

Public Policy Statement

Social care

November 2017

Summary

Social care is a term that covers a wide range of services that are provided in a number of different locations. The term can be used to designate any service that is designed to help people who have support needs to live well¹ and remain independent for as long as possible. An ageing population and increasing numbers of people with complex long-term health and care needs are placing the current system of social services under pressure, even without the funding pressures which local authorities are currently confronting. Social services, as statutory services, have a degree of legal protection that is not enjoyed by all local authority services, but are coming under pressure nevertheless.

The proportion of the population aged 65 and over in Wales has been growing at a faster rate than the proportion of the population aged between 18 and 64 and this is a trend that will continue in coming decades. The number of people aged 65 and over is projected to increase by 292,000 (44 per cent) between 2014 and 2039, whilst the number of people aged between 16 – 64 is projected to decrease by 5%.² The need for social care increases with age, and the number of those aged 85 or over is growing at an even faster rate than those aged 65 plus.

Staying well, feeling good and remaining as independent are of vital importance to everyone in Wales. To this end, social care needs to be flexible, person-centred and outcomes-focused to enable older people to maintain their independence for as long as possible and to do those things that they have identified as being of importance to them. Social care should be appropriate, timely and easily accessible, with a greater level of consistency in terms of both the services provided and the criteria that have to be met to access them.

¹ The Social Care Institute for Excellence (SCIE) in England defines social care as “all interventions provided or funded by statutory and/or independent agencies, which support older people, younger adults and children in their daily lives and provide services which they are unable to provide for themselves, or which it is not possible for family members to provide without additional support.” SCIE (2005): *Developing social care: values and principles*, p1

² <http://gov.wales/statistics-and-research/national-population-projections/?lang=en>

It must be recognised that ineffective and poor quality social care increases pressures upon the NHS in Wales, with older people being placed at higher risk of emergency admission, especially as people are now living longer with long-term and chronic conditions. Older people need to be at the centre of all decisions and developments that impact upon their health and well-being including the social care that they receive.

The Social Services and Well-being (Wales) Act 2014

The response of the Welsh Government to the growing demand for social care has been to establish a legal framework to deliver “sustainable social services” in the form of the Social Services and Well-being (Wales) Act 2014 (SSWA) which came into force on 6 April 2016. New legislation on the regulation and inspection of social care has also been developed. The SSWA introduces completely separate social care legislation for Wales, with England having the Care Act 2014.

Local authorities, in cooperation with local health boards, have completed population needs assessments to allow them to develop services that respond to the needs of their local populations. Areas covered by the SSWA include preventative services, assessment, eligibility, paying for care, safeguarding and advocacy. For the first time, there is a requirement for local authorities to commission advocacy. The Act is intended to move towards a more person-centred and preventative approach to the provision of social services, including social care, in Wales.

Summary of public policy proposals

- A serious funding commitment is required to support the provision of social care for people who need care and support and to redress the negative impact of the current persistent and significant underfunding of funding for social care.
- The Welsh Government and local authorities should ensure that all social care staff in Wales receive mandatory, standardised human rights, dignified care and dementia care training. This should include respectful communication, protecting privacy, promoting autonomy and addressing essential needs such as nutrition, hydration and personal hygiene in a sensitive manner.
- Social care staff and providers must be trained on equality and diversity issues to ensure that the needs of all vulnerable groups are met appropriately.
- The Welsh Government, local authorities (as commissioners) and social care providers must ensure all social care staff receive training in understanding, recognising and managing dementia-related conditions.
- Social care providers should train staff to recognise malnutrition and dehydration, identify any necessary support with eating, drinking or feeding and swallowing, and ensure older people receive it.

- The Welsh Government should ensure that public information is produced on the signs and risks of malnutrition and dehydration to raise public awareness of the issue and improve early detection.
- A simple nutritional assessment tool, for example the 'Malnutrition Universal Screening Tool' (MUST), should be used as an integral part of care plan reviews.
- Different models of funding for lunch clubs should be explored by local authorities working with the third sector to allow these valuable community groups to be established on a sustainable basis across Wales.
- Social care workforce registration should be supported by easily recognised training qualifications and a commitment to continued training.
- Local authorities must ensure that social care is commissioned according to an outcomes-based approach and that visit times are of sufficient length to allow personal care to be delivered with dignity.
- The Welsh Government and local authorities must be aware of, monitor and respond to the impact of changes in the environment where older people live upon the demand for social care. Such changes include closures of community facilities and cuts to public transport routes.
- Care providers must be monitored to ensure that their service is reliable and that there is continuity in care wherever possible, but especially for those diagnosed with dementia.
- Local authorities must ensure a reasonable provision of residential homes and locations are available to people in their area.
- Ensure that citizens in Wales are fully aware of their rights and entitlements relating to additional costs of residential care.
- If top-up payments are required, local authorities must carry out appropriate checks to ensure that family members are in a situation to make such payments for a reasonable period into the future.
- Self-funders who have their care arranged through the local authority should pay the same lower rate as those whose costs are being met by the local authority.
- The UK Government should review the application of the Human Rights Act to those who self-fund their care.
- All older people should receive a full explanation about direct payments, their benefits and the responsibilities they entail to enable them, and their carer or family where relevant, to make an informed decision about whether a direct payment is appropriate and suitable to their needs.
- Local Authorities must ensure that individuals and carers who appear to have a need for care should be quickly, properly and accurately assessed, in line with the requirements of the Social Services and Well-being (Wales) Act 2014.
- The Welsh Government, local authorities and local health boards must ensure that accessing the assessment process is straightforward and that there is no unnecessary duplication or repetition where assessment requires the input of professionals from different disciplines.
- Local authorities must ensure that referrals take place in a timely manner.

- The Welsh Government and local authorities must ensure that no older person is worse off as a result of the changes to assessment and eligibility being introduced by the SSWA.
- The Welsh Government should introduce a right to appeal decisions on eligibility, without having to resort to a formal complaint which is likely to focus on whether due process was followed rather than reviewing the outcome of the process.
- Welsh Government and local authorities must Increase citizens' knowledge of their rights and entitlements under the SSWBA.
- Local authorities must providing additional training for call and contact centre staff, enabling them to better identify residents in need of care needs assessments.
- Local authorities must ensure that night time domiciliary care is available to those who need it.
- The Welsh Government, the local authorities and other funders must work together and with third sector organisations to ensure that the preventative services they provide are maintained on a sustainable footing.
- The Welsh Government and local authorities need to be clear about which level of prevention they are targeting in the provision of preventative services that enable and empower older people to maintain their well-being and independence for as long as possible.
- The Welsh Government should ensure that public information is produced to encourage older people to pro-actively engage in self-care.
- Health and social care should be integrated to tackle the fundamental imbalance between the two. Good quality social care can relieve the burden on the NHS, but this will require structures and budgets that permit effective joint working and focus on providing person-centred care.
- Where successful pilot programmes have been implemented, local authorities, Local Health Boards and NHS Trusts should ensure the good practice developed is identified and shared across Wales.

Social care

This policy statement covers:

- Funding of social care
- Dignity and training (including nutrition and hydration)
- Regulation and inspection of social care
- Quality and commissioning
- Paying for care
- Assessment, eligibility and unmet need
- Preventative services
- Joint working

Public Policy Proposals

Funding social care

There is an urgent need to ensure that social care receives adequate levels of funding. Social care has historically suffered as a consequence of under-funding and this situation has been further aggravated in recent years as a result of widespread reductions in public sector budgets. Consequently, Age Cymru welcomed the Welsh Government's announcement that it intends to invest an additional £20 million investment in social care. The question of funding social care can be broken down into two parts: funding provided by government for statutory social care services; and the financial contribution that individuals are required to make for the social care they receive (addressed under the section on Paying for Care).

The historic general under-funding of social care risks creating a major crisis in its provision, as evidenced below in the discussion on commissioning. Yet demand for social care continues to grow with an ageing population that is living for longer, in some cases with chronic or long-term health conditions. The continued provision of good quality social care is unsustainable without a significant investment of funding to address the issue of persistent under-investment.

Policy calls

- A serious funding commitment is required to support the provision of social care for people who need care and support and to redress the negative impact of the current persistent and significant underfunding of funding for social care.

Dignity and training

It is fundamental that older people who are in receipt of social care should be treated with dignity and respect. Dignity can be understood to encompass the principles of respect, sensitivity, compassion and human rights. The care provided is not 'basic', which suggests it is of a low-level, but rather 'fundamental' – essential to an older person living a more independent life and maintaining their dignity. The relationship between quality and dignity is critical – it is not just about what support is provided, but about the way in which it is provided.

Treating older people with dignity is a priority. Too often older people, their carers and family members suffer from poor communication about what is happening, a lack of involvement in decisions that directly affect them and inadequate support to carry out fundamental activities with dignity. For those older people with other protected characteristics, there are often additional concerns and anxieties with regard to the way in which they may be treated. There is a need for greater understanding of the particular issues and concerns that these groups face.

In order for quality social care to be provided with dignity, it is essential that care workers receive appropriate training. Training alone is not sufficient to ensure quality care but it can help to increase the confidence of staff in carrying out their jobs and the ability of those staff to do their job to a good standard. Staff also need to treat each individual with respect and dignity and may benefit from receiving appropriate equality and diversity training.

Relevant training in dementia care is of increasing importance. Growing numbers of people in receipt of social care are living with dementia and there is an urgent need for care workers to understand how best to support them. It is highly probable that social care workers regularly encounter people who may have difficulty in communicating their needs, may be confused, frustrated or even on occasions aggressive. Knowing how to communicate and respond appropriately is therefore essential to the delivery of quality care.

Nutrition and hydration are fundamental to the health and well-being of older people. Malnutrition in the community is a serious problem that has been identified as being under-detected, under-treated and under-resourced³. Dehydration is also a significant problem that can cause deterioration in the health of older people. Regular screening and monitoring for malnutrition for care home residents have been demonstrated to cost half that of treating people who are already malnourished.

Social care can play an important role in tackling the problem of malnutrition and dehydration. Maintaining independence, preventing isolation and ensuring that older people have access to appropriate food and services can play a significant role in reducing levels of malnutrition and the subsequent impact on the health of the individual and the costs to social and health care services. For example, lunch clubs provided in the community can deliver a nutritious meal and an opportunity to socialise⁴, allowing the issues of poor nutrition and isolation to be tackled by one intervention for a relatively small investment.

Policy calls

- The Welsh Government and local authorities should ensure that all social care staff in Wales receive mandatory, standardised human rights, dignified care and dementia care training. This should include respectful communication, protecting privacy, promoting autonomy and addressing essential needs such as nutrition, hydration and personal hygiene in a sensitive manner.
- Social care staff and providers must be trained on equality and diversity issues to ensure that the needs of all vulnerable groups are met appropriately.

³ Lisa Wilson/Malnutrition Task Force (May 2013): *A review and summary of the impact of malnutrition in older people and the reported costs and benefits of interventions*

⁴ E Spencer & M Hanson (undated): *The Supporting Lunch Clubs Project*

- The Welsh Government, local authorities (as commissioners) and social care providers must ensure all social care staff receive training in understanding, recognising and managing dementia-related conditions.
- The Welsh Government, local authorities and social care providers must work together to ensure sufficient funding is available to allow for appropriate staff training.
- Social care providers should train staff to recognise malnutrition and dehydration, identify any necessary support with eating, drinking or feeding and swallowing, and ensure older people receive it.
- The Welsh Government should ensure that public information is produced on the signs and risks of malnutrition and dehydration to raise public awareness of the issue and improve early detection.
- A simple nutritional assessment tool, for example the 'Malnutrition Universal Screening Tool' (MUST), should be used as an integral part of care plan reviews.
- Different models of funding for lunch clubs should be explored by local authorities working with the third sector to allow these valuable community groups to be established on a sustainable basis across Wales.

Regulation and inspection of social care

The Regulation and Inspection of Social Care (Wales) Act 2016 came into force in January 2016 and has established a new system for regulating the social care workforce. In April 2016, the *Care Council for Wales* and *Social Services Improvement Agency* were brought together and renamed Social Care Wales.

The Act will also establish new processes for the regulation and inspection of service providers (i.e. domiciliary care agencies or care homes); however this element of the act will not be implemented and operational until approximately April 2019.

Age Cymru is pleased that the new Act will extend mandatory registration to domiciliary care workers in Wales who will need to be registered by 2020. This requirement will extend to care home staff from 2022. Individual registration of care workers can help to tackle the issue of standards and inappropriate behaviour, but it could also help to enhance the status of the role in the eyes of the public.

We know that there is frustration at the lack of supervision of the work carried out by domiciliary care workers in particular. Whilst we have not seen a scandal in the domiciliary care sector on the scale of those uncovered in both residential and health care settings in recent years, sadly this does not mean there has been none. If anything, the risk may even be higher as a consequence of the fact there is inevitably less opportunity to provide supervision and oversight to a care worker operating alone in the privacy of someone's own home. The lack of oversight, when

coupled with the high workforce turnover, is viewed as a significant factor exacerbating threats to the human rights of older people⁵.

Policy calls

- Registration should be supported by easily recognised training qualifications and a commitment to continued training.

Quality and commissioning

Commissioning practices are fundamental to ensuring good quality social care is provided. One area in which difficulties have been evident in recent years has been with the practice of task and time based commissioning. In particular there has been the shortening of visit times for providing domiciliary care, sometimes to as little as 15 minutes. Age Cymru was pleased to note that new Welsh Government legislation means that local authorities must ensure that they allocate sufficient time to provide the care and support required to meet individual need when scheduling home care visits. Commissioning needs to shift to an outcomes-based approach, reflecting the intention of the SSWA. Purchasing care in units of time, or simply according to cost, makes it increasingly difficult for staff to delivery good quality care and preserve the dignity of the person being supported.

The price paid to the service provider by the local authority also has implications for the terms and conditions of those employed in the sector, and can impact upon recruitment, retention and staff morale. Social care is a sector in which zero hours contracts and the minimum wage are widespread. As a consequence, recruitment and retention of staff are both difficult, undermining the ability to provide good quality care. There are also implications for the ability to provide continuity of care. This is especially problematic in light of the fact that a growing number of those receiving support are living with dementia. Providing appropriate care to people with dementia requires continuity in terms of the staff providing care, as unfamiliar faces can lead to confusion, fear and even an exacerbation of difficult behaviour.

It is clear that the commissioning process needs to be led by people who have knowledge about, and experience of, the personal care services that they are commissioning. Without appropriate knowledge, there is a continued risk that the level and type of service commissioned are unsuitable to provide the necessary support to those on whose behalf they are being commissioned.

The SSWA seeks to encourage the expansion of the range of preventative services available to provide early interventions to people living in the community. Developing preventative services will require a shift in resources in order to provide the range of services that will be needed. However, without an expansion, rather than a shift in

⁵ I Koehler (2014): *Key to care. Report of the Burstow Commission on the future of the home care workforce*, p20

resources, there is a risk that the growth of preventative services will be used to defend a reduction in levels of the more intensive care and support that some older people require.

Policy calls

- Local authorities must ensure that social care is commissioned according to an outcomes-based approach and that visit times are of sufficient length to allow personal care to be delivered with dignity. Commissioners should have a good understanding of the personal care services that they are required to commission.
- The Welsh Government and local authorities must be aware of, monitor and respond to the impact of changes in the environment where older people live upon the demand for social care. Such changes include closures of community facilities and cuts to public transport routes.
- Care providers must be monitored to ensure that their service is reliable and that there is continuity in care wherever possible, but especially for those diagnosed with dementia.

Paying for care

Regulations derived from the SSWA aim to introduce a single framework for both residential and non-residential care with regard to financial assessment and charging. However, there is a fundamental debate over the basic fairness of charging people for the care and support they have been assessed as needing. Age Cymru's longstanding view is that a far more equitable system would be to ensure that care services are provided free at the point of use in the same way as NHS services. This would ensure that care is available to everyone at their time of need and spread the cost of care services across the population, instead of the cost simply falling on those people unfortunate to develop care needs.

If charging individuals for care services is to exist it must be made as equitable as possible. We remain concerned about the unfair treatment of occupational pensions in determining a charge. While income from earnings is disregarded (rightly) for the purposes of determining a charge, occupational pension income is not. We believe this is fundamentally unfair on the basis that this income should be treated the same as employment earnings. To not do so is to treat retired people differently, and less advantageously, in comparison with people currently employed.

Currently in Wales there is a maximum weekly charge for non-residential care, which increased from £60 to £70 per week in April 2017. This policy represented a clear step forward in seeking to make non-residential care services affordable and eliminating large amounts of regional inconsistency in charging levels and practices. In April 2017, the Welsh Government also increased the capital limit used when charging for residential care from £24,000 to £30,000. Paying for residential care in

later life is a cause of concern for many older people wishing to pass on a financial legacy to the next generation. Consequently, Age Cymru recognises that the proposed increase to the capital limit will be welcomed by many. Although the local government financial settlement provided £4.5m to fund the commitment of increasing the capital limit used by local authorities that charge for residential care, our key concern is to ensure that the social care system is funded to meet the needs of our ageing population.

Direct payments offer another mechanism that can give people choice and control in how they achieve their identified objectives. The SSWA contains a commitment to expand and facilitate the use of direct payments. The take up of direct payment amongst older people has been low due a range of factors, including a common assumption that they are not suitable for older people. Older people with care needs should have the same opportunity to choose to receive a direct payment and it is fundamental that direct payments are not refused, or fail to be offered, based upon assumptions made about an individual's age.

We are concerned that there appears to be no means of financial assessment or monitoring of the cumulative impact of charges under the new Act in the case that older people are signposted to a range of preventative services. There is a risk that people could experience financial hardship or be faced with charges that they are unable to afford as a consequence, especially as these charges currently appear to fall outside the maximum weekly charge that is applied to non-residential services. Older people would therefore be paying additional amounts of top of the maximum weekly charge.

Residential care 'top up' charges

People entering residential care should have choice over their accommodation. In reality, choice is often limited, particularly in rural areas. Older people can be placed in a situation where there are no places available within a close proximity of where they or their family members live at a rate that their local authority is willing to pay. This can result in people being faced with little actual choice, and having to arrange third-party top-up payments in order to stay living locally or moving to an unfamiliar location that may be far away from friends and family.

Although the SSWA's Code of Practice⁶ requires authorities to assess an individual's and their relatives' ability to pay prior to placing a person in a home requiring third party payments, it is nevertheless found that relatives can be issued with unexpected bills. Age Cymru has been informed that even relatives in receipt of welfare benefits have been asked to contribute to their relative's care costs. It appears that in some cases, local authorities are failing to explain the requirement for relatives to pay top

⁶ Social Services and Well-being (Wales) Act 2014: Part 4 and 5 Code of Practice (Charging and Financial Assessment), Welsh Government (version 2 – April 2017)

ups and are simply passing the additional payment requirements to relatives without their prior agreement or knowledge.

Self funders

There is an inequity in Human Rights protection for people who self-fund their care. Currently all residential care services provided or arranged by local authorities in Great Britain are covered by the Human Rights Act (HRA). Previously, a loophole existed which meant that care home services provided by private and third sector organisations under a contract to the local authority were not considered to fall within the scope of the HRA. Following a sustained campaign this loophole was closed by section 145 of the Health and Social Care Act 2008. However, care home residents who are eligible for care but who, due to means testing, have to arrange and pay for their own care (so-called self-funders) lack the full protection of the Act.

Deferred payments are another important element for older people who are on the point of entering residential care. The SSBA set out the new requirements for local authorities in relation to the deferment of payments for those individuals have been assessed as requiring residential care. Since April 2016, local authorities must offer a deferred payment agreement to all such individuals entering or living in a care home.

Policy calls

- Local authorities must ensure a reasonable provision of residential homes and locations are available to people in their area.
- Ensure that citizens in Wales are fully aware of their rights and entitlements relating to additional costs of residential care.
- If top-up payments are required, local authorities must carry out appropriate checks to ensure that family members are in a situation to make such payments for a reasonable period into the future.
- Self-funders who have their care arranged through the local authority should pay the same lower rate as those whose costs are being met by the local authority.
- The UK Government should review the application of the Human Rights Act to those who self-fund their care.
- All older people should receive a full explanation about direct payments, their benefits and the responsibilities they entail to enable them, and their carer of family where relevant, to make an informed decision about whether a direct payment is appropriate and suitable to their needs.

Assessment, eligibility and unmet need

Receiving a local authority care needs assessment should be a relatively straightforward process in Wales. For many, the first step is to contact the local authority social services department and ask for an assessment of their care needs.

Part 3 of the Code of Practice⁷ of the Social Services and Well-being (Wales) Act 2014, explains that a local authority has a duty to assess where it appears that an individual may have needs for care and support.

An assessment must be carried out regardless of the level of need for care and support or the individual's financial resources: there is no threshold, simply an apparent need for care. Where it appears to an authority that a carer may have needs for support, the local authority must also assess these needs, involving the carer and the person receiving care.

Once a plan is produced there is a requirement for local authorities to keep care and support plans under review, to understand whether the care and support is meeting the needs of the individual, and to consider whether needs have changed and a re-assessment is required. The agreed date for the review should be set out in the original care plan⁸. These reviews should usually take place within 12 months of services being put in place, although it is recognised that sometimes they will need to be more frequent. A review can also be requested at any time by the service user themselves, or their advocate, carer or family member.

Although it appears to be a fairly straightforward matter to obtain a care needs assessment, Age Cymru is aware of examples of local authorities not carrying out assessments in circumstances in which they would seem to be warranted. Freedom of Information Act requests, sent to all 22 Welsh local authorities, revealed geographical differences in the percentages of over 65s receiving care needs assessments – differences which do not correlate with health, finance, population ages or social (dis)advantage variations.⁹

Age Cymru is concerned that the apparently low levels of older people receiving care needs assessments within some local authorities may be due to the nature of their initial contact systems. Although a single point of access to social services has been welcomed in some areas, it has been indicated to us that people contacting local authorities' contact centres, by telephone or in person, are being referred to third sector agencies without the appropriate consideration of their circumstances. Some local authorities allocate a fixed number of call-backs to residents at the beginning of each day, referring the unsuccessful callers to others, such as third sector agencies,

⁷ Social Services and Well-being (Wales) Act 2014 - Part 3 Code of Practice (assessing the needs of individuals)

⁸ Social Services and Well-being (Wales) Act 2014: Part 4 Code of Practice (Meeting Needs), Welsh Government

⁹ Available at <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Life-Expectancy/lifeexpectancyandhealthylifeexpectancyatbirth-by-localhealthboard-localauthority>; and <https://statswales.gov.wales/Catalogue/Community-Safety-and-Social-Inclusion/Welsh-Index-of-Multiple-Deprivation/WIMD-2014>

or directing them to bodies which require payment for care and services..

Older people we have spoken to have raised a number of concerns about accessing social care. These include: waiting times for assessments; being signposted inaccurately and referred inappropriately; difficulty in finding relevant information about what is available and the use of jargon and duplication in the assessment process. Rather than appearing to be “an absolute maze”, access to the assessment process needs to be clear, transparent and straightforward. Information must be made available to older people in the places where they live their lives and on a daily basis in order to ensure that they know what is available and the ways in which they can access it.

The assessment process to determine the social care needs of an older person often needs to be multidisciplinary. For this to be effective, a number of institutional barriers need to be overcome, including some fairly fundamental issues such as data-sharing underpinned by ICT. However, this is the most effective way to ensure that an appropriate and proportionate assessment is conducted.

Assessors need to be in a position to build up a full understanding of an older person’s needs, including the implications of any health conditions and they need to be sensitive to the challenges that the older person faces. They should have access to relevant specialists, where appropriate, and the specialist needs to have direct contact with the older person to allow them to form an accurate opinion and contribute effectively to the assessment process. However, this should not require the duplication, or even multiplication of the collection of basic information, thus the importance of appropriate data-sharing to prevent older people having to tell the story of their circumstances and their needs repeatedly.

Older people should be fully involved in the assessment process underpinned by the principle of co-production. Therefore the assessment process should be transparent and should be conducted with a minimal use of jargon and technical language. The eligibility framework being implemented in Wales should strengthen the role of individuals in making decisions about their care and support. However, the local authorities retain control of commissioning the services that will deliver care and support plans. Older people should be full partners in the design and delivery of their care but this risks being undermined by the role of current procurement processes in commissioning services.

Older people who are not satisfied with the decision on their eligibility for services should have a right to appeal that decision. Unlike the Care Act in England, the SSWA does not currently provide a right of appeal to decisions made by local authorities. The only mechanisms that are open to carers and those they care for to object to the outcome of eligibility decisions is to request a re-assessment, which requires submission of evidence that either a substantive need was overlooked or

that circumstances have changed, or to make a formal complaint, weakening the overall intentions of the Act to move to greater co-production.

Policy calls

- Local Authorities must ensure that individuals and carers who appear to have a need for care should be quickly, properly and accurately assessed, in line with the requirements of the Social Services and Well-being (Wales) Act 2014.
- The Welsh Government, local authorities and local health boards must ensure that accessing the assessment process is straightforward and that there is no unnecessary duplication or repetition where assessment requires the input of professionals from different disciplines.
- Local Authorities must ensure that referrals take place in a timely manner.
- The Welsh Government and Local Authorities must ensure that no older person is worse off as a result of the changes to assessment and eligibility being introduced by the SSWA.
- The Welsh Government should introduce a right to appeal decisions on eligibility, without having to resort to a formal complaint which is likely to focus on whether due process was followed rather than reviewing the outcome of the process.
- Welsh Government and local authorities must Increase citizens' knowledge of their rights and entitlements under the SSWA.
- Local authorities must providing additional training for call and contact centre staff, enabling them to better identify residents in need of care needs assessments

The Provision of Night-Time Domiciliary Care

Age Cymru's Advice and Information team have become increasingly aware of a rise in the number of individuals stating they are unable to access night-time domiciliary care.

In order to establish the level of night time domiciliary care provision in Wales, Age Cymru made Freedom of Information requests to all 22 local authorities. We requested the number of individuals aged 65+ who had received care assessments in the 12 months since 6 April 2016 – the date the Care and Support (Charging) (Wales) Regulations 2015 came into force - and clarification of the number of these plans which stipulated a need for night time domiciliary care.

Only 8 of the 22 authorities were able to tell us how many people aged 65+ received night time domiciliary care during this period. From these responses, an average of just 1.92% assessments led to night time domiciliary care provision. Although there are no Welsh Government regulations or policies differentiating the entitlement to night time care from day time care entitlement, responses to our FOI requests

indicated substantial differences in its provision from local authority to local authority. Importantly, it was found that 4 local authorities provide no domiciliary care at night.

Policy calls

- Local authorities must ensure that night time domiciliary care is available to those who need it.

Preventative services

Low-level preventative services can make an important contribution to people's well-being. Such services, including befriending and advocacy, are often provided by the third sector. However, many third sector projects have a limited life span as a consequence of the way in which work is currently funded. It cannot be assumed that successful schemes will continue unless they have managed to achieve sustainability or they are successful with a grant application to a different funding provider. Services can thus appear or disappear, even when they have been successful and helped a large number of service users.

It is important that reablement has been included among the preventative services anticipated by the SSWA. Reablement, a six week package to help people learn or re-learn skills necessary for daily living, should be offered on discharge from hospital where appropriate. Early intervention and a reablement approach to supporting older people can help to maintain their independence at home and delay the need for entry into residential care. Reablement also reduces pressure on health services by helping to prevent avoidable re-admissions.

Policy calls

- The Welsh Government, the local authorities and other funders must work together and with third sector organisations to ensure that the preventative services they provide are maintained on a sustainable footing.
- The Welsh Government should ensure that public information is produced to encourage older people to pro-actively engage in self-care.

Joint working

It is widely recognised that a number of obstacles and challenges to providing quality person-centred care derive from the separation of the health and social care systems. Whilst funding is predominantly centred upon the health service, quality social care has an important role to play in preventing unnecessary admissions and ensuring that people are supported appropriately upon discharge from secondary care.

In recent years there has been a move towards better integration of health and social care in Wales. We believe the focus should be on delivering co-ordinated joined-up care and a better experience of services for older people. Transfers of care between

sectors, in particular, often cause problems in the provision of appropriate care. The most obvious example is delayed transfers of care, where older people who are medically fit to be discharged remain in hospital because they lack the appropriate social care support that would allow them to return home. Alternatively some older people are inappropriately discharged without checks having place to ensure that they will be safe and cared for at home during their recovery.

Too many older people are left waiting in hospital beds for longer than is necessary whilst complex discussions take place between agencies over the funding of a long-term package. Arguments over who is responsible for funding further care are a clear impediment to effective joint working and the current framework should be revised to ensure that older people do not suffer as a result of these inter-organisational disputes.

Effective transfers of care are fundamental to minimising disruption to the care of the individual and allowing for the best possible health outcomes, yet coordination is currently far from seamless. As many older people rely upon several different professionals, or teams of professionals, a lack of joined-up working between them can have a significant impact upon their daily lives.

Older people are often in receipt of multiple services and would benefit from the introduction of a single, or primary, care co-ordinator who could act as first point of contact for the older person as well as seeking to improve coordination between services. A particular frustration can be the need to have multiple assessments or to have to constantly repeat the same information to different professionals from different sectors.

Creating consistent partnership working across the NHS, local government and the third sector has proved to be difficult in the past, with a number of constraints being identified, including lack of leadership, poor governance and lack of funding, as well as logistical problems such as the sharing of information and the use of different IT systems. Effective communication and the sharing of information and data is essential to delivering integrated care.

Where good practice has been developed through pilot programmes, this should be identified and shared across Wales to create a more consistent pattern of service delivery. This would prevent the need for lessons that have previously learned from implementation to be constantly re-learned in other parts of Wales because the information was not available.

There is also a greater need for joint or parallel inspections by Health Inspectorate Wales (HIW) and the Care and Social Services Inspectorate Wales (CSSIW) to assess how well joint working is progressing and to prevent duplication of inspections in those settings which fall under the remit of both HIW and CSSIW.

Policy calls

- Health and social care should be integrated to tackle the fundamental imbalance between the two. Appropriate quality social care can relieve the burden on the NHS, but this will require structures and budgets that permit effective joint working and focus on providing person-centred care.
- Where successful pilot programmes have been implemented, local authorities, Local Health Boards and NHS Trusts should ensure the good practice developed is identified and shared across Wales.