

Why are we still waiting?



Delays in social care in Wales

September 2024



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Executive summary

About the research

This is Age Cymru's third annual report on delays in access to social care in Wales for people aged 55 and over. We continue to hear from older people about worrying delays in getting social care assessments and delays in getting care in place.

We're hearing from more older people who have been struggling since the cost of living crisis who are just above the cusp of financial help and those that are struggling to understand charging arrangements for social care services.

Conclusions

1. The surge in demand for social care following the pandemic in 2021 to 2022 has reduced and the efforts local authorities have and are making appear to be reducing waiting times. However, delays in access to social care are still too long.
2. Efforts on social care recovery have continued, but the increasing complexity of need and future population projections means greater and quicker change is needed.
3. Communication from social services with older people and their families on first point of contact and whilst waiting for assessment or for care packages to be implemented, needs improvement.
4. Efforts to improve support for unpaid carers need to happen faster.
5. Data collection systems are still not able to effectively report on the delays in access to social care.
6. Short term funding arrangements mean edge of care services and lower-level support services continue to be at risk.
7. Poor advice on charging from some local authority social services, and the complexities of the charging arrangements means that some older people may be paying above the amount allowed through fairer charging, putting undue pressure on finances.
8. Poor communication around hospital discharge means older people remain in hospital longer than they need to.
9. Local authorities are increasingly providing in house support for direct payments that may allow an increase in older people seeing direct payments as a more attractive option.

Recommendations

Recommendation 1

Welsh Government, ADSS Cymru, Social Care Wales and local authorities need to work together to ensure that reporting mechanisms are able to show where positive outcomes rather than outputs are recorded and reported.

Recommendation 2

Local authorities should assess whether their current processes for providing initial advice and information and ongoing access to advice and information are meeting the needs of older people. This needs to include a focus on how well information is communicated and understood on fairer charging.

Recommendation 3

Local authorities should provide an additional focus on those individuals who are currently experiencing a wait longer than 30 days for a care needs assessment or implementation of a care package.

Recommendation 4

Local authorities should provide proactive support for those waiting longer than 30 days.

Recommendation 5

Regional partnership boards, local authorities and third sector services need to work together to improve the availability of earlier intervention and prevention support for older people.

Recommendation 6

Welsh Government, regional partnership boards, health boards and local authorities should ensure that third sector funding is provided on a sustainable basis.

Recommendation 7

There needs to be an emphasis on learning between local authorities and good practice sharing. This will reduce the volume of work that local authorities need to undertake and help them avoid pitfalls that other local authorities have faced.

Recommendation 8

Welsh Government, Regional partnership boards and local authorities should ensure the requirements of the Charter for Unpaid Carers are met.

1. Introduction

This is our third annual report on delays in access to social care for people aged 55 and over in Wales that began with concerns about delays in access to social care.

It's predicated that by 2035:

- the number of people aged over 65 unable to manage at least one self-care activity will rise by 46% - potentially another 120,000 people needing care and support
- The number of older people with a long-term illness will rise by 38%
- The number of older people living with dementia will increase by 64%.

This effectively means that there will be more people in need of care and support with multiple health issues, and a substantial increase in the number of people that will need advice on how to manage long term conditions.

Last year we heard that the numbers of older people needing care with extra complexities was growing and that local authorities were seeking to improve working practices and clear backlogs. At that time, many of the local authorities we spoke to were still working to reduce the backlog from the pandemic. A year on, there is an increased focus on future population demands as more local authorities are looking at what they can do to change their working practices.

We recognise the cumulative challenges faced by local authorities in allocating resources to meet the needs of an older population during a time where much planning work was stalled because of the pandemic. The role social care plays when it works well is integral to the health and wellbeing of older people. When it works it allows unpaid carers to get the help, advice and support they need to care for someone, whilst ensuring their own health and wellbeing is not negatively impacted. In addition, good quality social care and wellbeing services reduces demand on NHS services for inpatient care.

2. Purpose of the research

We know that not having access to the right care and support can have severe and long-term consequences for the person waiting for care, their unpaid carers, family, and wider support network. Our services continue to hear of delays in getting an assessment, confusion over what is happening while they wait, and delays in getting care once an assessment has been completed.

“Had flare up of a chronic condition and injury due to fall. Look after my mother who has dementia with no social services input available as they are overstretched.” Age Cymru What Matters to You survey respondent 2024.

A 2019 report found that while spending by local authorities on adult social services over the last five years in Wales has remained broadly flat in real terms, spending per capita on older people has reduced by 13%. Wales Fiscal Analysis looked at the breakdown of numbers in the social care workforce and found much larger numbers working in commissioned care than employed by local authorities.

High quality care relies heavily on a stable, healthy, well-supported and motivated workforce. Additional investment by Welsh Government for social care and moves towards achieving the Real Living Wage have not been sufficient to ensure older people get the information, advice, support and care they need at the time they need it. There has been some success in increasing recruitment into social care roles but recruiting, training and upskilling staff takes time and effort.

Older people’s needs can change whilst waiting. This is particularly the case for some older people such as those living with multiple health conditions. For people living with dementia, delays in care package allocation can result in more rapid deterioration, particularly for those living alone and those coming out of hospital care. Poor communication regarding delays contributes to a decline in mental wellbeing as people feel forgotten about. If people don’t know what is happening and when, this means lives are ‘put on hold.’

This year’s report includes a new focus on paying for care. We’ve seen increasing numbers of people contacting Age Cymru Advice who are frustrated or confused about charging arrangements for social care and information received from social care services. These calls often go hand in hand with requests for help to maximise financial entitlements as the cost-of-living crisis continues.

In our previous reports hospital discharge has been discussed with social care leads but has not had its own focus. Age Cymru’s most recent annual survey showed that many older people’s concerns about delays in social care support were specifically regarding getting care after leaving hospital. We wanted to better understand the barriers to timely and safe hospital discharge for those that need social care.

3. Method

Building on last year's work we wanted to understand:

- Whether the increases seen in older people's need for care have continued across Wales.
- Whether local authority plans for social care recovery are making a difference to older people.
- How charging arrangements are explained and arranged.
- What the issues are for social care departments in arranging for care for those coming out of hospital.

We submitted the same Freedom of Information (FOI) request as last year to allow comparison, asking:

- For all adult individuals aged 55 or over who had an initial request for a first-time care assessment, how long did each individual wait from the initial request being made to the assessment taking place.
- Of those individuals assessed as requiring a care and support package what was the length of time it took from the assessment taking place to the stipulated care package being put into place for that individual.

We contacted all local authorities to request a meeting with the social care lead. Of the 22 local authorities, we were able to meet with 11 social care leads, five of which were from local authorities that had provided FOI data. Two other local authorities were interested in meeting, though could not meet soon enough for this year's campaign.

We also gathered views from older people and further information from Age Cymru's frontline services such as Age Cymru Advice, our most recent national survey, What Matters to you?, and through our partners to understand what the issues are and what is working well.

4. Findings

Data collection

We found a similar picture with data collection as detailed in our previous reports. Some local authorities are in the process of changing case management and data collection systems and others are looking at other options as their existing systems are not able to pull out the meaningful data and information they need. Without this it is difficult for them to know that the changes they are making are making a difference in older people's lives. In conversations with social care leads we heard how issues with their systems means they are unable to pull off accurate information for statutory reporting requirements and plans are in place to look at why that is.

One local authority told us that after running the data we asked for in our freedom of information request they saw anomalies in what they see in practice and what the data says. As a result, they checked all cases where anomalies were seen.

We also heard how the differences in care pathways between local authorities and how this is recorded, makes it unfair to compare one local authority's data with another as the data alone doesn't show an accurate reflection of an older person's care journey. One county told us that their data may look on paper like it's taking them longer to assess than other counties because their wrap around approach and recording is different from other areas where a referral is closed down and re-opened at different stages. They told us their case management system can't pull off the information they need in line with latest strategies and are looking to change this, which will be a resource intensive task.

12 of the 22 local authorities were able to provide data on how long each person aged 55 or over waited from requesting an assessment of their needs to having the assessment completed. Of those 12 able to provide this information eight were also able to provide data on how long it takes from that assessment being completed to care being in place.

Last year we again reported that some local authorities were in the process of changing their case management systems over, and so couldn't provide the information. This year we heard that the system preferred nationally (WCCIS) is no longer being continued, so some authorities will need to change their systems. We also heard how recording systems aren't up to date with changes in the way services are arranged and delivered and as such there are concerns regarding accuracy of reporting.

Views of older people

The feedback and information from older people in this report has been gathered through Age Cymru Advice, other support services, engagement events and our annual ‘What matters to you?’ survey.

Age Cymru Advice offers advice and information to older people, their families, friends, carers and professionals, and social care is one of the key areas that people contact us about.

Our latest ‘What Matters to You?’ annual survey with over 1,300 older people across all of Wales shows that those in need of social care are dealing with a range of issues at a higher rate than other older people that responded to our survey. The proportion of older people that told us they need social care (16%) has reduced from 20% of last year.

Of these, more than a third needed care for themselves and just under two thirds needed it for someone else. When asked whether they had got the help they needed from social care, just over half (51%) said yes. Many of those that said ‘yes’ told us that equipment had been arranged. Of those that said ‘no’, we heard that there was excessive form filling, and difficulties in finding information.

For those that went through fairer charging procedures, some told us it was hard to get their personal evidence around finances. For some the complications were to do with changes in charges for care already in place that had not been explained and it was proving difficult to find out why.

Older people in need of social care were more likely to say they were experiencing poor mental health (40%) than older people who didn’t need to access care (22%), and more likely to say it had become worse over the last year (33%) in comparison to 17% of all other older people. Older people in need of social care were also less likely to say they were optimistic about the year ahead and they were more likely to say that the cost of living is a challenge.

Those needing social care were more likely to tell us that they are dealing with bereavement, that loneliness is a challenge, that transport is a challenge, and that their home is in need of repairs. They were far more likely to say they were not optimistic about the year ahead.

A common theme was how difficult it is for older people to find the right way of getting through to social services, with some older people telling us they had left messages with social care but no one had got back to them.

“Impossible to speak directly to social care teams, been trying several times and just get nowhere.” Age Cymru ‘What Matters to You?’ survey respondent 2024.

Many people who said they found it difficult to access care told us it was related to staff capacity. Some of those that found it difficult told us that care was needed after a stay in hospital but it wasn’t available.

For those that said it was easy to access care, some told us this was because they had support or advocacy to help with it. For others, their asks of social care were relatively simple so easier to arrange. Others told us it was easy to find the right phone number to call.

Unpaid carers

32% of older people in our annual survey provide unpaid care for at least one person. Of those providing unpaid care, more than half of unpaid carers have increased the amount of care they provide in the last 12 months, and 54% told us that caring was a challenge in the last year. This is a 50% increase since last year.

“Experiencing the stress of being an unpaid carer, trying to stay mentally and physically well and working full time is a challenge.” Age Cymru ‘What Matters to You?’ survey respondent 2024.

We heard from unpaid carers that have had to give up work because of their caring responsibilities.

“As a carer for 2 parents with dementia the impact on mental health has been hard. A lack of support from local authority until crisis points. Having to fight for everything constantly giving up work to maintain my own mental health and ensure my parents were cared for. Putting my own future financial stability at risk.” Age Cymru ‘What Matters to You?’ survey respondent 2024.

Less than 20% of unpaid carers told us they had accessed or tried to access social care in the last year for someone else. Of these, less than half (48%) said they had got the help they needed.

Waits for assessments.

“My mother died from dementia. I tried to get social care support (washing her etc for many years). The day she died two people turned up and did wash her. She died whilst this was happening. Her final days were chaotic, and in many ways shameful. A ninety year old person was made to endure the system to attend to her needs, which were not met. It leaves a very sour taste.” Age Cymru ‘What Matters to You?’ survey respondent 2024.

Table 1: Time taken to assess – 2 year comparison

Length of time	Totals and percentages 2021-2022	Totals and percentages 2022-2023
0-30 days	16298 74.36%	15186 76.28%
31-60 days	2216 10.11%	1911 9.6%
61-90 days	1179 5.38%	1072 5.39%
91-120 days	787 3.59%	732 3.68%
121-150 days	377 1.72%	340 1.71%
151-180 days	280 1.28%	204 1.02%
181-210 days	197 0.9%	119 0.6%
211-240 days	129 0.59%	78 0.39%
241-270 days	87 0.4%	74 0.37%
271 - 300 days	67 0.31%	53 0.27%
301-330 days	55 0.25%	38 0.19%
331 - 360 days	50 0.23%	36 0.18%
361 - 390 days	30 0.14%	21 0.11%
391+ days	166 0.76%	43 0.22%
TOTAL	21918	19907

The volume of requests for care went down in 2022/2023 by 9% and a higher proportion of older people's needs are getting assessed more quickly than we reported last year.

The proportion of older people assessed within 30 days of requesting an assessment ranged from 100% in one county to just over 20% in another. Assessment processes vary from county to county and so comparisons between areas via data alone mask differences in approach. As discussed later in this report, we heard from some social care leads about how changes in care pathways are allowing them to ensure that those that need social care are the ones that are fully assessed and those that need other things are directed to the right places to reduce waits.

Many local authorities now have systems in place whereby simpler requests for advice and assistance are dealt with by less specialist teams which stops those with lower levels of needs being pushed to the back of the queue while urgent care needs are addressed.

The volume of care packages allocated decreased from 21,918 in 2021/2022 to 19,907 in 2022/23. Three local authorities that provided data reported an increase in the number of older people assessed. Three had roughly the same level as last year.

We heard from some local authorities this year how they think the changes they have made are not truly represented through statistics as the health of those approaching social care has reduced since before the pandemic.

The percentage of older people assessed within 30 days of requesting an assessment has increased since 2021/22 and fewer are waiting as long for an assessment.

The longest wait for an assessment from the local authorities that responded to this question was 639 days.

Though waits of this long are rare, this is a large reduction.

Nearly 13% more older people asked for help in 2022-2023 than in the main pandemic year of 2020-2021 and 5% more asked for help in 2022-2023 than in the pre-pandemic year.

The percentage of older people being assessed within 30 days of a request for 2022/2023 has increased from 2021/2022 but is still lower than the pre pandemic year where it was 91%.

This year fewer older people had an assessment of their social care needs. A slightly higher proportion had an assessment within 30 days of request. This is still lower than the proportion in the year preceding the pandemic but is an encouraging improvement.

The above table collates all local authority comparable data, but in doing so it masks the individual differences between areas. Discussions with local authorities this year highlighted how simple data on waits can't capture the increasing levels of need they are seeing and the additional work that goes into responding to that.

Pressures previously experienced in winter are now felt throughout the year. Local authorities explained how they're improving experiences for older people in accessing social care, and the absolute certainty that the pressures they will inevitably face as a result of an ageing population mean that they have to make changes now, or the social care system across all of Wales will face a collapse.

Last year we heard how face to face assessments had not returned to the same levels as pre-pandemic. This year local authorities told us more about efforts to ensure those that do need a face to face assessment get one.

However, in some places this has resulted in changes to the first point of contact in the local authority which mean increased 'triage' before an older person gets to speak to someone in a social care team. Whilst we heard that the time taken from someone calling to ask for help and then getting through to social care when needed is relatively quick and frees up resourcing in social care for those that need it, there are still some concerns that those needing a response quickly can't speak to someone in social care easily.

Waits for care to be in place

The proportion of older people who had some or all their care in place within 30 days of having been assessed increased slightly in 2022/23.

Many older people who responded to our 2024 survey explained their difficulties and the impact of not being able to get care in place. Unpaid carers and loved ones told us how hard it is to get care in a crisis and how hard it can be to explain the toll caring takes on families when to a professional from contact centre paperwork it may appear that the family can manage or that there is no immediate risk.

Lived experience:

A man in his 50s called Age Cymru Advice asking what he needed to be saying to social services to be able to get the care his mum and dad need. His father is the main carer for his mum, who has personal care needs following falls and serious illness. Our caller lives in another part of Wales and he and his family also provide distance care to another older family member.

His mum had been in hospital for two operations, which she was recovering from with care from his dad. His dad became ill himself and was admitted to hospital for an emergency operation and was in hospital for two weeks. The GP reassured his dad that care would be arranged for his mum whilst he was in hospital, and the GP made a referral to social services.

Our caller took some time off work when his dad went into hospital to care for his mum whilst he expected that care arrangements were being made. When he had not heard from social services after two days, he tried to contact them. He was not able to get through by the end of the working day and so resorted to emailing them. This hadn't been read by the time he called again the following day. As care couldn't be arranged quickly enough, he had to take 2 weeks off work and travel almost daily across Wales to give his mum the help she needed.

Table 2: Two year comparison – time taken to provide care for people aged 55+ once assessed.

	21/22	22/23
0-30 days	3523 81.3%	3403 83.6%
31-60 days	294 6.8%	196 4.8%
61-90 days	166 3.8%	128 3.1%
91-120 days	90 2.1%	86 2.1%
121-150 days	52 1.2%	57 1.4%
151-180 days	44 1%	38 0.9%
181-210 days	27 0.6%	40 1%
211-240 days	22 0.5%	27 0.7%
241-270 days	21 0.5%	21 0.5%
271 - 300 days	13 0.3%	18 0.4%
301-330 days	15 0.4%	13 0.3%
331 - 360 days	16 0.4%	10 0.3%
361 - 390 days	12 0.3%	8 0.2%
391+ days	36 0.8%	27 0.7%
TOTAL	4331	4072

The volume of care packages allocated reduced by 6% in 2022/2023 compared with the previous year. The proportion of care packages allocated within 30 days has increased.

Without exception, social care leads told us how the needs of those asking for care are higher and more complex to arrange than in previous years and it takes time to get all aspects of care in place that they need. The older people waiting for social care packages in the above table have a range of needs from low level home care needs through to finding the right residential care.

“Asked for a Carers Assessment for respite but they haven’t found him a place.” Age Cymru ‘What Matters to You?’ survey respondent 2024.

This year social care leads told us that generally they were no longer forced to place vulnerable older people in temporary residential care placements because they couldn’t source domiciliary care to keep them safe in their own homes. ‘Step down’ bed funding available in the previous financial year to help get people out of hospital faster was not available this year but we were told it was less needed.

We also heard about the impact of care home closures and finding alternative provision. In particular, when the care homes providing nursing care close it was more difficult to make suitable alternative arrangements and it usually means families have to travel further to visit. We heard how the need for nursing care is increasing and future loss of residential homes with nursing would be very difficult.

“Took months and the care given to Mum is poor. In process of changing the care firm.” Age Cymru ‘What Matters to You?’ survey respondent 2024.



Local authority improvement measures

Many urban local authorities told us how the domiciliary care market has improved since last year. For more rural counties, recruitment continues to be an issue. This is particularly so in areas that are popular for retirees. With a higher proportion of older people, and with younger people leaving for better prospects elsewhere, we heard recruitment is more difficult. Some counties have introduced an enhanced rate they will pay domiciliary care providers for calls to more rural locations. Some have increased the general rate they pay.

One local authority has introduced a new commissioning framework that allows an enhanced rate (subject to criteria) to be paid for more rural areas which speeds up care package brokerage. Their processes to sign up new providers of service mean they can quickly be brought onto the approved providers list. Three new providers have signed up and have started delivering packages of care recently.

Potential providers are given time to express interest in a package, but they don't automatically pick the first provider for fairness to smaller agencies and to make sure the provider is a good fit for the older person needing care. The system was introduced in July 2023, and from September 2023 to April 2024 the waiting list for a domiciliary care package had halved. They told us they've seen a reduction in the number of packages that take a long time to get picked up by their providers with the changes they have been making over several years.

Another local authority is using outcomes focussed care plans where providers determine with the individuals how outcomes are met. Providers are paid in blocks of care and work in specific areas. This helps with their recruitment and retention as they have better security of contracts. Since the introduction of this system the local authority have seen the number of unbrokered care packages reduce.

Others told us that as well as increasing the rate paid for rural areas, they've introduced a peer review panel that includes the third sector asking questions at peer reviews with social workers and care support workers. This has improved understanding and is helping improve the culture of focussing on what is important.

One local authority is piloting continuing payments for domiciliary care providers when someone goes into hospital. Previously providers didn't get paid whilst individuals were in hospital, so that the authority is seeking to maintain continuity of care for them. They are also block purchasing 'runs' in the areas that they have struggled to find care in.

Communication

“Every time I tried to access social care I have been referred elsewhere finally coming full circle to the first people I contacted” Age Cymru ‘What Matters to You?’ survey respondent 2024.

We continue to hear from older people that struggle to get timely or accurate information and advice from social services. Getting the right information first time reduces barriers for older people accessing the help they really need.

Lived experience:

Two different callers to Age Cymru Advice from the same local authority had both contacted social services for their help with social care. The person they spoke to told them that if they needed care at home there would be a £120 charge per week. This was before any assessment of their needs had been undertaken. The current cap for care at home in Wales is set at £100 per week but subject to a means test to determine ability to pay that will not cause undue financial hardship. A consultation from Welsh Government on possible increases to this had just closed that week, but this was far too early for any decisions having been made on when or if the cap would go up.

The callers were concerned about how they could afford to pay this. They were offered advice on fairer charging and current limits on what can be paid from Age Cymru Advice so that they could then go back to their local authority with the information they need on their rights to care and how it should be charged.

In our discussions with social care leads we focussed on what information and support is available, including how social care charging is communicated, and how quickly an initial request for information, advice and assistance gets through to the right place.

Social care leads told us of different arrangements across Wales. We heard of efforts to upskill staff in first point of contact roles in various ways to make sure the right information is heard from callers about what they need so that a response can come from the right place.

One local authority has a social care specific First Point of contact where Contact Officers are trained on a wide range of support that people might need. They also have visiting officers that are able to offer advice on claiming financial entitlements and arrange low level equipment. This frees up time to fully assess the needs of those that need much more.

In another area in addition to their social care Single Point of Contact, they have a third sector information and advice service that they commission to deal with those that don't need a social care response. Another local authority has a general contact number that goes out to every resident in the area. Calls to that number are answered by an information taker, who take down the relevant information and passes this through to their information, advice and assistance services. They told us they've centralised this to improve consistency of response.

One local authority told us that their information and advice service is currently a general one, they would prefer to have social services specific information and advice as this helps get fuller information and ensure that people do not get missed at the front door.

5. Addressing the issues

In 2023 most social care departments we spoke to were facing similar challenges on recruitment, care home closures and increased levels of need following the pandemic. A year on, many social care leads told us that their recruitment issues had reduced, but many were facing challenges of upskilling newer, less experienced staff which takes additional resourcing. As included earlier, there are some differences between rural and urban areas in terms of ability to recruit to domiciliary care roles.

It was clear from talking to eleven social care leads that their resources and the ways in which they are configured are in some ways reducing the backlog from the pandemic, but further action will be needed to meet future demand. One social care lead told us:

“There is no more money. We’ve got what we’ve got, and sometimes we haven’t even got that. It’s a tricky picture so we need to be really clear on what the priority is for our funding.”

Increasing community resilience – micro enterprises, low level and ‘edge of care’ services

Last year we heard how some local authorities were expanding micro enterprises that were helping provide lower levels of care in the community. For some older people they can be useful to help with safe hospital discharge. Many of these micro enterprises were in rural settings, but some were in more urban areas. This year we heard from more places that have recently developed them.

One local authority has embedded five micro enterprise hubs across the county that are led by third sector organisations, and another where they have a number in place, some which provide direct care and others which are less intrusive. These help with the transition from hospital to home.

In one authority they have commissioned a home support service that doesn’t need an assessment from social services and is free. Staff attend villages where care is needed, and a phone number is provided so that people can contact them for help when they are in their area. This is low level support and is already oversubscribed.

One area is looking at a three-year locality-based hub project to co-locate third sector and multidisciplinary teams that will make it easier to get people through to the right place first time,

Others have micro enterprises in place, but they are growing more slowly than expected. There’s a concern that while in the longer term they may take the pressure off social care, they won’t meet higher level needs.

One local authority told us they have fewer edge of care services than needed in their area. They currently fund a service that is located at the front end of Accident and Emergency to try to make sure things are in place for when someone leaves hospital. Demand for actual care has increased, but there is still a need for valuable edge of care support that helps people settle in after leaving hospital.

How local authorities are reducing waiting lists.

While recruitment has improved since last year, social care leads still told us about gaps in staffing. We heard that the use of agency workers in social care had reduced since last year. Several told us about their ‘grow your own’ schemes to recruit and retain staff that they hope will improve stability over time.

We heard again how ‘trusted assessor’ roles are being introduced to assist with getting help earlier, though some of these developments have not worked as hoped and other things are being tried.

“Father required accessibility aids. Was able to get support required and quickly but process of accessing was very bureaucratic.” Age Cymru What Matters to You? survey respondent, 2024.

Many of the local authorities we spoke to told us of changes they were planning or had already implemented for information, advice, support and care pathways. Where central triage points are used, we heard that forms used by contact officers are being reviewed to reduce the enquiries that need to be directed to other areas of the local authority or third sector services. Changes in questions in one area included additional prompts to reduce instances where calls don’t get directed through to social care that do need a response from them. Another area is reviewing their social work functions and looking at a move to a three-tiered system with an earlier intervention and prevention hub that will increase speed of responses to requests for help.

One local authority uses a trading company that manages all contacts and the information and advice function. They have developed their urgent care pathway to bring all agencies together so that they can provide the response needed. With increases in demand for information, advice and assistance they were struggling to get through the backlog and have commissioned an end-to-end review of their information, advice and assistance pathway. They have a senior social worker in their IAA service to build the knowledge and experience increase of the team and help direct people to the right places.

Another area has a new operating model that’s designed to provide a better community response. Their single point of contact, short term services and equipment staff all sit together so that they are better equipped to deal with people where there is more than one need.

We heard from more local authorities this year that have either changed their care pathways and team structures or are in the process of doing this. We repeatedly heard how efforts have increased to give older people and carers quicker access to earlier intervention support, which is intended to free up time within social care teams to concentrate on those that need longer term help from social care and to make more service improvements. We heard of the urgency of this from some local authorities who expect the numbers needing care to increase and they are trying to make changes to meet future demands.

Local authorities told us how they are looking at longer term plans to reduce the need for social care support. Some told us how they are changing the way they operate, with some splitting into three areas of care – early help and intervention; short term care and long term care. We heard that providing short term care in the first instance, this assists them in ensuring that all options for early help, rehabilitation and other support are tried first. One local authority has reviewed their operating model and are making changes to allow access to equipment to

be easier. This means people don't need to go through the full assessment process as had to happen through previous operating models.

Support for unpaid carers

“It’s a slap in the face when you do a Carers Assessment after 12 years solo but there’s no space for him so that I can have a week off.” Age Cymru What Matters to You survey respondent 2024.

Unpaid carers play a vital role, both economically and socially. There are twice as many informal, unpaid carers as paid staff working in the combined health and social care systems. It's these carers, rather than health and social care professionals, who provide the bulk of all care to those who need it. The health and social care systems simply could not cope without them. Unpaid carers in England and Wales contribute £445 million to the economy every day. The value of unpaid care is equivalent to a second NHS in England and Wales.

Last year we heard that some areas were focussing on better help for unpaid carers and we saw a mixed picture of developments. This year, we were concerned to hear how local authority plans for change had struggled to progress. This was hampered by funding for unpaid carers support which is often short term and with specific uses attached, such as stipulations to focus on newer initiatives.

One local authority told us that the plans they had last year to develop carers services had stalled as the high-level decision was that this wasn't the right time. As a result, they're now having to repeat engagement with carers to check their priorities have not changed since the last engagement exercise. They told us they hear year on year that it's the same things carers ask for, but plans can't be agreed without this sense check of previous engagement work. This takes up valuable time of carers, as well as staff within the local authority.

Some local authorities have ongoing and well-established arrangements with local carers charities which are working well to support unpaid carers. One local authority has four carers' champions across their social care teams – one in intake, one in hospital and two in their long-term team. They told us they are given time and space to develop initiatives focussed on unpaid carers needs.

Another council told us that unpaid carers do get an assessment if they need it, but most feel their needs are met through getting the care they need for their loved one. Their respite and day service external review takes into account rural transport needs. They have a new contract in place for unpaid carers that is provided through a three county third sector consortium. They told us this is going well and fits better with what carers told them they needed. The project can refer unpaid carers to social services if needed.

Sustainable, longer-term funding was a recurring theme we heard from many social care leads for unpaid carers support and services. One local has a carer's centre funded through various short-term pots of money which are bid for regionally. They're currently using Bridging the Gap funding, but they have told us they don't know from year to year what the level of funding available will be and what it can be used for. Another is currently re-contracting for their carers service with an organisation that can coordinate short breaks services. However, they told us that carers funding 'is never promised to be recurring' so they are doing the best they can with their own resources.

One social care lead told us, that there's little point in applying for funding for 'something new' when what they hear from unpaid carers is they need more of the same.

"Let's have the decency to listen to what they want," they said.

Direct payments

In our previous reports, we've detailed how local authorities have been looking at the possibility of using direct payments as an option for people to have the care they need. Direct payments can provide flexibility to meet care needs and under Social Services and Wellbeing Act (2014) Wales they should be actively offered.

In 2022 the Auditor General report on direct payments for adult social care found just over a third of adults were receiving a direct payment. Of these, 36.1% were older people and older people make up over 75% of adults receiving services. It also found differences between the average direct payments care package between local authority areas.

During the pandemic, some local authorities increased the volume of direct payments offered. This could be in circumstances where the local authorities couldn't get care through their approved provider, or when the person needing care was more vulnerable to the virus and didn't want to receive care from someone frequently going into other people's homes. Since then, direct payment arrangements have been reviewed in some parts of Wales and planned work is ongoing to reassess direct payment packages arranged during the pandemic to make sure they are meeting older people's needs.

Lived experience:

We had a call from a man who was having direct payments from his local authority for the care of his wife. They had been receiving direct payments for a couple of years by the time the first audit happened. The audit focused on how the direct payments were working and guidelines say this should happen within six months of a direct payment starting.

He and his wife pay personal assistants more than their local authority rate allows as this was the only way to get any Personal Assistants interested in working for them. The auditor told him they should be paying the going rate and putting any remainder into a 'contingency fund.' But when he'd spoken to the direct payments teams before, he had been told that he could pay personal assistants any rate as the funding is there to be flexible to what is needed. There is no reference to having a contingency fund in the direct payments guidance.

They are now concerned that the annual funding they've been given to arrange care may be clawed back. He has taken information from Age Cymru Advice and written back to the local authority.

He told us he and his wife preferred the option of direct payments as it was so much more flexible than a package of care that the local authority could offer them. It let them arrange the care they need at times best for them, rather than the limited options from local authority commissioned care companies. When the local authority was assessing the care and respite needs, it could take a week or so to get carers, or it could be a six month wait, depending on availability of carers in different localities of the local authority. Direct payments were a much better alternative for them.

One local authority fed back that they've had a key focus on ensuring that the Direct Payments service is what people need. They have been developing a Direct Payment support service that manages whole process from sign off, and includes support on employment, and recruiting Personal Assistants. It also provides managed banking for those that are not able to do it themselves. The team manager employed has a job centre background and has enabled a significant increase in recruitment for Direct Payments.

Other areas are also focusing on developments in Direct Payments. One is making more use of Direct Payments for older people's care needs as part of the move to the increased use of micro enterprises. They told us direct payments are a more attractive option for Personal Assistants who want to work in their local communities. Another is developing an in-house support service to help people manage their Direct Payments and as a means of improving choice for those needing social care. They told us Direct Payments often do more than a traditional domiciliary care service will do, so it's not a direct replacement.

One council told us that they have their own Direct Payments team and are going through the process of reviewing all the direct payments. This year they are looking at how they can provide support for people around advertising posts and the administration.

Day centre changes

Last year we heard that changes in the delivery of traditional day centre provision were in progress. Many centres had closed during the pandemic and had not reopened.

One local authority provides services via centralised hubs. The services are available to unpaid carers and they believe that the system works better than traditional day centre provision. They are also piloting a sitting service to allow unpaid carers to get out and about. In addition they have a working group looking at bus links to community services and championing any improvements needed. They rely heavily on community transport, which is oversubscribed.

In one area the local authority hasn't reopened their day service provision for older people since the pandemic and told us they are providing services in other ways. They have completed a significant review of respite and day opportunities and will be moving forward with the implementation plan from externally commissioned review. The next stage is to look at how they are able to deliver on the recommendations from the review using the lessons learned through the pandemic on accessing what they need in their own communities. Transport will be looked at as part of the planning for this because of the rurality of the county.

One local authority we spoke to still offers day centres, but are looking at focussing on person centred plans. Referrals for what would formerly be offered a day centre service are looked at by the day opportunities team who get to know someone over a period of weeks to find ways of connecting them with their community.

Another area are having to close a centre used for both older people and people with learning disabilities due to the cost of repairs to the very old building. Older people will be offered other day opportunities. Staff will be trained as outreach workers so that they are able to access community activities where otherwise they would not be able to go to by themselves.



Hospital discharge

“I was recently discharged from the hospital and it has been a struggle to get help. Though I had a care package on discharge, nothing had been put in place before I was discharged to live on my own. I struggled on my own, kept falling and hurt myself trying to survive on my own with no help. Age Cymru What Matters to You survey respondent, 2024.

Delays in hospital discharge reduce positive outcomes for older people and cause undue levels of stress for all involved. Remaining in hospital longer than necessary risks deconditioning and delays rehabilitation. Our engagement with older people shows that across multiple health boards in Wales patients are being discharged once medically fit without considering their wider circumstances that can make discharge unsafe. Concerns continue that unsafe discharge results in older people’s rapid deterioration, emergency hospital readmission or worse.

This report focusses on social care and what social care leads told us about arrangements, but it’s important to understand that safe discharge with the ability to achieve positive outcomes for older people is also the responsibility of health boards. How early and how clearly social care departments get the information they need to arrange care is key to getting older people in need of social care out of hospital at the right time and to the right place for them and their loved ones.

Discussions with local authorities over the last three years have shown how in some areas, delays have increased. This year we heard that while ‘winter pressures’ hadn’t been as bad as some local authorities were expecting, older people with more complex care needs are those most likely to be delayed in leaving hospital. Those authorities that told us they had discharge delays were more likely to be in areas where domiciliary care recruitment remains an issue.

Most social care leads told us that they have good relationships with health services for hospital discharge, but this doesn’t always mean they get the right information from hospital discharge staff. ‘Discharge to recover and assess’ procedures were introduced in 2018 to improve the hospital discharge experience, but we heard that the processes are still being embedded in 2024.

For good hospital discharge it’s vital that all information on the older person’s needs is up to date and provided in social care referrals. We heard examples where referral information was out of date, and the care needs included were far higher than the older person needed. As a result, social care staff time is wasted sourcing incorrect care packages that then have to be re-sourced based on the older person’s actual needs. We heard of examples where irate calls had been received from families asking what was happening with their loved one. No referral had been received but hospital staff had told the family that social services were arranging care.

For some older people needing longer term care social care, charges can be a surprise, and the residential care charging regime can be complex. Delays in safe and timely discharge can happen whilst discussions continue around who will fund the care once the older person leaves hospital. As one social care lead told us:

“It’s a complete lottery on whether you get or not and people are left sitting there, without a service whilst there’s lots of meetings constantly requesting other things before it’s decided. I despair sometimes.”

One local authority told us that they have effective hospital discharge arrangements with an integrated discharge hub that they run in the main hospital, and that the majority of referrals for discharge ‘don’t touch a social worker.’ Homecare comes from the Community Resource Team or reablement service. The small proportion of those that do need social worker involvement are often due to mental capacity considerations, those that need a permanent care home and where there are family issues.

Other council told us that hospital discharge delays in their area have reduced and delays now are down to the complexity of individual situations. They told us the situation has improved greatly with being able to discharge people to their home instead of short-term residential care. They’ve remodelled their reablement and domiciliary care into one system to make sure reablement is offered to everyone that could benefit from it, rather than the previous separate care pathways where some older people may inadvertently be missed.

In one area the local authority have employed trusted assessors to help with hospital discharge and they told us that they do need hospital to home services and edge of care community responses would help with this.

In our discussion with social care leads, hospital admission discussions went hand in hand with discussions on preventing hospital admission in the first place, reablement and prevention services. This links in with edge of care services discussed earlier. Some local authorities told us of longer term developments they hope will help reduce future demand for care and support.

One council is looking at better long-term independent living options for older people. They’ve undertaken a review and fewer are choosing residential care. Plans are being developed for two new build community living options with embedded community nursing, serving the local community as well as those that need nursing care. The flexibility of the model should provide a suite of services older people need.

Another local authority told us that longer term they are looking at new schemes. They are looking at a mixture of residential care, extra care, and some step up/step down reablement beds. They set up a 14 bed intermediate care unit in 2021 that’s gone well. Around 87% of those who use the service regain their independence. The authority told us their focus is to try and stop people going to hospital, and if they do have to go there, to get them out as soon as best for them.

Charging arrangements for social care services.

Age Cymru Advice frequently receives enquiries about paying for care and understanding charging arrangements. Enquiries include; care home top up fees, arrangements for private care, Disabled Facilities Grant applications, paying for and installing community equipment, personal alarms and other assistive technology. The number of calls we receive annually about paying for residential care have more than doubled since 2019.

Of those that need social care, many respondents told us it was difficult to understand charging arrangements.

“I was misled to believe there would be no charges for 6 weeks till I had an assessment and agreed on a long term care plan and the charging arrangements would be explained to me. None of that happened and I received an invoice with charges which I disputed and had to raise a complaint.” Age Cymru What Matters to You survey respondent 2024

Despite fairer charging regulations, high additional costs are being sought from loved ones. The different care pathways older people are taken through, and differing levels of information provided on charging for care can cause confusion and unexpected bills to appear.

If the individual is offered a choice of placements and their preferred placement costs more than the amount that the local authority’s usual fee, the family or other loved ones (but not the individual in need of care) can be charged a weekly ‘top up’ fee. Weekly top up fees differ from placement to placement but can be excessive and quickly drain any financial reserves family and friends have. Top up charges vary but seem to be increasing.

Lived experience:

A caller to Age Cymru Advice enquired about charging arrangements for his mum’s residential care. His mum is living with memory loss and had been assessed as needing four carer calls a day. However, with memory loss she struggled with high levels of anxiety in having strangers coming into her home, which resulted in emergency service calls and having to go into hospital where she stayed for two weeks. At this point the family and social services agreed that the best option for her was to go into a temporary residential care placement as an interim measure. The family were offered the choice of four homes. Our caller told us that three of them were very low quality and the family were concerned for her wellbeing if she had to go there. The last placement was considerably more costly than the others offered, but he agreed to pay a top up of the difference between what the local authority would pay and what the temporary placement charged as a short term measure. This charge was over £100 a week.

It became clear that his mum was better off staying where she was as a long-term arrangement and this then switched from short term charging arrangements to long term residential care charging. Our caller’s savings were becoming depleted and to stay in the same place where mum was now settled would have meant continuing to pay a high top up. Our caller asked the social worker how it was possible to charge for this when his mum had been assessed through fairer charging assessment that she didn’t have enough income to pay for any residential care. The social worker replied that surely the family could together afford the difference if they wanted their mum to stay there.

In this example, the additional charges are not outside of Social Services and Wellbeing Act statutory guidance and so are allowed, yet can still leave families in financial hardship.

Following the publication of our 2023 report, public feedback included cases where older people were having to pay for care privately whilst they were awaiting an assessment from social services. For some, once an assessment had been completed by the local authority after the family had sourced care privately, the volume of care allocated was less than the cost that families had been paying. Not all adjustments and costs associated with that were considered in the assessment such as meals and cleaning services. As a result, families can be paying the maximum £100 care at home charge as well as sourcing additional 'edge of care' at high additional cost.

Communication of charging

Social care leads explained the processes for communicating charging arrangements. Several told us that the one section of Social Services and Well-being Act (Wales) 2014 that they always have with them is the section on charging as it's complex and they need it as a reference. One local authority's financial assessment forms have basic safeguards on single people and those whose income may be joint, so issues relating to pension disregard etc shouldn't happen. If the person has recently gone into residential care and they are reviewing their income, if they have a private pension, part of the assessment is to see if there is a partner at home so that the contributions needed are accurate, whether there is a property disregard and any other factors to ensure all parts of the process are covered. They are currently reviewing the paperwork and are using Age Cymru's factsheets on charging to ensure they have the information needed.

“Seeking residential spaces as well as care at home has failed for an elderly relative. The view has been that as the individual has family then they can bear the costs. The hospitals have not even put in place the mandatory 6 weeks of home care articulated in their policies. No private health care / social care has been available either.” Age Cymru What Matters to you survey 2024

One local authority fed back that all councils are required to have a Debts and Charging panel as a mechanism to ensure charges are fair. They have one for each respective service. If they see any escalation in concerns they can look at where standards have slipped and make improvements. They told us capital limits and care at home maximum charging can all be shared before the financial assessment has been done. The Finance team are also receptive to calls from visiting staff to give older people an idea of how much they are likely to be paying so that people can be better prepared by the time care is arranged.

The same local authority submitted a mid-year business case to increase the amount paid for residential care as they were so uncomfortable with the difference in what they could pay versus what care homes were charging. They commissioned external consultants to evaluate a fair price for care and because of this were able to prove their business case. They received approval to pay up to £65 extra a week depending on cost. Payments back to families for the difference have been arranged. Some residential placements still cost more than they can pay, but the gap is much smaller now.

Where delays in getting the right care in place when needed happen, this can result in older people moving from free short term social care (six weeks) onto long term care and under Social Services and Wellbeing Act 2014 is then a chargeable service, subject to Fairer Charging

regulations. Every social care lead we spoke to about charging told us that processes are in place to ensure that charging is explained – at assessment and at the six-week reassessment.

Despite this, respondents to our annual survey told us they hadn't had charging explained and we continue to get calls on help with understanding arrangements. We also hear through Age Cymru Advice from numerous callers who have been charged incorrectly.

Lived experience:

A caller to Age Cymru Advice had a loved one who had gone into a temporary care home placement, which then became long term. They told us that there was little communication on how care home fees would be paid. When the family member died the family was presented with a six-figure invoice. On checking calculations, our advisor found that the local authority had failed to apply the 50% pension disregard, had failed to calculate the minimum weekly amount that has to be left after charges for 8 months, and charged incorrectly for top up fees. This brought the total owed down to a four-figure sum. Despite our caller raising a complaint with the local authority they were finding it very difficult to resolve the situation.



6. Asks from social care leads

“It’s the 80/20 stuff – 80% of their time is spent at home but 80% of the money is spent in acute hospitals. Unless we have long term sustainable funding we can’t do transformation change.” Social care lead 2024

We asked social care leads what their main ‘ask’ is to improve access to and quality of social care for older people. Overwhelmingly their main call was to have longer term, sustainable funding so that they can make changes to meet the current and future needs of the ageing population of Wales, though some other areas were mentioned as well.

“It’s not all about money, but it has to be more meaningful and we spend inordinate amount of times proving that something has worked.”

Parity between health and social care roles came up in many discussions. One social care lead told us that at the time registration for domiciliary care workers was introduced, they had tried to push for better pay for workers as without this recruitment will always be an issue.

“After the pandemic thought the value of carers would be recognised and they would get the pay they deserved, but that hasn’t happened – just a one off payment. They were betrayed, I think they’re the most undervalued workforce in the UK, same as care homes and you get what you pay for.”

Erasing the divide created between health and social care funding arrangements, often related to delayed hospital discharge were often discussed in relation to Continuing Health Care Funding (CHC). As one lead said,

“The biggest battle is funding with health - if someone is CHC or not, it feels like shifting sand in interpretation and inconsistency – it’s a waste of all professional’s time. Escalations are everywhere but local resolutions are not nationally consistent. A lot of people don’t get a good resolution and they will be self-funding something they shouldn’t be paying for.”

Another example of disappearing funding mentioned in multiple conversations with social care leads was the ‘Further Faster’ initiative. We heard initially this was seen as a really positive development that would assist with increasing community resourcing and reduce demand on in patient care. However, the levels of funding available reduced and we were told by several social care leads that a great deal of work had gone into bidding for this funding which was ultimately unsuccessful. We heard how funding had to be applied for through the health boards and many we spoke to were unable to secure any of this funding. We were told:

“Why send out a framework specifically naming what it had to go on then dismissing what we want to do? Each time they inject into the health service they forget about social care. It is short sighted.”

7. Conclusions

- 1. The surge in demand for social care following the pandemic in 2021 to 2022 has reduced and the efforts local authorities have and are making appear to be reducing waiting times. However, delays in access to social care are still too long.**
- 2. Efforts on social care recovery have continued, but the increasing complexity of need and future population projections means change needs to happen faster.**
- 3. Communication from social services with older people and their families on first point of contact and whilst waiting for assessment or for care packages to be implemented, needs improvement.**
- 4. Efforts to improve support for unpaid carers need to happen faster.**
- 5. Data collection systems are still not able to effectively report on the delays in access to social care.**
- 6. Short term funding arrangements mean edge of care services and lower level support services continue to be at risk.**
- 7. Complexities on charging mean some older people may be paying above the amount allowed through fairer charging that can put families' financial security at risk.**
- 8. Poor communication around hospital discharge means older people remain in hospital longer than they need to.**
- 9. Local authorities are increasingly providing in house support for direct payments that may allow an increase in older people seeing direct payments as a more attractive option.**



8. Recommendations

This year we heard of work undertaken across many parts of Wales to address the underlying reasons from last year's report recommendations. Many of this year's recommendations are similar to last when change has not happened fast enough. Some have been adapted based on newer information.

Recommendation 1

Welsh Government, ADSS Cymru, Social Care Wales and local authorities need to work together to ensure that reporting mechanisms are able to show where positive outcomes rather than outputs are recorded and reported.

In previous reports we have highlighted disparities in data collection and differences in systems and ways of recording across Wales. Not being able to easily and accurately report through existing statutory reporting requirement as well as the resources needed to move from one case management system to another is hindering accurate, reliable and useful data and information on whether services are helping older people achieve positive outcomes.

Recommendation 2

Local authorities should assess whether their current processes for providing initial advice and information and ongoing access to advice and information are meeting the needs of older people. This needs to include a focus on how well information is communicated and understood on fairer charging.

This recommendation remains largely the same as last year. As in previous years our ongoing engagement with older people across Wales highlights many instances where older people are not getting the right information when they approach social care for help.

Our increased focus this year on paying for care has highlighted instances where charges have been applied incorrectly, how changes from short to long term care arrangements and communication around these changes has meant unexpected bills for care.

Recommendation 3

Local authorities should provide an additional focus on those individuals who are currently experiencing a wait longer than 30 days for a care needs assessment or implementation of a care package.

Nearly a quarter (24%) of older people had to wait more than 30 days for a care assessment and 16% had to wait more than 30 days for care to be in place. This year we heard how some resourcing directed towards this had reduced or removed. Without further reductions in waits, this recommendation remains the same as in previous years.

Recommendation 4

Local authorities should provide proactive support for those waiting longer than 30 days.

This recommendation remains the same as described in recommendation three.

Recommendation 5

Regional Partnership Boards, local authorities and third sector services need to work together to improve the availability of earlier intervention and prevention support for older people.

Local authorities we spoke to this year expressed their concerns that they will not be able to meet the projected increased need for social care. We also heard how resourcing pressures mean that it is can be impossible to support and resource earlier intervention and prevention services as well as make changes to meet basic needs. Given the reduction that earlier intervention can make to reduce future demand it is vital that planning includes the holistic care envisaged through the Social Services and Well-being Act (Wales) 2014.

Recommendation 6

Welsh Government, regional partnership boards, health boards and local authorities should ensure that third sector funding is provided on a sustainable basis.

In 2023 we heard from some areas how they hoped changes in contract arrangements would improve services for older people, though there were concerns about their ability to provide sustainable funding to third sector services. This year we heard how some third sector grant funded projects had no or little uplift for 2024 despite increased service delivery costs, and how some grant funded contracts were not continuing. We also heard, in particular, how improving the support offer for unpaid carers was proving difficult to achieve without longer term, sustainable funding.

Recommendation 7

There needs to be an emphasis on learning between local authorities and good practice sharing. This will reduce the volume of work that local authorities need to undertake and help them avoid pitfalls that other local authorities have faced.

As before, we had positive feedback from social care leads through our meetings of how useful it is to hear of developments and changes in other parts of Wales. As changes in how services are arranged and delivered continue, there is a continuing need to ensure that good practice is shared across Wales.

Recommendation 8

Welsh Government, Regional Partnership Boards and local authorities should ensure the requirements of the Charter for Unpaid Carers are met.

This recommendation remains largely the same as last year. The 50% increase in the proportion of older carers that told us unpaid care is a challenge shows how much more needs to be done to support unpaid carers in their role.

References

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- ii. Wales Fiscal Analysis - The Future of Care in Wales: Resourcing social care for older adults, Cian Sion and Michael Trickey August 2020. They calculated 52,500 work in commissioned care and 12,000 are employed by local authorities specifically for older adults.
- iii. House of Lords Select Committee, 14 March 2013
- iv. <https://www.carersuk.org/policy-and-research/key-facts-and-figures/> accessed 1st August 2024
- v. <https://www.audit.wales/sites/default/files/publications/Direct-payments-Eng.pdf>
- vi. Changes were made from April 2023 on data reporting on delayed hospital discharge. Pathways of Care data replaced this and now breaks down in detail the reason for delay via care pathways and is available at: <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Performance/pathway-of-care-delays/pathwayofcaredelays-by-reasonfordelay-date>

Appendix 1 - Social care charging guidance

Under the Social Services and Wellbeing Act 2014: Part 4 and 5 Code of Practice, older people receiving social care in their own home cannot be charged more than £100 a week for their care. Fairer charging statutory guidance states that a person should not be left with less than a Minimum Income Allowance (MIA). If the £100 charge would take them below this, they can only be charged an amount that leaves them with that MIA. Charges for care at home are currently capped at £100, though a consultation on increasing this closed in May 2024.

Charging arrangements for short term residential care (not exceeding 8 weeks), as a temporary care home resident [unlikely to exceed 52 weeks, or to substantially exceed 52 weeks], and permanent residents (where it is envisaged that they will live in a care home indefinitely) are different.

For short term residential care, older people are charged as if they are receiving care at home.

For a temporary resident local authorities can charge as if for long term residential care, but with differences in relation to capital and income. In calculating the person's income, the local authority must disregard 'housing related costs which the resident must meet in respect of their main residence.' The local authority must also ignore the value of their home if they intend to return to live there.

For long term residential care, income and capital are taken into account in the means test. If an older person has individual capital and savings above £50,000 they are expected to meet the full cost of their residential care. Once an individual's resources are reduced to £50,000 they will be able to get a financial assessment. If an older person has capital assets and savings less than £50,000 they will still be expected to contribute to the cost of their residential care but legally have to be left with a Minimum Weekly Amount (currently £43.90) for living expenses. There is a '12 week property disregard' clause that means local authorities must disregard the capital of the person's main or only home in the financial assessment for the first 12 weeks if the value of other capital, minus the value of the property, is below the capital limit.

If capital is not available immediately deferred payments can be applied for. If the older person's partner still lives at home, the home will generally qualify for a disregard and won't be included in the means test. The property can sometimes be disregarded in other specific circumstances. If the partner requires residential care themselves at a later date or dies, property is likely to be taken into account at this point. Deferred payments mean that following their death the sum can be taken from their estate. Local authorities are allowed to charge interest on this 'debt,' but are not allowed to charge more interest than the deferred payment costs the Local Authority. Payments can be made to the local authority earlier e.g. if the property is sold and the money becomes available. In this case the local authority would need to take this into account in assessing the level of capital left in meeting ongoing fees.

