

## Supplementary evidence – Carers Trust Wales

### The changes to commissioning services resulting from greater complexities of need

Within our Network, we have had examples of closures, mergers and the cessation of services as a result of the increasing financial pressures locally.

The challenges are often a result of commissioning processes that don't sufficiently prioritise achieving the wellbeing outcomes of those they are designed to support.

Both local providers and local authorities are seeing a significant increase in demand but they are unable to consistently afford to deliver responsive high-quality services because fundamentally there is not enough in the budget enable them to do so. Local authorities appear to regularly commission services at well below the levels they pay their own staff which makes it difficult for them to sustain a diverse supply of providers – particularly smaller and arguably high-quality providers such as Carers Trust local charities.

As providers, our Network Partners have experienced a range of challenges to being commissioned in a way that enables them to continue to deliver a high-quality service for carers and those they care for in a way that is sustainable.

To develop appropriate and impactful services, it is important that when service specifications are developed the third sector are engaged as equal partners in determining what support is needed and how this can best be delivered to the individual. The additional benefits that can be gained as a result of support within the home, such as signposting to other services, providing assurance and support to the family and delivering appropriate and compassionate must be recognised and appropriately funded.

With the Parliamentary Review noting people's preference to receive care close to home it is important that a plurality of providers are supported to deliver support at home. Where providers are well supported they are able to utilise their unique relationship with carers and those they care for to identify support needs and to find efficient and innovative approaches to meet them. If under resourced, either financially or in terms of time, the third sector will not be able to utilise our knowledge to deliver meaningful change on the ground.

As people are choosing to live at home, with increasingly complex needs the skills required to deliver this type of care are growing. Upskilling the workforce presents challenges, both the time and cost implications of doing so, and the challenge of retaining them within the social care sector once they have been trained.

Training and recruitment costs, can be significant for care providers and are often not accounted for in commissioning processes.

The regulations under the Regulation and Inspection of Social Care (Wales) Act is a welcomed move towards the creation of a recognised and highly-skilled registered workforce. While we support the professionalisation of the workforce, we are concerned by the potential to add pressure to the ability to recruit and retain the

workforce on current terms and conditions. These measures will undoubtedly create additional costs for the sector in terms of training, administration and registration fees.

We would contend that the increasingly complex needs of those being cared for within local communities is not being sufficiently recognised by commissioning processes. One of our Network Partners have provided us with an example of their day centre consistently receiving referrals for those in the later stages of dementia. The day centre is not equipped to deal with this level of need. In order to do so the service needs additional resources which commissioners are not willing to pay for. It is also worth noting that the day centre itself is already costing them more to run than they are receiving from the local authority, so there is a shortfall to make up at every point – despite clear demand for their services

Some local authorities will no longer pay for home visits that are just to support the administering of medication. This type of call can be particularly useful for those in early stages of dementia who may struggle with this task and can hamper their independence and have knock on effects for their condition.

We are aware that from April one local authority will be launching a project where the cared for person is allocated a set number of hours of support with the freedom decide how to use it. They can bank hours and use it in blocks. The aim of this is to be more person centred and to allow the cared for (and carer) more flexibility as opposed to being allocated breakfast, dinner and supper calls. The challenge for providers will be managing that in line with staff rotas.

Criteria for accessing care varies across Wales, with thresholds for accessing care being disproportionately high in some areas.

#### The loss of respite beds.

Carers continually tell us that they value flexible breaks and respite care. Breaks can help to ensure that carer remain well and able to continue to provide care.

Services across Wales that provide quality breaks and respite for carers have been squeezed

A list of care homes providing respite care in Wales broken down by local authority can be found here:

[https://www.carehome.co.uk/care\\_search\\_results.cfm/searchcountry/Wales/searchctype/respice-care#map-view](https://www.carehome.co.uk/care_search_results.cfm/searchcountry/Wales/searchctype/respice-care#map-view)

The Older People's Commissioner for Wales' recent report: [Rethinking Respite for People Affected by Dementia](#) provides useful information about the very limited number of respite care beds and the challenges associated with accessing them (page 29)

Arguably, commissioning has focused more on price rather than on quality or diversity of provision.

Some carers will avoid putting the person they care for into traditional respite because of poor experiences. As noted in the Older People's Commissioner's report, this type of provision tends not to be responsive with the availability of beds being dictated to the family.

Many carers would prefer to have the flexibility to have respite care provided at home. However, this request is often rejected.

Some of our Network Partners have provided respite services at home, which have been very much welcomed by carers and those they care for.