

Why are we still waiting?



Delays in social care in Wales

July 2023



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Age Cymru would like to thank all the older people that spoke to us about their experiences of access to social care. We're grateful to the ten local authorities that spoke to us about what's currently happening in their areas. We also wish to thank the advocates from across Wales that met with us and helped inform the focus of this year's work, and Care Forum Wales and the Welsh Local Government Association for their time and candid discussions that have informed this report.

Executive summary

About the research

This is Age Cymru's second annual report on delays in access to social care in Wales for people aged 55 and over. Last year our dementia advocacy project, HOPE (Helping others to participate and engage) advocacy project and Age Cymru Advice were all reporting worrying delays in older people being assessed by social care for their needs, as well as delays in sourcing care packages once an assessment had been completed.

A year on we wanted to know if the changes local authorities told us about last year were making improvements to older people's access to social care.

Conclusions

1. A picture is emerging of a less healthy population in Wales after the main pandemic period, as can be seen in the large increase in the number of older people approaching social care for help and the urgency of their needs.
2. Efforts on social care recovery have continued this year, but their impact has been reduced as a result of a less healthy population that now has a higher need for care and support.
3. Communication with older people waiting and the information they receive continues to need improvement.
4. Data collection systems are still not able to effectively monitor and report on the levels of delays in access to assessment and care.
5. Because of the change in population health, it's more important than ever to focus resourcing into earlier intervention and prevention areas to improve health and wellbeing.

Recommendations

Recommendation 1

Welsh Government should work with local authorities to ensure that reporting mechanisms are capturing information consistently across Wales.

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, particularly those that are digitally excluded.

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

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 5

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

Recommendation 6

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 7

Welsh Government, Regional partnership boards and local authorities should promote the importance of adhering to the Charter for Unpaid Carers. This is an additional recommendation for this year due to the increase in volume of unpaid care being delivered. Whilst some LAs are working hard to involve unpaid carers in service changes to meet their needs, change is not fast enough.

1. Introduction

“I have cared for my husband for 11 years without a break. It is physically and mentally draining” (Age Cymru survey respondent 2023)

Provision of social care in Wales is challenging. The population of Wales is ageing and the number of people living with complex long-term conditions is increasing. The financial pressures facing local authorities are putting systems under severe pressure. Though the population continues to grow and age, the provision of adult community-based services, care home provision, and respite care has been falling year on year.

High quality sustainably funded social care enables older people to live independently for longer in their own homes and communities, whilst enabling carers to receive support and respite. 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%.

These financial pressures are felt across all of Wales. Family and friends are increasingly being asked to provide care for their loved ones, but there's a limit on what they can do. With more older people living alone without access to informal support, local authorities' care provision is becoming more and more important.

It is predicated that by 2035:

- Those over 65 unable to manage at least one self-care activity will rise by 46% - potentially another 120,000 people needing care and support
- Older people with a long-term illness will rise by 38%
- 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 comorbidities, and a substantial increase in the number of people that will need advice on how to manage long term conditions.

“My 94 year old father spent 7 months in hospital unnecessarily because they cancelled his care package after 2 weeks. Social services were so hopeless and unhelpful that I found new carers myself. Social Services then tried to get us to pay over the max £100 a week per Welsh Law. [...] My father hated hospital as he had dementia. He felt imprisoned when he just wanted to be home with us, as was his human right. LA responded that lots of people don't like being in hospital!!!! It is a total shambles when LAs fail to act within the law. It seems everyone had human rights except our elderly people, especially dementia patients” (Age Cymru survey respondent 2023).

This is our second annual report on delays in access to social care in Wales for people aged 55 and over. Last year our dementia advocacy project, HOPE (Helping Others to Participate and Engage) Advocacy Project and Age Cymru Advice were all reporting worrying delays in older people being assessed by social care for their needs, as well as delays in sourcing care packages once an assessment had been completed.

High quality care relies heavily on a stable, healthy, well-supported and motivated workforce. The additional funding that Welsh Government invested in social care recovery and moves towards achieving the Real Living Wage have unfortunately made little difference against a backdrop of the cost of living crisis that make carer wages less attractive. Recruiting and training staff in both health and social care services takes a considerable amount of time.

Delays were having a significant detrimental impact on those individuals waiting, their carers, family and their wider support network. Our report from this work last year found that though social care departments across Wales were working hard to improve speed of response, many people were waiting a long time for the care they so desperately need. Based on information from our advice and information services, these issues have increased over the last year rather than got better.

Our latest ‘What Matters to You?’ annual survey with older people in Wales shows that those in need of social care are dealing with a range of issues at a higher rate than other people that responded to our survey. Around 20% of all respondents told us they needed social care. Of these, more than a third needed it for themselves and around two thirds needed it for someone else.

Of those 20% of respondents, when asked whether they have good physical and mental health, there was a large difference in their responses compared with overall responses. Those in need of social care were more likely to say they were experiencing poor or very poor mental health and were more likely to say it had got worse over the last year.

Three quarters provided unpaid care for at least one person. Of those providing unpaid care, more than two thirds said they were providing more unpaid care than a year ago and less than 10% said they were providing less care. Around a third were bereaved, which was higher than for all respondents.

Those needing social care were more likely to tell us that loneliness is a challenge, that transport is a challenge, and that their home was in need of repairs.

Those needing social care were more likely to say they were not optimistic about the year ahead.

“Caring for mother with dementia is exhausting and relentless. Not much time for self.”
Age Cymru survey respondent 2023

“Since covid more aware of my fragility and as a carer for my 90 yr old mum with dementia and physical fragility it has heightened my anxiety [...] on how reliant she is on me for her welfare - my energy levels and mental wellbeing has suffered as a result.”
Age Cymru survey respondent 2023

Of those providing unpaid care, many of them told us how a lack of support in this role means they have lost their own independence, including having to give up paid work.

“My father who lived with us has died aged 96. It was a burden caring for him without support.” Age Cymru survey respondent 2023

**“Looking after my wife full time is not easy and no one seems to care.”
Age Cymru survey respondent 2023**

The range of issues facing older people is growing, and issues are compounded when people can't get the help they need to live more independently.

We wanted to speak to more local authorities than last year to get a more detailed picture of what is happening across Wales, to see what the third sector can do to help with recovery, and to see whether the changes we heard about last year are making a difference.

We recognise the cumulative challenges faced by local authorities in allocating resources to meet the increasing needs pre-pandemic, the additional pressures that have arisen over that time period, and the recent increase in demand from a less healthy population for social care services as we move out of the pandemic.

A year on we found that though there are some positive developments, overall changes have yet to see an overall improvement in access to social care. More needs to be done to support the development of community resilience that would allow a wider social care offer to be made and so reduce levels of need for social care over time.



2. Purpose of the research

“It took a long time to get someone to the house to talk about the help available and even longer to get the help in.” (Age Cymru survey respondent 2023)

We know that not having access to the right care support can have severe and long-term consequences for the person waiting for care, their carers, family, and wider support network.

Older people’s needs can change whilst they’re waiting for an assessment and care package. This is particularly the case for some older people such as those living with more than one health condition, or those whose unpaid carers’ health and other circumstances have changed. For people living with dementia, delays in care package allocation can result in more rapid deterioration, particularly for those living alone. By the time a service is available, circumstances can have changed, and the process begins again - causing further delays for older people to get the help that they need. 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 can result in life being ‘put on hold.’

Last year’s report found serious delays in access to social care and made a series of recommendations on areas for improvement. Since then, the cost of living crisis has hit the UK. People across Wales are struggling with food and energy costs and these increased costs also impact public services. Welsh Government’s commitment to pay all care staff the Real Living Wage were based on pre-cost of living crisis calculations, and so recruiting to care roles remains a major issue.

Case Study

An older woman has been getting a lot of unpaid care from her daughter. The daughter lives with her own health conditions and has been finding it difficult to cope. She has been struggling to keep on top of information as well as help her mum with numerous health appointments. When she finally contacted social services for help in April 2023 she was told that there will be a twelve month wait for her mum to have a care assessment. Since contacting social services she has not had any contact from them at all, despite explaining why her mum needs the help so badly.

A year on, the number of calls from older people to our information and advice service about social care have grown. Many callers have told us that they do understand that there’s a staffing crisis and that they’ll have to wait. What they’re less understanding of is poor communication on what’s happening whilst they wait. They feel frustrated that not enough is being done to address the issues. As one caller told us,

“It’s not the people, I know they’re trying their best – it’s the system I’m complaining about.” Age Cymru survey respondent 2023

We wanted to find out whether changes discussed by local authorities last year were having a positive impact. We were particularly keen to hear whether newer ways of working which had often involved increased partnership working with the third sector had made a difference. We wanted to see where improvements are being made and how these are being shared for the benefit of other parts of Wales.

Case study

An older woman had a fall earlier this year. She had been due to have surgery just before the pandemic, but over time her health has gone down and so surgery is no longer an option. She has had a number of falls in recent months. Her son, daughter and her daughter in law (all working full time, providing care for children on the weekends, and living some distance away) have been giving her care at home. Even with aids and adaptations she doesn't feel safe to shower alone.

She felt it undignified to have to have family provide personal care to her on top of all the other help they are happy to give her, so the family contacted the local authority for help. They were told they were number 52 on a waiting list for an assessment and so it would be some time before they can get her the care she needs.

Mum needs four calls a day to be safe. The family have managed to arrange for some private care, but this is putting a severe strain on their finances in the midst of the cost of living crisis.

The issues older people are telling us about this year are the same as we were hearing about last year. This year we have heard from increasing numbers of older people who feel their needs are being ignored and need help now.

Our discussions with Age Cymru advocates told us that they're seeing higher levels of issues in relation to social care provision. There are some specific areas that are increasing the work they need to do in order to achieve positive outcomes for older people across Wales. In particular they told us:

- Referrals to advocacy services often are made further along an older person's journey and if they were able to get these earlier, there's far more they could do to get better outcomes faster.
- Changes in staffing in social work teams means that there are an increasing number of referrals arriving where the referrer has already left their position before the advocacy services calls them back the next working day. This increases the volume of work that is needed for both advocates and social care team members.
- Increases in cases where older people in temporary placements needs change whilst they are there, meaning more best interests meetings need to be held.
- A jump in referrals for cases where family relationships have broken down, which are usually related to the strain of unpaid caring.
- Decision making on who will pay for care is causing delays in older people getting the right care early enough.
- With an increase in care home closures in recent years, the volume of work for advocates has increased and older people's choices on their own lives are reducing.

These increased pressures mean advocacy services are now less able to provide continuity of care that is vital to positive outcomes for older people. They told us how vital it is that help is available to people earlier in their journey to ensure older people's rights to person centred care are upheld.

3. Method

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

- Whether the scale of the issue of waiting for social care for older people across Wales has changed.
- Whether local authority plans for social care recovery are making a difference to older people.
- Whether steps have been taken by local authorities to help those that are waiting, and
- What Age Cymru and the third sector could do to support local authorities in recovery.

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.

For local authorities that had provided data in the previous year we asked for the latest year's data from 2022-2023. For local authorities that had not provided data previously we also asked for data from 2021-2022.

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 ten social care leads, five of which were from local authorities that had provided FOI data.

As the FOI data relates to last year, we met with advocates from across Wales and our information and advice team to hear what issues are coming to their attention right now, and to see where things are working well. We spoke in detail to some callers to Age Cymru Advice about their experiences. At a national level we talked to representatives from Care Forum Wales and the Welsh Local Government Association.

Case study

A recently widowed older man now living alone with multiple physical health conditions had a fall and was admitted to hospital. He had badly injured his hand and had banged his head. The hospital contacted his daughter as they wanted to send him to her home as they said he was 'bed blocking.' His daughter lives with her own health conditions that mean that she needs help from her own children on 'bad days.' She had to refuse their request as she was working, and no cover could be arranged.

The following day the hospital discharged him to his home, though he was unable to prepare meals or carry them to the table.

The family had previously been told that care would be arranged for him. When no carers visited, the daughter phoned the local authority who told her that someone would come out and see him about what help he needs, but they wouldn't be able to give him any care straight away, and when it was available it was time-limited reablement care for a maximum of six weeks. No one turned up and so she contacted them again the next day. The person she spoke to told her that in her county there are 350 people on their waiting list so it will be a long time before she will be able to get any help for her dad and that there isn't any private care available either, even if the family are able to pay for it themselves.

She told us she's very frustrated with the system – not the people trying to work in it. She wants carers to be paid better and valued for the vital role they have in helping families. She told us, "I wish I could do more, and I feel like I'm letting people down."

Guilt at not being able to do more is something we hear so often from older carers.

4. Findings

The data in this section is drawn from the local authority Freedom of Information (FOI) responses and meetings with ten local authority social care leads.

We also looked at current and pre-pandemic data from our Information and Advice service to see whether there are trends in specific areas that need an additional focus.

Issues continue with data collection processes.

Concerns from last year continue that local authorities are not readily able to draw out information from their case management systems on each older person's wait for an assessment and for care to be in place. This calls into question how local authorities can conduct quality assurance checks and plan for increased demands if their systems are unable to follow through a care pathway by each individual needing care and support.

Only 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. This was a slight increase over last year. Of those 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.

Similar to last year, discussions with local authorities highlighted that some elements of care would take longer to source, so data included in this report is a more positive view of care provided in that simpler elements such as shower chairs and seat risers can be relatively simple to get in place.

We were concerned that one local authority's case management system was only able to provide statistically reliable data: They said,

“We have provided the base awaiting assessment data but have excluded the outliers using a statistical formula and rationale of the 1.5 outlier rule. The outlier formula designates outliers based on an upper and lower boundary.”

We asked whether we could have the full information so that it was more easily comparable with data from other local authorities but were told:

“Our data is not collected in the way that you have requested. [...] In order to validate the data fully this would take over 18 hours.”

This calls into question whether what they term 'outlier data' is being reported on if it is not considered statistically reliable and systems have been set up to only pull out this information from all cases in social services. That outlier data includes individual people's need of care and support. Everyone's information should be part of social care recovery analysis, and if it takes longer than the time allowed within FOI limits this would appear to be an overly administrative burden. If local authorities are interpreting reporting requirements differently to each other, this impacts performance comparisons and hinders confidence in sharing best practice methods of meeting the social care needs of older people.

Last year we reported that some local authorities had told us that they were in the process of changing their case management systems over, and so couldn't provide the information. Local authorities told us the same thing this year. We were unable to get a response to our enquiry on how long changes in systems were likely to take.

We reported last year that local authorities had told us that whilst changes are ongoing (as well as the additional resourcing that is necessary for a change of systems), there's an additional burden in meeting statutory reporting requirements as data needs to be manually collected when systems are not able to do this. If change is slow, the high administrative burden continues and takes away resources that could be much better used in improving access to care and support.

One local authority who hadn't been able to provide data last year told us that they have a new case management system that can now link things through from referral to assessment and so will be able to provide this information next year. They told us that lots of health staff can use their system which helps improve things. If health and social care do use the same system for recording information on clients, this reduces the administrative burden in passing on information from area to area, and so frees up resourcing that can be better spent on front-line care and support.

Nature of calls to Age Cymru Advice

Age Cymru Advice is seeing large increases in contacts relating to social care and community support.

Age Cymru's Advice¹ service offers advice and information to older people, their families, friends, carers and professionals. Social care is one of the main areas that older people contact us about and longitudinal data shows the increase in issues in recent years. Contacts to our service have roughly doubled since 2018. Not only are contacts increasing, but also the complexity of issues. Where previously contacts may have been for one specific area, increasingly people are contacting us on multiple issues.

Community care enquiries: Total contacts regarding community care increased from 2787 in the pre-pandemic year to 5254 in 2022/23 – an 89% overall increase. Of these:

- A 277% increase in contacts in relation to how care and support is planned.
- A 35% increase in relation to paying for care and support at home.

Care and support planning enquiries: There was a 277% increase over the pre-pandemic year regarding care and support planning - from 98 in the pre pandemic year to 369. This is an area where relatively few calls are received, but the numbers have been growing dramatically.

- A 1400% increase in contacts regarding addressing the wellbeing duty towards the service user properly.
- A 1500% increase in contacts in relation to maintenance of personal hygiene
- An 1800% increase in contacts in relation to support for family and relationships.
- A 140% increase in contacts in relation to reviews of support plans.

¹ This figure does not include callers to our Local Age Cymru partners' information and advice services, and so the numbers should not be seen as indicative of the full nation's volume of concerns.

Services and provision of care enquiries: There was a 104% increase in contacts in relation to services or provision of care from 1663 in the pre-pandemic year to 3386 in 2022/23.

- 775% increase in contacts in relation to local authority non-residential services.
- 536% increase in contacts in relation to paying for community equipment.
- 416% increase in contacts in relation to personal care.
- 89% increase in contacts in relation to domestic assistance/private arrangements
- 309% increase in contacts in relation to respite care and replacement care for carers.
- 139% increase in contacts in relation to meals at home/meals on wheels.
- 63% increase in contacts in relation to direct payments.

Residential care enquiries: There was an 88% increase in contacts in relation to residential care options from 201 in the pre-pandemic year to 377 in 2022/23. Of these, calls about cross border issues, private arrangements for residential care, the right of the person to choose residential care and what the local authority's duties are, all increased.

The sheer increase in volume of calls and contacts to our service demonstrates the issues that older people are facing negotiating access to social care. The increases relating to paying for private care and equipment show the and desperation older people face waiting for the care they need. Whilst families are forced to provide unpaid care to loved ones that's not what they or their loved one wants, relationships become strained, and this can have long lasting consequences.

The increases in demands on social care a year on from our last report can clearly be seen in the below data.

Waits for assessments.

“It’s like waiting for the kettle to boil when it’s not switched on.” (Age Cymru survey respondent 2023).

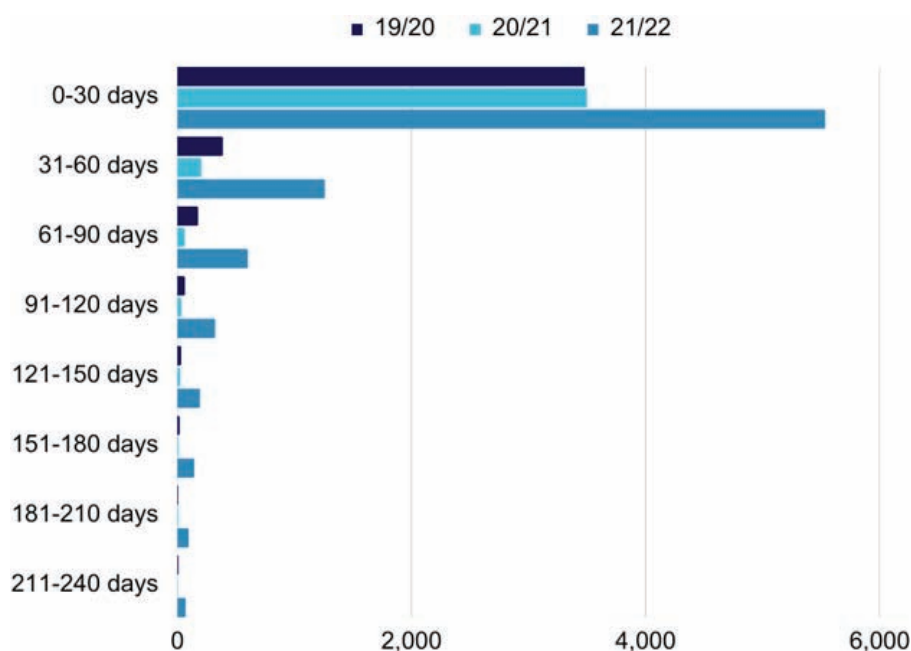
Though 12 local authorities were able to provide data on time taken to assess this year, the three year comparison is only possible with counties that previously provided data. The additional data gathered will be used in future years work.

Table 1: Time taken to assess – Three year comparison.

Length of time	Totals and percentages 2019-2020 n-10	Totals and percentages 2020-2021 n-10	Totals and percentages 2021-2022 n-10
0-30 days	13073 86.28%	12097 91.09%	14337 79.8%
31-60 days	954 6.30%	643 4.84%	1696 9.44%
61-90 days	509 3.36%	264 1.99%	786 4.37%
91-120 days	275 1.82%	128 0.96%	410 2.28%
121-150 days	148 0.98%	76 0.57%	244 1.36%
151-180 days	64 0.42%	33 0.25%	175 0.97%
181-210 days	33 0.22%	17 0.13%	107 0.6%
211-240 days	25 0.17%	17 0.13%	75 0.42%
241-270 days	11 0.07%	3 0.02%	24 0.13%
271 - 300 days	15 0.10%	2 0.02%	15 0.08%
301-330 days	15 0.10%	0 0%	23 0.13%
331 - 360 days	11 0.07%	1 0.01%	16 0.09%
361 - 390 days	3 0.02%	0 0%	4 0.02%
391+ days	15 0.10%	0 0%	54 0.3%
TOTAL	15151	13281	17966

The increases can be more easily seen in the graph below.

Table 2 – Three year comparison - time taken to assess people aged 55+ for care needs for 10 local authorities (containing same data as the table above).



The urgency of older peoples’ care needs means that a lower percentage are being assessed for their care needs within 30 days and the increase in demand means many more individuals are waiting for longer.

19% more older people asked for help in 2021-2022 than in the main pandemic year of 2020-2021 and 35% more older people asked for help in 2021-2022 than in the pre-pandemic year. This is indicative of the known loss of health of the population through the pandemic. It illustrates how quickly needs increase in the absence of preventative and earlier intervention information and advice, activities and services.

The percentage of older people being assessed within 30 days of a request has reduced from 91% in the main pandemic year to 80% for 21-22. This figure is lower for calculations using data from 12 local authorities.

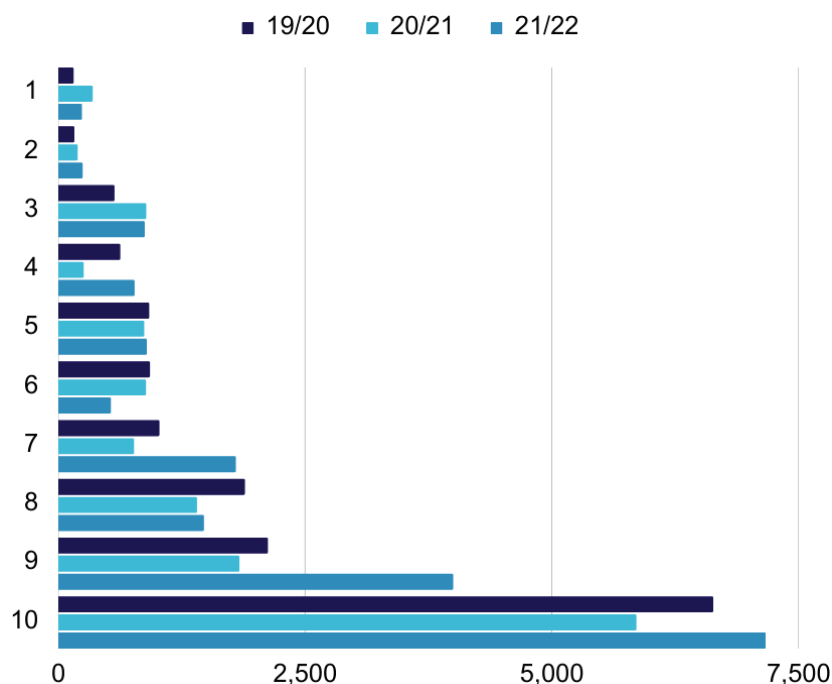
More people are waiting a very long time for an assessment.

The longest wait for an individual to be assessed from the local authorities that responded to this question was 1122 days.

In discussions with local authorities about these trends, they told us they’re seeing more people coming forward now asking for help than ever before and their needs are higher than those seen in people pre-pandemic, and this often means it can take longer to assess their needs.

The above table collates all local authority comparable data, but in doing so it masks the individual differences between areas. The timing of increases in need for social care vary between local authorities. Some told us they don’t think they have seen the peak in demand yet and others hope that the largest increases are already here. Several local authorities told us that the increase in demand they expect to see through winter months now lasts all year – ‘it’s a relentless deluge,’ one told us. The table below illustrates these differences.

Table 3: Comparison of ten Local Authority’s volume of completed assessments over a three year period.



This shows the differences in levels of need for care between local authorities. The reasons for differences are unclear. Local authorities all have the same duties to assess for care needs under the Social Services and Well-being (Wales) Act 2014 but how they conduct assessments varies. The majority of local authorities we spoke to told us they look at referrals on the day they come in. They told us where it looks like the person’s needs can be met without social care assessments, they try and give them the advice that day. Local authorities we spoke to again told us how they need to prioritise the most urgent referrals, and how this means that others have to wait much longer than they should do.

In discussions, many local authorities told us they didn’t think that they’d got back to pre-pandemic levels of face-to-face assessments. All those we spoke to were clear in the value of assessing a person in their own home to help with a more holistic assessment that’s centred on that person’s individual wants and needs. However, vacant assessment posts and staff capacity means this isn’t possible. In particular, issues continue in recruiting to Occupational Therapist posts and some told us this accounts for the largest part of their delays in assessments. Wage levels are generally higher for these roles in the NHS than in social care.

Some wondered whether an effect of the pandemic had been to shift the culture away from a ‘face to face by default’ ways of working. Some local authorities we spoke to told of difficulties in getting all the information by telephone, as some people are less able to articulate their specific circumstances or may minimise their difficulties simply from having to have made adjustments over time to get by. Some spoke of having to weigh up the value of a face to face assessment over using that travelling time to be able to assess more people for the care they need.

Last year local authorities told us how one of the ways staff were being supported through challenges was through an increase in hybrid working. Whilst this has many benefits, the reduction in time in offices can mean that paper-based information and advice that previously would be routinely collected and taken on home visits may not be happening in the same way as before. As many older people are not digitally enabled, this has the potential to reduce their

access to information and advice that they need to help themselves whilst they are waiting for social care support. Some social care leads we spoke to who were further from front line social work wondered whether this had an impact on the levels of information people were getting and tasked themselves with looking into this.

When talking to local authorities about addressing the issues, many spoke of an increased focus on earlier intervention and preventions services and activities. They told us it's a vital area to resource as demand for services will otherwise increase further over time.

Conversions from requests into a care plan

The proportion of requests for help that then convert into planned care has increased.

Pre pandemic 28.5% of requests resulted in care being provided. The main year of the pandemic itself saw that percentage lowering, and discussions with social care leads across local authorities suggested the difficulty they found in sourcing care in the community during lockdown impacted this. For 2021-2022, the conversion rate has increased to 36.4%.

The overall increase in conversion rates suggests that far more older people have a higher level of need than previously. However, conversion rates vary greatly between local authorities, as can be seen in the table below.

Table 4: Comparison six individual LAs conversion rates from assessments to having care in place.

	19/20	20/21	21/22
Local authority 1	25.6%	13.7%	17.8%
Local authority 2	93.5%	incomplete	45.9%
Local authority 3	17.1%	13.9%	15.7%
Local authority 4	59.4%	43.5%	94.2%
Local authority 5	4.9%	5.1%	15.1%
Local authority 6	44.1%	61.3%	33.0%

Conversion rates will be impacted by a range of factors including, but not limited to:

- whether there are sufficient community low level services available to reduce demand
- whether the single point of contact function in each area is mature enough to sort those who need an assessment from those who need a different community solution, and
- the availability of domiciliary care to provide that conversion to having care in place.

Where local authority's conversion rates have reduced, a common factor is whether that local authority has been able to recruit into domiciliary care; if community care isn't available, older person remains waiting for care and isn't part of the data for that year. This therefore suggests that conversion rates may be higher if the resourcing in domiciliary care was available.

Waits for care to be in place.

A higher proportion of older people waited less than 30 days for some elements of their care last year, but more individuals are waiting longer.

Many respondents to our annual ‘What Matters to You?’ survey told us of the difficulties they are having getting the care they need for either themselves or a loved one.

“It took a long time but was very good when it finally kicked in. I wish I could have had help sooner.” Age Cymru survey respondent 2023

“My wife died long before the local authority were able to source the support she needed.” Age Cymru survey respondent 2023

“My 89 year old mother was discharged from hospital. Pre discharge there was activity from hospital occupational therapists etc, but post discharge there was a wait of 2 weeks before OT and physiotherapist visited. Carer assistance provided for washing etc for 6 weeks. Now I have to cope. Still waiting for adaptations like shower seat and handrails. I get frustrated with my mum sometimes and then feel guilty.” Age Cymru survey respondent 2023

FOI data shows there has been an increase in the proportion of older people asking for help that had care in place within 30 days of the assessment being completed.

For 2021-2022 this was 83% of all those provided with a care package that year. The previous year this was 67% and for the pre-pandemic year this was just over 70%.

Table 5: Three year comparison - time taken to provide care for people aged 55+ once assessed. (n-6)

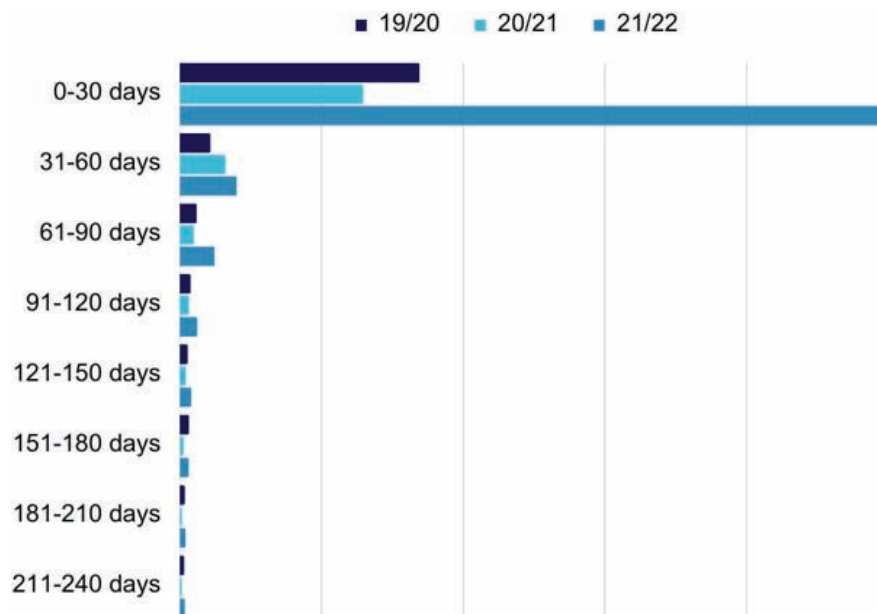
	19/20		20/21		21/22	
0-30 days	845	70.4%	647	67%	2498	82.5%
31-60 days	107	8.9%	160	17%	199	6.6%
61-90 days	59	4.9%	49	5.2%	121	4%
91-120 days	37	3.1%	31	3.3%	60	2%
121-150 days	27	2.3%	20	2.1%	39	1.3%
151-180 days	31	2.6%	13	1.4%	30	1%
181-210 days	16	1.3%	6	0.6%	19	0.6%
211-240 days	14	1.2%	6	0.6%	16	0.5%
241-270 days	6	0.5%	2	0.2%	15	0.5%
271 - 300 days	10	0.8%	2	0.2%	9	0.3%
301-330 days	6	0.5%	2	0.2%	3	0.1%
331 - 360 days	7	0.6%	3	0.3%	7	0.2%
361 - 390 days	6	0.5%	0	0%	5	0.2%
391+ days	29	2.4%	1	0.1%	8	0.3%
TOTAL	1200	100%	942	100%	3029	100%

The volume of care packages allocated in 2021/22 is 3.2 times the number of care packages allocated in 2020/2021 and 2.5 times the pre-pandemic year of 2019/20.

Discussions with local authorities around data collection told us that the pandemic year itself was so unusual that though data has been collected, figures may not be representative of the true level of need as many people were not coming forward for help at that time.

As included earlier, Age Cymru Advice has seen large increases in the volume of people contacting us about how care is planned and arranged, which includes increases in calls around sourcing private care.

Table 6: Three year comparison - time taken to provide care for people aged 55+ once assessed. (n=6)



Without exception, social care leads told us that there’s a much higher level of need for care for many people coming forward. This can clearly be seen in the large increase in the volume of care provided in the above graph and table. No sooner have they arranged care for one person in crisis, another urgent referral comes in, and so there’s no capacity to deal with those who have already been patiently waiting for care for some time and may be really struggling. As one told us,

“It’s the ones in the middle that I really worry about, that are struggling along.” Age Cymru survey respondent 2023

“Very difficult to set up carer support. Then care was cut from every day [to] 3 times a week. Circumstances have now changed and have waited 3 months for an assessment. Still waiting.” Age Cymru survey respondent 2023

Some local authorities we spoke to explained that their Single Point of Access has the ability to commission temporary care packages for those that urgently need care, which may go some way to explain why many older people have been able to get care quickly.

Many of the social care leads we spoke to were clearly very concerned regarding the erosion of older people’s rights because of the crisis in care. They told us about older people being placed in residential care when this isn’t what they would have chosen to do in other circumstances, yet this was the only safe option for them in the absence of domiciliary care. One told us of an

increase in legal challenges on human rights because of these circumstances. We heard how when private agencies handed back care packages with short notice, some older people had to move into residential care as there simply was no safe alternative available for them.

Though local authorities made efforts to get people inappropriately placed in residential care back into independent living as soon as possible, some had to stay there for many months. As long term residential care homes rarely have a sufficient reablement focus towards independent living, for many this meant that they were too frail to move out, or worse, by the time care was available in the community.

Some local authorities told us how care home closures had affected their ability to provide care.

Despite these extreme pressures, social care leads were clear that they want to make efforts to allow others that have not yet asked for help to come forward and were concerned about those who may think that they are managing, but could have some sort of help to make their lives better. As one said, 'If we don't know, we definitely can't help.'

Communication

Some local authorities that previous told us they were able to make calls to those waiting for an assessment or care as there was staff capacity during the pandemic to do this, using staff whose usual role was less immediate than addressing social care needs. They told us that as there are so many people coming forward now that they simply don't have the capacity to do this anymore.

Other local authorities told us that they had made changes and were in regular contact with older people about where they were on the waiting list – one said some older people had now requested not to be contacted unless they actually had care available for them.

Some local authorities again told us they think they could do more for those people waiting if they were able to increase staffing levels.

Powys local authority told us they had commissioned a third sector service to make check in calls.

Each local authority told us that everyone who contacts them for help from social care will as a minimum get a letter telling them that they're on the list for assessments. The letter says that the person should contact them again if anything changes whilst they are waiting.

Older people's experiences we hear about through our services and ongoing engagement programme across Wales suggests that levels of communication have not improved over the last year. A caller to our information and advice line told us that though they had spoken to many people in health and social care, it wasn't until they spoke to us that they felt that their desperate circumstances were being heard. "You're the first person who seems to understand what we're going through," they told us.

Addressing the issues

It was clear from talking to ten social care leads that most are largely facing the same challenges. How they are addressing these issues vary from county to county, and whilst many possible solutions are similar, some areas are experiencing more entrenched issues than others.

The need for care has increased significantly since the beginning of the pandemic at the same time as recruitment has still been difficult. Recruitment and upskilling recruits in Occupational Therapist roles to reduce assessment backlogs remains an issue for many, though some have fewer issues in this area. Some told us of vacant posts in some social care departments and some told us they have a full staff complement, but it's simply not enough to meet increased levels of need. All have issues with the availability of domiciliary care. Others told us how they have had to rely on agency social workers, which comes at an increased cost and can reduce good continuity of care.

Several told us of the additional work needed when care homes have closed and how this can impact their ability to provide older people with a home of their choice. In particular, where closures impacted the availability of dementia care, placements further from family and friends had to be used.

Some local authorities told us of changes in ways of working so that more expertise is available at the front door of social care.

Many of the local authorities we spoke to told us of locality working, which they think has helped speed up access to social care. Last year some had told us of increases in working in this way, which they now think may have helped, but with the additional pressures of a less healthy population coupled with difficulties in recruitment to assessment and domiciliary care roles, change is taking longer than they hoped.

How local authorities are reducing waiting lists

Discussions with social care leads across Wales demonstrated a variety of ways they are trying to reduce delays in assessments and providing care to older people. For the local authorities we had spoken to last year, we asked about how newer ways of working have helped.

Local authorities who told us they had some additional funding were more likely to be the ones whose waiting lists are reducing. However, in many cases the additional funding is temporary and so more sustainable long term solutions are needed.

In most cases, planned changes are still in progress. For example, changes that require changes in contract arrangements are less likely to have taken effect by this year, or at least the expected changes from this are yet to be seen.

In some cases, local authorities were able to update us on expansions of micro enterprises that were helping provide lower level care needs, particularly in more rural areas. One social care lead told us that there were some staff working for private care agencies who had planned to leave the profession. When they saw that a better option for them could be working for a social enterprise, they stayed working in the care sector and so those many years of experience continue to benefit older people.

Some local authorities told us last year that they were looking at the possibility of using direct payments as a way of providing more person centred support. One local authority told us they are using direct payments as they are not able to find the right service for people's needs themselves. One local authority told us that the increase in volume of micro enterprises means that direct payments can be a better option for some people. As the micro enterprise deals with the employment matters, this means more people are able to take up this offer.

Several are looking at how they can use other trusted professionals and agencies to assess care needs. Several local authorities said they were considering whether it was possible to develop systems where people could assess their own needs within legal frameworks. Where local authorities were considering this, it was often in areas where waiting lists are very long and other efforts to clear backlogs had not been successful.

Carmarthenshire local authority have invested in additional information and advice officers and are now seeing waiting lists come down. In Conwy the local authority have increased social work roles in their duty teams to help have professional advice earlier in the process.

Gwynedd local authority have moved away from a central team to more community based teams, and all staff are part of the duty team rosters, which they tell us provide an earlier intervention.

In Powys they're piloting more locality based social work teams. Rhondda Cynon Taff local authority told us they are reviewing their information and advice function to see if there are opportunities to collaborate earlier with other departments, third sector services and other agencies to provide an earlier intervention on a whole range of areas that increase older people's need for social care support – similar to other areas' 'edge of care' services that provide practical and low level help. They hope that this will help support unpaid carers better.

Torfaen local authority told us that have five locality teams across the borough that look at referrals on the day they come in. They told us this way they're able to screen early to make sure urgent needs are looked at. Whereas Wrexham local authority have managed to recruit much better in the last six months and are now reducing waiting lists. Though this is a positive step, they remain concerned that this is only a short term fix until parity with health care workers is achieved.

Some of the changes that local authorities are making to improve access to social have been in development for several years.

Support for unpaid carers

“Following dementia diagnosis mum has now had support via carers seeing other meds and meals daily has relieved some of the burden but I still have responsibility for routine tasks to support her remaining in her own home as long as possible as well as the added financial matters, so my worries have not really abated and no-one seems to care about that effect on me.” (Age Cymru survey respondent 2023)

In our latest annual survey, more than a third of respondents said they provide unpaid help or support to a family member or friend. Of these, more than 40% said the amount of care they provide has gone up in the last year. Only around 7% said the amount had gone down. One of those that aren't providing as much care told us,

“This time last year mum’s dementia was becoming worse and I was worried. Now she is being well looked after. I still worry about her, but now she is not my sole responsibility. [...] I can see more of my friends and family and they are all supportive.” ((Age Cymru survey respondent 2023)

Last year we were told by local authorities we spoke to that they were looking into what they were able to do what would help unpaid carers. This year more local authorities told us about efforts made. There was a mixed picture of developments across Wales. Some have only recently begun focussing on unpaid carers needs. Some areas told us they had been trying to focus on this for several years but the pandemic and staff sickness has caused considerable delays. Other areas have developed carer involvement systems that involve third sector partnerships that are helping shape the future direction of unpaid carer support.

Case study:

A caller to our Advice telephone line asked for help as the family were burnt out from working full time, caring for their grandchildren and their mum. The family have all been providing unpaid care. Mum has become increasingly frail over the last couple of years – she was due to have an operation before the first pandemic lockdown but is no longer fit enough for surgery. She has had some aids and adaptations at home but has fallen a number of times and now feels unsafe managing personal care and meal preparation alone at home in case she falls again. She is in a lot of pain and waiting for an appointment for a pain management review.

The family contacted the local authority for help and were told they were number 52 on the list for a needs assessment. The caller told us they have had to source four calls a day that they are currently paying for privately. They told us they can’t afford this but feel it’s the only way to keep their mum safe under the circumstances.

Some local authorities we spoke to talked about how easily unpaid carers needs can get overlooked by very stretched social care systems. One told us they think there will be longer term impacts from a lack of support for carers in the next five to ten years in terms of their physical and mental health.

Some local authorities told us they had put additional staffing into carer support. Others told us where they are developing their partnerships with the third sector to provide more earlier intervention help.

Anglesey local authority are considering how they can work with the third sector to undertake assessments and free up social workers’ time.

The North East Wales counties (Denbighshire, Flintshire and Wrexham) have arrangements with North East Wales Carers Information Service (NEWCIS) where NEWCIS staff are based in their community resource teams and undertake carers assessments. Wrexham local authority told us that this partnership is getting stronger. They have now developed the ‘Bridging the Gap’ service, which provides short period respite from the carer’s role.

Denbighshire local authority told us they’re trying to provide more innovative support to unpaid carers and are working with carer assessors to look at what help they can provide, based on the individual needs of the unpaid carer. They told us that they have seen some good examples of volunteers and carers both benefiting from these developments. They told us this

is an area they have to keep working at to try to get it right. They told us they had made efforts to have the unpaid carers voice heard. They have a carers' think tank, and the carers lead on the commissioning side of the service. They told us this is led by an experienced social worker but there are a lot of people involved and they are finding more creative ways of helping achieve the unpaid carers' own needs.

Rhondda Cynon Taff local authority told us they are trying to develop a more robust early intervention and prevention service for unpaid carers. They are focussing on how they can maximise carer break opportunities and so commission something that is more worthwhile to more people than those that just need a respite sit or have a direct payment. Feedback from unpaid carers in their area says that they need a central place to go for the information they need at the time that they need it. They are investigating how they can achieve these goals.

Torfaen local authority told us they have a carers centre that provides information and advice for carers 5 days a week. The local authority employs a carers officer who administers the carers grants.

Vale of Glamorgan local authority have increased resourcing of carers' needs. Previously carers needs were under one manager who had a range of other responsibilities and so was not able to give carers a sufficient focus. Now one manager's sole responsibility is carers' needs. There is now a dedicated carers' support officer in all social work teams who can undertake carers assessments as well as access grants for carers. They contract with Carers Gateway, who provide information and advice and also undertake carers' assessments. If the Carers Gateway think a carer is struggling they now have systems to refer straight back into the social work team for additional help. They told us they think these changes are now making a difference but remain concerned for the unpaid carers that they don't know about. Their next step will be to develop campaigns work on carers rights to try and reach more carers that need support.

Unpaid carers need change to happen faster than it is currently. Demands on carers will continue to increase whilst they are not able to get help from social care whilst staffing issues continue.

Domiciliary care

Survey respondents to our annual survey told us just how much the crisis in recruitment to domiciliary care roles is affecting them. We heard from people who need more care for themselves or their loved ones, and the lack of care workers means no help can be found. Age Cymru Advice has received more calls over the last year relating to the need to find private care due to the lack of care available through a social services assessment or reassessment, so families are forced to try and find something else. Callers have told us they can't find private care either.

We heard how inconsistency in times of visits and changes in care staff affects older people living with dementia.

“Difficult accessing information. Care very limited. No consistency. Poor timekeeping. Often no shows. Inexperienced carers. Very difficult for Alzheimer's patients who need consistency.” (Age Cymru survey respondent 2023)

Some local authority areas have involved unpaid carers in service development that is more able to help with what matters to them. However, change is slow and changes across Wales are uneven.

The Charter for unpaid carers, introduced under the Social Services and Wellbeing (Wales) Act 2014 clearly identifies their rights but the Charter is not being adhered to consistently across Wales. It is vital that efforts are focussed on speeding up change to prevent increased demand for services from burnt out unpaid carers. The lack of community care continues to be the main issues for social care departments across Wales and rural areas are struggling more. Each county has issues to various degrees. It was clear from discussions that efforts have been put in across Wales to make changes, but the cost of living crisis and the increased needs of older people emerging over the last year have lessened the impacts of changes made.

In particular, many counties struggle to recruit in areas with poorer transport links and where there are similar paid employment opportunities with fewer responsibilities. Some rural counties spoke of the potential benefits of bringing health and social care workers within one service.

Carmarthenshire local authority told us they have increased their hourly rate and have different rates for areas that are more difficult to provide care in.

Conwy local authority told us that all those needing domiciliary care go through their reablement service first so that a more accurate assessment of a person's longer term needs can be completed. This frees up resources for those that need longer term domiciliary care.

Denbighshire local authority told us that originally had a contract arrangement with community catalyst that was supporting them to identify entrepreneurs that might want to set up an enterprise. They have now brought some micro enterprises in to their edge of care team, which developed through the pandemic. They told us that micro enterprises can be a really good way of using direct payments with older people as the issues relating to having to act as an employer are reduced. They have plans to expand this area further.

In Gwynedd local authority they have an increased focus on the reablement areas of domiciliary care to free up resources for those that need long term care.

The Isle of Anglesey have benefited from other lost employment on the island to recruit more into care roles. As the island lost one of their main employers, they took social workers and human resource workers out to community support events to talk about careers in social care. As a result of this they were able to recruit a number of carers. They have brought some domiciliary care in-house and have a new tender process.

Powys local authority told of us of the extreme difficulties they are having in recruitment. They're commissioning micro enterprises to cover some of the demand at lower levels of need for care.

In Torfaen they've begun piloting patch based working. They told us they have good reablement services that help people get to a stage where they need less care and so this frees up capacity.

The Vale of Glamorgan told us the changes they've made mean they're now seeing their waiting lists for care come down. They have an in-house short term reablement service, with the longer term domiciliary care provided by private agencies. They were struggling to source longer term care for those reaching the end of their short term reablement service, which was increasing the number of older people waiting for care, but the resourcing that has made these differences to increase the volume of care are only a short term fix.

They've moved away from 'time and task-based' commissioning and now provide a 'Your Choice' service. Rather than stipulating specific tasks, the older person is allocated a number of hours and they discuss with their care provider how they can best use that time on what matters to them. They have also had additional investment into the hospital discharge team that helps with the level of demand.

Wrexham local authority had initially piloted some micro enterprises, and after seeing how well these have helped people, are now increasing the volume of this area of service. They have brought some domiciliary care in house to improve staff retention with better terms and conditions of employment and are now seeing waiting lists come down.

It's clear that all the local authorities we spoke to are trying to make changes to reduce delays. It has long been understood that the ageing population would put pressure on a system that struggled to meet pre-pandemic demand and many of the changes above have been planned for over several years. In contracting arrangements and ways of working will take some time to embed and produce improvements, leaving older people without the support they need. As the population's needs change it is vital that care systems are flexible enough to meet changing needs.



Day centre changes

Day centres can help provide many unpaid carers the time they need to do other things away from their caring role and provide the older person the support and activities they need in their daily lives. Prior to the pandemic, day centres were already closing and this was a concern for many older people.

Last year we heard from some local authorities that they'd not re-opened day centre provision since the pandemic. For some this was due to a lack of care staff. Other local authorities told us they were taking the opportunity of day services being closed to examine what service those using day centres truly want and need.

This year more social care leads have told us that day centres have closed but they are providing support to meet the needs of those that were accessing day centres in different ways. Several told us that some provision is being maintained for those that need it the most and one told us that demand has reduced so much for traditional day centres that now only one person attends. The common theme of discussions was that those that were assessed as needing day services now have increased needs and so provision is changing to meet changing needs.

Some local authorities are considering group direct payments as a means of providing social opportunities for older people rather than traditional day centre provision.

In Carmarthenshire the local authority looked at what provision they had whilst things were closed down. They're now providing less building based care and are developing a suite of options. These include gardening opportunities, walking groups, and group direct payments (though these are mainly used for other client groups).

In Denbighshire they will shortly be opening their new day centre that has been remodelled to focus on reablement.

Rhondda Cynon Taf local authority told us they've not reopened their pre-pandemic provision. They now provide smaller day services where the need was always the highest. During the pandemic the outreach provision that they were able to provide in place of day services went well. They are currently looking at options for the future.

In Torfaen the local authority fed back that the day services had been too building based and traditional, so have not gone back to the pre-pandemic service. They told us they're looking at what meets people's outcomes better. The new system has some day services still but includes a static day service that assesses what people want from their care over a period of several weeks. After the assessment they have an offer that could be more community based.

Vale of Glamorgan local authority have opened up the same volume of provision as pre-pandemic, but whereas formerly this was more of a social club, those attending have a higher level of need for support, so they can't have as many there as before without extra staff. They told us it's now more respite support in response to changing demand for the service.

It's important, as in other areas of social care provision, that older people receive the support they need whilst changes are being made to service models.

Increasing community resilience

Many of the local authorities we spoke to told us of efforts they're making to increase community resilience and so reduce demand in the long term. The majority were clear that in order to do this they needed strong partnerships in the community and the third sector is integral to this. Several spoke of how difficult it is to build community resilience support without sustainable funding for third sector services. Two local authorities told us how they are looking at how they can change their contracting arrangements to make things easier.

Some told us of increased partnership work with third sector agencies that can both provide support for those needing care, but also provide wider opportunities to increase resilience. This included increasing community venues and linking in with community groups.

Some local authorities fed back that in the process of looking at their own internal services they are also looking at which areas would be best delivered through third sector agencies. Some told us that part of this work would involve helping to provide a bridge between social care and health services. They told us that these changes would mean changing their commissioning practices for this to be an effective change.

Several mentioned the need for wider support that could be delivered by third sector services for hospital discharge, which would assist with reducing the chance of readmission.

In conversations regarding domiciliary care, many told us how vital that personal connection is to those older people that are impacted by loneliness and isolation. Some explained that their pool of volunteers has dwindled since the pandemic. Some older volunteers have lost some of their health and are less able to volunteer. They would welcome an increase in volunteering around friendship calls that could be a route to informal community help.

Some local authorities told us of planned expansion of extra care housing that is tailored to provide the right environment to enable people to live independent of care and support for longer.

6. Conclusions

1. A picture is emerging of a less healthy population in Wales after the main pandemic period, as can be seen in the large increase in the number of older people approaching social care for help and the urgency of their needs.

The adverse effects this has on these older people, their unpaid carers, wider family and communities will increase unless more is done to effect change in care systems at a faster rate than is happening now. Local authorities we spoke to were passionate about the need for earlier intervention and prevention that will reduce demand for care in the long term, but they struggle to plan for this whilst meeting the needs of a less healthy population with urgent needs in the here and now.

Local authorities are trying different things to help, but without additional resources and focus, the impacts of change will be too late for many that need help now.

2. Efforts on social care recovery have continued this year, but their impact have been reduced as a result of a less healthy population that now has a higher need for care and support.

The issues we saw in our report last year continue. It's clear from discussions with ten local authorities that they are changing ways of working for those that need care now, whilst also trying to develop wider services to reduce the level of need in the longer term. The increase in the number of older people that get assessed within 30 days suggests that the efforts local authorities have made have had an impact, though there are more people waiting longer.

Social care departments are being forced to make difficult choices on who on their list has the most urgent need for care and this is increasingly at the expense of growing numbers that are struggling along as best they can.

Whilst it's important that those with the greatest needs are looked after, there is more that could be done for those that are waiting and improved communication that includes information and advice is crucial to this.

3. Communication with older people waiting and the information they receive continues to need improvement.

Discussions with local authorities largely showed that departments are too stretched to increase the volume of calls to those that are waiting. Some local authorities told us of potential changes to their first point of contact departments and systems that will assist with improving the quality of first contact. But similar to last year, the older people we spoke to did not feel that their initial or ongoing contact with social services gave them the tools they need to support themselves whilst they wait.

“I have tried so many times but have not got any support.” Age Cymru survey respondent 2023

“Still awaiting response to referral.” Age Cymru survey respondent 2023

When first contact goes well, things are much better.

“A long wait for the care package to be set up. But all staff involved were understanding and informative.” Age Cymru survey respondent 2023

Often people approaching social care are in crisis and so it can be difficult to take in all information given over the phone first time. As such it's important that older people approaching social care are routinely given the opportunity to get that information again. Such information can be anything from contact details for community services, legal rights of carers, information on how to claim financial entitlements, wellbeing and social activities information or a range of other things that individuals need to help look after themselves.

This could be via a return phone call, or where initial contact has triggered the care assessment process, this could be via a home visit. However, with changes from office based to hybrid working social care teams, we are concerned that the volume of information that older people would previously get at home visits may not be happening as much as previously. Some social care leads were unsure whether remote working of social work teams may reduce the information and advice that some people would normally have received from assessment and other home visits and tasked themselves with checking their internal procedures to make sure this was not an inadvertent consequence of changes.

4. Efforts to improve support for unpaid carers need to happen faster.

Whilst discussions with local authority leads demonstrated moves to help unpaid carers, even in areas where changes are being made, feedback from unpaid carers to Age Cymru does not yet show improvements. We are already seeing a rise in relationship breakdown because of carer burn out and so it is vital that additional focus is placed on unpaid carers urgently.

5. Data collection systems are still not able to effectively monitor and report on the levels of delays in access to assessment and care.

Issues that we reported on last year continue this year. One local authority told us that their new system allows easier reporting and can be used by health colleagues. Such developments can reduce the administrative side of care work through not having to repeatedly input information into different systems.

Not being able to easily monitor this data makes it difficult to understand how local authorities are able to assign sufficient resources and ensure that older people get timely and effective care and support.

As previously, this lack of uniformity across Wales makes it very difficult to see a clear overall picture to understand the scale of any potential issues and what support may be needed.

6. Because of the change in population health, it's more important than ever to focus resourcing into earlier intervention and prevention areas to improve health and wellbeing.

Many of the local authorities we spoke to told us of increased efforts to provide earlier intervention and support as a means of reducing need in the longer term. Several spoke of Regional Integration Funds as a means of supporting this area of work and how vital their partnerships are with the third sector to achieve this.

7. Recommendations

Last year we made recommendations focussed on short and medium term changes needed to improve the experience of access to care for older people against a backdrop of the existing efforts that Welsh Government, regional boards and local authorities were putting into social care recovery.

In the main, our recommendations have remained largely the same.

Recommendation 1

Welsh Government should work with local authorities to ensure that reporting mechanisms are capturing information consistently across Wales.

Recommendation 1 from our report in 2022 was intended to improve the quality of information gathered and to provide more up to date accurate, and comparable information. This year we found that though there have been some small developments in data collection systems, different systems and processes mean that data comparison is still very difficult.

More detailed discussions with social care leads suggest that though one of the main systems used in Wales works well for some LAs, this is not the case for others using the same system. We also found that some systems appear only capture statistically reliable data in a way that can be easily drawn out for planning purposes.

As such this recommendation remains substantially the same though reworded.

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, particularly those that are digitally excluded.

This should include:

- Whether information provided through the advice and information service covers the range of needs and what will be needed further as part of social prescribing framework developments.
- Whether sufficient thought has been given to follow up for vulnerable people who may struggle to ask for help a second time.
- Whether information provided is accessible to all, and how people who can't use (or don't have access to digital technology) are able to have parity of access with those online
- How frequently people are contacted whilst they wait and if this is sufficient for individual needs.
- How this information is communicated (regular telephone calls, letters, and so on) and whether it is accessible to all, including loved ones and others involved in their care.

We found that older people again were often not getting the information they needed from social care. We found some local authorities are looking at this area and others are looking at wider service developments which may improve this area.

The variations in conversion rates between local authorities shown earlier suggest that more work is needed on first point of contact in order that older people can be more easily directed to the place they can get help from.

We detailed how changes in ways of working may on occasion have inadvertent consequences for older people's access to advice and information. With more change happening, it's important that how people can access information and advice in a more timely manner is considered.

We also found that some local authorities have concerns that people waiting for care are not able to express their needs.

As such this recommendation has remained the same as last year.

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.

Discussions with local authorities this year on this recommendation found that some local authorities had put additional resourcing into this area that included additional information and advice officers and having a social worker in duty social work teams. This was having a positive impact on waiting lists.

Our recommendation last year was based on the knowledge that waits at that time were increasing. A year on we have seen a large increase in waits for care and so it is still important that local authorities are able to support those waiting longer.

Recommendation 4

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.

Last year we recommended that a national focus was needed on what help older people need to wait well, similar to developments in health services. Discussions this year indicate that the additional resourcing that some local authorities are directing to their single points of contact and having more social workers in duty teams is slowly leading to some improvements – but the improvements aren't as impactful due to reduced health of older people.

Local authorities we spoke to this year told us how vital it is to improve and expand prevention and earlier intervention initiatives – particularly since some has fallen by the wayside through the pandemic. Social care leads spoke of increases in loneliness in many older people and how increasing community led responses helps reduce the level of demand on social care.

The increased levels of need since the pandemic demonstrates the effects of the population having limited access to advice, information, signposting and services needed to maintain health and wellbeing. An unhealthy population will continue to place high demands on social care unless increased efforts are made to improve community resilience.

Recommendation 5

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

This year we heard again from social care leads that providing sustainable funding is not easy. Several told us how changes in contract arrangements may help provide improved services for older people, though concerns do remain that grant funding is difficult to provide long term and sustainably. We heard where staff had been lost to services as contracts were renewed too late to give staff the confidence to stay in their roles.

As such this recommendation remains the same as last year.

Recommendation 6

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.

This has stayed the same as last year.

Many of the local authorities we spoke to told us that they found speaking to us helpful in their work. These conversations allowed them dedicated time to focus specifically on care and support for older people.

Recommendation 7

Welsh Government, Regional partnership boards and local authorities should promote the importance of adhering to the Charter for Unpaid Carers.

This is an additional recommendation for this year due to the increase in volume of unpaid care being delivered.

Whilst some local authorities are working hard to involve unpaid carers in service changes to meet their needs, change is not fast enough.

References

- i. ADSSS 2019 Innovative funding models to meet social care needs report <https://www.adss.cymru/en/blog/post/innovative-funding-models-to-meet-social-care-needs>.
- ii. Milsom S & Breeze C, August 2020 Rebalancing Social Care: A report on Adult Services <https://www.adss.cymru/en/blog/post/delivering-transformation-grant-programme-2019-20-rebalancing-social-care-a-report-on-adult-services>
- iii. Due for publication in Summer 2023
- iv. This could be a service manager, director of social care or community team manager.
- v. Whilst there has been an increase in the number of local authorities able to provide us information differences in interpretation of the request for information and how data is collected mean that only trend data is reliable. We are only able to use data from the local authorities that have previously given us this data to be comparable over several years. As our work in this area will continue into future years the additional information will be included then.



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