
DRIVING REGIONAL COMMISSIONING THROUGH ENHANCED INTELLIGENCE

Report

for West Wales Care Partnership

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May 2019

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CHAPTER 1 – INTRODUCTION, METHODS AND CONTEXT

The Welsh Institute for Health and Social Care (WIHSC), University of South Wales was commissioned by the West Wales Care Partnership to:

Assess and understand the regional variability of care home placement (predominantly older people) across the West Wales Region, in order to inform an enhanced strategic approach to commissioning.

More specifically, the specification had three principal objectives:

1. Build on initial research to describe and evaluate the pattern of care home placements for (predominantly) older people in the context of the health and social care system in each county, within the context of the market, associated provision (including domiciliary care) and assessment/ care management practice
2. Evaluate the significance of the emerging policy context and its implications for with the provision of care home placements in the Region
3. Make recommendations about good regional practice

Key tasks for the project were to:

- Review results of pooled fund dataset
- Undertake work to understand key demographic and service data, as a context to pooled fund reporting
- Analyse care home provision within the context of the wider market, including inter-relationships such as with domiciliary care provision and availability
- Consider the role of available data in the context of relevant Market Position Statements, Population Assessment, Area Plan and Commissioning Plans
- Consider the relevance of the pooled fund data in relation to Delayed Transfers of Care
- Consider and recommend improvements to the dataset indicators
- Consider and make recommendations in relation to expanding the scope of the dataset to include all adult care home placements
- Define and engage key stakeholders to gain their perspective, including: directors, heads of service, commissioners, finance officers and operational staff

These were brought together in a number of ‘general lines of enquiry’ (against which we have written the discussion and conclusions):

- What accounts for the variation of spend on the different placement types -over and above what would be expected on a pro-rata basis? Specifically, reference should be made to all variations in funding streams across health and local authorities.

- Is there evidence of needs being met through what is available as opposed to what is needed? This will involve analysis of differences in practice and attitudes to risk.
- What impact do community equipment provision, domiciliary care and community nursing have on the pattern of placements across the Region?
- What does the data indicate in relation to discharge flows and Delayed Transfers of Care (particularly from the acute sector)?
- What are the main challenges in delivering sustainable services? To what extent is recruiting and retaining a suitably qualified workforce an issue?
- How stable is the care home provider market - in the counties and in the Region as a whole?
- How well placed is the market to provide future care models for those people who have the highest needs linked to their challenging behaviour?
- To what extent can the sector cope with demand for specific placement types?
- How ready is the market to respond to increasing personalisation of care?
- What do we know about likely future demands for public placement arising from self-funders?

This report provides an analysis of the main findings of the study – from the data analysis and the key informant interviews – discusses these findings, draws conclusions and makes recommendations about good regional practice, as required by the specification.

CONTEXT – CARE HOME PLACEMENTS AND POOLED FUNDS

The West Wales Care Partnership (WWCP) spans Hywel Dda University Health Board footprint and the three Local Authority areas coterminous with its footprint i.e., Carmarthenshire, Ceredigion and Pembrokeshire. The Partnership is one of seven multi sector arrangements across Wales which have been established to drive forward the transformation and integration of health and social care services as according to the Social Services and Wellbeing (Wales) Act, 2014. Part 9 of this legislation requires the establishment of a Regional Partnership Board.

The Partnership has developed arrangements for the regional pooling of funds for older people’s care home placements across health and social care. This has included the development of a single Pre-Placement Agreement, aligned policies and consideration of more efficient operational approaches – particularly in relation to brokering placements for individuals. Plans are being developed for further regional integration of commissioning arrangements.

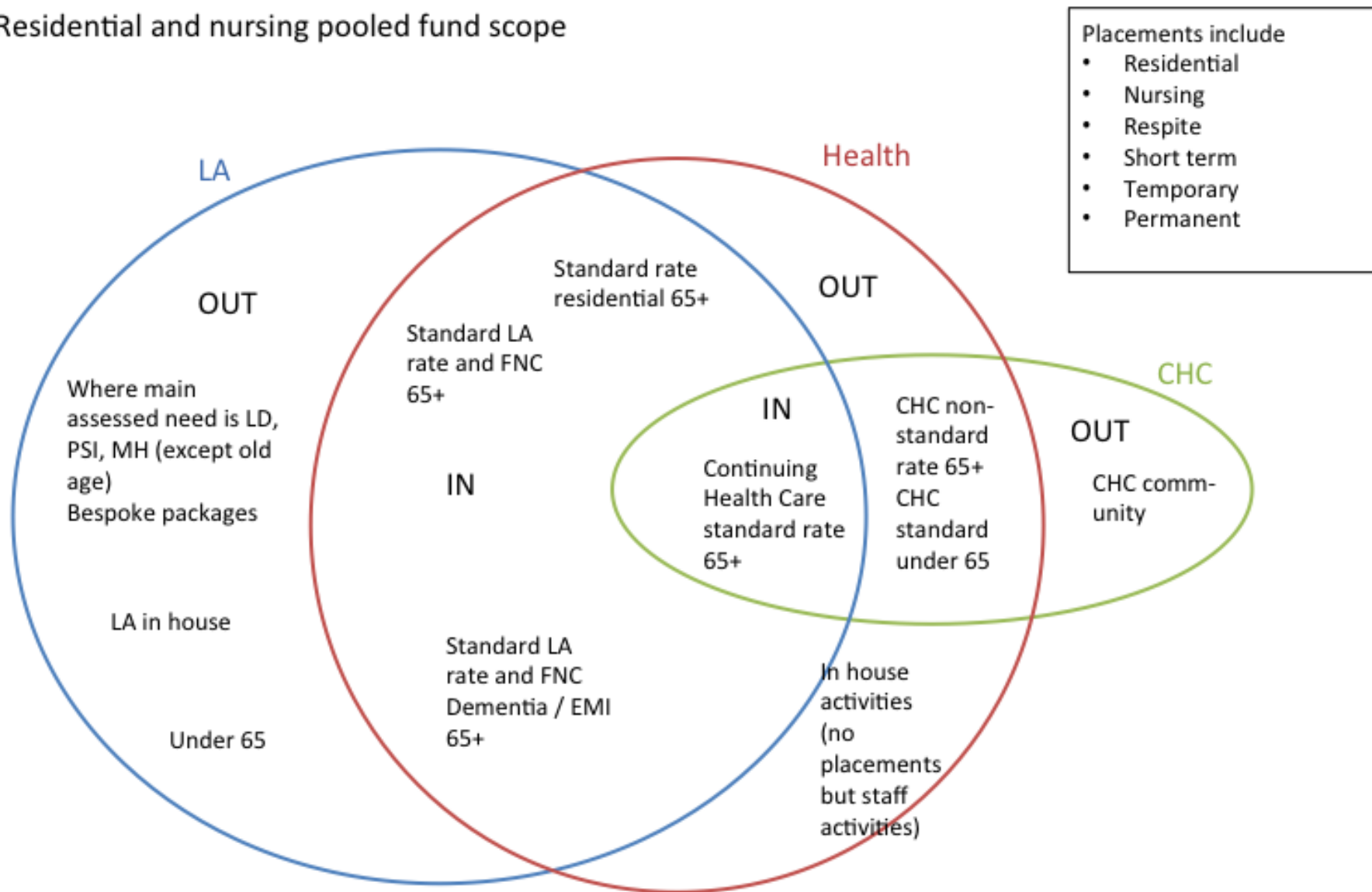
Virtual pooled fund arrangements for older people’s care home accommodation have been established in West Wales. Arrangements to report and monitor the effectiveness of care home commissioning activity are being put in place in advance of a fully pooled fund.

Scope of pooled fund

The pooled fund includes an agreed set of care home placements commissioned by the local authorities and health board in West Wales, whether within or outside the Local Authority area. The scope of what is included and excluded is shown pictorially in Figure 1 (overleaf).

Figure 1 · Scope of pooled fund services

Residential and nursing pooled fund scope



The scope of the services includes externally commissioned nursing and residential placements for older persons including:

- Standard Local Authority Rate and Funded Nursing Care (FNC) Placements);
- Standard Local Authority Rate and Funded Nursing Care (FNC) Placements for Dementia/EMI;
- Standard Rate Residential Placements;
- Standard Rate Continuing NHS Health Care Placements; and
- Standard Rate Residential Placements for Dementia/EMI

Externally commissioned nursing and residential placements for older persons also include, respite, short term, temporary and permanent placements. The financial contribution for such services reflects the cost of the service for each partner excluding service user's assessed charge and excluding Additional Cost Contributions (ACCs). The scope of the services expressly excludes packages of care which have been externally commissioned where the main assessed need is one of the following:

- Learning Disability;
- Physical or Sensory Impairment;
- Mental Health Impairment (apart from where the condition is associated with old age);
- Bespoke packages of care; and
- Placements/services provided directly by the Partners (not commissioned).

In order to understand and assess the provision of care home placements we therefore needed to bring together information from the pooled fund dataset with information on in-house provision and those services which are externally commissioned but not included in the scope of the pooled fund.

METHODS

Two complementary methods were utilised to address the objectives of the study.

Data analysis

This report contains a summary of a desk-top analysis of publically available data and data provided to the study on care home provision in West Wales and the pooled fund arrangement. It links this data and brings it together to describe the current situation as fully as possible. It identified patterns in the data, and a separate and detailed technical report is available. As the pooled fund services only include a proportion of the externally commissioned services (see Figure 1 above) the data needed to be merged with other data sources in order to build a complete picture of care home placements provided in the region (see overleaf). Care is needed when using different sources as there may be differences in time points or definitions. These issues will be considered alongside each key question, where necessary.

Key questions	Public data sources	Regional data
<p>SECTOR PROFILE</p> <p>How many people are in care home placements? What are the characteristics of these people? How does the provision of other services affect this e.g. adaptations, equipment How has this changed over the years? Are there shortages in specific placement types e.g. nursing provision and EMI? Is there over capacity in general residential care? Are needs being met through what is available as opposed to what is needs-led?</p>	<p>Welsh Government Number of people receiving services Pre 2016-17 Welsh Government Performance Management 2 Return</p>	<p>Pooled fund dataset number of placements, number of vacancies, out of area placements Housing LiN</p>
<p>COST</p> <p>What is the cost and variation in cost of care home placements? What is the spend per head?</p>	<p>Welsh Government budget and outturn data Spend per head calculations</p>	<p>Pooled fund dataset</p>
<p>FUTURE NEED</p> <p>What is the future need for care home placements in West Wales? What is the likely future demands for public placement arising from self-funders</p>	<p>Regional Population Needs Assessment Regional Area Plan Population projections and health projections in Daffodil Cymru Welsh Government Adults charged for care and support, self-funders</p>	
<p>AVAILABILITY AND SUSTAINABILITY</p> <p>What is the availability of care home placements in the region, is provision sustainable? How stable is the market? Does lack of availability cause delays of discharge from hospitals? <i>Discharge flows and DTOC</i> What is the situation in relation to discharge flows and Delayed Transfers of Care? Particular from the acute sector?</p>	<p>Care Inspectorate Wales number of care home services , types and location</p> <p>Welsh Government delayed transfer of care performance indicator</p>	<p>Market Position Statement</p> <p>Pooled fund dataset placements made direct from hospital, waiting lists, numbers waiting in hospital</p>
<p>WORKFORCE</p> <p>What does the workforce look like? Are there issues with recruitment and retention?</p>	<p>Welsh Government LA staff working in domiciliary care</p>	<p>Social Care Workforce Development Programme data</p>
<p>QUALITY AND OUTCOMES</p> <p>What is the quality of care home placements and how does it improve outcomes?</p>	<p>National Survey for Wales views on social care services Welsh Government Outcomes based Performance Indicators for social care</p>	<p>WG Performance Management data on outcomes Satisfaction surveys</p>

Further to the data analysis, we engaged a range of key staff across the region to consider, update and future-proof the existing Pooled Fund dataset. Following this process, we have produced a new Virtual Pooled Fund Dataset (nVPFD), which again is available as a stand-alone output from the study.

Interviews with key informants

In addition, our engagement work was designed around a series of group interviews and a larger provider workshop. The interviews took place in January and February 2019. We interviewed a broad range of staff from social services and commissioning in Ceredigion, Pembrokeshire and Carmarthen County Councils and key staff from Hywel Dda University Health Board. The roles ranged from front line staff to Heads of Service and Commissioning leads, a total of 22 people giving a breadth of knowledge about the current process and issues relating to residential and nursing care placements. We focused on the process and issues identified as relevant to residential and nursing placements. Interviews lasted between 2 and 3 hours and took place on site in Llanelli, Carmarthen, Aberaeron and Haverfordwest.

We arranged a workshop where we could meet providers from across West Wales, which took place on 12th February. Staff from the Health Board and Councils were present at the workshop. This was structured in order to secure provider perspectives of the process and issues.

STRUCTURE OF THE REPORT

The report will outline the findings of the study, which will be broken down into the following three sections:

- Data analysis – summary
- Findings from key informant interviews
- Discussion, conclusions and recommendations

As noted above, the Technical Data Analysis Report and recommendations for the nVPFD have been developed as additional outputs.

CHAPTER 2 – DATA ANALYSIS SUMMARY

As mentioned in the previous section, data analysis was undertaken on both the pooled fund dataset and other publically available sources in order to address the key questions and general lines of enquiry in the study.

The table that follows presents a summary of the finding from that exercise¹ and is organised in six sections – it is important to note that there is a difference in the amount of data that was available under each:

- Sector profile
- Cost
- Future need
- Availability and sustainability
- Workforce
- Quality and outcomes

This chapter provides answers from within the data to the general lines of enquiry, as presented below.

The analysis in this chapter is sourced directly from the accompanying Technical Report where sources are included and notes including definitions. Analysis of the pooled fund data only includes placements included in the pooled fund as described in Figure 1. Care must therefore be taken in interpretation of messages taken from the pooled fund as it is a subset of all residential and nursing placements. Collection of the pooled fund and in-house for the purposes of managing the pooled fund is a new exercise for the region. There are therefore likely to be issues around definition and quality of data that will influence interpretation of the analysis, so care must be taken. The recommendations in this report include steps that need to be taken to extend the pooled fund in terms of coverage and quality to improve future analysis and interpretation.

¹ The full details are available in the Technical Data Analysis Report – the Charts and Tables that are mentioned will allow the reader to cross-reference between these answers and the full analysis that is provided therein.

Key questions, and what the data tells us about them

Key questions	What the pooled fund data tells us	What other data tells us
SECTOR PROFILE		
<p>How many people are in care home placements? How are these numbers changing?</p>	<p>Ceredigion provides more residential and nursing placements than Pembrokeshire and Carmarthenshire (Chart 4)</p> <ul style="list-style-type: none"> Placements per 1,000 population EOY 17-18 Ceredigion 62, Pembrokeshire 45, Carmarthenshire 51, West Wales 51 <p>Numbers of care home placements have increased April – Dec 2018 for Pembrokeshire and Carmarthenshire and fallen for Ceredigion. Overall West Wales placements stable.</p> <ul style="list-style-type: none"> Changes in placements WW 2%, Ceredigion -12%, Pembrokeshire 4%, Carmarthenshire 6% <p>Total placements, in-house, commissioned by the LA and commissioned by health placements have all fallen in Ceredigion (Chart 5 – FNC and CHC commissioned directly from the pooled fund).</p>	<p>West Wales LAs provide more residential and nursing services than the rest of Wales</p> <p>Ceredigion provides more residential and nursing services than Pembrokeshire and Carmarthenshire (Table 1)</p> <ul style="list-style-type: none"> Percentage of services that are residential and nursing: Wales 13%, West Wales 19% Ceredigion 25%, Pembrokeshire 16%, Carmarthenshire 19% <p>Over 2006-2016 Ceredigion has moved from a low base of provision of residential placements compared to community-based placements to having higher provision than Wales. Pembrokeshire and Carmarthenshire provision has decreased towards the Wales average (Chart 2)</p> <ul style="list-style-type: none"> Wales 2006-07 25% / 2015-16 21%, Ceredigion 14%/26%, Pembrokeshire 23%/21%, Carmarthenshire 25% / 21%
<p>What are the characteristics of these placements / people?</p> <p>Residential vs nursing placements Nursing CHC vs FNC</p>	<p>Ceredigion provides a higher proportion of nursing care placements (includes CHC and FNC) than the other two local authorities:</p> <ul style="list-style-type: none"> Total commissioned placements by Health and LA % nursing; Ceredigion 49%, Pembrokeshire 39% Carmarthenshire 34% <p>Ceredigion itself also commissions more nursing care placements than residential (Chart 6)</p> <ul style="list-style-type: none"> Total commissioned placements by LA % nursing; Ceredigion 29%, Pembrokeshire 20% Carmarthenshire 13% <p>Of nursing placements, proportion that are FNC are higher in Ceredigion [Ceredigion 66%, Pembrokeshire 51%, Carmarthenshire 59%] (Chart 7)</p>	<p>West Wales provides less care homes with nursing as a proportion of all residential placements than other regions</p> <ul style="list-style-type: none"> West Wales 16%, Wales 32% <p>Ceredigion provides a higher proportion of placements with nursing than the other 2 WW LAs (Chart 1)</p> <ul style="list-style-type: none"> Ceredigion 23%, Pembrokeshire 16%, Carmarthenshire 13% <p>The historic data shows Ceredigion increased its provision of residential with nursing placements, the other LAs and Wales fell. Pembrokeshire fell from a higher start to become more in line with the West Wales value (Chart 3)</p>

Key questions	What the pooled fund data tells us	What other data tells us
<p>What are the characteristics of these placements / people?</p> <p>Residential vs residential EMI placements</p>	<p>Ceredigion does not have any in-house EMI residential placements, but placements commissioned from the pooled fund are more likely to be EMI in Ceredigion (Chart 9)</p> <ul style="list-style-type: none"> West Wales 48%, Ceredigion 74%, Pembrokeshire 44%, Carmarthenshire 44% 	
<p>What are the characteristics of these placements / people?</p> <p>In-house vs commissioned placements and organisations commissioning</p>	<p>Pembrokeshire provides more in-house residential and EMI placements than the other two LAs (Chart 8)</p> <ul style="list-style-type: none"> Proportion of residential provision that is in-house: Ceredigion 29%, Carmarthenshire 28%, Pembrokeshire 33%, West Wales 30% (Query of quality of Pembrokeshire data) 	<p>(Historic data) Welsh Government data for 2016-17 shows Cardiff and Ceredigion are in line with Wales in outsourcing 80% of care home provision. Pembrokeshire has almost no in-house provision, 99% is outsourced (Chart 3.2)</p>
<p>What are the characteristics of these placements / people?</p> <p>Age of residents</p>	<p>Residents in Pembrokeshire are younger than the other 2 LAs (Chart 10)</p> <ul style="list-style-type: none"> Average age in placements: Pembrokeshire are 81/82 (pooled fund / in-house), Ceredigion 86/89, Carmarthenshire 86/88. 	<p>Carmarthenshire's population of people in residential placements is older than the Wales average (Table 2)</p> <ul style="list-style-type: none"> Percentage of people aged 65+ in residential placements: Wales 89%, WW 88%, Carmarthenshire 94%, Ceredigion 84%, Pembrokeshire 80%
<p>How does the provision of other services affect this e.g. adaptations, equipment</p>		<p>In Wales clients receiving residential services 2006-2016 has fallen but it has risen by 3% in Ceredigion (Chart 2)</p> <ul style="list-style-type: none"> Residential/nursing: Wales -14%, West Wales -8%, Ceredigion 3%, Pembrokeshire -5%, Carmarthenshire -14% Home care Wales -12%, West Wales -4%, Ceredigion -15%, Pembrokeshire 5%, Carmarthenshire -6% <p>Reablement, direct payments, supported accommodation, community support day care, equipment and adults placements have all increased greatly in line with the move to support people at home (numbers of services provided).</p> <p>Homecare, day care, meals and adaptations have all decreased (numbers of services). It is not possible to tell from the data how the use of services influences others but it is clear that there has been a drive to support more people in the community (Chart 2)</p>

Key questions	What the pooled fund data tells us	What other data tells us
COST		
Available budget		<p>Council budgets have fallen in real terms by SS budgets have been protected (Table 4).</p> <ul style="list-style-type: none"> Change in real SS budget 2007-2017: Wales 10%, West Wales 12%, Ceredigion 0%, Pembrokeshire 24%, Carmarthenshire 10% <p>Adult SS budgets have remained the same across Wales, but Pembrokeshire has seen a big increase (Table 4)</p> <ul style="list-style-type: none"> Wales -1%, West Wales 12%, Ceredigion -2%, Pembrokeshire 38%, Carmarthenshire -5%
Spend on residential and nursing placements	<p>Value of the pooled fund is £46,64k</p> <p>At December 2018 the pooled fund is expected to be 4% above the baseline. Only Health is predicting an underspend compared to the baseline (Table 5)</p> <ul style="list-style-type: none"> Ceredigion 1%, Pembrokeshire 7%, Carmarthenshire 7%, Health -3%, WW 4%, LAs 6% <p>Cost per placement figures do not take into account of variations in placement across the year but looking at cost per placement and cost per population aged 75+; Ceredigion spend on residential care is much lower, Carmarthenshire higher. Ceredigion spend on residential EMI and nursing is higher. This includes commissioned placements only. (Chart 14)</p> <ul style="list-style-type: none"> Spend per placement per month: West Wales £2,4k, Ceredigion £1.2k Pembrokeshire £3.0k, Carmarthenshire £2.4k Spend per head pop 75+: West Wales £359, Ceredigion £126 Pembrokeshire £423, Carmarthenshire £408 	<p>Amount spent on residential and nursing placements 2017-18 in West Wales £60,6211</p> <p>R&N budgets have increased for Ceredigion and Pembrokeshire over the past 10 years but fallen for Carmarthenshire. This is in line with services increasing in Ceredigion and decreasing in Carmarthenshire but not the decrease in Pembrokeshire services</p> <ul style="list-style-type: none"> Wales -3%, West Wales 5%, Ceredigion 24%, Pembrokeshire 24%, Carmarthenshire -12% <p>Proportion of the adult SS budget that is spent on residential and nursing care is higher for West Wales than Wales as a whole, makes sense as they provide more services (Table 4)</p> <ul style="list-style-type: none"> Wales 34%, West Wales 37%, Ceredigion 42%, Pembrokeshire 38%, Carmarthenshire 34% <p>Pembrokeshire spends more per head of population on residential and nursing services for 65+ than the other two LAs (Chart 11)</p> <ul style="list-style-type: none"> Wales £16.4k, WW £15.9k, Ceredigion £16.9k, Pembrokeshire £17.5k, Carmarthenshire £14.7k

Key questions	What the pooled fund data tells us	What other data tells us
FUTURE NEED		
<p>What is the future need for care home placements in West Wales?</p>	<p>Numbers of placements in Carmarthenshire and Pembrokeshire have increased over last 6 months, fallen for Ceredigion (see sector profile).</p> <p>At December 2018 the pooled fund is expected to be 4% above the baseline. Only Health is predicting an underspend compared to the baseline (Chart 13)</p> <ul style="list-style-type: none"> • Ceredigion 1%, Pembrokeshire 7%, Carmarthenshire 7%, Health -3%, WW 4%, LAs 6% 	<p>The population is ageing and needs are more complex but there is a drive to keep people independent in the community and prevent the need for long term residential care.</p> <ul style="list-style-type: none"> • Recommendation to reduce the reliance on residential and nursing care in favour of lower level, preventative and wellbeing services • The population of West Wales is older than the rest of Wales and predicted to age considerably. • Age comes with increased frailty and dementia – increased discharges from hospital to residential care • Accelerating factors in West Wales: pockets of deprivation, rurality, higher Winter deaths <p>(West Wales Regional Population Needs Assessment)</p> <p>In line with the SSWBA West Wales aims to improve prevention and to keep people well and independent within their communities and prevent the need for long term residential care (West Wales Regional Area Plan)</p> <p>If rate of provision of residential services remains as-is there will be a large increase in need for residential care for older people as there will be more older people (Table 6, Daffodil Cymru).</p>

Key questions	What the pooled fund data tells us	What other data tells us
<p>What is the future need for different types of accommodation for older people and how will this affect the need for residential services?</p>	<p>No information in the pooled fund</p>	<p>Need for residential care is likely to reduce, need for nursing care is likely to increase:</p> <ul style="list-style-type: none"> • There has been significant under development of housing with care for both rent and for sale in West Wales. • There has tended to be an historic over reliance on the use of residential care. Changing preferences amongst older people for avoiding as far as possible a move to residential care and by local authority adult social care departments for reducing use of residential care beds. • Growing need for nursing care beds is being driven by a growing 'older, older', population, more people living with complex health and social care needs and people moving to a nursing care home at the end stage of life. <p><i>Housing LIN</i></p> <p>(Table 7) The Housing LIN study estimates that all 3 West Wales local authorities will need to increase their provision of nursing care beds, there is not a prediction for a huge increase in need for residential care without nursing apart from in Pembrokeshire</p> <p>Net need by 2035 (Residential / Nursing placements) (Table 8)</p> <p style="padding-left: 40px;">Ceredigion 66 / 251 Pembrokeshire 199 / 443 Carmarthenshire 64 / 698</p>

Key questions	What the pooled fund data tells us	What other data tells us
<p>What is the likely future demands for public placement arising from self-funders</p>		<p>People over 65 are more likely to be charged for care home placements than other social care services</p> <ul style="list-style-type: none"> 65+ % charged for services: Wales, care homes without nursing 89%, with nursing 84% (there is no LA data available and LA figures will vary from the Wales average) <p>About the same % of people 65+ are charged for residential services in West Wales as the whole of Wales but overall more services are charged for in West Wales.</p> <ul style="list-style-type: none"> % total services charged for Wales 44%, WW 64%, Ceredigion 68%, Pembrokeshire 40%, Carmarthenshire 81% % people charged Wales 58%, WW 76%, Ceredigion 86%, Pembrokeshire 71%, Carmarthenshire 76% <p>More people 65+ are charged for services in Ceredigion and Carmarthenshire than across Wales and other WW LAs (true for all services). Pembrokeshire charges for less services than Wales (Chart 15)</p>

Key questions	What the pooled fund data tells us	What other data tells us
AVAILABILITY AND SUSTAINABILITY		
<p>What is the availability of care home placements in the region?</p>	<p>M 4.15 Vacancies There are very few vacancies in Ceredigion commissioned and in-house placements (0-6 only) Carmarthenshire has more vacancies in the pooled fund (70-100) but the population is larger. There is no information on vacancies in Carmarthenshire in-house provision or Pembrokeshire. Carmarthenshire has a higher percentage of vacancies (Chart 17)</p> <ul style="list-style-type: none"> Dec 18: Carmarthenshire 14%, Ceredigion 5% <p>M4.8 Out of region placements Ceredigion has a higher proportion of out of county placements than Carmarthenshire or Pembrokeshire. It has also increased over the past 6 months by around 10 percentage points for residential and nursing placements in Ceredigion. Pembrokeshire has very few out of county placements (Chart 16)</p> <ul style="list-style-type: none"> Dec 18: Ceredigion 33%, Pembrokeshire 7%, Carmarthenshire 9% <p>4.14 Waiting list No data</p>	<p>Care Inspectorate Wales publishes statistical information on settings and places but only totals for all service types by LA. CIW's service directory shows that there are fewer care homes per head of populations in Ceredigion than Carmarthenshire and Pembrokeshire (this does not take into account size of home). Yet Ceredigion provides more residential and nursing placements than the other 2 LAs? (Table 9)</p> <ul style="list-style-type: none"> Care homes per 10,000 75+ nursing / personal care: Ceredigion 5 / 10, Pembrokeshire 8 / 23, Carmarthenshire 7 / 25 <p>Workforce data below suggests high percentages of staff leaving residential services in Carmarthenshire and Pembrokeshire. Fewer are leaving Ceredigion.</p>

Key questions	What the pooled fund data tells us	What other data tells us
<p>What is the situation in relation to discharge flows and Delayed Transfers of Care? Particular from the acute sector?</p>	<p>4.9 Placements made direct from hospital Very little information provided for measure 4.9 placements made direct form hospital. It could be used with 4.6 admissions to provide a rate of admissions direct from hospital if the data was more complete (Table 10)</p>	<p>Delayed transfers of care seem to be increasing 2011-2018 Pembrokeshire and Carmarthenshire but decreasing for Ceredigion. However, small numbers for local authorities mean the data is volatile. Delayed transfers of care for Wales are decreasing.</p> <p>All 3 West Wales LAs have a lower rate of delayed transfers of care than Wales as a whole (Chart 19)</p> <p>DTOCs for community care reasons have increased for West Wales, but steeply n the last two years (careful as small numbers), there has been a decrease for Wales</p> <ul style="list-style-type: none"> Wales -8%, West Wales 188%, Ceredigion 164%, Pembrokeshire 455%, Carmarthenshire 115% <p>DTOCs for Health care reasons have decreased for Wales, there has been a large increase in Carmarthenshire (Chart 20)</p> <ul style="list-style-type: none"> Wales -40%, West Wales, 59%, Ceredigion -56%, Pembrokeshire -15%, Carmarthenshire 431%
<p>Is provision sustainable? How stable is the market?</p>	<p>4.17 Embargos Very little information provided in embargos, numbers are small</p>	

Key questions	What the pooled fund data tells us	What other data tells us
WORKFORCE		
<p>What does the workforce look like? Are there issues with recruitment and retention?</p>	<p>No data in pooled fund about staff</p>	<p>Workforce data is available from the Welsh Government, Regulated services workforce data has been provided from the SCWWDP programme.</p> <p>LA services</p> <p>The fall in numbers of LA staff is probably due to increased outsourcing of LA services. Regulated service data (includes commissioned and internal) is only available for 2017 so overall changes in staff cannot be seen.</p> <p>Numbers of local authority staff working in residential care for elderly and elderly mentally infirm (EMI) have fallen across the whole of Wales. They have fallen more in West Wales than Wales as a whole. Total staff in residential services have also fallen.</p> <ul style="list-style-type: none"> Wales -41%, West Wales -49% <p>Numbers of LA staff in elderly and EMI have fallen more in Pembrokeshire than other West Wales LAs (Chart 21)</p> <ul style="list-style-type: none"> Ceredigion -38%, Pembrokeshire -80%, Carmarthenshire -37% <p>Data for Pembrokeshire does not tie in with historic data on service provision 2006-2016 from the PM2 which says there was no in-house provision in Pembrokeshire (Chart 3).</p> <p>Ceredigion and Carmarthenshire have more LA residential elderly and EMI staff per head than all other regions except Cwm Taf. But they provide the same amount of services in-house as the Wales average (Chart 22).</p>

Key questions	What the pooled fund data tells us	What other data tells us
		<p>All LA regulated services (SCDWWP) Note: Take care with interpretation, data new, quality issues and low returns from WW. Also missing data for internal (LA) services for Carmarthenshire. (Table 11)</p> <p>Staff numbers and setting type for staff</p> <ul style="list-style-type: none"> • There are 11,000 staff working in LA regulated settings across Wales Half of these are residential staff, 20% domiciliary care, 9% day and other services. • There are 52,500 staff working in externally commissioned services: 52% residential, 24% domiciliary, 12% day and other • There are 4,700 staff working in residential services in West Wales, Ceredigion 300, Pembrokeshire 1,000, Carmarthenshire 1,200 (Table 12). Of the 4,700 working in residential services the majority work in commissioned settings. This figure is an under estimate as Carmarthenshire internal data is not included in the analysis. • Residential and domiciliary services cover 75% of all services in Wales. The split between residential and domiciliary is around 70:30 but lower residential for West Wales and especially Ceredigion. (Chart 23). <p>Setting characteristics</p> <ul style="list-style-type: none"> • Most residential settings in West Wales are small Wales internal settings have 69% with less than 50 staff. Ceredigion has more small residential settings, Carmarthenshire has less small residential settings % residential settings with <50 staff: WW 80%, Ceredigion 89%, Pembrokeshire 83%, Carmarthenshire 74% (Chart 24)

Key questions	What the pooled fund data tells us	What other data tells us
		<p>Staff roles, qualifications, hours and contracts</p> <ul style="list-style-type: none"> • Ceredigion have a higher proportion of care workers / assistants / officers working and registered nursing staff working in residential services than the other WW LAs. It has proportionately less other staff. % care workers: WW 53%, Ceredigion 56%, Pembrokeshire 54%, Carmarthenshire 52% (Chart 25) • Internal La staff are more qualified than external staff. (Chart 26). It is difficult to make any further judgement on internal staff as numbers are small. • For commissioned services, in Ceredigion fewer residential managers / deputy managers and care workers have the required or recommended qualifications. Senior care workers and other staff are more qualified in Ceredigion. % external residential managers with quals: Ceredigion 83%, Pembrokeshire 97%, Carmarthenshire 100% % residential deputy managers with quals: Wales 66%, Ceredigion 60%, Pembrokeshire 92%, Carmarthenshire 92% % external residential care workers with quals: Ceredigion 45%, Pembrokeshire 69%, Carmarthenshire 76% (Chart 26) • Residential services staff are more likely to have a permanent contract than other type (temporary, voluntary, bank, casual, zero hours). • LA data is based on smaller numbers but the percentage of non-permanent staff is higher than for external services. % permanent internal Wales 79%, external Wales 82% (Chart 27.2). • All the non-permanent contracts for LA residential staff are casual zero or non-guaranteed hours. • For external residential staff West Wales has more permanent staff than the rest of Wales. Carmarthenshire

Key questions	What the pooled fund data tells us	What other data tells us
		<p>has fewer permanent staff than the other WW LAs. % permanent: WW 95%, Ceredigion 94%, Pembrokeshire 96%, Carmarthenshire 89% (Chart 27.3)</p> <p>Recruitment and retention</p> <ul style="list-style-type: none"> • Staff leaving roles is a bigger problem for domiciliary care than residential care for external services (Chart 28). Numbers are small for internal services; the data shows no domiciliary care staff left internal services. • A lower percentage of staff left roles in Ceredigion than the other 2 LAs. % leaving residential: Ceredigion 12%, Pembrokeshire 22%, Carmarthenshire 22% (Chart 28.2) % leaving domiciliary: Ceredigion 13%, Pembrokeshire 37%, Carmarthenshire 33% (Chart 28.2) • The role with a high % of leavers in West Wales is the care worker role. % Care workers leaving: Ceredigion 18%, Pembrokeshire 28%, Carmarthenshire 26%. (Chart 29) • More external staff in Mid and West Wales (Powys, Ceredigion, Carmarthenshire, Pembrokeshire) left the sector compared to other regions in Wales. (Chart 30.1) • Similarly for internal staff more staff left the sector in Ceredigion and Pembrokeshire than the Wales average. (Chart 30.2) • Vacancies information is only available for domiciliary and residential staff together. Ceredigion has a lower vacancy rate than the other West Wales LAs % Vacancy rate: WW 4%, Ceredigion 4%, Carmarthenshire 7%, Pembrokeshire 7% (Chart 31)

Key questions	What the pooled fund data tells us	What other data tells us
		<p>Staff characteristics</p> <ul style="list-style-type: none"> West Wales has more male staff than Wales, mainly due to Carmarthenshire and Pembrokeshire having more male staff % male for domiciliary and residential staff: Wales 88%, WW 86%, Ceredigion 88%, Pembrokeshire 86%, Carmarthenshire 85% (Chart 32) Carmarthenshire has more younger residential staff than the other 2 WW LAs % residential staff under 30 WW 23%, Ceredigion 21%, Pembrokeshire 24%, Carmarthenshire 28% (Chart 33.1) Percentage of older staff (over 50) is lower in Carmarthenshire % residential staff 51+: WW 36%, Ceredigion 37%, Pembrokeshire 35%, Carmarthenshire 27% (Chart 33.1) Proportion of staff who are white is higher in West Wales than the rest of Wales and lower in Carmarthenshire than the other 2 West Wales LAs (residential and domiciliary staff together, these can't be disaggregated) % white: Wales 79% (internal only), WW 88%, Ceredigion 91%, Pembrokeshire 91%, Carmarthenshire 85% (Chart 34) More staff in Ceredigion can communicate effectively in Welsh than the other Wales average. Fewer staff in Pembrokeshire can communicate in Welsh than the Wales average (residential and domiciliary staff together, these can't be disaggregated). % communicate effectively in Welsh: Wales 16% (internal only), Ceredigion 33%, Pembrokeshire 13%, Carmarthenshire 26% (Chart 35)

Key questions	What the pooled fund data tells us	What other data tells us
QUALITY AND OUTCOMES		
What is the quality of care home placements and how does it improve outcomes?	No information on quality on the pooled fund, other than from embargoes.	There aren't any specific Welsh Government indicators relating to residential care provision, quality, satisfaction or outcomes

CHAPTER 3 – FINDINGS FROM KEY INFORMANT INTERVIEWS

The qualitative interviews (as described in the method section above) were designed to enable professional staff to reflect on working practices in relation to making care home placements and identify issues which affected their ability to place people in homes which best met their needs. This process enhanced the findings from the data analysis process by providing a deeper understanding of the issues underpinning the apparent variation in placement patterns. The general lines of enquiry listed in the project specification provided a framework for the interviews, and this section provides a summary of what was said.

APPROACHES TO PLACEMENT

In West Wales, the factors influencing placement are the individual's choice, family choice, proximity to the individual's own home and family networks and availability of an appropriate place in the home of choice. All authorities identified the use of the "what matters?" conversation and sought to make decisions based on need and for positive well-being outcomes. Each authority follows a choice policy and a similar process of assessment and placement and whilst processes are not identical, it is evident that staff are making every effort to work to fundamentally sound principles and practice. Therefore, any cultural differences of approach are related more to local pressures and constraints rather than any desire not to comply the regional operational policy for care home placements. Those people interviewed displayed a strong commitment to find the right placement for people and were open minded about seeking alternative solutions to the problems they faced. They acknowledged the potential advantages of a regional approach in appropriate cases.

Differences in approach can be illustrated in a positive and negative sense in that one local authority gave an example of introducing a brokerage system which was said to be having a positive impact on enabling people and their families to find a suitable care home. This has been welcomed by providers. On the other hand, in one area the limited scope of the reablement service was identified as influencing earlier entry to residential or nursing care than ideally would be the case.

Staff identified a number of factors affecting care home placements and measures taken to mitigate problems. Geography and capacity are key influencers in Ceredigion with their numbers of out of county placements. The Ceredigion in-house service is used to alleviate pressures and provides a significant number of placements (120 beds), and is also used for respite care as private providers face challenges in holding back numbers of beds for respite when for business purposes it is critical for them to have their homes working at optimum capacity. Rurality, public transport, and lack of family networks also impacted on whether and where a person goes into a care home. The impact of underperforming and embargoed homes is a current challenge and places additional pressures on an already challenging market.

Local authority staff identified the impact that the availability of alternative services has on the ability to make an appropriate care home placement, given historically low unemployment rates

and rising demand for social care services across the region and Wales. For example, Pembrokeshire in particular highlighted the challenge of providing domiciliary care when the tourism market was buoyant and people were able to find alternative, better paid and less demanding employment outside the domiciliary and residential care environment. Some people commented on reducing numbers of EU nationals working within the sector. There appears to be a limited amount of availability of respite care in each authority which has an impact on the support given to carers.

Temporary arrangements are made using available beds, and in one authority it was stated that where needed they would send in extra resources to the care home to meet needs if required. Different terms were used to describe “temporary”, such as interim and short-term, and all authorities experienced people in temporary placements. The differences are possibly best explained by the reason for the placement being made, i.e. whether they are part of a strategy to have short-term planned placements or a response to the unavailability of alternative services or a permanent placement where they were said to offer authorities a necessary level of flexibility on the path to achieving permanency. In some cases, people would remain in a care home rather than return to their own home possibly because independence/ capacity was lost or that they found that they preferred living in a care home. It was acknowledged that staying inappropriately in a temporary placement could have a detrimental effect on people’s well-being.

WORKING ACROSS HEALTH AND SOCIAL CARE

The health board has designed a single pathway for Continuing Health Care (CHC) and Funded Nursing Care (FNC), and have streamlined arrangements through a single CHC panel which will have a positive developing impact over time. However, this was not perceived to be the case universally, especially amongst local authority staff so there is some further communication to be done to embed this understanding.

In discussing people placed in care homes on being discharged from hospital, concerns were highlighted by local authority staff about the discharge process. They considered that when people are being assessed in hospital, it gives a one dimensional view of the individual. Information is needed from multiple sources, including the family, to build up the full picture of the person’s abilities and needs.

In examining the availability and sustainability of appropriate placements recruitment and retention of provider staff was highlighted as a critical issue, as was the ability to identify and deliver EMI nursing care. Providers claim that nurses moved to the NHS or agency working which could offer better terms and conditions and that the role of nursing in care homes is very different from that in a hospital with high levels of responsibility and pressures on staffing. As needs have increased and people have more complex needs, it is not always possible to have the maximum numbers registered in a home as it may be insufficiently staffed to meet needs if every individual has complex needs. Although there is no documentary evidence to support arguments about comparative complexity of task, providers suggested that nursing in a care home required a higher level of competence given the fact that they could be the lone nurse with a high level of responsibility.

Other issues identified were the capacity of social workers and health staff to attend multi-disciplinary assessments and in Pembrokeshire there is 40 per cent occupancy in registered nursing beds, the remaining residents having a lower level of needs although this trend appears to be reducing. This should be explored further but is outside the scope of this project. It is suggested that the thresholds between what would once have been residential and nursing care has become blurred and this can be interpreted negatively from a provider perspective because of the additional pressures it places on staff but positively by commissioners in that it increases their flexibility in making placements.

COSTS

In exploring costs and charging, there is a variable fee structure across West Wales some of which may relate to supply and demand factors in the market. Top ups are paid in all local authorities, but Ceredigion says the choice policy itself is causing a higher number of top ups due to capacity and geography limiting people's ability to have their first choice. We explored the issue of self funders and they were identified as having a significant impact on the commissioning of places; however, a manual review of data held would be needed to fully understand this impact.

Planned ongoing changes in the amount of capital an individual could have before being liable to meet the costs of their own care were impacting on the number of self-funders and therefore costs to commissioners. The threshold has risen from £24,000 to £50,000 bringing in significant numbers of people now eligible for state funded care. Again we are not aware that data is available without a manual review.

FUTURE NEED

In considering future need, all parties identified an increasing need for placements for people with nursing and or EMI needs, at a time when suitable placements are challenging to source. In Ceredigion, for example, it was reported that there are only seven EMI nursing beds available and cross border facilities are used to ensure people are not kept waiting for a placement. The demographic indicates growing need and with the ageing population comes increasing levels of complexity and a need to support more people with cognitive impairments such as dementia. Increasingly, younger people are coming into residential care, however, the current data on pooled budgets does not seek this information.² This was particularly noted by health board colleagues who pointed out that the majority of their caseload is outside the current pooled budget data set.

In considering the staffing arrangements we noted that there are no integrated roles at a senior level in respect of commissioning residential and nursing care. Social workers have caseloads which are more complex and demanding than in past years due to higher levels of need. Providers speak of increasing complexity and the challenge of recruitment and retention, and of losing staff to the

² This potentially has a connection with Table 2 in the Technical Report, but it is not possible to be definitive about any relationships given the relatively short time series.

NHS or agencies. The demographic indicates that the challenge is likely to increase with additional numbers of older people with increasingly complex needs.

CHAPTER 4 – DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Throughout the study we have attempted to examine the ten general lines of enquiry outlined in the tender specification. We were mindful that these were not necessarily issues requiring definitive conclusions but aids to the overall objective of assessing and understanding the regional variability of care home placement (predominantly older people) across West Wales, in order to inform an enhanced strategic approach to commissioning. In some cases, we have been able to draw some meaningful conclusions whereas others require longer in-depth research to fully comprehend the relevant issues.

We therefore offer below what is best described as a discussion based on the lines of enquiry. In each case we have reflected on the issues we identified and located their relevance to the specific question. This means that there is a degree of repetition, and in some cases brevity, in the comments made as many issues overlap. The discussion should be read, therefore, as an inter-connected piece in conjunction with the detailed data that has emerged from the study, and we have integrated the relevant data in this section. As before the Table and Chart numbers have been preserved to allow cross-referencing with the Technical Report.

DISCUSSION – GENERAL LINES OF ENQUIRY

In this section we describe some of the key issues which emerged from our research in respect of the general lines of enquiry we were asked to pursue. We have highlighted a number of these in **bold print**. In some cases the implications of our findings are not obvious and require further investigation and are not, therefore, discussed in any detail. This is supported by some of the comments we received from stakeholders on the initial draft of this report which indicated potentially different interpretations. The report provides stakeholders with an opportunity to have further conversations about these matters.

1. What accounts for the variation of spend on the different placement types - over and above what would be expected on a pro-rata basis?

We identified that the factors influencing where a person is placed are the individual's choice, family choice, proximity to people's own homes and family networks, and availability. In summary, this could be described as a blend of "proximity and appropriateness" and staff work hard to deliver solutions based on these fundamentally sound principles. However, **numerous factors intervene to prevent the final outcome from always being consistent with these aims. Unsurprisingly, of particular relevance are the availability of suitable care home places and the range and supply of alternative services that prevent the need for a care home placement arising.** These services are referred to later in this section.

All counties identified the use of the "what matters?" conversation with decisions being made on assessment of need and for positive well being outcomes. However, they also stated that

temporary arrangements are made using available beds, and in one authority it was stated that where needed extra resources would be deployed to meet needs.

In examining the profile of the sector we identified that **there is variation of provision and financial profiles across the region which contribute to variations in spend**. Examples are provided below:

- Ceredigion provides more residential and nursing services, makes more nursing home placements, has more in-house residential placements and commissions more EMI residential placements
 - Pooled fund placements per 1,000 population EOY 17-18 Ceredigion 62, Pembrokeshire 40, Carmarthenshire 45, West Wales 47 (Chart 4 – source: Pooled fund dataset)
 - Percentage of social services that are residential and nursing: Wales 13%, West Wales 19% Ceredigion 25%, Pembrokeshire 16%, Carmarthenshire 19% (Table 1 – source: WG Adults receiving services 2017-18)
 - Total commissioned pooled fund placements by Health and LA % nursing; Ceredigion 40%, Pembrokeshire 35% Carmarthenshire 32% (Chart 6 – source: Pooled fund dataset)
 - Proportion of care homes with nursing of all care home placements: Ceredigion 23%, Pembrokeshire 16%, Carmarthenshire 13%, Wales 32% (Chart 1 – source: WG Adults receiving services 2017-18)
- People in care homes in Carmarthen are older than the region as a whole and younger in Pembrokeshire.
 - Average age in placements: Pembrokeshire are 84/85 (pooled fund / in-house), Ceredigion 86/89, Carmarthenshire 86/88 (Chart 10 – source: Pooled fund dataset and in-house dataset)
 - Percentage of people aged 65+ in residential placements: Wales 89%, WW 88%, Carmarthenshire 94%, Ceredigion 84%, Pembrokeshire 80% (Table 2 – source: WG Adults receiving services 2017-18)
- The number of people receiving residential services between 2006-2016 has generally fallen across the region, but increased in Ceredigion whilst people receiving home care services over the same period has generally fallen, but increased in Pembrokeshire.³
 - Change in residential/nursing 2006-16: Wales -14%, West Wales -8%, Ceredigion +3%, Pembrokeshire -5%, Carmarthenshire -14%
 - Change in home care services 2006-16: Wales -12%, West Wales -4%, Ceredigion -15%, Pembrokeshire 5%, Carmarthenshire -6% (Chart 2 – source: Welsh Government Performance Management 2)

³ On this point, there is no further information than this available within the pooled fund dataset.

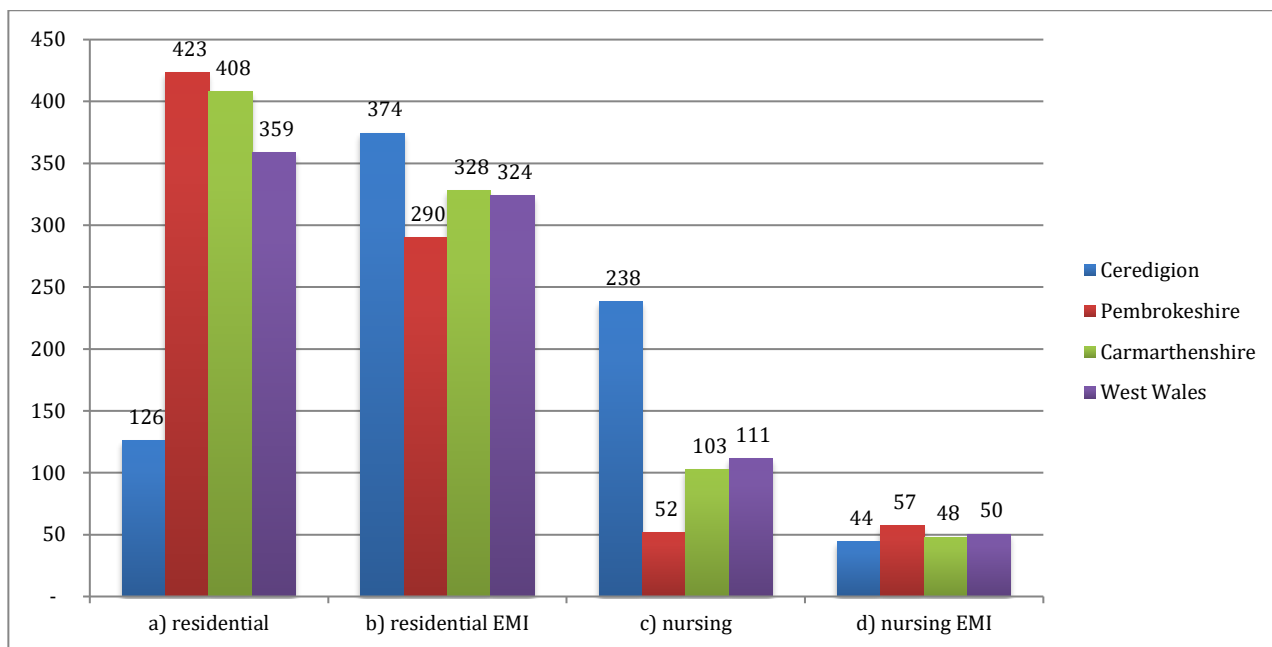
- Reablement, direct payments, supported accommodation, community support day care, equipment and adults placements have all increased greatly in line with the move to support people at home whilst homecare, day care, meals and adaptations have all decreased.
- The amount spent on Adults Social Services has increased significantly in Pembrokeshire as has the residential/nursing spend there and in Ceredigion but has decreased in Carmarthenshire
 - Change in real adult SS budget 2007-17: Wales -1%, West Wales 12%, Ceredigion -2%, Pembrokeshire 38%,⁴ Carmarthenshire -5%
 - Change in real spend on residential and nursing services 2007-17: Wales -3%, West Wales 5%, Ceredigion 24%, Pembrokeshire 24%, Carmarthenshire -12% (Table 4 - Source: Welsh Government Revenue Outturn)
- The percentage of adult social services budget spent on residential and nursing care is higher in Ceredigion than the other authorities and the Wales average,⁵ whilst the spend per head on residential and nursing is higher in Pembrokeshire
 - Percentage of adult SS budget spent on residential and nursing care: Wales 34%, West Wales 37%, Ceredigion 42%, Pembrokeshire 38%, Carmarthenshire 34% (Table 4)
 - Spend per head on residential and nursing services for 65+: Wales £16.4k, WW £15.9k, Ceredigion £16.9k, Pembrokeshire £17.5k, Carmarthenshire £14.7 (Chart 11 – source: Welsh Government Revenue Out-turn)
- Within the pooled fund, the spend per placement/head is lower in Ceredigion for residential and residential EMI and higher for nursing and nursing EMI (see the Chart below)
- More people are charged for part or all of their residential/nursing care in Ceredigion and Carmarthenshire whilst people are more likely to pay a flat rate charge than maximum weekly charge in Pembrokeshire (all people, all services)
 - Percentage of adults care homes without nursing services charged for: Wales 88%, West Wales 89%, Ceredigion 97%, Pembrokeshire 74%, Carmarthenshire 94% (Chart 15 - source: Welsh Government Adults receiving services 2017-18)
 - Percentage of adults care homes with nursing services charged for: Wales 84%, West Wales 83%, Ceredigion 98%, Pembrokeshire 56%, Carmarthenshire 91% (Chart 15 - source: Welsh Government Adults receiving services 2017-18)

⁴ This figure is not in line with those for the region and Wales, but is influenced significantly but the new model of nursing and residential care for older people, which was implemented after the findings of the Judicial Review. This resulted in significant year on year increases, averaging 4% increase in fees per annum, which led to a position that Pembrokeshire had significantly higher costs than for the other two authorities in the region.

⁵ This figure includes social services spend – it does not include third sector spend for example. Data in the Technical Report is in real terms (adjusted for inflation).

Geography and lack of capacity are key influencers in Ceredigion, affecting the numbers of out of county placements whilst the amount of in house service is significant. This does not imply that placements out of county are inappropriate. **There is a choice policy in each county with differential impacts.**

Spend per head of population aged 75+



Source: WWCP Pooled fund data

Where **there is a lack of domiciliary care capacity**, a problem identified as a particular pressure in Pembrokeshire, **people are sometimes entering residential care homes pending domiciliary care arrangements and going into temporary placements** pending their home of choice due to lack of availability of their chosen residential/ nursing care placement. It was noted that some people’s health and well-being deteriorate when placed in residential care pending domiciliary care arrangements and end up in residential or nursing care. Different terminology is used in respect of temporary placements and moving forward it is important to bring clarification about what constitutes a temporary placement as opposed to a short-term or interim placement and equally importantly which placements are strategically planned and which are a response to a crisis or emergency because of the absence of more appropriate solutions.

Supporting carers effectively impacts demand for residential care. We identified a limited amount of respite care being commissioned across the three authorities and in one county a suggestion that the reablement service is more maintenance than reablement which may also impact on people going earlier into residential care. The regional review currently being undertaken is an opportunity to address how stronger support for carers can make a difference. The brokerage system in Carmarthen supports service users and families and has received positive feedback from providers and it has the potential for wider benefits across the region.

Local authorities reported differences in the rates of people getting funded nursing care across the region which needs further investigation given the health board operates a single panel for CHC assessments and a long term care pathway which will have a developing positive impact over time. **Providers suggest that the threshold for nursing care is now much higher than in previous years. The availability of placements is affected by a number of underperforming homes** where embargos on admissions are in place in homes under the escalating concerns protocol.

There is a variable fee structure across the region and top-ups are paid in all counties. Providers claim that the costs of providing care are increasing but that fees do not reflect this, a subject which could be addressed as part of the regular fee review process. In Ceredigion meeting the choice policy itself can lead to increased costs to the local authority due to capacity and geography affecting people's ability to have their first choice. It was claimed that there are financial incentives to keep people in their own home, in some cases around inheritance. The issue for local authorities is often in these circumstances the cost of the care exceeds a cost of a placement and secondly the person receiving the care pays a lower fee to the commissioning body. It also takes valuable resource in the community that could be used for people with lower support needs, without which speeds their entry into residential care.

2. Is there evidence of needs being met through what is available as opposed to what is needs-led?

As stated earlier, local authority staff are attempting to work to common principles based on "proximity and appropriateness" and the regional operational policy for care home placements developed in 2018. Although there are some variations in processes, staff are attempting to work in line with the regional operational policy. They are sometimes, however, inhibited by issues of capacity and the availability of alternative services that are beyond their control. The choice policy in each county inevitably has differential impacts not least because of the subjective nature of choice as a concept.

In respect of evidence from the data analysis, we identified that there are more vacancies in Carmarthenshire whilst Ceredigion has a high proportion of out of county placements and this has increased, not surprising given the fewer care homes per head of population there.

- There are very few vacancies in Ceredigion commissioned and in-house placements (0-6 only over the 6 month period June – Dec 18). Carmarthenshire has more vacancies in the pooled fund (70-100 over the same 6 month period) but the population is larger. Carmarthenshire has a higher percentage of vacancies at December 2018: Carmarthenshire 14%, Ceredigion 5% (Chart 17 – source: Pooled fund dataset)

When looking at the region as a whole, alternative services, particularly domiciliary care, respite care and reablement are either not sufficiently available and/or of the wrong quality to make a maximum impact on the need for care home placements.

3. What impact do community equipment provision, domiciliary care and community nursing have on the pattern of placements across the Region?

Some of these issues, i.e. domiciliary care, have been discussed in respect of the first two lines of enquiry. We did not identify specific issues around community equipment provision other than it has increased and an acknowledgement of the part it, and other technology assisted care, plays in arriving at a robust preventative approach to delivering care and support.

With regard to community nursing, the challenges of recruiting and retaining a strong and sufficient workforce were identified as similar to the pressures facing the social care workforce (see below).⁶

4. What does the data indicate in relation to discharge flows and Delayed Transfers of Care (particularly from the acute sector)?

The pooled fund does include information on placements made direct from hospital but provision of this information from the three LAs was low. This information could be used with '4.6 admissions' to provide a rate of admissions direct from hospital if the data was more complete.

Welsh Government data shows that delayed transfers of care seem to be increasing 2011-2018 for Pembrokeshire and Carmarthenshire but decreasing for Ceredigion. However, small number for local authorities means that the data is volatile. All three West Wales LAs have a lower rate of delayed transfers of care than Wales as a whole.

DTOCs for community care reasons have increased for West Wales, but steeply in the last two years (careful as small numbers), there has been a decrease for Wales. DTOCs for Health care reasons have decreased for Wales, there has been a large increase in Carmarthenshire.

- % change in DTOCs for community care reasons 2011-2018: Wales -8%, West Wales +188%, Ceredigion +164%, Pembrokeshire +455%, Carmarthenshire +115% (Chart 21 – source: Welsh Government Delayed Transfers of Care)
- % change in DTOCs for health care reasons 2011-2018: Wales -40%, West Wales +59%, Ceredigion -56%, Pembrokeshire -15%, Carmarthenshire +431% (Chart 21 – source: Welsh Government Delayed Transfers of Care)

5. What are the main challenges in delivering sustainable services? To what extent is recruiting and retaining a suitably qualified workforce an issue?

The challenging financial climate is seen as the context for meeting the challenge of providing sustainable health and social care services but **the primary issue to emerge from our research into care home placements is, as the question suggests, the ability to recruit and retain a suitably qualified workforce.** This applies in the context of both health and social care and to all aspects of service, not just residential and nursing care.

⁶ There is not anything further that can be said about community nursing at this stage. It is missing from the Virtual Pooled Fund Dataset currently, but this will be addressed in the new version.

As the demographic changes develop, it is anticipated that needs will become more complex and more nursing/EMI places will be needed with consequential challenges for finding the right skill mix. **Meeting the needs of people with dementia has been highlighted as one of the main challenges ahead.** West Wales has a relatively older population and the challenges of its demography have been reflected in its population assessment and joint area plan. However, there are also younger adults with cognitive impairments whose needs are difficult to meet in terms of finding appropriate placements.

The drive remains that of preventing the escalation of need and enabling people to be cared for in their own homes. The region has adopted a strategic approach to prevention which should pay dividends as time progresses.

Some of the specific issues we identified in respect of workforce relate to the difficulties of recruiting workers in rural areas. There are also retention issues and it was suggested that in some cases nurses left to join agencies. However, agencies were also reported as finding difficulties in attracting staff. It was noted that nursing in a residential setting differed from community nursing and the required competencies were different.

It was suggested that some social care staff migrated into the NHS possibly as a developmental initiative, although this was contradicted to some extent by a belief that some staff think working in a residential setting is easier than in a nursing home. People are drawn out of the sector into a whole range of other jobs whether in care or in retail or elsewhere. Opportunities to work in tourist attractions were identified as a particular problem.

Social workers were felt to have caseloads which are more complex and demanding than in past years due to higher levels of need and the pressures on establishing a qualified workforce in general were increasing. Registration and the qualifications framework meant there were unwelcomed pressures on reluctant staff to further their qualification status.

6. How stable is the care home provider market - in the counties and in the region as a whole?

We tested this with providers at a well-attended workshop. **It is clear that providers are committed to providing a good and sufficient standard of care in the West Wales region but are feeling pressures from a number of sources.** Providers claim that the costs of providing care are increasing, due in part to the complexity of the needs of the individuals they care for, but fees do not reflect this – a subject which can be discussed at the regular fee review process. The thresholds for admissions are felt to have changed and the skills mix of the staff needed is said to be much greater than it used to be previously. This is a pressure point for providers but could be argued to be advantageous to commissioners if it leads to greater flexibility within the market. We understand that local authorities build in an element within the fee structure to absorb the cost of voids and that average occupancy rates are used as part of the process of calculating rates.

The demand for places is growing and there are insufficient EMI nursing places, particularly in Ceredigion. Ceredigion does not have any in-house EMI residential placements, placements commissioned from the pooled fund are more likely to be EMI in Ceredigion:

- West Wales 48%, Ceredigion 74%, Pembrokeshire 44%, Carmarthenshire 44% (Chart 9 – source: Pooled fund dataset)

The Housing LIN study indicates that the need for residential care is likely to reduce whilst the need for nursing care is likely to increase.

The primary issue is that of workforce sustainability and has already been explained but essentially, as needs have increased and people have more complex needs, **it is not always possible for homes to run at full capacity as they are insufficiently staffed to meet needs in cases** where all or most residents have complex needs. The effect of this is that homes are simultaneously technically operating under capacity whilst struggling to cope with the pressures facing them, which is a worrying combination when considered in terms of market stability.

7. How well placed is the market to provide future care models for those people who have the highest needs linked to their challenging behaviour?

The thresholds have changed and the skills mix of the staff is much greater than previously. It is felt that the frontiers are much less clear between what residential and nursing actually is. This is a challenge for the financial sustainability of care homes and is most evident when considering how best to meet the needs of those with the most complex needs. **Increasingly, many residents suffer from dementia which illustrates the ongoing challenge.**

Cross boundary procurement is said to be challenging in respect of achieving a future regional approach to future need, for example, making it difficult to tap into resources of neighbouring counties. The fact that there are different issues, different capacity and different rates in each county was identified as a feature of the challenge.

8. To what extent can the sector cope with demand for specific placement types?

In terms of residential care placements, there is now a fairly even split of commissioned places for residential care and residential EMI care apart from in Ceredigion where 75% of commissioned residential placements are EMI. Ceredigion does not have any in-house EMI placements; overall, across the Region, the proportion of EMI places catered for in-house is less than 10%.

About a third of all care home placements are nursing placements. **Together these statistics illustrate the high demand for EMI places and nursing rather than residential care and the dependence on the independent sector to meet this demand.**

It was reported that EMI nursing is difficult to sustain due partly to nurses moving to agency working and/or to a hospital setting where the role was seen to be less pressurised than that of nursing in a care home. Additionally, some providers are said to be moving out of EMI nursing

because of the difficulties in sustaining the appropriate level of service. We have not verified these assertions

9. How ready is the market to respond to increasing personalisation of care?

Of all of the lines of enquiry, this one proved most difficult to assess and address directly. There was a general sense from providers of a willingness to respond to changing and developing circumstances, but underpinning this were a series of generic concerns about placements, and the role of self-funders. In this regard, the future implications of the Regulation and Inspection of Social Care Act will need to be monitored closely.

10. What do we know about likely future demands for public placement arising from self-funders?

Self funders are an important issue in understanding commissioning but there is limited data to fully assess this:

- People aged over 65 are more likely to be charged for care home placements than any other social care services. % of people aged 65+ % charged for services: Wales, care homes without nursing 89%, with nursing 84%

A manual data exercise would have to be undertaken to identify them. Part of the variation is likely to be explained by different charging rules, and those counties in the region which charge to assess self funders are consequently better placed to monitor changes and predict impact.

However, it is logical to assume that increases in the capital disregard limits means more people who were likely to be self funders before the increase are coming into the scope of being publicly funded which adds to the costs to local authorities.

CONCLUSIONS

Moving on from this discussion section, the following emerged as conclusions from our data analysis and qualitative interviews and, taken as a whole, explain the variation in patterns of placements within the region:

1. The factors influencing where a person is placed are the individual's choice, family choice, proximity to people's own homes and family networks, and availability.
2. Staff are attempting to work to the common regional operational policy and make decisions about placements in line with fundamentally sound principles and best practice.
3. The ability to make the ideal placement decision is affected predominantly by issues of service capacity and the availability of alternative services such as good domiciliary care.
4. A number of people are entering residential care homes on a temporary basis for apparently different reasons. Different terminology is used in respect of temporary placements and moving forward it is important to bring clarification about what constitutes a temporary placement, a short-term placement and an interim placement and which are planned or unplanned.
5. Supporting carers effectively impacts demand for residential care. There is only a limited amount of respite care being commissioned across the three authorities. The regional review currently being undertaken is an opportunity to address this.
6. There is evidence that the brokerage system in Carmarthenshire supports service users and families. It has received positive feedback from providers which suggests that consideration should be given to extending it across the region.
7. The health board's long term care pathway is helping to bring consistency to decision making around Funded Nursing Care and Continuing Health Care and needs to be better understood by all partners.
8. The availability of placements is affected by a number of underperforming homes where embargos on admissions are in place on homes under the escalating concerns protocol.
9. The primary issue affecting the ongoing sustainability of the market to emerge from our research into care home placements is the ability to recruit and retain a suitably qualified workforce across health and social care.
10. There appears to be some merit in providers' belief that the real costs of providing care are increasing, due in part to the complexity of the needs of the individuals being cared for, and the challenge of increasing fees in the current economic climate.
11. The thresholds for admissions to residential care homes appear to have changed alongside changes in demography and the skills mix of the staff needed is consequently greater than it was previously.
12. The demand for places is growing and there are insufficient EMI nursing beds, particularly in Ceredigion.
13. It is not always possible for homes to run at full capacity as they are insufficiently staffed to meet needs in cases where all or most residents have complex needs.

14. Increases in the capital disregard limits means more people who were likely to be self funders before the increase are coming into the scope of being publicly funded which adds to the costs to local authorities.
15. The new regional vacancy management system and website is an example of good practice in respect of finding regional solutions to local problems. It is sensible to consider potential regional solutions to all the issues relating to under-capacity and other relevant matters emerging from this research.

RECOMMENDATIONS

In closing, we have identified a number of recommendations for the WWCP to consider in its ongoing work around regional commissioning. It is important to respond to the whole list of conclusions – the recommendations however are especially focused on the issues that we consider to be the most central.

Furthermore, we have given thought to two important factors that will influence their implementation – whether these recommendations could be implemented in the short-term (next six months) or the medium-term (6-18 months), and whether the change required would be relatively straightforward or would be more complex. These factors are represented in the Carroll diagram (which follows the list of recommendations), and we have made a suggestion as to which recommendation would sit within which square. They are also structured around technical, cultural and ‘political’ issues, and we have tried to keep the list to a minimum as far as possible.

TECHNICAL

- A. Instigate a task and finish group or working party to implement and embed the nVPFD, and to ensure that the definitions for terms (like ‘short-term’ and ‘temporary’) are shared across all partners.
- B. Ensure that all the client income relating to the placements is included in the nVPFD.⁷
- C. Include a new set of metrics in the nVPFD that would allow for ‘under-occupancy’ rates to be calculated in a consistent way across the region.
- D. Ensure that the nVPFD is linked to and populated by the new care home placement website.

CULTURAL

- E. Ensure that there is a consistent and standard approach to making placement decisions – for example, through conducting regional audits on a periodic basis to verify such placement decisions.

⁷ This important point was raised in a workshop of key officers across the region.

- F. Investigate what happens to the placement decisions when policies and processes are work under situations of stress on the system, compare this with how decisions are taken when it is not under pressure in that way, and work to resolve issues that may emerge.

‘POLITICAL’

- G. Consider the impact on regional working of a move to increase the scope of the pooled fund – to expand it to include those who are under 65, and for a broader range of people including those with mental health conditions or have a learning disability.
- H. Consider a pilot of the brokerage system in order to test its impact across the region as a whole.
- I. Ensure that there is a ‘whole region’ approach to any strategies and plans that are implemented to alleviate the pressures caused by recruiting and retaining a suitably skilled and sufficient workforce, and to those community support functions and services that mean citizens are able to live independently within their own homes for as long as possible.

	Recommendation could be implemented in the short-term	Recommendation could be implemented in the medium-term
Recommendation is more complex to implement		E F G I
Recommendation is less complex to implement	A B D	C H

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