonnes of carbon equivalent (tCO$_2$e) each year – these savings being guaranteed by Ameresco, our Re:Fit Cymru service provider, under an Energy Performance Contract. Working with Ameresco has allowed us to accelerate the roll-out of our energy efficiency programme in a more comprehensive manner and at a greater pace than could be achieved using limited in-house resources.

See Carmarthenshire Net Zero Case Study | Ameresco

NZC-02		
Action	**Lead Officer**	**Timescale**
Develop further phases of Re:fit Cymru (Energy Efficiency) project, or similar, to achieve accelerated energy / carbon savings	Sustainable Development Manager	Ongoing
Progress		

We are currently in discussions with Ameresco, our Re:Fit Cymru service provider, to develop a new and significant larger Phase 2 project for approval in 2022/23. As many as possible of our buildings are being included in an initial scoping exercise to identify the scale of the total energy conservation measures and associated costs necessary to decarbonise our Estate. This will enable further phases to be developed more quickly.

NZC-03		
Action	**Lead Officer**	**Timescale**
Incorporate 'Passivhaus' standard, where appropriate, in new building construction projects	Property Design Manager	Ongoing
Progress		

We are developing a 'Fabric First' methodology to new build construction projects to ensure a high level of energy efficiency for new facilities entering our building portfolio. This is underpinned by a commitment to incorporate the quality assured 'Passivhaus' Standard.

The following new schools currently under construction have been designed to achieve Passivhaus Standard certification and thus deliver enhanced performance in terms of energy usage and internal environment: Gorslas Primary School; Ysgol y Castell; and, Pembrey Community Primary School

In July 2021 confirmation was received that Ysgol Parc y Tywyn had formally been accredited as achieving the Passivhaus standard.

Other non-educational buildings also designed and built to achieve the Passivhaus Standard are: Carmarthen Archives and Repository (completed); and, Pendine Attractor Project – Eco Hostel building (currently under construction).

NZC-04

Action	Lead Officer	Timescale
Continually review and amend design specifications and briefs to reflect new technologies and energy efficient equipment	Property Design Manager	Ongoing

Progress

We will continue to explore solutions and methods to maximise renewable energy solutions. A further emphasis will be put on establishing optimised solutions in new buildings with calculated investment against the performance level of the building fabric and aimed to provide best value in terms of capital and operation expenditure. We will continue to explore a flexible model to best suit the needs of the Net Zero Carbon agenda on any given project.

Examples of how renewable and low energy specifications are being continually developed and adapted include:

- All major new build projects incorporate renewable energy technologies where appropriate with solar photovoltaic (PV) installations being incorporated into many recent Modernising Education Provision 21st Century Schools projects (e.g. Ysgol Pum Heol – 12kW PV array completed January 2021; Ysgol Rhys Pritchard – 27 kW PV array completed February 2021) and new housing developments (e.g. Garreglwyd and Dylan sites).
- The new housing development currently under construction at Glanmor Terrace, Burry Port includes battery storage to maximise the use of the electricity generated by the solar PV installed on each dwelling. Electric vehicle charge points are also being provided for each property. Also features Mechanical Ventilation Heat Recovery (MVHR) units in each dwelling. As part of the move towards limiting the use of fossil fuels these properties are totally electric.
- Air Source Heat Pumps have been installed to provide heating at each of the flats and communal areas at Llys yr Ysgol Sheltered Housing Complex. These heat pumps replaced inefficient and expensive to run electric storage heaters at the Complex. Air Source is currently being explored on a larger scale in respect of the new development for Ysgol Heol Goffa.
- Specifications for all new school developments now include for the installation of Electric Vehicle Charging Points.
- LED lighting now being specified as standard.
- All new solar PV systems include technology specified to enable web access to generation data that allows more detailed real-time data for the analysis of electricity generation.

NZC-05

Action	Lead Officer	Timescale
Extend 'smart' and sub-metering technology to ensure accurate and timely capture of energy consumption data	Various	Ongoing

Progress

A major audit of all our electricity and gas fiscal meters has enabled the roll-out of a comprehensive programme of 'smart' meter installations. We are also doing likewise for our water meters.

Gas Metering: Day+1 Half Hourly (HH) data flowing from 209 meters including all the 197 supplies at sites to be retained **(100%)**. Complete.

Electricity Metering: Day+ 1 HH data flowing from 256 of 574 known supplies **(44.6%)**. Work in progress, with Western Power Distribution, our distribution network operator, currently installing meters. EDF, our electricity provider, need to action 233 (D0142) upgrades to complete the bulk of our remaining meters. This has been delayed by EDF staff absence, progress anticipated shortly.
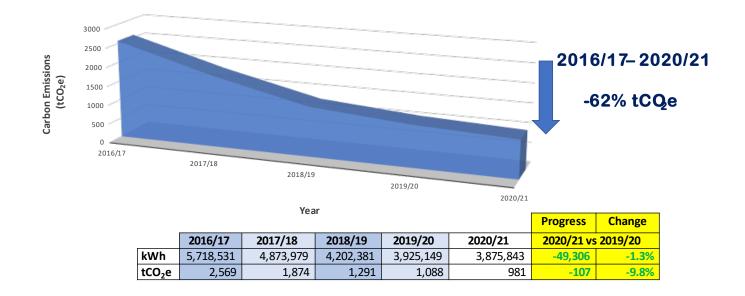
Water Metering: Day+1 Quarter Hourly (QH) data flowing from 4 of 336 known supplies **(1.2%)**. Work in progress to confirm site list with Welsh Water Dwr Cymru before arranging for data loggers to be installed.

This HH and QH data is automatically imported daily to our SystemsLink energy management software system to provide enhanced data accuracy that enables us to better identify opportunities for savings.

NZC-06		
Action	Lead Officer	Timescale
Develop appropriate carbon reduction target for the Council's non-domestic buildings as part of annual review of action plan	Sustainable Development Manager	~~Mar 2021~~ Mar 2023
Progress		
Welsh Government were to establish Wales-wide methodologies for carbon emissions reporting by the end of 2019/20. Unfortunately, these were not published until May 2021. This delay has impacted on this Action, and other similar Actions. The Wales reporting methodologies differ from our current approach and we will be publishing a revised NZC Plan by 31st March 2023 which will incorporate trajectories for carbon emission reductions in order to develop milestone targets.		

4.2 Carbon Footprint: Street Lighting

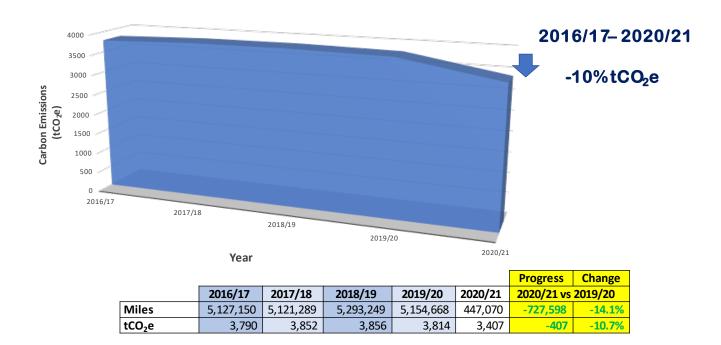|	2016/17	2017/18	2018/19	2019/20	2020/21	Progress 2020/21 vs 2019/20	Change
kWh	5,718,531	4,873,979	4,202,381	3,925,149	3,875,843	-49,306	-1.3%
tCO₂e	2,569	1,874	1,291	1,088	981	-107	-9.8%

We have completed the conversion of almost 100% of our 20,000 streetlights to low energy light-emitting diode (LED) lighting, funded by the Welsh Government's interest-free Wales Funding Programme. The remainder will be converted at their end of use.

We have also completed a project to upgrade 5,000 community street lighting units to incorporate LED lighting on behalf of the town and community councils which has reduced energy consumption and improved lighting quality in local communities.

Progress against Actions

NZC-07		
Action	Lead Officer	Timescale
Develop appropriate carbon reduction target for the Council's street lighting as part of annual review of action plan	Public Lighting Engineer	~~Mar 2021~~ Mar 2023
Progress		
Welsh Government were to establish Wales-wide methodologies for carbon emissions reporting by the end of 2019/20. Unfortunately, these were not published until May 2021. This delay has impacted on this Action, and other similar Actions. The Wales reporting methodologies differ from our current approach and we will be publishing a revised NZC Plan by 31st March 2023 which will incorporate trajectories for carbon emission reductions in order to develop milestone targets.		

4.3 Carbon Footprint: Fleet Mileage

2016/17– 2020/21

-10%tCO$_2$e

	2016/17	2017/18	2018/19	2019/20	2020/21	Progress 2020/21 vs 2019/20	Change
Miles	5,127,150	5,121,289	5,293,249	5,154,668	447,070	-727,598	-14.1%
tCO$_2$e	3,790	3,852	3,856	3,814	3,407	-407	-10.7%

Progress against Actions
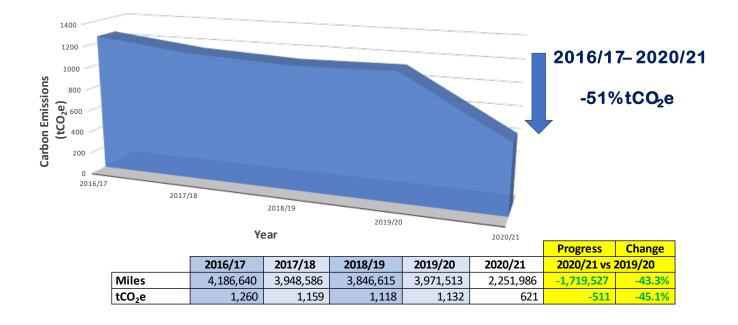
NZC-08		
Action	Lead Officer	Timescale
Review the most appropriate fuel powered vehicles for each of the Council's services	Fleet Manager	~~Ongoing~~ Sept 2022
Progress		
Our Fleet Strategy will set the priorities for investment, the scale of change will be determined by the current state of the market transition to low carbon technologies by vehicle type, the scale of infrastructure development required, life cost evaluation and grant funding available.		

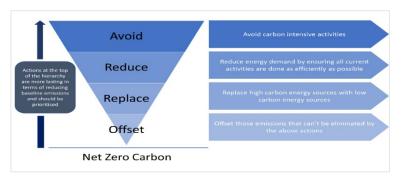| NZC-09		
Action	Lead Officer	Timescale
Develop appropriate carbon reduction target for the Council's fleet mileage as part of annual review of action plan	Fleet Manager	~~Mar 2021~~ Mar 2023
Progress		
Welsh Government were to establish Wales-wide methodologies for carbon emissions reporting by the end of 2019/20. Unfortunately, these were not published until May 2021. This delay has impacted on this Action, and other similar Actions. The Wales reporting methodologies differ from our current approach and we will be publishing a revised NZC Plan by 31st March 2023 which will incorporate trajectories for carbon emission reductions in order to develop milestone targets.		

4.4 Carbon Footprint: Business Mileage

2016/17– 2020/21

-51%tCO$_2$e

	2016/17	2017/18	2018/19	2019/20	2020/21	Progress 2020/21 vs 2019/20	Change
Miles	4,186,640	3,948,586	3,846,615	3,971,513	2,251,986	-1,719,527	-43.3%
tCO$_2$e	1,260	1,159	1,118	1,132	621	-511	-45.1%

Progress against Actions

NZC-10		
Action	Lead Officer	Timescale
Undertake a review of the Council's pool cars to identify opportunities for carbon reduction	Head of Transportation and Highways	~~TBC~~ Sept 2022
Progress		
Our Fleet Strategy is currently being updated and will include detail on how we move to electric vehicles in the car and light commercials sector. Electric charging infrastructure is being installed at key depots during 2022 to facilitate increased use of electric vehicles. A work stream will commence in July 2022 to review how low carbon travel can be facilitated as part of the Better Ways of Working.		

NZC-11		
Action	Lead Officer	Timescale
Finalise electric vehicle strategy for the County	Transport Strategy and Infrastructure Manager	~~TBC~~ Dec 2021
Progress		
An <u>Electric Vehicle Charging Infrastructure Strategy</u> was published in December 2021.		
NZC-12		
Action	Lead Officer	Timescale
Develop appropriate carbon reduction target for the Council's business mileage as part of annual review of action plan	Head of Transportation and Highways	~~Mar 2021~~ Mar 2023
Progress		
Welsh Government were to establish Wales-wide methodologies for carbon emissions reporting by the end of 2019/20. Unfortunately, these were not published until May 2021. This delay has impacted on this Action, and other similar Actions. The Wales reporting methodologies differ from our current approach and we will be publishing a revised NZC Plan by 31st March 2023 which will incorporate trajectories for carbon emission reductions in order to develop milestone targets.		

5. Renewable Energy Generation + Carbon Offsetting

Whilst we are committed to significantly reducing our carbon footprint, we recognise that however energy / carbon efficient our Services become, we will inevitably still have a residual carbon footprint. This situation is acknowledged by the 'Net' in the Net Zero Carbon equation, which enables our residual carbon footprint to be compensated / offset by the generation of renewable electricity and through carbon sequestration (such as through the planting of trees).

However, we continue to pursue the carbon mitigation hierarchy approach as we do not consider compensation / offsetting as a 'get out clause' for reducing our carbon footprint:

We have continued to add further solar PV installations on our non-domestic buildings, including schools, and currently have a total installed capacity of 1.8 MWp.

Renewable Energy Generation	2017/18	2018/19	2019/20	2020/21	2020/21 vs 2019/20	
	Result				Progress	% change
Solar PV						
Installed Capacity (kWp)	1,153	1,193	1,193	1,302	Improved	+9%
Electricity generation (kWh)	937,330	979,071	997,480	1,059,364	Improved	+6%
Equivalent Carbon Savings (tCO$_2$e)	360	301	277	268	Declined	-3%

Note: Solar PV systems installed as part of our Re:Fit Cymru Phase 1 project are not included as operational after 1st April 2021.

The continuing decarbonisation of the electricity distribution network - National Grid - means that emission conversion factors for electricity are decreasing. Whilst this has a positive impact in reducing our carbon footprint, it conversely has a negative impact in reducing the equivalent carbon savings from renewable energy generation, thus requiring more solar PV panels to offset our (reducing) carbon footprint.

Note: The Council spends in-excess of £5m annually on energy. As is currently very evident, the procurement of energy has become increasingly complex with prices volatile and linked to both UK and global factors. To minimise risk, we procure our energy using Crown Commercial Service Framework Agreements for most supplies. All this electricity is procured from renewable energy sources. Unfortunately, as the consumption of this 'green' electricity is reflected in the UK emission conversion factor for electricity, we are unable to directly benefit from carbon savings resulting from the procurement of 'green' electricity as this would effectively be double counting.

We recently commissioned Land Use Consultants Ltd to deliver a strategy that sets out how to enhance Green and Blue Infrastructure in eight selected towns across the County, and to also analyse our own land holdings to determine the potential for carbon sequestration. This work will inform the development of our new Decarbonisation / NZC Plans, as will the recent declaration of a Nature Emergency by the County Council.

Progress against Actions

NZC-13		
Action	Lead Officer	Timescale
Work with Welsh Government Energy Service to explore and deliver opportunities for large scale renewables	Sustainable Development Manager	Ongoing
Progress		
We continuine to work with Welsh Government Energy Service (WGES) to explore and deliver large-scale renewable energy projects. WGES are currently reviewing our land holdings to determine feasibility for renewable energy. We are also actively pursuing other opportunities, including a possible power purchase arrangement with Hywel Dda UHB linked for a proposed 500 kWp solar farm at their Hafan Derwen site – some 50% of the generated electricity would be available to supply our adjoining Parc Dewi Sant offices.		

NZC-14		
Action	Lead Officer	Timescale
Work with National Procurement Service (NPS) to support greater procurement of energy from locally generated renewable energy projects	Sustainable Development Manager	Ongoing
Progress		
100% of the electricity we procure using the Crown Commercial Service Framework Agreement is from renewable energy. In 2020/21, 86% of this 'green' electricity was generated within Wales (compared to 63% in 2019/20). This sourced from: Hydro (1%); Landfill Gas (7%); Solar (17%); and, Wind (75%).		

NZC-15		
Action	Lead Officer	Timescale
Explore the feasibility of tree-planting and other such measures, on Council controlled land to contribute towards carbon offsetting	Strategic Asset Manager	Ongoing
Progress		
5.71ha of native broadleaved woodland will be planted on Council land over winter 2022/23 under the Welsh Government Glastir Woodland Creation (GWC) scheme. The area comprises three fields in Tregib, Llandeilo; Pendre, Kidwelly and Maesdewi, Llandybie previously used for grazing purposes. These areas were identified as potential tree planting sites from bare land holdings (i.e. those not in long-term tenancy) owned by the Council. Sites were first screened to exclude those that held unimproved grassland of high biodiversity habitat, then sites of suitable size close to urban or rural communities were prioritised to maximise social benefits. Applications were made to the GWC scheme and three of the sites were selected by Welsh Government for funding under this scheme. The planting will use a range of site suited native broadleaved species to maximise biodiversity benefits. Planting will be designed to allow public access through the sites and community planting days will be held to encourage local people take part in the project. Carbon sequestration over the lifetime of the project will be 2,999 tCO$_2$e (based on the UK Woodland Carbon Code Small Project Carbon Calculator).		

NZC-16		
Action	Lead Officer	Timescale
Develop appropriate target for renewable energy generation as part of annual review of action plan	Strategic Asset Manager	~~Mar 2021~~ Mar 2023
Progress		
Welsh Government were to establish Wales-wide methodologies for carbon emissions reporting by the end of 2019/20. Unfortunately, these were not published until May 2021. This delay has impacted on this Action, and other similar Actions. The Wales reporting methodologies differ from our current approach and we will be publishing a revised NZC Plan by 31st March 2023 which will incorporate trajectories for carbon emission reductions in order to develop milestone targets.		

6.1 Collaboration: Working with Welsh Government

Progress against Actions

NZC-17		
Action	Lead Officer	Timescale
Collaborate with Welsh Government and other 'early adopter' Public Bodies to introduce carbon reporting as part of the ambition to achieve a carbon neutral Welsh public sector by 2030	Sustainable Development Manager	June 2020
Progress		
We collaborated with Welsh Government and other 'early adopter' Public Bodies and had anticipated that reporting guidance would be published in April 2020; however, the Guidance has not published until May 2021. Further, revised Guidance was publised in June 2022.		

6.2 Collaboration: Working with Carmarthenshire Public Services Board / Swansea Bay City Deal partners

Progress against Actions

NZC-18		
Action	Lead Officer	Timescale
Work with the Carmarthenshire Public Services Board (PSB) Healthy Environment Delivery Group to undertake a Climate Change and Environmental Risk Assessment for the County	Corporate Policy and Partnership Manager	Ongoing
Progress		

A Climate Change and Environmental Risk Assessment has been completed and will be supplemented with additional data and information.

In May 2021, the Healthy Environment Delivery Group discussed the report commissioned by Natural Resources Wales on climate change risks. This report considered the impact on local communities, and how communities can be better prepared for the effects of climate change with specific reference to Newcastle Emlyn. The report recommended the following priority actions: (1) Community-Led Emergency Response Plan; (2) Citizens' Jury; (3) Newcastle Emlyn 2050 Future Scenario; and, (4) Climate Risks and Assets Map.

At its meeting on 29th September 2021, the PSB was unable to progress priorities (2) and (3) due to capacity issues. However, priority (1) - Community Lead Emergency Response Plan – is being supported with links to the 10 Towns project, and priority (4) - Climate Risks and Asset Map – is also being supported with the assistance of University of Wales Trinity St David students.

NZC-19		
Action	Lead Officer	Timescale
Work with PSB partners to identify and develop opportunities for collaboration regarding carbon reduction	Sustainable Development Manager	Ongoing
Progress		

Natural Resources Wales (NRW) held a virtual SW Wales PSBs Net Zero Workshop on 29th September 2021. This event included speakers from Welsh Government and their consultants who provided an overview of the Public Sector Net Zero Reporting Guide (May 2021). NRW also shared their experience in determining baseline emissions and developing carbon reduction strategies through their Carbon Positive Project.

Hywel Dda University Health Board have secured Welsh Government grant funding to construct a solar farm at their Hafan Derwen site. We had been negotiating a possible power purchase arrangement whereby some of the generated electricity would be available to supply our adjoining Parc Dewi Sant offices. Disappointingly, technical issues associated with the local grid connection meant that this has not been possible.

NZC-20		
Action	Lead Officer	Timescale
Work with Welsh Government and Swansea Bay City Region partners to establish a Regional Energy Plan for South West Wales	~~Head of Regeneration~~ Head of Place & Sustainability	Ongoing
Progress		

The South West Wales Energy Strategy (March 2022) was commissioned by the Welsh Government and supported by the Welsh Government Energy Service. It has been developed by the South West Wales Energy Core Group, a sub-group of the Regional Directors' forum from the four constituent local authorities, with additional support from an Advisory Panel and regional stakeholders. It sets a strategic framework to guide the transformational interventions needed to help achieve a net zero Wales by 2050. It has been a collaborative exercise developed by WGES and the four local authorities, with input from a wide range of stakeholders - public, private, and voluntary.

Undepinning this regional Strategy will be four Local Area Energy Plans (LAEPs) for each local authority area. Energy Systems Catapult have been appointed by Welsh Government to help support the development these LAEPs which will involve significant coordination across the public, private and third sectors with the involvement of businesses, communities, and agencies. In Carmarthenshire, this will be led by the Place and Sustainability Division.

6.3 Collaboration: Working with experts from the private and 3rd sectors

Progress against Actions

NZC-21		
Action	**Lead Officer**	**Timescale**
Work with the Council's contractors to explore innovative approaches to carbon reduction	Various	Ongoing
Progress		
We are currently working to explore innovative approaches to carbon reduction with a range of organisations, including: the Active Building Centre regarding extending the Cross Hands Industrial Estate; and, the Welsh School of Architecture, Cardiff University to understand and model our retrofit programme to inform our housing decarbonisation strategy and future investment programmes across our entire housing stock.		

NZC-22		
Action	**Lead Officer**	**Timescale**
Participate in the Carmarthenshire 3rd Sector Environment Network established by Carmarthenshire Association of Voluntary Services (CAVS)	Various	Ongoing
Progress		
The Carmarthenshire 3rd Sector Environment Network is open to any 3rd sector organisations or community groups involved with, or concerned by, environmental issues to share information and to collaborate to achieve common goals. The meetings also allow groups to follow the progress made by the Healthy Environment PSB delivery Group in the implementation of the Carmarthenshire Well-being Plan. During 2021/22, two meetings with were held with presentations from Dyffryn Tywi – Hanes Tirwedd Ein Bro, Renew Wales, The Carbon Community and Learn with Grandma. Information was shared on any relevant volunteering, funding and training opportunities available. Other topics raised included working towards a Circular economy and there was a focus on Climate Change action in the run up to COP26 at the end of October 21.		

NZC-23		
Action	**Lead Officer**	**Timescale**
Work with Ynni Sir Gâr, and others, to deliver and support local renewable energy projects	Sustainable Development Manager	Ongoing
Progress		
Ynni Sir Gâr have been funded under the Welsh Government Rural Development Fund LEADER programme to identify and explore the feasibility of small-scale community energy projects in the County. The project will work collaboratively with our Ten Towns initiative. We are also supporting Ynni Sir Gâr to deliver a project at Ysgol Bro Dinefwr to install additional solar PV plus EV charging points.		

7. Integration and Communication

Progress against Actions

NZC-24		
Action	Lead Officer	Timescale
Undertake a staff survey to identify how individuals can contribute to the Council's commitment to become a net carbon zero local authority	Media and Marketing Manager	~~May 2020~~ TBC
Progress		

The staff survey was put on hold as an action due to communications around COVID-19 taking priority.

<u>Carbon Literacy for Elected Members</u> training is being provided in June and October 2022 for all our elected Members. This to be followed-up by carbon literacy courses for our staff.

Our <u>Prosiect Zero Sir Gâr</u> campaign was originally intended to run for two weeks to concide with <u>COP26</u> but was extended as we had more stories to share and <u>Wales Climate Week</u> followed.

Aims:
1. To raise awareness of what the Council is doing to tackle climate change and to become a net carbon zero local authority by 2030; and,
2. To encourage residents, businesses, and other organisations to take action to cut their own carbon footprint.

This campaign was particularly popular with schools who shared pictures of their '<u>Prosiect Zero Super Heroes</u>' to tackle climate change.

NZC-25		
Action	Lead Officer	Timescale
Incorporate climate change / carbon reduction into Integrated Impact Assessment process to be introduced by the Council	Corporate Policy and Partnership Manager	TBC
Progress		

The integrated impact assessments includes a section which addresses climate change and carbon reduction impacts.

Process to be introduced imminently.

NZC-26		
Action	Lead Officer	Timescale
Support the 'Walk the Global Walk' project in the County's schools to promote awareness of climate change	Officer for International School Linking	March 2021
Progress		

We continue to support the Climate Action Consultation Group that was initiated by participants of the 'Walk the Global Walk' project.

NZC-27		
Action	Lead Officer	Timescale
Review action plan following the publication of Welsh Government guidance regarding new carbon reporting framework	Sustainable Development Manager	~~Mar 2021~~ Mar 2023
Progress		

Welsh Government were to establish Wales-wide methodologies for carbon emissions reporting by the end of 2019/20. Unfortunately, these were not published until May 2021. This delay has impacted on this Action, and other similar Actions. As identified earlier in this Report, our NZC Plan (February 2020) predates the Wales guidance, consequently there are differences in the reporting methodologies. Welsh Government will be publishing further guidance in May 2022, which we will incorporate into to our new NZC Plan to be published by 31st March 2023.

NZC-28		
Action	Lead Officer	Timescale
Publish performance reports on progress towards becoming a net zero carbon local authority by 2030	Sustainable Development Manager	Annual
Progress		

This report is the second annual update on progress towards become a net zero carbon local authority by 2030.

Appendix 1:

Summary of Progress Against Actions in NZC Plan

Ref	Action to be undertaken	Lead Officer	By When
Carbon Footprint – Non-domestic buildings			
NZC-01	Deliver Re:fit Cymru (Energy Efficiency) Phase 1 project to achieve energy/carbon savings	Head of Property	~~Apr 2021~~ Apr 2022
NZC-02	Develop further phases of Re:fit Cymru (Energy Efficiency) project, or similar, to achieve accelerated energy / carbon savings	Sustainable Development Manager	Ongoing
NZC-03	Incorporate the 'Passivhaus' standard, where appropriate, in new building construction projects	Property Design Manager	Ongoing
NZC-04	Continually review and amend design specifications and briefs to reflect new technologies and energy efficient equipment	Property Design Manager	Ongoing
NZC-05	Extend 'smart' and sub-metering technology to ensure accurate and timely capture of energy consumption data	Various	Ongoing
NZC-06	Develop appropriate carbon reduction target for the Council's non-domestic buildings as part of annual review of action plan	Sustainable Development Manager	~~Mar 2021~~ Mar 2023
Carbon Footprint – Street Lighting			
NZC-07	Develop appropriate carbon reduction target for the Council's street lighting as part of annual review of action plan	Public Lighting Engineer	~~Mar 2021~~ Mar 2023
Carbon Footprint – Fleet Mileage			
NZC-08	Review the most appropriate fuel powered vehicles for each of the Council's Services	Fleet Manager	Ongoing
NZC-09	Develop appropriate carbon reduction target for the Council's fleet mileage as part of annual review of action plan	Fleet Manager	~~Mar 2021~~ Mar 2023
Carbon Footprint – Business Mileage			
NZC-10	Undertake a review of the Council's pool cars to identify opportunities for carbon reduction	Head of Transportation & Highways	~~TBC~~ Sep 2022
NZC-11	Finalise electric vehicle strategy for the County	Transport Strategy & Infrastructure Manager	~~TBC~~ Dec 2021
NZC-12	Develop appropriate carbon reduction target for the Council's business mileage as part of annual review of action plan	Head of Transportation & Highways	~~Mar 2021~~ Mar 2023
Renewable Energy Generation / Carbon Offsetting			
NZC-13	Work with Welsh Government Energy Service to explore and deliver opportunities for large scale renewable energy projects	Sustainable Development Manager	Ongoing
NZC-14	Work with National Procurement Service (NPS) to support greater procurement of energy from locally generated renewable energy projects	Sustainable Development Manager	Ongoing
NZC-15	Explore the feasibility of tree-planting, and other such measures, on Council controlled land to contribute towards carbon offsetting	Strategic Asset Manager	Ongoing
NZC-16	Develop appropriate target for renewable energy generation as part of annual review of action plan	Sustainable Development Manager	~~Mar 2021~~ Mar 2023
Working with Welsh Government			
NZC-17	Collaborate with Welsh Government and other 'early adopter' Public Bodies to introduce national carbon reporting framework as part of ambition to achieve carbon neutral Welsh public sector by 2030	Sustainable Development Manager	Jun 2020

Working with Carmarthenshire Public Services Board / Swansea Bay City Deal partners

Ref	Action to be undertaken	Lead Officer	By When
NZC-18	Work with Carmarthenshire Public Services Board's (PSB's) Healthy Environment Delivery Group to undertake a Climate Change and Environmental Risk Assessment for the County	Corporate Policy and Partnership Manager	Ongoing
NZC-19	Work with Carmarthenshire PSB partners to identify and develop opportunities for collaboration regarding carbon reduction	Sustainable Development Manager	Ongoing
NZC-20	Work with Welsh Government and Swansea Bay City Region partners to establish a Regional Energy Plan for South West Wales	~~Head of Regeneration~~ Head of Place and Sustainability	Ongoing

Collaboration with experts from the private sector and 3rd sectors

Ref	Action to be undertaken	Lead Officer	By When
NZC-21	Work with the Council's contractors to explore innovative approaches to carbon reduction	Various	Ongoing
NZC-22	Participate in the Carmarthenshire 3rd Sector Environment Network established by Carmarthenshire Association of Voluntary Services (CAVS)	Various	Ongoing
NZC-23	Work with Ynni Sir Gâr, and others, to deliver and support local renewable energy projects	Sustainable Development Manager	Ongoing

Integration and Communication

Ref	Action to be undertaken	Lead Officer	By When
NZC-24	Undertake Staff survey to identify how individuals can contribute to the Council's commitment to become a net zero carbon local authority	Media and Marketing Manager	~~May 2020~~ TBC
NZC-25	Incorporate climate change / carbon reduction in Integrated Impact Assessment process to be introduced by Council	Corporate Policy and Partnership Manager	TBC
NZC-26	Support the 'Walk the Global Walk' project in the County's schools to promote awareness of climate change	Officer for International School Linking	Mar 2021
NZC-27	Review action plan following publication of Welsh Government guidance regarding new national carbon reporting framework	Sustainable Development Manager	~~Mar 2021~~ Mar 2023
NZC-28	Publish performance reports on progress towards becoming a net zero carbon local authority by 2030	Sustainable Development Manager	Annual

Key:

🟥	Overdue
🟪	Revised target dates due to delay in publishing Wales carbon reporting guidance
🟦	On track
🟩	Completed
🟨	Ongoing. These Actions will continue throughout the lifetime of the NZC Plan

Appendix 2:

Climate Emergency

The initial focus of this action plan for a route towards becoming a net zero carbon local authority is not intended to limit or preclude other potential wider actions that contribute towards addressing the climate emergency.

Some of these actions relate to the following activities (this is not an exhaustive list):

- Civil Contingencies
- Education
- Finance
- Highways and Transportation
- Housing
- Information and Communications
- Leisure
- Place & Sustainability
- Procurement
- Public Protection and Air Quality
- Regeneration
- Waste and Environmental Services

An update will be incorporated into the revised NZC Plan to be published by 31st March 2023.

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CABINET
17ᵀᴴ OCTOBER, 2022

STATUTORY DIRECTOR OF SOCIAL CARE SERVICES' ANNUAL REPORT 2021/22

Purpose:

There is a statutory requirement for the Director of Social Services to report annually to their Council on the delivery and performance as well as plans for the improvement of the whole range of Social Services.

This is the annual report by the Director of Social Services on the performance of our Social Care Services in the county. It sets out the challenges of an unprecedented year due to COVID 19 and highlights those areas to be developed in the current year. It relates to performance for the year 2021/22.

This report provides Members with the opportunity to question the content and gives an opportunity for the Statutory Director to consider any comments elected Members may have for the future. It should be noted the report is still in draft and will be further revised and reformatted prior to completion.

Recommendations / key decisions required:

That the Annual report of the Statutory Director of Social Services on the performance of Social Care Services in Carmarthenshire 2021/22 be approved.

Reasons:

Political scrutiny of this report is considered by the Director to be an important element in the development process and will be amended throughout the various stages to the final publication of this report in the summer of 2022.

Cabinet Decision Required:	YES – 17ᵗʰ October, 2022
Council Decision Required	YES – 9ᵗʰ November, 2022

CABINET MEMBER PORTFOLIO HOLDER:-
Cllr. J. Tremlett (Health & Social Services Portfolio Holder)

Directorate: Communities **Name of Head of Service:** Jake Morgan	Designation: Director of Community Services (Statutory Director of Social Services)	**Tel:** 01267 224698 **Email addresses:** JakeMorgan@carmarthenshire.gov.uk

Cyngor **Sir Gâr**
Carmarthenshire
County Council

EXECUTIVE SUMMARY
CABINET
17TH OCTOBER 2022

STATUTORY DIRECTOR OF SOCIAL CARE SERVICES' ANNUAL REPORT 2021/22	
The Annual Report examines each Service area within Social Care and shows how service strategies, actions, targets and service risks will be addressed and delivered operationally by the service this year based on the approved budget. The Annual Report (attached) comprises an overview provided by the Director of Social Services, which provides information on how we have performed in 2021/22 and an assessment on the future, together with our strategic priorities for 2022/23. The Report links closely with the Directorate Business Plans for Community Services and Education & Children's Services departments. Following publication of the report to the public (after it has been presented to full Council), Care Inspectorate Wales (CIW) and Welsh Government will complete their analysis and review of the report. There will be a formal meeting with CIW in October to discuss their analysis and proposed plan. This will be followed by an Annual Letter to Council in late November/early December, confirming their analysis and inspection plan. The process will link in closely with the Wales Programme for Improvement and the Annual Letter from the Wales Audit Office.	
DETAILED REPORT ATTACHED?	**YES**

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report:

Signed: **Jake Morgan**   **Director of Social Services**

Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
YES	**YES**	**YES**	**YES**	**YES**	**YES**	**YES**

1. Policy, Crime & Disorder and Equalities

The Annual Report will be an important contribution to the Council's Improvement Plan.

2. Legal

The Annual Report forms an important part of the statutory duties of the Director of Social Services:

"The Director will present to Council, publish and report on an annual statement of plans for performance and improvement"

3. Finance

The financial implications are included in the report. Budget pressures are identified clearly.

4. ICT

The PIMS system will be used to provide evidence of the Annual Report. Comment is made in the body of the report as to the need to better integrate Health & Social Care IT.

5. Risk Management Issues

Key risks have been addressed in this report with a link to the departmental and corporate risk register.

6. Physical Assets

Physical assets are included in this report in relation to service delivery.

7. Staffing Implications

Workforce is a critical element included in the report. In particular, the development and retention of social workers to ensure that they continue their professional development and remain with Carmarthenshire.

Cyngor **Sir Gâr**
Carmarthenshire
County Council

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: Jake Morgan   **Director of Social Services**

1. Scrutiny Committee request for pre-determination	YES

Scrutiny Committee	Health & Social Services
Date the report was considered:-	5th October, 2022

Scrutiny Committee Outcome/Recommendations:-

The Health and Social Services Scrutiny Committee endorsed the report.

2.Local Member(s) Not applicable.

3.Community / Town Council Not applicable.

4.Relevant Partners Not applicable.

5.Staff Side Representatives and other Organisations Not applicable.

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED	Include any observations here
YES	

Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:

   THERE ARE NONE.

Cyngor **Sir Gâr**
Carmarthenshire County Council

Statutory Director of Social Care Services' Annual Report

2021/22 DRAFT

V2

carmarthenshire.gov.wales

Cyngor **Sir Gâr**
Carmarthenshire
County Council

Contents

Dates of Officer and Political meetings

DMT	11th July 2022
CMT	04th August 2022
Pre-Cabinet	5th September 2022
Scrutiny	SC&H 5th October 2022
Cabinet	17th October 2022
County Council	9th November 2022

Introduction

This is my ninth annual report as Statutory Director of Social Services. Although Social Services is only a part of my corporate role there is a statutory requirement on me to report annually on the council's social services functions.

2021/22 really was another year with challenges like no other. Social services along with all other Council directorates were required to adapt to both the direct and indirect challenges from the pandemic. Our ability to respond quickly and flexibly whilst continuing to provide essential services is testament to the commitment and dedication of the whole workforce, and I cannot thank them enough for the commitment they have shown given the national challenges facing the sector. We have performed exceptionally well across most areas of Children and Adult Services However, we now face immediate and ongoing challenges to maintain this high performance.

The response of the staff across all our social services functions have been exceptional. However, many staff are showing signs of fatigue challenged in their personal lives by cost-of-living pressures and in their professional lives by managing outbreaks and the knock-on effect of vacancies on their workloads.

The external forces of reduced migration, wage inflation in other sectors, increased early retirements and staff leaving a challenging sector have all been felt in Carmarthenshire. This has left the sector needing to recruit an additional 200 Home Carers, over 100 Residential Carers and at least 30 Social Workers. This when coupled with rising post Covid demand across Children and Adult Services has resulted in waiting lists for homecare and residential care being at the highest levels for many years.

The last 6 months have seen a wide range of initiatives to assist recruitment that have included regrading of posts, record inflationary increases to care providers, the development of a Care Academi, record numbers of people supported onto the social work degree, the temporary introduction of market supplements and significant activity to promote and brand us as an employer and to promote care as a career. In our in-house service there have been significant improvements in the recruitment and retention of staff in residential care although gains have been more modest in filling social work posts and homecare.

Whilst risk is managed carefully and any waiting lists are monitored closely for risk, I have to report that choice of care is, at times affected and a significant minority of people are provided with alternatives to their assessed needs where the primary provision is not available. Homecare is the most stretched although the numbers waiting for care in hospital have reduced close to pre pandemic levels. I am pleased to say all providers of homecare now pay well above the Real Living Wage.

Children's services have seen a small but significant growth in the number on the Child Protection Register and those children looked after. It is crucial we meet this

need in a timely way with preventative services stretched and are likely to require increased investment moving forward if we are to avoid continued growth and cost in the number of looked after children.

Despite this challenging environment we continue to perform as well as could be expected. In our assurance check early this year, CIW reviewed how the local authority social services continue to help and support adults and children with a focus on safety and well-being findings:

> Overall we found the local authority ensures people's voices are heard, their choices respected and people routinely achieved self-identified outcomes. Leaders have a line of sight on front line practice with clear plans that have led to creative practice.
>
> Care Inspectorate Wales (CIW) Assurance Check 2021:
> Carmarthenshire County Council

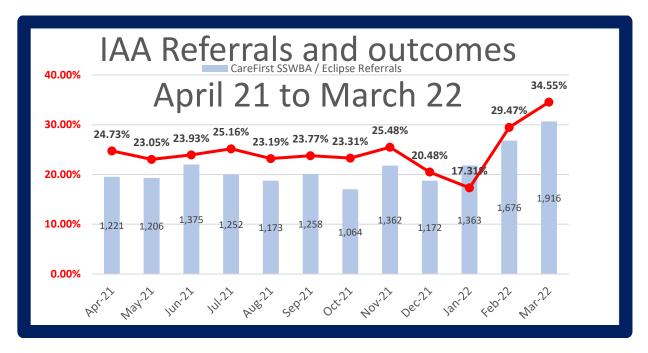## *Jake Morgan, Statutory Director of Social Services*

Overview

Adult Services

Managing the challenges that the pandemic created has been integrated into the everyday work of the service. The success of the vaccination programme and the associated very high level of take up by vulnerable adults and social care staff has meant that the impact of community transmission on care settings has been minimised with the impact on vulnerable adults relatively low even when they are infected. Thus with the exception of one isolated incident in the summer, care home outbreaks have not led to significant illness or death of our care home population although Covid has contributed to increased levels of staff absence. By the end of this reporting year (April 2022) Covid had become something for us to manage on a proactive basis, rather than constantly responding to emergencies on a reactive basis.

As a consequence of the above, we have had the opportunity to focus more on our core business and look at how we develop and shape our services so that they are fit for the future.

In partnership with Llesiant Delta Wellbeing (our arms length telecare company), we have continued to offer a strong Information, Advice and Assistance service (IAA) and are still seeing positive results with a significant number of enquiries not requiring ongoing assistance/assessment. As in all areas recruitment to our IAA service is a challenge and can, at times, impact on outcomes.

Whilst the use of virtual means of communication is helping us to be more flexible with the use of our time, we have returned to offering face to face assessments whenever we can to ensure that our practitioners are able to carry out a holistic
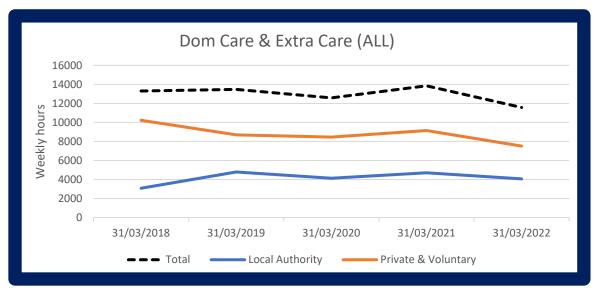
assessment of the individual and ensure that we can best support them and meet their outcomes.

Our biggest challenge has come from the significant recruitment and retention issues we are experiencing both in terms of a qualified social work and non-qualified social care workforce. As a consequence from an older adults/physical disability perspective, we have had insufficient social workers available to assess all those who need assessments as quickly as we might like. This means that since October 2021 we have started to have significant waiting lists for assessments and carefully prioritise those in most urgent need. Despite this waiting lists have steadily fallen.

This is a common picture across Wales and reflects the shortfall in numbers of social workers and the increase in demand. Some headway has been made in reducing the number since the autumn and as we appoint more social work staff we would anticipate the numbers waiting falling further.
Whilst we have a number of residential care beds still available to us, the availability of commissioned homecare care hours has decreased significantly since summer

2021. Our in-house service has remained broadly steady with improved recruitment and retention levels.

This reduced capacity has led to a rise in those waiting for care towards the end of last year. Whilst it has stabilised since then, progress to reduce the numbers waiting has been slow. Improvements in reablement performance have improved the picture since March and numbers waiting between March and May 2022 have reduced by nearly 25% with 150 clients waiting for care still to be formally allocated.

We have therefore had to prioritise those with the greatest need waiting for care. In doing this we work closely with individuals and families to consider other options such as a temporary step-down residential beds or remunerating families to provide support on an interim basis through our Wellbeing Support Grant until we can secure the care. In addition, we have offered temporary emergency support through Delta Wellbeing's CONNECT service to avoid hospital or care home admissions. We have always been a relatively high provider of statutory care services and this pressure has undoubtedly forced us to innovate better and reduce any unnecessary provision. However, we cannot provide the service we want until the whole sector has recruited sufficient staff.

Due to the significant challenges we have been facing along with staffing pressures, I established a Social Care Gold Command which I have chaired with representation across each division, and HR, Finance and Communications to ensure that we could effectively manage the risks and provide the corporate reassurance needed. This Gold Command has now been stood down on the basis that all controls are in place, but our focus is now on how we recruit and retain a sustainable workforce (see Workforce section).

The crisis that we have been faced with has also encouraged us to innovate and think creatively about how to best support the most vulnerable people in our population. New services have been created to support vulnerable users that meet demand in different ways.

One such example is the development of the Intermediate Care Multi-Disciplinary Team which initially focussed on supporting hospital patients to return home within 72 hours of their admission. The team is a collaboration between Health and Social Care and comprises the crisis response arm of the Health Board's Acute Response Team as well as GPs, Physiotherapists, Occupational Therapists, Social Workers, Delta Wellbeing Community Wellbeing Officers (CWO's) and the Council's Reablement Service. Its success has been recognised both by achieving a Silver Award in the recent IESE Awards as well as the Health Board's Team of the Month. The team is soon to be expanded to focus also on hospital admissions avoidance as well as supporting crisis in the community. It will work alongside our front door to health and social care to provide the short-term support that people need to keep them safe and independent at home whilst an assessment is undertaken to determine long-term needs.

Alongside the Intermediate Care Multi-Disciplinary Team has been the development of Ty Pili-Pala a 14 bedded step down unit which forms part of the Council's Llys Y Bryn Residential Home. Again, the Council is working in partnership with the Health Board to allow for therapy-led reablement with a view to supporting people to be able to return home and live independently.

At the start of the pandemic in line with government advice and the high vulnerability of our client groups to Covid, we immediately had to close most of our **Day Services** and suspend most planned respite in care homes.

For older people we have tried to look at more innovative ways of how we can continue to support them to meet their preferred outcomes and provide some degree of respite for individuals and families. On a pilot basis we have offered those that previously attended our day services 1 to 1 support at home as well as an offer of a virtual day service by providing participants with a bespoke electronic tablet so that they can engage in virtual group activities such as bingo, coffee chats and exercise classes. At the time of writing the report, we are in the process of reopening two of our face-to-face day services on a phased basis. It is envisaged that these services will be part of our day opportunities offer alongside 1 to 1 support at home and an online telecare offer developed through Llesiant Delta Wellbeing. Planned residential respite has also started to become more of a viable option as users get more confident to access services

Ensuring that the people we work with are able to have a voice, choice and control is equally important and in this context we have continued to contribute to the regional commissioning agenda including the review of advocacy services and the commissioning of Independent Professional Advocacy. We also successfully brought our Direct Payments Service back in-house in April 2021 from our previous commissioned provider. This has presented an opportunity for us to better support the development of Direct Payments in lieu of direct services to those that need it.

Learning Disability Day Opportunities are critical to support adults in the community. As a result, we have continued to increase the number of people we are able to support as we gradually reopened our buildings. We have also offered support at home and a range of online virtual activities which remain popular with those who use our services and their carers. Activities provided include, exercise, quizzes, and cookery sessions, woodwork and craft activity packs have also been delivered to individual homes to enable them to join in with the virtual demonstrations.

The Learning disability Services has adapted and developed new initiatives in response to increasing demands. We have established new opportunities in the Llandovery area to support people to access community activities and build relationships closer to home. A new walking group specifically for Carers has been established through the exercise buddies project which is proving to be popular and have just taken delivery of their own branded T shirts etc and all the centres have seen a significant increase in their attendance numbers.

We were proud to celebrate the achievements of one of our Community Connectors, Fran Horton who in February was awarded Gower College Swansea's Community

Development Apprentice of the Year after completing her QCF Level 3 in Community Development. Fran's role is to promote inclusion and engagement by encouraging individuals to develop new networks within their local community so that they can utilise their own assets and those of their community to achieve the outcomes that are important to them.

Shared Lives is a service we run on behalf of the region to provide supportive homes for adults with a range of needs. After a review, the service has been restructured and this is now bedding in. Our new online recruitment portal for Shared lives Carers went live in February. This provides a more user friendly and efficient platform from which to become a Shared Lives Carer. The service is focussed on increasing both the number and range of carers available across the region. There are champion groups now running across the county to raise awareness and provide support and the team are developing locality referral meetings for any teams wishing to refer into the service.

The first phase of the new model for disability was also established during 2020 commencing with the 0 to 25 years old service where our Children with Disabilities Team and adult services provide seamless transitions for users of Children's Services to Adults. Initial feedback from those who use services, their carers and professionals is very positive. Moving forward this should enable better preparation for children with a disability on their transition to adult services and avoid the sense of a cliff edge of care that families have reported in the past.

We recognise that the pandemic has been a hugely challenging time for carers who have been managing with reduced support and respite. Through the Regional Partnership Board arrangements, we have continued to adapt our offer to carers to ensure that they can continue to feel supported. I am delighted that we have been able to publish the Regional Carers Strategy and we have been able to support the ongoing implementation of the local and regional action plan.

The social work teams and day services staff have kept in contact with carers and provided support when necessary. Many of our staff have either achieved or are undertaking the Investors in Carers Award which is an acknowledgement of the support provided to carers. All social work teams in Adult Social Care have also clearly identified Carers Champions.

The pandemic is challenging for everyone, but the impact on the mental health and wellbeing of many people in Wales and Carmarthenshire is significant. In planning for this, the council has invested significant growth resource to address this which we used to recruit more social work and social care staff to focus on two specific areas: early intervention and prevention and a more robust and timelier crisis response. During the last year, we have been collaborating with the Health Board and the third sector to develop initiatives in this regard developing a Single Point of Access and a 24/7 crisis response service. The Twilight Sanctuary Crisis Response in Llanelli, which was council led, goes from strength to strength and the model is now being rolled out across the region. For the Approved Mental Health Practitioner (AMHP) service, it has been business as usual, and they have had continued to undertake their statutory duties throughout the pandemic.

Within mental health and learning disability services, we are embarking on an ambitious programme of change in relation to accommodation. Our vision is to further reduce the reliance on residential care and develop more community options accommodation, which promote choice and independence. In 2021, we commissioned the Housing Learning Improvement Network (LIN) to undertake an accommodation needs mapping exercise for mental health. We have used this data to establish a four-year accommodation plan and to collaborate with colleagues in Housing, Commissioning and with Hywel Dda University Health Board, to develop a range of community accommodation projects from independent tenancies to shared settings.

Learning Disability and Mental Health is now a priority in the council's housing strategy. We have been able to access the council's housing stock and new builds for those who are able to live independently. Our housing department have purchased properties and made the necessary adaptations to accommodate those with complex needs.

I am pleased to report that despite the challenges of the pandemic, this work has remained a key objective for the division. We have developed several accommodation projects in partnership with our colleagues in housing and enabled twenty adults to step down to more independent living from residential care.

The prevention of suicide and self-harm is also a priority for the region, this work is led by the Head of Adult Social Care. A current priority for the region and Carmarthenshire, is to establish a multi-agency rapid response to suicide. This model is being developed under the umbrella of the Regional Safeguarding Board. The rapid response model is a meeting where, in the event of a suicide, organisations and relevant others will come together swiftly to look at who is impacted, who needs to be supported and what needs to be done to prevent further incidences. It will then be extended to include incidences where suicide is not completed. This model has already been adopted in other parts of Wales and is seen as good practice in the prevention of suicide and self-harm.

In relation to the Substance Misuse Team, we have seen increased demand and complexities related to the pandemic. We have been collaborating with partners to develop innovative pathways for comorbidities such as mental health and substance misuse and alcohol related brain damage.

Adult Safeguarding

In relation to adult safeguarding, the Regional Safeguarding Board and associated subgroups have continued to meet virtually. We were part of a Regional Multi Agency Covid Response Group which met weekly to have assurance regarding safeguarding responses during the pandemic. MAPPA, MARAC and VAWDASV arrangements have also continued. We have continued to work within the new All Wales Adult Protection Procedures and Carmarthenshire has led on several developments including a regional policy on self-neglect.

Carmarthenshire Adult Safeguarding Team is held in high regard across the region and received positive feedback from the CIW Assurance visit in 2021.
We have seen an increase in safeguarding activity and an increase in the complexity of referrals with up to 25 referrals a week. Our risk management was highlighted as effective by the CIW:

> Co-produced solutions were evident and there were positive outcomes for people subject to safeguarded interventions. Safeguarding enquiries and investigations conducted in line with statutory requirements, good analysis of risk, protection plans in place and action taken when necessary. Providers and partners said they were supported by the adult safeguarding team; their willingness to offer advice, guidance and assist with training of social care workers was acknowledged.
>
> **"Care Inspectorate Wales (CIW) 2021"**

A robust regional approach to managing new and existing Deprivation of Liberty Safeguard authorisations was agreed during the pandemic. This approach ensures the principles of the Mental Capacity Act are upheld and is consistent with the guidance received from Welsh Government. As a result, we are well prepared for the implementation of the new Liberty Protection Safeguards in April 2023.

The number of DOLS applications has been consistent during the past 12 months. Due to the visiting restrictions in place for care homes, the assessments have been undertaken remotely in line with national guidance and good practice. Assessments are prioritised in terms of urgency and a robust audit process is in place for ensuring the principles of the Mental Capacity Act (2005) are followed.

Technology Enabled Care

Llesiant Delta Wellbeing is wholly owned by the Council and was created to enable us to innovate and deliver care. The service has been invaluable in enabling us to respond to the needs of vulnerable people during the pandemic. Employing close to 150 people and providing services both regionally and nationally the service is one of the UK leaders in delivering innovative Technology Enabled Care (TEC)

Carmarthenshire took the best of integrated health and social care practice in Spain and developed the TEC CONNECT project. This innovative service provides 24 hour proactive integrated tele-monitoring and wellbeing calls, wellbeing plans and community-based support pathways with a rapid response team when vulnerable users are in crisis. The rapid response element of the service is now registered with CIW and has had a recent inspection which was hugely positive.

> "People and their relatives speak positively about the time-limited care and support they receive through Llesiant Delta Wellbeing and the ongoing support and reassurance provided through CONNECT, the non-regulated part of the service. Care staff demonstrate a good knowledge of the needs of the people they support and an enthusiasm for working for Llesiant Delta Wellbeing."
>
> **"Care Inspectorate Wales (CIW) 2022"**

The total number of individuals who have been supported via CONNECT in Carmarthenshire is 3089 with Carmarthenshire having the most people in Wales supported by telecare.

The service has been acknowledged as best practice in the UK exemplifying the work that is being achieved across sectoral boundaries and is delivering an innovative, person-centred approach to wellbeing, care and support. CONNECT has helped transform the way we deliver care, by implementing this new model of self-help and pro-active care, utilising TEC, which is at the heart of the project, to improve wellbeing, helping people to stay independent for longer and reducing demand on long-term or acute care. CONNECT provides a wrap-around service which allows people to remain confident and safe at home and in the community.

The Community Rapid Response Service has attended over 5800 calls to clients' homes since April 2020 ensuring that they are receiving the right help at the right time. With only 7% of those calls needing to be escalated to the emergency services a high proportion of CONNECT clients who have suffered a non-injurious fall, have avoided a long-lie and ultimately a lengthy conveyance to hospital due to unprecedented waits for ambulances and have been lifted off the floor and supported by the team.

We have recently embedded our service in both acute hospital sites with Delta Wellbeing Officers who are able to offer information and advice on site and triage new referrals to determine whether patients need further assessment. They are a critical link between the hospital ward and social care to make sure that we make the discharge process as streamlined as possible.

We have worked hard to develop the expertise of our front-line Response and TEC Officers over the last year, specifically developing skills that allow them to identify issues of concern. Their "eyes on" within the property is invaluable to identify any concerns for an individual's wellbeing and ensure the appropriate escalation or response.

The Community Response Team has been expanded to assist patients to return home safely, ensuring the right support is available to prevent re-admission. As well as emergency bridging packages of care where there is a start date for someone leaving hospital. This service has enabled clients to return home from hospital sooner and freed up hospital bed spaces during what continues to be a challenging time for our local hospitals and domiciliary care services.

As we continued to raise the profile of the CONNECT service and the essential support it has provided to date, Delta have been recognised in a number of high-profile awards across various categories from innovation, digital impact, partnership working, care and health integration and transformation. In 2021 Delta received a Silver Award in the iESE Public Sector Transformation Awards for 'Innovation' and were also a winner at the Swansea Bay Business Awards 2021 for 'Customer Service'. Finally in 2022 Delta Connect won in the prestigious UK wide Management Journal Awards for the best example of care and Health Integration.
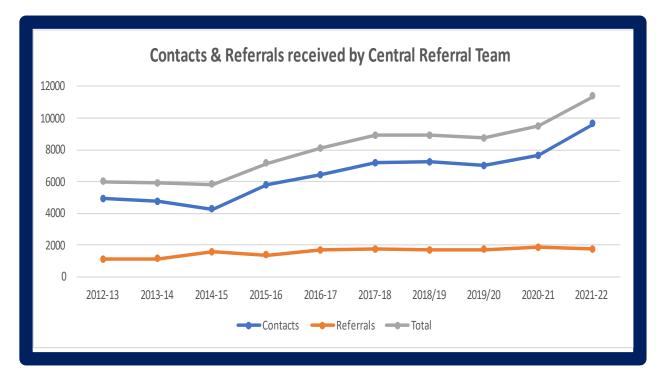
The future potential for telecare and telehealth is significant and detailed work is underway to integrate the service with assistive living in Pentre Awel, Llanelli and wider monitoring and intervention of chronic conditions.

Children Services

Children's services have continued to function effectively throughout the pandemic and lockdowns and work has had to continually evolve and adapt to ensure our staff, and the children and families we visit stay safe whilst following Welsh Government guidelines in respect of Covid restrictions. The pandemic has also continued to demonstrate the benefits and opportunities of digital working which has often increased engagement, especially with those who may not have otherwise been in regular contact, thus providing better insight and opportunities and helping improve outcomes. Whilst Covid has dominated the last two years it is also important to reflect on the challenging work and innovative ways our workers have adopted throughout the pandemic in continuing to support children and families.

Progress during the year:

The impact of the Covid pandemic has placed significant pressures on families and brought about unprecedented challenges to ensure children and young people in Carmarthenshire are safeguarded. Children's services have seen significant

increase in demand for services and support with the **number of contacts** to the department continuing to rise.

Contacts & Referrals received by Central Referral Team

However, we continue to perform well despite these added pressures. 90.2% of new assessments were completed within statutory timescales. The increase in contacts coupled with staff absence/sickness, Covid restrictions and recruitment difficulties have all been additional challenges resulting in some caseloads higher than normal. Also, within preventative services the increase in demand and effects of Covid and restrictions there has been less availability thus placing more pressure on statutory services.

There continues to be good evidence in the sample of **assessments that are audited monthly** of the views of children and what life is like for them, and practitioners are using a wider range of tools to enable this. There is evidence of collaborative work with children, parents, and extended family and increasingly assessments refer to the contribution that a Family Network Meeting has made to the assessment in terms of identifying sources of support and family/friends who have helped devise a safety plan that ensure a child's needs are met appropriately.
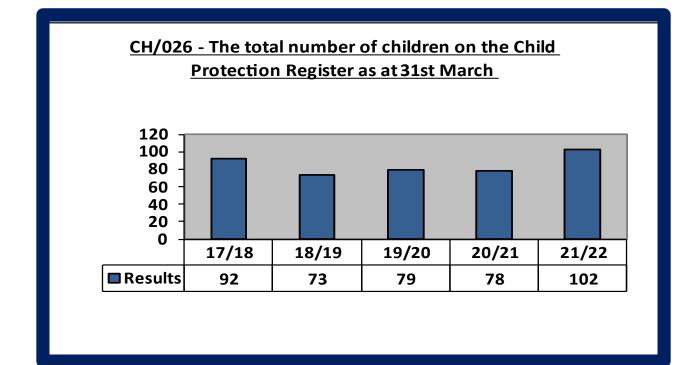
The **relationship based approach to delivering social work services** to children and families, incorporating systemic thinking and the principles of Signs of Safety is embedded in all childcare teams including the 0-25 disability service. Contributions from adult services in pods are also increasing such as substance misuse and learning disability to incorporate different perspectives about a family into pod discussions and consequent actions and plans.

Pod discussions are taking place face to face again instead of remotely wherever possible. It is seen as more effective sharing thoughts and knowledge about cases and staff value this peer support as it helps reduce feelings of isolation.

Mandatory sessions for social workers in their first year of practice will include input on systemic practice enabling social workers from both children's and adult services to have opportunities to develop their knowledge and skills. Over 20 managers and senior social workers have completed foundation level training this year which has extended their knowledge and confidence in using systemic thinking and ensuring a consistent approach.

The focus remains on Family Network Meetings which is an essential tool in both assessment and childcare teams. In collaboration with 'Collective Space' practitioners have developed a training package which will be delivered on a regular basis in future, in addition to more specialist risk assessment training.
We have continued to follow regional threshold and **multi-agency child protection arrangements** ensuring early intervention and utilisation of preventative services to reduce the need for statutory involvement wherever possible. A regional development day was held in May 2021 facilitated by Gladys White OBE which was an opportunity for staff to consider legislation, guidance, and child protection practice across the region and to ensure risks are understood and consistently applied.
The session was well received, and feedback highlighted the benefit of workers having time to reflect and work alongside colleagues from different agencies, and across other LA's in the region, and provided assurance that arrangements are working effectively across the region.
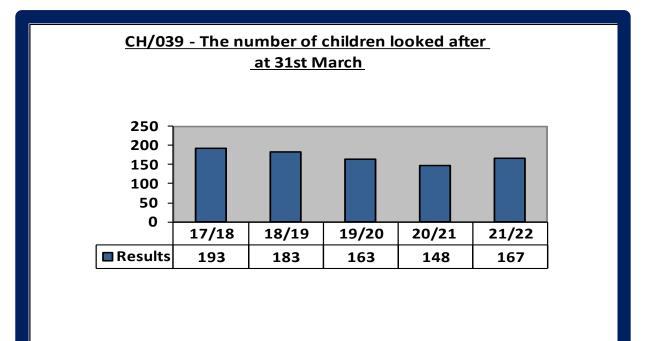
The number of children on the **child protection** register has increased this year – 102 (as at 31/3/22) compared to 78 the previous year. Recent times have proved very challenging to families due to the pandemic. Families have faced difficulties in relation to safeguarding issues when under Covid restrictions which has meant some children's names having to be placed onto the child protection register to ensure their safety under demanding circumstances.

CH/026 - The total number of children on the Child Protection Register as at 31st March

	17/18	18/19	19/20	20/21	21/22
Results	92	73	79	78	102

We continue to develop our preventative work to reduce the number of children being subject to child protection plans. Prevention is the key to practice to ensure children are able to remain at home with friends or family when it is safe to do so. The impact of the pandemic was felt acutely in this part of the service. The withdrawal of face-to-face preventative services meant that families became more isolated and as a result we have seen more children entering the statutory service, some as child protection cases. It is crucial that services now operate fully on a face to face basis.

The statutory childcare teams are supported by IFST, Edge of Care and Family Intervention Team with intensive packages of support implemented in a variety of ways to keep children safe. The effectiveness of systemic approaches and signs of safety working practices, including effective communication, and working together with families contribute to good outcomes, despite the increasing complexity of cases. We continue to perform well in relation to the **timeliness of child protection conferences** with 98.6% held within statutory timescales during 2021/22.

Wales has amongst the highest numbers of children in public care in the Western world. Reducing this is a national priority. However, whilst we have seen the number of children looked after increase 167 (as at 31/3/22) from 148 at the same time last year, Carmarthenshire still remains proportionately the lowest LAC population in Wales. The rise is in part explained by several young children looked after who are being moved onto permanency at an early stage due to abuse and neglect with families suffering mental health and substance misuse. There has also been a cohort of teenagers who have presented significantly challenging and complex needs and have required more specialist services. The development of an inhouse specialist residential unit later this year on the Rhydygors site will take away complete reliance on an independent sector that is judged by national reports to have failed to meet need and used national demand to increase profits beyond what is reasonable. This will enable us to only work with external providers who offer quality care with reasonable levels of profit.

CH/039 - The number of children looked after at 31st March

	17/18	18/19	19/20	20/21	21/22
Results	193	183	163	148	167

We have continued to work hard across teams to maintain **placement stability** for looked after children and focus on the careful matching of placements. During 2021/22, 11 children (6.6%) of children experienced **3 or more placement moves**. These were due to children and young people who had experienced emotional and physical trauma, challenging behaviours, and complex needs. We continually perform well in maintaining children in the same school.

There are robust systems in place to prevent children from becoming looked after including Accommodation panel where requests for placements are reviewed, together with IFST and Edge of Care involvement, focusing on good quality family network meetings and regular Legal Gateway and Pre-proceeding meetings. Early intervention working in partnership with families through care and support plans is key to achieving this. As mentioned previously, the pandemic has had an impact in this area and this has been compounded by a significant social work vacancy factor that the local authority is working to address.

The LAC education team has continued to deliver weekly **trauma informed practice** and attachment training online and in schools in Carmarthenshire throughout 2021-22. Schools have provided very positive feedback as it has helped staff understand how trauma impacts on children and how schools can use strategies to help children who have experienced trauma in their lives to feel secure in school and subsequently enable them to achieve better outcomes. We have consistently performed well in respect of maintaining children in the same school wherever possible.

Choice of available **foster carers** is something we continue to make slow but steady progress on. We have recruited 12 new foster carers during 2021/22 which is an improvement as previously the pandemic had impacted on recruitment with low numbers of people interested in fostering. Nevertheless, placement availability has been limited by the increased numbers being received into care. The National Fostering Framework has been replaced under the new name of Foster Wales which was launched on 15th July 2021 and is now the statutory responsibility of Adoption/Wales Management. We have continued to develop our digital marketing programme and use of our local website alongside the Regional Marketing Officer to promote foster care both locally and regionally as many more carers are needed to care for children especially those with challenging and complex needs.

Regional working together continues to drive through common aims and objectives such as developing the harmonisation of fees/allowances and support services to retain foster carers across the region and locally. Carmarthenshire foster carers receive 24 hour support along with training, mentoring, and support groups to meet their learning and development needs, as well as financial resources and support. The Marketing and Recruitment officer in the Mid and West Wales Adoption Service continues to link with the fostering service to share recruitment opportunities and resources.

Foster carers are a valuable commodity and it is likely that rates will have to be reviewed to reflect cost of living increases if we are to retain the ones we have. Demand for **Mid and West Adoption Services (MWAS)** has remained high. Although the number of children with a plan for adoption and the number adopted

fluctuates, the demand for adoption services has carried on rising. MWAS has been able to place sibling groups this year as well as older children and children with more complex needs. MWAS is implementing the Wales Good Practice Guides and a one-off meeting between birth parent and adopter is offered in nearly all instances. Adopters and birth parents are positive about the benefits of this meeting, despite its emotional nature.

To enable adopters to know more about the child`s lived experience and what may affect them, MWAS holds 'Understanding the Child' days, and the psychologist assists staff to compile a Trauma Nurture Timeline for each child. This greatly helps the adopters explore the impact on the child of their early experiences and helps tailor the support package that is made available to the adoptive family. Demand for adoption support continues to be high.

Welsh Government funding for adoption support has increased the capacity of MWAS to support adoptive children and families. Whilst we are reaching more families and providing a range of interventions, demand continues to grow. As with other services Covid restrictions, staff absence/shortages and recruitment have been additional challenges for Adoption and Fostering services this year.

We have continued to develop our services for **disabled children aged 0-25** since implementing the new structure during 2020/21 bringing together our statutory and non-statutory teams for children and young people. These have been jointly delivered between children's services, adult social care, health, and education and employ a systemic approach to practice working with the whole family, focusing on their strengths and capabilities in order to meet their needs. We have seen an increased demand for support from families as an impact of the pandemic. We continue to meet with parents each month as part of our 'working together' group and with their input we designed and delivered a range of activities over the summer and winter. We have continued to develop the Early help service and the recently appointed manager will have an important role in managing demand into the service to ensure families get the right help at the right time. Work has been undertaken with partners to develop the web based local offer of support to ensure important information, advice and guidance is included plus sign-posting for specific services.

'**Autism** Skilled Training' for health and Social Care practitioners has continued during the year with over 90+ being trained to date. Our ASD Development Officer has been part of a working group alongside the National Autism Team (NAT) which has developed the framework. Short training and information sessions, and e-learning modules have also been held to help people recognise and respond to autism, in addition to on-going and specific training delivered to our partners and other agencies, and further e-learning being developed for 2022/23.

The Complex Needs panels for Carmarthenshire, Pembrokeshire and Ceredigion have been brought together to create a regional panel with Hywel Dda University Health Board and the inaugural Regional Panel met in July 2021.

The implementation of a **Resource Allocation System** (RAS) has not yet been taken forward due to operational priorities. However, this remains an important piece

of work and progress to date will be taken to the Regional Children's Board to be developed as a regional project with support from the West Wales Care Partnership Team.

The programme of improvement across our **residential services** for children has continued. Care and support arrangements for disabled young people who are moving on from residential care/foster care has been developed. Utilisation of staff from the children's setting to transfer and aid the transitional period helps ease such a big move. The first transition has been completed and was successful for the individual involved.

The homes are recovering well from the difficulties posed during Covid restrictions. Staff are working more freely between homes, and this is becoming the ethos of the service enabling us to be responsive in directing support where needed. Young people themselves have been involved in the planning, design, and appointment of care staff. We have continued to play an active role in the regional partnership Board and lead on several workstreams to transform health and care services in the West Wales region.

The **Corporate Parenting Panel** resumed meeting virtually since November 2021 to monitor and scrutinise the care and support that the Local Authority provides to our Looked After Children and Care Leavers. Throughout the Covid pandemic all Looked after children and care leavers have continued to be supported via the childcare teams and corporate parenting service to ensure they are safeguarded and receiving good quality care which has enabled them to reach their potential.
A number of Care Leavers are studying in colleges and Universities and others participating in training which is a great achievement for the young people. In addition, a number of Care Leavers are graduating from universities, and subsequently taking up professional positions in the community.

The Corporate Parenting Service is also regularly monitoring the outcomes of Looked After Children through the MALAC (Multi-Agency Care Management meetings) and CYSUR Audit and Evaluation Meetings that have continued to take place virtually through 2021-22 to ensure the council fulfils its corporate parenting role and progress is monitored as part of the Corporate Parenting Strategy. Whilst the pandemic created challenges for children's services throughout 2021-22 the outcomes being achieved for Looked After Children and Care Leavers in Carmarthenshire has remained overwhelmingly positive.

Creating more **housing options** for vulnerable young people has faced a significant delay due to Covid. However, we are working closely with partner agencies to implement a 16-25 housing transformation plan which aims to decommission a number of current providers in the Tyisha area of Llanelli and replace with smaller accommodation with increased support for young people. The aim is to achieve this by September 2022. Following work between the Housing Department, Commissioning Services, Youth Support Service, and Children's Services, we anticipate new supported accommodation will be available by September 2022. Young people at risk of becoming homeless or those who are experiencing homelessness will now have the opportunity of being offered more supported accommodation in smaller housing projects within their communities as opposed to

larger supported accommodation which was mainly based in Llanelli. Increased support will also be available to ensure they are supported to achieve better outcomes.

In addition, children's services successfully applied for funding from the Housing Support Grant to develop an in-house Supported Lodgings service to increase capacity for supported lodgings placements for vulnerable young people aged 16-25. It aims to provide 24 placements for our young people including those who experience more complex needs.   Staff are currently being recruited to run the service and it is hoped it will start to provide placements to young people within the next few months.

There is a new structure in place for **Electively Home Educated children** (EHE). The number of families electing to educate their children at home has increased since 2020 and is continuing to increase.   There are currently 565 children known to be electively home educated (541 statutory school age and 24 pre-school age). The most common reason for opting to home educate has been due to the Covid pandemic. It's a policy area where repeated recommendations for a strengthening of national guidance have been rejected by Welsh Government despite the Children's Commissioner, ADSSC (Directors of Social services) ADEW (Directors of Education) and the national safeguarding board all recommending action by government, the position of the promised guidance remains delayed by years despite multiple drafts and consultation. This is an area identified as a risk by the Mid and West Wales Safeguarding Board.

The level of engagement with EHE families continues to increase with 90% of children having had a visit within the last 12 months. Welsh Government funding has enabled us to strengthen the team on a temporary basis, and grant funding has also contributed towards a number of schemes and initiatives for EHE families and feedback has been positive. One of our Home Education Advisors has recently received a gold KIT award from home education charity "Education Otherwise". This award recognises officers who have achieved high standards in their role, nominated by home educating families.

Team Around the Family (TAF) are continuing to re-shape their service to meet future need. The TAF-in-Schools team has been amalgamated with the TAF Central team as part of the reshaping TAF to be a more efficient, place based, and community focused organisation. TAF are continuing to develop links with the third sector, and work closely with schools, Safeguarding and Attendance and Early Help team as part of the behaviour support agenda. The team have operated at a much reduced capacity (less than 50%) to meet the needs of families primarily through digital means. The first peer parent support group is in the early stages of development going forward into 2022/23.

The **Family Information Service** (FIS) has kept families and professionals up to date by providing information and advice via a variety of methods. During 2021/22 there have been 1866 enquiries to the FIS website. FIS Social media channels are continuing to grow and are an excellent means of communication. As well as 37,363 website hits, engagement via Facebook reached 31,247 and Twitter 33.4K.   The Child Development Fund provides additional support to children and families who are

in greatest need and disadvantage especially due to Covid to ensure needs are identified early before they escalate. During the year, 178 families benefitted from the CDF with 187 children being supported.

Promotion of the **Childcare Offer** has continued with vigorous and multi-media advertising. During 2021/22 the number of enquiries to the webpage was 463, with 12,168 hits to the webpage. On average 500-600 children accessed the childcare offer each month during 2021/22. The new national digital service is planned to be rolled-out nationally in January 2023. Carmarthenshire is participating in a small pilot working with Ceredigion commencing September 2022.

All **Families First** projects have been providing a broad range of support to families/young people in a variety of locations including schools, office/community basis and families' homes as well as continuing to provide support virtually. Projects continue to face challenges including Covid related staff sickness, families contracting Covid, working with limited group numbers and pre booked appointments are still required. As restrictions ease, projects are working with greater numbers of individuals and are reporting an increase in referrals. FF Projects have benefitted from additional short-term grants from WG which has helped meet demand for support and enabled support from other agencies:

During 2021-22:

6792 individuals supported from the FF programme, of which **4876 (72%)** were new individuals.

3569 families supported from the FF programme, of which **2683 (75%)** were new families (as a result of working with people on a one-to-one basis)

591 single agency JAFFs were closed with a forward movement of **551 (93%)** on the distance travelled tool.

16 cases were stepped up to Social Services, of which **1** of those cases were stepped up to Ceredigion and **86** cases were stepped down from Social Services to the FF programme.

In most cases support has been provided on a one-to-one basis due to Covid restrictions.   As projects have increased their face-to-face support, there has been an increase in the number of families stepping down from Children's Services into preventative services which will now help alleviate some pressures in statutory services.

Collaborative work has continued within **Flying Start** (FS) providing a holistic approach to communicate and engage with families, sharing ideas and resources. The Flying Start App has been integral in engaging families, keeping them informed and providing vital information. We have used mobile data devices to help families unable to download the app. The FS team met with WG to evaluate the success of the App, especially during Covid, with an aim of it being rolled out to other LA`s. Challenges have continued due to ongoing Covid restrictions and lack of access to suitable venues for face-to-face delivery. Staffing issues due to Covid and vacancies

have also made it difficult to run full services. Language and Play (LAP) services have worked closely with the advisory teacher and educational psychologist has enabled them to offer bespoke support to individual childcare settings to support children's developing communication skills.

Direct Care Provision/Commissioned Care

Care Homes

Care Homes have been amongst the hardest hit by Covid. Thankfully, the roll out of the vaccination programme and the high take up amongst residents and health and social care staff has meant that in the majority of cases residents and staff are no longer becoming seriously unwell with Covid. However, it is still something that we need to manage carefully and the Welsh Government and Public Health Guidance still means that we are seeing ongoing patterns of having to close care homes to new admissions for significant periods of time.

We are hopeful that as the evidence is now showing that the effect of the vaccination programme has significantly lowered the risk to care home residents that we will start to see the guidance change and move away from the need to isolate new residents on admission and close care homes to new admissions when there are a number of cases. Clearly, each instance of Covid cases needs to be managed on a risk assessed basis, but we are hopeful that greater discretion will be given to Responsible Individuals to take risk-based decisions on how to operate their homes.

In the last year, 61 care homes (across older people, learning disability and mental health) have been under exclusion (incident status), with several homes being under exclusion on numerous occasions. However, in the last year we have seen only one home where Covid infection has led to significant levels of serious illness and death of residents.

Most of the care and support in Carmarthenshire is delivered by the independent commissioned sector. The Commissioning Team in Carmarthenshire has continued to play a significant part in supporting these services during the pandemic. The range of support has included:
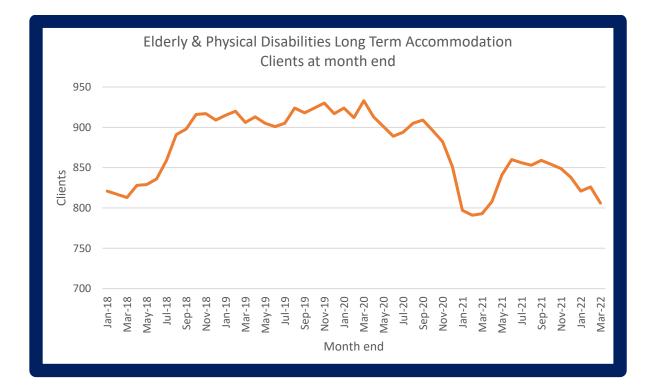
- Coordination of the numerous communications and guidance.
- Coordination and supply of PPE.
- Proactive communications with providers.
- Support for risk assessments surrounding admissions/returns from hospital.
- Initiating provider performance arrangements to address any Covid or other concerns in relation to service provision.
- Support with testing and infection control.
- Financial support.
- Coordination of support and liaison with care homes experiencing outbreaks.

Visiting care homes by families and friends has continued to be a challenge, but all care homes now have good systems in place to ensure that residents are able to have visitors and maintain family contact to support their wellbeing.

The sector continues to experience challenges with filling vacant beds and at the time of writing the report we had 12% of beds vacant in Carmarthenshire. A recent regional market stability report has been developed and is helping us to better understand the risks associated with the market and to consider what capacity we need going forward and how we work with providers to reshape their provision to better meet the needs of the population. Capacity and the ability to take placements is impacted by the difficulty the whole sector has in recruitment, albeit recruitment levels have improved significantly in the last few weeks within our in-house residential care settings.

The Population Needs Assessment has also been recently updated, which clearly articulates the demographic pressures linked to an increase in the population of over 85-year-olds and higher instances of dementia. The 'sufficiency' assessment of the Population Needs Assessment combined with the Market Stability Assessment of regulated services will provide a strong foundation for strategic planning for the next five years.

It is fair to say however that the impact of Covid has led to individuals and families making quite different decisions about their long-term care. People are choosing to remain at home much longer than they might have prior to the pandemic because of the much-publicised impact that Covid has had on care homes. The number of commissioned placements has decreased considerably as per the graph below. This is in part due to increased reluctance of people making this choice post covid, partly availability of beds and an increased reliance on community packages to meet need.

Elderly & Physical Disabilities Long Term Accommodation
Clients at month end

There has been unprecedented financial support to the care sector with vacancies paid through much of the pandemic even when costs reduced as numbers fell. The decrease in commissioned care home beds is now likely to be having a financial impact on care homes although there is no evidence at this stage that their viability is in question. Many need to evolve their business model to take a greater proportion of the elderly mentally Ill (EMI) and ensure their staffing terms and conditions match the market rate.

Managing the mental and physical impact on staff in care settings continues to be one of the greatest challenges, which is compounded by the ongoing recruitment and retention issues linked to the workforce. We continue to provide support to external homes where we can and ensure that we are supporting the wellbeing of our own staff. We recognise that staff are tired after such a difficult two years, and we are doing everything we can to support them.

We have provided a substantial percentage uplift to residential home fees between 10.55% and 11.78% to enable them to pay staff at the real living wage and meet other inflationary pressures.

Domiciliary Care

We have articulated clearly what the challenges have meant in terms of the difficult decisions we are making surrounding people's care, and at the time of writing the report we were still seeing a declining trend in commissioned care hours, although it has started to plateau elsewhere. The decline is largely because of systemic workforce shortages across the county.

Despite the challenges, we are among the most forward thinking of authorities and are determined to address this national issue- there are some green shoots on the horizon. Late last year, we went out to tender for our new Domiciliary Care Framework and have been successful in appointing providers to all "lots" under the Framework. We officially launched the Framework in March 2022 and will be gradually moving to the new commissioning arrangements over the next few months. The new framework will allow us to meet some of the long-standing challenges such as equity of provision in some of the more rural areas of the county. It will also allow us to develop our Community Assessment Service with both our in-house and external provider, which will allow as many individuals as possible a period of assessment before long-term care decisions are made with a view to increasing independence and support people to remain safe and well at home for as long as possible. All commissioned hours should now be paid at the real living wage or above and receive a mileage rate that is comparable to the local authority (45p).

At the time of writing the report, we have just received the report concerning a CIW inspection of our in-house domiciliary care inspection. I am delighted to report that the feedback has been extremely positive. To receive this during a global pandemic and despite significant workforce challenges is quite remarkable.

The report is not yet published, however, the following is a summary of the feedback received:

> "People and their relatives speak highly about the care and support they receive. Care records are person centred and reflect people's individual needs. Care staff are well trained, have a good knowledge of the people they care for and are enthusiastic about working in the service. Dedicated and knowledgeable managers who are well supported by the Responsible Individual (RI) lead the service. The managers are accessible and well respected by all involved. The RI has good oversight of the service and there are robust systems in place to support this. The leadership team have good working relationships and a clear vision about the service."

Measures to recruit and retain domiciliary care workers has become one of our core areas of work. We have developed a marketing campaign to try and attract people to want to come and work in the sector, we have provided financial incentives to encourage our own staff to work extra shifts and we have worked with the independent sector to try and improve rates of pay and consider recruitment and retention initiatives. As a result, the proportion of care delivered as a percentage of the total continues to grow and is now consistently at 38% of the market from a low of 22% 6 years ago. This is in line with the agreed strategy to rebalance care and ensure the care market in Carmarthenshire is balanced. It is intended a further review will be completed should we reach 50% of the market share. Reflecting the increasing complexity of the role, pay for our in-house teams is now up to £25,363 PA or just over £13 an hour. Despite this market leading rate recruitment remains extremely challenging.

I am particularly proud of this in-house workforce who have demonstrated remarkable resilience and commitment and continued to deliver care to our most vulnerable throughout this most difficult of times. Managing staff absence, whether that be linked to Covid, general sickness or vacancies has been extremely difficult and we have continued to rely on the goodwill and generosity of our staff to fill gaps when needed. Whilst our recruitment and retention work is currently only allowing us to increase numbers at a very slow rate, I hope in 2022/23 that we will once again be in a position to grow the workforce and get to a more sustainable position where we can better meet needs.

To contribute to this improvement, we hope to create a joint reablement service with the health-board giving comparable terms and conditions, joint recruitment and deployment. This will, if successful move away from the overall tension within the system where NHS Healthcare Assistants are paid substantially more than their local authority equivalents.
Regular compliance meetings with CIW for all registered services have taken place during 2021/22 and have been very positive. A key objective going forward is to grow

the in-house domiciliary service which will include supporting those with more complex needs.
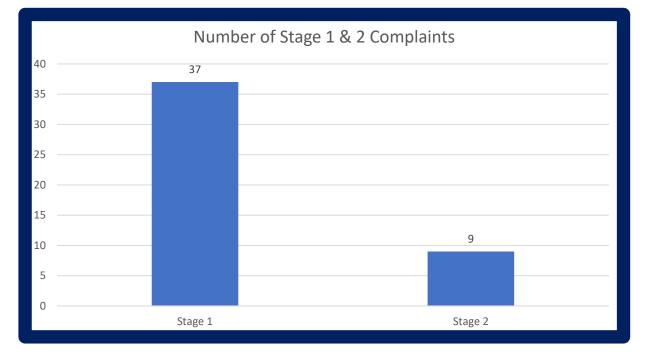
Complaints and Compliments

Adults

Adult Social Care complaints and compliments 2021/22. It provides a positive picture of the department's performance in the context of 4,190 individuals that received a social care service from Carmarthenshire County Council during this period. This means that only 1% of individuals formally complained about the service they received.

Complaints

A total of 46 complaints were recorded at either Stage 1 or 2 in relation to Adult Social Care.

Summary

- 37 of the Adult Social Care complaints were investigated at the local resolution Stage 1.
- 9 were recorded under the Formal Investigation of Stage 2
- A further 41 complaints were dealt with by the department and recorded either as Redirects, No Further Action, on hold pending safeguarding or other.

Number of Stage 1 & 2 Complaints

	Stage 1	Stage 2
Number	37	9

Ombudsman Complaints

In total, eight complaints have been escalated to the Public Services Ombudsman for Wales following completion of a Stage 2 investigation. Of the eight complaints, five were rejected and no further investigation took place. However, there are currently two complaints being investigated by the Ombudsman and the council had to issue compensation to one complainant that related to delays in the effective handling of a complaint relating to an external provider. Changes have been put in place to stop this happening again.

Compliments

A total of 172 Adult Social Care compliments were received in during 2021/22.

"We are delighted & so thankful to XX & everyone who's involved in guiding us through this transition for Mam. Everyone has made the experience so stress free especially at a time when it can be very emotional. Could I please thank each & everyone for all the help, support, patience & guidance. It has been so painless with all of your help."

"Would like to send a huge thank you for your kindness as my mums social worker. From our first Teams meeting with you, my sister and mam, you acted in mams best intertest and quite frankly saw what a character she was. As a family we could not have wished for better care and support from your care team. You came in on a days annual leave and certainly went above and beyond to help mam be comfortable in the last few weeks. Diolch vn fawr

"Llawer iawn o ddiolch I chi am bob Cymorth a chyngor a gawsom fel teulu ganddoch yn ystod y flwyddyn ddiwethaf. Mae'n dda gwybod fod rhywun fel chi ar gael I rol cefnogaeth eto os bydd angen. Cofion cynnes iawn.

Children

In relation to Children services, there were sixteen (16) Stage 1 complaints received.

Twelve (12) of the Stage 1 complaints were not upheld.

There were four (4) Stage 2 complaints investigated by an Independent Investigating Officer (IIO)

Three (3) of the Stage 2 investigations were not upheld by outcome.

Of the 4 Stage 1 complaints upheld - these focused on;

How a foster carer communicated in a meeting about the parents (complainants) child. During a complex legal dispute over parental contact with their child how one parent (the complainant) alleged preferential treatment over such contact than the other.

The conduct of social workers carrying out a home visit for assessment/investigation purposes, not wearing face masks and not providing updates to the complainant on the assessment and investigations and that the complainant felt embarrassed by the visit due to lanyards being worn visible to neighbours impacting further on the complainant's mental health.

Concerns raised by complainants that during supervised contact they overheard contact staff at the venue discussing other cases which worried them in terms of whether their case would be discussed with others. It was established no names or identifying details were disclosed, but discussions did happen.

All the complainants received apologies and an explanation was given in respect to what had happened, including reassurance of compliance with the department's Covid policy/practice at that time, and relevant staff being reminded about confidentiality.

There was one (1) upheld independently investigated Statutory Stage 2 complaint. This related to an adult who was subject to social services involvement when a child in the early 1980's who believed should have been removed from an abusive home life (witnessing domestic violence).

The IIO concluded there were possible missed opportunities by professional involved at the time, and subsequently partially upheld the complaint and compensation was awarded.

Compliments

Compliment from High Court Judge & Guardian in respect of extremely complex case to childcare Social Workers. This kind of acknowledgment is rarely given when it should be but has been noticed on this case.

Judge x expressed gratitude to the Social Work team, for its sensitive, flexible and common-sense approach to both the case and the family, and for the work and support which is being provided in the future. The LA was also complimented on the quality of both its social work and legal documentation. The Children's Guardian made particular note of the Department's work with this family in her Final Analysis, stating that she wished her thanks to the social work team to be put on formal record, in light of the fact that they had *"worked tirelessly to support the family at what has been a difficult time".* Mother has also formally acknowledged her gratitude to the LA for its approach with her.

Legal Team. Children's Guardian, and Barrister feedback to childcare Social worker

Excellent work it was a complex case and you managed this exceptionally well. The Guardian has fed back how impressed she was with your conduct of the case, your relationship with the three children as well as your final evidence, your detailed care plans and your oral evidence in court last week. The judge also referred to your comprehensive assessments of both parents in his judgment. You gave evidence clearly and understood what was best for the children... and gone above and beyond to provide the parent opportunities to engage.

It takes a very special person
To do the job that you both do
We don't know where we would be now
Without the help from you

You stood by us as we struggled
You were there through the good and bad
I think I speak for all your clients
You were the guardian angels when we were sad

You guided us through our bad days
You taught us so much too
If ever someone needs help like this
I'll be putting them onto you

Sometimes you may feel unappreciated
Some people may treat you bad
But believe us when we tell you
You are the best friends that we've had

Without you both I don't know what we'd have done
Or where we would be now
When we were down and in despair
You showed us the Where, When, and Who

We'll never forget what you've both done for us
And we will miss you in our own way
We'll always remember everything you've done
You're the reason we are who we are today

Thank you so much for all you've done for us
Throughout all our troubles and strife
It's guardian angels like you both
That deserve the best in life

Never put yourself or what you do down
We've gained two very special friends
I hope all that happiness you deserve
Will be there when this journey ends

Thank you both from the bottom of our hearts

Poem written by a young person to her child care Social Workers to recognise the difference they have made to their life.

Performance Framework

With the introduction of the Social Services and Well-being Wales Act, the Local Authority undertook a survey of people who use their Social Care Services via an annual questionnaire. The survey was conducted between March 2022 and May 2022 a response rate of **24%.**

The findings of the survey were positive and consistent with previous years.

- 90% of respondents felt that they live in a home that best supports their wellbeing.
- 57% answered 'Yes' they could do the things that were important to them.
- 55% felt that they were part of a community
- 88% were happy with the support they received from family, friends, and neighbours.
- 83% stated they felt safe from any kinds of abuse physical harm or from falling both inside and outside their home.
- 82% of respondents new who to contact about the care and support
- 75% of people stated they thought they had the right information or advice when needing it.
- 77% of respondents were involved in decisions.
- 91% were able to communicate in their preferred language

Full report can be available from the Performance, Analysis & Systems Team

Workforce

Having the very best people working for the Authority means the very best social care can be provided for our people in the community. It is important that staff feel proud about the social care they provide and feel they are connected to the local communities and the teams they work within.

I cannot stress enough how much our staff have continued to step up to the challenge and go above and beyond what is expected of them. The pressures continue to be immense, and without their flexibility and resilience we would not have a service to deliver. I recognise that being a social care worker, social worker, occupational therapist or staff who support our back-office functions is at times an impossible task within the context of the challenges we now face. However, despite everything, they continue to display the highest levels of compassion and empathy to the people they work with and are doing everything possible to help them achieve the best possible outcomes.

However, the position across the country is stark with the office for National Statistics seeing pay in the public sector falling in real terms by 4.5% last year. This impacts on our ability to recruit and retain the staff we need and, with over 1.3 million vacancies across the UK it is likely that recruitment will remain a challenge for some time.

To tackle this challenge the work that we are doing on recruitment and retention will be critical to grow and develop our workforce giving them real reasons to stay and develop their careers. To this end, I chair a social care recruitment and retention

working group which has developed our overall plan and is ensuring that it is delivered. Initiatives developed include:

- Overseas recruitment as well as how we ensure that all our staff are able to access appropriate career paths to encourage them to stay with us.
- Comprehensive advertising strategy
- A significant expansion of traineeships and secondments
- The development and launch of a Care Academi to deliver a career pathway for care staff
- Systematic job role reviews to ensure our roles reflect the task needed

We work closely with the trade unions and we are currently considering what actions we can take to support Homecare staff with the massive impact of fuel rises.

We recognise that the last two years has had a huge emotional and psychological impact on many of our staff, and this should not be underestimated. As a department, we have encouraged staff to come forward as Wellbeing Champions and now have a Wellbeing Champions Group who meet regularly to work through some of the wellbeing challenges and put suggestions for areas of improvement through to our Departmental Management Team. We are also providing dedicated wellbeing support at team level where we are experiencing challenges.

We asked a question to all staff in the Department if they would "Rate Your Division as an Employer" to understand their experience working in the department and Division. The response was consistent with pervious years as "Good ", despite the ongoing pressures.

Carmarthenshire County Council care workers have been recognised in the Queen's New Year's Honours list for their services to health and social care during the Covid-19 pandemic.

Lisa Randell, a Support Worker and Lyndsay McNicholl, Care Home Manager at Llys Y Bryn Residential Home in Llanelli, were awarded the British Empire Medal (BEM) for their dedication and determinations shown throughout the crisis.

Welsh Language

Within the Communities Department, we have ensured the active offer is a priority, and this was recognised in a recent CIW inspection of Domiciliary care. CIW noted that in line with Carmarthenshire's policy and direction, the service provides an 'Active Offer' of the Welsh language. It anticipates, identifies, and meets the Welsh language and cultural needs of people who use, or may use the service.

> "People receive care and support that meets their needs. Staff are knowledgeable, caring and take pride in the care and support they provide. Personal plans provide good information about the individual and daily records support these. The service provides an 'Active Offer' of the Welsh language. Many of the staff are Welsh speakers, which means people are able to communicate in Welsh or English as they choose."
>
> Care Inspectorate Wales (CIW)

Whilst the Welsh Language Board has not met as frequently during the Pandemic, access to training has continued and a total 72 staff have completed their training. The sustainability of the Welsh language depends on providing enough educational, cultural and social opportunities to use the language daily and this is an essential part of our workforce strategy.

Within 2022 we have a workshop planned to refresh our Welsh Language strategy within the department. The promotion of the Welsh language and culture is a priority for the Communities department as it is at the heart of our communities in Carmarthenshire.

A revision of our strategy will provide the opportunity for us to build on the work that has already been done in Carmarthenshire, and create the conditions that will enable the Welsh Language to thrive, to ensure it can be seen and heard in our communities and amongst our workforce. The strategy will support and contribute to the Welsh's Government's vision to create a million Welsh speakers in Wales by 2050.

In our annual survey to people receiving care and support 91% were able to communicate in their preferred language.

> "We found the Welsh language 'Active Offer' was being promoted with recognition of people's first language recorded and services being delivered in people's chosen language. Preferred language is recognised as a key factor in building effective relationships between people and practitioners. "
>
> Care Inspectorate Wales (CIW) Assurance Check 2021:
> Carmarthenshire County Council

Conclusion and Next Steps

Children's Services

No	Action	By Who
1	We will continue to transform children's social work practice through a **Relationship based approach** that incorporates systemic thinking and the principles of Signs of Safety.	
2	We will continue effective **management oversight & challenge** of Assessments & Care & Support plans to ensure they are outcome focused, evidencing the voice of the child, & reflect the underpinning principles of the Social Services & Well-being Act (SSWBA)	
3	We will review and monitor the implementation of the **Corporate Parenting Strategy** ensuring the council fulfils its Corporate Parenting role and that our looked after children and care leavers have the opportunity to reach their full potential	
4	We will continue to develop and deliver the **early intervention support** services (0-25) for disadvantaged children, young people, and families across the county in line with the Family Support Strategy, utilising opportunities for integrating services across the Children and Communities Grant and flexible funding opportunities with the Housing Support Grant.	
5	We will maintain the focus on increasing the range of placements to ensure **placement stability** and stability in education in respect of looked after children, including accommodation through the implementation of an in-house supported lodgings service. This will include the development of an in-house residential service.	

Adult Social Care and Integrated Services

No	Action	By Who
1	Develop a 10 year strategy for Social Care incorporating Children and adult services	Director
2	Develop and implement a Digital Transformation Strategy for the department	GM
3	Develop and deliver a workforce Plan to recruit, retain and develop staff to ensure a sustainable workforce for the future	AB
4	Ensure we implement the new domiciliary framework which effectively addresses the lack of availability of domiciliary care to support vulnerable adults.	CH
5	Re-model and grow a quality, sustainable and efficient in-house domiciliary care service alongside an effective private and micro enterprise sector	AB
6	Develop and implement a Prevention Strategy for Carmarthenshire which will include continuing to work in partnership with Delta Wellbeing in support of our residents	AW

Department's Management Structure

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CABINET
17TH OCTOBER 2022

APPROVAL OF THE WEST WALES CARE PARTNERSHIP'S DEMENTIA STRATEGY

Purpose:

To seek Carmarthenshire County Council approval of the regional strategy.

Recommendations / key decisions required:

Members are asked to approve the West Wales Care Partnership Dementia Strategy, with a view to it proceeding through the political process for final approval.

Reasons:

This Strategy has been produced in partnership between officers of the 3 Local Authorities, the Health Board and third sector partners as well as people living with dementia, their carers, and family members. It supports several key objectives within the Corporate Plan, and our wellbeing objective to 'support older people to age well and maintain dignity and independence in their later years', and its approval will enable us to deliver services in line with the needs of our community.

Cabinet Decision Required: YES – 17th October, 2022

Council Decision Required: YES – 9th November, 2022

CABINET MEMBER PORTFOLIO HOLDER:-

Cllr. Jane Tremlett (Cabinet Member for Health and Social Services)

Directorate: Communities **Report Author:** Monica Bason-Flaquer	**Designations:** Programme & Change Manager, Dementia	**Tel:** 07775407085 **Email address:** mabason-flaquer@carmarthenshire.gov.uk

Cyngor **Sir Gâr**
Carmarthenshire
County Council

EXECUTIVE SUMMARY
CABINET
17TH OCTOBER 2022

APPROVAL OF THE WEST WALES CARE PARTNERSHIP'S DEMENTIA STRATEGY

In February 2021, the West Wales Care Partnership appointed healthcare consultancy Attain to develop a regional dementia strategy and service model pathway of care. The strategy, finalised in April 2022, was co-designed with officers, people living with dementia and their carers across West Wales. The strategy also provides a programme governance structure and the foundation on which to manage the Regional Integration Fund funding and ensure new ways of working are fully resourced.

This document seeks approval of the strategy from Carmarthenshire County Council; the strategy is simultaneously going through the democratic processes for approval in Ceredigion and Pembrokeshire, and has already been approved by the Health Board.

The context for this work includes:
- Increasing focus worldwide on dementia and its impact on health and social care systems; prevalence is increasing year on year, mainly due to people living longer, particularly in high income economies.
- The Welsh Government's Dementia Action Plan 2018-2022.
- The 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'.
- Improvement Cymru's All-Wales Dementia Care Pathway of Standards (March 2021). This work, directed by the requirements of the Dementia Action Plan for Wales, is overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIIG).

The strategy sets out a West Wales vision for dementia services, to 'Support each person to live well and independently with dementia for as long as possible', and outlines a dementia wellbeing pathway which focuses on streamlining pathways and placing people living with dementia and their carers at the centre of our service provision.

Implementation of the strategy will focus on:
- Implementing best practice within primary care, social care, care homes, domiciliary care and specialist services.
- The development of the diagnostic pathway and post diagnostic support, support and co-ordination for people living with dementia and their carers and supporting carers to care for family members living with dementia.
- Providing support, training and help to navigate/co-ordinate services to families, build resilience and maintain balance across all aspects of their life.
- Improving end of life care so that people living with dementia die in a place of their choosing with dignity and improve co-ordination across different care providers to ensure they understand the end-of-life care plan.

DETAILED REPORT ATTACHED?	YES

Cyngor **Sir Gâr**
Carmarthenshire
County Council

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report:						
Signed: Alex Williams				Head of Integrated Services		
Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
YES	**NONE**	**YES**	**NONE**	**NONE**	**YES**	**NONE**
1. Policy, Crime & Disorder and Equalities The Dementia Strategy supports several key objectives within the Corporate Plan, 'Moving Forward in Carmarthenshire: the next 5-years', primarily, 'Continue to support residents affected by dementia and support the development of more dementia friendly and supportive communities across the County.' It will also deliver work contributing to our wellbeing objective to 'support older people to age well and maintain dignity and independence in their later years.' An Equality Impact Assessment has been completed, highlighting the potential benefits of the strategy for people affected by dementia (disability), older people, and Welsh language speakers. The Dementia Steering Group which will oversee the delivery of the strategy also includes representation from Hywel Dda Health Board's Diversity and Inclusion team to provide assurance that the needs of diverse groups will be considered within the implementation of the strategy. Any service changes or developments will be delivered in line with existing Welsh Language requirements, which all partners (NHS, local authorities, and third sector) are required to adhere to.						

Cyngor **Sir Gâr**
Carmarthenshire
County Council

3. Finance

The bulk of the work that sits within the Dementia Strategy has historically been funded through the Integrated Care Fund (ICF), transitioning into the Regional Integration Fund (RIF) in 2022/2023. The West Wales Care Partnership team oversees RIF funding and relevant reporting back to the Welsh Government; the Dementia Steering Group oversees management and distribution of dementia funding within this and senior decision makers from both the NHS and all 3 Local Authorities are represented on this group to ensure appropriate authority is in place for financial decisions.

The strategy has recommended a review of all projects currently funded through ICF/RIF funding, to ensure that the funding is delivering impact and value, and this is an ongoing process. Where the strategy has recommended new services be developed, such as the Dementia Wellbeing Connector (in line with the expectations of the national Dementia Care Pathway of Standards), the Dementia Steering Group will first seek to identify whether existing funding can be redirected to support this and any additional funding opportunities through the RIF. However, for this service to be delivered long-term and sustainably, it will require additional funding commitments from all partners involved. The Steering Group will ensure that any additional funding decisions and commitments are taken through the appropriate processes within Carmarthenshire County Council and other partner organisations.

6. Staffing Implications

Any potential staffing implications through changes to services or introduction of new services will comply with statutory employment legislation and the Authority's employment policies.

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below
Signed: Alex Williams   **Head of Integrated Services**

1. Scrutiny Committee request for pre-determination	YES

Scrutiny Committee	**Health & Social Services**
Date the report was considered:-	**5th October, 2022**
Scrutiny Committee Outcome/Recommendations:- The Health and Social Services Scrutiny Committee endorsed the report.	

2.Local Member(s) NA

3.Community / Town Council NA

4.Relevant Partners

The strategy is simultaneously going through democratic processes for Ceredigion and Pembrokeshire County Councils. The strategy was endorsed by the Regional Partnership Board on 16th May 2022 and has been approved by the Health Board.

5.Staff Side Representatives and other Organisations NA

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED YES	The West Wales Care Partnership's Dementia Strategy, developed in partnership with the three local authorities, Hywel Dda University Health Board and third sector partners, offers a co-ordinated approach to develop a dementia friendly region delivering services to people at all stages of their dementia journey.

Section 100D Local Government Act, 1972 – Access to Information **List of Background Papers used in the preparation of this report:** THESE ARE DETAILED BELOW		
Title of Document	**File Ref No.**	**Locations that the papers are available for public inspection**
Dementia Strategy	**To be completed**	**Appendix 1 to this report**
Equality Impact Assessment	**To be completed**	**Appendix 2 to this report**

Cyngor **Sir Gâr**
Carmarthenshire
County Council

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West Wales Care Partnership (WWCP)
Dementia Strategy

February 2022
V19_0**DRAFT**

Contents

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1. Background

Background

- The West Wales Care Partnership (WWCP) brings together organisations from the statutory, third and independent sectors with a remit of integrating and transforming health, care and support in the region.

- A statutory Regional Partnership Board oversees the work of the WWCP.

- A regional Dementia Steering Group sits underneath the RPB and comprises representation from across the Partnership. It provides a mechanism for developing a regional approach to caring for people living with dementia (PLWD) and their families. This Group worked closely with Attain in developing the draft Strategy and will have a key role in taking forward implementation of the next phases of work.

- Welsh Government provides funding through the Integrated Care Fund (ICF) to support the improvement of care and support for PLWD and their families, This funding is managed through the Dementia Steering Group and will be instrumental in delivering agreed priorities within the Strategy.

- Key partners on the WWCP are:

Carmarthenshire Association of Voluntary Services

Pembrokeshire Association of Voluntary Services

Ceredigion Association of Voluntary Organisations

Hywel Dda University Health Board

Pembrokeshire County Council

Carmarthenshire County Council

Ceredigion County Council

Background

In February 2021, the WWCP appointed Attain to work with partners to develop a regional dementia strategy and service model pathway of care. Alongside this work, we carried out a review of the regional ICF dementia projects which provided a steer as to what services should continue to be funded, as well as an indication of any additional initiatives that should be undertaken during 2021/22. One priority area was for Attain to develop a business case for the introduction of a dementia wellbeing connector which is based on best practice and an intrinsic role within the WW Dementia Wellbeing Pathway.

The context for this work includes:

- Increasing focus worldwide on dementia and its impact on health and social care systems; prevalence is increasing year on year, mainly due to people living longer, particularly in high income economies.

- To clarify its dementia strategy, In February 2018, the Welsh government published the 'Dementia Action Plan 2018-2022'.

- The vision is 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'.

- In March 2021, Improvement Cymru published the All-Wales Dementia Care Pathway of Standards. This work, directed by the requirements of the Dementia Action Plan for Wales, is overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIIG).

- The twenty standards have been designed to be dynamic by responding to evaluation and supporting evidence. They sit within four themes: **Accessible, Responsive, Journey, Partnerships and Relationships Underpinned by Kindness and Understanding.**

- The standards have been developed using the Improvement Cymru Delivery Framework and it is anticipated that work will focus on developing a two-year Delivery Framework Guide for the Welsh regions covering the period April 2021 – March 2023.

Prior to the implementation of the Framework, Attain has co-designed this strategy with colleagues, people living with dementia and their carers across West Wales. The high-level strategy also provides a programme governance structure and the foundation on which to fund services which is in line with the Improvement Cymru Delivery Framework.

Project requirements and activities

This slide outlines the project requirements, the outcomes from the work undertaken and key actions.

The Ask:

1. **Overarching Dementia Strategy and Delivery Plan**
- Facilitate co-production of a regional dementia strategy with stakeholders, PLWD and their carers
- **Develop a sustainable model and associated delivery plan for the strategy in the medium to longer term,** deployment of existing and future funding streams to support this and accounting to Welsh Government and other stakeholders on delivery and impact
- **Consider future regional programme ownership** and leadership requirements to implement and deliver the dementia strategy
- The dementia strategy and associated delivery plan needs to be considered in the context of **changing demographics across the region**, the long-term impact of COVID-19 on people with dementia and evidenced impact of existing workstreams

2. **Development of a business case for the dementia case manager role**
- In line with All Wales dementia standards and the Health Board's recently developed palliative and end of life care strategy, develop a business case for the dementia case manager role

3. **In respect of the above tasks, Attain have been required to:**
- Work with a range of national and regional stakeholders, including Welsh Government officials, system leaders, service managers, clinicians and practitioners, elected and independent members and users and carers as appropriate
- Produce high quality proposals and reports to a range of audiences

Attain have:

1. **Overarching Dementia Strategy and Delivery Plan:**
- Produced a report following a review of national and international best practice
- Worked with colleagues to develop a **regional strategy, vision and service model pathway based on best practice**
- This strategy includes a **proposed programme and governance structure** which fits with the Welsh Government and Regional structures
- The strategy includes a summary of **current and future population demand and prevalence**. Information relating to the impact of COVID-19 upon those with dementia is not available at this stage
- Stakeholders have identified that COVID-19 has impacted timely diagnosis due to late presentations and inability to access assessment services

2. **Development of a business case for the dementia wellbeing connector role:**
- Carried out a desktop review on best practice in dementia case co-ordination/management and average case load level
- Developed a business case with input from the WWCP dementia steering group members

3. **Stakeholder engagement:**
- Attain have worked with multiple stakeholders across the region people living with dementia (PLWD) and their carers and front line staff. All West Wales Care Partners have been fully engaged and very supportive in the development of this strategy

Key Recommendations

1. **Implementation of strategy and dementia wellbeing pathway**
- Once the strategy is formally approved by the WWCP, socialise the recommendations of the strategy, and the dementia wellbeing pathway to ensure that it is owned by colleagues, PLWD and their carers across West Wales
- A communication plan should be developed to run for the life of the strategy
- WWCP to adopt the proposed governance structure and recruit a Regional Dementia programme manager
- A full business case should be developed to take forward the establishment of the dementia wellbeing connector role
- The strategy, vision and service model pathway should be reviewed once information is available regarding the impact of COVID-19 upon those with dementia and their carers
- The waiting time for diagnosis should be reviewed and monitored; solutions should be found to address long waiting times, including the codesign and development of the regional dementia diagnosis pathway

2. **ICF Dementia Plan:**
- The strategy recommends that a review be undertaken of ALL initiatives currently funded by the ICF, including evidencing outcomes, align funding to implement the strategic priorities, and ensure any new way of working is fully resourced
- Develop a regional strategic and co-ordinated approach to supporting carers – consider top slicing the dementia ICF funding to enhance the carers' element so ensuring continuation of services, supporting those who are caring for people living with dementia

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2. Population needs analysis

For more information on the population analysis please see appendix 1

Population projection of those with dementia in West Wales

1 in 6

Alzheimer's Society UK estimates dementia affects one in six people aged 80+.
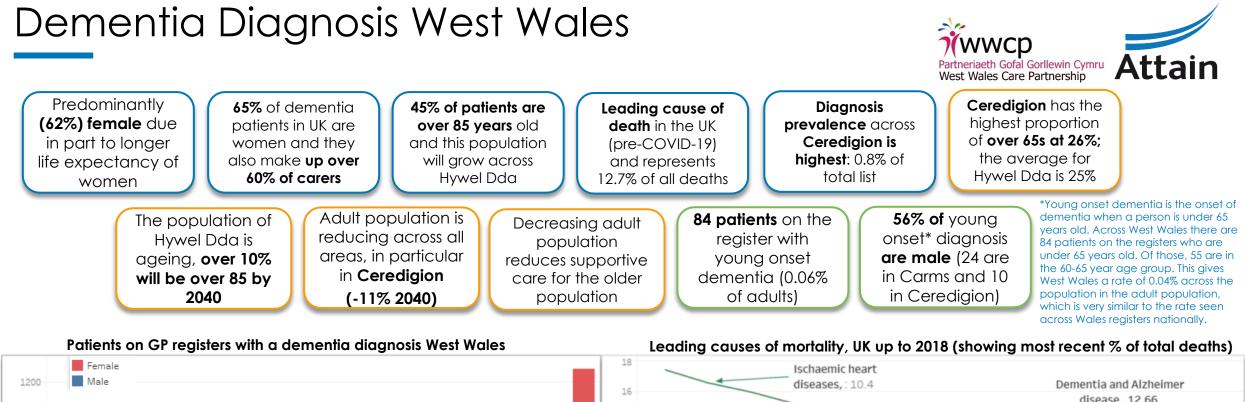West Wales records show 1 in 10 people over 85 with dementia.

Alzheimer's Research estimates that the diagnosis rate* is 53% across Wales, suggesting a **current** unmet need across Hywel Dda of 2,400 patients
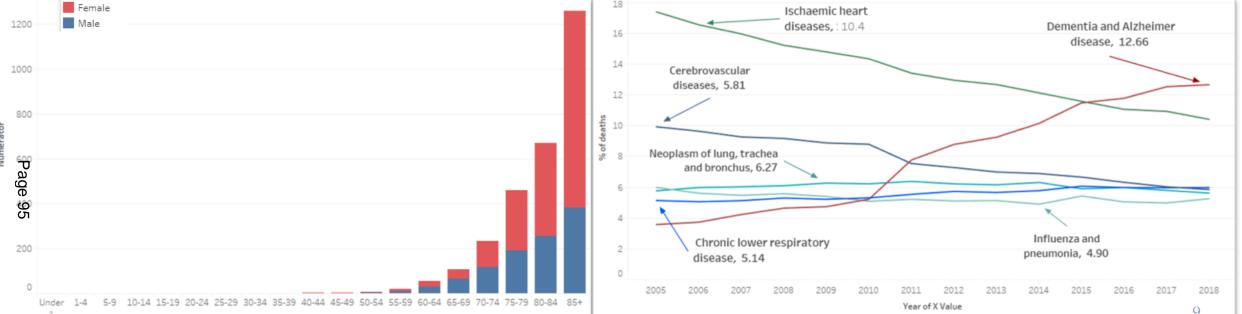
The table below shows ALL diagnoses of dementia on the West Wales GP register **forecasted forward**, factoring in the increase in over 85s and an estimate of undiagnosed need. Data on waiting lists was not available but it is important to find ways to monitor this as demand increases.

County	Current diagnosed (on GP register)	Current estimated undiagnosed	Current estimated total prevalence	2040 projected diagnosed** (based on current diagnosis rate)	2040 projected undiagnosed**	2040 projected total prevalence
Carmarthenshire	1,363	1,208	2.571	2,035	1,793	3,828
Ceredigion	578	512	1,090	863	760	1,623
Pembrokeshire	871	772	1,643	1,300	1,145	2,445
West Wales	**2,812**	**2,492**	**5,304**	**4,198**	**3,698**	**7,896**

7,896 by 2040
(inc. undiagnosed need)

To put this into perspective…

This is equivalent to everyone in **Pembroke** living with dementia.

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*The diagnosis rate is the diagnosis percentage compared to the estimated actual prevalence
** projection is based on the diagnosis rate remaining the same as current, this is a strictly 'Do Nothing' scenario

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Dementia Diagnosis West Wales

Predominantly **(62%) female** due in part to longer life expectancy of women

65% of dementia patients in UK are women and they also make **up over 60% of carers**

45% of patients are over 85 years old and this population will grow across Hywel Dda

Leading cause of death in the UK (pre-COVID-19) and represents 12.7% of all deaths

Diagnosis prevalence across **Ceredigion is highest**: 0.8% of total list

Ceredigion has the highest proportion of **over 65s at 26%**; the average for Hywel Dda is 25%

The population of Hywel Dda is ageing, **over 10% will be over 85 by 2040**

Adult population is reducing across all areas, in particular in **Ceredigion (-11% 2040)**

Decreasing adult population reduces supportive care for the older population

84 patients on the register with young onset dementia (0.06% of adults)

56% of young onset* diagnosis **are male** (24 are in Carms and 10 in Ceredigion)

*Young onset dementia is the onset of dementia when a person is under 65 years old. Across West Wales there are 84 patients on the registers who are under 65 years old. Of those, 55 are in the 60-65 year age group. This gives West Wales a rate of 0.04% across the population in the adult population, which is very similar to the rate seen across Wales registers nationally.

Patients on GP registers with a dementia diagnosis West Wales

Leading causes of mortality, UK up to 2018 (showing most recent % of total deaths)

3. Current action plans, regional transformation projects

Relevant dementia documents for Wales:

This strategy and the future palliative & EoLC programme will draw on key existing initiatives:

Ageing Well in Wales

Launched in 2014 Ageing in Wales: An overview in a European perspective

5 Priority areas to Improve the health and well-being of older people in Wales :

- Age friendly communities
- Dementia supportive communities
- Falls prevention
- Loneliness and isolation
- Opportunities for learning and employment

Appropriate accommodation for older people can help to contribute to addressing all of the above.

Good Work Framework A Dementia Learning and Development Framework for Wales

Published in 2016 Overall, the aim of the Framework is to support people to freely, creatively and responsibly identify and address their own specific learning and development needs within the context of their lives and circumstances, wherever they happen to be. The intention of the Framework is not to constrain people by providing an overly prescriptive list of who needs to know and do what.

This Framework is intended to support what matters most to the people of Wales, as well as the spirit and requirements of Welsh policy, legislation and guidance regarding the care, support and empowerment of people with dementia, carers and the health and social care workforce.

All Wales dementia action plan

In February 2018 the Welsh government published the 'Dementia Action Plan 2018-2022'

The Action Plan sets out a clear strategy for Wales to be a 'dementia friendly nation that recognises the rights of people living with dementia to feel valued and to live as independently as possible in their communities'.

All-Wales Dementia Care Pathway of Standards

In March 2021, Improvement Cymru published the All-Wales Dementia Care Pathway of Standards. This work, directed by the requirements of the Dementia Action Plan for Wales, is overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIIG).

20 standards have been designed to be dynamic by responding to evaluation and supporting evidence. They sit within four themes: **Accessible, Responsive, Journey, Partnerships and Relationships Underpinned by Kindness and Understanding.**

The standards have been developed using the Improvement Cymru Delivery Framework and the work will focus on developing a two-year Delivery Framework Guide for the regions across Wales covering the period April 2021 – March 2023.

EoLC Health Board dementia specific provision - West Wales area

The HDuHB Together for Health End of Life and Palliative Care Delivery Plan 2016 -2020 outlines the current EoLC resources available to support people with dementia:

Current Services:	Areas for improvement:
• Using Welsh Government funding which was facilitated by West Wales Care Partnership, HDUHB commissioned Paul Sartori and Marie Curie to deliver training on Advance Care Planning and Dementia • Marie Curie Senior Nurses help patients with advanced dementia access palliative and end of life care services across the region. The nurses support multi-disciplinary teams to meet the care needs of people with dementia in hospital, at home and in care homes. They also aid the safe transfer of care across care settings. • Paul Sartori Foundation also provide education to a variety of audiences, both to their own staff but also to others across the Health Board, including topics such as dementia. • In Pembrokeshire various members of the team have also contributed to other educational events, including teaching about Advance Care Planning at a dementia conference.	• More work is needed on early detection of those living with dementia and to provide the support required. This will include education for colleagues within primary care to consider when someone with dementia is approaching their end of life and support to include this group within palliative care registers. • Improve early detection and care of frail people accessing services, including those with dementia, specifically aimed at maintaining wellbeing and independence. • Recognise the need to give particular focus to the experience of specific groups including those who have learning disabilities, dementia, hearing or sight problems and those who are elderly and frail. Carers are a particular group of people who often go unrecognised. • In addition to the development of the Long-Term Care Patient Pathway, each Long-Term Care Specialist Nurse is developing a special interest in a particular area of expertise; these areas include pain management, end of life care, dementia care, nutrition, medication management and other aspects of fundamental care. These skills will be utilised to support safe and person-centred care delivery.

While services are in place in West Wales, implementing the priorities from the Welsh Dementia Action plan have been included in the palliative and EoLC programme plan and will have significant impact on the quality of EoLC services for those with dementia.

4. What does best practice tell us?

Dementia – key areas of focus

- The review of national and international best practice and innovation in dementia, identified many areas of best practice, research and innovation across the whole dementia care spectrum.

- Dementia is a condition that cuts across system wide services and is therefore everyone's business. It is important to understand to recognise that dementia services need to be embedded in the whole system of provision.

- This strategy focuses on key areas to drive improvement and innovation across West Wales, namely:

    1. Implementing strategies to achieve early diagnosis

        i. Supporting GPs, allied health professionals (AHPs) and nurses to make assessments and improve quality of referrals to specialist services

        ii. Focus on implementing best practice within social care, domiciliary care, care homes and specialist services

    2. Implementing care pathways, particularly post diagnostic support

        i. Support and co-ordination for PLWD and their carers

    3. Supporting carers to care for family members with dementia

        i. Providing support, training and help to navigate/co-ordinate services to families, build resilience and maintain balance across all aspects of their life

    4. Improving end of life care so that PLWD die in a place of their choosing with dignity

        i. Co-ordination amongst different care providers to ensure they understand the end-of-life plan

Early diagnosis – in the community

- **NICE guidelines suggest assessment and diagnosis take place in non-specialist settings.** This backs up **international models** where **diagnosis is made in Primary Care where possible.**

- GPs, AHPs and nurses can decrease pressure on specialist services through;

  - Assessment and diagnosis in primary care
  - Improving quality of referrals into specialist care

- GPs and colleagues within primary care are also often the first contact for someone living with dementia, but many studies across UK and internationally show a lack of confidence from GPs, AHPs and nurses within primary care to diagnose dementia

- Increased training, awareness and new dementia models within primary care can all help towards optimising resource capacity and achieving earlier diagnosis of dementia

- Some diagnosis models suggest a 3-tier approach 1) initial assessment in primary care 2) a second assessment/diagnosis by dementia care experts within primary care 3) referral to memory clinics for dementia diagnosis.

Improving Primary Care Assessment/ Diagnosis

- Training for GPs, AHPs and nurses aligned with the 'Good work' framework and international best practice
- Funding/frameworks in place to encourage GPs and AHPs to attend training
- Increase confidence of GPs and AHPs to improve dementia diagnosis/quality of referrals to specialist services
- Support framework for GPs and AHPs including toolkits, guidelines and regular training
- Rapid access to dementia experts in primary care and specialist memory clinics

Primary Care Assessment → Primary Care Dementia Experts → Specialist Care

Early diagnosis

| Primary Care Assessment	Primary Care Dementia Experts	Specialist Care
Primary Care	**Primary Care Dementia Experts**	**Memory Clinics**
• Training for GPs, AHPS and nurses based on the 'Good Work Framework' for dementia awareness and to spot early signs of dementia • Training to undertake some testing to identify people who may have dementia • Reduce strain on specialist memory clinics by improving quality of referrals • Remove barriers to GPs and AHPs attending training • Consider delivering training online to improve accessibility	• Identify a cohort of GPs, AHPs and nurses that can act as dementia experts (e.g. GPs, AHPs and nurses with special interest) • Specialist training for dementia experts based on the 'Good Work Framework' • People identified in primary care could be referred for additional assessment • Access to diagnostic tools • Improve quality of referrals to specialist memory clinics	• Services commissioned in line with frameworks • Memory Services National Accreditation Service MSNAP • Review of and alignment with best practice from across UK • Improved brain scan protocols • Focus on reducing referral to diagnosis times and managing capacity and demand • Focus on diagnosis rates • Seamless link into post-diagnostic support
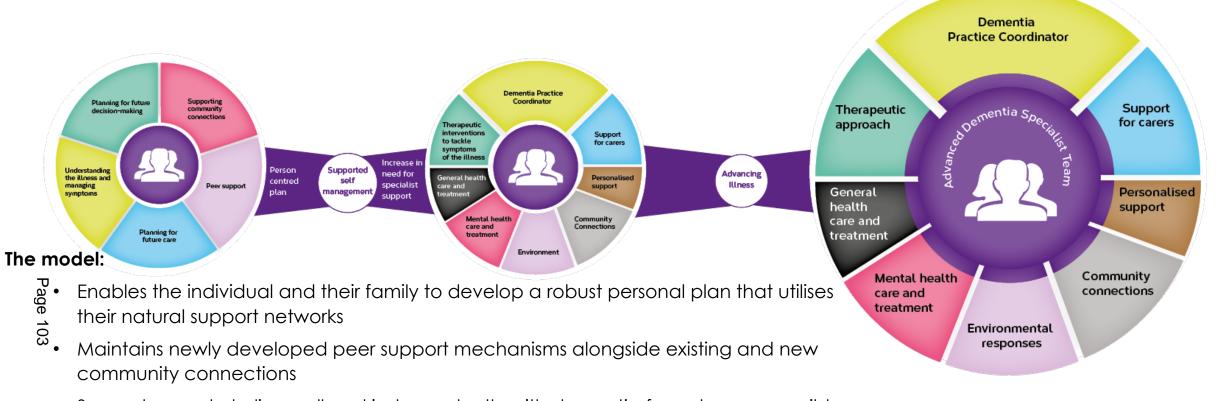
Implementing care pathways

The Wales Dementia Action Plan outlines the need to develop more formal pathways of care for PLWD and this aligns with best practice strategy internationally.

The post-diagnostic support model in Scotland is the only documented model currently being used across the world.

The Scottish model outlines how best PLWD would be supported as their condition progresses. Beginning at Post Diagnostic Support (5 Pillars Model), through to Community-based Support (8 Pillars) and End of Life (Advanced Dementia Model).

The model:

- Enables the individual and their family to develop a robust personal plan that utilises their natural support networks
- Maintains newly developed peer support mechanisms alongside existing and new community connections
- Supports people to live well and independently with dementia for as long as possible

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Support and care co-ordination

- Family and carers play a pivotal role in enabling PLWD to live independently in communities for as long as possible

- They will pick up the majority of care, especially in the early stages if an early diagnosis has been made – both national and international strategy is focusing on the need to minimise the impact of caring for someone with dementia

- They need support to build up resilience, develop the skills for caring for someone living with dementia and still be able to maintain a quality of life outside of their care for the PLWD

- Access to flexible respite care is crucial so that families and carers are able to maintain quality of life

- Being involved and supporting their family member with dementia to make decisions about their care is crucial and understanding the services available is key to helping achieve this

- Dementia hubs are playing an increasingly important role in many areas, providing a single point of access and support across a range of services for both PLWD and their carers

Services provided in dementia hubs include:

- Support staff, including dementia support workers, admiral nurses etc.
- Support groups for PLWD and their carers
- Access to local dementia services
- Training programmes for carers

- Activities for PLWD
- Dementia cafés
- Memory Clinics
- Access to finance/ legal/ benefits advice
- Involvement in research opportunities

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End of life care

- In the case of dementia, it can be difficult to predict when a person is nearing death. They may present with signs that suggest they are very close to death, but in fact can show these signs for many months, or even years

- In addition, a PLWD may die from another medical condition, for example cancer or heart disease. They may also have infections and minor illnesses on top of these ongoing conditions

- Other conditions and illnesses may mean the person is cared for, or ultimately dies, in a hospital or a facility that does not specialise in dementia care

- Despite knowledge about end-of-life care increasing greatly over the past ten years, particularly in areas such as cancer care, many PLWD still do not receive good quality end-of-life care

- Where possible, advance care planning should take place so that PLWD can make decisions about their care - early diagnosis of dementia plays a key role as a person can make decisions about their end-of-life care alongside family/carers

- It is important that advance care planning is fully embedded in wider inclusive, personalised care and wellbeing planning for dementia and that support is available for Carers when a PLWD passes away

- A coordinated approach between all organisations that care for a PLWD is required – so everyone understands the person's wishes and how they want to be cared for at the end of their life
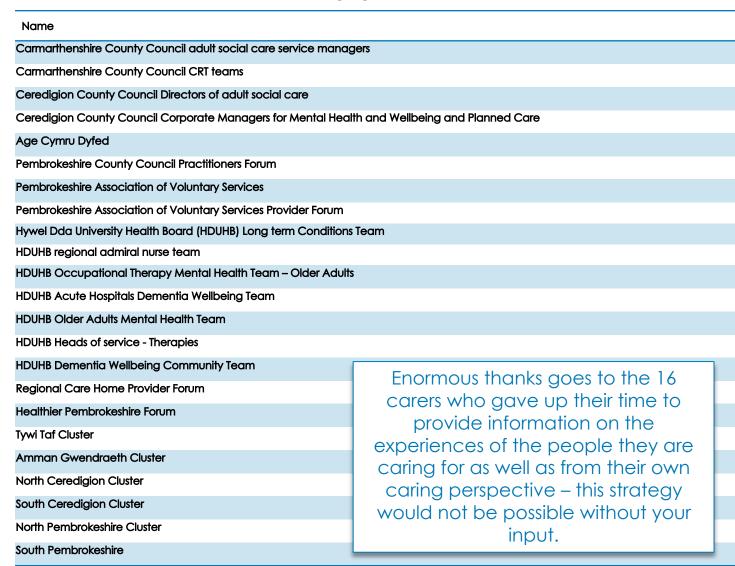
5. Feedback from structured interviews

Stakeholder Engagement

The development of this strategy has taken place from February 2021 through to January 2022. It has been led by Attain (an independent provider of health support services) who were commissioned by Carmarthenshire County Council on behalf of the WWCP to work with partners, PLWD and their carers to develop a dementia strategy, vision and Dementia Wellbeing Pathway across the region of Carmarthenshire, Ceredigion and Pembrokeshire. The work has been well supported by stakeholders, PLWD and their carers from across the region who have worked very hard to provide local knowledge and insight, through structured stakeholder discussions. The themes stemming from the interviews have been summarised on the following pages.

Many thanks to those who have engaged in this work:

Name
Carmarthenshire County Council adult social care service managers
Carmarthenshire County Council CRT teams
Ceredigion County Council Directors of adult social care
Ceredigion County Council Corporate Managers for Mental Health and Wellbeing and Planned Care
Age Cymru Dyfed
Pembrokeshire County Council Practitioners Forum
Pembrokeshire Association of Voluntary Services
Pembrokeshire Association of Voluntary Services Provider Forum
Hywel Dda University Health Board (HDUHB) Long term Conditions Team
HDUHB regional admiral nurse team
HDUHB Occupational Therapy Mental Health Team – Older Adults
HDUHB Acute Hospitals Dementia Wellbeing Team
HDUHB Older Adults Mental Health Team
HDUHB Heads of service - Therapies
HDUHB Dementia Wellbeing Community Team
Regional Care Home Provider Forum
Healthier Pembrokeshire Forum
Tywi Taf Cluster
Amman Gwendraeth Cluster
North Ceredigion Cluster
South Ceredigion Cluster
North Pembrokeshire Cluster
South Pembrokeshire

Enormous thanks goes to the 16 carers who gave up their time to provide information on the experiences of the people they are caring for as well as from their own caring perspective – this strategy would not be possible without your input.

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The themes stemming from the interviews with carers have influenced the development of the service model pathway and the recommendations within this report.
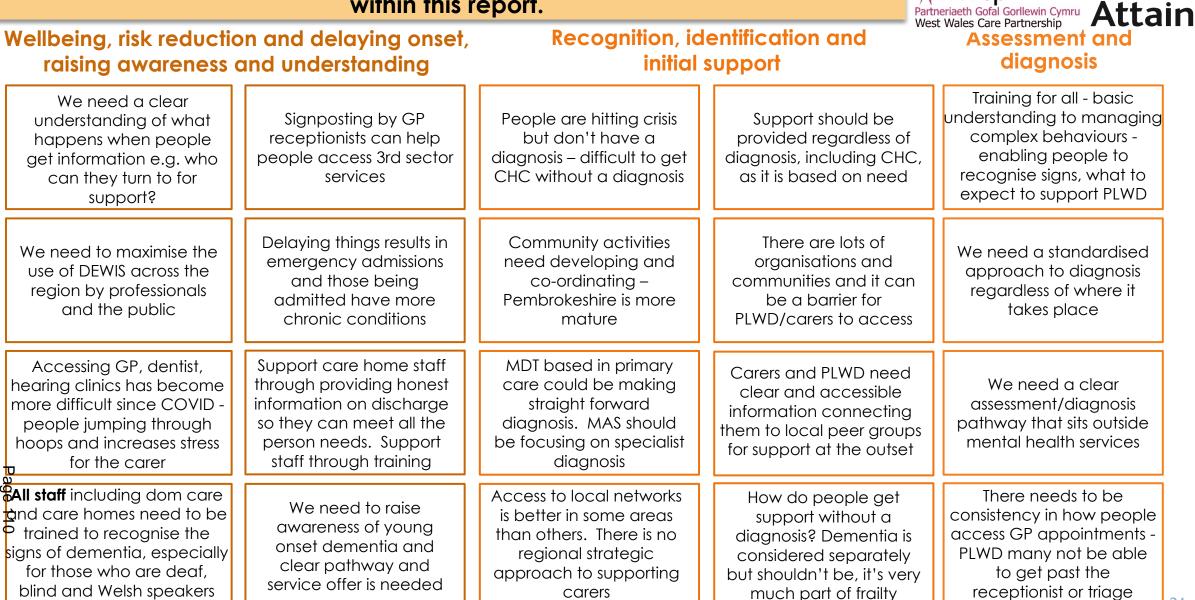
Wellbeing, risk reduction and delaying onset, raising awareness and understanding

Training - Mainly have to work it out oneself especially after hospital discharge with a catheter. That was an absolute nightmare	Carers need training on how to deal with and cope with the person. I am learning as I go along
Absolutely no training - had to find out by myself. Got lots of leaflets but I really needed someone to sit with me and explain things	Rather a lot of confused phone calls from carers' association. No help from the GP or the carers' association
Took ages to connect with the incontinence nurse. Now trying to get through to the dentist	No information - I was reluctant to get help, I thought I could cope. But it was so distressing
Our local library used to have a day centre. It would be useful to have a day centre to go to (Aberystwyth)	Llanethlli information and training over 4 weeks was very helpful - addresses numbers, websites, of services

Recognition, identification and initial support

I had to work out what to do. Our finance's, business, everything it was overwhelming	No information advice or support. It is only recently that people are beginning to help me
Stumbled along in the dark. Given support through a fluke re enquiring about council tax	Information and advice at the very beginning was great but there was no joined up thinking
Have so much paperwork I loose track of what is what. Half the time I don't know what to do and I don't want to keep going on	Carers and PLWD need clear and accessible information connecting them to local peer groups for support at the outset
What provision is there to protect people with dementia who live on their own? Should be high for identification of frailty in GP surgeries	Best people who have helped - Alzheimer's society, I get a call every month and advice on how to claim attendance allowance

Assessment and diagnosis

Couldn't get anyone to admit to the diagnosis
Went to the GP and gave diagnosis of dementia - wanted a referral to MH services in case it was a dementia that could be treated - took 2 years
Never got to the bottom re diagnosis. Don't understand what type of dementia he has. I would like to know what type of dementia he has
No joined up thinking from the psychiatric dept. Just handed us over to the GP who did nothing

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Partneriaeth Gofal Gorllewin Cymru
West Wales Care Partnership

Attain

Assessment and diagnosis

We saw so many people in the first 12 months. First contact was crossroads and was sign posted to a lot of different activities e.g. dementia cafes	Diagnosed in 2019. Saw the consultant twice, was given a prescription and not seen anyone since
I was inundated with leaflets and phone calls but I had no idea as to who they were, it was a step into a very deep pool	2019 GP had tried to do a dementia test but my husband couldn't hear. I asked to be referred to hospital. 1yr later was referred

Living well with dementia

It would be good to have a person help sort out my problems rather than me trying to sort things out and find my way

COVID - Made things 10 time worse as you can't meet anyone. Day service in Cardigan has closed and would have been good to take her

Doesn't appear to be any activities - quite rural where we live and have to travel half an hour to get anywhere (Ceredigion)

To have a day centre specifically for people with dementia or people present to support people with dementia would be good

So many services are providing support but are not talking to each other so I have to tell them what has happened

Made it through lock down with no respite and reduced respite now. Please reinstate all day-care facilities. Carers and those with dementia need it

I feel now that he has his diagnosis, I can call on people but there is nowhere to go. Could be sat in 5 days a week - there is nothing (Carms)

More than one carer asked for activities targeted at younger people. List of activities sent out to carers each week is phenomenal - lots of things to do (Pembs)

The need for increased support

Used to do zoom - music - oblivious to it all. Didn't work for my husband and other carers have said that zoom really doesn't work for those with dementia

Admiral nurse came out and went with the carers to see mum to help support them with their caring role - if mum refuses will leave it up to the family

Consultants in hospitals need to be trained in power of attorney for health. Hospital staff need training - They lost his glasses, hearing aids and his bottom teeth

Everyone has been wonderful after dad fell - social worker, she acted straight away she liaised with the hospital and got him a place in a nursing home

I live out of the area and find it difficult to know what services there are in my mum's area. GP surgery try to keep in contact

The guilt and stress when he had to go into a home, failure, marriage vows come into question - splitting myself in half - relief and guilt

Direct payment: Great as you can have the money but no good if you can't get the care in place

Very disappointed in the care - it was a dementia specialist ward no specific treatment didn't even check if he was eating or drinking

wwcp Partneriaeth Gofal Gorllewin Cymru West Wales Care Partnership

Attain

Wellbeing, risk reduction and delaying onset, raising awareness and understanding

We need a clear understanding of what happens when people get information e.g. who can they turn to for support?	Signposting by GP receptionists can help people access 3rd sector services
We need to maximise the use of DEWIS across the region by professionals and the public	Delaying things results in emergency admissions and those being admitted have more chronic conditions
Accessing GP, dentist, hearing clinics has become more difficult since COVID - people jumping through hoops and increases stress for the carer	Support care home staff through providing honest information on discharge so they can meet all the person needs. Support staff through training
All staff including dom care and care homes need to be trained to recognise the signs of dementia, especially for those who are deaf, blind and Welsh speakers	We need to raise awareness of young onset dementia and clear pathway and service offer is needed

Recognition, identification and initial support

People are hitting crisis but don't have a diagnosis – difficult to get CHC without a diagnosis	Support should be provided regardless of diagnosis, including CHC, as it is based on need
Community activities need developing and co-ordinating – Pembrokeshire is more mature	There are lots of organisations and communities and it can be a barrier for PLWD/carers to access
MDT based in primary care could be making straight forward diagnosis. MAS should be focusing on specialist diagnosis	Carers and PLWD need clear and accessible information connecting them to local peer groups for support at the outset
Access to local networks is better in some areas than others. There is no regional strategic approach to supporting carers	How do people get support without a diagnosis? Dementia is considered separately but shouldn't be, it's very much part of frailty

Assessment and diagnosis

Training for all - basic understanding to managing complex behaviours - enabling people to recognise signs, what to expect to support PLWD
We need a standardised approach to diagnosis regardless of where it takes place
We need a clear assessment/diagnosis pathway that sits outside mental health services
There needs to be consistency in how people access GP appointments - PLWD many not be able to get past the receptionist or triage

The themes stemming from the interviews with front line staff have influenced the development of the service model pathway and the recommendations within this report.

Assessment and diagnosis

- Need formal process for secondary care consultant diagnosis and read code included into discharge – how care homes and GPs are made aware
- Is it possible to develop: cognitive assessment for Welsh speakers, people who are blind and a fast track assessment for dementia?
- As the condition progresses the cross over to health services is often difficult and needs to be better. People are hitting crisis but not getting diagnosed
- Belief that it can only take place in MAS setting. There is a need for MDT approach to diagnose and prescribe in the community e.g. GPs /AHPs who are fully trained

Living well with dementia

- Proactive care planning through HOLISTIC MDT - consistent approach across the region, providing support wellbeing plan around the person
- Virtual day services may require a carer present to facilitate. PLWD benefit from being in groups without the carer
- Can social care and 3rd sector become part of the regional dementia wellbeing team?
- The overarching thing not addressed is base line wrap around the person, a co-ordinator throughout their journey

- Maximise the use of technology, for professionals, PLWD and their carers e.g. connect carers to support via an APP on the hospital bed Ipads
- Optimise patients wellbeing whilst in hospital through admissions check list - diagnosed, working diagnosis etc. - better use of the acute based DWT
- There needs to be a consistent approach to medication monitoring, review and prescribing in primary care across the region
- Many things are on offer for carers but the ICF carers funding stream is not joined up with the dementia ICF funding stream so there is duplication of effort

The need for increased support

- Education - Training and advice from the Dementia Wellbeing Team (DWT), consider widening membership to include social care and 3rd sector
- We need to be clear that any new way of working will need to be fully resourced
- Community transport colleagues can help MDTs by providing relevant information in relation to the patient
- Need to ensure employers assess for and implement reasonable adjustments to enable the PLWD services to work

- Care plan and emergency care plan in place for the carer
- Training in behavioural interventions is needed for carers and dom care providers – preventing unnecessary residential placements
- Dementia recognition tool can help the development of behavioural management plans, key behaviours and what interventions can be used
- Lots of organisations are going to people's homes and are not talking to each other so people have to keep repeating themselves

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Further themes stemming from initial conversations with stakeholders can be found in appendix 2

6. West Wales Dementia Service Vision and Wellbeing Pathway

The following pages contain the dementia service vision and Wellbeing Pathway which builds on the Attain best practice research report circulated in January 2021. This service model pathway has endeavoured to incorporate existing services in West Wales. The service vision and Wellbeing Pathway has been co-designed through engagement with staff from across the region, PLWD and their carers.

The All Wales Dementia Action Plan 2018-2022: As a signatory to the Glasgow Declaration (1) the Welsh Government has previously committed to promote the rights, dignity and autonomy of people living with dementia. Through their engagement with stakeholders they heard about the positive work of Dementia Action Alliance in developing a series of statements with people living with dementia and their carers (2). We have aligned these statements to our Dementia Wellbeing Pathway.
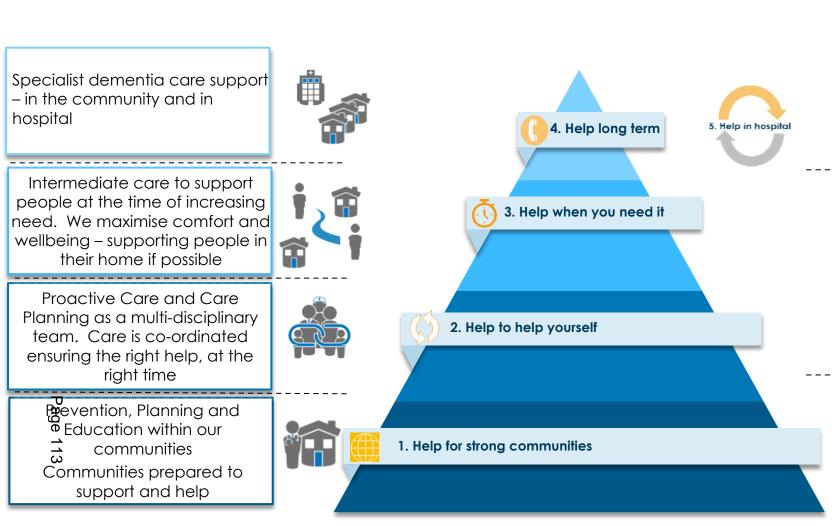
1) https://link.edgepilot.com/s/67f68721/ecxOvtDsBECT3n7RiIzvhg?u=https://www.alzheimer-europe.org/Policy/Glasgow-Declaration-2014
2) https://link.edgepilot.com/s/8d37d66b/NmKURNiXoUaKCjtzSUiWhQ?u=https://www.dementiaaction.org.uk/nationaldementiadeclaration

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DRAFT - West Wales vision for dementia services

'Support each person to live well and independently with dementia for as long as possible'

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West Wales Care Partnership

Attain

Specialist dementia care support – in the community and in hospital

Intermediate care to support people at the time of increasing need. We maximise comfort and wellbeing – supporting people in their home if possible

Proactive Care and Care Planning as a multi-disciplinary team. Care is co-ordinated ensuring the right help, at the right time

Prevention, Planning and Education within our communities
Communities prepared to support and help

4. Help long term

5. Help in hospital

3. Help when you need it

2. Help to help yourself

1. Help for strong communities

Key enablers to delivery:

- Clear **regional dementia vision, strategy** and **service model** in line with best practice
- Develop **effective** professional and clinical leadership and **governance** to ensure the service model and **new roles** are designed in line with best practice and **are part of the whole health and social care system**
- Strategic and collaborative **PLWD/carer centred commissioning arrangements**
- Cross-organisational working
- **Collective financial** and **performance management**
- **Joint commissioning** for **integrated care,** ensuring **equity** of **access** and **provision across West Wales**
- **Optimise the use of estate** - build on localities and **provide support closer to home** e.g. local meeting places/hubs where people can connect
- **Adapting IT** so that it reflects activity and **captures person centred outcomes.**
- **Shared system transformation** programmes and plans
- **Systematic involvement** of **PLWD** and **their carers** and community in the **design** and **development of the new service model**
- New ways of working expanding the capacity of the Good Work training framework and **new workforce roles** e.g. **Dementia wellbeing connector role**
- **Using technology** to **empower PLWD** and their **carers** and our **staff.**
- **Commissioning** and provision of **primary care services at scale**
- **Interpret population health/social care data,** **PLWD/family feedback,** design services for networks and **draw in support from wider services**

What good looks like for West Wales –
The Dementia Wellbeing Pathway

Working with **partners across West Wales** we have developed **our Dementia Wellbeing Pathway together** focusing on **streamlining pathways** and **placing the PLWD** and **their carers at the centre** of our **service provision.** We will **implement strategies** to **increase early diagnosis, supporting GPs** and **allied health professionals** in **primary care** with **specialist input where needed** as part of an **MDT approach** to **community assessment and diagnosis** and to **improve** the **quality** of **referrals** to **specialist services.**

We will focus on implementing best practice within primary care, social care, care homes, domiciliary care and specialist services. Implementation of **the Dementia Wellbeing Pathway** will include the development of the diagnostic pathway and post diagnostic support, **support and co-ordination for PLWD and their carers** and supporting carers to care for family members living with dementia. We will provide **support, training and help to navigate/co-ordinate services to families**, **build resilience** and **maintain balance across all aspects of their life**. We will **improve end of life care** so that **PLWD die in a place of their choosing** with **dignity** and **improve co-ordination across different care providers to ensure they understand the end-of-life care plan.**

Dementia action plan Wales 2018-22

As a signatory to the Glasgow Declaration (1) the Welsh Government has previously committed to promote the rights, dignity and autonomy of people living with dementia. Through the Government's engagement with stakeholders they heard about the positive work of Dementia Action Alliance in developing a series of statements with people living with dementia and their carers (2)

Dementia Statements reflect the things that people with dementia and carers say are essential to their quality of life. These statements were developed by people with dementia and their carers, and the person with dementia is at the centre of these statements. The "we" used in these statements encompasses people with any type of dementia regardless of age, stage or severity; their carers; families; and everyone else affected by dementia.

These rights are enshrined in the Equality Act, Mental Capacity legislation, Health and care legislation and International Human Rights law and are a rallying call to improve the lives of people with dementia. These Statements recognise that people with dementia shouldn't be treated differently because of their diagnosis.

We have aligned the dementia statements to the new West Wales Dementia Wellbeing Pathway and the recommendations within this strategy have also been aligned.

For more information see:
1. https://link.edgepilot.com/s/67f68721/ecxOvtDsBECT3n7RjIzvhg?u=https://www.alzheimer-europe.org/Policy/Glasgow-Declaration-2014
2. https://link.edgepilot.com/s/8d37d66b/NmKURNiXoUaKCjtzSUiWhQ?u=https://www.dementiaaction.org.uk/nationaldementiadeclaration

What good looks like for West Wales – The draft dementia wellbeing pathway

Wellbeing, risk reduction, delaying onset, raising awareness and understanding

Creating dementia friendly communities, making dementia everybody's business
We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.

Underpinned by communication plan, recognising experts by experience, access to assistive technology etc. Implementation of the Recognition and Good Work Training Frameworks

What good looks like for West Wales – The draft dementia wellbeing pathway

Recognition, Identification, Support and Training
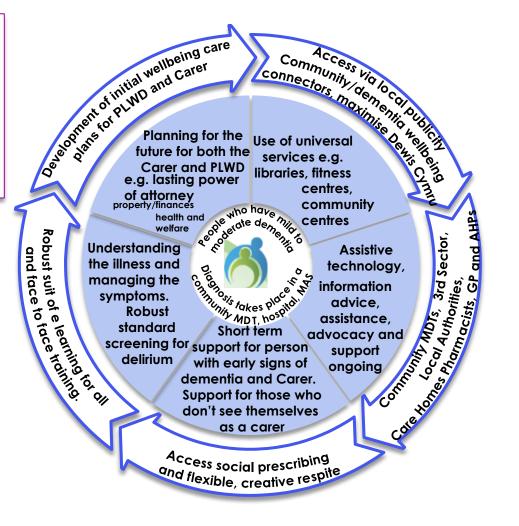
Each person gets fair access to care regardless of diagnosis
We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.

People who are well, and /or have mild cognitive impairment

What matters to you

Recognition when an individual needs advocacy and support

Dementia friendly Local Authority services e.g. Delta Connect, social care, ART/CRT and hospitals, WAST, training for all

Sign posting to local groups, neighbourhood networks, carers groups, peer groups, 3rd sector, pre-clinical

Access via community connectors, admiral nurse, word of mouth - people in the local community, maximise DEWIS Cymru

Information, advice and assistance. Help to max income and stay in employment

Local Authorities, 3rd Sector, Pharmacists, GP Surgeries etc.

Access to 3rd sector services

Access social prescribing via: community connectors, GPs and AHPs

Underpinned by communication plan, recognising experts by experience, access to assistive technology etc. Implementation of the Recognition and Good Work Training Frameworks

What good looks like for West Wales – The draft dementia wellbeing pathway

Assessment and diagnosis

Each person is seen as an individual
We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.

Development of initial wellbeing care plans for PLWD and Carer

Access via local publicity Community/dementia wellbeing connectors, maximise Dewis Cymru

Community MDTs, 3rd Sector, Local Authorities, Care Homes Pharmacists, GP and AHPs

Access social prescribing and flexible, creative respite

Robust suit of e learning for all and face to face training.

Planning for the future for both the Carer and PLWD e.g. lasting power of attorney property/finances health and welfare

Use of universal services e.g. libraries, fitness centres, community centres

Assistive technology, information advice, assistance, advocacy and support ongoing

Understanding the illness and managing the symptoms. Robust standard screening for delirium

Short term support for person with early signs of dementia and Carer. Support for those who don't see themselves as a carer

People who have mild to moderate dementia

Diagnosis takes place in a community MDT, hospital, MAS

Underpinned by communication plan, recognising experts by experience, access to assistive technology etc. Implementation of the Recognition and Good Work Training Frameworks

What good looks like for West Wales –
The draft dementia wellbeing pathway

Living well with dementia

Care is co-ordinated

We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future. We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part.
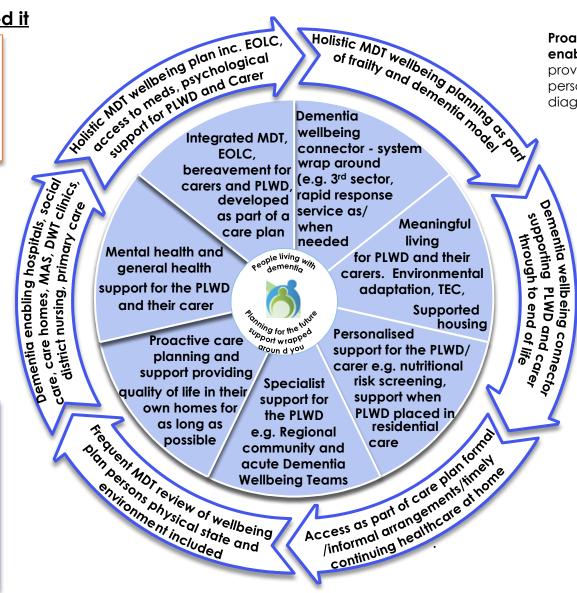
Proactive care planning through HOLISTIC MDT (colleagues enabled to attend virtually) - consistent regional approach, providing stable support and wellbeing plan around the person and where appropriate, their carer, regardless of diagnosis including:

- Dementia wellbeing connector
- GP
- Advocate
- Social care
- District nurse (DN)
- Allied health professionals (AHPs) e.g. OTs, physio, dietetics, speech and language etc.
- Key workers/ assistive technology lead
- Admiral nurse
- Primary care
- 3rd sector
- Pharmacist
- Psychologist
- Care homes
- Older Adult mental health
- Adult MH for young onset
- Advice and advice on training as required from DWTs in the community and acute settings
- Secondary care and SPC consultants as required

Underpinned by communication plan, recognising experts by experience, access to assistive technology etc. Implementation of the Recognition and Good Work Training Frameworks

What good looks like for West Wales – The draft dementia wellbeing pathway

Increased support when you need it

All staff are prepared to care
Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

Implementation of the Good Work Framework - we need to consider the **learning and development needs** of everyone who is affected in some way **by dementia**. This includes people living with dementia, carers, frontline staff, managers, commissioners, regulators, researchers, shopkeepers, next door neighbours etc. Resulting in **people** who are **informed**, people who are **skilled** and people who can **act as influencers**
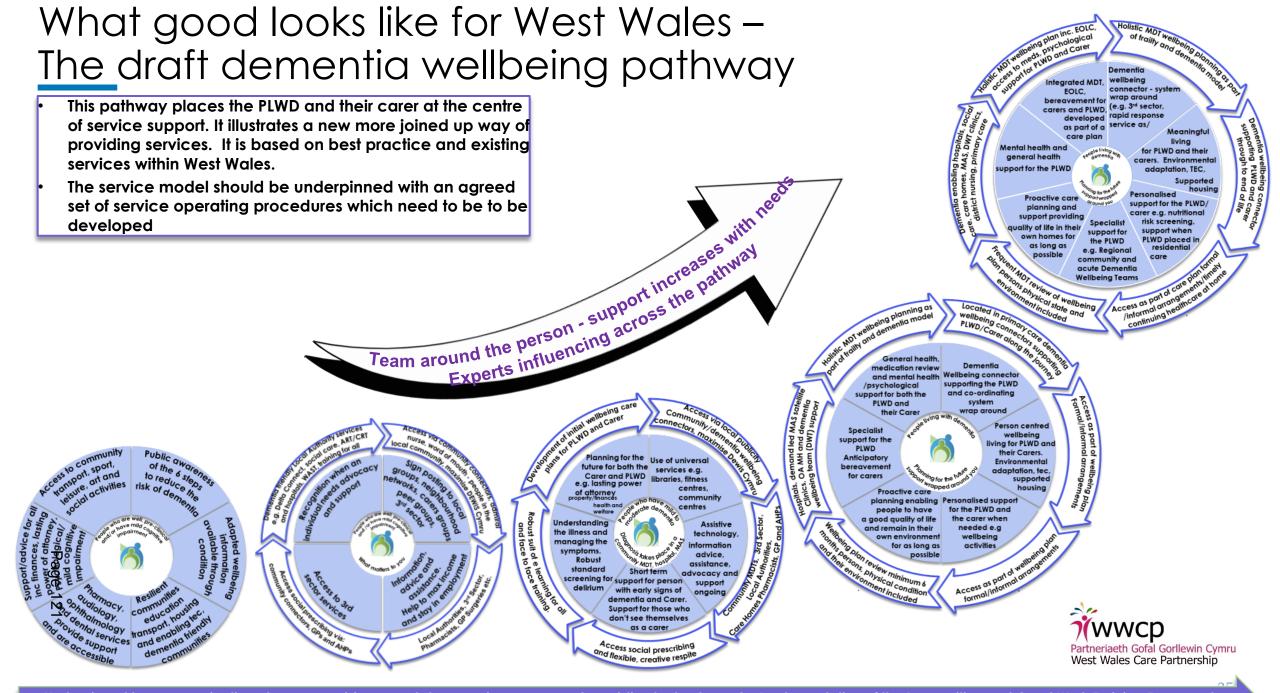
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- Pharmacist
- Psychologist
- Care homes
- Older Adult mental health
- Adult MH for young onset
- Advice and advice on training as required from DWTs in the community and acute settings
- Secondary care and SPC consultants as required

Holistic MDT wellbeing plan inc. EOLC, access to meds, psychological support for PLWD and Carer

Holistic MDT wellbeing planning as part of frailty and dementia model

Dementia wellbeing connector supporting PLWD and carer through to end of life

Dementia enabling hospitals, social care, care homes, MAS, DWT clinics, district nursing, primary care

Frequent MDT review of wellbeing plan persons physical state and environment included

Access as part of care plan formal /informal arrangements/timely continuing healthcare at home

Integrated MDT, EOLC, bereavement for carers and PLWD, developed as part of a care plan

Dementia wellbeing connector - system wrap around (e.g. 3rd sector, rapid response service as/ when needed

Mental health and general health support for the PLWD and their carer

Meaningful living for PLWD and their carers. Environmental adaptation, TEC, Supported housing

Proactive care planning and support providing quality of life in their own homes for as long as possible

Specialist support for the PLWD e.g. Regional community and acute Dementia Wellbeing Teams

Personalised support for the PLWD/ carer e.g. nutritional risk screening, support when PLWD placed in residential care

People living with dementia

Planning for the future support wrapped around you

Underpinned by communication plan, recognising experts by experience, access to assistive technology etc. Implementation of the Recognition and Good Work Training Frameworks

What good looks like for West Wales – The draft dementia wellbeing pathway

- This pathway places the PLWD and their carer at the centre of service support. It illustrates a new more joined up way of providing services. It is based on best practice and existing services within West Wales.

- The service model should be underpinned with an agreed set of service operating procedures which need to be to be developed

Team around the person - support increases with needs
Experts influencing across the pathway

WWCP
Partneriaeth Gofal Gorllewin Cymru
West Wales Care Partnership

Underpinned by communication plan, recognising experts by experience, access to assistive technology etc. Implementation of the Recognition and Good Work Training Frameworks

Services aligned to the dementia wellbeing pathway

Attain

Wellbeing, risk reduction and delaying onset, raising awareness and understanding

Everyday services:

- Community networks and activities
- Sports and leisure activities
- Health and arts activities
- Libraries
- Cinemas
- Shops
- GP surgeries
- Police
- Fire service
- Dentists
- Opticians
- Audiology
- Pharmacies
- Education
- Housing
- Transport

Recognition, identification support and training

Information, Advice and Assistance - Local Authority's statutory responsibility. Initial advice and information is provided at the initial entry point into social care.
- Delta - for Carms,
- Porth Gofal for Ceredigion
- XXX for Pembs.
- Community networks
- 3rd sector services/activities
- Community/dementia wellbeing connectors/ social prescribers
- Local authority staff e.g. social care support workers, social workers, domiciliary care, Delta Connect,
- GPs and primary care staff
- Allied health professionals
- District nurses
- CRT/ART teams
- Care homes
- Community transport
- Hospital heath staff
- Welsh ambulance service
- Everyday services

Assessment and diagnosis

MDT assessment in the community by trained staff with support from MAS. Hospital based MAS assessment for specialist diagnosis

- Community MDT: Dementia wellbeing connector, GPs, allied health professionals, nurses (all fully trained) see list on wheel 3 MAS – community based
- MAS hospital based
- 3rd sector – initial information and support post diagnosis
- Admiral nurse

Living well with dementia

Community MDT proactively care planning with dementia coordinator

- Person centred wellbeing activities available across the 3 counties to meet the needs of PLWD for both young and old
- Everyday services

Incresed support when you need it

Timely access to services including CHC assessment, care packages agreed regardless of dementia diagnosis

- Dementia wellbeing connector
- Admiral nurse
- CRT/ART – health and social care
- Local authority staff e.g. social care support workers, social workers, domiciliary care, Delta Connect
- Care homes
- GPs and primary care staff
- Allied health professionals
- District nursing
- Specialist palliative care services
- Dementia wellbeing service community
- Dementia Wellbeing service hospitals

People with cognitive impairment should be able to be as independent as possible with people supporting them in everyday life. Access to services and support should be regardless of diagnosis. The pathway is designed to enable wrap around care for the PLWD and their carer, with people accessing support as and when they need it.

7. Our approach to Implementing the Dementia Wellbeing Pathway

The following slides summarise the priority areas required in order to implement the new dementia strategy and well being pathway.

Along with the co-design of the Dementia Wellbeing Pathway, the priority areas have been identified following extensive stakeholder engagement across West Wales and take into account best practice as well as the All Wales Dementia Action Plan and the recently published All Wales Dementia Care Pathway Standards.

The All Wales Dementia Action Plan 2018-2022: As a signatory to the Glasgow Declaration (1) the Welsh Government has previously committed to promote the rights, dignity and autonomy of people living with dementia. Through their engagement with stakeholders they heard about the positive work of Dementia Action Alliance in developing a series of statements with people living with dementia and their carers (2). We have aligned these statements to our priorities and recommendations.

1) https://link.edgepilot.com/s/67f68721/ecxOvtDsBECT3n7Rjlzvhg?u=https://www.alzheimer-europe.org/Policy/Glasgow-Declaration-2014
2) https://link.edgepilot.com/s/8d37d66b/NmKURNiXoUaKCjtzSUiWhQ?u=https://www.dementiaaction.org.uk/nationaldementiadeclaration

Wellbeing, risk reduction, delaying onset, raising awareness and understanding

Creating dementia friendly communities, making dementia everybody's business

We have the right to continue with day-to-day and family life, without discrimination or unfair cost, to be accepted and included in our communities and not live in isolation or loneliness.

What we are doing and our plans in this area:

Implementation of the Good Work framework – Training for ALL	• **Refresh** the **West Wales learning needs analysis training framework** and work with **partners** to **implement it.** Ensuring that **training provided** is **evidence and rights based approach where appropriate** and to also build in **training provided** by the **Welsh Government** to help **achieve** the **implementation** of the **All Wales Dementia Care Pathway of Standards (AWDCPS)** • **All staff,** including those in everyday services and services such **as domiciliary care and care homes,** to be **trained to recognise** the **signs of dementia** and be trained in **how best to support PLWD** - appropriate to the level of contact - from **basic understanding** to **managing behavioural expression of unmet need** - enabling generic services (e.g. **social work, personal assistants, domiciliary care, care homes, district nursing, OT, physio etc.**) to **support PLWD especially for those who are deaf, blind and Welsh speakers** • **Training for all staff** in basic understanding to **managing person centred care/behavioural expression of unmet need - enabling people to recognise signs, what to expect to support PLWD** • **Arrange** for those **professionals** who are **interested** to be **trained** through the **All Wales faculty dementia diagnosis course** which is **available for all professionals – consider if a bespoke regional training would be appropriate for the West Wales region** • Ensure there is access to **training in behavioural interventions** for **carers and domiciliary care providers – preventing unnecessary residential placements** All Wales Dementia Care Pathway of Standards (AWDCPS) • **Within 12 weeks** of **receiving a diagnosis, PLWD** will be **offered education** and **information** on the importance of **physical health activities to support** and **promote health.** (AWDCPS 9) • **Implementing the All Wales expert by experience courses (Licenced by Harvard university) - PLWD, carers** and **families** will be offered **learning, education** and **skills training.** This offer will be **stage appropriate** and will be provided at **significant parts** of a **person's journey.** It will include a range of **peer support and shared experience opportunities.** (AWDCPS 10) • **All staff delivering care** at **all levels** within **all disciplines** and **settings,** will have the **opportunity** to **participate in person centred learning** and **development** with support to **implement into daily practice.** This will be a **joint regional approach** to **identifying** a **range** of **learning** and **development opportunities** including quality improvement. (AWDCP 17)
Communication, raising awareness enabling access to timely information/ services	• **Promote** the UK and Welsh Government **public health messages** across the region • **Raise awareness** of **young onset dementia** and **develop a clear service offer** • **Carers** and **people living with dementia** (PLWD) need **clear** and **accessible information connecting** them to **local peer groups** for **support** at the **outset** • **Maximise** the **use of DEWIS** across the region by **professionals** and the **public** • Create a **standard approach across organisations** for **the provision** of **information** to **PLWD** and their **carers** • **Primary care** consider how **PLWD access GP appointments** - PLWD may not be able to get past the receptionist or the triage system if living on their own • The **introduction** of **a Dementia wellbeing connector role,** which will work with **local services** within the **communities** they are **aligned to** and will enable **better access** to **everyday services** such as dentists, opticians and GP surgeries • **Develop** a **range** of **individual** and **group based physical** and **activity based interventions** and **opportunities** that are **person centred** for **PLWD** to access • **Recognise** that **transport,** particularly in **rural areas,** to **get people** to **community activities** is challenging and **identify ways** of addressing this

Recognition, identification support and training

Each person gets fair access to care

We have the right to be recognised as who we are, to make choices about our lives including taking risks, and to contribute to society. Our diagnosis should not define us, nor should we be ashamed of it.

What we are doing and our plans in this area

Proactively supporting people	• **Strengthen access** to **local networks across** the **region** for those with **mild cognitive impairment** and for **those** with **dementia** • Ensure **dementia** is an **indicator** as part of **risk stratification within primary care** and PLWD and their carers who require support **receive proactive MDT care planning** with **support from the Dementia wellbeing connector** • **Develop** a **proactive case management approach (shared care/decision making)** through **MDT working, developing plans** to **lower** the **likelihood** of **PLWD hitting crisis,** even for those who don't have a diagnosis All Wales Dementia Care Pathway of Standards (AWDCPS) • **People living with Mild Cognitive Impairment (MCI)** will be **offered** a **choice** of **holistic services monitoring** their **physical, mental health** and **wellbeing**, with **reviews taking place** as a **minimum six monthly.** This will include a range of options including **peer support.** Signposting and **community resources** should be **at the centre** of all intervention (AWDCPS 8).
Support regardless of diagnosis	• Carers and people suspected of highly likely living with dementia to **access clear** and **accessible information** connecting them to **local peer groups for support at the outset** • Carers and people suspected of highly likely living with dementia receive **advice** and **support** in relation to managing their every day lives throughout their journey • **Community activities** need **developing** and **co-ordinating** for people suspected of highly likely living with dementia and their carers – **activities** should **be person centred** and be **available regardless of diagnosis**
Enabling structures	• Develop a **regional strategic/co-ordinated approach** to **supporting carers** – consider top slicing the dementia ICF funding to be included in the carers' ICF funding, thereby ensuring all carers' services support those who are caring for people living with dementia • **Review CHC assessments** which have taken place over the past 18 months **to identify whether people are accessing CHC regardless of a dementia diagnosis** – develop a report and action plan to address, if needed • Develop a **comprehensive communication programme** to **promote** the **strategy** and its **messages**. Keep the plan alive and ensure the **public** are **aware** of any **new service developments** in their area or across the region. Regularly report progress and review the plan via the WWCP Dementia Steering Group

Assessment and diagnosis

Each person is seen as an individual

We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live.

What we are doing and our plans in this area

Getting the diagnosis pathway and information right first time	• **Develop** a **regional diagnosis pathway, maximising** the **use** of **AHPs, designing new ways to diagnose in the community,** develop an **outline business case** to **implement** the **new pathway** with **modelled resourcing**. The **new pathway** will include the **implementation** of the **AWDCPS: 3, 5, 6, 7 and 15** – (See standards below). • Ensure the **new pathway includes** a **formal process for acute hospital consultant diagnosis** and **READ codes included into discharge papers** – so care homes and GPs are made aware • Following the recent development of an outline business case, develop a **full business case** for the **Dementia wellbeing connector role, to include system savings aligned to a phased roll out. WWCP dementia steering group to agree** the **preferred option**. Develop **plan** to **implement** the **new role.** All Wales Dementia Care Pathway of Standards (AWDCPS) • **Memory Assessment Services (MAS)** and **Primary Care (GP)** will **adopt** the **READ Codes**. Those diagnosed with dementia within **settings outside of MAS** (including primary care, community resource teams, psychiatric liaison and neurology) will **provide** the **GP** and **MAS** the **specific READ Code** within **two weeks** of a **diagnosis** (AWDCPS 3) • **Health** and **social care** services will **provide** the **correct information** to **assist MAS** when they **undertake assessments** and in **providing diagnosis.** This will also **support** the **person** to **manage any identified daily living difficulties.** (AWDCPS 5) • **MAS, within** a **12 week period** from **point of referral**, will **provide** a **range** of **interventions** (listed in the AWDCPS **6**) to **support diagnosis. Consider** what **digital platforms** and other **adaptions** and **approaches** are needed to enable the implementation of this standard. • **People** will have **access** to a **contact** that can **provide emotional support throughout the assessment period and over the next 48 hours after receiving a diagnosis** and **ensure following this period, it is offered as required**. (AWDCPS7) • **People within 12 weeks of being diagnosed** with dementia will be **offered support to commence planning for the** future, including end of life care. This offer will include the **opportunity to revisit and update this plan throughout the person's journey**. Where appropriate, representation and the **use of advocacy** will ensure the **rights of the person are upheld**. (AWDCPS 15)
Supporting those with a learning disability	• **Ensure the processes in place enable a person with a learning disability receives a cognitive wellbeing check** All Wales Dementia Care Pathway of Standards (AWDCPS) • **Learning Disability (LD)** services will **define a process** to **capture** the **total population** of **people living** with **a learning disability** and specifically Down Syndrome to **offer** a **cognitive wellbeing check**. (AWDCPS 4)

Living well with dementia

Care is co-ordinated

We have the right to know about and decide if we want to be involved in research that looks at cause, cure and care for dementia and be supported to take part. We have the right to be respected, and recognised as partners in care, provided with education, support, services, and training which enables us to plan and make decisions about the future.

What we are doing and our plans in this area

Enabling people to have health reviews and to attend appointments	• Following sign off of the full business case, roll out of the **Dementia wellbeing connector service** which will promote **proactive care planning** through **HOLISTIC MDT** - **consistent approach across** the **region**, providing **stable support wellbeing plan around** the **person – develop a regional holistic care plan template** • **Dementia wellbeing connector** to **co-ordinate support throughout** a **person's journey** • **Develop a pre and post diagnostic service (PPDS) standard operating procedure. This will set out expectations, processes and data recording requirements from the PPDS.** • Develop a **consistent approach** to **medication monitoring**, **review** and **prescribing** in **primary care across** the **region** <u>All Wales Dementia Care Pathway of Standards (AWDCPS)</u> • **PLWD** will have a **current face to face appointment** where a **physical health review** will be **delivered in partnership by primary and secondary care**. Where there is justifiable reason for not providing a face to face appointment, a physical health review will be delivered by other approaches i.e. digital platforms, telephone consultation. (AWDCPS 14) • **PLWD, their carers and families** will have **support and assistance to engage with appointments**. This will avoid receiving multiple health and social care appointments that can overwhelm, confuse and isolate the person. Practical streamlining of operational processes will support the service to avoid duplication and maximise opportunities to exercise prudent principles to service delivery. (AWDCPS 18)
System wide response Page 127	• **Support PLWD** to **live well; continue** with implementing the **Journey Through Dementia OT programme** which includes implementing **'dementia-friendly design principles'** within peoples own environments and **any new building or service** • Ensure **employers assess** for and **implement reasonable adjustments** to enable the **PLWD to work** • **Regardless of diagnosis, Dementia wellbeing connector** role to act as the **co-ordinator** for the **PLWD reducing** the **likelihood** of **them or their carer having to repeat their story** or to be accountable for relaying information between services – **capturing the essence of who the person was** - explore using the patient knows best APP • **Review <u>ALL</u> initiatives currently funded** by the **Regional Integrated Fund, evidencing outcomes, align funding** to **implement** strategic **priorities, ensure any new way of working is fully resourced** • Consider whether **social workers** from **each county** and **3rd sector colleagues** could **become part** of the **regional dementia wellbeing community team** • **Review community activities** available **across** the **region** for PLWD and support activities for carers. **Address gaps, including activities** for those with **young onset dementia** • **Maximise** the **use of technology**, for **professionals, PLWD** and their **carer** e.g. connect carers to support via an APP on the hospital bed Ipads • **Implement** the **remaining actions** from the **All Wales Dementia Action plan** • **Identify** an **area** in which to **implement the All Wales Dementia Care pathway Standards** in line with the 2 year programme of work outlined in the standards. (AWDCPS 1) <u>All Wales Dementia Care Pathway of Standards (AWDCPS)</u> • Services at the **points of contact** will **provide reasonable adjustments** to care that is meeting the person's needs and personal preferences.(All Wales Dementia Care Pathway Standard 2) • Person-centred **reasonable adjustments** will **support the person to live well** by **maximising their independence** and **ability to participate in their communities**. (All Wales Dementia Care Pathway Standard 2) • People living with dementia and their carers will have a **named contact (connector) to offer support, advice and signposting, throughout their journey** from **diagnosis to end of life**. (AWDCPS 12) • People living with dementia will have **access, when needed**, to **relevant** (and when accessing mental health services) **dedicated services post diagnosis no matter their residence**. This identifies with the care and **team wrapped around the individual** (AWDCPS 13) • Organisations and care settings providing **intensive dementia care** (this includes mental health and learning disabilities inpatient settings) **implement the dementia care mapping tool** to evaluate and learn about **person-centred enabling practice**. Supporting **clinical reasoning** and **decision making**. Mental health DCM services will offer DCM support to acute care, prisons and care homes settings. (AWDCPS 16) • **Working in partnership**, the **region** will **deliver** on the requirements of the **agreed data items** (measurement workbook) for **reporting and assurance**. (AWDCPS 20)

Increased support when you need it

All staff are prepared to care

Wherever I am, health and care staff bring empathy, skills and expertise and give me competent, confident and compassionate care.

What we are doing and our plans in this area

Consistent care while in hospital	• **Optimise patients' wellbeing while in hospital** through **admissions** and **discharge check list** - diagnosed, working diagnosis etc. Fully adopt the **Dementia Friendly Hospital charter**, **raising awareness among staff** and **volunteers, preventing issues** such as **personal effects getting lost** or **hearing aids not being put in correctly** – **develop action plan to implement** and **regularly review** through the **WWCP Dementia Steering group** • Ensure **hospital staff** are **trained** to **understand what power** of **attorney** for **health means** All Wales Dementia Care Pathway of Standards (AWDCPS) • Wales will adopt the **Dementia Friendly Hospital Charter** with a regular review of implementation and outcomes. (AWDCPS 11).
Maximise the power of MDT working, accessing support when you need it	• Develop a **regional, standard, interdisciplinary care plan** and through **proactive MDT working which enables colleagues to join virtually, and shared decision making with the patient and carer, plan ahead** to **prevent crisis** as well as to **increase support as and when it is needed including agreeing ceilings of care - consider** if the **plan** should be placed **in an APP that can be accessed by the patient, carers and colleagues** • **Maximise the circle of support** e.g. **community transport** colleagues can help MDTs by **providing relevant information** in relation to the patient • Ensure that **organisations communicate with each other** rather than PWLD or their carers having to co-ordinate communication across services • Identify **when** the **carer lives outside** the **region** to **ensure** they have **local information** to enable the person they are caring for to access services in their local area • Ensure that there is an **crisis contingency care plan in place for the PLWD and their carer** and that the **carer can also access support when they need it** • **Training in person centred behavioural expressions of unmet need** is needed - **implement the dementia recognition tool across the region** which can help the development of behavioural management plans, key behaviours and identifying what interventions can be used All Wales Dementia Care Pathway of Standards (AWDCPS) • Services will ensure that when a person living with dementia has to **change** or **move between any settings or services, care** with **supportive interventions** will be **appropriately coordinated** to **enable** the **person** to **consider** and **adapt to the changed environment**. This will ensure that **all care partners will communicate and work jointly with each other to support a seamless transition**. (AWDCPS 19).

Delivering the initiatives through programme management

In addition to developing the vision, service model pathway, strategy, Attain were asked to review existing regional governance to ensure robust, multi-agency ownership of the ICF Plan, its delivery and evaluation. To begin with Attain highlighted what good programme management looks like (for more detail see appendix 3)
The following slides describe the proposed programme management framework for the Regional Dementia Programme.
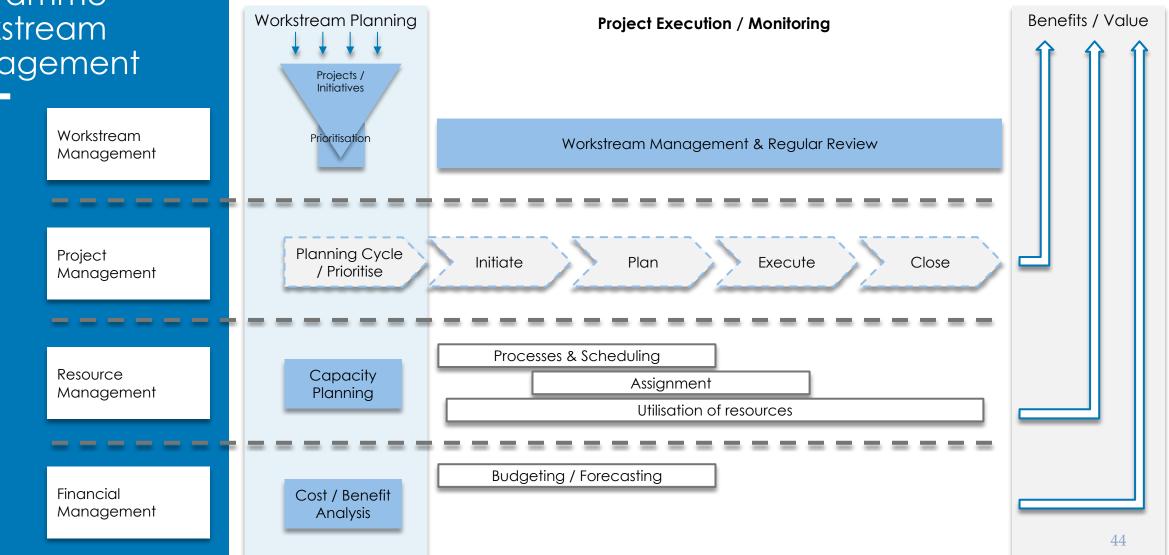
What does good programme management look like?

Proposed Delivery Approach: Programme Workstream Management

Workstream Planning

Project Execution / Monitoring

Benefits / Value

Projects / Initiatives

Prioritisation

| Workstream Management | | Workstream Management & Regular Review |

| Project Management | Planning Cycle / Prioritise | Initiate | Plan | Execute | Close |

| Resource Management | Capacity Planning | Processes & Scheduling / Assignment / Utilisation of resources |

| Financial Management | Cost / Benefit Analysis | Budgeting / Forecasting |
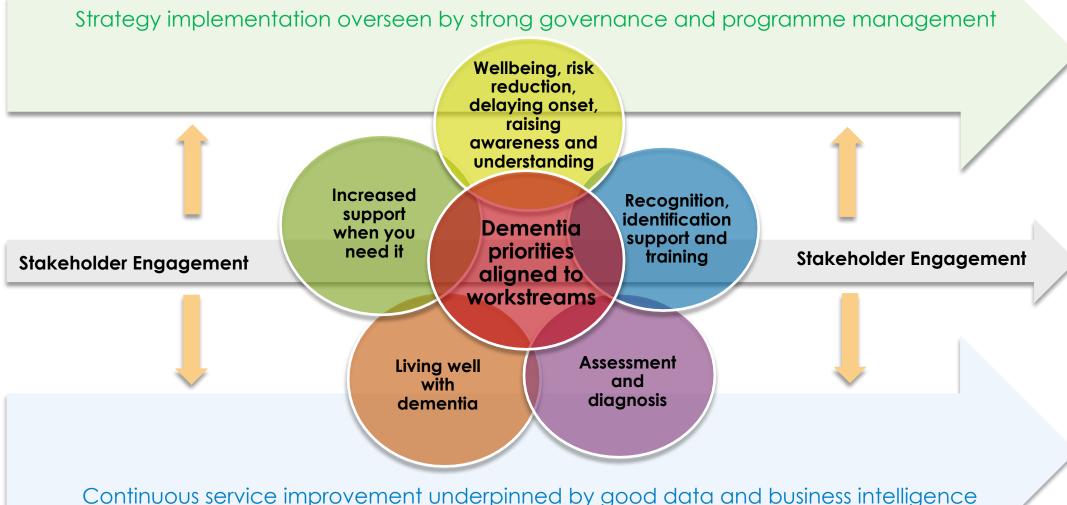
Approach to implementing the Dementia strategy and Wellbeing Pathway

WWCP Dementia Service Transformation Programme

Attain

Strategy implementation overseen by strong governance and programme management

Stakeholder Engagement

Stakeholder Engagement

Wellbeing, risk reduction, delaying onset, raising awareness and understanding

Increased support when you need it

Recognition, identification support and training

Dementia priorities aligned to workstreams

Living well with dementia

Assessment and diagnosis

Continuous service improvement underpinned by good data and business intelligence

WWCP Draft Dementia Strategy February 2022

Proposed workstreams to deliver the WWCP Dementia strategy

WWCP Dementia Service Transformation Programme

Strategy development and implementation overseen by strong governance and programme management

Workstream 1 Programme governance and system enablers

Programme management and culture of working together and sharing best practice

Workstream 4 Dementia BI and data

Workstream 2 Dementia Service transformation

Stakeholder Engagement

Stakeholder Engagement

Workstream 3 Dementia workforce development and training

Continuous service improvement underpinned by good data and business intelligence

Period of service transformation is 5 years

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Proposed Delivery Approach: Portfolio Management
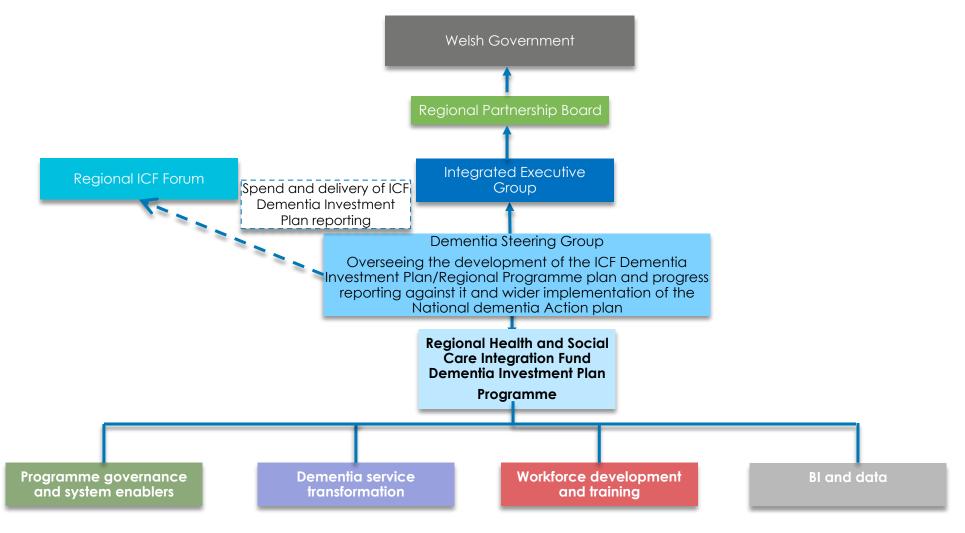
The below indicative set of portfolios will provide structure to deliver the next phase of work developing the dementia strategy/programme plan. The dementia strategy priorities are in line with the All Wales dementia care pathway standards and builds on the current good practice already in place. The dementia priorities should be led by a senior leader within the system and will be overseen by an SRO, along with the WWCP dementia steering group. However, the whole programme of work will also be overseen by the Integrated Executive Group and the Regional Partnership Board. Resources will need to be idenfied over the life of the programme to enable continuation of service delivery while frontline staff work to design and develop the services.

Programme governance and system enablers	Dementia service transformation	Workforce development and training	BI and data
Aim			
Implementation of the regional dementia strategy fully singed up to by the WWCP. Robust achievable implementation plans.	Implement recommendations stemming from the dementia strategy that relate to service transformation.	Implement priorities stemming from the dementia strategy that relate to workforce development and training.	Implement priorities stemming from the dementia strategy that relate to a uniform approach to collection of business intelligence and outcomes.
Priority Areas			
• Recruit regional programme manager • Regional programme plan developed to deliver the strategy recommendations. • WWCP programme governance structure • Oversight of 2021/22 projects and allocation for 2022 onwards • Enable data intelligence to support decision making and planning • Set up and implement the enabling structures stemming from the recommendations within the strategy • Communication plan running alongside the strategy, raising awareness, promoting service developments locally	• Proactively supporting people • Support regardless of diagnosis • Getting the diagnosis pathway and information right first time • Supporting those with a learning disability • Enabling people to have health reviews and to attend appointments • Actions in relation to implementing a system wide response • Consistent care while in hospital • Maximise the power of MDT working, accessing support when people need it	• Implementation of the Good Work framework – Training for ALL and recommendations in the strategy relating to training e.g. Refresh the West Wales learning needs analysis training framework, work with partners to implement it. Ensuring that all training provided is evidenced based • Development of a workforce plan to support service transformation delivery • Support the development of the dementia recognition tool • Take forward the development and role out of the Dementia wellbeing connector role	• Data driving change – develop ICF dementia programme performance dashboard • Develop the Dementia wellbeing connector full business case with detailed population needs, workforce and demand and capacity modelling for Dementia wellbeing connector role to provide emotional support throughout the assessment period and over the next 48 hours after receiving a diagnosis • Implementation of the dementia strategy recommendations in relation to BI and data.

Patient and Carer co-production - improving patient experience through easy access and standardisation of information, services and user/family voice in service change

Proposed Integrated Care Fund (ICF) Dementia Programme Governance Arrangements

8. Next steps for 2022/23

Next steps

Delivering the programme:

- Agree the rationale to continue funding during 2022/23

- Identify resource to set up and manage the programme of work across partners - recruit to the role

- Create a programme plan, prioritise projects and revise timelines to ensure that there is a realistic and deliverable plan in place. Use Workstream Management as the process for delivery

- Identify Workstream SROs to drive work with PMO support; provide ownership and accountability to deliver

- Regular progress updates should be provided at the monthly WWCP Dementia Steering Group

Implementing the strategy:

- Seek sign off from Integrated Exec Group and Regional Partnership Board, develop communications plan to socialise the strategy so all partners are aware of the direction of travel for dementia services within West Wales.

- Communications plan to cover the life of the strategy, enabling the public to be aware of any new developments in their area

- Update the programme plan with the new service developments required to deliver the dementia wellbeing pathway

- Ensure robust governance is in place to oversee the implementation of the new service initiatives, ensuring all new initiatives take a programme approach reporting progress regularly to the Regional Dementia Steering group

Implementation of the new West Wales Dementia Strategy

9. Appendix 1: West Wales Population Analysis
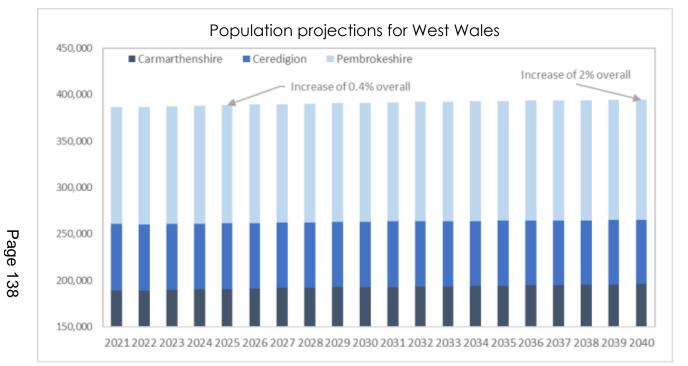
West Wales population analysis (ONS)

Overall the population of West Wales looks like it will increase by **0.4% overall by 2025** and by **2% by 2040** (20 years). Pembrokeshire and Carmarthenshire will see the similar population increases of 0.6% and 0.7% by 2025 and 2.7% and 3.5% by 2040. Ceredigion is expected to have a population decrease (0.7% at 2025 and 3% at 2040). However, in terms of age; **all areas are going to see an increase in their elderly populations.**

Overall, the elderly population is set to increase, and the child and working age population decrease

- By 2025 (in 4-5 years) the population of **over 65s is likely to increase by 6%** (over 80s by 11%)
- By 2040 (roughly 20 years from now) the over 65 population is looking likely to increase by 27% and the over 80s 55%
- The over 65s currently make up a quarter of the population. In 5 years around 26.8% and by **2040 it is likely to be nearly a third of the population** with the **over 80s becoming over 10%** (from just over 6% now)

Population projections for West Wales

WWCP Draft Dementia Strategy February 2022

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% change from Current				
	2025	2030	2035	2040
0-4 yrs	96.6%	93.7%	94.2%	97.4%
5-9 yrs	95.1%	91.1%	88.8%	89.4%
10-14 yrs	99.0%	92.2%	88.4%	86.4%
15-19 yrs	109.5%	111.2%	104.3%	99.9%
20-24 yrs	96.6%	107.2%	109.6%	103.3%
25-29 yrs	89.8%	84.1%	93.4%	96.1%
30-34 yrs	97.1%	87.7%	82.2%	91.3%
35-39 yrs	107.1%	106.4%	97.5%	91.6%
40-44 yrs	102.5%	109.2%	108.5%	100.2%
45-49 yrs	94.3%	99.0%	105.0%	104.5%
50-54 yrs	89.4%	81.2%	85.7%	90.5%
55-59 yrs	95.9%	85.7%	78.6%	83.4%
60-64 yrs	111.3%	108.9%	98.2%	90.8%
65-69 yrs	105.7%	120.5%	118.6%	107.7%
70-74 yrs	92.9%	99.5%	114.0%	112.9%
75-79 yrs	115.9%	108.8%	117.7%	135.7%
80-84 yrs	115.8%	141.4%	134.3%	147.4%
85-89 yrs	105.8%	125.6%	155.4%	150.3%
Age 90+	107.8%	120.1%	145.4%	183.6%

Source: ONS 52

West Wales Dementia (QOF Register)

The data in this pack is an extract from the GP systems using the QOF definition.

Women make up approximately 62% of the registered dementia patients in West Wales but this is partly due to higher life expectancy in the female population
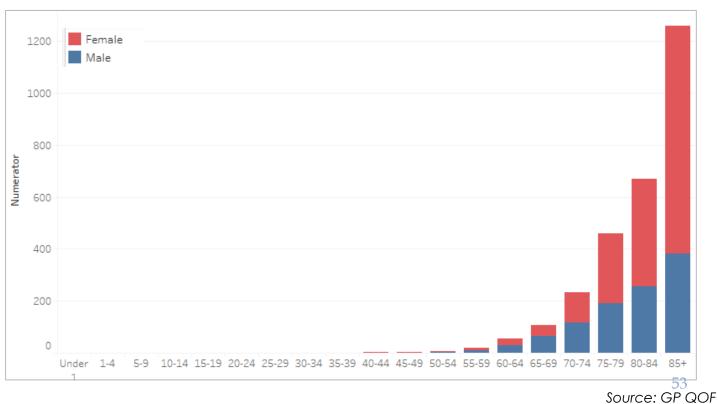
Nearly 50% of the female dementia patients are over 85 years old compared to 36% of the male patients. This means that 45% of the total dementia patients over the age of 85 years old. This age group is set to grow substantially over the next 20 years, and is due to make up over 10% of the West Wales population by 2040. Recent studies show that the incidence of dementia is not increasing substantially but due to increased life expectancy and better outcomes for care, perveance will continue to increase.

Mortality from dementia became the leading cause of death in the UK in 2015 and has continued to displace other causes of death. Pre-Covid (2020) it represented 12.7% of deaths and that number had grown yearly

The prevalence across the whole population of patients on the QOF register diagnosed with dementia is just over 0.7%. However, the prevalence in the over 60s (people on the register/population in the age group) is 2.3%. Young onset dementia is defined as those under 65 being diagnosed.

These represent a very small number of GP diagnosed cases but potentially a larger portion of the unmet and undiagnosed need

People over 60 represent around a third of the population and 98.9% of the registered dementia patients in West Wales

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Source: GP QOF

Dementia by cluster
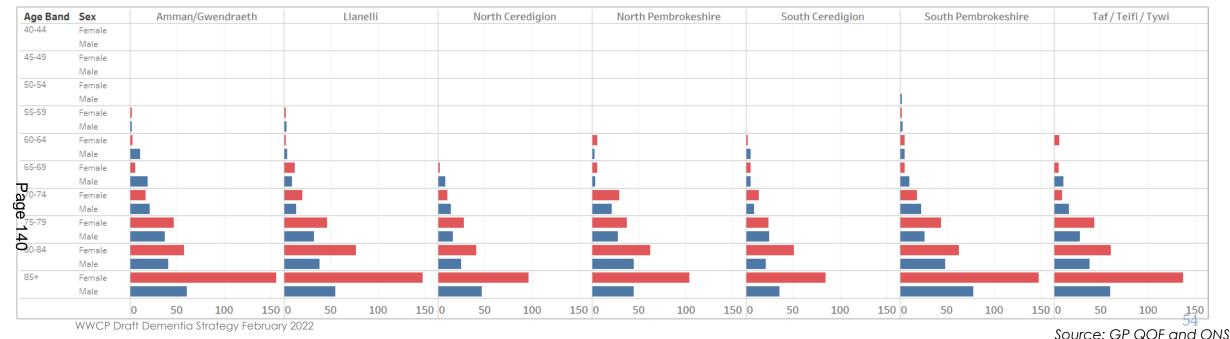
Carmarthenshire has the largest population of the 3 counties across West Wales, it has around 49% of the whole population and 46% over the 0ver 65s, with 24% of its own population over 65 years old. They have 48% of the dementia diagnosis. It is also the most rural area of the three counties.

Pembrokeshire GPs have a recorded population with dementia diagnosis of around 870 patients, which represents around 31% of the dementia diagnosis in West Wales. As a county they have 32.5% of the population and 34% of the over 65 population. The over 65 population represents nearly 27% of the total population in Pembrokeshire. However, by 2040 the growth for Pembrokeshire will be 6.6%

Although Ceredigion's population is set to decrease overall, the over 65s is set to increase by over 4% in the next 20 years.
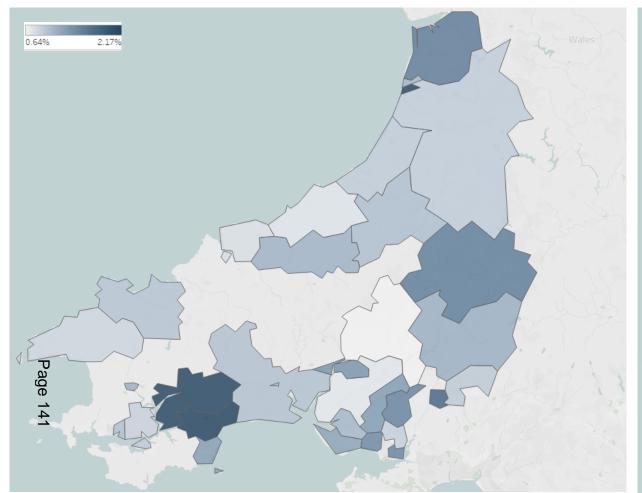
The below graphic shows the male and female actual numbers by cluster and as you can see, the three Carmarthenshire clusters have very high numbers, comparatively, in the female over 85s category. Notably South Pembrokeshire also has high numbers of both male and female over 85s diagnosed with dementia

Source: GP QOF and ONS

Map
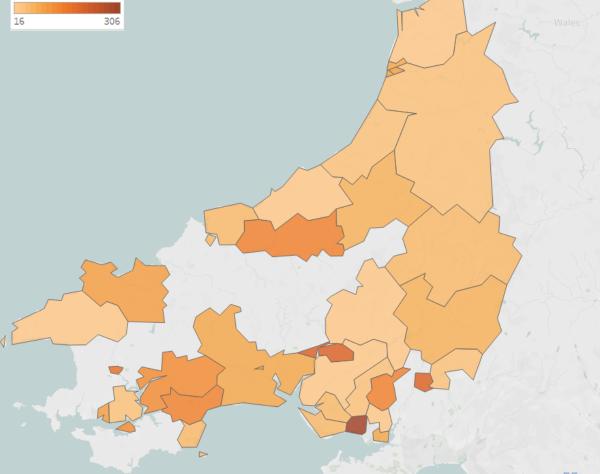
Lower Layer Super Output Areas (LOSA) data for patients was <u>not available</u> and so the below information shows the pressure for the GP practices at a Middle Layer Super Output Area (MOSA) level which is why there are gaps.

Proportion of over 40s population based on practice list, by MOSA of practice location

Total diagnoses population based on practice list, by MOSA of practice location

Page 141
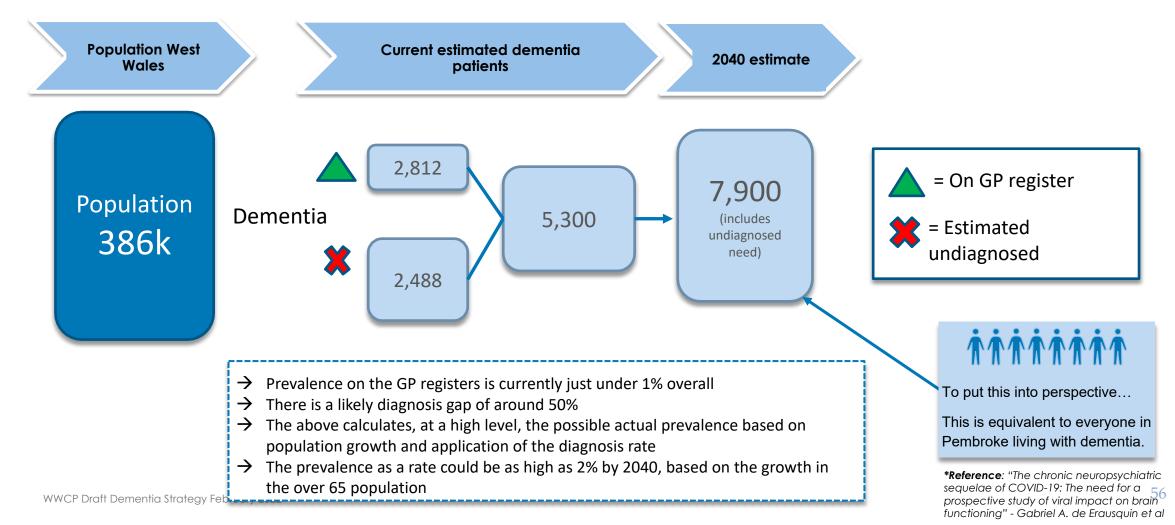
Dementia- prevalence

The chart below shows the current registered dementia population and the possible undiagnosed level; it then predicts, based on both the undiagnosed rate and population growth, the possible number of patients living with dementia across West Wales by 2040. It is important to note that the impact of COVID-19 on the diagnosis and incidence rate of dementia is still unknown. There is concern that, in some cases, COVID-19 causes damage to the brain and long term this could lead to increased risk of developing dementia*

Population West Wales

Current estimated dementia patients

2040 estimate

Population **386k**

Dementia

2,812

2,488

5,300

7,900
(includes undiagnosed need)

▲ = On GP register

✖ = Estimated undiagnosed

→ Prevalence on the GP registers is currently just under 1% overall
→ There is a likely diagnosis gap of around 50%
→ The above calculates, at a high level, the possible actual prevalence based on population growth and application of the diagnosis rate
→ The prevalence as a rate could be as high as 2% by 2040, based on the growth in the over 65 population

To put this into perspective…

This is equivalent to everyone in Pembroke living with dementia.

Reference: "The chronic neuropsychiatric sequelae of COVID-19: The need for a prospective study of viral impact on brain functioning" - Gabriel A. de Erausquin et al

Health board comparison

The graph to the right shows the prevalence rates for dementia recorded in the GP registers (according to QOF definitions). Note, this is likely to be a lower than actual prevalence rate due to using GP registered population from the GP system as the denominator (and not resident population, it also includes all age groups)
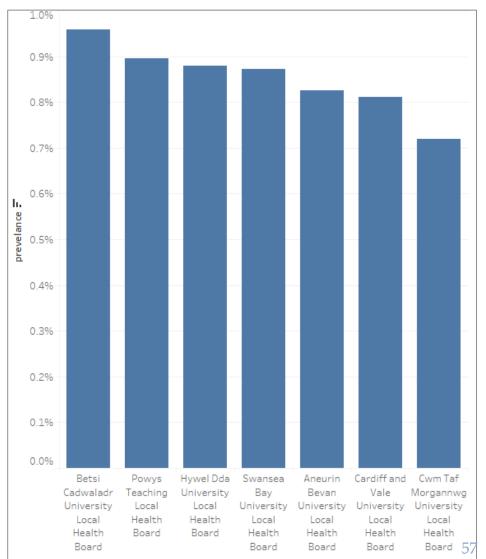
However, the important thing to note is the differences rather than the numbers. West Wales are the 3rd highest and they are slightly above the Wales average (circa 0.87% compared to 0.85%)

Dementia GP register prevalence (among adult population)
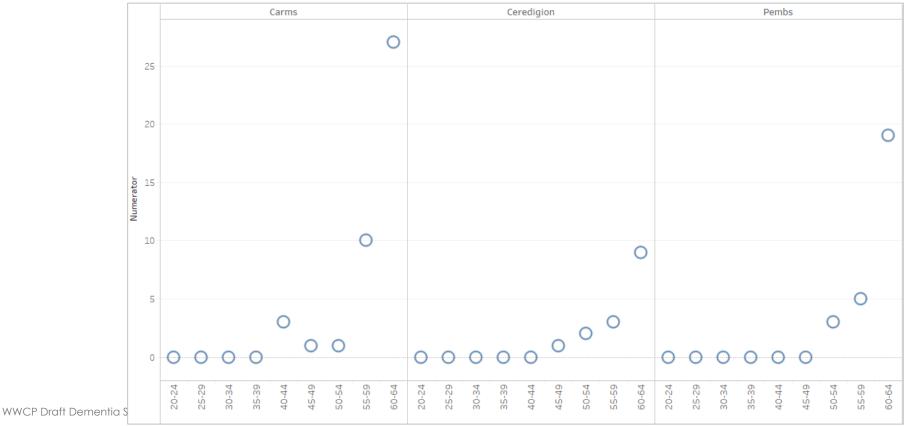
Numbers of patients on dementia register by sex and UHB

	Aneurin Bevan University Local Health Board	Betsi Cadwaladr University Local Health Board	Cardiff and Vale University Local Health Board	Cwm Taf Morgannwg University Loca..	Hywel Dda University Local Health Board	Powys Teaching Local Health Board	Swansea Bay University Local Health Board
Female	2,560	3,492	2,189	1,659	1,753	622	1,692
Male	1,500	2,048	1,166	985	1,059	346	1,047

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Young onset

Young onset dementia is the onset of dementia when a person is under 65 years old. Across West Wales there are 84 patients on the registers who are under 65 years old. Of those, 55 are in the 60-65 year age group. This gives West Wales a rate of 0.04% across the population in the adult population, which is very similar to the rate seen across Wales registers nationally.

There are 5 patients on the GP registers who are under 50 years old. There are under 30 in Wales as a whole (with a formal, GP registered diagnosis). Again, the prevalence rates across West Wales are higher than that of Wales (around 0.0025%)

Young Onset Dementia by age and cluster

WWCP Draft Dementia S

10. Appendix 2: Feedback From Initial Structured Interviews

Stakeholder Engagement

The first phase of the development of this strategy took place January through to May 2021. Attain were initially commissioned by Carmarthenshire County Council on behalf of the WWCP to carry out a review of the ICF Dementia Investment Plan along side the development of a high – level dementia strategy vision and service model pathway across the West Wales region. The initial work was well supported by WWCP who worked with Attain to codesign a high-level draft dementia strategy. Stakeholders from across the region worked very hard to provide local knowledge and insight, through structured stakeholder discussions. The themes stemming from the initial interviews have been summarised where possible on the following pages. Theme form the second phase of work is summarised earlier on in the strategy.

Many thanks to those who engaged in this first phase of work:

Name	Title	Additional Staff
Rhian Dawson	Hywel Dda UHB & Carmarthenshire County Council - County Director Carmarthenshire	Emails sent 25/03 and 12/04
Jina Hawkes	Hywel Dda Health Board - General Manager Community Primary Care - Ceredigion	
Sonia Hay	Hywel Dda UHB - General Manager Community & Primary Care -Pembrokeshire	Charlotte Duhig, Ceri Griffiths plus 2 others
Rebecca Jones	WWCP Programme Manager for Workforce development	
Sue Leonard	CEO PAVS	Cherry Evans Sophie Buckley
Elaine Lorton	Hywel Dda UHB County Director Pembrokeshire	
Peter Skitt	Hywel Dda UHB - County Director Ceredigion	
Alex Williams	Head of Integrated services Carms	Plus Carms colleagues
Neil Mason	Hywel Dda UHB - Service Manager Older Adults Mental Health	Plus Admiral Nurse
Graham O'Connor	(Hywel Dda UHB - Consultant Psychiatrist)	
Donna Pritchard	Head of Adults Ceredigion Council	Ellen James, Sian Howys, Nerys Lewis
Claire Sims	Hywel Dda UHB - Head of Occupational Therapy	Plus Karen Shearsmith-Farthing
Becca Stilwell	Clinical Psychologist	Email sent 15/04/21

The themes stemming from the interviews with stakeholders have influenced the development of the service model pathway and the recommendations within this report.

Main themes	What works Well	What could be improved	What elements are missing	Joined up services
A clear regional strategy, vision and service model is needed and long term funding to deliver the services is needed	3rd sector dementia connector role has brought together other dementia focused roles now operating as an MDT	Consultants trained to be able to support people with dementia	Informal carers getting exhausted - could be prevented if they have the right support	Dementia is so wide - it is across the whole community and it really needs to be part of day to day planning and development
The overarching thing not addressed is base line wrap around the person, a co-ordinator throughout their journey	New Admiral Nurse service sitting with social care - providing support, bringing other professionals in team around the person	There is a need for **all** GPs to take the responsibly for onward prescribing of dementia	No centralised overview of GP dementia registers	Organisations now need to play their part to form a joined up integrated approach - not easy for West Wales
There is no coherent pathway and a lack of person centred care/understanding of dementia	Some good examples – Delta Connect, fulfilled lives - person centred domiciliary care, Ceredigion - come up with good solutions - real team feel	GPs/AHPs could be making straight forward diagnosis. MH team should be focusing on specialist diagnosis	Programme management of West Wales dementia services through the WWCP, service evaluation and performance reporting	Lots of handovers between services - difficulty with the long term care - where does dementia sit? No one service has the capacity to manage this large cohort
Attribution that dementia is a MH issue so if someone presents with challenging behaviour they call MH	Alzheimer's provide pre-diagnostic support following referral - people go directly to face to face support rather than a call centre.	National system feedback on hospital care can be adapted for PLWD and their carers to provide feedback on **all** our services	Requirement to have EoL conversations earlier. Some professionals reluctant to enter in ACP conversations	The service vision and model needs to ensure that services are easy to access and joined up

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Communication

Communication
Dementia wellbeing in the acute hospitals supporting reasonable adjustments for those admitted. Part of the ward MDT – about to be evaluated
Currently too many handoffs not joined up in anyway - need to have some co-ordination and case management.
Develop structure for services to communicate better with each other/to share information - what is available in the community - feels very fragmented.
FIRST OF ITS KIND - OT's are working in Scotland and are providing journey through dementia - protocol led interventions which will be evaluated

How people are diagnosed

How people are diagnosed
Local Authority carers assessment is not dependant on a diagnosis but you still hear of it
Need for earlier identification and diagnosis in primary care. Need to fast track dementia diagnosis in line with CHC assessments
Consider what is the purpose of the diagnosis? Treatment? Medication? Delaying the inevitable? Respite, carers support?
Belief that it can only take place in MAS setting - some patients get diagnosed in hospital. Need an MDT approach to diagnose in community

How people access services

How people access services
Social care domiciliary care, respite care - harder to access and less secure postcode lottery going on to access
Where do people lives sit? Holistic picture - need to include the needs of the carers collated within the record of the person living with dementia.
There is an opportunity for a central point of access through the Delta Wellbeing service which is provided regionally
Need to review dementia navigators, community commentors, social prescribing type roles to avoid duplication and align them across the system

Workforce and Training

Workforce and Training
The regional dementia wellbeing team about to be launched will provide training to upskill staff and a specialist MDT approach for complex cases
People providing care need to be able to spot dementia and have skills to support - regular training refreshers are needed
GPs require training to detect the early signs of dementia and physical issues in the advanced stages. Trainee MH nurses need training in dementia
A lack of knowledge, confidence and skill in staff/services recognising that people with dementia and their carers use multiple services

Use of technology

Use of technology
In alignment with best practice, the use of technology should be central to the delivery of dementia services
Delta connect trying develop care so the person can stay at home
The Wellbeing Team is working with Delta connect - trying to skill up the crisis team to stop people having to go into hospital
The Wellbeing team is working with @learning Wales to make the training more accessible. Mindful that eLearning training doesn't give people tools

11. Appendix 3: Approach to managing the programme of work

Project Requirement	Progress	Key Accomplishment
Review existing regional governance to ensure robust, multi-agency ownership of the ICF Plan, its delivery and evaluation	✓	• This report provides a suggested programme outline

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What does good programme management look like?

The components of a good programme (1)

	Vision, Leadership & Culture	Programme Governance	Stakeholder Management and Communication	Planning and resourcing
What good looks like	• Clear shared vision owned by all partners • Joined up leadership fully engaged • Vision and strategy are aligned with partners' organisational strategies and relevant regional / national strategies	• Clear governance structure in place that includes input at the right level for decision making and managing risks/issues • Clear process in place for escalating risks, issues and opportunities • Lean structure; time is used effectively, with a balance between discussion and action • Programme team have a clear understanding of roles and responsibilities • Patient / public engagement embedded in programme governance • Clinical leadership embedded in programme governance	• Stakeholder mapping and communications plans in place • Key stakeholder relationships are managed proactively • External communications are targeted at relevant audiences and accessible language / communication formats are used • Internal communications to keep programme team informed, support team dynamics • Successes are celebrated internally and all areas of the programme contribute to case studies and good news stories for external use	• Robust overall business case for the programme in place and agreed by partners, with review points in place to establish ongoing viability • Each workstream has a clear plan, setting out what will be delivered, how and when • Interdependencies have been mapped • Resources required to deliver the programme have been mapped and investment agreed • OD requirements mapped and strategy in place for coordinated delivery
Tools and products	• Vision / mission / values statement • Memorandum of Understanding / partnership agreement • Outline Business Case	• Programme Governance Structure Chart(s) • Terms of Reference • Meetings forward plan • Programme team organisation chart • Roles / responsibilities matrix • Reporting and risk/issue escalation processes • Templates for meeting agendas, notes and actions, highlight reports	• Programme Communications & Engagement Strategy / Action Plan • Stakeholder mapping tool • Internal communications process • Equality Impact Assessment process and documentation • Core set of programme documentation / presentations / branded templates for use with a range of audiences • Engagement tracker	• High level programme plan with milestones and critical dependencies • Detailed programme plan • PMO work plan • Recruitment and resourcing tracker (programme team) • Business case process, template and guidance • Financial plan

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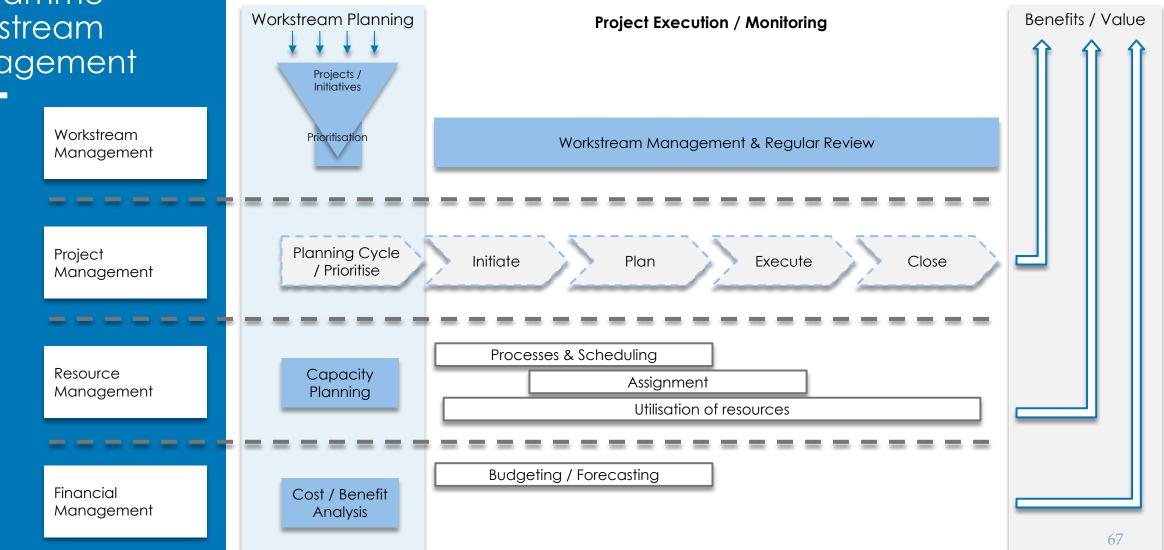
The components of a good programme (2)

	Outcomes and Benefit Tracking	Risk and Management	Programme Support	Financial Management
What good looks like	• Financial and non-financial benefits of the programme have been clearly articulated (covering activity shift, clinical quality and patient experience) and tested out with key stakeholders • Robust methodology in place to track benefits across all work streams • Baseline data captured • Outcome measures are targeted to enable monitoring of specific interventions – to see whether a change is effective • Existing data sets and reporting are utilised wherever possible to minimise reporting burden (lean approach)	• Key risks to delivery of the programme have been mapped and mitigating actions identified • Clear processes are in place for identifying and tracking risks, with levels of escalation • Robust, consistent documentation used across the programme to support proactive risk management and provide an audit trail • Programme risk register is maintained and reviewed regularly with evidence of following up mitigating actions recorded and followed through	• Information is well managed and easy to find, e.g. contact list, filing structure, protocols in place for maintaining an audit trail • Change control in place for core documents/tools • PMO team is able to support operational staff / work streams by reducing the documentation burden • PMO advises and supports programme team / delivery leads; skills development, quality improvement • Quality assurance is in place for key deliverables	• Budget agreed for programme resourcing • Robust mechanisms in place for management of programme budget – budget setting, change control, monitoring, accounts payable, procurement
Tools and Products	• Business Case/ Investment Appraisal • Benefits/outcomes framework, capturing key performance indicators, outcome measures, metrics etc) • Benefits realisation plan and tracking tool	• Programme risk and issue register • Risk management process and guidance	• Programme contact list • Information Management protocols and filing structure • Shared programme calendar / inbox	• Programme Financial management process / control • Programme budget

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Proposed Delivery Approach: Programme Workstream Management

Workstream Planning

Project Execution / Monitoring

Benefits / Value

Projects / Initiatives

Prioritisation

| Workstream Management | | Workstream Management & Regular Review |

| Project Management | Planning Cycle / Prioritise | Initiate | Plan | Execute | Close |

Resource Management	Capacity Planning	
		Processes & Scheduling
		Assignment
		Utilisation of resources

| Financial Management | Cost / Benefit Analysis | |
| | | Budgeting / Forecasting |

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Contacts

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Adele Yemm   adele.yemm@attain.co.uk   07766 681051

Cherie Cope   cherie.cope@Attain.co.uk   07787 427341

Carmarthenshire County Council

Assessing Impact

The Equality Act 2010

The Equality Act 2010 (the Act) brings together and replaces the previous anti-discrimination laws with a single Act. It simplifies and strengthens the law, removes inconsistencies and makes it easier for people to understand and comply with it. The majority of the Act came into force on 1 October 2010.

The Act includes a new public sector equality duty (the 'general duty'), replacing the separate duties on race, disability and gender equality. This came into force on 5 April 2011.

What is the general duty?

The aim of the general duty is to ensure that public authorities and those carrying out a public function consider how they can positively contribute to a fairer society through advancing equality and good relations in their day-to-day activities. The duty ensures that equality considerations are built into the design of policies and the delivery of services and that they are kept under review. This will achieve better outcomes for all.

The duties are legal obligations. Failure to meet the duties may result in authorities being exposed to legal challenge.

Under equality legislation, public authorities have legal duties to pay 'due regard' to the need to eliminate discrimination and promote equality with regard to race, disability and gender, including gender reassignment, as well as to promote good race relations. The Equality Act 2010 introduces a new public sector duty which extends this coverage to age, sexual orientation, pregnancy and maternity, and religion or belief. The law requires that this duty to pay 'due regard' be demonstrated in the decision making process. It is also important to note that public authorities subject to the equality duties are also likely to be subject to the obligations under the Human Rights Act and it is therefore wise also to consider the potential impact that decisions could have on human rights as part of the same process.

Equality Impact Assessment Template November 2013

Carmarthenshire's approach to Equality Impact

In order to ensure that the council is considering the potential equality impact of its proposed policies and practices, and in order to evidence that we have done so, every proposal will be required to be supported by the attached Equality Impact Assessment. Where this assessment identifies a significant impact then more detail may be required.

Reporting on assessments
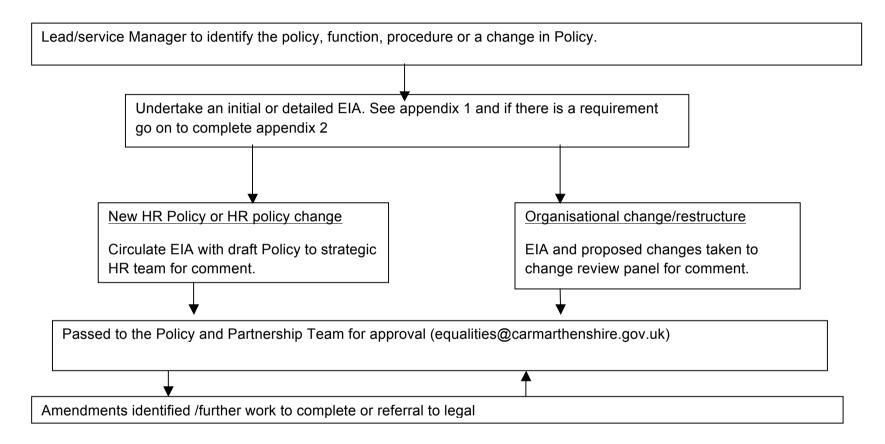
Where it is clear from the assessment that the likely impact on the authority's ability to meet the general duty is substantial, then it must publish a report.

Initial and Detailed Equality Impact Assessments

The initial EIA (appendix 1) is a simple and quick method of assessing the effect of a policy, function, procedure, decision including financial cuts on one or more of the protected characteristics.

The Service Manager responsible for the relevant new or revised policies, functions, procedures and financial decisions must undertake, at least, an initial EIA and where relevant a detailed Equality Impact Assessment (appendix 2); EIA must be attached as background paper with reports to Executive and Scrutiny .

Equality Impact Assessment Template November 2013

Equality impact assessment – Process to follow where HR implications have been identified

Lead/service Manager to identify the policy, function, procedure or a change in Policy.

Undertake an initial or detailed EIA. See appendix 1 and if there is a requirement go on to complete appendix 2

New HR Policy or HR policy change

Circulate EIA with draft Policy to strategic HR team for comment.

Organisational change/restructure

EIA and proposed changes taken to change review panel for comment.

Passed to the Policy and Partnership Team for approval (equalities@carmarthenshire.gov.uk)

Amendments identified /further work to complete or referral to legal

Equality Impact Assessment Template November 2013

Initial Equalities Impact Assessment Template   Appendix 1

Department: Communities	Completed by (lead): Monica Bason-Flaquer	Date of initial assessment: 22/06/2022 Revision Dates:
Area to be assessed: (i.e. name of policy, function, procedure, practice or a financial decision)	West Wales Care Partnership Dementia Strategy	

Is this existing or new function/policy, procedure, practice or decision?	New
What evidence has been used to inform the assessment and policy? (please list only)	

The full documentation of the dementia strategy; engagement with people living with dementia and carers as part of strategy development; engagement with key

stakeholders across the health board, council, and third sector services spanning the region.

1. Describe the aims, objectives or purpose of the proposed function/policy, practice, procedure or decision and who is intended to benefit.	The strategy sets out a West Wales vision for dementia services, to 'Support each person to live well and independently with dementia for as long as possible', and outlines a dementia wellbeing pathway which focuses on on streamlining pathways and placing people living with dementia and their carers at the centre of service provision.			
The Public Sector Equality Duty requires the Council to have "due regard" to the need to:- **(1)** eliminate unlawful discrimination, harassment and victimisation; **(2)** advance equality of opportunity between different groups; and	**2. What is the level of impact on each group/ protected characteristics in terms of the three aims of the duty?** **Please indicate high (H) medium (M), low (L), no effect (N) for each.**	**3. Identify the risk or positive effect that could result for each of the group/protected characteristics?**		**4. If there is a disproportionately negative impact what mitigating factors have you considered?**
		Risks	**Positive effects**	

Equality Impact Assessment Template November 2013

(3) foster good relations between different groups (see guidance notes)				
Protected characteristics	**Age**	High		Potential to improve quality of life for older people affected by dementia
	Disability	High		Potential to improve quality of life for people affected by dementia (including young onset)
	Gender reassignment	No effect		
	Race	No effect		
	Religion/Belief	No effect		
	Pregnancy and maternity	No effect		
	Sexual Orientation	No effect		
	Sex	No effect		
	Welsh language	Medium		Potential to increase diagnosis rates and improve support
	Any other area			for Welsh language speakers with dementia

5. Has there been any consultation/engagement with the appropriate protected characteristics?	YES ☑ NO ☐

Equality Impact Assessment Template November 2013

6. What action(s) will you take to reduce any disproportionately negative impact, if any?
NA

7. Procurement

Following collation of evidence for this assessment, are there any procurement implications to the activity, proposal, service.

Please take the findings of this assessment into your procurement plan. Contact the corporate procurement unit for further advice.

8. Human resources

Following collation of evidence for this assessment, are there any Human resource implications to the activity, proposal or service?

9. Based on the information in sections 2 and 6, should this function/policy/procedure/practice or a decision proceed to Detailed Impact Assessment? (recommended if one or more H under section 2)	YES ☐	NO ☑

Approved by: Head of Service		Date:

Equality Impact Assessment Template November 2013

Detailed Equalities Impact Assessment Template   Appendix 2

Department:	Please see initial impact assessment
Completed by (lead):	
Date of Detailed assessment:	
Area to be assessed: (*Policy, function, procedure, practice or a financial decision))*	Please see initial impact assessment
Is this existing or new function/policy/Procedure/ practice	Please see initial impact assessment

1. Describe the aims, objectives or purpose of the function/policy, practice or procedure and who is intended to benefit.	Please see initial impact assessment

Equality Impact Assessment Template November 2013

2. Please list any existing documents, evidence, research which have been used to inform the Detailed equality impact assessment. (This must include relevant data used in this assessment)				
3. Has any consultation, involvement been undertaken with the protected characteristics to inform this assessment? (please provide details, who and how consulted)				
4. What is the actual/likely impact?				
5. What actions are proposed to address the impact? *(The actions needs to be specific, measurable and outcome based)*	What are we going to do	Who will be responsible	When will it be completed	How will we know we have achieved our objective

Equality Impact Assessment Template November 2013

6. How will actions be monitored?				
Approved by: Head of Service		Date:		

Thank you for completing this assessment.

For further information regarding Assessing Impact, please contact the -

Policy & Partnership Team

Chief Executive's Department

01267 22(4914) / (4676)

equalities@carmarthenshire.gov.uk

Please send a copy of the assessment to the above e-mail address upon completion.

Equality Impact Assessment Template November 2013

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CABINET
17TH OCTOBER, 2022

WEST WALES CARE PARTNERSHIP POPULATION ASSESSMENT AND MARKET STABILITY REPORT

Purpose:

- To summarise the approach taken to producing the above reports.
- To summarise the key findings
- To explain process for publication
- To provide assurance that a thorough process has taken place in the production of the reports with engagement throughout from officers of Carmarthenshire County Council

Recommendations / key decisions required:

Members are being asked to scrutinise and have oversight of the following:

1. West Wales Care Partnership Population Assessment (Executive Summary attached at Appendix A)
2. West Wales Care Partnership Market Stability Report (Executive Summary attached at Appendix B)
3. West Wales Care Partnership Market Stability Report (Full Document attached at Appendix C)
4. West Wales Care Partnership Population Assessment (Full Document attached at Appendix D)

Members are being asked to support the findings of the full reports attached and the approach taken to publication on the Carmarthenshire County Council website.

Reasons:

To comply with the Welsh Government guidance for producing population assessments and the more recent guidance on producing the market stability report.

Cabinet Decision Required:	YES – 17th October, 2022
Council Decision Required:	YES – 9th November, 2022

CABINET MEMBER PORTFOLIO HOLDER:-
Cllr Jane Tremlett (Health & Social Services Portfolio Holder)

Cyngor **Sir Gâr**
Carmarthenshire
County Council

Directorate: Communities **Name of Head of Service:** Chris Harrison **Report Author:** Kelvin Barlow	Designations: Head of Strategic Joint Commissioning Regional Partnership Programme Manager	Email Address: chris.harrison@pembrokeshire.gov.uk **kelvinbarlow@carmarthenshire.gov.uk**

EXECUTIVE SUMMARY
CABINET
17TH OCTOBER, 2022

WEST WALES CARE PARTNERSHIP POPULATION ASSESSMENT AND MARKET STABILITY REPORT

Main Issues

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. This work is undertaken through the Regional Partnership Board (RPB) and is co-ordinated by the West Wales Care Partnership Team. 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.

Population Assessments must be published once within each local government electoral cycle. The first Population Assessment (PA) was produced in March 2017, the detail of which is being refreshed during 2022.

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

The West Wales Care Partnership will publish the PA and MSR on online data portal for the region: Home - West Wales Care Partnership (wwcpdata.org.uk). 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.

These reports will inform the West Wales Area Plan and in turn inform regional and local, commissioning intentions.

DETAILED REPORT ATTACHED?	YES

Cyngor **Sir Gâr**
Carmarthenshire
County Council

IMPLICATIONS

I confirm that other than those implications which have been agreed with the appropriate Directors / Heads of Service and are referred to in detail below, there are no other implications associated with this report: **Signed:** Chris Harrison Head of Strategic Joint Commissioning						
Policy, Crime & Disorder and Equalities	Legal	Finance	ICT	Risk Management Issues	Staffing Implications	Physical Assets
YES	**YES**	**NONE**	**NONE**	**NONE**	**NONE**	**NONE**

1. Policy, Crime & Disorder and Equalities
West Wales Population Assessment has been produced in conjunction with the Carmarthenshire PSB Wellbeing Assessments to ensure alignment.

2. Legal
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.

Cyngor **Sir Gâr**
Carmarthenshire
County Council

CONSULTATIONS

I confirm that the appropriate consultations have taken in place and the outcomes are as detailed below

Signed: Chris Harrison   Head of Strategic Joint Commissioning

1. Scrutiny Committee request for pre-determination	YES/NO/N/A – Delete as appropriate

If yes include the following information: -

Scrutiny Committee	
Date the report was considered:-	

Scrutiny Committee Outcome/Recommendations:-

2.Local Member(s) - N/A

3.Community / Town Council – N/A

4.Relevant Partners

On the 7th December 2021 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 was endorsed.

5.Staff Side Representatives and other Organisations - N/A

CABINET MEMBER PORTFOLIO HOLDER(S) AWARE/CONSULTED YES	**Include any observations here** Cllr. Tremlett is fully aware of the content of the report.

Section 100D Local Government Act, 1972 – Access to Information
List of Background Papers used in the preparation of this report:

THERE ARE NONE

Cyngor **Sir Gâr**
Carmarthenshire
County Council

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WEST WALES POPULATION ASSESSMENT OVERVIEW

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 Tritech 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 is 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

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- 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.

<u>The impact of COVID -19:</u>

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

<u>Overview and key messages</u>

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 <u>Autism Code of Practice</u> 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 identified[1]

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:

<u>Gaps and areas for improvement:</u>

- 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.

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[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.

<u>Gaps and areas for improvement:</u>

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.

<u>The impact of COVID -19:</u>

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 form 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 struggled 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 Summary[1]

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.

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[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 support[2] 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 assessments[3]: firstly, an assessment of the sufficiency of care and support services[4]; 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 PNAs[5] and suggest the sufficiency assessment is cross referenced accordingly[6].

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 services[8], the following five aspects:
- Sufficiency (see relevant paragraphs above)
- Quality: inspections, contract monitoring, etc

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[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 aspects[9].

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

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[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 groups[12]

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%

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[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 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.

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[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	
• 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	-Carmarthenshire has the fewest children in care homes -Looked After Children are increasing in Ceredigion and Pembrokeshire but declining in Carmarthenshire. -Pembrokeshire has the most placements available (49), then Carmarthenshire (44), and Ceredigion has none. -In house capacity is highest in Carmarthenshire (3 units)
Fostering	
• Increased numbers of looked after children regionally[15] 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	-Looked After Children are increasing in Ceredigion and Pembrokeshire but declining in Carmarthenshire.

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[15] Carmarthenshire has seen a reduction.

pandemic. Growing in-house capacity may be necessary as well as desirable • 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	-Pembrokeshire has increased in-house fostering places in recent years, with the opposite being true of Carmarthenshire and Pembrokeshire
Adoption	
• There is no independent sector involvement in the regional market, but 3rd sector agencies are involved with placement in some cases[16] • 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	-Adoption services are provided regionally (including Powys) -Numbers are small (less than 20 in 2021)
Secure accommodation	
• Provision is extremely specialist for which there is very little demand from the Region[17]. 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	-County variation cannot be discerned (numbers very low)
Residential family centres	
• There is insufficient demand for residential family placements to justify commissioning dedicated regional provision	-County variation cannot be discerned (numbers very low)

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[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

• 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	
• 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	-Research suggests greatest pressures are in Ceredigion and Pembrokeshire (waiting lists and hand backs) - 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). -Pembrokeshire had seen an expansion of micro-enterprises to 30
Adult placement (Shared Lives)	
• 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	-76% of people supported are from Carmarthenshire (plans have been agreed to increase numbers across the Region)
Care homes for working aged adults	

• 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	-Ceredigion has the highest proportion of out of county placement (though also high for Carmarthenshire and Pembrokeshire)
Care homes for older people	

• 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:
   ○ 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,
	-In-house provision is proportionately highest in Ceredigion and lowest in Pembrokeshire
	-Fee rates differ across the Region and are highest in Pembrokeshire, followed by Ceredigion[18]

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[18] Except Nursing EMI rates, where Ceredigion's rate is lowest.

such as supported living, or release the capital to reinvest in new provision ◦ Consider the business case to develop in-house nursing provision (including taking due regard to registration requirements) to rebalance the market and address market failures ◦ Develop in-reach and out-reach models with residential homes at the centre of their communities (also referenced as Hub and Spoke models)	
Advocacy	
• 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	-Regionally commissioned service

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.

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West Wales Care Partnership Market Stability Report (v12)

Report

February 2022

West Wales Care Partnership Market Stability Report (v12)

Report

Contents

1   Introduction

1.1   Purpose

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

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

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

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

The shift towards a mixed market for care has potential benefits, including increased choice, competition, and economies of scale. However, it has also brought complexity and new risks - such as potential market failure or exits of individual providers, gaps in provision and market imbalances, which, if not addressed might mean that sufficient care of the right quality and cost will not be available in future. The Welsh Government has therefore legislated for stronger market shaping responsibilities for commissioning organisations, including the requirement to produce comprehensive MSRs every five years alongside Population Needs Assessments (PNAs[1]).

1.2   Scope

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

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

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

- Children and young people (including looked after children)

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[1] Not to be confused with Pharmaceutical Needs Assessment

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

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

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

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

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

1.3   Context

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

The sector has also been dealing with **historic systematic challenges** which are now being magnified[2] as a consequence of the pandemic. Over the last decade demand pressures on social care services have been compounded by fiscal austerity across public services. Reduced funding for local authorities and competing priorities has limited the rates that local authorities (and the Health Board) are able to pay for care and placed a disproportionate emphasis on economy rather than quality and improved

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

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

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

Whilst these challenges are relatively common across all regions, West Wales has distinctive characteristics that accentuate the emphasis of these challenges locally. Firstly, **West Wales is predominantly rural** - covering approximately a quarter of Wales but, with a population of 389,719, is home to only 12% of the Welsh population[4]. Secondly, **the working age population is falling, whilst there are increasing numbers of older people** retiring to the region and adults living longer with health conditions and Learning Disabilities. Both aspects have a significant influence over the local care market, specifically:

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

West Wales has a much higher proportion of Welsh speakers than the national average with 37% of people aged over three speaking Welsh in 2011: almost twice the national figure of 19%. Carmarthenshire has more people who speak Welsh than any other county in Wales (just over 78,000), and Ceredigion has the highest proportion of Welsh speakers in the region at 47%, the third highest in Wales (there are just under 35,000 people who speak Welsh in the county). The proportions are lower in Pembrokeshire with 19% of the population able to speak Welsh (just under 23,000 people). It is therefore particularly important that people can access services in their local communities and through the medium of Welsh if they wish[5].

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

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[3] https://senedd.wales/laid%20documents/cr-ld11773/cr-ld11773-e.pdf
[4] Population Estimates 2020, Stats Wales
[5] Data from the 2021 Census will start to be published from March 2022

Prevention and early intervention are key planks of the well-being agenda - as articulated in the Social Services and Well-being (Wales) Act 2014 and more recently in the Welsh Government's A Healthier Wales plan which was updated in 2021[6]. Both seek to improve outcomes for people by addressing the long-term national challenges such as health inequity, aging and climate change in ways which benefit future generations as well as the current population. The Well-being of Future Generations (Wales) Act 2015 sets out ambitious long-term goals for Wales and requires each area to produce Well-being assessments and local Well-being Plans.

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

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

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

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

Rebalancing means…

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

… to co-produce better outcomes with people[1].

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[6] https://gov.wales/healthier-wales-long-term-plan-health-and-social-care
[7] Ceredigion Through-age & Wellbeing Strategy

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

2   Approach and Methods

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

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

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

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

2.1   The Code of Practice

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

The Code of Practice states that:

> "Market stability reports are designed to give a high-level overview and assessment of the overall sufficiency of care and support, and of the stability of the market for regulated services[8]".

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

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

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

* Statutory requirement under the 2014 Act.

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

'Sufficiency' is defined using standard dictionary definitions:

- an amount of something that is good enough for a particular purpose (Cambridge Dictionary)
- the condition or quality of being sufficient for its purpose or for the end in view (Oxford English Dictionary)[9]

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

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

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

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[9] As above, paragraph 4.9

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

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

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

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

3   Structure of Report

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

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

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

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

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

4   Market Overview

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

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

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

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

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

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

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

4.1   Rebalancing

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

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

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

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

5   Sufficiency Assessment: Part A

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

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

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

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

Population Group	Learning Disability
Issues & Gaps	• The numbers of people with learning disabilities likely to present themselves to health and care services is predicted to remain relative consistent over the next 10 years – although the number of older people with learning disabilities is expected to increase significantly reflecting an improvement in life expectancy. • The housing needs assessment identifies a need for significant additional units of specialist accommodation (shared lives and supported living) over the next 15 years, whilst the volume of residential care placements is projected to reduce considerably. • Many of the challenges faced prior to the pandemic persist and are highlighted in both the 2017 and 2022 PNAs.

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[10] Social Care Wales Population Projections Platform (daffodil)

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

Population Group	Mental Health
Issues & Gaps	- The pandemic is likely to have had a severe impact on mental wellbeing. The long-term impact is difficult to predict, however, there is a significant risk that there will be a legacy of increased mental health problems. - Meanwhile the pandemic has disrupted services and there are increased waiting times for assessment and treatment for both CAMHs and adult services. This may compound the direct impact of the pandemic. - The housing needs assessment identifies a need for significant additional units of accommodation over the next two decades.

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

Population Group	Sensory Impairment
Issues & Gaps	• The number of people with sensory impairments is expected to grow significantly as the population ages. • There is a specific need to reduce social isolation of people with sensory impairments within rural communities including improvements to community support and access to specialist services. • For the relatively small number of younger people with sensory impairments, a range of support is needed including equipment and advice to remove barriers and increase employment and opportunities.

Population Group	Dementia
Issues & Gaps	• The number of people living with dementia is expected to increase by 49% by 2040[11]. • This is a major factor in the increased complexity of needs which is impacting upon services. • The number of people living with young onset dementia is small, but they typically require specialist services which may not be available locally. • There is a lack of bespoke support for younger people living with dementia such as group activities or specialist residential care.

[11] Draft West Wales Care Partnership (WWCP) Dementia Strategy

Population Group	Older People
Issues & Gaps	- The number of people aged 85 or over is expected to increase by 27.8% by 2031, whilst the West Wales population as a whole will grow by just 1.3%[12] - The ageing population means that there will be an increasing demand for care and support services including a diverse range of housing options. - The complexity of needs will also continue to grow as the number of people living with dementia and multiple co-morbidities increases. - The need to grow community support is even greater given the fragility of the markets for regulated services highlighted in the stability assessments. - Recruitment and retention of staff is a key challenge across social care and is severely impacting both domiciliary and residential care. - A continuing shift towards more specialist residential and nursing care is required but in current conditions it is difficult to see the market delivering that at sufficient pace or scale.

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[12] Stats Wales, Population Projections 2018 based

6   Stability Assessment: Part B

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

6.1   Care homes for children and young people

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

6.1.1   Sufficiency

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

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

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

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

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

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

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

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

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

6.1.2   Quality & Choice

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

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

6.1.3   Trends

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

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

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

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

6.1.4   Challenges & Opportunities

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

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

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

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

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

6.1.5   Impact of Commissioning

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

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

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

6.1.6   Issues & Recommendations

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

6.2   Fostering

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

6.2.1   Sufficiency

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

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

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

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

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

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

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

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

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

6.2.2   Quality & Choice

The quality of care provided by foster carers, whether local authority or IFA is generally high[13], but the fewer vacancies there are the harder it becomes to match children appropriately to placements. Distant placements also make it harder to maintain relationships and continuity of education and health care, whilst individual needs, including Welsh language care may not be met. For the vast majority of children, the best quality placement will therefore be local to their home area.

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

6.2.3   Trends

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

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

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

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

6.2.4   Challenges & Opportunities

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

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

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

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

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

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

6.2.5   Impact of Commissioning

There have been a number of national and regional initiatives to support effective commissioning of children's placements. These include the National Fostering Framework[14] and Children's Commissioning Consortium Cymru's (4Cs), placement finding tool: the Children's Commissioning Support Resource (CCSR).

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

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[14] National Fostering Framework Final Report 2018-21

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

6.2.6   Issues & Recommendations

- Increased numbers of children looked after regionally and nationally are making it harder to place children

- There is considerable uncertainty in the market with the commitment to eliminate 'for profit' provision and the impact of the pandemic

- The ultimate constraint is recruiting sufficient foster carers with the skills and motivation to care for children and young people who have typically experienced significant trauma and adversity

- Growing in-house capacity can help address these challenges. Recruitment campaigns alone are often ineffective and have low conversion rates. Reviewing and, where necessary enhancing, the total offer to foster carers is more likely to succeed. Non-financial elements like out of hours support and training are particularly important. The Mockingbird model, which groups carers together into constellations providing mutual support is worth exploring

- Alongside growing in-house capacity, engagement with IFA providers offering placements in West Wales is crucial, both to begin planning for the likely transition to a not-for-profit model, and to make the most of local capacity for West Wales children. Different commissioning models – such as "soft" block contracts and stronger partnerships will be needed, otherwise IFAs will have little incentive to tailor their offer to local requirements.

- Investment in preventative, respite and edge of care services can help reduce the need for children to be looked after away from their families. There is good practice in the region to share and build upon.

6.3   Adoption Services

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

6.3.1   Sufficiency

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

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

6.3.2   Quality & Choice

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

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

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

6.3.3   Trends

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

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

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

6.3.4   Challenges & Opportunities

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

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

6.3.5   Impact of Commissioning

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

6.3.6   Issues & Recommendations

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

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

6.4   Secure Accommodation

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

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

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

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

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

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

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

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

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

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

6.4.5 Impact of Commissioning

The commissioning of secure accommodation is a national responsibility.

6.4.6 Issues & Recommendations

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

6.5   Residential Family Centres

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

6.5.1   Sufficiency

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

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

6.5.2   Quality and choice

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

6.5.3   Trends

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

6.5.4   Challenges & Opportunities

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

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

6.5.5   Impact of Commissioning

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

6.5.6   Issues & Recommendations

- There is insufficient need for residential family placements to justify commissioning dedicated regional provision.

- Increasing regional parent and child fostering capacity, either in house or commissioned from an IFA will mean residential assessments are even rarer, and would provide local capacity over which commissioners have significantly more influence in terms of cost and quality.

6.6   Children's Advocacy Services

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

6.6.1   Sufficiency

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

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

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

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

6.6.2   Quality and choice

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

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

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

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

6.6.3   Trends

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

6.6.4   Challenges & Opportunities

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

6.6.5   Impact of Commissioning

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

6.6.6   Issues & Recommendations

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

6.7   Adult Placement Services

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

6.7.1   Sufficiency

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

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

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

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

6.7.2   Quality and choice

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

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

6.7.3   Trends

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

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

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

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

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

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

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

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

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

6.7.6   Issues & Recommendations

- Shared Lives is an excellent fit with the challenges and opportunities faced by West Wales.

- The Development Plan should be revisited, and additional resources invested if necessary to overcome any delays caused by the pandemic.

- Consider making an expression of interest for a pilot Homeshare scheme to complement an expanded and diversified Shared Lives service.

6.8   Care Homes for working Aged Adults

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

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

6.8.1   Sufficiency

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

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

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

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

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

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

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

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

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

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

6.8.2   Quality & Choice

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

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

6.8.3   Trends

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

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

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

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

6.8.4   Challenges & Opportunities

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

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

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

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

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

6.8.5   Impact of Commissioning

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

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[15] Annual Position Statement 2019/20

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

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

6.8.6   Issues & Recommendations

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

6.9   Domiciliary Care Services

6.9.1   Sufficiency

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

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

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

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

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

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

Analysis of activity data over the period April 2020 to September 2021 shows a broadly flat picture of activity both in terms of number of people supported by the councils and the hours commissioned. For West Wales as a whole, an average of 2,217 people received general domiciliary care each week (i.e. not including reablement or supported living), with an average of 25,567 hours per week provided – equivalent to11.5 hours per person per week.

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

- Providers are handing back contracts as they report they do not have the staffing capacity in the right places to take on new referrals.
- Workforce shortages, including the ability to retain high quality home care staff are highlighted by both providers and commissioners as the single most significant risk to market sufficiency and stability across the whole care market.
- Feedback from commissioners indicates that pressures on the domiciliary market are most pronounced in Pembrokeshire and Ceredigion. Both counties are reporting waiting lists and service hand-backs, although similar issues are also being reported in Carmarthenshire.
- Many providers in the survey commented that they were unable to pay sufficiently to compete with other sectors (such as leisure, retail and tourism) posing a risk to the stability of their business. Increasing fees was the second most popular option to "improve the stability of their business"
- However, analysis undertaken by the Homecare Association in 2021, indicates that Carmarthenshire and Pembrokeshire are the highest paying councils in Wales and are the only two nationally paying above the Homecare Association recommended minimum rate of £21.43 per hour, although Ceredigion was reported to be paying below the recommended minimum rate[16].
- All three councils are reporting growing waiting lists since summer 2021 (see technical appendix).
- Commissioners are reporting the increasing use of residential care to support individuals being discharged from hospital and awaiting a domiciliary care package signalling shortages in the market.
- Commissioners are reporting that they are actively reviewing domiciliary care packages to consider reducing the number of hours provided where appropriate and seeking greater support from family carers as a substitute and accessing wider preventative community support options. This is being reflected in activity data for 2021 (see technical document), which shows the number of hours being commissioned either remaining flat or reducing despite indicators of increased demand.

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

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

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[16] The Homecare Deficit 2021, Home Care Association, p125

6.9.2   Quality and Choice

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

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

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

6.9.3   Trends

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

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

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

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

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

6.9.5   Impact of Commissioning

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

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

6.9.6   Issues and Recommendations

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

6.10 Care Homes for Older People

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

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

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

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

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

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

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

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

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

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

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

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

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

6.10.3   Trends

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

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

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

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

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

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

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

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

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

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

6.10.4   Challenges
The key challenges facing providers are:

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

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

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

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

6.10.6   Issues & Recommendations

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

7   Region Wide Options

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

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

7.1   Focus on quality and outcomes

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

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

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

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

Ceredigion has recently launched a "Through Age Well-Being Strategy 2021-2027[18]" which in part addresses the well-being outcomes of local people through an "all- age" approach that does not make distinctions between age profiles but rather focuses upon a continuum of improving outcomes over the individual's life course. This approach anticipates a shift in resources towards prevention.

7.2   Invest in Unpaid Carers

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

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

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

7.3   Invest in prevention and early intervention

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

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

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

7.4   Re-provision services

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

7.5   Reconfiguring services

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

7.6   Developing new services

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

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

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

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

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

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

7.7   Enhancing regional commissioning for specialist services

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

7.8   Rebalancing the market

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

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

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

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

7.9   Build workforce capacity

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

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

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

7.10   Fee Methodologies

Most providers responding to the MSR surveys identified unmet rising costs as a significant challenge to their market stability, particularly in services for older people. At the same time commissioners in other market segments, notably children's homes and independent fostering are concerned by the high cost of placements. It is noted that the Competition and Markets Authority are currently conducting an inquiry into children services, which is likely to influence national policy going forward[20].

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

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

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[19] https://www.homecareassociation.org.uk/resource/real-living-wage-for-careworkers-in-wales-must-be-funded.html
[20] https://www.gov.uk/cma-cases/childrens-social-care-study

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

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

7.11   Support market confidence

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

7.12   Restarting work delayed by the pandemic

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

7.13   Invest in Technology Innovation

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

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

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

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

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

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

Further, the county councils are encouraged to explore use of national government funding and initiatives[21] to support digital connectivity across the region, as well as to look to internal resources and capacity to support local people to become "digital citizens" – such as schemes to loan digital hardware- such as tablets and laptops to local people.

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[21] https://gov.wales/digital-strategy-wales-html

8   Conclusion – A Call to Action

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

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

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

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

Appendix 1: Full Sufficiency assessments

1   Children and Young People

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

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

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

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

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

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

1.1   Looking Back

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

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

- Strengthening user voice and control

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

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

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

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

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

1.2   Looking Forward

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

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

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

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

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

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

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

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

1.3   Issues and Gaps

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

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[22] Draft Pembrokeshire Well-being Assessment

2   Violence Against Women, Domestic Abuse and Sexual Violence

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

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

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

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

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

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

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

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

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

2.1   Looking back

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

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

2.2   Looking forwards

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

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

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

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

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

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

2.3   Issues and Gaps

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

3   Carers (including unpaid carers)

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

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

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

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

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

3.1   Looking Back

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

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

3.2   Looking Forward

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

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

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

There are a significant and growing number of older carers. While the number of unpaid carers is projected to increase by 2% between 2020 and 2030, the proportion aged over 65 is projected to increase by 17%. An estimated 30% of carers provide 50 or more hours a week of care, but this rises to 46% of carers aged 65 or over[23].

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

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

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

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

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

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

[23] Social Care Wales Population Projections Platform, Daffodil

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

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

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

3.3   Issues and Gaps

- The level of unpaid care and support sought by unpaid carers is projected to increase significantly over the next 10 years as the population grows older.
- Many carers are themselves over 65 and 46% of older carers are providing more than 50 hours of care per week[24]
- This is against the backdrop of the significant increase in self-identification of unpaid carers during the pandemic and the existing strain on specialist carers support services to provide a timely response.
- There is a need to improve access to services and support within rural communities for unpaid carers and improve level of digital inclusivity of unpaid carers.
- Young carers need more mental health and emotional support and services. The pandemic has had a significant negative impact upon young carers in terms of increased isolation and mental health / emotion stress.

4   Learning Disabilities

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

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

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[24] Social Care Wales Population Projections Platform (daffodil)

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

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

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

4.1   Looking Back

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

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

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

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

4.2   Looking Forward

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

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

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

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

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

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

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

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

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

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

4.3   Issues and Gaps

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

5   Autism

According to the National Autistic Society[25], autism is defined as a lifelong developmental disability which affects how people communicate and interact with the world. The society estimates that one in 100 people are on the autism spectrum and there are around 700,000 autistic adults and children in the UK.

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

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[25] https://www.autism.org.uk/

5.1   Looking Back

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

5.2   Looking Forwards

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

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

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

5.3   Issues and Gaps

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

6   Mental Health

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

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

6.1   Looking Back

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

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

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

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

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

6.2   Looking Forward

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

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

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

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

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

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

The pandemic has also seen increased waiting times for mental health assessment and treatment which can be expected to compound the direct harm caused by the pandemic. In September 2019 there were 379 referrals for Local Primary Mental Health Support Services, of which 91% were assessed within 28 days[26]. In September 2021, the number of referrals was lower at 262 but only 71% were assessed within 28 days. Similarly, the number of children waiting more than 4 weeks for a CAMHs appointment increased from 2 to 22 (or from 2% to 28%)[27].

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

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

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[26] Stats Wales waiting times for LPMHSS assessment
[27] Stats Wales CAMHS appointment waiting times

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

6.3   Issues and Gaps

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

7   Health and Physical Disability

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

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

Whereas a disability is:

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

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

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

7.1   Looking Back

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

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

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

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

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

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

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

7.2   Looking Forward

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

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

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

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

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

7.3   Issues and Gaps

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

8   Sensory Impairment

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

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

8.1   Looking Back

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

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

Gaps and areas for improvement included:

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

8.2   Looking Forward

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

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

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

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

8.3   Issues and Gaps

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

9   Dementia

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

9.1   Looking Back

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

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

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

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

9.2   Looking Forward

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

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

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

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

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

9.3   Issues and Gaps

- The number of people living with dementia is expected to increase by 49% by 2040[28].
- This is a major factor in the increased complexity of needs which is impacting upon services.
- The number of people living with young onset dementia is small, but they typically require specialist services which may not be available locally.
- There is a lack of bespoke support such as group activities for younger people living with dementia or specialist residential care.

10   Older People

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

10.1   Looking Back

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

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[28] Draft West Wales Care Partnership (WWCP) Dementia Strategy

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

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

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

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

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

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

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

10.2   Looking Forward

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

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

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

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

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

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

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

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

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

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

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

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

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

10.3   Issues and Gaps

- The number of people aged 85 or over is expected to increase by 27.8% by 2031, whilst the West Wales population as a whole will grow by just 1.3%.

- The aging population means that there will be an increasing demand for care and support services including a range of housing options.

- The complexity of needs will also continue to grow as the number of people living with dementia and multiple co-morbidities increases.

- The need to grow community support is even greater given the fragility of the markets for regulated services highlighted in the stability assessments.

- Recruitment and retention of staff is a key challenge across social care and is severely impacting both domiciliary and residential care.

- A continuing shift towards more specialist residential and nursing care is required but in current conditions it is difficult to see the market delivering that at sufficient pace or scale.

Technical Appendix

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

The appendix is structured under four broad headings:

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

1   Cross-cutting

1.1   Demographic Data

Population Estimates Mid-Year 2020

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

Source: Stats Wales, Mid-Year Estimates 2020

Projected percentage change in number of people 2021-31

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

Source: Stats Wales, Population Projections 2018 based

Projected increase/decrease in number of people 2021/2031

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

Source: Stats Wales, Population Projections 2018 based
*65+ includes all people over 64, including those aged over 84 or 89. Likewise 85+ includes 90+

1.2   Guidance

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

1.3   Key Data Sources

Stats Wales (includes demographic, health and social care and finance data).
National Social Care Data Portal For Wales (includes a wide range of data and thematic reports for each local authority and region on three priority areas: care and support at home, dementia and children who are looked after).
Social Care Wales Population Projections Platform (includes projections about a wide range of needs and conditions at local authority, regional and national levels, including: informal care, autism, activities of daily living, common mental disorders, hearing impairment, visual impairment and dementia).

1.4   Regional Documents

Population Needs Assessment 2017.
Population Needs Assessment 2022 (link when published).
Draft Well-being Assessments (one for each county).
West Wales Area Plan.
West Wales Carers Strategy 2020-25.
Regional framework for service development and commissioning of Violence against women, Domestic Abuse and Sexual Violence Services in Mid and West Wales.
Annual Report of the Statutory Director of Social services Carmarthenshire, Ceredigion, Pembrokeshire.

1.5   Further Reading & Background

Rebalancing Care and Support Welsh Government White Paper.
Association of Directors of Social Services Cymru Rebalancing Social Care: A report on Adult Services.
Association of Directors of Social Services Cymru Rebalancing Social Care: A report on Children's Services.
Challenges and Priorities for Health and Social Care in Wales, Wales Centre for Public Policy, December 2021.

Bevan Commission, Bevan Exemplars, innovation projects in health and care.
Digital innovation in social care, NHSX, Ipsos Mori, Skills for Care and IPC 2021.
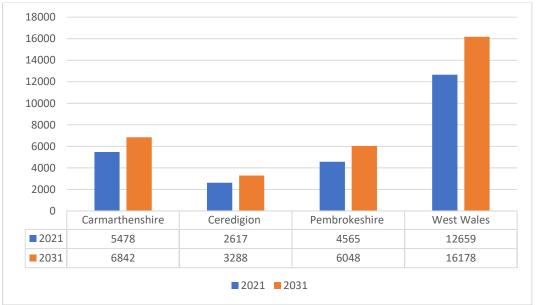
2   Older People

2.1   Demographic Data

Population Estimates Mid-Year 2020

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

Source: Stats Wales, Mid-Year Estimates 2020

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

	Carmarthenshire	Ceredigion	Pembrokeshire	West Wales
■ 2021	5478	2617	4565	12659
■ 2031	6842	3288	6048	16178

■ 2021 ■ 2031

Source: Stats Wales, Population Projections 2018 based

Projected increase in the number of people with severe dementia over the next decade*
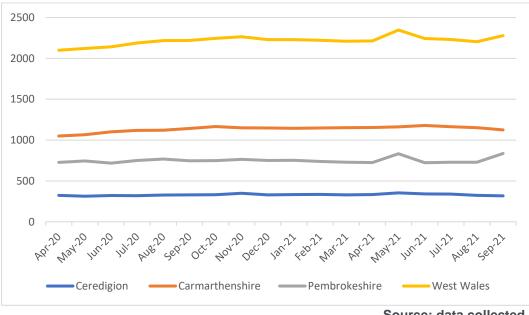
	2020	**2025**	**2030**	**Increase (number)**	**Increase (%)**
Carmarthenshire	1,912	2,306	2,697	785	41.1%
Ceredigion	789	942	1,076	287	36.5%
Pembrokeshire	1,407	1,720	2,030	622	44.2%
West Wales	4,107	4,968	5,802	1,695	41.3%

Source: Social Care Wales Population Projection Platform, Daffodil Cymru
*This will include a small number of younger people with dementia

2.2   Trends in activity, capacity and spend

2.2.1   Domiciliary Care

Number of people receiving general domiciliary care

Source: data collected by IPC for MSR
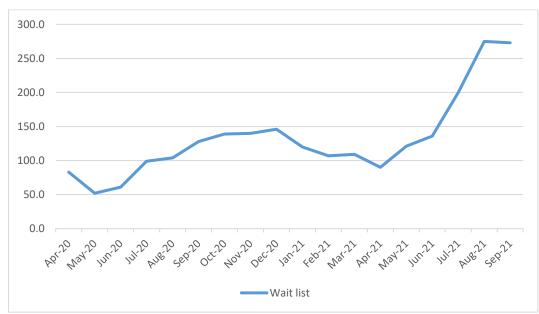
Hours of general domiciliary care

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

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

Source: data collected by IPC for MSR

Number of people on waiting lists for general domiciliary care West Wales
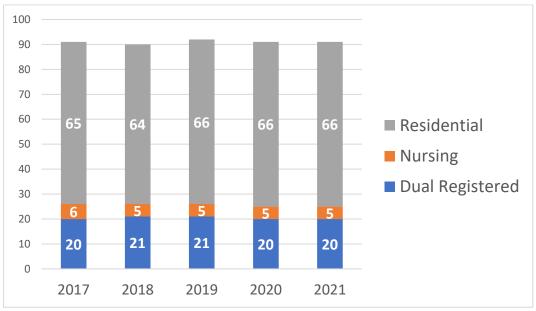
Source: data collected and analysed by IPC for MSR

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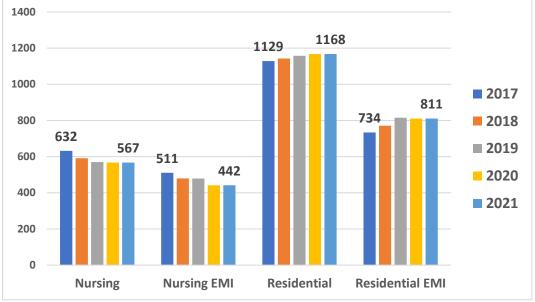
	Own provision (including joint arrangements)	Provision by others (including joint arrangements)	Gross Expenditure	Net Expenditure	Own provision as % of gross	Change in net spend
2018/19	£5,739,678	£24,667,016	£32,370,612	£27,082,994	17.73%	
2019/20	£8,240,572	£22,456,699	£32,688,443	£26,514,253	25.21%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

Source: Revenue Outturn returns analysed by IPC for MSR

2.2.2 Care homes for Older People

Number of homes for older people in West Wales

Source: data collected by IPC for MSR

Trends in bed numbers for older people
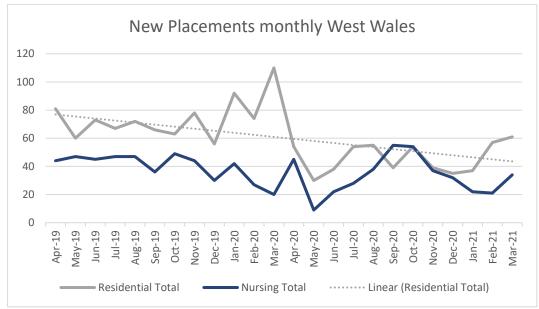
Source: data collected by IPC for MSR

Trends in placements commissioned by the local authorities or Health Board

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

Source: data collected by IPC for MSR

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

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

New Placements monthly West Wales

Trends in Occupancy

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

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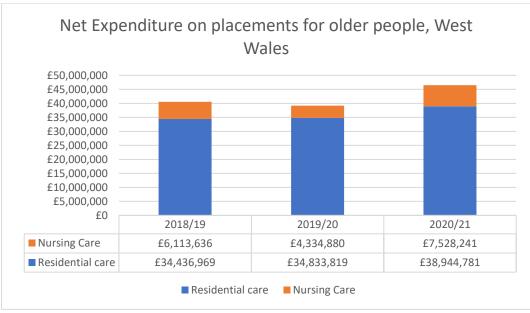
Residential Care Placements People over 65 (including older mentally ill)				
	Own provision (including joint arrangements)	Provision by others (including joint arrangements)	Gross Expenditure	Net Expenditure
2018/19	£13,436,425	£37,439,911	£54,949,646	£34,436,969
2019/20	£14,595,477	£39,402,785	£57,621,516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

Source: Revenue Outturn returns analysed by IPC for MSR

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

Source: Revenue Outturn returns analysed by IPC for MSR

Net Expenditure on placements for older people, West Wales

	2018/19	2019/20	2020/21
Nursing Care	£6,113,636	£4,334,880	£7,528,241
Residential care	£34,436,969	£34,833,819	£38,944,781

Source: Revenue Outturn returns analysed by IPC for MSR

Rates paid for residential care for older people

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

Source: data collected by IPC for MSR

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

Source: data collected by IPC for MSR

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

2.2.3   Social Care Wales Priority Area Reports

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

2.2.4   Further Reading & Background

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

3 Working Age Adults

3.1 Demographic Data

Population Estimates Mid- Year 2020

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

Source: Stats Wales, Mid-Year Estimates 2020

Projected decrease in number of people aged 16-64 2021-2031
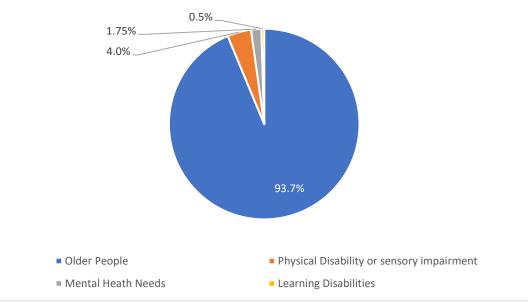
	Change in number aged 16-64
Carmarthenshire	-2,087
Ceredigion	-2,358
Pembrokeshire	-2,382
West Wales	-6,827

Source: Stats Wales, Population Projections 2018 based

3.2 Trends in activity, capacity and spend

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

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

Source: data collected by IPC for MSR

Net expenditure on home care by need group 2020/21

Adults aged under 65 placed in residential care homes

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

Adults aged under 65 placed in nursing homes

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

Adults aged under 65 placed in residential care homes out of county
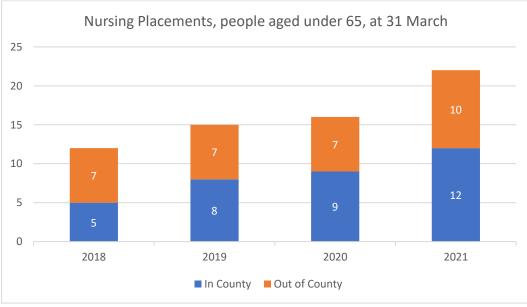
By need category, as at 31 March (out of county only)	Physical disability or sensory impairment	Learning disabilities	Mental health needs	Other Needs	Total
2018	9	84	63	6	162
2019	10	89	72	5	176
2020	8	83	71	5	167
2021	6	78	71	6	161

Source: data collected by IPC for MSR

Adults aged under 65 placed in nursing homes out of county

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

Source: data collected by IPC for MSR

Source: data collected by IPC for MSR

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

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

<div align="right">Source: National Social Care Data Portal For Wales archived data</div>

This data has not been published in this form since 2018. Data collected by IPC for the MSR suggests little change in this picture so these figures remain a useful guide.
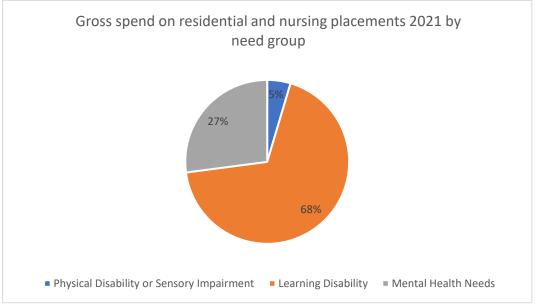
Trends in expenditure on working age adults residential care

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

<div align="right">Source: Revenue Outturn returns analysed by IPC for MSR</div>

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

<div align="right">Source: Revenue Outturn returns analysed by IPC for MSR</div>

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

Gross spend on residential and nursing placements 2021 by need group

- Physical Disability or Sensory Impairment ■ Learning Disability ■ Mental Health Needs

Source: Revenue Outturn returns analysed by IPC for MSR

3.3   Regional Documents

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

3.4   Further Reading & Background

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

4   Children and Young People

4.1   Demographic Data

Population Estimates Mid-Year 2020

	Aged 0 to 4	**Aged 5 to 15**	**Aged 16 to 24**	**Total 0-24**
Carmarthenshire	9,259	23,897	17,430	50,586
Ceredigion	2,877	7,897	10,606	21,380
Pembrokeshire	5,719	15,644	11,265	32,628
West Wales	17,855	47,438	39,301	104,594
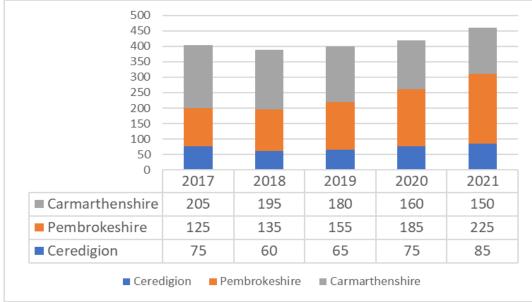
Source: Stats Wales, Population Projections 2018 based

Projected change in number of people under 16 2021-31

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

Source: Stats Wales, Population Projections 2018 based

4.2   Trends in activity, capacity and spend

Children looked after at 31 March

	2017	2018	2019	2020	2021
■ Carmarthenshire	205	195	180	160	150
■ Pembrokeshire	125	135	155	185	225
■ Ceredigion	75	60	65	75	85
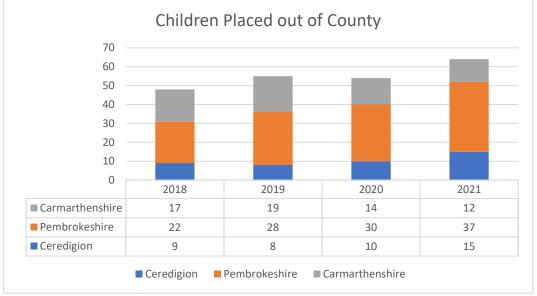
Source: National Social Care Data Portal for Wales

Proportion Placed in Foster Care
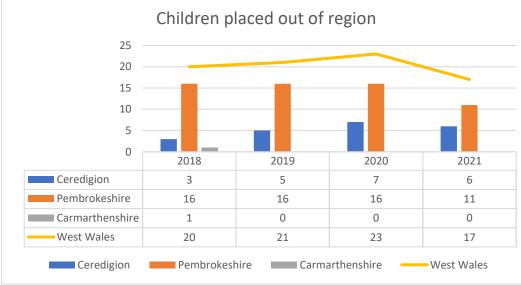
	%
Carmarthenshire	83.3%
Ceredigion	70.6%
Pembrokeshire	73.3%
West Wales	76.1%
Wales	69.8%

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

Trend in out of county placements

Children Placed out of County

	2018	2019	2020	2021
☐ Carmarthenshire	17	19	14	12
☐ Pembrokeshire	22	28	30	37
☐ Ceredigion	9	8	10	15

■ Ceredigion   ■ Pembrokeshire   ■ Carmarthenshire

Source: data collected by IPC for MSR

Trend in out of region placements

Children placed out of region

	2018	2019	2020	2021
■ Ceredigion	3	5	7	6
■ Pembrokeshire	16	16	16	11
■ Carmarthenshire	1	0	0	0
— West Wales	20	21	23	17

■ Ceredigion   ■ Pembrokeshire   ■ Carmarthenshire   — West Wales

Source: data collected by IPC for MSR

In-house capacity as at January 2022

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

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

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

Charitable and third sector capacity as at January 2022

	Maximum Places*
Carmarthenshire	6
Ceredigion	2
Pembrokeshire	4
Total	12
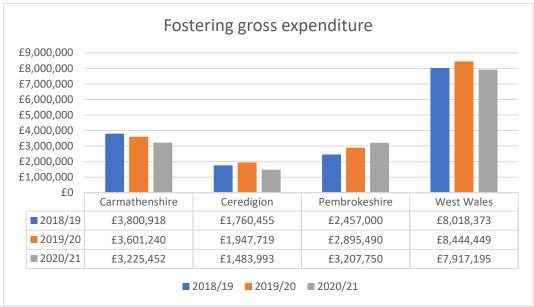
Source: Children's Commissioning support Resource data analysed by IPC
*All fostering, there are no third sector children's residential beds in West Wales

Independent sector capacity as at January 2022
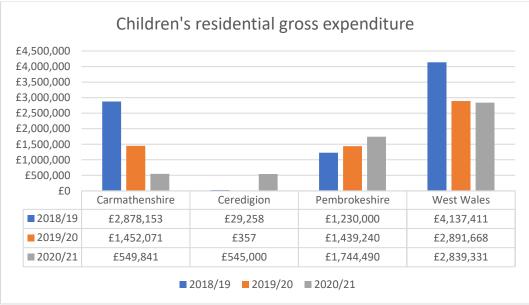
	Maximum Places	Occupied Places	Vacant Places	Unavailable Places
Carmarthenshire	208	135	18	55
Fostering	172	109	12	51
Residential	36	26	6	4
Ceredigion	59	37	4	18
Fostering	59	37	4	18
Pembrokeshire	113	83	15	15
Fostering	70	47	8	15
Residential	43	36	7	0
Grand Total	380	255	37	88

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

Trends in gross expenditure on placements

Fostering gross expenditure

	Carmathenshire	Ceredigion	Pembrokeshire	West Wales
2018/19	£3,800,918	£1,760,455	£2,457,000	£8,018,373
2019/20	£3,601,240	£1,947,719	£2,895,490	£8,444,449
2020/21	£3,225,452	£1,483,993	£3,207,750	£7,917,195

■ 2018/19   ■ 2019/20   ■ 2020/21

Source: Revenue Outturn returns analysed by IPC for MSR

Children's residential gross expenditure

	Carmathenshire	Ceredigion	Pembrokeshire	West Wales
2018/19	£2,878,153	£29,258	£1,230,000	£4,137,411
2019/20	£1,452,071	£357	£1,439,240	£2,891,668
2020/21	£549,841	£545,000	£1,744,490	£2,839,331

■ 2018/19   ■ 2019/20   ■ 2020/21

Source: Revenue Outturn returns analysed by IPC for MSR

4.3   Regional Documents

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

4.4   Social Care Wales Priority Area Reports

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

4.5   Further Reading & Background

[Children Looked After in Wales: Trends](#) Welsh Centre for Public Policy 2021.
[Children Looked After in Wales](#), Welsh Centre for Public Policy Evidence Briefing Paper 2021.
Children's Commissioning Consortium Cymru (4C's) [response to 'Competition Market Authority (CMA) Children's social care market study, Invitation to Comment.](#)
Competition and Markets Authority Children's Social Care Markets Study [Interim Report.](#)
Social Care Wales, [Improving Outcomes for children already living in care](#).

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Population Needs Assessment

DRAFT REPORT

June 2022

4

APPENDICES

Foreword

The Regional Partnership Board brings together partners from local government, the NHS, third and independent sectors with service users and carers. Our aim is to transform care and support services in West Wales. Our region covers the area of Hywel Dda University Health Board and includes the local authority areas of Carmarthenshire, Ceredigion and Pembrokeshire.

We are required to produce a Population Needs Assessment (PNA) under section 14 of the Social Services and Wellbeing (Wales) Act and in 2017 published our first. This was an important document, as it was the first time we had produced an assessment of the health and care needs of our population in this way.

The findings from this assessment have since guided our planning, investment and service delivery in West Wales. We are now required to publish our second. This is an opportunity to update and refresh the findings of our first PNA and to consider the progress we have made.

Central to our approach has been engagement and collaboration with the people who live in West Wales. We have worked closely with our stakeholders, including our Public Service Boards (PSBs), our professional and stakeholder working groups and, most importantly, wherever we can, our citizens.

Welsh Government provides detailed guidance for population assessments and there are a few important changes for this version. Firstly, we must give specific attention to the needs of Autistic people and those living with Dementia.

Secondly, we must take account of the impact of COVID-19. We know this has affected everyone in our community, but particularly those who use health and social care services.

Also, the Welsh Government has asked that this year we undertake a 'Market Stability Report.' This is a separate report which will consider whether we have sufficient services in the care sector and how able they are to meet future demand.

Whilst these assessments are important pieces of work, more important are our actions that will follow them. These will be developed and included in our West Wales Area Plan, which we will produce by April 2023, setting out our ambitions for the years ahead.

We want our assessments to be accessible to people in West Wales and, alongside our detailed reports, we will be publishing them on our online data portal. This will ensure that the information is continually refreshed and updated. We are also committed to ensuring that 'engagement' is not a one-off activity; rather, a continuous and collaborative conversation with our citizens.

We are in unprecedented times and the impact of the COVID-19 pandemic and other global events will continue to present us with significant challenges in West Wales. However, we believe that our Population Needs Assessment, and the approach we

have taken to complete this, will enable us to overcome these challenges together, to evolve and continue to deliver excellent outcomes for the people of West Wales.

Judith Hardisty

Chair, West Wales Regional Partnership Board

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1. Executive Summary

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 the 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.

Overview and Summary by Population Group

1. 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. The projected increase in those 85 and over is 28% by 2030, with local 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 and live 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:

COVID-19 has led to widespread social isolation, with lasting implications on the 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.

2.   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 informs the development of person-centred dementia pathways, co-produced with users and carers.

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.

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<u>Gaps and areas for improvement</u>

These 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 within our approach.
- Improving research into dementia by involving care homes in the region in research opportunities
- Continuing the development of a "hub" or single point of contact approach for PLwD to access information and support.

<u>The impact of COVID -19:</u>

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.

3.   Unpaid Carers

<u>Overview and key messages</u>

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 also recognised 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

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

4.   Learning Disabilities

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. The charter 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

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- 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 people with PMLD and their carers

The impact of COVID -19:

COVID-19 has had a particular effect on the physical and mental health of PwLD and their care and support network. This has been exacerbated by the availability of the services and care, such as day opportunities and short breaks.

Many PwLD have been required to shield during the pandemic, limiting their opportunities to contribute to many of the consultations and planning events as part of this assessment.

5.   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 Population Assessment. 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 identified [1].

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:

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<u>Gaps and areas for improvement:</u>

- 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.
- 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.

<u>The impact of COVID -19:</u>

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.

6.   Children and Young People

<u>Overview and key messages</u>

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.
Children and young people are considered under the following three groups:

- Up to the age of 18
- Up to the age of 21 if they've been in care
- Up the age of 25 if they've been in care and are still in education

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:

These 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 form 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.

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7.   Mental Health

<u>Overview and key messages</u>

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:

<u>Gaps and areas for improvement</u>

- 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.

<u>The impact of COVID -19:</u>

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 [2].

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.

8.   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.

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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 have delayed seeking help or had difficulty accessing it during the pandemic and are now presenting later, with much more complex health issues often resulting in worsening comorbidities and prolonged illness.

9.   Sensory Impairment

Overview and key messages

Sensory impairment is a normal part of 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

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- 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 may 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.

10. 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 Population Assessment.

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.

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11. Violence against Women, Domestic Abuse and Sexual Violence (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 [3]. 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 [4]. 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.

References:

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

[2] Rodriguez J. Covid-19 in Wales: the mental health and wellbeing impact. Wales Fiscal Analysis. Available at https://www.cardiff.ac.uk/__data/assets/pdf_file/0010/2533762/COVID-19-Mental-health-FINAL-08-07-2021.pdf

[3] Bystander-Experiences-of-Domestic-Violence-and-Abuse-during-the-COVID-19-Pandemic.pdf (violencepreventionwales.co.uk)

[4] https://committees.parliament.uk/writtenevidence/22280/pdf/

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2. Background and Scope

Regional Partnership Boards (RPBs) are required to produce a Population Needs Assessment (PNA) once every local government electoral cycle. They provide a clear and specific evidence base to underpin the delivery of their statutory duties and inform planning and operational decisions in response to the changing needs of people with care and support needs. This is the second PNA published by the West Wales Regional Partnership Board (WWRPB).

2.1 Purpose of the Population Needs Assessment 2022

The PNA provides an overview of the population demographics and distributions across the West Wales region and a detailed assessment of the care and support needs of 11 important population groups outlined by the Welsh Government, which include:

1.   Older People (OP)
2.   Dementia (D)
3.   Unpaid Carers (UC)
4.   Learning Disabilities (LD)
5.   Autism (A)
6.   Children and Young People (C&YP)
7.   Mental Health (MH)
8.   Health and Physical Disabilities (H&PD)
9.   Sensory Impairment (SI)
10. Substance Misuse (SM)
11. Violence Against Women, Domestic Abuse and Sexual Violence (VAWDASV)

The PNA draws on a range of existing strategies in place across the region, providing an opportunity to review strategic intent at regional and local level and assess:

- the need for care and support
- the support needs of carers in the area
- the extent to which those needs are or are not being met
- the impact of Covid-19, including 'Long COVID' on care and support needs
- 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 Social Services and Wellbeing Act
- details of how these services will be delivered through the medium of Welsh

This PNA has been undertaken collaboratively by all partners in the West Wales region, agreed by the Regional Partnership Board (RPB) and has been endorsed by the three local authorities (LAs) and Hywel Dda UHB. It will inform the regional Area Plan, which sets out how partners aim to address the needs that are identified.

The first PNA published in March 2017 can be found here (Layout 1 (wwcp.org.uk)).

Figure 1: The West Wales and Hywel Dda University Health Board region, which includes the counties of Pembrokeshire, Carmarthenshire and Ceredigion (Hywel Dda University Health Board Pharmaceutical Needs Assessment, 2021)

2.2 Plan and Approach of the Population Need Assessment 2022

This report will include a detailed assessment of the care and support needs for each of the groups listed above. The results of these individual assessments are collated into thematic reports, which contain:

- an introduction and demographic profile
- a description of care and support needs
- an overview of current and future care and support provision
- special note of Welsh language and Covid-19 implications
- identification of gaps and areas for development
- recommendations

This information was collated in several ways, through survey data, direct engagements with residents and through focus groups and discussions with expert clients. Wherever possible, stakeholders, such as providers in the third and independent sectors, were engaged.

The following questions were considered as part of the assessment of each of the population groups:

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1. Do the core data sets (*as used in the 2017 assessment, updated and provided for consideration*) provide a comprehensive basis for assessing projected need for care and support among this population group?

2. Are there additional data sets that are used for this population group and which would be useful in assessing need? How can these be sourced?

3. Are there any further gaps in data which need to be addressed in order to give a comprehensive picture?

4. What data is available to evidence sufficiency of current services to meet the identified need and where are some of the gaps?

This approach ensured that a comprehensive picture was generated for each of the population groups being assessed.

In addition, the following issues were considered for each of the population groups:

1. Are there any key issues to consider in relation to this population group, which will have an impact on need for care and support in West Wales? How can the impact be quantified?

2. What has / will be the impact of Covid-19, including 'Long COVID' on needs moving forwards?

3. Cross Cutting Themes

This section provides an overview of cross-cutting themes which apply across population groups. This also builds upon the themes identified within the 2017 Population Assessment.

There are a range of population stakeholder groups in West Wales which support our approach to continuous engagement, consultation and planning. These groups help us to reflect the lived experience of people within our Population Assessment.

3.1 Access to services

The 2017 Population Assessment identified the challenge that many disadvantaged groups face in accessing services to meet their care and support needs. A range of actions have taken place and will be an ongoing priority for the RPB. These include:

- The development of policies to ensure that it is as easy as possible for people to access support within their communities.
- Services should take account of language of choice, economic and cultural needs and additional needs such as physical, sensory and learning disabilities, neurodiversity, cognitive impairment and poor mental health
- The development of a single point of contact in each area, across the health and care system to make it easier to access relevant advice, information and support.
- The need to continue to develop technological solutions such as Assist My Life app, telehealth and virtual day-centres which assist people in accessing services

3.2 Assessment and diagnosis

Waiting times for assessment, diagnosis and treatment, as well as availability of support have been significantly impacted in Wales as the result of the COVID-19 pandemic. In West Wales, there is a need to continue:

- Improving availability of information available in relation to accessing community-based services for diagnosis
- Providing people with information regarding waiting times
- Increasing the range of support offered following diagnosis

3.3 Communication

There is a need to:

- Improve the consistency of information, advice and assistance across the region
- Ensure information, including care plans, are available in a range of formats such as easy read, sign language and braille and in the language of choice

- Continue to improve communication between organisations and professionals in relation to care planning to avoid people having to repeat their story.
- Increase the use of integrated information systems where all the information about a person is in one place and can be accessed by the right people across the different systems when it is needed

3.4 Use of Digital Technology

During the COVID-19 pandemic digital solutions were used by health and social care services to keep in touch with people, provide support, advice and information. This highlighted the potential and accelerated the use of digital technologies.

However, not everyone is able to access services in this way in West Wales. This is in part due availability of high-speed broadband or 4G coverage in some areas, access to suitable devices, as well as the confidence or skills to access support in this way. We must address this deficit.

We should also build on the experience during the pandemic to:

- Ensure a wide spectrum of people can access virtual services when and where appropriate
- Make better use of social media channels to engage with, inform and support communities
- Maximise the potential of digital and virtual support and telehealth to help people to manage certain conditions, address social isolation and reach those living in isolated communities
- Increase the use of assistive technology to enhance our direct care services such as domiciliary care and supported living

3.5 Embedding Co-production

There is more to do to ensure co-production is integral to our work by:

- Ensuring co-production is a key principle in developing sustainable community-based, user-led services
- Ensuring commissioners and providers co-produce services with those that use them
- Ensuring people needing care and support, their families and unpaid carers are involved in the decisions made about their care

3.6 Prevention & Wellbeing

In West Wales there are a range of 'preventative' services already available. The pandemic has led to increased isolation and a disruption of normal life. This could have short term effects on mental health and other conditions, as people may have been unable, or too concerned to access the support they would normally have. It is a priority for us to:

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- Regain the momentum of community initiatives across the region that were paused during the pandemic
- Re-establish engagement activities and events that supported people to meet, share information and support and contribute to the development of services.
- Ensure preventative services are able to 'step up' to statutory services when people's needs increase and they require more support
- Further develop community-based services, that prevent isolation and support people to become more resilient and manage their own conditions
- Strengthen links with schools to identify groups of children, young people, families and unpaid carers, who may need additional support
- Improve access to mental health services at an early stage for both children and adults, thus preventing escalation and the need for referral to statutory services

3.7 Supporting our Workforce

Supporting and developing our workforce in health and social care remains a priority for us. Areas for attention include:

- Improving awareness and recognition of hidden conditions including, sensory and cognitive impairment, language and communication needs, neurodiversity and autism, Violence against Women, Domestic Abuse and Sexual Violence.
- Ensuring staff are aware of the range of services which are available within their community.
- Ensuring all staff have an awareness of safeguarding of adults and children

3.8 Transition

The time of transition from childhood to adulthood can be challenging. It can mean changes in arrangements for education, health, care and support and other aspects of a young person's life. To support a smooth transition, we should:

- Develop a regional transition policy that provides seamless and integrated support of families rather than a start/stop process
- Improve transition when accessing multiple services, particularly for children and young people who have complex needs

3.9 Voice and control

Putting the individual and their needs, at the centre of their care is a guiding principle of the Social Services and Wellbeing Act. It remains a priority for us to:

- Ensure assessment and care planning processes focus on what is important to people
- Ensure people have a choice in how their support needs can be met.

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- Improve the range and choice of accommodation so people can continue to live independently in their communities
- Increase opportunities for volunteering, work experience, employment opportunities and networking for people living with a range of disabilities and conditions

3.10 Welsh language

Under the Welsh Language (Wales) Measure 2011 the language has official status in Wales and as such should not be treated less favourably than the English language. A key principle of the original Framework – is that of the 'active offer', which places the onus on service commissioners and providers to deliver a service in Welsh without someone having to ask for it, is a continuing priority for those needing care and support in West Wales where, according to the Office for National Statistics in 2011, 37 % of the population over 3 years of age are Welsh speakers

4. West Wales Population Profile

The latest population estimates for the West Wales region are 389,719 (mid-2020) [1], an increase of 1.34% since the 2017 population assessment. This comprises of 191,368 males (49.1%) and 198,351 females (50.9%).

48.8% of the population in the region live in Carmarthenshire, 18.7% in Ceredigion and 32.5% live in Pembrokeshire.

Current population projections suggest the total population of West Wales will increase to 396,000 by 2043, with a rise in those aged over 65 from 94,336 in 2018 to 124,587 by 2043 [2]. This increase in the older population will be a key challenge.
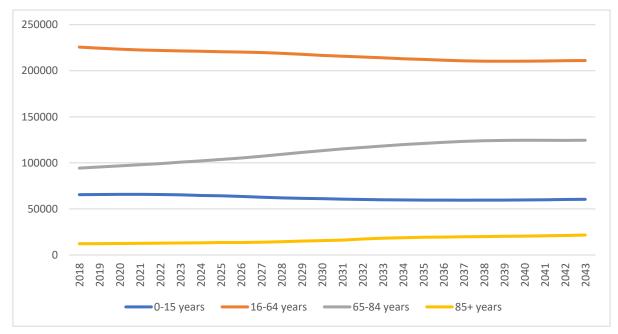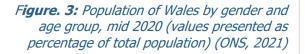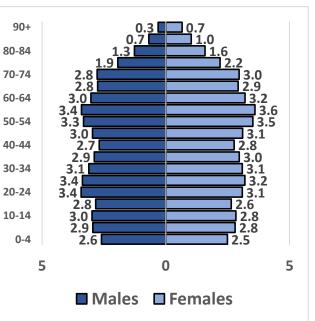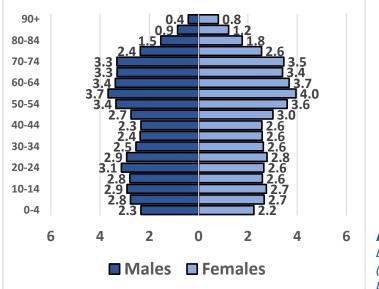
Figure 2: *Population projections by age cohort in Hywel Dda University Health Board 2018 – 2043 (Welsh Government, 2018)*

The following figures below show the population profiles for Wales and West Wales.

Figures 3 and 4 show that West Wales has an older population than Wales in general, with more people in the age groups of 55 and over, and less people in the 20 – 49 age range.

**Figure. 3:** *Population of Wales by gender and age group, mid 2020 (values presented as percentage of total population) (ONS, 2021)*

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Figure. 4: Population of West Wales by gender and age group, mid 2020 (values presented as percentage of total population) (ONS, 2021)
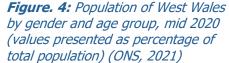
Table 1 below sets out key population statistics for West Wales, compared with Wales overall. It shows that West Wales has a higher proportion of people aged 75+ than Wales as a whole. West Wales also has a slightly lower proportion of adults who are overweight or obese when compared to Wales, as well as a slightly higher incidence of smokers and those who drink above guidelines.

The birth rate in West Wales is slightly lower than the national average.

Key Statistics	Wales	West Wales
Total Population	3,169, 586	389,719
Population aged 75 and over (%)	9.7	11.5
Adults who are overweight or obese (%)	60	59
Adults who smoke (%)	18.4	18.7
Adults who drink above guidelines (%)	19.0	20.0
Birth Rate (per 1,000 population)	10.3	9.0

Table 1: Key population statistics (HDdUHB Pharmaceutical Needs Assessment, 2021)

Table 2 below shows the life expectancy and healthy life expectancy for males and females in each of the three local authorities. Carmarthenshire has both a lower life expectancy, and less percentage of life expectancy in good health when compared to Ceredigion and Pembrokeshire.

	Males			Females		
	Life Expectancy	Healthy Life Expectancy	Percentage Life Expectancy in Good Health	Life Expectancy	Healthy Life Expectancy	Percentage Life Expectancy in Good Health
Ceredigion	80.1	67.9	84.7	83.9	69.7	83.1
Pembrokeshire	79.5	66.9	84.1	82.9	69	83.3
Carmarthenshire	78.6	65	82.7	82.6	66	79.9

Table 2: Life expectancy and healthy life expectancy in the three local authorities (HDdUHB Pharmaceutical Needs Assessment, 2021)

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Differences in the composition of the populations for each of the three local authorities are illustrated in figures 5, 6 and 7 below.
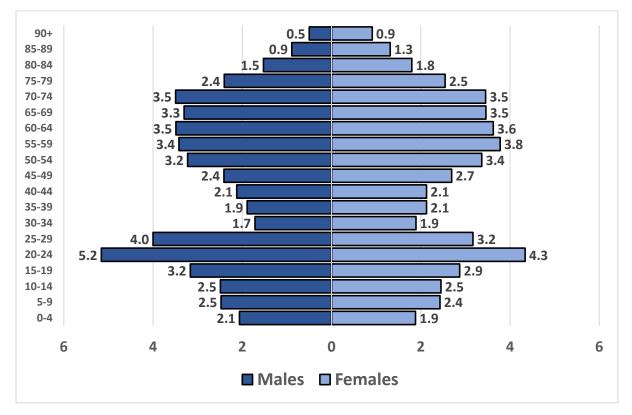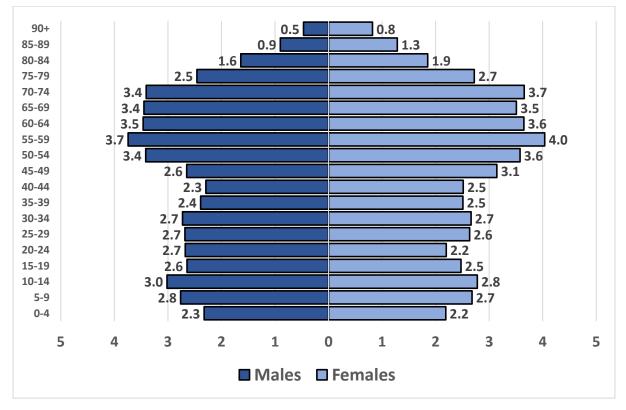
Figure 5: Population of Ceredigion by gender and age group, mid 2020 (values presented as percentage of total population) (ONS, 2021)

Figure 6: Population of Pembrokeshire by gender and age group, mid 2020 (values presented as percentage of total population) (ONS, 2021)

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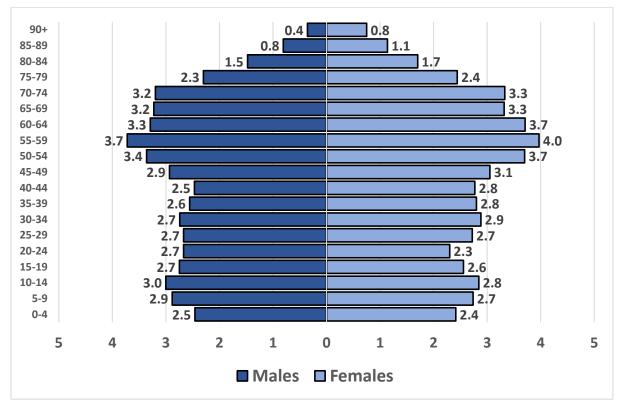
Figure 7: *Population of Carmarthenshire by gender and age group, mid 2020 (values presented as percentage of total population) (ONS, 2021)*

Ceredigion has a larger population of young adults aged 20-24 and 25-29 when compared to Carmarthenshire and Pembrokeshire due to its large University town.

4.1 Deprivation and Lifestyle Factors

Geographically based deprivation measures can be used to show inequalities in health. The Welsh Index of Multiple Deprivation (WIMD) is the Welsh Government's official measure of relative deprivation for small areas in Wales. Figure 8 below shows there are some areas of deprivation in West Wales, mainly in less rural areas such as Llanelli, Pembroke Dock, Haverfordwest and Cardigan.
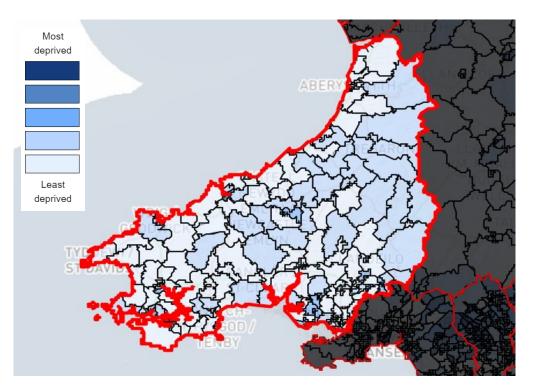
Figure 8: *Welsh Index of Multiple Deprivation (WIMD) for the West Wales region (2019)*

Generally, WIMD implies that deprivation is lower in West Wales than in the rest of Wales.

Of the 10% most deprived Lower Super Output Areas (LSOAs) in Wales, 10 are located in West Wales, which accounts for 4.4% of the LSOAs in the local health board. Furthermore, using the health metric of the WIMD, only 5 LSOAs are in the 10% most deprived for Wales (2% of those in the local health board).

Despite this, there are still some challenges to address. In Hywel Dda, 20% of residents drink more than the recommended guidelines, which is one of the top three health boards for this category, and higher than the Welsh average of 19%. This is due to Carmarthenshire (20.9%) and Pembrokeshire (19.8%) figures, whereas in Ceredigion only 18.4% of residents drink more than the recommended guidelines. Alcohol consumption among adults for each of the local health boards in Wales is shown in figure 9 below:

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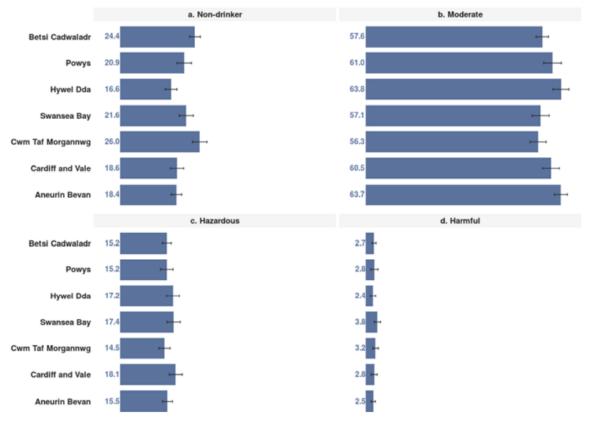
Figure 9: *Alcohol consumption among adults for each local health board, 2016/17-2017/18 (HDdUHB Pharmaceutical Needs Assessment, 2021)*

Obesity is a major challenge in Hywel Dda and across Wales, where more people are struggling to maintain a healthy weight. In Wales, currently 60% of adults are classed as overweight or obese, which compares to 59% in the Hywel Dda region. If current trends continue, it is predicted that 64% of adults in Wales will be overweight or obese by 2030 [3].

Prevalence of smoking is also slightly higher in Hywel Dda (18.7%) than the Welsh average (18.4%). Prevalence of smoking is highest in Pembrokeshire (20.3%), followed by Carmarthenshire (18.8%) and Ceredigion (16.6%) [3].

4.2   Further Information

More information on the West Wales population profile is available in the Hywel Dda UHB Pharmaceutical Needs Assessment [3], which provides further details on the demographic profile, lifestyle factors and other determinants that impact upon health in West Wales.

Further reference is made to lifestyle and environmental factors where appropriate in each of the thematic reports that follow.

References:

[1] Office for national statistics Population estimates for the UK, England and Wales, Scotland and Northern Ireland - Office for National Statistics (ons.gov.uk)

[2] Welsh Government. Available at https://statswales.gov.wales/Catalogue/Population-and-Migration/Population/Projections/Local-Authority/2018-based/populationprojections-by-localauthority-year

[3] Hywel Dda UHB Pharmaceutical Needs Assessment. Available at https://hduhb.nhs.wales/about-us/consultation-and-engagement/pharmaceutical-needs-assessment/

5. Older People

5.1 Introduction

The Strategy for Older People in Wales 2013-2023 was published by the Welsh Government in 2021, with the following vision:

- that all people in Wales feel valued and supported whatever their age

- that all older people in Wales have the social, environmental and financial resources they need to deal with the opportunities and challenges they face

The strategy aims to improve the wellbeing of older people around social, financial and environmental factors. Building well-being and resilience is a key aim of the strategy, helping people to have a sense of control and purpose in life, reducing dependence and improving overall health.

The population of West Wales has a higher proportion of older people than the Welsh Average, and it is predicted that the elderly population will continue to increase in the coming decades.
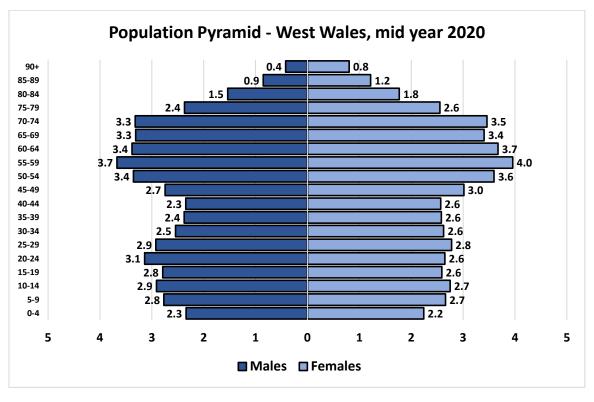
High levels of inward migration contribute to the elderly population of West Wales and is an accelerating factor, especially in Pembrokeshire, which has an older population than Ceredigion or Carmarthenshire.

The change in the profile of the population will undoubtedly have an impact on health, as older people are statistically more likely to have a life limiting health condition [2]. These changes will significantly impact on the health and social care services provided, as demand for hospital and community services by those aged 75 and over is in general more than three times that from those aged between 30 and 40 [14].

5.2 Demographic Profile

It is estimated that the total number of people aged 65 and older in England and Wales will increase by 19.4% between 2015 and 2025, with the number with a disability increasing by 25%. [1]

There is an increasing number of older people in West Wales. Current population estimates for 2021 suggest that people over 65 make up 24.1% of the population in Carmarthenshire, 26.2% in Ceredigion and 26.7% in Pembrokeshire. The population by age group and gender in West Wales is shown in figure 10 below.

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Population Pyramid - West Wales, mid year 2020

Age	Males	Females
90+	0.4	0.8
85-89	0.9	1.2
80-84	1.5	1.8
75-79	2.4	2.6
70-74	3.3	3.5
65-69	3.3	3.4
60-64	3.4	3.7
55-59	3.7	4.0
50-54	3.4	3.6
45-49	2.7	3.0
40-44	2.3	2.6
35-39	2.4	2.6
30-34	2.5	2.6
25-29	2.9	2.8
20-24	3.1	2.6
15-19	2.8	2.6
10-14	2.9	2.7
5-9	2.8	2.7
0-4	2.3	2.2

■ Males □ Females

Figure 10: Population of West Wales by gender and age group, mid 2020
(values presented as percentage of total population) (ONS, 2021)

As large parts of West Wales are both rural and coastal, the area attracts high levels of inward migration of people over 65. The highest levels are found in Pembrokeshire, with a 31% migration rate, 87% of which are over 65. [3]
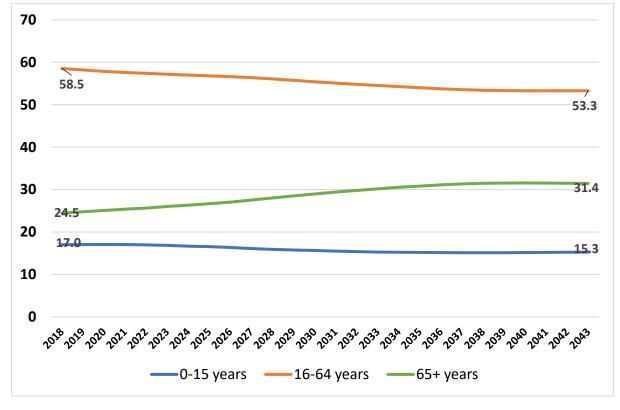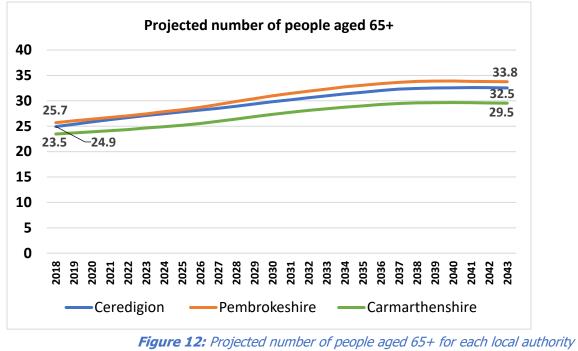
Figure 11: Population Projections by percentage of the total population in West Wales
(Welsh Government, 2018)

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As in the previous population assessment, the projected number of people aged over 65 is predicted to increase in each of the three local authority areas from until 2043 (Figure 12).

Projected number of people aged 65+

Figure 12: Projected number of people aged 65+ for each local authority (Welsh Government, 2018)

As shown in figure 12 above, Pembrokeshire is predicted to have a slightly larger proportion of its population in the 65+ age bracket, whereas Carmarthenshire is predicted to continue to have a slightly lower proportion of its population in the 65+ age bracket.

Projected Growth of Different Age Groups, Hywel Dda
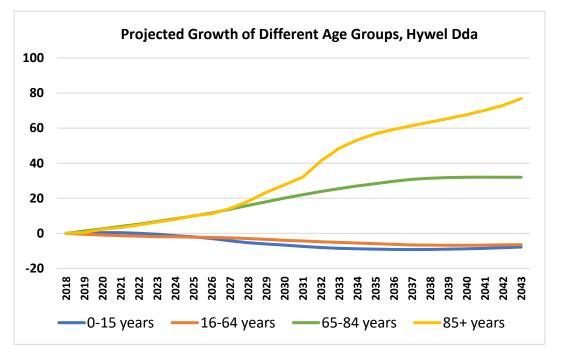
Figure 13: Projected growth for different age groups, HDdUHB (percentage growth compared to 2018 values)

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As per the 2017 population assessment, the projections continue to predict an increasingly aging population in all three local authorities of the HDdUHB region.

Pembrokeshire is projected to be the local authority with the biggest percentage increase in people aged over 85, with the group almost doubling in size by 2043 (93% increase). This can be seen in Figure 14 below. This is likely due to the migration of pensioners to Pembrokeshire due to the access to countryside and coast.
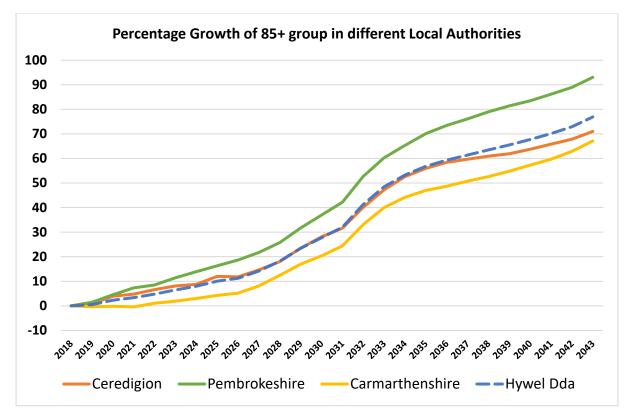
Figure 14: *Percentage growth of 85+ group in different local authorities (Welsh Government, 2018)*

5.2.1 Falls

Falls are a common problem amongst the older population. Current projections by suggest a modest increase in hospital admissions due to falls in people over 60 of just 10% towards 2043 [4].

Recent research has shown that falls prevention exercise programmes are effective at reducing falls in people aged 60 and over, with a reported reduction in falls of 23% for those who took part in any form of regular exercise [6]. Measures should be taken to encourage exercise in older people where possible, possibly the implementation of exercise programmes for older people should be considered.

5.2.2 Rurality

The West Wales region has a high proportion of rural areas. This could contribute to the ageing population due to migratory factors – the average age of rural areas was found to be increasing faster in 2013 [7]. Rurality also has impacts on housing,

deprivation, access to services and levels of physical and social isolation. Deprivation also has a big impact on health in older age – people living in the least deprived areas of Carmarthenshire can expect to live 14 years longer than those living in the most deprived areas [8].

5.2.3 Loneliness and Isolation

In West Wales, 45% of the aged 65+ group are living alone. Although historically, loneliness and isolation has been a problem that is thought to be more prevalent in older people, most recent data taken from 2019-20 suggests that people in Wales overall, the percentage of adults who are lonely according to the De Jong Gierveld loneliness scale is lower in the older age groups, with loneliness appearing to be a growing problem in younger adults [10].

The number of people aged over 65 in West Wales that struggle with activities of daily living is predicted to increase by almost 40% towards 2043 [4]. This could lead to further increased demand for carers.

In summary, West Wales has a higher proportion of older people than Wales, and the overall percentage of older people is predicted to rise over the coming decades. The demand for care is increasing however, people want to remain in their own homes with care provided, or in alternative settings such as extra care schemes. This demand has been accelerated by the COVID pandemic, which has negatively impacted people's views on residential care.

5.3 Care and Support Needs

The 2017 report emphasised the need for a holistic approach to care and support, able to respond to wide and varied levels of need and support the development of resilience and independence.

All partners in the region have continued to move towards a consistent model of care for older people based on the principles of wellbeing and prevention, encapsulated in the Social Services and Wellbeing (Wales) Act 2014 and informed locally by a range of plans and strategies, including Ageing Well plans, the Health Board's Integrated Medium Terms Plan, Carmarthenshire County Council's "Vision for Sustainable Social Services for Older People 2015-25" and the regional Statement of Intent for the Integration of Services for Older People with Complex Needs in West Wales (2014) [17].

5.4 Current and Future Care and Support Provision

There is an increasing demand for extra care housing in Wales [15]; likely because it allows people to remain in housing accommodation, with the potential for extra care and support should they need it. This type of care allows for greater flexibility to maintain independence when compared to traditional residential home model.

Although technology enabled care has been increasingly utilised in response to the pandemic, this needs to be evaluated and a clear plan developed to realise the full

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benefits of technology across the region. Although technology has improved the availability of care and support across the region, some of the older population are not confident in using technology. This needs to be considered when using technology in the future, so that care and support can be delivered effectively and appropriately.

A response to the lack of transport links within very rural regions that impacts on access to services also needs to be considered.

Older people spend 70-90% of their time at home, which means it is crucial for this environment to be conducive to supporting their wellbeing. The importance of housing quality for older people could have an impact on their care and support needs. The 2018 Housing and Ageing report [18] highlighted the need to place housing at the heart of service integration.

> *"Housing should be at the centre of attempts to support older adults, not on the edges, which is how the current situation is often perceived within health and social care integration."*

For current care and support provision, please see Appendix 5B.

5.5   Gaps and Areas for Improvement

- Fewer people are choosing long-term residential care, creating a greater demand for community-based care and an increased need to develop alternative accommodation

- Whilst recognising that technology does not provide solutions for everyone, the evaluation, standardisation and development of services such as telehealth and telecare across the region could mitigate increasing demand for care and support where appropriate

- If current trends continue, 160,000 more people in England and Wales will need palliative care by 2040 [16]. In addition to improving palliative and end of life provision, increasing implementation of advance care planning would allow people to make informed choices before reaching crisis point and inform future development of services

5.6   The impact of the Covid-19 Pandemic

- COVID has had a significant effect on quality of life for older people. A UK wide survey conducted in April/May 2020 showed that being unable to access social support services due to COVID contributed to worse quality of life and increased anxiety in older adults and those with dementia [11]. Social support services need to continue to adapt to provide support services to those potentially affected by COVID in the future

- COVID has been responsible for the deaths of thousands of older people in Wales. During the first wave of COVID, there were an estimated 47,243 excess deaths in England and Wales, of which 41,608 were aged over 65. This includes an estimated 1,757 excess deaths in Wales [12]. In March and April of 2020 alone, there were an estimated 20,000 more deaths in the care sector of England and Wales than would normally be expected [13]. Additional exacerbating factors of the pandemic on the older population include the negative effect on mental health that come with the social isolation caused by lockdown, and possibly increased care needs due to the longer-term impact on health to survivors of COVID

5.7 Recommendations

- There is an increasing demand for older people needing care but wanting to remain in their own environment. Future support needs to focus on providing care and support for older people in their homes, allowing them to remain as independent as possible for as long as possible

- There is a need to further develop alternatives to residential care such as extra care. These changing demands have been fuelled by the COVID pandemic, which has negatively altered people's perceptions of residential care

- Pembrokeshire has an older population than Carmarthenshire and Ceredigion. This could mean there are greater demands for services for older people such as community-based care

- Continue to develop technology enabled care initiatives such as telehealth and telecare across the region, which will improve access to care especially in very rural areas, and potentially help people to remain independent in their homes for longer

- Consider the impact of fuel poverty on overall health and well-being, which is projected to increase over the coming years

- Ensuring that services are available through the medium of Welsh

| For current legislation and regulations see Appendix 5A |
| For current care and support provision see Appendix 5B |
| For additional data see Appendix 5C |

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6.   Dementia

6.1   Introduction

The dementias are a group of disorders, characterised by a continual and progressive dying of brain cells, that leads to a deterioration in physical and cognitive functions that are beyond what might be expected from the usual consequences of biological ageing.   It affects memory, attention, sensory changes, language, thinking and problem-solving skills.

The impairment in cognitive function is occasionally preceded by, or commonly accompanied by, changes in an individual's psychological wellbeing. Behaviour Expression of Unmet Need (BEUN) can also become more apparent when the wellbeing of the individual becomes compromised in some way, leading to carer stress and placement breakdown.

Young onset dementia is defined as those under 65 that are diagnosed with dementia. People living with dementia (PLwD) include those who are pre-diagnosis, post diagnosis, their families and carers.

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."*

In response, the west Wales region has commissioned the development of a Regional Dementia Strategy to support implementation of best practice focussing on:

- Considering dementia as everybody's business

- Improving diagnosis rates and subsequent care planning and management, including those for young onset dementia

- Enhancing community preventative services

- Implementing best practice within social care, domiciliary care, care homes and specialist services

- Ensuring advance care planning for end-of-life care is fully embedded in wider inclusive, personalised care and wellbeing planning

- Improving access to support for carers

6.2   Demographic Profile

Dementia is becoming increasingly prevalent in ageing populations of high-income countries across the world. As life expectancy and inward migration of older people impacts on the percentage of older people in West Wales, the number of people living

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with dementia in the region is expected to continue to increase over the next couple of decades. It is therefore important to identify what services we will need to invest in to support people to maintain their independence, live as well as possible following diagnosis and remain living in their residence of choice for as long as possible.

Dementia is a condition that cuts across system wide services and is therefore everybody's business. It is important to recognise that dementia services need to be embedded in the whole system of provision.

West Wales has the highest proportion of people over the age of 85 in Wales, due in part to inward migration, the popularity of West Wales as a retirement destination, and the outward migration of young people unable to find employment in their own communities.

As the incidence of dementia is strongly linked with age, it is therefore very likely that we will see an increase in the number of people living with dementia.

The previous Population Assessment carried out in 2017 included dementia within the 'older people' population group, with young onset dementia included as a mental health issue. This assessment however requires a separate section outlining the care and support needs of PLwD.

- The older adult population in West Wales is set to increase, whilst the child and working age adult population is set to decrease:
- By 2025 the population of over 65s is expected likely to increase by 6% (over 80s by 11%)
- By 2040 the population of over 65s is predicted likely to increase by 27% (over 80s by 55%)
- The over 65s currently make up a quarter of the population and the over 80s make up just over 6%
- By 2040 nearly a third of the population is expected to be made up of over 65s, with the over 80s predicted to increase to over 10% (from just over 6% currently) (ONS)
- The incidence of dementia on the Quality Assurance and Improvement Framework (QAIF) disease register in Hywel Dda in 2019-20 was 0.7%, in keeping with the Welsh national average of 0.7%
- As there is thought to be a diagnosis gap of around 50% in west Wales, actual prevalence is likely to be closer to 1.4%
- In 2015, dementia became the leading cause of death in the UK and has continued to displace other causes of death; pre-COVID, dementia was the leading cause of death in the UK, representing 12.7% of all deaths
- Over thirty genetic, medical, lifestyle, cultural and societal factors have been identified that impact the risk of cognitive decline differently, depending on gender. Because of the unique aspect of the female brain, some of these factors increase risk more dramatically in women than in men. Importantly, hormonal changes in the years leading up to and after the menopause have been shown to act as key underlying mechanism that can activate these risks as well as existing predispositions
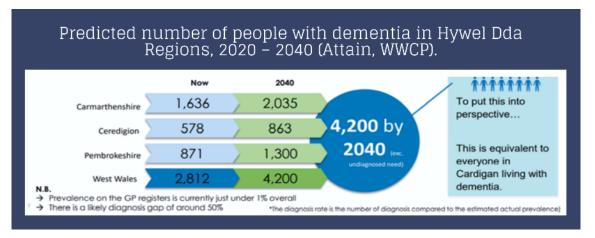
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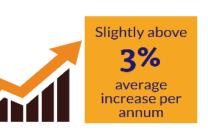**Figure 15:** *Predicted number of people with dementia in HDdUHB 2020-2040 (Attain, WWCP)*

Figure 16: *Dementia statistics (Alzheimer's Society UK)*

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6.3 Care and Support Needs

A Regional Dementia Strategy has been commissioned in collaboration with a range of partners across West Wales. The aim of the strategy was to identify current and future care and support needs, to ensure that the support provided for people living with dementia in West Wales is co-produced, person-centred and based on best practice.

6.4 Current and Future Care and Support Provision

The new pathways that are being developed demonstrate the continuing shift towards a more integrated approach to service delivery, whilst continuing to refine best practice in existing services within West Wales.

There is much to be commended in current service delivery. However, the co-productive approach taken to developing the dementia strategy and the engagement activity undertaken to develop the needs assessment has confirmed the gaps in services and have identified areas for improvement.

In addition, a new wave of data suggests that dementia is preventable, leading to a drive to deliver direct clinical care to improve brain health, with a focus on both risk assessment and early intervention.

For current care and support provision, please see Appendix 6B.

6.5 Gaps and Areas for Improvement

The list below identifies gaps and areas of improvement that have become apparent during our engagement process. The list however is not exhaustive; it is to be expected that as the strategy and new pathways are developed, further gaps and areas for improvement will be identified and the strategy will be amended accordingly.

The gaps and areas for improvement identified have outlined the need for the following actions:

- Continuing to improve awareness, identification and diagnosis of dementia, so that people with dementia have a timely diagnosis and can access appropriate care and support and long-term care when and where required
- Improving co-production of services by including PLwD in service design.
- Agreeing a set of delivery principles to underpin development of pathway models
- Building on the dementia training framework, the learning and development requirements of those supporting PLwD in communities should be reflected and addressed through organisational workforce strategies.
- Increasing diagnosis rates in non-specialist community settings by:
- Improving training and awareness of new 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 that require it

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- 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
- Developing more consistent person-centred care across the region.
- Ensuring equal access to physical health services and treatment for PLwD, as poor physical health is an inevitable consequence of dementia
- Ensuring any health issues are factored into person-centred planning and end of life care
- Continuing improvements in awareness of and implementation of advance care planning and end of life care, so that PLwD die with dignity in a place of their choosing
- Improving research into dementia by involving care homes in the region in research opportunities
- Building on emerging data and intelligence to inform future service development
- Continuing the development of a "hub" or single point of contact approach for PLwD to access information and support for:
    - Support staff, including dementia support workers, admiral nurses etc
    - Support groups for PLwD and their carers
    - Access to local dementia services
    - Training programmes for carers
    - Activities for PLwD
    - Dementia cafes
    - Memory clinics
    - Finance/legal/benefits advice
    - Involvement in research opportunities

6.6 The impact of the Covid-19 Pandemic

The COVID-19 pandemic has had a disproportionately negative impact on PLwD (The Impact of COVID-19 on People Affected By Dementia (alzheimers.org.uk)) and dementia has also been shown as an age-independent risk factor for severity and death in COVID-19 patients [1].

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

There is also some concern that in some cases, COVID causes damage to the brain and long-term, this could lead to increased risk of developing dementia (How Covid-19 can damage the brain - BBC Future). However, full information on the impact of COVID upon those with dementia and their carers is not yet available.

Technology has been shown to contribute to patient and carer resilience during COVID. Just being able to communicate has benefits in allowing to sustain contact with previous activity groups and hobbies [2]. However, not all PLwD are able to adapt well to using technology and may require others present to support them in using technology, as they may be unable to do this independently due to their dementia.

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6.7   Recommendations

- Further refinement of integrated service model in line with the West Wales Dementia Strategy.

- Further development of initiatives to encourage early diagnosis and improve diagnosis rates by 3% per annum

- Implementation of care pathways as agreed in the regional strategy, particularly post-diagnostic support and coordination for PLWD and their carers

- Enhancing support for those caring for family members with dementia.

- Expanding support for care homes to care for residents with dementia

For current legislation and regulations see Appendix 6A

For current care and support provision see Appendix 6B

For additional data see Appendix 6C

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7. Unpaid Carers

7.1 Introduction

The Social Services and Well Being (Wales) Act 2014 defines an unpaid carer as a person, of any age, who provides or intends to provide care for an adult or child.

An unpaid carer can be anyone, of any age, who provides unpaid care and support to a relative, friend or neighbour who is disabled, physically or mentally ill, or affected by substance misuse. Unpaid carers are the single largest provider of care to people with support needs in our communities, saving the NHS and Social Services millions of pounds a year [1].

Over recent years there has been progress towards recognising and supporting unpaid carers through legislative changes. These include adoption of the Social Services and Wellbeing (Wales) Act 2014, the Well-being of Future Generations (Wales) Act 2015 and the long-term plan for health and social care "A Healthier Wales".

It is important that we can identify unpaid carers, or assist them to self-identify, to enable them to access the right help and support, at the right time, to help them to fulfil their role.

It is also important to provide unpaid carers with support to maintain their own health, well-being and independence. The 2019 GP Patient Survey (England) found that unpaid carers are more likely than non-carers to report having a long-term condition, disability or illness (63% of unpaid carers compared to 51% of non-carers).

Support for unpaid carers in West Wales is overseen by the West Wales Carers Development Group* (WWCDG), which is a sub-group of the West Wales Regional Partnership Board (RPB).

*The West Wales Carers Development Group includes representatives from Hywel Dda University Health Board, the three Local Authorities of Carmarthenshire, Ceredigion and Pembrokeshire, as well as Third and Voluntary sector organisations and representatives of service users and Carers in West Wales"

7.2 Demographic Profile

The following points outline some key facts that are relevant to unpaid carers in West Wales:

- In Wales, more than 370,000 unpaid carers, of all ages, provide care that is estimated to be worth around £8.1 billion to the Welsh economy each year [2]
- It is estimated that 3 in 5 people in Wales will become an unpaid carer at some point in their lives [3]

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- Carers Wales' 'Missing Out' report noted that, in Wales, 55% of unpaid carers took more than a year to recognise their caring role, while 24% took more than five years to identify as a carer [4]
- Research from Carers Trust Wales (2015) suggests that Young Carers have significantly lower educational attainment at GCSE level and are significantly more likely to become NEET (not in education, employment or training) between the ages of 16 and 19, than those without caring responsibilities [5]
- Problems with school attendance or attainment can have an impact on the future of Young Carers, often resulting in unemployment, reduced earnings, poor health and depression
- Estyn in 2019 reported that many secondary schools, colleges and pupil referral units do not know which learners have a caring role at home and identified the importance of improving provision and outcomes for Young Carers. [6]
- Census data (ONS, 2011) records more than 47,000 unpaid carers in West Wales, with 3,436 of these falling into the Young Carers category (5-17 years old); this equates to 12.5% of the residents of West Wales, with a large number of 'hidden' carers not included in these figures [7]
- Based on a national calculation (Carers UK and Sheffield University, 2015; Buckner and Yeandle, 2015), the cost of replacing unpaid care in West Wales would be around £924m. This exceeds the total NHS annual budget for the region, which is almost £727m [8]

7.3 Care and Support Needs

In January 2020, the WWCDG engaged with unpaid carers, with input from relevant support organisations, to find out 'what mattered to them'. Engagement was primarily undertaken via a survey, with the aim of the exercise being to improve outcomes for unpaid carers in West Wales. Some of the survey results are listed below:

- Only 38% of respondents to the West Wales Carers' survey indicated that they recognised their role immediately, or within 6 months of becoming a Carer; 49% agreed that they had missed out on support as a result
- 26% of those who responded to the WWCDG Carers survey indicated that they were in employment, with 91% of these aged 35-64
- Survey respondents in the 35-44 age group felt that being a Carer had impacted negatively on finances, work, physical and mental health, as well as on relationships
- 64% of people commented that caring has had a negative impact on their own physical health and mental wellbeing
- Only one-fifth of respondents to the WWCDG Carers survey indicated that they had spoken to a health, social care or third sector organisation about what to do if the condition of the person they care for deteriorates, or they are no longer willing to provide care
- We identified that some things matter more to younger people - or have a greater impact on them; this means we need to plan action that takes account of the different needs of unpaid carers across the different age groups

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The information that was gathered from the engagement was used to develop a long-term strategy for unpaid carers called 'Improving lives for Carers' ([Carers-Strategy-Final-20.10.20-Eng.pdf (wwcp.org.uk)](https://wwcp.org.uk)).

7.4   Current and Future Care and Support Provision

A report by the Social Care Institute for Excellence (SCIE) (2018) reported that Wales has the highest proportion of older unpaid carers and those providing more than 50 hours' unpaid care a week.

A 'Track the Act' report by Carers Wales (October 2019) predicted that the number of unpaid carers across Wales will increase significantly in the coming years. By 2037, it is estimated that the unpaid carer population will rise from 370,000 to over half a million.

West Wales has an ageing population that is expected to increase in magnitude over the next 5 years. People are living longer, often with limiting health conditions. Inevitably, this will increase the number of people requiring additional care and support from both unpaid and paid carers.

The experience of lockdown during the COVID-19 pandemic recognised the need to safeguard vulnerable people who are more at risk, many of whom rely on unpaid carers and community support.

The COVID-19 pandemic has seen an increase in the self-identification of unpaid carers. A National Survey for Wales report (June 2020) showed a 35% increase in the number of people recognising they look after or give help and support to family members, friends and neighbours.

The Carers Information and Support Service across West Wales reported an increase of 2,073 in unpaid carers during 2020/21 (from 8,008 to 10,081):

- Carmarthenshire, Carers Trust Crossroads Mid and West Wales reported a 31%, from 4,613 to 6,071
- Hafal Crossroads, who provide information and support in Pembrokeshire, reported an increase in numbers from 2,570 to 2,918
- Ceredigion Carers Unit reported the number increased by 267 from 825 to 1,092

For current care and support provision, please see Appendix 7B.

7.5   Gaps and Areas for Improvement

The Gaps and Areas for improvement are comprehensive and reflect the engagement work undertaken to develop the West Wales Improving Lives for Carers Strategy published in 2021.

7.5.1 Impact of being a carer on well-being and mental health

Being an unpaid carer, whilst being inspiring and rewarding, can leave them feeling:

- Exhausted, isolated and in need of emotional support and counselling
- Concerned over the financial burden of being an unpaid carer and its effect on their employment
- They have lost the ability to maintain a balance between the caring role and work-life balance
- They have lost their identity beyond that of being a carer
- Their 'voice' is not well enough recognised
- The WWCDG Carers survey revealed that 75% of former unpaid carers who took part in the survey felt that they had experienced a negative impact on their physical health and mental well-being due to their caring role

7.5.2 Supporting the needs of carers

Self-identification of unpaid carers and identification and recognition of their role by health and social care professionals is vital to ensure that they access the right help and support at the right time, as well as maintain their own health, well-being and independence. Unpaid carers report:

- There should be an improvement in the consistency of approach, information, advice and assistance provided across the region, within a more integrated system
- Information provided to carers needs to be reviewed to ensure it is current and relevant, more accessible and easier to find. Having a single point of contact to navigate the system would help people to identify relevant information and access the support to which they are entitled
- Access to appropriate respite should ensure that it fits the needs of both the carer and the looked after person
- Support is particularly difficult to source in rural areas
- The statutory carers assessment process can be challenging, often takes too long and carers needs are not always properly considered. Whilst it is recognised that not all unpaid carers need or want a statutory carers assessment, it is important that those that do, know how to apply and outcomes are reviewed to reflect changing needs or circumstances
- Response to the WWCDG Carers survey indicates that 81% of people had not had a Carer's assessment or review of their assessment within the last 12-months
- 62% of those surveyed who had an assessment or review during the transition from children to adult services, felt that the assessment process and subsequent consideration of the care and support needs did not consider their needs properly

7.5.3 Digital Inclusion and Technology

Digital connectivity has become even more important since the Covid-19 pandemic. Engagement events identified:

- Most people are using technology but not all. Efforts must be made to ensure technology is available to all and that digital inclusion (and training) as well as non-digital alternatives are offered
- Better use could be made of social media channels to identify and provide information to carers, particularly for young carers
- Technology could be used to make it easier for support staff to keep in regular contact with the carer to make sure they do not burn out

7.5.4 Young People

Many young carers and young adult carers fed back that their caring responsibilities mean:

- They struggle to have a break, are not seeing their friends and do not 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 need extra support especially for their mental health and wellbeing

7.6 The impact of the COVID-19 Pandemic

During the COVID-19 pandemic the role of unpaid carers has become more prominent. The experience of lockdown during the COVID-19 pandemic, and the need to safeguard people who are more at risk of the disease, has further highlighted the important role that unpaid carers play within our communities [9].

Hywel Dda University Health Board (HDdUHB) has been proactive in supporting unpaid carers to access COVID Testing and, more recently, identifying unpaid carers through eligibility checks for COVID-19 vaccinations. This resulted in over 3,000 unpaid carers self-identifying between April - May 2021, who had not registered previously as an unpaid carer with their GP practice [10].

As part of HDdUHB action to make every contact count, the Health Board Carers Team provided follow up information to each newly identified carer including information about third sector support services and the Introduction to Looking After Me courses delivered by the Education Programme for Patients.

Many unpaid carers have felt increasingly isolated due to the COVID-19 pandemic. Some of the concerns expressed in engagement events and feedback from an on-line survey circulated as part of the process to develop the PNA highlighted the following:

- Many were very cautious of people coming into their homes due to the risk in virus transmission, with many choosing to suspend domiciliary care. This increased their isolation and put further strain on their wellbeing and mental health
- Many experienced financial pressure, as they had to take more time off work to support their cared for person
- A reduction in access to respite care as care homes closed their doors to new clients increased their isolation and put further strain on their wellbeing and mental health

- Many were concerned about the adverse effect on the well-being of loved ones, due to the strict visiting restrictions in hospitals and care homes
- Young carers missed the break from caring and social interaction with peers that schooling (suspended during lockdown) usually provides
- In some instances, unpaid carers reported they were able to access more support due to the increased availability of services on-line because of the pandemic

7.7 Recommendations

The recommendations below are an excerpt of those identified in the West Wales Carers Strategy 2020-2025 ([Carers-Strategy-Final-20.10.20-Eng.pdf (wwcp.org.uk)](#)).

The recommendations are:

- Ensure that staff in health, social care, education (schools and colleges), and other public, private and third sector organisations are "carer aware" and have robust systems in place to proactively identify unpaid carers, including Young Carers and Young Adult Carers
- Ensure that statutory partners, working with the third-sector, commission sufficient capacity to enable staff to signpost to support and respond proactively to the unprecedented increase in carers identified during the pandemic
- Continue to increase the number of settings achieving an Investors in Carers award, recognising the contribution this scheme makes to ensuring that people have greater awareness of what care and support services are available to them locally, and are supported to have a voice and control over their care and support needs
- Deliver a programme of carer awareness campaigns linked to national days and events e.g. Carers Week, Young Carers Day, Carers Rights Day to promote the identification and self-identification of Carers
- Develop a Carers ID Card scheme across the region that supports unpaid carers to self-identify and access Carer-based support / benefits
- Promote and identify opportunities for unpaid carers of all ages to be involved in the co-production of services to ensure they are given the opportunity to shape and influence services
- Raise awareness of unpaid carers with employers, including small and medium enterprises, through the Employers for Carers Scheme. It would also be helpful to look at a way of ensuring consistency in the use of the term 'Carer' across all public bodies and departments. It may help to identify an agreed name for Care Workers in Health and Social Care which differs from the term 'Carer'
- Review the support offered to Young Carers in West Wales and engage Young Carers in the process to ensure a best practice innovative service is recommissioned.
- Rollout the Resilience and Well-being facilitator training, to extend the support offered to those in employment with a caring role
- Actively promote the regional Employers for Carers membership, focusing on working collaboratively with other public sector services as well as small and medium size enterprises (SMEs)

- Continue to encourage involvement in the Investors in Carers accreditation scheme and support progression through the award levels
- Work with others, including commissioned services to maximise the potential of digital services

For current legislation and regulations see Appendix 7A

For current care and support provision see Appendix 7B

For additional data see Appendix 7C and the carers strategy Carers-Strategy-Final-20.10.20-Eng.pdf (wwcp.org.uk)

References:

[1] https://www.carersuk.org/for-professionals/policy/policy-library/valuing-carers-2015

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[3] Carers Trust https://carers.org/around-the-uk-our-work-in-wales/our-work-in-wales#faq-46

[4] Carers UK https://www.carersuk.org/for-professionals/policy/policy-library?task=download&file=policy_file&id=5811

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[6] Estyn Thematic Report (2019) https://www.estyn.gov.wales/thematic-report/provision-young-carers-secondary-schools-further-education-colleges-and-pupil

[7] Office of National Statistics (2011) 2011 Census Analysis Unpaid care in England and Wales 2011 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthcaresystem/articles/2011censusanalysisunpaidcareinenglandandwales2011andcomparisonwith2001/2013-02-15

[8] Carers Update Report – Health in Wales (2018) http://www.wales.nhs.uk/sitesplus/documents/862/Item%207.1%20Carers%20Update%20Report.pdf

[9] https://phw.nhs.wales/publications/publications1/voices-of-carers-during-the-covid-19-pandemic-messages-for-the-future-of-unpaid-caring-in-wales/

[10] WWCDG-Annual-Report-2021-21-FINAL https://www.wwcp.org.uk/wp-content/uploads/2020/11/Carers-Strategy-Final-20.10.20-Eng.pdf

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8. Learning Disabilities

8.1 Introduction

People with learning disabilities (PwLD) have a reduced ability to understand new or complex information and learn new skills. In addition, PwLD often have a reduced capacity to live independently.

In the West Wales region there are approximately 2,588 adults (16+) living with moderate or severe learning disability (LD). Some people with a severe learning disability can also have a complex range of other difficulties or disabling conditions requiring a high amount of specialist care and support. This group are referred to as people with Profound and Multiple Learning Disabilities (PMLD). There are a significant number of people with PMLD in West Wales, some of whom continue to experience significant inequalities in the services they receive.

8.1.1 Classification of a learning disability

PwLD are not one singular homogenous group, they have diverse needs and goals. LD is often classed in terms of its severity: mild (a person able to live independently with minimal help), moderate (able to live independently in appropriate accommodation with the right support), or severe (unable to live independently and reliant on carers). In addition, it is not uncommon for people with LD to also have other diagnoses/conditions such as: Down's syndrome, autism, physical disabilities, sensory impairment, communication impairment etc.

Some people with LD may always need full assistance with every activity of living because of their diagnosis and prognosis, but that should not impact on, or detract from, their right to have a fulfilling life. Others with more moderate impairments should have the choice to manage with less support.

8.1.2 Health facts and inequalities associated with LD

Learning disabilities are not always apparent and can sometimes be difficult to identify, which can lead to PwLD not having the care and support they need or would choose.

PwLD face many health inequalities. They are more likely than other people to experience poorer health with poorer self-rated health; physical health; psychological distress; or multiple morbidities. Behavioural risk factors are more common such as poor diet, low levels of physical activity, smoking, alcohol use and resistance to access health services.

They are less likely to be employed for 16 hours or more per week; live in a high-quality neighbourhood or feel safe outside in the dark. They are more likely to experience financial hardships; social isolation; being threatened; actual violence or being a victim of hate crime.

8.2 Demographic Profile

Results from the 2019-2020 Quality and Outcomes Framework (QOF) register indicates an incidence rate of people with LD in the West Wales region of about 0.5%. The value is the same as that recorded for the whole of Wales.

At a local authority level, the incidence is higher in Carmarthenshire (0.6%) compared to Pembrokeshire (0.5%) and is lowest in Ceredigion (0.4%). The QOF register is based on data collected from Local authorities who submit numbers of all persons identified as having LD currently known to the authority and included in a register of records for the purpose of planning or providing services. The register of PwLD data may be an underestimate as registration is voluntary and does not account for people undiagnosed.

8.2.1 Children and Young People

The total number of children and young people with LD (aged 0-17) in West Wales is currently predicted at 2,978 in 2021. The total number of children with LD is expected to remain consistent over the next 10 years (see Appendix 8C) for all categories of severity. The current prediction of the number of children and young people (aged 0-17) with LD in each of the LA is:

- Moderate LD: 1,206 in Carmarthenshire, 770 in Pembrokeshire, and 395 in Ceredigion
- Severe LD: 241 in Carmarthenshire, 154 in Pembrokeshire, and 79 in Ceredigion
- PMLD: 68 people in Carmarthenshire, 43 in Pembrokeshire, and 22 in Ceredigion

8.2.2 Adults

A current estimate of the number of people (aged between 17 and 65) with LD in West Wales, is provided by people claiming financial support in West Wales through Personal Independence Payments (PIP) and DLA.

The number of people claiming PIP in November 2020 is 2,264 (1,160 in Carmarthenshire, 770 in Pembrokeshire and 334 in Ceredigion). Figure 17 shows a steady increase, over the last 5 years, in that number coinciding with a significant reduction in the number of claims for DLA. From Nov 2020 only 162 adults (17 to 65 years old) are entitled to DLA (42 in Carmarthenshire, 49 in Pembrokeshire and 71 in Ceredigion).

There has also been a steady increase in people with LD aged 65+ claiming personal independence payments rising to 94 [Nov 2020] (52 in Carmarthenshire, 28 in Pembrokeshire and 14 in Ceredigion). Coinciding with a reduction in claims for DLA in over 65s to just 68 (34 in Carmarthenshire, 16 in Pembrokeshire and 18 in Ceredigion).
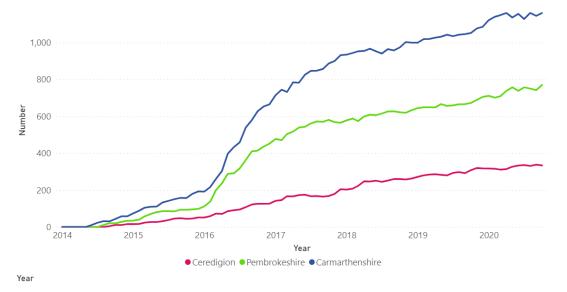
Figure 17: *Number of adults (aged 16 to 64) claiming Personal Independence Payments in West Wales [data collected from the department of works and pension, https://stat-xplore.dwp.gov.uk]*

8.2.3 PMLD

An important consideration in planning for care and provision in people with LD are those with the most needs. The prevalence of PMLD in the general population is 0.05 per 1,000.

Due to medical advances the total number of children and adults with PMLD is expected to grow by about 1.8% each year. This estimate would lead to a figure of 77 people with PMLD in Carmarthenshire, 32 in Ceredigion and 51 in Pembrokeshire in 2021. Within the Hywel Dda catchment area the figure is thought to be around 160.

8.2.4 Placements and Provision

One of the key challenges in supporting PwLD is providing safe and supported accommodation relevant to their life stage and care needs. As they transition into adulthood and age, the choice of accommodation should reflect their changing needs, promoting independence whenever possible and appropriate.

The greatest proportion of PwLD live with their families. This is illustrated in Figure 18 which shows the breakdown of accommodation type for 1,854 people living in West Wales.
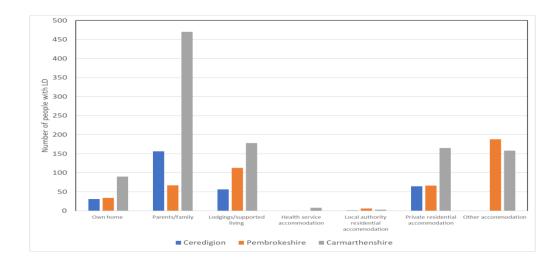
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8.3   Care and Support needs

To provide an assessment of the current services and to determine the gaps and areas for improvement, several engagements were undertaken, both through interviews and workshops that captured the views of PwLD and those who provide and deliver their care. These groups include:

- Services Users: Engagement with the LD community has been through workshops and responses with members of the Dream Team. The Dream Team primarily consists of people with moderate LD and tend to be more independent. In addition, parents and carers involved in support and caring for people with LD with more complex needs were also invited to provide their views on their behalf

- Service providers: Opinions from a range of different specialities, services, and commission bodies across the three local authorities

Engagement activity with PwLD and those providing care and support has demonstrated that although there is some way to go, lessons learned from the previous PNA in 2017 have resulted in several improvements and developments in the approach to supporting PwLD, which include the development and implementation of the LD Charter and the work of the Dream Team.

8.4   Current and Future Care and Support Provision

A range of care and support services are in place across the region to support adults with LD to live fulfilled lives within the community, which are summarised in Appendix 8B.

There is a noticeable increase in the number of people with PMLD and an increase in complex cases. This will require a multiagency approach across West Wales to address.

8.5   Gaps and Areas for Improvement

The main gaps and needs identified in the chapter are covered by 6 main themes, some of which are also common to other population groups:

- Improved Communication
- Improved Access, Support and Planning of Peoples Care
- Better Training and Education for All
- Changes to How Placements and Accommodation is managed
- Improvement in how Transition between Services & Specialities are Managed
- Improved Services and Education for Children & Young People with LD and their families

8.5.1 Children and Young People

The following areas were identified in respect of services and provision for children and young people with LD. These included:

- A need to focus on children with LD to ensure they are getting the support required
- Implementation of the Additional Learning Needs Act
- A need to provide specialist training and support to foster carers who look after children with learning disabilities.
- Ensuring that parents of children and young people with LD can access information, advice and support if they need it.
- There needs to be an overall strategy and better links between health, education, children's and adult social care to ensure there is a joined-up way of meeting the care and support needs of children and young people

8.6   The impact of the Covid-19 Pandemic

Coronavirus has had a continued profound effect on PwLD in Wales. According to Phase 2 of a 2021 Disability Wales study, during the pandemic almost 30% of PwLD paid for a direct payment service they were not receiving and around 70% of PwLD had restrictions on visitors [1]. PwLD rely on contact with their GP, community or learning disability nurse and / or social worker to maintain their health and well-being. During the pandemic, PwLD had more difficulty accessing GPs, social workers and day / community services, leading to increased social isolation, a negative impact on their mental health, general health and well-being and increased stress for their carers and support network.

A report published in February 2021 by Improvement Cymru, shows that in Wales, PwLD are 3 to 6 times more likely to die from Coronavirus than the rest of the population, due to inherent health inequalities.

> *"This report is an essential piece of on-going work to highlight the health inequalities we so often find with people with learning disabilities. This report is vitally important in maintaining the focus on improving the lives of people with a learning disability both now and in the future."*
>
> Dr Rachel Ann Jones, Learning Disabilities programme Lead at Improvement Cymru

The pandemic has impacted on the implementation of continuous improvements planned for LD services in the region, including a buddying programme between PMLD and members of the Dream Team.

8.7   Recommendations

Ongoing improvements in care and support should include the development of a comprehensive set of standards co-produced by PwLD and adopted by commissioners and all providers of LD services. This should and underpin innovation in design and delivery of:

- Accessible community-based accommodation that promotes independence
- Appropriate care for PMLD
- Awareness of LD and how to support PwLD and PMLD
- Communication with and for PwLD and between care and support services
- Multi-disciplinary approaches for providing care and support
- Support for transition between services for children and adults
- Access to primary and secondary health care, day-services and respite care

For current legislation and regulations see Appendix 8A.

For current care and support provision see Appendix 8B.

For additional data see Appendix 8C.

References:

[1] https://www.ldw.org.uk/project/covid19-learning-disability-study/

9. Autism

9.1 Introduction

Autism is a developmental disorder which affects the way a person communicates with and relates to other people and the world around them. The way in which people are affected varies from one individual to another and by age and intellectual functioning.

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. This language will be used throughout this chapter.

Estimates of the prevalence of autism spectrum disorders suggest rates of around 1% in the general population, but there is much debate and the suggestion that not all individuals are identified (Brugha et al., 2011, 2016; Chiarotti & Venerosi, 2020; Fombonne et al., 2021; Lyall et al., 2017) [1][2][3][4][5].

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 prevalent autism in the community necessitate increased funding for specialist services to enable autistic adults to receive any support they require. As an alternative to a separate Autism Bill, The Welsh Government developed a Code of Practice for Autism which highlights and reinforces existing duties of the Social Services and Wellbeing (Wales) Act 2014 and the NHS (Wales) Act 2006 in respect of Autistic people.

9.2 Demographic Profile

Estimates suggest that 1 in every 100 people in a population will have a diagnosis of Autism. This would mean that there are in the region of 4,000 autistic people in West Wales (about 2,000 in Carmarthenshire, 1,500 in Pembrokeshire and 750 Ceredigion)

Local authorities are required to keep data by Special Educational Needs (SEN) category. In 2020-21 there were 945 children in West Wales in the Autism category - 375 in Carmarthenshire, 420 in Pembrokeshire and 150 in Ceredigion.

However, these estimates are likely to be underplaying the true prevalence rates in West Wales. Currently Hywel Dda University Health Board reports that there are 900 adults on the waiting list waiting to be assessed for an autism diagnosis and over 1,000 children.

9.3 Care and Support Needs

Since the 2017 Population Needs Assessment the needs of Autistic people have been recognised as a separate requirement to Learning Disabilities. This recognition of the needs of Autistic people, be they children or adults, is also reflected within the Welsh Government's Autism Code of Practice.

The Code of Practice sets out what autistic people, their parents and carers can expect from public services in Wales and how Welsh Government intend to adapt the way we organise society to be more aware and more attuned to neurodiversity.

The Code of Practice recognises that whilst some autistic people may have a co-morbid learning disability or mental illness, many will not, yet will still at times require specific advice, help and support.

9.4 Current and Future Care and Support Provision

In March 2016, as part of the refreshed Autistic Spectrum Disorder Strategic Action Plan the Welsh Government announced that it would be funding a new national Integrated Autism Service (IAS)

The West Wales Integrated Autism Service (WWIAS) was then established in 2019. This is a joint service delivered by Hywel Dda University Health Board in partnership with the local authorities of West Wales.

The service was developed across Wales following consultation with autistic people, carers and professionals which highlighted the lack of support available for autistic people who did not meet the criteria for mental health and learning disability services.

WWIAS offer adult autism diagnostic assessment for adults who do not have a significant learning disability or mental health problem. They also offer a range of support for autistic people, their families, including carers and advice for professionals.

In 2020-2021:

- They received 420 referrals to the service were made for autistic adults with 41% of these self-referrals from adults
- They undertook 1,944 interactions were made with autistic adults
- 68% of referrals for autistic adults were requesting autism diagnostic assessments and 32% were requesting support
- 118 adults received a full diagnostic assessment
- 109 interactions were made with parents/ carers
- 38 referrals to the service were made for parents/ carers with 21% referrals by professionals and 79% of these self-referrals
- 1,061 interactions were made with professionals
- 280 new contacts with professionals

9.5 Gaps and Areas for Improvement

To provide an assessment of the current services to determine the gaps and areas for improvement, engagements have been completed with autistic people, parents, carers and professionals.

In West Wales a regional strategic group of all key partners meets to oversee the implementation of services for Autistic people, including the Integrated Autism Service

(IAS). This strategic group is chaired by the Head of Service within Hywel Dda University Health Board with the responsibility for Autism.

In each local authority there is an 'Autism Lead' a named contact responsible for overseeing and coordinating the activity in their area. This includes the coordination of local steering and stakeholder groups (with autistic people and their families) as well as training and awareness raising for staff.

Our engagement activities have been limited during the COVID 19 pandemic. However, our agreed approach for the future is set out below.
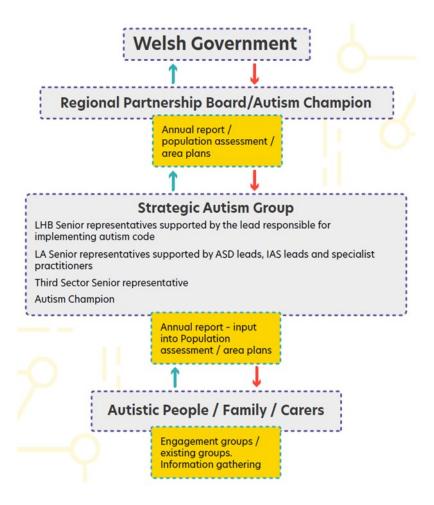
Figure 19: Diagram illustrating the role of the Autism Champion in collating and sharing information to inform the Regional Partnership Board (Welsh Government, 2021)

Engagement through the strategic groups has allowed us to reflect what matters to autistic people in West Wales including the impact of the COVID-19 Pandemic on their wellbeing and care and support needs.

In addition, a virtual meeting was held with 10 parents of children and young people with complex needs, including autism.

9.6   The impact of the Covid-10 Pandemic

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.

9.7   Recommendations

The overarching themes and recommendations for improvement, taken from our engagements, include the following:

- A need to 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

- 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

For current legislation and regulations see Appendix 9A
For current care and support provision see Appendix 9B
For additional data see Appendix 9C

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References:

[1] Brugha, T. S., McManus, S., Bankart, J., Scott, F., Purdon, S., Smith, J., Bebbington, P., Jenkins, R., & Meltzer, G. C. W. (2011). Epidemiology of autism spectrum disorders in adults in the community in England. Archives of General Psychiatry, 68(5), 459–465. https://doi.org/10.1001/arch-genpsychiatry.2011.38

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[5] Lyall, K., Croen, L., Daniels, J., Fallin, M. D., Ladd-Acosta, C., Lee, B. K., Park, B. Y., Snyder, N. W., Schendel, D., Volk, H., Windham, G. C., & Newschaffer, C. (2017). The changing epidemiology of autism spectrum disorders. Annual Review of Public Health, 38, 81–102. https:// www.annualreviews.org/doi/abs/10.1146/annurev-publ-health-031816-044318

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10. Children and Young People

10.1 Introduction

Children and Young People can be grouped into three categories:

- Up to the age of 18
- Up to the age of 21 if they are in care
- Up the age of 25 if they are in care and are still in education

10.2 Demographic Profile

- There are over 82,000 children and young people (0-19) in the West Wales Region (StatsWales), making up approximately 22.2% of the population

- The number of young people is expected to stay relatively stable over the next 15 years

- The region has a lower number of Looked After Children (LAC) than the national average

- Care and support needs span a wide range from universal, through to early intervention, multiple needs and remedial intervention

- All three local authorities are currently below the national average for the number of young people as a percentage of the population

- Projections for 2043 show that young people aged 0-15 will account for 16.54% of the national population, whereas only 16.22% of the population in Carmarthenshire, 14.67% of the population in Pembrokeshire, and 13.64% of the population in Ceredigion will be made up of people aged 0-15

- In 2020 there were an estimated 6,105 children and young people with a long-term illness/disability in West Wales – 3,105 in Carmarthenshire, 1,983 in Pembrokeshire, and 1,017 in Ceredigion; projections for 2043 show a decrease to 5,652, with 2,986 in Carmarthenshire, 1,784 in Pembrokeshire, and 882 in Ceredigion

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Figure 20: *Number of looked after children in West Wales 2017-2021(Welsh Government)*

Local Authority	Children with a Disability	Children with no Disability	All Children receiving care and support
Ceredigion	195	220	410
Pembrokeshire	65	230	295
Carmarthenshire	145	435	580

Table 3: *Children receiving care and support by local authority and disability (StatWales)*

	Carmarthenshire		Ceredigion		Pembrokeshire	
	Received	Accepted	Received	Accepted	Received	Accepted
2017-2018	999	638	308	218	646	445
2018-2019	1267	826	352	252	773	497
2019-2020	1268	937	362	273	775	559
2020-2021	1178	826	342	249	632	449
2021-2022	1463	1016	455	324	820	546

Table 4: *Referrals received and accepted to S-CAMHS (CAMHS)*

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Figure 21: *Number of young people not in education, employment or training*
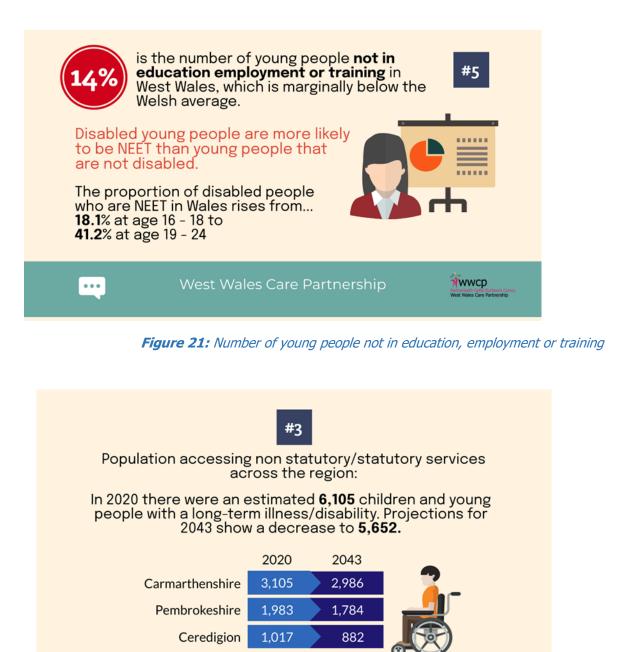
Figure 22: *Population accessing non statutory / statutory services in West Wales*
Source: http://www.wwcp-data.org.uk/children-and-young-people

10.3 Care and Support Needs

Care and support needs for children and families span a wide range from universal, through early intervention, multiple needs and remedial intervention. Children and families will require different levels of care and support depending upon their presenting need and strengths. In West Wales we have developed 'The Right Help at the Right Time' Framework which details the care and support available in each locality. The document also provides guidance on the thresholds of need acknowledging that children's situations and circumstances can vary across the spectrum of need and professional judgement should always be used in partnership with the family.

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10.4 Current and Future Care and Support Provision

As outlined in Appendix 10B the range and level of care and support currently being provided offers a range of interventions at varying levels of intensity, with the aim of preventing escalation to more restrictive interventions and delivering positive outcomes to children and young people.

10.5 Gaps and Areas for Improvement

There are several areas in which further improvement can be made. These are set out below against the core principles of the Social Services and Wellbeing (Wales) Act 2014.

10.5.1 Voice and control

- Enhancing assessment and care planning processes to ensure that children, young people and their families have a voice in relation to what is important to them and the support they need.

10.5.2 Prevention and early intervention

- Continue to strengthen the focus on prevention across the range of services, to build resilience of children, young people and families, reduce reliance on statutory services and facilitate de-escalation from intensive support where appropriate.

10.5.3 Wellbeing

- Reducing the number of placement moves for children looked after by local authorities (CLA) and reducing reliance on residential care

- Improving access to mental health services at an early stage, thus preventing the need for referral to Child and Adolescent Mental Health Services (CAMHS).

- Improving joint planning between CAMHS and learning disability services to ensure equitable service provision for children with neuro-developmental conditions

10.5.4 Co-production

- Improving engagement opportunities with Children, Young People and their Families to ensure their voice is heard and services are designed with them in mind.

10.5.5 Cooperation, partnership, and integration

- Developing consistent methodology such as Signs of Safety to underpin care and support across the region

- Developing a consistent, outcomes-based performance framework for children and young people's services across the region

- Developing links between Integrated Family Support Services (IFSS) and other Council services, such as adult care and housing, as well as community-based services, to help families back to independence and enable them to function effectively within their communities

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- Reconfiguring commissioning processes for high cost, low volume care and support packages for children with complex needs to ensure best outcomes and improve financial efficiency

- Incorporating of the [NEST (Nurturing Empowering Safe Trusted) framework](#), bringing services together to support children and young people's mental health at every opportunity

Opportunities should be taken to take these areas forward in partnership across the region, thereby ensuring consistency of provision and enabling a 'once for West Wales' approach wherever possible.

10.6 The impact of the Covid-19 pandemic

The coronavirus pandemic (Covid-19) has presented new and difficult challenges for everyone. Many households have been put under strain or have faced adversity because of the social, psychological and economic impact of lockdown.

Services have done everything they can under difficult circumstances, but it is likely children will have suffered harm during this period that will not have been identified by professionals.

Providing time and space to listen directly to children is integral to a child-centred system and promotes good safeguarding practice. Children's Social Services have maintained face-to-face contact for children known to be at risk. However, many children will have only had virtual contact via video, telephone or online with services from their home with family members present. This is likely to have impacted on the opportunities for practitioners to identify abuse and for children to disclose harm. Although many practitioners are very experienced in safeguarding practice, others may not feel as confident in this area of practice.

10.7 Recommendations

- Continue with the development of policies and practice that recognise the importance of the family in decision making processes
- Develop an 'Information Sharing Protocol' and integrated case management system that assists professionals to maintain and share records and reports to support the "No Wrong Door approach"
- Build on the success of one stop shop models of community-based family support such as Flying Start.
- Improve targeted support for families of disabled children
- Extend availability of Family Support Workers

For current legislation and regulations see Appendix 10A
For current care and support provision see Appendix 10B
For additional data see Appendix 10C

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11. Mental Health

11.1 Introduction

According to the World Health Organisation, mental health is defined as "a state of well-being in which the individual realizes his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community". [1]

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. Mental illness generally refers to conditions that affect cognition, emotion and behaviour. [2] Many factors contribute to mental health problems, including:

- Biological factors, such as genes or brain chemistry
- Life experiences, such as trauma or abuse
- Family history of mental health problems [3]

11.1.1   Classification of Mental Health

There are many different mental health disorders, which can generally be characterised by a combination of abnormal thoughts, perceptions, emotions, behaviours or relationships with others. Different mental health disorders include depression, bipolar disorder, schizophrenia and other psychoses. [4]; [5]

11.1.2   Health facts and inequalities associated with Mental Health

Stigma surrounding mental illness is common. This can be defined as the formation of stereotypes or negative expectations around the identity of an individual with mental illness. The presence of these stereotypes and negative expectations can lead to prejudice and discriminating behaviour. Stigma can also play a role in determining health-seeking behaviour, leading to people potentially hiding issues surrounding their mental health rather than seeking help [6]. Stigma can be reduced through increasing the information, education and public awareness surrounding mental illness.

11.2 Demographic Profile

The following are statistics around mental health in Wales:

- 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

As can be seen in figure 23 below, the total number of people registered on the mental health Quality and Outcomes Framework (QOF) register has been increasing in both Wales and the West Wales region from 2009 to 2019. This implies that mental health issues are a growing problem across Wales.
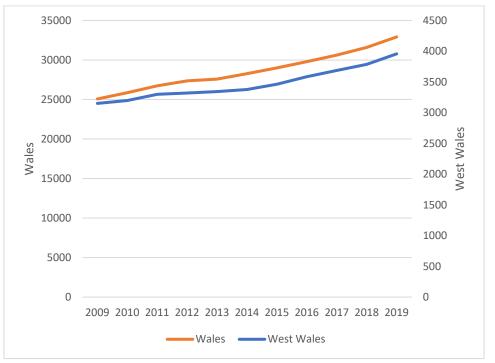

Figure 23: *Total number of patients on the mental health Quality and Outcomes Framework (QOF) registered in HDdUHB and Wales*

11.2.1   Admissions to Mental Health Facilities by Local Health Board

Figure 24 below shows total admissions to mental health facilities in Wales and the West Wales region covering a ten-year period from 2010 to 2019. Admissions have been steadily decreasing in Wales over the past 10 years, from around 11,000 in 2010-11 to just over 8000 in 2018-19. Despite this overall reduction in Wales, numbers in West Wales have remained steady, and have actually increased from 2017 to 2019, with 768 admissions in 2016-17 and 902 admissions in 2018-19.
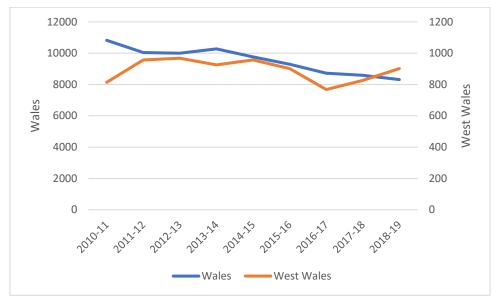
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Fig.24: *Total admissions to mental health facilities in Wales and West Wales from 2010 to 2019*

11.2.2 Specialist Child and Adolescent Mental Health Services (sCAMHS) waiting for a First Appointment

The waiting times for specialist child and adolescent mental health services (sCAMHS) under 4 weeks and over 4 weeks in Wales and West Wales are shown in Appendix 11C. Waiting times on the sCAMHS pathways have generally been less in West Wales than in Wales overall, with a larger proportion of patient in Wales having to wait over 4 weeks for this service. There appears to be a large spike in patients having to wait more than 4 weeks in Wales towards the end of 2020, with a smaller spike apparent in West Wales, which could be related to the COVID-19 pandemic.

11.2.3 Local Primary Mental Health Support Services

The total monthly referrals for local primary mental health support services for Wales and West Wales are presented in Appendix 11C.

There appears to be a steadily growing demand for these services from 2013 through to 2019 in both Wales and West Wales. A sudden sharp decrease in referrals occurred in early 2020 coinciding with the covid outbreak. This decrease was seen in the West Wales region and across Wales overall.

As can be seen in Appendix 11C, the total percentage of Local Primary Mental Health Support Service (LPMHSS) assessments that are carried out within 28 days is generally higher in West Wales than in Wales in general.

11.2.4 Predicted Change in Mental Disorder Prevalence

As shown in figure 25 below, whereas in Wales there is predicted to be an overall increase in the prevalence of mental health disorders, in West Wales the overall percentage of people with mental health disorders is generally predicted to decrease between 2020 and 2043. Although it is predicted that there will be an increase in

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common mental disorders in Carmarthenshire and Pembrokeshire. Overall, the total number of people in Ceredigion suffering from a mental disorder is predicted to decrease the most out of the three local authorities.
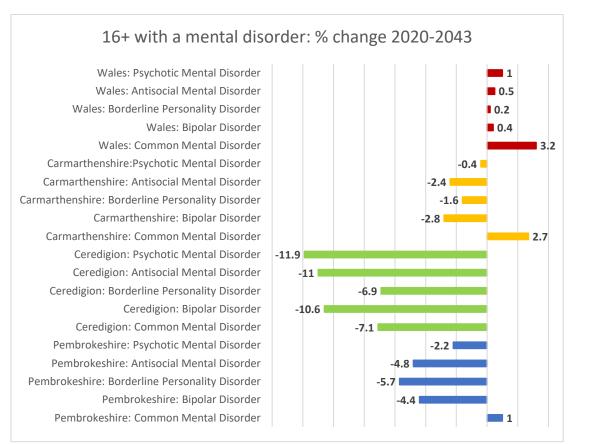

16+ with a mental disorder: % change 2020-2043

Category	% change
Wales: Psychotic Mental Disorder	1
Wales: Antisocial Mental Disorder	0.5
Wales: Borderline Personality Disorder	0.2
Wales: Bipolar Disorder	0.4
Wales: Common Mental Disorder	3.2
Carmarthenshire: Psychotic Mental Disorder	-0.4
Carmarthenshire: Antisocial Mental Disorder	-2.4
Carmarthenshire: Borderline Personality Disorder	-1.6
Carmarthenshire: Bipolar Disorder	-2.8
Carmarthenshire: Common Mental Disorder	2.7
Ceredigion: Psychotic Mental Disorder	-11.9
Ceredigion: Antisocial Mental Disorder	-11
Ceredigion: Borderline Personality Disorder	-6.9
Ceredigion: Bipolar Disorder	-10.6
Ceredigion: Common Mental Disorder	-7.1
Pembrokeshire: Psychotic Mental Disorder	-2.2
Pembrokeshire: Antisocial Mental Disorder	-4.8
Pembrokeshire: Borderline Personality Disorder	-5.7
Pembrokeshire: Bipolar Disorder	-4.4
Pembrokeshire: Common Mental Disorder	1

Figure 25: Change in percentage of people with different mental disorders from 2020 to 2043

11.3 Care and Support Needs

To provide an assessment of the level and range of current mental health services, determine the adequacy of these services, and identify future care and support needs and areas for improvement, virtual engagement sessions were carried out with both service providers and service users from West Wales Action for Mental Health (WWAMH) and Mind.

11.4 Current and Future Care and Support Provision

- As a result of COVID-19, demand for mental health services in West Wales over the coming years is expected to increase significantly. Future planning should reflect this and be based on co-production principles

- Secondary and primary care staff need more training to improve knowledge and understanding of mental health issues, especially surrounding crisis and suicide, to ensure they meet the complex issues and demands being presented and therefore are managed more effectively

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- Services need to be community focussed and better integrated, so that patients managing multiple issues can get the full range of support they need from multi-disciplinary teams closer to home, which would also help mitigate access to services for those living in rural communities

- Follow up services need to be improved to educate and support people with lifelong conditions after they have been released from a service; this could help people to self-manage their condition better and avoid them returning in the future

- To keep up with the increasing demand for mental health services now and in the future, employers should consider how to make working within mental health services a more appealing opportunity for potential employees

For current care and support provision, please see Appendix 11B.

11.5 Gaps and Areas for Improvement

The following are some of the key issues identified during engagements:

- Follow up services need to be improved to educate and support people with lifelong conditions after they have been released from a service; this could help people to self-manage their condition better and avoid them returning in the future

- There needs to be a greater recognition and awareness of dual diagnosis and neurodiversity, with increasing numbers of people diagnosed on the autism spectrum

- Although progress has been made since 2017 in providing a 24/7 service, further work is still needed to achieve this. A twilight sanctuary has been set up in each of the three counties to provide support for people out of hours, but these do not offer around the clock support and are not always accessible for people in rural areas

- These services need to be reviewed to ensure that a 24-hour service is delivering support in response to need, in the most appropriate, smart and cost-effective way. For example, prioritising the service as a safe haven out of hours, with therapeutic support available there during the day

- Overnight accommodation associated with the sanctuaries is currently underutilised, which could suggest the threshold for admission is set too high

- Although some improvements have been made with regards to crisis management and intervention, there needs to be further consideration of effective alternatives to hospital attendance in response to crisis, to avoid A & E being the default option for situations where people are considered "too difficult to deal with"

- Access and referrals to Community Mental Health Teams (CMHTs) need to be improved

- Assessment processes need to be improved to avoid people being released prematurely without the appropriate post-discharge support, only to be re-admitted

11.6 The impact of the Covid-19 pandemic

The pandemic has led to increased isolation and a disruption of normal life and had a dramatic impact on people's access to services. With access to primary care services severely curtailed or becoming virtual, many people have been unable or too worried to access the support they would expect. People that were doing well before COVID often have been unable to access support needed because of it. [10]

Whilst some of the impact may be short-term and resolved by increasing the visibility and accessibility of services, it is not clear what the long-term impact might be on mental health and wellbeing.

In the period immediately before the pandemic, it was reported that 11.7% of Welsh people suffered from severe mental health issues. This reportedly climbed to 28.1% in April 2020. This deterioration in mental health was equivalent to someone who is employed becoming unemployed.

Young people reportedly experienced the largest deterioration because of COVID-19, with the average GHQ score among those aged 16-24 rising by 3 points, or 24% relative to pre-pandemic period.

Women also experience worse levels of mental health than men after the onset of the pandemic, with the gap in mental health between men and women reportedly increasing from 9.9% to 14.1%.

It is reported to have had a worse effect on those from black, Asian and minority ethnic (BAME) backgrounds – in June 2020 BAME individuals in Wales reported on average 4.1 problems associated with mental distress, whereas for white British individuals this was 2.7 (a 55% difference in relative terms).

Mental health between the lowest and highest income has also widened significantly during the pandemic. Average GHQ-12 score in November 2020 for the lowest income quintile increased by 39% compared to the pre-COVID level. The top quintile of earners, however, only experience an increase of 6.5% over the same period.

A common response from the engagement events suggests "COVID has highlighted cracks that were already there and made them worse".

11.7 Recommendations

Results from the engagements highlight several important gaps in the current services which give rise to several recommendations:

- Increase integration of services to support people with multiple co-occurring issues

- Improve recognition and awareness of neurodiversity and dual diagnosis

- Provide a safe place for people in crisis to go 24/7, as an alternative to A&E

- Improve the crisis referral process so that people experiencing crisis have access to immediate support

- Improve training for front line, primary and secondary care staff

- Improve follow up support for patients after they have been released from services, including education and self-management of conditions

- Increase co-production of services

- Increase staff retention and recruitment rates.

For current legislation and regulations see Appendix 11A
For current care and support provision see Appendix 11B
For additional data see Appendix 11C

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References:

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12. Health and Physical Disabilities

12.1 Introduction

Latest population estimates state that there are 218,685 people aged between 18 to 64 years old living in the West Wales (HDdUHB) region (Office for National Statistics (ONS), 2021). This means that 69% of the population is aged between 18 and 64 years old, which is a fall of 1% from 2015 and is below the average for Wales (74%).

This percentage is slightly lower in Pembrokeshire at 68% (69,575 of the 102,744 residents), slightly higher in Carmarthenshire at 70% (106,117 of the 152,810 residents) and the same as the region average in Ceredigion at 69% (41,993 out of the 60,661 residents). This highlights that we have an ageing population in West Wales in comparison to Wales as a whole, particularly in Pembrokeshire.

Many of the people in the 18-64 age group are healthy adults, however, within this population there are considerable numbers with significant health concerns or physical disabilities, exacerbated by socio and economic risk factors that have a negative impact on their health and therefore on demand for services.

12.2 Demographic Profile

Socio-economic factors related to poor health in the region include:
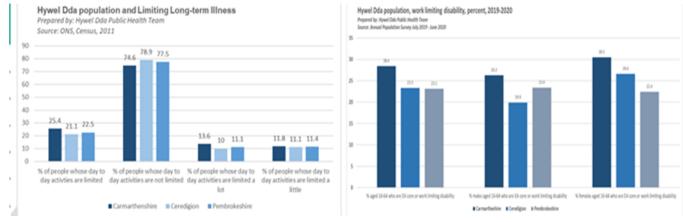
- 5.5% of people between 16 and 64 in Ceredigion do not have central heating, 3.5% in Pembrokeshire and 2% in Carmarthenshire (StatsWales)
- The National Survey for Wales (NSW) suggested that 36.9%, 27.6% and 25.3% of adults were active for less than 30 minutes a week in Pembrokeshire, Carmarthenshire and Ceredigion, respectively
- In Pembrokeshire, Carmarthenshire and Ceredigion it was estimated that 25.0%, 21.7% and 23.3% of people had eaten five portions of fruit and veg the day before the survey, respectively
- 5.8% of adults in Pembrokeshire were e-cigarette users, 6.7% in Carmarthenshire and 4.2% in Ceredigion
- In Wales currently 60% of adults are overweight or obese, this is compared to Hywel Dda UHB at 59%. If current trends continue, it is projected that 64% of adults in Wales will be overweight or obese by 2030
- Prevalence of being overweight and obesity in Wales is higher in men than women, but for obesity prevalence alone, it is slightly higher in women and in terms of age, prevalence is highest in the 45-64 age group

Census data, records of people on local authority registers or claiming certain benefits, provide a reasonable indication of the numbers in the region living with serious illness or disability as follows:

- In the West Wales (HDdUHB) region over 22,000 people between the ages of 18–64 are entitled to Personal Independence Payment (PIP); 10,000 people are entitled to Disability Living Allowance (DLA) and over 13,500 people are entitled to Attendance Allowance (AA)
- According to Welsh Government records, in 2019, there were 9,444 people with physical or sensory disabilities on local authority registers in West Wales,

5,190 of whom live in Carmarthenshire, 1,183 in Ceredigion and 3,071 in Pembrokeshire.1,679 of those are aged between 18 and 64 and are registered with a physical disability and a further 1,744 aged between 18 and 64 are registered as having physical and sensory disabilities, which combined represents around 1.1% of the total 18-64 population and aligns broadly with the Welsh average of 1.02%

- Data from the 2011 census highlighted that Carmarthenshire had the highest percentage of people whose day-to-day activities were limited (25.4%) or limited a lot (13.6%), followed by Pembrokeshire (22.5% and 11.1% respectively) and then Ceredigion (21.1% and 10% respectively)
- As can be seen in the figures below, the percentage of those who are EA core or work limited disabled are mainly higher in females than males, except in Pembrokeshire where males (23.4%) are higher than females (22.4%). Percentages are higher in Carmarthenshire for both males and females (28.4%)

Figures 27 & 28: *HDdUHB population and Limiting Long-term illness (fig. 27); HDdUHB population with limiting disability (fig. 28)*

12.3 Care and Support Needs

Although a drop in the number of people is predicted within this group in the medium term and the current number of people with specific care and support needs is small, it is vital that appropriate provision is in place to promote well-being and independence and prevent escalation of need.

12.4 Current and Future Care and Support Provision

Engagement activity has been undertaken with people in the community, people with physical disabilities and those people who provide their care to identify the appropriate care and support required now and in the future. Whilst recognising that support for people with a disability continues to improve, they indicated areas where more could be done to ensure people with a disability are provided with appropriate person-centred support that allows them to lead full and fulfilling lives.

For current care and support provision, please see Appendix 12B.

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12.5 Gaps and Areas for Improvement

Listed below are some of the recurring themes and issues identified:

- Improving infrastructure and information, to ensure people with a disability or limiting condition and can access premises providing the care and support services they are entitled to
- Recognising the changing requirements of people with a disability or limiting condition. Many buildings were compliant with the 1995 disability legislation to be wheelchair accessible however, almost all people with disabilities now use scooters
- Increasing availability and choice of appropriate and accessible accommodation
- Involving people with different disabilities at the planning and design stage of new and refurbished premises, recognising their views and experience can ensure that any new development is easy to use and accessible
- Reducing restrictions around home improvements and modifications to help people manage in their own homes for as long as possible
- Identifying alternative solutions for people living in rural areas where public transport is not adequate
- Improving assessments and person-centred planning to ensure they reflect what really matters for individuals and can flex up and down in response to changing needs

12.6 The impact of the Covid-19 Pandemic

The pandemic has led to increased isolation and a disruption of normal life, having a dramatic impact on access to services generally and particularly for people with a disability or limiting condition, many of whom were shielding during the pandemic. With access to primary care and out-patient services severely curtailed or becoming virtual, many people have been unable or too vulnerable to access their regular support.

12.7 Recommendations

- Improving early identification and treatment of risk factors associated with health inequality
- Improving the 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
- Ensuring effective interventions and pathways for prevention, treatment and management of obesity and childhood obesity are routinely available and systematically implemented
- Strengthening transition arrangements between children and young people's services and adult services
- Developing community-based, user-led, co-produced services that prevent isolation, promote independence and support people to become more resilient and manage their own conditions
- Increasing use of assistive technology, such as telecare to transform domiciliary care and supported living services

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| For current legislation and regulations see Appendix 7A |
| For current care and support provision see Appendix 7B |
| For additional data see Appendix 7C |

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13. Sensory Impairment

13.1 Introduction

Sensory impairment is the common term used to describe blindness, deafness, visual impairment, hearing impairment and deafblindness. A person does not have to have a full loss of a sense to be impaired.

13.1.1   Visual Impairment and Sight Loss

Visual impairment is a severe reduction in vision that cannot be corrected with standard glasses or contact lenses and reduces a person's ability to function at certain or all tasks. A person can be registered as either partially sighted or severely sight impaired (blind). It can be caused by several conditions, such as cataracts, diabetes, genetic defects, trauma, glaucoma, macular degeneration, visual cortex disorder.

People living with visual impairment can experience different levels of sight loss – some might be able to only determine lights or shapes, whereas others might experience blurred vision. Likewise, visual impairment might lead to a loss of sight in the centre of the eye, or no side vision. It is uncommon for someone to have complete sight loss, even if they are registered blind.

13.1.2   Hearing Impairment and Deafness

Hearing impairment can be temporary or permanent and can affect all age groups. It can be caused by factors such as: old age, genetics, exposure to noise, infections, trauma, birth complications, certain medications or toxins. Hearing loss can be gradual, such as people who are later in life. Another common symptom of hearing loss is continual ringing in the ear which is caused by conditions such as tinnitus.

13.1.3   Dual Sensory Impairment

Dual sensory impairment or deafblindness is the loss of sight and hearing to the point where communication, mobility and ability to access information are impacted. Many people with dual sensory impairment can still see or hear to some extent, with the effects varying greatly. The department of health describes four groups of people who experience dual sensory impairment:

- Those who are hearing and sight impaired from birth or early childhood
- Those who are blind at birth or early childhood, and subsequently acquire hearing loss
- Those who are profoundly deaf from birth or early childhood, and subsequently lose their sight
- Those who acquire hearing and sight impairment later in life, which has a significant functional impact

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
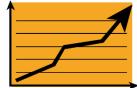
people or services for blind people. Meeting the needs of deafblind people therefore needs a different approach.

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 [1].

13.2 Demographic Profile

There are over 22,000 people who are entitled to Personal Independence Payment (PIP), 10,000 people who are entitled to Disability Living Allowance (DLA) and over 13,500 people who are entitled to Attendance Allowance (AA) in the Hywel Dda University Health Board footprint.

People over 65 in west wales registered with a visual impairment is forecast to rise from **13,014 in 2020** to **19,423 in 2043**

People over 61 in west wales registered with a hearing impairment is forecast to rise from **69,558 in 2020** to **92,945 in 2043.**

Figure 29: *Sensory impairment in West Wales*

13.3 Care and Support Needs

The accessible information standard states that patients, service users, carers and parents with a disability, impairment or sensory loss should:

- Be able to contact, and be contacted by services in accessible ways, for example email or text message
- Expect letters and information in formats they can read and understand, for example audio, braille, email or easy read
- Be supported by a communication professional at appointments if this is needed to support conversation, for example a British Sign Language interpreter
- Expect support from health and care staff and organisations to communicate, for example to lip-read

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. Sufficient support in the

community is needed to address the issues of isolation and loneliness facing those with sensory impairment, along with improvements to identification and diagnosis, so that appropriate and timely support can be implemented.

It has been found that 40-50% of older adults with visually impairing eye disease limited their activities due to fear of falling [6]. Evidence suggests that around 10% of falls can be attributed to sight loss [7]. Injuries from falls have detrimental effects on individuals and require costly interventions. Appropriate support and adaptations to help prevent falls and increase confidence of visually impaired people could improve quality of life and avoid further social isolation and loneliness.

13.4 Current and Future Care and Support Provision

For current care and support provision, please see Appendix 13B.

13.5 Gaps and Areas for Improvement

To provide an assessment of the current sensory impairment services, and to determine adequacy of these services and identify areas which can be improved, a series of engagements were carried out.

The following are some of the key issues identified:

- Improving awareness and understanding around sensory impairment and the corresponding needs across primary, secondary and social care
- Developing services to meet predicted demand
- Improving identification and diagnosis
- Improving community support to address loneliness and isolation
- Improving accessibility, so that patients are not turned away inappropriately or give up because of the difficulties of navigating the health and social care systems
- Improving audit of the accessible implementation standard to ensure a person's needs are fully recognised e.g., someone with complex needs also may have sensory impairment, which may be missed
- Considering alternatives for those with sensory impairment to avoid having to use public transport to access services, which can be particularly challenging, especially in rural areas

13.6 The impact of the Covid-19 pandemic

Due to the Covid-19 pandemic, services have shifted from face-to-face to virtual delivery, such as video consultations. The pandemic has contributed to communication difficulties for both the hearing and visual impaired, as certain technologies may not be appropriate for communicating with people of differing sensory needs.

Although convenient, remote video consultations do not work for blind or visually impaired people, telephone conversations are more appropriate. The pandemic has also led to communication challenges for deaf people e.g., face masks making lip reading impossible and information in braille has been more difficult to obtain.

13.7 Recommendations

Results from the engagements highlight several important gaps in the current services which give rise to several recommendations:

- Addressing system limitations when it comes to recording impairments. Currently, the Welsh Patient Administration System (WPAS) only allows for one impairment to be selected. Systems should be updated to record multiple impairments
- Improving community support and diagnosis
- Raising the profile, awareness and understanding of sensory impairment across the whole care and support system
- Improving accessibility and communication for people with sensory impairment to support independence and increase confidence in using services e.g., improved signage, increased use of braille on doors and lifts, use of appropriate colour schemes etc.
- Developing patient support services, such as interpretation, translation and lip-reading, to ensure they are accessible, available and equitable across the region

For current legislation and regulations see Appendix 13A

For current care and support provision see Appendix 13B

For additional data see Appendix 13C

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14. Substance Misuse

14.1 Introduction

Substance abuse or misuse is formally defined as the continued misuse of any mind-altering substance that severely affects a person's physical and mental health, social situation, and responsibilities. The World Health Organisation website (accessed 2019) notes that, "*Substance abuse refers to the harmful or hazardous use of psychoactive substances, including alcohol and illicit drugs. Psychoactive substance use can lead to dependence syndrome - a cluster of behavioural, cognitive, and physiological phenomena that develop after repeated substance use and that typically include a strong desire to take the drug, difficulties in controlling its use, persisting in its use despite harmful consequences, a higher priority given to drug use than to other activities and obligations, increased tolerance, and sometimes a physical withdrawal state.*"

The UK has a higher prevalence of drug misuse than any other country in Europe.

Drug and Alcohol (Substance) Misuse contributes considerably to the overall burden of disease and social need in the UK, such as communicable diseases, mental health issues, physical health, accidental harms, and the associated service pressures. Substance misuse is a complex issue that touches young people, families, communities, and societies, affecting a wide range of health and social outcomes for individuals and communities.

In Wales, there is a joint strategic approach to tackling harms related to both drugs and alcohol. The Welsh Government Drug and Alcohol Strategy "Working Together to Reduce Harm" has recently ended and 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.

14.2 Demographic Profile

Generally, West Wales has an older population than the rest of Wales with 9.8% of West Wales residents aged over 75, compared to the Welsh average of 8.6%. It is estimated that 59% of Hywel Dda adults are overweight or obese (above all Wales average of 57%) but only 23% of Hywel Dda residents smoke compared to 24% across Wales. It is self-reported that 40% of the adult population of Hywel Dda drink above the alcohol guidelines compared to 45% for all-Wales. Other indicators are presented in Table 6 below.

Hywel Dda HB	
Total population	374,600
% aged 75 and over	9.8%
Life expectancy at birth - males	77.5 years
Life expectancy at birth - females	82.0 years
% overweight or obese adults	59%
% adults who smoke	23%
% adults drinking above guidelines	40%
MMR uptake	92.2%
Live births per 1000 women aged 15-44	57.9
Emergency hospital admissions (European age standardised rate per 1,000 population)	59.4

Table 5: Summary Statistics Description of Hywel Dda University Health Board's population (Public Health Wales, 2019)

14.3 Care and Support Needs

The current care and support needs focuses on addressing the following population outcomes:

- To stop people from starting to take drugs, and to reduce harm from alcohol through ensuring the whole population is informed of the risk and side effects of drug and alcohol misuse
- To minimize the impact of drug and alcohol use on the health and wellbeing and safety of children, young people and families
- To support people with substance misuse issues to achieve a good quality, meaningful life and to make a positive contribution to the community
- To reduce health related harm because of drug and alcohol misuse and make communities safer through tackling issues created by drug and alcohol misuse within communities

14.4 Current and Future Care and Support Provision

The following have been identified as key priorities moving forward:

- Prevention and harm reduction
- Support for individuals – to improve health and aid maintain recovery
- Support and protection families
- Tackling availability and protecting individuals and communities
- Stronger partnerships, workforce development and service user involvement

For current care and support provision, please see Appendix 14B.

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14.5 Gaps and Areas for Improvement

Future service development plans, care and support provisions and needs should focus on the following interventions:

- Turn the curve and reduce the inequalities gap in smoking prevalence through prioritising specific groups who are at high-risk of tobacco related harm. High-risk groups include inpatients, people with mental ill-health, people with conditions made worse by smoking, people with smoking related illness and pregnant women who smoke
- Support pregnant smokers to quit
- Continue to target smoking cessation interventions in those areas with the highest smoking prevalence
- Use social marketing to maximise reach
- Use asset-based approaches to work with local communities to assess barriers and facilitators to prevent uptake and reduce prevalence
- Treat smoking at the point of diagnosis for a wide range of diseases to improve outcomes. The evidence suggests that smoking quit attempts in healthcare settings are effective as smokers are overrepresented in the population of people who use NHS services
- Support the development of digital or electronic aids to cessation
- Support the development of opt-out models across secondary care settings and maternity
- Work with partners to ensure full implementation of public health and wellbeing legislation
- Work with partners (Local Authority, Education, Housing, Emergency Services) to reduce exposure to environmental tobacco smoke through supporting smoke free legislation, maximising the delivery of brief advice as support smoking cessation
- Work in partnership to improve the strategic alignment of policy and services across the health and wellbeing continuum for tobacco control
- Ensure evidence-based smoking cessation services are available for everyone who smokes, including brief advice, behavioural support
- Implement the recommendations of the NHS Future Forum which emphasises the value of having brief opportunistic 'healthy lifestyle chats' including raising the issue of stopping smoking. Providing Very Brief Advice to every smoker is recommended by the Department of Health is effective in general care settings and can be adapted to mental health settings
- Support staff in primary and secondary care settings who already have the necessary therapeutic skills to engage patients in conversations about behaviour change. We know that offering support to stop smoking, rather than mealy asking a smoker if they are interested in stopping or telling them they should stop, leads to more people making a quit attempt. Raising the issues of smoking can be done opportunistically with patients, such as during protected engagement time; at the end of a home visit or during clinical visits. It can also be helpful to link these brief interventions to a current health problem such as a cough, breathlessness or something that is of personal relevance to the patient

- Support the implementation of harm reduction approaches for those smokers who may not be able to stop in one step (NICE Guidance, 2013)

14.6 The impact of the Covid-19 pandemic

The effect of COVID-19 pandemic may have had a significant impact on substance misuse group, however this effect remains unknown.

14.7 Recommendations

To reduce exposure to drugs and tobacco misuse, the recommendations are as follows:

- Co-ordinate Leadership for Drugs Control
- Reduce the uptake of smoking
- Reduce smoking prevalence levels
- Reduce exposure to smoking

To reduce exposure to alcohol misuse, the recommendations are as follows:

- Improve prevention and harm reduction
- Support for individuals to improve health and aid recovery
- Support and protect families
- Tackle availability and protect individuals and communities
- Develop stronger partnerships, workforce development and service user involvement

For current legislation and regulations see Appendix 14A
For current care and support provision see Appendix 14B
For additional data see Appendix 14C

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15. Violence Against Women, Domestic Abuse and Sexual Violence

15.1 Introduction

Violence against Women, Domestic Abuse and Sexual Violence (VAWDASV) refers to acts of violence or abuse that are disproportionately expressed toward women.[3]

Types of VAWDASV include:

- Gender based violence (GBV)
- Intimate partner violence (IPV)
- Domestic violence and abuse (DVA)
- Sexual violence and abuse (SVA)
- Coercive control
- Forced marriage
- Child marriage
- So-called honour-based abuse (HBA)
- Female genital mutilation (FGM)
- Human trafficking
- Sexual harassment
- Cyber harassment
- Adolescent dating violence (ADV)

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 [2], and its impact can be felt across whole communities, societies and economies (WHO, 2021).

Living without fear of violence and abuse is a fundamental requirement for health and wellbeing. The National Institute for Health and Care Excellence (NICE, 2014) states that: "The cost, in both human and economic terms, is so significant that even marginally effective interventions are cost effective".

The true impact of VAWDASV cannot be adequately quantified. However, these types of violence 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. Female genital mutilation (FGM) can lead to both immediate health risks as well as a variety of long-term complications which can affect the person's physical, mental, and sexual health and well-being throughout their life.

15.2 Demographic Profile

A Home Office report estimating the economic and social costs of VAWDASV in England and Wales, placed the annual cost at £66 billion, with 71% of that being attributed to addressing the physical and emotional harm experienced by victims (Oliver et al., 2019).

VAWDASV can have fatal outcomes. Every day, 137 women are killed worldwide by a family member. It has been estimated that more than half (50,000) of the 87,000 women who were intentionally killed in 2018 were killed by family members or intimate partners. More than a third of these women (30,000) were killed by a current or ex intimate partner (United Nations Office on Drugs and Crime, 2019).

Between March 2018 and 2019, Welsh police forces recorded 80,924 VAWDASV related incidents (ONS, 2020a), yet recorded police data only highlights a fraction of the real picture, as incidents often go unreported.

It is estimated that a total of 2.3 million adults aged 16-74 living in Wales and England have experienced VAWDASV in the past year (ONS, 2020a). Anyone can experience VAWDASV, regardless of gender identity, age, sexuality, ethnicity, occupation, and income. However, understanding VAWDASV requires an appreciation that it is part of a social pattern of male violence towards women (Hester and Lilley, 2019), with data illustrating that it is predominantly women and girls who are victims and survivors of VAWDASV perpetrated by men and boys (ONS, 2020b).

Women and girls are significantly more likely to experience severe forms of abuse, including physical and sexual violence, which result in injury or death (Hester, 2018). Furthermore, they are more likely to experience repeated physical, emotional, or psychological abuse.

Between 2016 and 2018, 270 out of 366 domestic homicide victims, in Wales, who were killed by a current or ex intimate partner were female (ONS, 2019).

As required by the VAWDASV Act, the Welsh Government published its five-year national strategy in 2016. This was followed by publication of its national delivery framework and in 2019, the Welsh Government published national indicators for measuring progress against the Act.[10] The Welsh Government has published several guidance documents and national standards to help deliver commitments within its five-year strategy including:

- Whole Education Approach to Violence Against Women, Domestic Abuse and Sexual Violence in Wales Good Practice Guide
- Violence Against Women Domestic Abuse and Sexual Violence – Guidance for Governors
- National Advisers Annual Plan [4]
- Information and guidance on domestic abuse and sexual violence: Safeguarding older people (60+) in Wales
- National Training Framework Statutory Guidance
- Ask and Act Training Guidance
- Local Strategies Statutory Guidance
- Commissioning Violence against Women, Domestic Abuse and Sexual Violence Services Statutory Guidance
- National Standards for working with Perpetrators

15.3 Care and Support Needs

- There is a lack of understanding amongst professionals of the nature, effects and long-term consequences of Violence against Women, Domestic Abuse and Sexual Violence, leading to reduced confidence in professional contacts
- Both recognition and concern over the preventative and pastoral role of education in dealing with issues of Violence against Women, Domestic Abuse and Sexual Violence
- The lack of consistency and availability of safe interventions across the region aimed at holding perpetrators to account and providing opportunities to change behaviours
- The lack of specialist provision for children and young people who are experiencing Violence against Women, Domestic Abuse and Sexual Violence
- The persistent challenge to prioritise and resource early intervention and prevention
- Inconsistency of commissioning practices and sustainability of funding
- Complexity of current referral pathways resulting in confusion, response "overload" and duplication of services
- The lack of coordinated approaches to service provision and the need for an integrated referral pathway into services
- Lack of awareness amongst individuals experiencing Violence against Women, Domestic Abuse and Sexual Violence, their friends, families and professionals of what services are available and how to access information and support
- The inconsistency of service availability across the region leading to a "postcode lottery" of provision
- The lack of "whole family" approaches across the region
- The critical role of leadership and accountability for Violence against Women, Domestic Abuse and Sexual Violence across the region
- Recognition that what seem like opposing views are often a product of parties with a variety of roles seeing things through a different lens; a need to utilise and harness these 'differences' to work creatively and collaboratively cross sector in a solution focussed manner to best meet individual and family needs
- The need to maintain and sustain equal and respectful partnerships with professionals who are experts in their field, in particular agencies in the third sector who have a wealth of specialist knowledge, strategic expertise and operational skills
- The value of involving partners at an early stage and to work in partnership with service providers to co-produce the regional approach to addressing gaps in provision, avoiding duplication and maximising resources

15.4 Current and Future Care and Support Provision

- 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

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- There are several changes to centrally co-ordinated funding streams which aim to encourage multi-disciplinary collaboration in order to develop more innovative, cross cutting and service user orientated responses. They also lay the foundations for regional activity

- Through the MWW VAWDASV Strategy [5] the region has taken the first step to establish an agenda for commissioning and developing a range of services which can respond more fully to the spectrum of need [6]

- Services and resources in the region are insufficient to meet the full range of needs articulated in the Strategy and there is agreement that that it will be necessary to work collaboratively and innovatively to address gaps and to respond to unmet need [7]

- The strategy highlights the need for a fundamental change in understanding the cross-cutting nature and impact of VAWDASV to enable public services and the specialist VAWDASV sector to think differently about how resources can be maximised to support the implementation of the strategy [8]

For current care and support provision, please see Appendix 15B.

15.5 Gaps and Areas for Improvement

The following gaps and areas for improvement have been identified as being required:

- Adopt commissioning models that allow for flexibility and development to meet changing needs rather than prescriptive funding that limits creativity / innovation and results in services that are restricted in the services they can provide
- Development of a service model whereby any eligibility criteria associated with accessing service provision is based solely on a need to access rather than a level of risk, complexity, or the availability of services
- Involvement of survivors as integral to the commissioning process
- The need for increased regional collaboration across the public and third sector to identify and secure additional resources
- Recognition of the diversity of communities across Mid and West Wales and the importance of equality and diversity to be integral to commissioning of services
- The challenges of rurality to be recognised when commissioning services – acknowledgement of the true cost of delivering services in rural areas
- The need for equitable investment of resources across the region

15.6 The impact of the Covid-19 pandemic

During the COVID-19 pandemic in 2020-2021, a rapidly emerging literature suggests that levels of VAWDASV have been impacted by the COVID-19 public health

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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 55 Wales Violence Prevention Unit VAWDASV Systematic Evidence Assessment [1] helpline contacts for all forms of VAWDASV and increased reports to emergency services in some areas for domestic abuse (Hohl and Johnson, 2020).

Calls to helplines have increased fivefold in some countries as rates of reported IPV have increased because of the COVID-19 pandemic. This is referred to as the shadow pandemic, as COVID-19 continues to strain health services, and violence is exacerbated in the home, essential services such as domestic violence shelters and helplines have reached capacity (United Nations, 2021).

Many prevention strategies and programming 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. However, given the increasing number of reports of VAWDASV during the COVID-19 crisis, it is more important than ever to promote prevention through the transformation of norms, attitudes and stereotypes that accept and normalise violence. Also, while traditional avenues of prevention, such as face to face interactions are limited, new opportunities have emerged, multiple forms of media, online communications and many community mobilisation programmes involve delivering activities virtually (UN General Assembly, 2020), a number of interventions included in this report utilise online platforms (Real Consent and mHealth screening tools);these interventions may have particular relevance where face to face interactions may be limited.

COVID-19 has further exposed VAWDASV as a global emergency requiring urgent action. The pandemic has exposed the failure of efforts to prevent and respond to violence but also the deeply entrenched and systemic nature of VAWDASV.

As the pandemic continues, growing economic and social stress has an impact on everyone, but particularly women who often bear the additional burden of caring responsibilities, are more likely to hold insecure employment, in addition to being at increased risk of violence victimisation in the home. At the same time, restrictions on movement and social isolation measures increase women's vulnerability to violence and since lockdown measures were introduced, restricted access to support services, friends and family reduce survivors' access to support thus increasing the risk of harm (UN General Assembly, 2020).

15.7 Recommendations

The current commissioning landscape for VAWDASV in West Wales has recognised six key areas for development and improvement:

i.   Principles for Commissioning VAWDASV Services in the Region

ii. Establishing a Shared Understanding of the Big Picture within the Region

iii. Local and Regional Commissioning activity

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iv.   Joint Commissioning and Pooled Budgets

v.   Gaps and Priorities

vi.   Governance, Leadership and Collaboration

For current legislation and regulations see Appendix 15A

For current care and support provision see Appendix 15B

For additional data see Appendix 15C

References:

[1] REPORT (violencepreventionwales.co.uk)

[2] Bystander-Experiences-of-Domestic-Violence-and-Abuse-during-the-COVID-19-Pandemic.pdf (violencepreventionwales.co.uk)

[3] Violence against Women, Domestic Abuse and Sexual Violence | Violence Prevention Unit (violencepreventionwales.co.uk)

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[6] mww-vawdasv-commissioning-and-service-development-framework-final.pdf (cysur.wales)

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[8] Cysur | Violence Against Women, Domestic Abuse and Sexual Violence

[9] Domestic abuse victim characteristics, England and Wales - Office for National Statistics (ons.gov.uk)

[10] https://gov.wales/violence-against-women-domestic-abuse-and-sexual-violence-progress-report-2019-2020-html

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OLDER PEOPLE: Current Legislation and Regulations

The Strategy for Older People in Wales 2013 – 2023 was published by the Welsh Government in 2012, with the following vision:

- That all people in Wales feel valued and supported whatever their age.

- That all older people in Wales have the social, environmental and financial resources they need to deal with the opportunities and challenges they face.

The strategy aims to improve the wellbeing of older people around social, financial and environmental factors. Further information can be found here: https://gov.wales/sites/default/files/publications/2019-06/the-strategy-for-older-people-in-wales-2013-2023.pdf

Acknowledging that life experiences and daily reality vary greatly for people in their 50s to those in their 80s and over, in 2021 the Welsh Government published **Age friendly Wales: our strategy for an ageing society**

With one vision of:

- An age friendly Wales that supports people of all ages to live and age well.
- A Wales where everyone looks forward to growing older.
- A Wales where individuals can take responsibility for their own health and well-being whilst feeling confident that support will be available and easily accessible if needed.
- A Wales where ageism does not limit potential or affect the quality of services older people receive.
- A nation that celebrates age and, in line with the UN Principles for Older Persons, a nation that upholds the independence, participation, care, self-fulfilment and dignity of older people at all times.

Further information can be found here: https://gov.wales/age-friendly-wales-our-strategy-ageing-society-html

OLDER PEOPLE: Current Care and Support Provision

All partners in the region have continued to move towards a consistent model of care for older people based on the principles of wellbeing and prevention encapsulated in the SSWB Act and informed locally by a range of plans and strategies including Ageing Well plans, the Health Board's Integrated Medium Term Plan, Carmarthenshire County Council's 'Vision for Sustainable Social Services for Older People 2015-25 and the regional Statement of Intent for the Integration of Services for Older People with Complex Needs in West Wales (2014).

Delivery across the region is based around the three levels of service, which includes three 'offers' to individuals depending on their needs:

Offer 1: Help to Help Yourself
Provision of services to build resilience and independence of older individuals, helping people to help themselves and prevent the need for ongoing care.

Offer 2: Help When You Need It
Provide care and support to people so they can regain their previous level of independence after an illness or injury. Includes reablement and rehabilitation at home.

Offer 3: Ongoing Support
Includes services for people who require longer term care or support. Usually delivered through integrated assessment, providing multi-disciplinary professional support. Care support plans are based on the question 'What matters to you?' with outcome plans delivered accordingly.

Technology Enabled Care
Currently various technology enabled care programmes are being utilised across West Wales. These vary from using telehealth to monitor and support people with chronic conditions such as COPD and heart failure, to using telecare to monitor and prevent falls. Various technology enabled care programmes can help people to manage their conditions, increase confidence, and help people to live independently in their own homes for longer.

Current support services

Information, Advice and Assistance
A wide range of information and advice is available, to help people to achieve their outcomes by directing them to support available in the community.

Third Sector
There is a wide range of third sector services available, which promote independence, social engagement and inclusion.
Domiciliary Care and Support

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There is rapid access to domiciliary care to provide care and support when it is needed, or on a longer-term basis.

Residential and Nursing Care

There are several residential and nursing care options available across the region, from extra care to EMI nursing. A significant proportion of older people living in the residential care setting in West Wales currently fund their own placement but may need financial support at a later date.
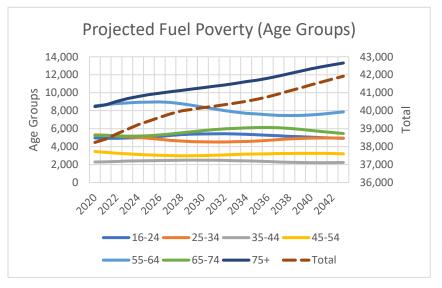
OLDER PEOPLE: Additional Data

Attendance Allowance

Total number of people aged over 65 receiving attendance allowance in Hywel Dda in November 2020 was 12,719 (6,490 in Carmarthenshire, 3,880 in Pembrokeshire and 2,354 in Ceredigion). As the likelihood of receiving attendance allowance increases with age, this will incur further costs with an aging population in the future.
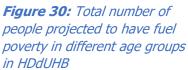
Age Band	Carmarthenshire	Pembrokeshire	Ceredigion	West Wales
65-69	274 (4.22)	129 (3.32)	87 (3.70)	489
70-74	907 (13.98)	466 (12.01)	274 (11.64)	1,650 (3.84)
75-79	1,216 (18.74)	713 (18.38)	436 (18.52)	2,368 (12.97)
80-84	1,471 (22.67)	889 (22.91)	510 (21.67)	2,871 (18.62)
85-89	1,404 (21.63)	894 (23.04)	553 (23.49)	2,848 (22.57)
90+	1,215 (18.72)	786 (20.26)	493 (20.94)	2,497 (22.39)
Total	6,490 (100)	3,880 (100)	2,354 (100)	12,719 (100)

Table 6: *Number of people receiving payment of attendance allowance for age groups in local authorities and West Wales (Nov 2020) [5]*

Fuel Poverty

Fuel poverty is an increasing problem for many people and particularly older people. In addition to managing on a fixed income, the older the person is, the less likely they are to have central heating. This can have adverse effects on health and wellbeing and people diagnosed with respiratory diseases. Current data suggests that in future, older people will experience a much larger increase in fuel poverty than other age groups (as can be seen in figure 33 below) [4].

Figure 30: *Total number of people projected to have fuel poverty in different age groups in HDdUHB*

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DEMENTIA: Current Legislation and Regulations

Listed below are plans, strategies, standards or good practice guides for implementing person-centred dementia support in Wales, rather than legislation:

Ageing well in Wales:

- Launched in 2014, Ageing well in Wales: An overview in a European perspective. Identified 5 priority areas to improve the health and wellbeing of older people in Wales:
  - Age friendly communities
  - Dementia supportive communities
  - Falls prevention
  - Loneliness and isolation
  - Opportunities for learning and employment
- Appropriate accommodation for older people can help to contribute to addressing all of the above.

Good Work Framework: A Dementia Learning and Development Framework for Wales:

- Passed in 2016, the overall aim is to support people to freely, creatively and responsibly identify and address their own specific learning and development needs within the context of their lives and circumstances.
- Intended to support what matters most to the people of Wales as well as the spirit and requirements of Welsh policy, legislation and guidance regarding the care, support and empowerment of people with dementia, carers and the health and social care workforce.

Dementia Action Plan for Wales:

- In February 2018 the Welsh Government published the Dementia Action Plan (DAP) 2018-2022. Dementia action plan 2018 to 2022
- The action plan sets out a clear strategy for Wales to be a 'dementia friendly nation that recognises the rights of people living with dementia to feel valued and to live as independently as possible in their communities'.
- The DAP is overseen by the Dementia Delivery Assurance and Implementation Group (DDAIG), members of which include people living with dementia and their families.

All Wales Dementia Care Pathway of Standards:

- In March 2021, Improvement Cymru published the All-Wales Dementia care pathway of standards. The All Wales Dementia Care Pathway of Standards
  - Directed by the requirements of the Dementia Action Plan for Wales

- Overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIIG).
- 20 standards have been designed to be dynamic by responding to evaluation and supporting evidence.
- The standards sit within 4 themes:
- Accessible
- Responsive
- Journey
- Partnerships and Relationship
- The standards have been developed using the Improvement Cymru Delivery Framework and it is anticipated that work will focus on developing a two-year Delivery Framework guide for the regions across Wales for the period April 2021 – March 2023.

THE NATIONAL HEALTH SERVICE (WALES) ACT 2006 The Primary Medical Services (Mental Health) (Directed Enhanced Services) (Wales) Directions 2017

(vii) early identification, effective management, advice and support for people with dementia and their carers; (viii) understanding the importance of timely diagnosis in dementia including advanced decision making and enduring or lasting powers of attorney;

https://gov.wales/primary-medical-services-mental-health-directed-enhanced-services-wales-directions-2017-2017-no13

DEMENTIA: Current Care and Support Provision

The Dementia Action Plan for Wales (DAP) sets out the Welsh Government's vision for creating a dementia friendly Wales, developed with those who know most about what needs to be done to improve truly person-centred dementia services – those with lived experience of dementia, their families and carers and service providers. As a result of views expressed in consultation and engagement processes the action plan is structured around outcomes which follow a pathway approach to dementia care to include the following:

- Risk reduction and delaying onset
- Raising awareness and understanding
- Learning and development
- Recognition and identification
- Assessment and diagnosis
- Living as well as possible, for as long as possible with dementia
- Care and support for increasing needs

As referenced in the main body of the chapter, to support implementation of best practice in alignment with the DAP, a Regional Dementia Strategy has been commissioned. Whilst recognising that the strategy will drive forward innovation and integration and identify gaps and areas for improvement, a range of services aligned with the aims of the DAP are available currently:

Risk reduction and delaying onset:

- Delta Connect – a telecare service providing individualised wellbeing assessment and personal stay-well plan

Raising awareness and understanding:

- A 3rd sector-led broad umbrella initiative – 'West Wales is Kind' campaign to incentivise random acts of kindness
- PAVS Dementia Supportive Communities Development Officer

Learning and development:

- Development of a dementia training framework

Assessment and diagnosis:

- Memory assessment services

Living as well as possible, for as long as possible with dementia:

- Fast Access Community Teams in all parts of West Wales providing multi-disciplinary support to people in their homes
- Admiral Nurse Team

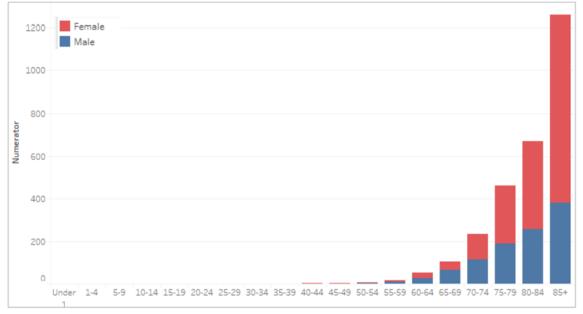- Journey through dementia support groups

Care and support for increasing needs:

- Respite provision
- Dementia Well-being Community Team
- End-of-Life Care Service Provision including the following:
    - Paul Sartori and Marie Curie commissioned to deliver Advance Care Planning training
    - Marie Curie senior nurses help people with advanced dementia to access palliative and end of life care services in hospital, at home and in care homes across the region
    - Paul Sartori foundation provide education to a variety of audiences, including their own staff and others across the health board
    - Commitments from the DAP have been included in the Regional Palliative and End of Life Care strategy under development also

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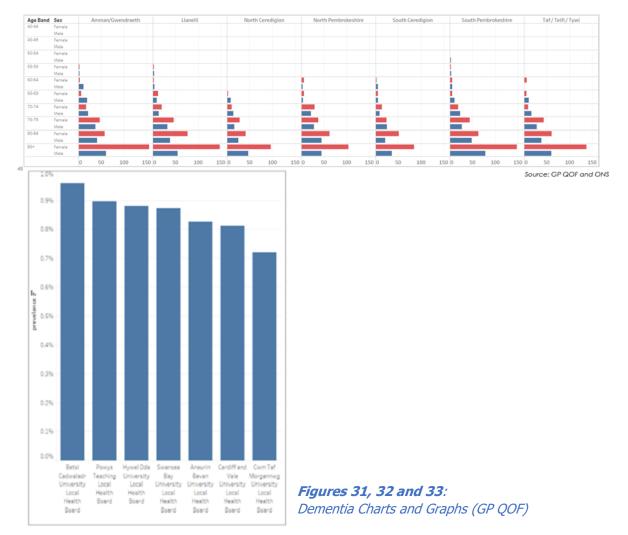
DEMENTIA: Additional Data

Dementia Data Charts and Graphs:

Source: GP QOF

Source: GP QOF and ONS

Figures 31, 32 and 33:
Dementia Charts and Graphs (GP QOF)

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UNPAID CARERS: **Current Legislation and Regulations**

There is a range of national legislation, policies and strategies in Wales aimed to support carers, including:

Welsh Government, Strategy for unpaid carers (2021)

The Welsh Government published a Strategy for Unpaid Carers in March 2021, which represents a renewed commitment to improving the recognition of and support to unpaid carers in Wales. It sets out revised national priorities for unpaid carers which have close alignment to the regional Carers strategy in West Wales. The 4 Welsh Government priorities are:

- *Priority 1*: Identifying and valuing unpaid carers

- *Priority 2*: Providing information, advice and assistance

- *Priority 3*: Supporting life alongside caring

- *Priority 4*: Supporting unpaid carers in education and the workplace

Strategy for unpaid carers

Ministerial Advisory Group for Carers

Monitoring the implementation and progress of the delivery plan

Social Services and Well-being (Wales) Act 2014

Carers Wales Track the Act

The Primary pillars of the act are:

- **Voice and control** – putting the individual and their needs at the centre of their care; giving them a voice in, and control over, reaching the outcomes that help them achieve wellbeing.
- **Prevention and early intervention** – increasing preventative services within the community to minimise the escalation of critical need.
- **Well-being** – supporting people to achieve their own wellbeing and measuring the success of care and support.
- **Co-production** – encouraging individuals to become more involved in the design and delivery of services.

Well-being of Future Generations (Wales) Act 2015

The Well-being of Future Generations (Wales) Act is about improving the social, economic, environmental and cultural well-being of Wales. It will make the public bodies listed in the act think more about the long term, work better with people and communities and each other, look to prevent problems and take a more joined-up approach. To make sure everyone is working towards the same vision, the act has 7 well-being goals:

- A prosperous Wales
- A resilient Wales
- A healthier Wales
- A more equal Wales
- A Wales of cohesive communities
- A Wales of vibrant culture and thriving Welsh language
- A globally responsible Wales

[Well-being of future generations act: the essentials](#)

Welsh Government, A Healthier Wales (2019)

https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf

The strategy is focussed on changing five key areas of health and social care:

i. The health and social care system will work together so that people using them won't notice when they are provided by different organisations.
ii. Services will shift out of hospital into communities and services which stop people getting ill by detecting things earlier or preventing them altogether will be increased.
iii. Systems to measure what really matters to people will get better and will be used to work out which services and support work well and which ones need to be improved.
iv. Wales will be a great place to work in health and social care and more will be done to support carers and volunteers
v. To make our services work as a single system, we need everyone to work together and pull in the same direction.

The National Outcomes Framework for people who need care and support and carers who need support (2019)

[National Outcomes Framework Indicator Report (gov.wales)](#)

The key objectives for the national outcome's framework are:

- To set the national direction to promote the well-being of people who need care and support and carers who need support in Wales.

- To describe the important national well-being outcomes that people who need care and support and carers who need support should expect in order to lead fulfilled lives.

- To provide greater transparency on whether services are improving well-being outcomes for people who need care and support and carers who need support in Wales using consistent and comparable indicators.

UNPAID CARERS: **Current Care and Support Provision**

1. Current work and important initiatives in the West Wales Region

A full breakdown of the work that is being carried out in West Wales under the guidance of the WWCDG can be found in Annual reports produced by the group. These annual reports provide full detail on all the actions and programmes delivered through the carers programme by WWCDG:

WWCDG-Annual-Report-2021-21-FINAL.pdf (wwcp.org.uk)

WWCDG-Carers-Annual-Report-2019-20-FINAL.pdf (wwcp.org.uk)

WWCDG-Carers-Annual-Report-2018-19-final-version.pdf (wwcp.org.uk)

2. Current support services

A range of care and support services are in place across the region to support carers. Some services are commissioned individually by statutory bodies and others are jointly commissioned on a county or regional basis. The WWCDG provides a key forum for partnership working between the commissioning bodies and ensures collaboration on the development of plans for utilisation of Welsh Government grant funding, e.g., Integrated Care Fund and Carers grants.

The West Wales Carers' Development Group (WWCDG) has been able to coordinate several important pieces of work, including:

- Providing young carers with access to a comprehensive information service and enabling them to notify supermarkets, pharmacies, teachers and others that they have caring responsibilities.

- Continued roll-out of the Investors in Carers' Scheme, increasing the awareness of professionals across sectors including primary, community and acute health care, schools, libraries, social care, Job Centre Plus and third sector organisations of the needs of carers. Over 120 settings are currently participating in the scheme and many more are working towards their award. The scheme also enables people to register as a carer with their GP, leading to the offer of a referral to the local Carers' Information Service which can provide additional information, advice and support

- Deployment of Carers Officers (employed by the third sector) within hospitals to support health professionals to identify unpaid carers, improve their involvement in the discharge process and provide information and support.

- Continued delivery of the Introduction to Looking After Me (I2LAM) programme for carers across West Wales, helping carers learn new skills and take care of their own health while looking after someone else.

- Roll-out of the Carers' Resilience and Wellbeing Programme, providing carers with a 'what matters' conversation and appropriate support including preventative interventions and respite

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- Establishment of the regional Carers Support Innovation Fund offering third sector organisations with short-term funding to deliver support for carers. Initiatives supported include physical fitness sessions, sports reminiscence events, online craft and social sessions and targeted support for older carers

- Roll-out of the Employers for Carers (EfC) scheme in West Wales providing access to a range of resources for statutory and third sector partners. This has enabled organisations to review policies and procedures through a carers' lens and offer practical support to employees with caring responsibilities through the introduction of carers passports and staff networks

- Various digital inclusion initiatives to assist carers during the pandemic, including the Pembrokeshire Digital Connections Partnerships supporting people, including carers, to access digital equipment and technology

3. Support and Care Services

In addition to the programmes of work carried out under the WWDCG funded Welsh Government grant programmes, there are also several support and care services available to carers which are commissioned by Hywel Dda UHB and Local authorities. These can be broadly broken down into services that support:

- Identification and recognition
- Advice and information
- Assessment of carers needs
- Practical support (for example replacement care, help around the home, shopping)
- Advocacy
- Condition specific support for the carer and the person they care for

4. Local Authority and Community

In addition to the specialised health support and services provided by Hywel Dda UHB, there are several other support mechanisms provided by local authorities:

- **Universal services** - For example leisure centres, community centres, libraries, adult education opportunities although it is recognised that these services do not yet provide consistent equal access to people with LD
- **Preventative services** - Council grant funding supports the growth of alternative community services that are co-produced with members of communities enabling people to build upon their own individual strengths and resources. These include good neighbour schemes, luncheon clubs, community enterprises, community/ voluntary services
- **Day Opportunities** - Providing social contact and stimulation, reducing isolation and loneliness, maintaining and / or restoring independence, offering activities which provide mental and physical stimulation, providing care services, offering low-level support for people at risk
- **Respite provision -** Short breaks/respites are a key commitment in recognition that planned breaks are an essential part of supporting families

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- **Commissioned Services -** Individually commissioned supported living arrangements which enable people with learning disabilities to live in their own tenancies with support at varying levels, and residential services which include both the provision of accommodation and care on site, with care being available 24 hours per day. Advocacy services are commissioned across the region; and
- **Direct Payments** -These provide another way for individuals to access a range of opportunities by being able to choose who provides the services they need

5. Response to the COVID-19 Pandemic

In West Wales, the local authorities and third sector organisations have responded very well to the Covid-19 pandemic, quickly adapting their services and in some cases moving activities online.

For example, the Newport Carers group in Pembrokeshire went from meeting face-to-face to meeting on Zoom, supported by a Community Connector. As a result, the Carers group became more accessible to Carers across the County, attracting new Carers looking for online peer support.

Another example is Ceredigion Carers Unit who provided a full programme of workshops, training and discussions around Carers rights over the last six months of 2020-21.

All young Carers services have continued to operate and adapted ways of working, utilising Zoom, WhatsApp and Microsoft Teams.

Regular contact has been maintained with young Carers and their families to address issues.

All services have observed a decline in both young people's and parents' mental health over the year and services have responded by offering appropriate support.

UNPAID CARERS: Additional Data

The 2019 GP Patient Survey (England) found that unpaid carers are more likely to report having a long-term condition, disability or illness than non-carers (63% of unpaid carers compared to 51% of non-carers).

Based on a national calculation conducted by carers UK and Sheffield University in 2015 (Buckner and Yeandle, 2015), the cost of replacing unpaid care in West Wales, can be estimated at £924m. This exceeds the NHS annual budget for the region which is almost £727m (Hywel Dda UHB, 2016a).
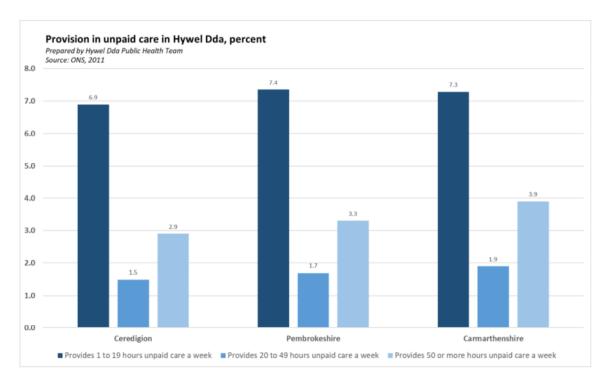
Figure 34: *Provision of unpaid care in Hywel Dda UHB, ONS 2011*

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LEARNING DISABILITIES: Current Legislation and Regulations

There are many policies in Wales supporting how people with LD live their lives. We want to make sure we are part of creating and shaping how these policies support people with a learning disability to have the best lives. There are many generic policies that focus on the whole of the population, however, there are specific acts and programmes that are aimed at people with LD, these include:

Social Services and Well-being (Wales) Act 2014

The Primary pillars of the act involve:

- **Voice and control** – putting the individual and their needs at the centre of their care; giving them a voice in, and control over, reaching the outcomes that help them achieve wellbeing.
- **Prevention and early intervention** – increasing preventative services within the community to minimise the escalation of critical need.
- **Well-being** – supporting people to achieve their own wellbeing and measuring the success of care and support.
- **Co-production** – encouraging individuals to become more involved in the design and delivery of services.

Additional Learning Needs and Education Tribunal (Wales) Act 2018

The act provides a unified legislative framework to support all children of compulsory school age or below with additional learning needs. The act focuses on:

- An integrated, collaborative process of assessment, planning and monitoring that facilitates early, timely and effective intervention.
- A fair and transparent system for providing information and advice, and for resolving concerns and appeals.

Learning Disability – Improving Lives Programme 2018

A single cross-cutting strategy to inform all decision-making and to provide a framework for improving the lives of people with LD. The programme focuses on the strategies and evidence to improve five priority areas and address inequalities where they exist. The priority areas include:

- Early years and children
- Housing
- Social care
- Health and well-being
- Skills, education and employment

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LEARNING DISABILITIES: Current Care and Support Provision

A range of care and support services are in place across the region to support adults with LD to live fulfilled lives within the community.

1. 'A Change in Approach': Coproduction and Involvement

Following the 2015 PNA particular focus has been placed on developing an ethos of co-production. The support and care services have aimed to include people with LD in all aspect of the care and support delivery plans in West Wales. The focus on co-production has led to the presence of service users on committees such as the RILP and the formulation of the 'Dream Team' and production of the West Wales LD Charter.

DREAM TEAM

The Dream Team is a collaboration of people and members from the Pembrokeshire and Carmarthenshire People First charities, together with representatives from Ceredigion. The members of the Dream Team consist of citizens with first-hand expereince of living with a LD. The Dream Team are a group of individuals with an LD who advise care providers and the local authorities on what really matters, to hold the services to account and to ensure that the care and support needs that matter most to people with LD are being met.

LD Charter (https://www.ldcharter.com/)

Over the past 5 years, the LD community in Carmarthenshire, Pembrokeshire and Ceredigion have worked together to develop a Charter – a simple list of things they expect, and need, to live fulfilling lives.

"The West Wales LD Charter brings together our rights, our needs, and our wants, in a simple document aimed at everyone in our community. "It covers crucial areas like support, health and relationships, and brings them all together in a document anyone can – and should – sign up to. "I wasn't sure about using the words "we demand" – but we do! It's only fair that we demand to be treated like everyone else, to have a social life, to do things that fulfil us, and to be treated with dignity and respect."

James Dash, Co-Chair of the Learning Disability Programme Group

The West Wales LD Charter has been developed with support from the Welsh Government's Intermediate Care Fund, the West Wales Care Partnership, and Pembrokeshire College. It is supported by the County Councils of Carmarthenshire, Ceredigion and Pembrokeshire, and the Hywel Dda University Health Board. The Charter has been developed and led by the Dream Team, people with LD's, and not professionals, social services or even charities. The Dream Team are also involved in holding people to account. They visit businesses and organisations to get them to sign up – and checking that they really do follow through on their commitments.

The LD charter underpins all the future planning and provision for LD services in West Wales and has been designed by people with LD for people with LD.

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2. Current work and important initiatives in the West Wales Region

In combination with the LD charter and co-production approach, several other initiatives have been put into action. These projects have had capital investment and are all designed to address the varying gaps and needs outlined by the previous PNA. The key to these initiatives is to ensure that citizen's voices are heard/listened to and ensure citizens can access the right information, when it is needed, in the way they want it and use this to manage and improve their well-being.

2.1 Health check champions

PwLD supporting their peers to access Annual Health Checks thereby, reducing prevalent health inequalities.

2.2 Tech apps

Co-producing accessible digital solutions to paper-based systems such as Health Passports and Care Plans and access to other on-line support, such as travel information.

2.3 Repatriation and Progression project

A virtual team reviewing residential care placements to develop appropriate alternatives to long-term institutional care in -line with individual assessed needs.

2.4 Regional LD Employment and training project

Support to address limited opportunities for people with LD to engage in volunteering or paid work as identified in the LD Strategies across the region, by scaling-up a successful pilot in Pembrokeshire.

2.5 Exercise buddies

Increasing the health and well-being of adults with a learning disability and their parents/carers, by developing a range of supported exercise and activity groups.

2.6 Supported accommodation

Improving access to supported accommodation through improved policies, systems, processes and engagement with Registered Social Landlord (RSL) partners.

2.7 Transformation of day opportunities

An engagement programme to develop a future model of day opportunities. Aimed at transforming day opportunities by developing alternative delivery models and piloting of new ways of working.

2.8 Prime of our lives

Developing partnerships, disseminating information, sharing experiences, providing mechanisms to ensure that the voices of older people with learning disabilities are heard and responded to.

2.9 Carms PBIS

Local services that support PwLD and their families, to reduce reported incidents of challenging behaviour, number of placement breakdowns and high cost of out of county placements.

2.10 LD Innovation Fund

Opportunities to test alternative service delivery models to support and empower those with learning disabilities by piloting innovative and co-produced services that meet gaps in provision.

3. Hywel Dda UHB Support and Care Services

Across Hywel Dda UHB there are a arrange of services and specialists that help to care and support people with LD, these include: Consultant psychiatry, psychology, community nursing, Speech and Language Therapy, Occupational Therapy and Physiotherapy. In addition, there are several services specifically available to the LD community across the Hywel Dda UHB to help ensure people with LD have access to the services and care they need and minimise any health inequalities. These include:

3.1 Community Team Learning Disability (CTLD) service

There are four Community Team Learning Disability (CTLD) services across the Hywel Dda area. The teams work together and are made up of learning disability nurses; occupational therapists; physiotherapists; speech and language therapists; psychologists; psychiatrists; behaviour practitioners; and social workers. The teams also work in the community supporting primary care, GPs and private providers, including clients in supported living and residential units, while also supporting individuals living on their own. The teams also support carers, families, and day services.

3.2 Learning Disability Health Liaison Service for adults and children

The Learning Disability Health Liaison Service is for adults and children with learning disabilities who are having or due to have hospital treatment and may need advice and support.

- Provides training to staff about the needs of people with LD.
- Provides advice about following the LD pathway and using the 'Care Bundle'
- Liaise with the hospital staff to ensure that reasonable adjustments are in place
- Provide advice and support to individuals and their carers during their hospital admission
- Provide support to ease communication between the patient, carers, and hospital staff

3.3 PMLD/Complex Health Needs Clinic

A new clinic due to be commissioned. The PMLD/complex health needs clinic aims to ensure that people with profound and multiple learning disabilities have access to consistent high-quality health support from the Learning Disabilities Service. Individuals are identified by members of the CTLD and referred to the PMLD Pathway. Aims and objectives of the clinic are:

- Identify individuals who require multiple specialist LD health professionals.

- Complete coordinated assessments and reviews in clinic setting
- Complete MDT care plan to meet complex needs and share with SU/carers/families
- Identify interventions required and training needs for carers/families
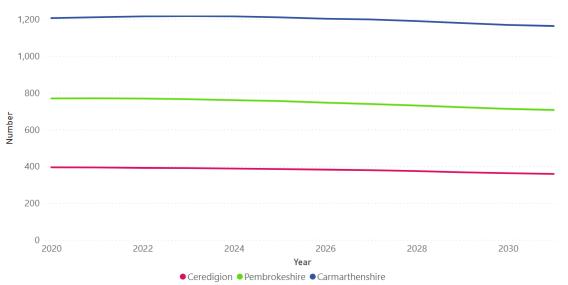- Signpost to other professionals as required

3.4 Learning Disability Intensive Support Team (LDIST)

The Learning Disability Intensive Support Team (LDIST) is a pilot scheme. The LDIST consists of LD and MH nurses and health care support workers to provide intensive or additional support for adults with LD during a time of need. Support is available for a limited period to help manage or overcome a certain issue, problem or change. The support may include advice over the telephone, individually, in groups, by observational methods, assessments, via direct support, short term treatment, training to carers or through meetings. The LDIST work closely alongside CLDT and provide support that requires an increased level of input for a short and focused amount of time. The LDIST is community based, supporting people with LD/ their families or their care providers where they ordinarily live to continue delivery of care over the longer term.

The specific care and support options do vary across the different LA, with specifics available from: Carmarthenshire family information service, Pembrokeshire People First and Ceredigion Community Team for Learning

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LEARNING DISABILITIES: Additional Data

Current data (Feb 2021) from the Department of Works and Pensions indicate that the number of families claiming financial support on behalf of a child or young person (aged 0 to 16), in terms of Disabilities Living Allowance (DLA), is 1,199 (202 in Ceredigion, 460 in Pembrokeshire and 533 in Carmarthenshire). Despite the prediction of the numbers of Children and Young people with LD remaining constant, West Wales has seen a steady increase in the number of people claiming DLA over the last 5 years (see figure 38).

Figure 35: *Projection of number of children and young people with moderate LD across the LA in West Wales [Projection based on models provided by Social Care Wales Population Projection Profile, www.daffodilcymru.org.uk]*
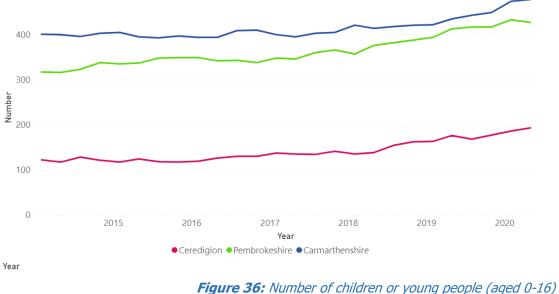
Figure 36: *Number of children or young people (aged 0-16) entitled to Disability Living Allowance in West Wales [data collected from the department of works and pension, https://stat-xplore.dwp.gov.uk]*

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AUTISM: Current Legislation and Regulations

As an alternative to a separate Autism Bill, The Welsh Government developed a Code of Practice for Autism which highlights and reinforces existing duties of the Social Services and Wellbeing (Wales) Act 2014 and the NHS (Wales) Act 2006 in respect of Autistic people, which can be found here:

https://gov.wales/code-practice-delivery-autism-services-0

In 2019 the Welsh Government published a refresh to the original action plan published in 2008, which can be found here:

https://gov.wales/sites/default/files/publications/2019-03/refreshed-autistic-spectrum-disorder-strategic-action-plan.pdf

AUTISM: Current Care and Support Provision

In March 2016, as part of the refreshed Autistic Spectrum Disorder Strategic Action Plan the Welsh Government announced that it would be funding a new national Integrated Autism Service (IAS), information on which can be found here: https://autismwales.org/en/integrated-autism-service/

The service was developed across Wales following consultation with autistic people, carers and professionals which highlighted the lack of support available for autistic people who did not meet the criteria for mental health and learning disability services.

The West Wales Integrated Autism Service (WWIAS) established in 2019 and is a joint service delivered by Hywel Dda University Health Board in partnership with the local authorities of West Wales.

It offers diagnostic assessment for <u>adults</u> who do not have a significant learning disability or mental health problem and a range of support for autistic people, their families, including unpaid carers and advice for professionals. Further information can be found here: https://fis.carmarthenshire.gov.wales/disability-autism/autism/

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AUTISM: Additional Data

The availability of data specific to autism spectrum disorders is limited, as its collation and disaggregation is in the early stages. As and when data is available, it will be added to the chapter.

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CHILDREN and YOUNG PEOPLE: Current Legislation and Regulations

The is a range of legislation, policies and guidance relating to children, which include the following:

The Children Act 1989 (as amended):
https://www.legislation.gov.uk/ukpga/1989/41
The essentials of this piece of legislation are –
- To allow children to be healthy.
- Allowing children to remain safe in their environments.
- Helping children to enjoy life.
- Assist children in their quest to succeed.
- Making a positive contribution – to the lives of children.
- Achieving economic stability for our children's futures.

The Children and Social Work Act 2017:
https://www.legislation.gov.uk/ukpga/2017/16/contents/enacted
This Act intends to improve support for looked after children and care leavers, as well as promoting the welfare and safeguarding of children. It sets out corporate parenting principles for the local authority to be the 'best parent it can be' to children who are in its care. Local authorities are, under this Act, obliged to publish their support offer to care leavers and promote any educational attainment of children who have been adopted or placed in long-term care arrangements.

Keeping Children Safe in Education 2021:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1021914/KCSIE_2021_September_guidance.pdf
This document outlines statutory guidance for keeping children safe in schools and colleges. It is an update from the 2016 document. It is organised into five parts:
- Safeguarding information for all staff
- Management of safeguarding
- Safer recruitment
- Allegations of abuse made against teachers and other staff
- Child-on-child sexual violence and sexual harassment

The Education Act 2002: https://www.legislation.gov.uk/ukpga/2002/32/contents
The Education Act 2002 places a duty on educational settings such as schools and colleges to ensure that the safeguarding and welfare of children is paramount to the way in which their setting functions. Specific duties are placed on local education authorities and governing bodies under Section 175 of the Act, which maintains that:
- The local education authority must make arrangements for ensuring that their responsibilities in terms of safeguarding are exercised so that children are safe and that their welfare is promoted.

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- The governing body of a school should make arrangements to ensure that their functions concerning the school's conduct are exercised with a view of safeguarding and promoting the welfare of children who attend the school.
- The governing body of a school should ensure that staff receive adequate training related to the safeguarding and promotion of the welfare of children.

The Equality Act 2010: https://www.legislation.gov.uk/ukpga/2010/15/contents
The Equality Act 2010 aims to protect people or groups of people who have one or more 'protected characteristics. These protected characteristics are features of people's lives upon which discrimination, in the UK is now illegal. The protected characteristics listed in the Act are:
- Age
- Disability
- Sexual orientation
- Sex
- Gender reassignment
- Marriage and civil partnership
- Pregnancy and maternity
- Race
- Religion and belief

The Children and Families Act 2014:

https://www.legislation.gov.uk/ukpga/2014/6/contents/enacted
This Act aims to ensure that greater protection is available for children who have been classed as vulnerable. It includes children who may be in foster care and those who are looked after or have additional needs. The Act also ensures that an Education, Health and Care Plan is produced for any child who has been identified as having additional needs.

The Human Rights Act 1999:

https://www.legislation.gov.uk/ukpga/1998/42/contents
Human rights within the United Kingdom are protected by the Human Rights Act 1998, which means that if an individual believes that their human rights have been breached, they can take action against this in a court of law. Examples of rights that are contained within the Act, known as 'Articles' are:

- The right to freedom from torture and inhumane or degrading treatment or punishment
- The right to liberty and security
- The right to freedom of thought, conscience and religion
- The right to freedom of expression
- The right of access to an education

CHILDREN and YOUNG PEOPLE: Current Care and Support Provision

Children and young people will have a range of care and support needs depending on their personal circumstances. Broadly speaking, this range will encompass:

- Universal needs - for example, information and advice, low level family support, preventative services such as health visiting, early ante-natal provision, dietetic support and advice, childcare and careers advice

- Additional needs and early intervention - such as improvement support for families, youth engagement, supporting young people into education and training, education inclusion and welfare

- Multiple needs requiring coordinated multi-agency support to support children and families to address complex and/ or entrenched needs

- Need for remedial intervention to support children at risk

Figure 37: Needs of Children, Young People and Families

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CHILDREN and YOUNG PEOPLE: Additional Data

When developing the chapter, some data was awaiting release, such as that from the 2021 Census and some data had not been gathered during the pandemic to the level required. In some instances, data has been difficult to source, such as that on the impact of adverse childhood experiences (ACEs). As and when data is available, it will be added to the chapter including that for:

- Levels of and impact of deprivation
- Numbers in receipt of free school meals
- Levels of attainment
- Numbers receiving support from emotional and wellbeing services (Mental Health)
- Numbers and outcomes for care leavers
- Numbers of children in foster care
- Impact of ACES

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MENTAL HEALTH: **Current Legislation and Regulations**

There are many policies in Wales supporting how people with mental health issues live their lives. Specific acts and programmes that are aimed at people with mental health issues include:

Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales

The Welsh strategy is outlined in [Together for Mental Health: A Strategy for Mental Health and Wellbeing in Wales](#). Together for Mental Health sets out the ambitions for improving mental health in Wales and sets out the vision for 21st century mental health services. This is the first mental health strategy for Wales to cover all ages; previously there have been separate strategies for children, adults and older people, but feedback has suggested that transition between services can break down, so combining the age groups aims to eliminate boundaries. A New Mental Health Partnership Board (NPB) is being established to oversee delivery of the strategy.

The Together for Mental Health Delivery Plan

The Together for Mental Health Delivery Plan 2019-2022 was produced as part of Welsh Governments strategy to improve mental health and wellbeing in Wales. In response to the COVID-19 pandemic, the Together for Mental Health Delivery Plan 2019-2022 was reviewed in 2020. The aim of the [review](#) was for the Welsh Government and partners to respond to the impacts of COVID-19 to ensure that the people of Wales have access to appropriate mental health support during the pandemic.

MENTAL HEALTH: Current Care and Support Provision

Care and support provision

Since 2010 and the introduction of the <u>Mental Health (Wales) Measure</u>, the majority of mental health cases are treated at the primary care level. This is to promote early intervention, to reduce the likelihood of their condition deteriorating and needing further secondary mental health services.

Current support services

Care, services and support needs for people with mental health issues in West Wales are coordinated by Local Primary Mental Health Support Services (LPMHSS) and Community Mental Health Teams (CMHTs).

Local Primary Mental Health Support Services and Community Mental Health Teams

The introduction of Local Primary Mental Health Support Services (LPMHSS) aimed to increase the availability and uptake of mental health services at the primary care level, as well as improving integration of services, and working with GPs and practice staff to provide support and training.

Community Mental Health Teams (CMHTs) in West Wales are a partnership between Hywel Dda University Health Board and Social Services and provide the point of referral for those requiring access to secondary mental health services. CMHTs have a duty to assess anyone experiencing mental health issues which are affecting their ability to lead their life.

Third Sector

The health board and local authorities continue to commission a range of third sector organisations to support people with mental health issues such as advocacy services, information and advice, activities, healthy lifestyles and a range of supported accommodation and tenancy related support services.

Mind is a mental health charity that operates throughout West Wales. They provide advice and support to empower anyone experiencing a mental health problem. They also campaign to improve services, raise awareness and promote understanding. Mind services operating in West Wales are Pembrokeshire Mind, Carmarthenshire Mind and Mind Aberystwyth.

Other third sector organisations operating in West Wales include Hafal, which works with individuals recovering from mental health problems, with a special emphasis on those with serious mental illness, and FRAME, which provides around 80 people a week the opportunity practice work and train new skills.

West Wales Action for Mental Health (WWAMH) is a mental health development organisation in West Wales. It provides a range of services to voluntary groups, carers and individuals who require support around mental health in the West Wales region and seeks to improve the services and opportunities available to people with mental health problems, their families and carers.

Twilight Sanctuaries

Twilight sanctuaries are part of the service provided by Mind. They are designed to offer support to people at risk of deteriorating mental health outside of normal office hours. Currently in West Wales, there are twilight sanctuary services in Llanelli and Haverfordwest, with plans for 3rd Twilight sanctuary to be implemented in Ceredigion soon. This will mean a twilight sanctuary in each of the three local authority areas by December.

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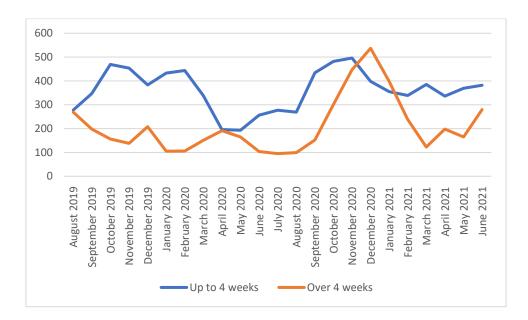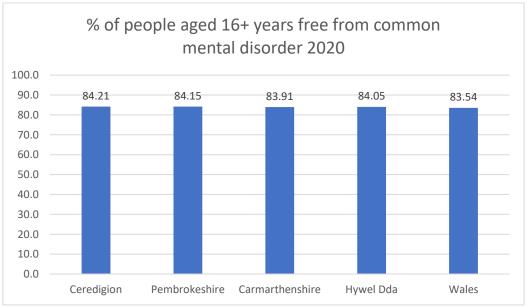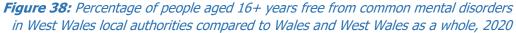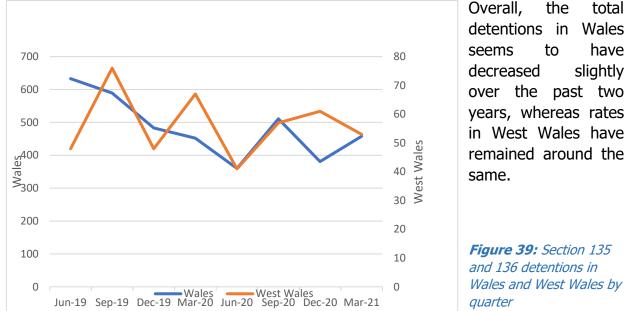**MENTAL HEALTH: Additional Data**

Figure 26: sCAMHS pathways waiting time for first appointment (up to 4 weeks, compared to over 4 weeks) in Wales.

Figure 41 below shows the percentage of people aged 16+ years free from common mental disorders in each of the counties compared to Wales and West Wales. The prevalence of common mental disorders is around 16% in each of the local authorities and in Wales according to the data, with slightly lower prevalence in West Wales than in Wales as a whole. [7]

Figure 38: Percentage of people aged 16+ years free from common mental disorders in West Wales local authorities compared to Wales and West Wales as a whole, 2020

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The total number of section 135 and 136 detentions in Wales have fluctuated from 2019 to 2021 (figure 42), ranging from a high of 633 per quarter in June 2019 to a low of 360 per quarter in June 2020. Detentions in West Wales have ranged from a high of 76 per quarter in September 2019 to a low of 41 per quarter in June 2020.

Overall, the total detentions in Wales seems to have decreased slightly over the past two years, whereas rates in West Wales have remained around the same.

Figure 39: Section 135 and 136 detentions in Wales and West Wales by quarter

The total patients in mental health hospitals and units with a mental illness have decreased in both Wales and West Wales from 2009 to 2019, although since 2013, this figure has remained relatively stable in West Wales, at around 110 to 125 patients (Figure 43). [7]
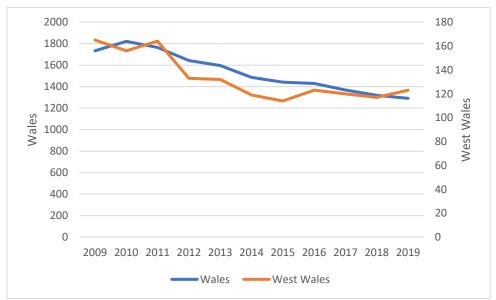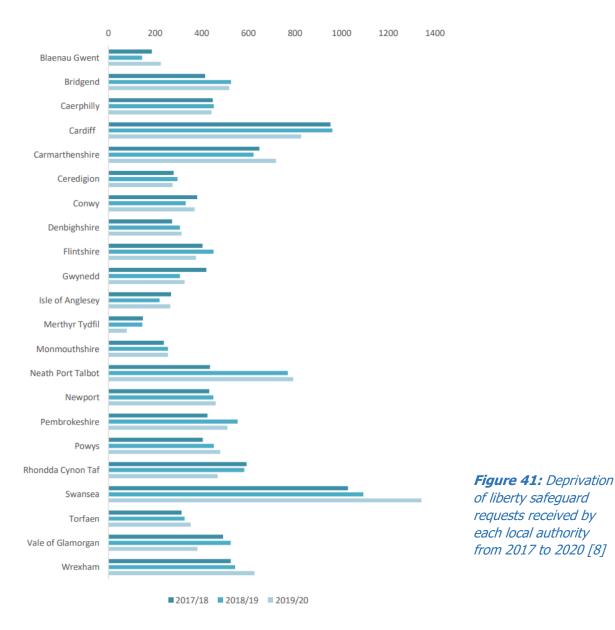

Figure 40: Patients in mental health hospitals and units in Wales with a mental illness

Deprivation of Liberty Safeguard (DoLS) Requests

The total number DoLS requests from 2017 to 2020 is shown in figure 44 below, for each local authority. The total number of requests has increased in both Carmarthenshire and Pembrokeshire since 2017, while remaining at around the same

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level in Ceredigion (Figure 1.2) [8]. The main group of individuals with DoLS applications were older people, with 87% of applications made against someone over the age of 65 in 2019-20. Overall, the total number of DoLS requests has been increasing in West Wales, from 598 in 2017-18 to 832 in 2019-20.

Figure 41: *Deprivation of liberty safeguard requests received by each local authority from 2017 to 2020 [8]*

Total Suicides in West Wales
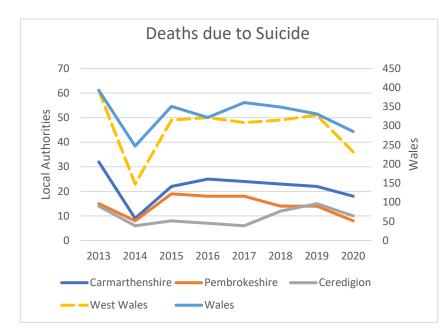
Deaths due to Suicide

Figure 45 shows the total number of suicides in Wales and the three local authorities from 2013 to 2020. Roughly 250 to 400 people in Wales commit suicide each year. In West Wales this has fluctuated from around 25 to 60 people each year. [9]

Figure 42: *Yearly deaths due to suicide in local authorities and Wales, 2013 - 2020*

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HEALTH and PHYSICAL DISABILITIES: Current Legislation and Regulations

The following Acts contain provisions which support independent living:

The 'Social Services and Well-being (Wales) Act 2014' provides the statutory framework to deliver the Welsh Government's commitment to transform social services in Wales to improve the well-being of people who need care and support and carers who need support. The Act sets out a definition of well-being for people who need care and support. Everyone, adult or child, has the right to be heard; to shape the decisions that affect them' and to have control over their day-to-day lives. The code of practice in relation to Part 2 of the Act provides guidance to local authorities on their duties in this regard. This code of practice requires local authorities, when exercising social services functions in relation to disabled people who need care and support and disabled carers who need support, to have due regard to the UN Convention on the Rights of Disabled Persons.

The Act also extends the eligibility and accessibility of Direct Payments, which provide an important mechanism by which people can exercise choice, voice and control to decide how to meet their needs for care and support and achieve their personal wellbeing outcomes. The 'Well-being of Future Generations (Wales) Act 2015' sets out seven well-being goals - for national government, local government, local health boards and other specified public bodies. It also specifies the ways in which these bodies must work, and work together, to improve the well-being of Wales. This includes the five 'ways of working' to guide the Welsh public services in delivering for people.

The 'Housing (Wales) Act 2014' includes provisions aimed at modernising and improving conditions in the private rented housing sector and for improving the practices of landlords and letting agents. Private landlords are now required to register and where they are carrying out lettings or property management work to become licensed, or to appoint licensed agents to carry out such work. As well as being required to be licensed, agents are required to be registered. It is intended this will improve standards of letting and management practice in the private rented sector.

The 'Renting Homes (Wales) Act 2016' provides a simplified legal framework for renting based on two types of occupation contract, which will replace most existing tenancy arrangements. This will apply to social housing provided by local authorities and housing associations and to rentals from private landlords. Model written statements of contract will be provided. This will make it is easier for disabled and non-disabled people to understand their rights and responsibilities. In addition, the Act provides a new form of occupation contract for any person who occupies premises in conjunction with the provision of particular support services, including supporting people who require additional assistance to achieve independent living for example because of cognitive or intellectual impairments. Additionally, the Act will extend succession rights to carers, for which current housing legislation makes no provision.

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action-on-disability-the-right-to-independent-living-framework-and-action-plan.pdf (gov.wales)

Strategic Equality Plan 2016 (gov.wales)

The Renting Homes (Wales) Act 2016

http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=12055
http://www.legislation.gov.uk/anaw/2016/1/contents/enacted

well-being-of-future-generations-wales-act-2015-the-essentials.pdf (gov.wales)

social-services-and-well-being-wales-act-2014-the-essentials.pdf (gov.wales)

The Housing (Wales) Act 2014

http://senedd.assembly.wales/mgIssueHistoryHome.aspx?IId=8220

http://www.legislation.gov.uk/anaw/2014/7/contents/enacted

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HEALTH and PHYSICAL DISABILITIES: Current Care and Support Provision

People with health conditions and/or physical disabilities will have a range of care and support needs depending on their personal circumstances. Broadly speaking, this range will encompass:

- Universal needs - for example, information and advice, low level support, preventative services, such as dietetic support and advice.

- Multiple and complex needs requiring coordinated multi-agency support to address and manage specific issues.

The Welsh Government's Framework for Action on Independent Living, published in 2013, set out actions to promote an inclusive and enabling society, to ensure people of all ages and from all communities can maintain independent living, enjoy well-being and access appropriate support when and how they need it.
Wherever possible we will seek to "co-produce" services in West Wales. That is, we will work with stakeholders including disabled people to design, deliver and evaluate new initiatives.

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HEALTH and PHYSICAL DISABILITIES: Additional Data

Claiming Support

The main types of benefit available for people between the ages of 18-64 living with a serious illness or disability are disability living allowance and personal independent payment. There are over 22,000 people who are entitled to Personal Independence Payment (PIP) in the Hywel Dda University Health Board. Over 10,000 people are entitled to Disability Living Allowance (DLA) in the West Wales area and over 13,500 people entitled to Attendance Allowance (AA).
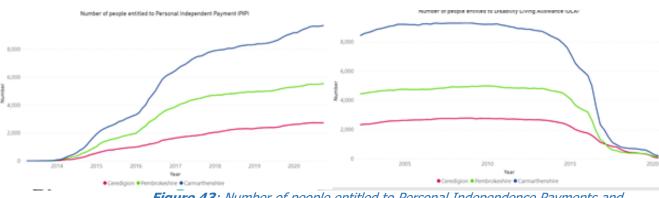

Figure 43: Number of people entitled to Personal Independence Payments and Disability Living Allowance in the West Wales area

Limiting Long-term Illness

A long-term health problem or disability that limits a person's day-to-day activities, and has lasted, or is expected to last, at least 12 months also includes problems that are related to old age. Data from the 2011 census highlighted that Carmarthenshire had the highest percentage of people whose day to day activities were limited (25.4%) or limited a lot (13.6%), followed by Pembrokeshire (22.5% and 11.1% respectively) and then Ceredigion (21.1% and 10% respectively).

As can be seen in the figure below the percentage of those who are EA core or work limited disabled are mainly higher in females than males, except in Pembrokeshire where males (23.4%) are higher than females (22.4%). Percentages are higher overall in Carmarthenshire (28.4%) for both males and females.
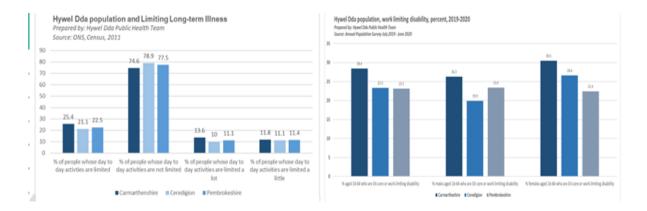

Figure 44: HDdUHB population and Limiting Long-term Illness and limiting disability

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SENSORY IMPAIRMENT: **Current Legislation and Regulations**

There are many policies, acts and programmes in Wales supporting how people with sensory impairment live their lives including:

1: The All-Wales Standards for Accessible Communication and Information for People with Sensory Loss [8]

The All-Wales Standards for Accessible Communication and Information for People with Sensory Loss were published in 2013 by NHS Wales. The purpose of the standards is to ensure that the communication and information needs of people with sensory impairment are met when accessing healthcare services.

Welsh Government. Available at https://gov.wales/sites/default/files/publications/2019-04/all-wales-standards-for-accessible-communication-and-information-for-people-with-sensory-loss-large-print_0.pdf.

2: Support for Children and Young People with Multi-Sensory Impairment in Educational Settings [9]

The Support for Children and Young People with Multi-Sensory Impairment in Educational Settings guide was produced by the Welsh Government in 2019 to provide a summary of evidence about the effectiveness of different educational approaches for supporting young people and children with multi-sensory impairment/deafblindness from a commissioned rapid evidence assessment (REA).

Welsh Government. Available at https://gov.wales/sites/default/files/publications/2019-12/191209-support-for-children-and-young-people-with-multi-sensory-impairment-in-educational-settings.pdf

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SENSORY IMPAIRMENT: Current Care and Support Provision

The following support services are available in West Wales:

- Eye Clinic Liaison Officers (ECLOs) are in hospitals and provide support to help link visually impaired patients to the correct services and help navigate the complexity of possible treatments and services.

- Specialist Rehabilitation Officers are located within social care and help to support people who have lost or are losing their sight. Rehabilitation officers can help patients experiencing visual impairment to maintain independence, regain lost skills or build confidence. They can also assist with mobility training, which can help an individual to regain their confidence in going outdoors safely and independently.

- Specialist Services such as mobility and communication equipment and services including braille and lip-reading services where appropriate

The following third sector organisations also offer support:

- Royal National Institute for Deaf People (RNID) is a charity that operates across the UK and works to make life fully inclusive for deaf people and those with hearing loss or tinnitus.

- The Royal National Institute of Blind People (RNIB) is a charity that operates across the UK and works on behalf of more than 111,000 people in Wales living with sight loss.

- Wales Council of the Blind (WCB) is an umbrella agency that represents vision impairment within Wales, and works to campaign, lobby and support the improvement of services for people with sight loss.

- Wales Council for Deaf People (WCDP) are an umbrella association of both voluntary and statutory organisations providing support for people who deaf, deafened, hard of hearing or deafblind in Wales.

- Deafblind UK currently supports people with dual sensory impairment in England, Wales and Northern Ireland.

SENSORY IMPAIRMENT: **Additional Data**

Sight Loss

Sight loss affects people of all ages, but especially the elder population, with one in five people over the age of 75, and one in two people over the age of 90, living with sight loss. Nearly two thirds of people with sight loss are women. Adults with learning disabilities are ten times as likely to be blind or partially sighted than the general population. [2]

The following table provides the figures on the number of people registered as partially sighted or blind in each county.

	Carmarthenshire	**Ceredigion**	**Pembrokeshire**
Number of people registered as partially sighted or blind (2018/19)	987	308	644

Table 7: Number of people registered as partially sighted or blind in local authorities [3]

As can be seen in figure 1.1 below the number of people with visual impairment in the three local authorities is predicted to rise towards 2043. This mirrors the national projections [4].
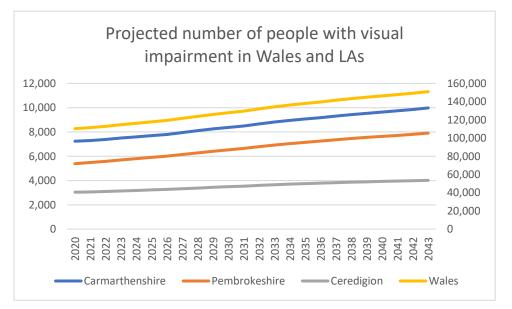

Figure 45: Projected number of people with visual impairment in Wales and Local Authorities, 2020 – 2043

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Carmarthenshire

	2020	2043
0-19	73	71
20-64	1238	1201
65-74	1581	1704
75+	4349	7007
Total	7241	9982

Table 8: Predicted number of people with visual impairment in Carmarthenshire in 2020 and 2043 by age group

Pembrokeshire

	2020	2043
0-19	47	42
20-64	820	767
65-74	1143	1211
75+	3380	5889
Total	5390	7909

Table 9: Predicted number of people with visual impairment in Pembrokeshire in 2020 and 2043 by age group

Ceredigion

	2020	2043
0-19	28	25
20-64	453	382
65-74	642	626
75+	1919	2986
Total	3040	4019

Table 10: Predicted number of people with visual impairment in Ceredigion in 2020 and 2043 by age group

As can be seen in the tables above, it is projected that the increase in overall numbers of visually impaired in the population is solely seen in older people, with little or no projected change in people under 75. This can be explained by the growing population of this age group. Sight loss is also closely linked with certain medical factors, such as diabetes and obesity – both of which are increasing in the UK.

Hearing Loss

As seen in figure 1.2 below, the total number of adults with hearing impairment is projected to increase in all local authorities, and Wales in general from 2020 to 2043. These projected increases are most likely related to the general ageing population, and the fact that hearing impairment is far more common in the older population.
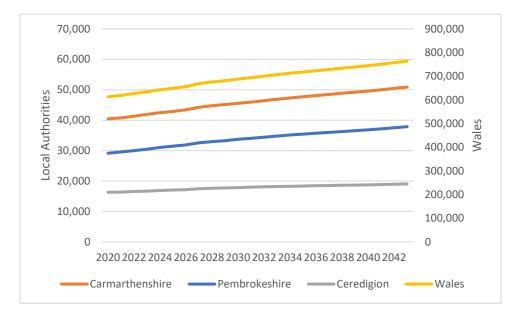
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Figure 46: Projected change in adults 18+ with hearing impairment, in Wales and West Wales Local Authorities 2020 – 2043

Carmarthenshire

	2020	**2043**
18-60	8106	7660
61-80	21666	25598
81+	10666	17623
Total	40438	50882

Table 11: Current and predicted number of adults with hearing impairment in Carmarthenshire by age group

Pembrokeshire

	2020	**2043**
18-60	5320	4845
61-80	15544	18356
81+	8268	14659
Total	29133	37861

Table 12: Current and predicted number of adults in Pembrokeshire with hearing impairment by age group

Ceredigion

	2020	**2043**
18-60	2879	2329
61-80	8730	9338
81+	4684	7371
Total	16293	19039

Table 13: Current and predicted number of adults in Ceredigion with hearing impairment by age group

From the data it is predicted that there will be a marked increase in those with sensory impairment towards 2043. This increase in only observed in the elderly population, with a projected decrease in those with hearing impairment in the 16-60 age bracket across all three local authorities.

Dual Sensory Loss

In the UK today, there are an estimated 394,000 people with some degree of sight and hearing loss, approximately 60% of which are over 70 [5]. As people live longer, it is estimated that incidence of acquired deafblindness will increase, leading to the total number of people living with deafblindness reaching 600,000 by 2030 [5]. In a study carried out by Centre for Disability Research (CeDR) it was estimated that 0.031% of children and young people up to the age of 19 in the UK have co-occurring vision and hearing impairments.

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SUBSTANCE MISUSE: **Current Legislation and Regulations**

Wales is fortunate to have a strong legislative framework in the **Wellbeing of Future Generations (Wales) Act,** the **Social Services and Wellbeing Act** and **the Public Health (Wales) Act** that ensures organisations across health, social care and communities work together to improve the health and wellbeing of the population.

The strong strategic links between the Future Generations Act, the Substance Misuse Strategy for Wales and the Wales Reducing Reoffending framework, Integrated Offender Management and Prolific and Priority Offender strategies has seen criminal justice services in Wales aligned to become increasingly more involved in deliverables for the whole country.

Service providers must demonstrate they will be able to work within the principles of an Integrated Offender Management (IOM) approach, including the proactive sharing of non – clinical information and intelligence with Police, Probation, YOPs, Prisons and other locally identified criminal justice and generic service partners in order to reduce criminal activity by individuals dependent on drugs and/or alcohol.

In April 2018, Welsh Government and Her Majesty's Prison and Probation Service in Wales were commissioned with Youth Justice Board Cymru to develop two new Blueprints for the delivery of justice services in a way that reflects the delivery landscape, in Wales; one to address offending by women and the other for youth justice.

 There has been considerable work undertaken since then to develop Blueprints that include several ambitious and innovative recommendations for women and youth justice services.

- Youth Justice

https://gov.wales/supporting-young-offenders

https://llyw.cymru/cefnogi-troseddwyr-ifanc

- Female Offending

https://gov.wales/supporting-female-offenders

https://llyw.cymru/cefnogi-troseddwyr-benywaidd

The Police and Crime Commissioner, within his Police and Crime Plan 2017-2021, indicated his commitment to tackling substance misuse within his key priorities:

Keeping our communities safe

- Reduce the impact and harm caused to communities through substance misuse by commissioning services to support individuals to become less dependent on substances

Protecting our communities from serious threats

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- Educate young people on the dangers of using substances, including the potential links to organised crime activity that might lead them to a lifestyle of exploitation

- Identify and dismantle the threat posed by OCGs and work with others to disrupt OG activity in particular the trafficking and supply of Class A drugs

A recently commissioned needs assessment for victims and vulnerable people delivered for the Police and Crime Commissioner (PCC), included the following recommendation:

The PCC is recommended to work with Area Planning Boards (APBs) and health boards to develop a single Dyfed-Powys approach.

Key considerations include:

a. Ensuring greater equity and consistency in delivery across the region.

b. Maintaining best practice approaches such as the prison link workers and integration wherever possible into generic substance and alcohol misuse services.

c. Gaining the benefits of scale to achieve greater value for money.

This recommendation aligns with the PCC's intentions that the direction of travel for provision of substance misuse services be considered as a holistic provision not just for residents of Dyfed Powys but across the whole of Wales, ensuring equity of access and consistency of quality support services. To this end, the current contract proposes short-term break clauses to allow strategic developments at a Dyfed Powys and All Wales level in the immediate future.

Providers are expected to implement and develop a service model that takes account of the above and a range of other local strategies and guidance and any successor policies and guidance.

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SUBSTANCE MISUSE: **Current Care and Support Provision**

Prevention: Whole Population and Targeted Interventions

Whole Population Prevention:

There is no locally co-ordinated campaign that addresses whole population prevention. Key messages need to be developed to respond to trends of use emerging for different age groups and showing evidence of harm.

Screening and Brief Interventions in primary care:

The evidence base clearly states that this should be in place across primary care settings for all patients or as a minimum those at risk. There is currently no co-ordinated programme of screening in place within primary care

Treatment and Recovery

Access, treatment models, age appropriateness of treatment:

There is evidence that older (40/50 plus) substance users are reluctant to seek support from traditional services, because of the model of service provision and concerns over stigma at accessing a drug and alcohol service. We need to think differently about what services are offered (not just for this age group), across the health system and in different settings, to avoid this stigma.

Psychology and psychological support for older adults with alcohol dependence issues.

Dual Diagnosis psychology/psychological support:

Gap in provision for those who don't have Serious Mental Illness but suffering from significant other mental health issues as well as issues with drugs, alcohol, and other lifestyle behaviours

Prescribing Capacity:

Rapid access to prescribing is a protective factor against drug related deaths. Same day prescribing models are in place in other parts of the country, longer waits are in place locally with Carmarthenshire having the third highest drug related deaths in Wales. Local model reliant on GP capacity for prescribing

Service User Involvement:

Good local service involvement but little involvement of service users within planning process

Harm Reduction Learning and Implementation:

Review of alcohol deaths as well as drug deaths needed, and we need to establish non-fatal reviews

Housing:

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Fundamental to an individual's ability to recover. Limited options available locally and housing reallocation policies often detrimental to recovery

The West Wales Region's current response to the Welsh Government Delivery Plan 2019-2022 is outlined below:

Welsh Government Delivery Plan 2019-22 Key Aim and Outcome	Local Action
Key Aim 1 Preventing Harm **Outcome 1** People are able to make informed choices in order to prevent and reduce the harm associated with substance misuse	Development of specific campaigns targeted at older populations Cross partnership Prevention Summit to be held in 2019, to explore the approach across the board to Prevention Prevention and Community asset-based development role established to lead on resilience-based model development, community co-production work and model implementation
Key Aim 1 Preventing Harm **Outcome 2** Drug and Alcohol Issues are identified and tackled early	Screening and brief intervention primary care pilot to be implemented, one in each county. The health coach model is an umbrella term used to describe may different interventions that "coach" or actively support people to self-care. It uses behavioural change techniques and has good evidence of impact
Key Aim 2 Support for substance misusers to improve their health and maintain recovery **Outcome 3** The physical health and wellbeing of people with substance misuse issues are improved and related inequalities are minimised	Service Development Manager to be appointed to lead on service user involvement model, co-occurring service developments, case review co-ordination and further develop models of service provision. Housing – Contribution to Supported Housing Dry House project to ensure continuation of service and increase bed capacity. Alcohol Psychologist to be appointed to sit within the hospital Alcohol Liaison Service. Advance Nurse Prescribing model to be developed
Key Aim 2 Support for substance misusers to improve their health and maintain recovery **Outcome 4** People with substance misuse issues have the skills, resilience and opportunities to gain and maintain economic independence and the negative impact of substance misuse on the Welsh economy is minimised	Local work to be scoped out in 2020/21

Key Aim 2 Support for substance misusers to improve their health and maintain recovery **Outcome 5** People with substance misuse issues participate in culturally diverse activities including the arts, sports and recreation	Local work to be scoped out in 2020/21
Key Aim 2 Support for substance misusers to improve their health and maintain recovery **Outcome 6** Everyone affected by drug or alcohol issues are treated with dignity, fairness and respect	Media Strategy to be developed Community Resilience building models to be explored
Key Aim 2 Support for substance misusers to improve their health and maintain recovery **Outcome 7** Everyone affected by drug and alcohol misuse can access timely, evidence based. Safe and effective quality services	New service contracts to include requirement to work out of hours
Key Aim 3 Supporting and protecting families **Outcome 8** Social exclusion as a result of drug and alcohol misuse is minimised	Local work to be scoped out in 2020/21
Key Aim 3 Supporting and protecting families **Outcome 9** The harms of drug and alcohol misuse are reduced for children and families	A cross partnership "prevention summit" to be held in 2019 to explore the approach across the board to "prevention" including community, family and individual resilience building, ACES, County Lines and Safeguarding.
Key Aim 3 Supporting and protecting families **Outcome 10** Outcomes for children and families on the edge of care are improved	Specialist CAMHS Early Intervention Psychologist for Drug and Alcohol Use to be appointed Expansion to Specialist CAMHS Substance Misuse Co-occurring service to ensure targeted and earlier intervention
Key Aim 4 Tackling availability and protecting individuals via enforcement activity **Outcome 11** People are/ feel safer in relation to crime	Work collaboratively with Dyfed Powys Police and Police and Crime Commissioner via the APB to address alcohol and drug related crime, including County Lines
Key Aim 4 Tackling availability and protecting individuals via enforcement activity **Outcome 12** Welsh speakers and their families to receive support through their own language	Local work to be scoped out in 2020/21
Key Aim 5 Partnerships, workforce and Service User Involvement **Outcome 13** Area Planning Boards are fit for the future	Development of more formal cross partnership interfaces between partnership lead officers and Partnership Boards
Key Aim 5 Partnerships, workforce and Service User Involvement **Outcome 14** The drug and alcohol workforce is skilled and informed	Continue to ensure training needs of service staff are considered

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Key Aim 5 Partnerships, workforce and Service User Involvement **Outcome 15** Service user involvement to be embedded into delivery and planning of services	Establish and implement a local Service User involvement framework

Table 14: *West Wales' response to the Welsh Government Delivery Plan 2019-2022*

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SUBSTANCE MISUSE: **Additional Data**

According to Public Health Wales, (2019) 2018 saw the highest recorded drugs related deaths for Wales but 2019 saw significant decreases in both drug poisoning deaths (down 26% on 2018) and drug misuse deaths (down 21% on 2018). Drug related deaths have increased in Hywel Dda over the last few years. There were 17 deaths in 2018, 18 deaths in 2019 and a significant rise in 2020 with 29 drug related deaths.
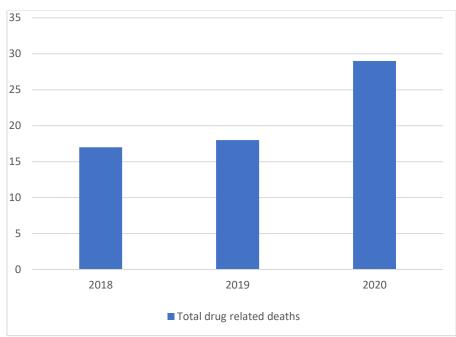

Figure 47: *Number of drug related deaths in Hywel Dda by year (2018-2020)*

The proportion of female deaths has increased since 2018. In 2018, there were a total of 17 drug related deaths, 3 of which were female. This accounts for 17.6% of all deaths. In 2019, there was a slight rise to 4 female deaths of the total 18 deaths, resulting in an increase in proportion to 22.2%. The trend not only continued in 2020 but appears to accelerate as of the total 29 drug related deaths, 10 were female. This accounts for 34.4% of all drug related deaths in 2020, almost double the proportion from 2018.
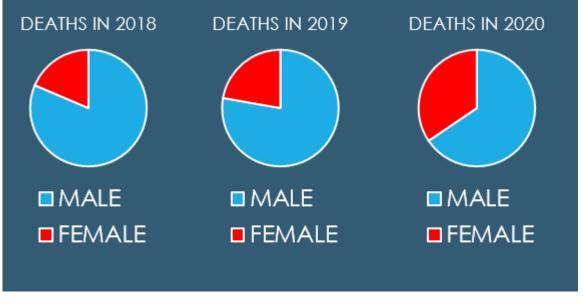
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Figure 48: *Comparison charts to show the changes over time in the gender of drug related deaths in Hywel Dda (2018-2020)*

There is a trend developing with a noticeable increase over the three years of deaths in the 40-49-year-old and over 50-year-old age brackets. Although it is too early to determine if this is a sustained trend, it is clear that this is an issue that requires attention. In 2018 there were 6 deaths in people age 40 to 49 years of age but this has increased to 10 (2019) and 12 (2020), double the proportion from 2018. Although deaths in over 50s are small in number, the proportional jump is dramatic, rising from 1 death in 2018 and 2 in 2019 to 5 in 2020. It is unclear whether these deaths are related to conditions resultant to long term drug misuse or specific acute incidents. The impact of COVID is also unknown. DPP evidence around drugs being accessed via the dark web.
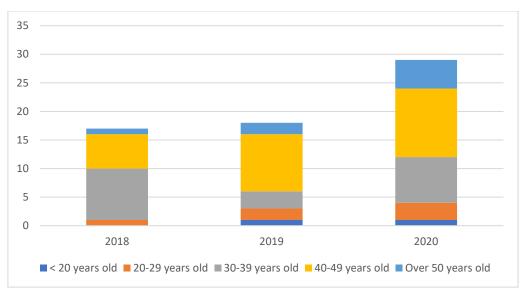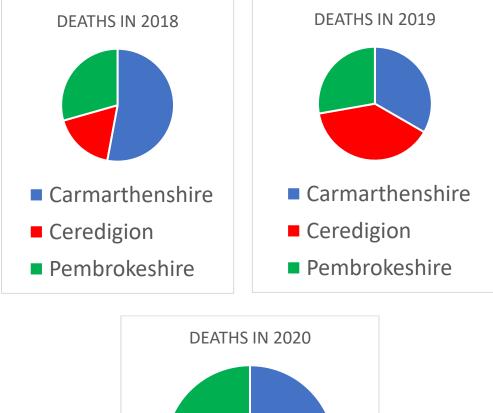

Figure 49: *Age distribution of drug related deaths in Hywel Dda 2018-2020*

In 2018 there were 9 deaths in Carmarthenshire, 3 in Ceredigion and 5 in Pembrokeshire. In 2019, the number of deaths in Carmarthenshire reduced to 6 whilst

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Ceredigion experienced an increase to 7. Pembrokeshire remained static at 5 deaths. However, in 2020 the trend of increasing drug related deaths in evident with 8 in Ceredigion, 10 in Carmarthen and 11 in Pembrokeshire. DPP evidence around drugs being accessed via the dark web.
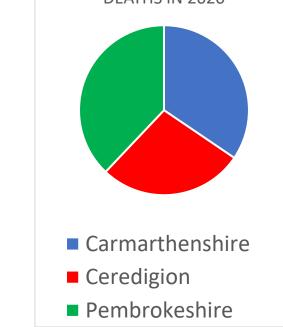

DEATHS IN 2018
- Carmarthenshire
- Ceredigion
- Pembrokeshire

DEATHS IN 2019
- Carmarthenshire
- Ceredigion
- Pembrokeshire

DEATHS IN 2020
- Carmarthenshire
- Ceredigion
- Pembrokeshire

Figure 50: *Geographical spread of drug related deaths in Hywel Dda 2018-2020*

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VAWDASV: Current Legislation and Regulations

As required by the VAWDASV Act, the Welsh Government published its five-year national strategy in 2016. This was followed by publication of its national delivery framework and in 2019, the Welsh Government published national indicators for measuring progress against the Act.[10] The Welsh Government has published a number of guidance documents and national standards to help deliver commitments within its five-year strategy including:

- Whole Education Approach to Violence Against Women, Domestic Abuse and Sexual Violence in Wales Good Practice Guide

- Violence Against Women Domestic Abuse and Sexual Violence – Guidance for Governors

- National Advisers Annual Plan [4]

- Information and guidance on domestic abuse and sexual violence: Safeguarding older people (60+) in Wales

- National Training Framework Statutory Guidance

- Ask and Act Training Guidance

- Local Strategies Statutory Guidance

- Commissioning Violence against Women, Domestic Abuse and Sexual Violence Services Statutory Guidance

National Standards for working with Perpetrators

VAWDASV: **Current Care and Support Provision**

Development of an integrated outcomes framework agreed by all commissioners to ensure consistent, meaningful, and comparative reporting.

- Adopting commissioning models that allow for flexibility and development to meet changing needs rather than prescriptive funding that limits creativity / innovation and results in services that are restricted in the services they can provide.

- Providing stability to the sector in terms of the duration of the contract(s) and funding for the lifetime of the contract for Domestic Abuse, Sexual Violence and Violence against Women services.

- Development of a service model whereby any eligibility criteria associated with accessing service provision is based solely on a need to access rather than a level of risk, complexity, or the availability of services.

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VAWDASV: **Additional Data**

The availability of data specific to is limited. As and when data is available, it will be added to the chapter.

Domestic abuse victim characteristics, England and Wales: year ending March 2021 [9]