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# Towards a National Care and Support Service for Wales

## Report of the Expert Group

September 2022

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# CONTENTS

|   |    |
|---|----|
| Foreword  | 3  |
| The Expert Group  | 5  |
| Executive Summary                                       | 6  |
| Introduction  | 8  |
| Vision and Principles                                   | 10 |
| 1. Establishing a National Care and Support Office      | 13 |
| 2. Co-producing Care with Citizens in Wales             | 15 |
| 3. Supporting and Valuing the Workforce                 | 18 |
| 4. Supporting What Matters                              | 23 |
| 5. Partnering Locally Around the Person Needing Support | 28 |
| 6. Investing in Prevention and Early Intervention       | 32 |
| 7. Moving towards free care                             | 34 |
| Next Steps  | 43 |
| Appendix 1: Terms of Reference                          | 45 |
| Appendix 2: List of Documents Reviewed                  | 48 |

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## FOREWORD

We are pleased to present this report, on behalf of members of the Expert Group who were brought together to advise on the shared ambition for a National Care Service.

Through extensive discussion and consideration of a significant body of evidence, the Group has produced a wide-ranging appraisal of the key elements necessary in creation of a National Care Service for children, families and adults, giving particular attention to how care could be made free at the point of need.

The extensive brief within the Terms of Reference for this piece of work was challenging within the timeframes allocated, due to the complex nature of social care delivery. Within the Co-operation agreement, it was anticipated that the Expert Group would produce its report by the end of April 2022. However, the Group was formed in February 2022 (holding its first meeting on 28<sup>th</sup> February) and after a small extension was granted by the Deputy Minister and Designated Member to the end of June 2022, a further extension was granted to the end of September.

This report sets out some clear areas for focus, seeks to start to define the role of a National Care and Support Service in Wales, and makes some specific suggestions and recommendations throughout for practical next steps towards a National Care Service. It also notes the essential role of further consultation and engagement with the whole Social Sector in ensuring we get the foundations right, and produce a National Care Service fit for both now, and the future.

We are grateful to our fellow Expert Group members, who have committed many hours to this work. They have brought a wealth of both personal and professional expertise and experience together, and done the difficult work of co-producing some suggested foundations that we hope can be further developed and built upon.

With a diverse group of voices and backgrounds around the table, there were inevitably differences of opinion. It has not been possible to fully represent all views expressed during this process throughout the report, for reasons of brevity and coherence. It is important to note that each member of the Group had different and clear viewpoints, and suggestions to bring to the process, and there has been a significant degree of compromise. Therefore, the practical steps outlined below do not necessarily represent shared consensus at every point, but do offer starting positions for discussion and potential action. Members do fully and

wholeheartedly agree on the need for further system change and investment, and feel the core areas discussed in this report will be central to the next steps going forward.

We unanimously agree that the next right step will be an extensive consultation with people who use care and support services, their carers, the social care workforce, and a wide range of other stakeholders, to take this work to its next iteration. It is only with true co-production that we will successfully build on the contents of this report, to create the phased delivery plans and operational frameworks necessary for an ambitious and successful National Care Service in Wales to emerge.

All group members look forward to working in partnership with Welsh Government and the wider social care sector in continuing to shape this shared ambition.

Dilwyn Owen Williams & Kate Young

# THE EXPERT GROUP

The Expert Group comprised:

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Mark Turner

Mary Wimbury

Rhian Davies

Rhian Huws Williams

Dr Vanessa Webb

All Group members have participated in the discussion and deliberations of the Group either in their personal or professional capacity as an individual, rather than as representatives of their employing organisation, or representatives of other fora or bodies to which they may belong or hold membership.

The time commitment has been considerable and has totalled many hours per Group member, including participation in detailed discussion, consideration of evidence, and production of this report.

The Group was supported in the production of the report by Rebecca Woolley, who we thank for bringing her expertise to this process as an independent editor.

# EXECUTIVE SUMMARY

The Expert Group, comprising 14 members acting independently and within the bounds of their own personal and professional expertise, has acted in accordance with the Terms of Reference set out at Appendix 1, to make recommendations to the Welsh Government and Plaid Cymru on the creation of a National Care Service which is free at the point of need.

The Group had extensive discussions about the importance of the values, principles, and vision set out in the Social Services and Well-being (Wales) Act 2014 (hereafter simply called 'the Act'). They particularly focused on: giving citizens voice and control, co-production of care and services, a more preventative and less crisis driven systems approach, enabling multi-agency working, and the importance of well-being outcomes delivered through a rights-based approach. Accordingly, in addition to advising on the steps needed to make the service free at the point of need, the Group has also made a series of suggestions regarding other critical issues. They believe these to be imperative if Wales is to realise the vision set out in the Act.

A National Care Service for Wales will realise a future where:

- Children, young people and adults requiring care and support are empowered to voice what matters to them and are resourced to enhance their wellbeing and achieve control in their everyday lives and aspirations;
- A skilled, valued, supported, and resourced social care workforce is empowered to deliver what matters to citizens and communities, in co-production with them, and is properly rewarded for doing so;
- A just and fair leadership culture empowers citizens, communities and the workforce to achieve what matters and is accountable for enhanced wellbeing through innovation, co-production and relationship-centred approaches;
- Care and support services are fully resourced, sustainable, community-centred, person-directed and free at the point of delivery.

Based on this vision, the report presents a defined set of changes which will need to take place in order for Wales' National Care Service to bring to life the spirit of the Act in the lives of our citizens.

These changes have been split out into 7 key areas of consideration:

1. Establishing a National Care and Support Office
2. Co-producing Care with Citizens in Wales

3. Supporting and Valuing the Workforce
4. Supporting What Matters
5. Partnering Locally around the Person Needing Support
6. Investing in Prevention and Early Intervention
7. Paying for Care

In each area, the Group has made some specific suggestions for practical next steps, which are indicated in bold type, and indented, to bring them to the attention of the reader.

Throughout their discussions the Group keenly acknowledged the ‘cradle to grave’ remit of social care, and the need to pay particular attention to children’s services as a distinct part of the system as a whole. Whilst this report does not go into operational detail in respect of service delivery, it will be incumbent on all parties tasked with establishing a National Care Service to take careful account of the specific care and support needs of our children in Wales.

The Group also reflected on the need for our social care and support system to more adequately reflect the diversity of our people in Wales, across all protected characteristics, geographies, and demographic groups, in order to better meet people’s individual needs. The Group urges the next phases of work on establishing a National Care Service to include meaningful engagement, co-production, and careful impact assessment, working directly with citizens and community groups.

Finally, it is to be noted that the Group considered the name of the national service, despite this not being within the scope of their brief. During discussion, they noted that there is a danger that the word care can (to an extent) still engender medical model thinking. In order to ensure people can live happily independent lives, we must support them in the choices that they make. To reflect this position, rather than a National Care Service, we might consider creating a National Care and Support Service . This would go some way to signalling the intention that the people of Wales are at the heart of the service, and that everything that the paid and unpaid workforce does is to support them to achieve those goals and outcomes. To that end, this report refers to a ‘National Care and Support Service’ from this point forward.

# INTRODUCTION

1. The Welsh Government and Plaid Cymru, through the Co-Operation Agreement have a shared ambition for the creation of a National Care and Support Service which is free at the point of need. Social care is to remain a responsibility of local government and continue as a public service, embedded in a shared commitment to equalities and human rights and where the service user voice is clearly heard.
2. In order to be advised on how to move towards this shared ambition, the Welsh Government and Plaid Cymru brought together a group of 14 individuals with significant experience across the scope of the brief on which they wished to be informed (hereafter referred to as 'The Expert Group' or simply 'the Group'). This Expert Group was asked to provide recommendations on the practical steps that should be taken to create a National Care Service. The full brief given appears at Appendix 1.
3. The Group was specifically tasked with a review of current evidence about paying for social care/funding social care and related matters, including in the context of developments at a UK level.
4. It is important to note that the Group's brief was not only defined by its Terms of Reference, but also constrained by the timescales within which it was asked to report. The Group expressed throughout their discussions how vital it will be to garner extensive stakeholder involvement in the further iteration of the ideas they have brought together here. This report sets out a series of suggestions which constitute the first step on a journey towards significant change, which must be co-produced and informed through extensive engagement.  
  
**5. Therefore the first practical step, unanimously recommended by the group, is an extensive consultation and engagement process.**
6. To guide their thinking, the Group took into consideration information from a wide range of sources, all of which are listed at Appendix 2.

## Current Context

7. To some extent, Wales already has a care service which should be available nationally and consistently, due to the implementation of the Social Services and Well-Being (Wales) Act 2014. There was consensus amongst the Expert Group that the qualities that should be expected from a National Care and Support Service are already set out in

the Act, and that the establishment of a National Care and Support Service should build on this foundation.

8. During discussion of how a National Care and Support Service should be practically implemented, the Group had extensive discussions about the importance of the values, principles, and vision set out in the Act. They particularly focused on: giving citizens voice and control, co-production of care and services, a more preventative and less crisis driven systems approach, enabling multi-agency working, and the importance of well-being outcomes delivered through a rights-based approach.
9. However, the literature reviewed by the Group demonstrates that the consistent translation of the Act into practice has fallen short of its ambition. So whilst the Group was acutely aware from the outset that it could have advised on the establishment of a National Care and Support Service which was free at the point of need merely by advising how to stop charging for services, such a mechanistic exercise would (in their view) be doomed to failure, as the other pressures and fault lines in the current service would undermine an appropriately universal standard of care and support.
10. Accordingly, in addition to advising on the steps needed to make the service free at the point of need, the Group has also made in this report a series of suggestions regarding other critical issues connected to the Terms of Reference, including the role and capacity of publicly funded care and the role and importance of wider social care sector providers.
11. In taking this approach, the Group has also been mindful of the urgency underscoring the current position across social care and health services, where despite a shared good will to deliver the best care we can, provision and capacity are being stretched to the limit. Therefore the practical steps suggested within this report reflect on the strategic role that a National Care and Support Service could perform to help meet those challenges head on.

## VISION AND PRINCIPLES

### **Establishing a National Care and Support Service for Wales: setting strong cultural foundations**

12. A National Care and Support Service must meet the real spirit of 'voice and control' for citizens, and be a truly co-produced service between those that need care and support, and those that provide it. To that end, it is important to state that the following visionary principles are set out by the Group with recognition that they currently have not been fully co-produced or tested out with citizens or frontline workers, due to the time constraints and remit of their brief. Ensuring their voices are heard must form an important next step in the process.

13. These principles combine to constitute a vision on which our National Care and Support Service should be based, and against which it can be measured. They are offered as a high-level guide to inform the next steps towards change, which will necessarily become increasingly detailed and operational.

A National Care and Support Service for Wales will realise a future where:

- Children, young people and adults requiring care and support are empowered to voice what matters to them and are resourced to enhance their wellbeing and achieve control in their everyday lives and aspirations;
- A skilled, valued, supported, and resourced social care workforce is empowered to deliver what matters to citizens and communities, in co-production with them, and is properly rewarded for doing so;
- A just and fair leadership culture empowers citizens, communities and the workforce to achieve what matters, and is accountable for enhanced wellbeing through innovation, co-production and relationship-centred approaches;
- Care and support services are fully resourced, sustainable, community-centred, person-directed and free at the point of delivery.

## Changes required to meet the vision

14. The complexity of evidence and diverse opinions across the Group's discussions and deliberations indicate the sheer scale of change and collaboration necessary to fully realise the vision of a National Care and Support Service for Wales. The vision presented above will likely need an accompanying phased delivery plan of at least 10 years in length to recognise its full ambition, but the journey must start now, and there are some immediate steps that can be taken.
15. Using their combined expertise and knowledge, and taking reference from the evidence they had available, the Group advises that the following key changes would help realise the vision set out above, and that following wider consultation, these should be built into a clear action plan, with immediate, medium, and long-term phases for delivery:
  - **Parity with the National Health Service:** Social care must take its place alongside our highly valued Health service, with strong clear national branding to support the rightful perception of its equal value. This must include parity of funding to acknowledge equal investment for equal need, and resourcing for training and qualification;
  - **Appropriate financial investment in the social care system:** We must invest now, to ensure the system is sufficiently well resourced and structured to respond to future need and demand, sustainability into the future, meet the aims of the Act, and make care free at the point of need;
  - **A shift in resource allocation towards prevention and away from crisis:** The ambition of the Act must be supported by investment in 'upstream' work to support children, families and adults to prevent escalation and avoid crisis;
  - **Nationally shared principles and/or standards to reduce unwarranted variation:** It is essential to create a shared national culture, so that citizens across Wales receive the same access to care and support regardless of where they live;
  - **A nationally shared approach to values and leadership:** Services must be designed, commissioned and provided with the National Care and Support Service's values at their core, and we must have real performance measures and clear accountability to turn those values into reality;
  - **A properly remunerated and supported care workforce:** It is essential to recognise the value of our skilled workers by addressing their pay and terms and conditions;

- **National public recognition of unpaid carers as partners in care:** We must bring to public attention the cost saved to both Health and Care services in Wales by the invaluable role played by unpaid carers in the delivery of care and support in their local communities;
- **A change of culture across the social care system, to ensure a consistent approach that empowers co-production at the frontline:** Our highly skilled workforce and community providers across the whole social care sector must be empowered to work in true local partnership to deliver what matters for citizens, with leaders being enabled to act as problem-solvers who assist and enable those working directly at the frontline;
- **Local working across organisational boundaries based around what matters conversations:** To truly bring to life the spirit of the Act, we must shape the commissioning of community services based not just on population data. We must also build in the accurate recording of assessment of need, and gaps identified, thereby ensuring that citizens' voices and ideas are at the forefront of future service design;
- **A national recognition of community resilience being at the core of sustaining social care into the future:** Recognising the role of the third sector, community volunteers, and empowering community owned solutions, to be partners alongside public service provision;
- **A culture of enablement:** To achieve the significant shifts outlined above, it will be essential to move towards a dialogue that promotes a more risk-balanced approach to care across Wales. This should still protect safeguarding standards, but also acknowledge that a less nuanced approach to risk management can lead to unintended blanket risk-aversion, which has its own inherent dangers for individual citizens.

# 1. ESTABLISHING A NATIONAL CARE AND SUPPORT OFFICE

## **Building strong foundations, and addressing the changes required**

16. It should be emphasised that all of the above changes constitute a single inter-related whole, designed to result in the establishment of a National Care and Support Service capable of delivering against the vision of the Act, and which, subject to the necessary funding, would be free at the point of need.
17. By focusing these changes through a single National entity, the Group believes the benefits of consistency, profile, and leadership can be fully realised. Therefore, it is recommended by the Group that we establish a National Care and Support entity/office to provide the necessary coordination to achieve this shared vision.
18. The principles on which the National Care and Support entity/office is established should be carefully considered. The Group recognises the democratically elected leadership of Local Authorities across Wales, and notes accordingly that the National Care and Support Office should be responsible for ensuring that action is taken upon those things that can only be undertaken at a national level, and resolving any barriers identified by Local Authorities and/or Health Boards which they cannot resolve themselves. The National Care and Support Office should be the lead social care body to which they can turn for help when needed.
19. The Group also noted during their deliberations that there are many bodies and agencies already performing work which is essential to social care in Wales, all constituted differently. The suggestion by the Group to have a central coordination function/body does not seek to cut across the work of these other agencies. Instead, the Group would envisage a centralised national entity having responsibility for taking a 'birds eye view' of all elements of the social care system in Wales, being responsible for a shared national vision and providing strong leadership towards implementation of the spirit of the Act through a unified National Care and Support Service.
20. Some of the elements a National office might need to bring together are listed below for consideration. However, the list is not exhaustive, and is a starting point for consultation and debate:
  - National terms and conditions for the social care workforce
  - National paid workforce standards
  - National support for training and development of the social care workforce
  - National agreement for rights charter and challenge process for citizens and unpaid carers
  - National quality and delivery measures (outcomes)
  - National commissioning guidelines and standards, and national price regulation

- National 'what matters' evidence/data bank, based on identified need from service users and carers, mapping and shaping future service need
- National approach to data and information collection and sharing
- National parity for workers across social care and health
- National resource for information, advice and assistance
- National communication standards, to reflect Welsh language, and language of choice for all
- National equality and equity standards
- National resource for research and data in social care
- National safeguarding standards/guidance
- National leadership on supporting and embedding a shared culture of care in Wales

21. To continue to lead on culture change with citizen experience at its heart, membership of the National Care and Support Office should contain/access a significant number of citizens' voices, including those who bring insight from the diverse range of communities across Wales, such as experience of disability, unpaid carers, ethnic minorities, Welsh language speakers, Trade Unions, voices from the third sector, providers and independent professional members with direct experience of formulating and empowering culture change.

22. The group noted that the exact role of a National Care and Support Office and its partnerships with the wider sector needs to be based on consultation and discussion with a wide range of stakeholders. However, the Group felt strongly that a central coordination role will be required in some format, to ensure the vision of a National Care and Support Service can be established successfully.

## 2. CO-PRODUCING CARE WITH CITIZENS IN WALES

23. Throughout its work, the Expert Group gave particular consideration to the centrality of the voices of citizens in Wales. They reflected on the spirit of the Act, which has the ambition of placing people at the heart of the system, by giving them an equal say in the support they receive.

24. Despite this ambition, the Expert Group reviewed a great deal of evidence which demonstrates that although much progress has been made, more work is required to deliver the spirit of the Act with consistency across Wales.

25. There is an opportunity with the establishment of a National Care and Support Service to co-create care in meaningful citizen-centred ways, building on the extensive evidence base for what works.

26. A new National Care and Support Service for Wales should be able to:

- Recognise and enhance the status, value and voice of carers and service users;
- Improve the current provision and develop further areas of citizen-directed support;
- Catalyse the role of social enterprise and co-operatives as a means of amplifying citizen voice, underpinned by enhanced ways of delivering relationship-centred practice;
- Ensure that citizens are able to realise their rights under the Act;
- Promote issues around equality and inclusion, recognising the intersectionality of different voices and communities.

27. As more detailed plans for a National Care and Support Service unfold and a National Care and Support Office is established, developments should be tested against the question: “How far will potential solutions enhance ‘voice and control’ and ‘co-production’ for citizens?”

### **Awareness and advocacy**

28. If co-production and genuine engagement with care and support is going to be possible for all citizens in Wales, we first need to raise the level of general awareness, understanding and expectations of the right to independent living, and the place of social care among other aspects of public life. The system has to be much more user-friendly, easy to understand, and accessible, particularly for people who may not have previous experience or knowledge of accessing health and/or social care services.

29. In addition to embedding this deeper level of understanding, there will always be a role for advocacy as a valued part of the social care and support system. Work needs to be undertaken to ensure that the role of advocacy is valued, there is clarity about the purpose of advocacy, and peer advocacy in particular is enhanced as a preventative part of our system.
30. In undertaking this work, the National Care and Support Office may wish to consider the sufficiency and sustainability of funding on a national basis for current forms of advocacy, as well as advocacy which is not currently resourced. They may also wish to scope work around developing what the equivalent of a kite mark could look like for advocacy services in Wales.

## Addressing the power imbalance

31. Despite the ambitions of the Act to have transformed the imbalance of power between citizens accessing care and the professionals and systemic processes with which they engage, the imbalance remains.
32. The Group spent time considering how this could meaningfully and truly be changed, including thinking about the role of data, intelligence, meaningfully gathering the views of people using services, and considering how a National Care and Support Service may be able to harness feedback from the voices of those experiencing care, to drive continuous quality improvement without getting into a 'complaint mindset'. This will be required across both health and social care.
33. In considering practical steps forward, the Group discussed storytelling, 'Magic Moments', 'Most Significant Change', and TripAdvisor thinking, and acknowledged that activists are crucial in campaigning and delivering change 'from the outside'. Children, young people and adults are the experts in themselves.
34. The breadth and voracity of the conversations around this topic indicate that it is imperative for us to think differently about citizens' voices in care. We now have a huge and diverse evidence base telling us what citizens think and need, and further data gathering is not required. It is now essential that our National Care and Support Service is built on the foundations of this evidence and active solutions are informed from it.
- 35. In developing a National Care and Support Service for Wales, current ways to gather citizen stories and feedback must remain built into the system and strengthened, enabling them to inform service design, improvement and continual learning.**

## Equality and inclusion

36. In their discussions about citizens' voices in the co-production of care, the Group specifically articulated the principle that all citizens must be equal partners in all aspects of social care, including governance at all levels
37. The Group acknowledged that the current approach to engagement and provision of care in the Welsh Language is not working, with little ownership of Mwy Na Geiriau (More Than Just Words) driving it forward into meaningful change for citizens 'on the ground'. This must be addressed in the formulation of a National Care and Support Service.
- 38. The Group suggest that there should be national oversight of delivery across the social care and support sector, in response to the recently published 5 year Plan to deliver Mwy Na Geiriau (More Than Just Words).**
39. More broadly, it is essential that deeply engaged and informed work takes place during the establishment of a National Care and Support Service, to recognise the intersectionality of the diverse voices and communities which are represented and reflected in localities across Wales. This will include, as a high priority, giving particular attention to developing the Service in line with the the Welsh Government's Race Equality Action Plan: An Anti-racist Wales.
40. A number of documents received by the Expert Group indicated that services have sometimes fallen short of a person's needs because there isn't a sufficient understanding of what good social care and support should look like for someone from their ethnic minority group. The Group feels it is essential that this is addressed in the development of a National Care and Support Service for Wales.
- 41. As a practical next step, there should be nationally coordinated engagement with individuals and groups across the diversity of communities in Wales, to ensure their involvement in the creation of a National Care and Support Service is built in from the start.**

### 3. SUPPORTING & VALUING THE WORKFORCE

#### **Pay, terms and conditions**

42. Our Social care services in Wales rely heavily on their workforce, and this became a point of significant focus for the Expert Group. The Group gave considerable attention to understanding and reflecting on the work of the Fair Work Forum and the role and function of Social Care Wales.
43. Care and social services have 'people services' at their heart. The workforce is their main resource, and relationships with people and communities are at their core. Without a workforce, there would be no effective social care services.
44. The workforce challenges in the sector have been in existence for many years, but they have been severely compounded following the Covid-19 pandemic. The sector is currently in a state of crisis; children, young people and adults are not always able to access the care and support they need at the time they need it, in their community. Social Work vacancies are a significant and growing concern (particularly in children's services). Prevention and support services need to be enhanced, and in some cases people are not being discharged in a timely manner from hospital due to a lack of capacity in the workforce and the wider community resources, to handle concerns.
45. The Group heard that there is a shortage of key roles such as Social Workers and Occupational Therapists. In addition to the more generalised workforce challenges, this is resulting in staff being stretched and managing too many cases at any given time. There is also movement between employers due to varying pay or terms and conditions, which causes further flux and change in the system.
46. A huge amount of work has been done in Wales over the years to raise the professional status and positive profile of the social care workforce. However, this has not delivered a sustainable solution because it was not matched with proper investment, both in terms of pay and conditions, and investment in the necessary support to create a qualified, regulated workforce.
47. Investment in our social care workforce in Wales must be a key consideration as we move forward towards a National Care and Support Service, and this must be at a scale which puts our social care services on a par with other essential professions.
48. Through its discussions, the Group was clear that there is a need to urgently address the shortfall in pay for the social care workforce. It also noted that it is necessary to review whether the new qualification and current registration requirements are (or are not) leading to a reduction in the workforce. Overall, the Group emphasised the need to

ensure a collaborative, national approach which focuses on a sustainable, properly supported workforce.

**49. The Expert Group acknowledges that through the work of the Fair Work Forum there has been agreement to fund the Real Living Wage by Welsh Government, which is a step in the right direction. However, the group recommends that the work being pursued by the Fair Work Forum, should move at pace, and should agree national standards for the appropriate pay, terms and conditions for all Social care workers in Wales.**

50. The Group believes it is essential for the establishment of a National Care and Support Service that the social care workforce is adequately supported as an immediate priority. To underscore the importance of this, it is suggested that there is merit in the formation of a collective bargaining unit for the workforce across the sector, regardless of employer.

**51. As a practical next step towards an effective National Care and Support Service for Wales, the Social Care Fair Work Forum should immediately begin work on the establishment of a Collective Bargaining Unit covering the whole sector, to introduce decent conditions and a new pay and progression structure.**

52. Throughout discussions around workforce pay and conditions, the Group acknowledged there are some specific workers, and models of provision, which need particular attention: namely Personal Assistants, and those involved in the provision of Micro-Care.

**53. The recent report submitted to the Fair Work Forum on the experience of Personal Assistants should be taken forward as a priority, in partnership with citizens who employ Personal Assistants. The outcomes from this work should inform the the National Care and Support Office in its support of the social care workforce moving forward.**

54. It is the Expert Group's view that in order to ensure parity with Health and avoid unwarranted movement of staff between sectors, the aim should be to bring care staff onto similar pay scales (and terms and conditions where possible) as Health Service staff, regardless of employer.

**55. The group advises that the Fair Work Forum should be supported to develop proposals towards parity of pay scales, terms and conditions (accepting that there will be implications for Local Authority job evaluation processes and possibly equal pay issues), and this should onwardly inform the work of the National Care and Support Office.**

56. The cost estimates of various workforce reform options produced by LE Wales has been considered by the Expert Group. The annual cost of aligning pay and conditions with

Agenda for Change and Local Authority pay rates in 2021 (2020 prices) was estimated to be between £135m and £203m respectively

57. Some of the cost of investing in alignment of pay would likely be offset, as paying more to those on low pay percolates into local economies. To that end, the Group noted that there is likely a currently unquantified cost to the economy Wales associated with the suppression of pay and conditions.
58. Although the alignment of pay presents significant cost implications, it is the view of the Expert Group that unless we move rapidly in this direction, there is a danger that there will be no care service in Wales, whether it is provided free at the point of delivery or not.

## **Broader support for our Social care workforce**

59. Although it may be considered a generalisation, it is important to note that social care services seem to be less appreciated and valued in society at large than our Health services, despite the fact that the two systems are symbiotically linked and interdependent. Unless the Social care sector achieves parity with the National Health Service, it will remain challenging to attract and maintain a workforce to deliver a National Care and Support Service.
60. In recent years, workers in Social care are having to become registered; domiciliary care registration became mandatory in April 2020, and care homes will follow in October 2022. Registration has been seen as a way of professionalising the social care workforce. There is a cost to registration, which not all employers are funding, and some care workers are leaving the sector as they do not want to undertake the required qualifications.
- 61. There could be a constructive review of the approach to registration, in partnership with all relevant stakeholders, to ensure stability, help to address any identified barriers, and consider the potential value in setting differing levels of registration for care workers in Wales.**
62. Becoming a care worker can also be very expensive. Training is often provided unpaid, many providers expect staff to either pay full costs or partial costs for uniforms. Add to this the rising cost of fuel, and many workers will be unable to fulfil their role on National Minimum Wage, or even the Real Living Wage.
- 63. There may be merit in a review of the partnership between Health Education and Improvement Wales (HEIW) and Social Care Wales (SCW), to ensure equity**

**in investment and access to training for all social care workers, and a clear pathway for those who wish to follow a career in care.**

## Unpaid carers

64. No analysis on the current delivery system and culture would be complete without reference to the essential role that unpaid carers of all ages play in the current system. There are a number of references in the publications considered by the Group as to the lack of agency that some of these individuals feel.

65. Carers' support services are critical. They ensure that this invaluable group within the wider social care community can be better supported to either continue caring, or have support to enable them to stop caring, should they wish to. While Carers Assessments are built into the current system, many carers, including young carers, do not receive one. They are also not always as impactful as they should be, with many carers citing that little support follows the what matters discussions. In its discussions around the role of unpaid carers, the Group recognised the issues of capacity in the system, but felt more could be done to recognise the parity of the role unpaid carers play in the delivery of social care.

**66. The scope of the National Care and Support Office might include leading on cultural awareness work to enable all partners within social care and health to recognise the symbiotic relationship between the vital paid care workforce and unpaid carers and volunteers.**

**67. To establish cultural recognition of unpaid carers, the National Care and Support Office could also proactively promote the Carers Charter and Strategy at a national level, endorsing the ongoing importance of supporting unpaid carers and actively seeking to ensure the national brand of social care reflects the role that unpaid carers of all ages provide**

## Respite

68. To ensure long-term support for carers in Wales, respite is vital and needs to be seen as an integral part of service delivery. It is also a key part of the prevention agenda, both for families and individuals.

**69. Current financial ring-fencing around respite provision should be built into long-term funding plans for the sector, as an ongoing investment to enhance support and move towards a more preventative approach to social care.**

**70. Consideration should also be given to moving to a model of flexible respite, and annual funding should be available to explore and scale up alternative respite options, or to replicate successful small level projects across Wales.**

## **Volunteers in care and support**

71. In considering the future of a National Care and Support Service for Wales, consideration should also be given to the role of volunteers and building communities of care across Wales. The Group did not scope this aspect of care and support in detail but recognises that third sector organisations across Wales and community volunteers contribute considerably to the tapestry of care and support experienced by people in their local communities. In the spirit of co-production, and designing services which have the wishes of children, families and adults right at their heart, the role of the third sector, and of volunteers will remain a key pillar of any National Care and Support Service going forward.

**72. Third sector partners and volunteer networks should remain enabled to be co-designers of future care and support functions, enhancing wider social care and building resilient communities.**

## 4. SUPPORTING WHAT MATTERS

### What really matters?

73. The systems and structures for delivering social care services, and the culture within those systems have developed over time, and are based on long-standing practices predicated on budget pressures and organisational boundaries.
74. Our social care workforce, both paid and unpaid, are operating within this imperfect system, as are citizens across Wales who are engaging with social care services because they need care and support. The Group gave careful consideration to how the systemic and cultural problems of our current services are preventing the social care workforce from doing the jobs they are skilled in and passionate about.
75. When public sector organisations are required to tightly manage budgets, it can unfortunately affect the behaviours of everyone operating within the system, whether they are paid or unpaid members of the workforce, or citizens needing access to care and support. The Group considered the impact these constraints have on the 'what matters' conversations happening across Wales, which are legislated for in the Act, and which were designed to make sure people get the care and support they really need, as well as a fulfilled life alongside their care needs.
76. It is evident from the Group's conversations and evidence-gathering that currently, 'what matters' conversations can often result in people being expected to fit into whatever support they are given, rather than exploring and receiving services to suit what matters to them. Many of the documents listed at Appendix 2 represent service users and carers views, and substantiate this concern.
77. Ultimately the concept of care should be a simple three step process for individuals:
- Identify what is creating a sub-optimal well-being scenario;
  - Identify with them what could help to resolve that situation;
  - Provide whatever assistance is required to deliver that resolution.
78. The workforce therefore needs to be free and empowered to assist citizens to find the right solutions based on what matters to them.
79. It is important to note that the failure of 'what matters' conversations to deliver in the spirit of the Act is a systemic failure, not a criticism of our dedicated social care workforce. The drivers affecting the 'what matters' conversation may be about the availability of services, funding, or capacity constraints across Local Authority and health

services (for example, Child and Adolescent Mental Health Services (CAMHS)). But they can also be a result of time constraints upon the professional undertaking the conversation, who might have limited time available to truly understand an individual's situation, and might therefore have to focus on pre-determined solutions rather than exploring new ones.

## New 'design principles' for Social care

80. The traditional drive towards more efficiency by delivering care through set processes has its roots in industrial settings. But effective and timely care and support is about what is important to people, and this varies significantly from individual to individual. There can therefore be a disconnect between the current available service offer and the ambition of the Act, which is individualised, person-centred and co-produced. The development of a National Care and Support Service must address this disconnect if it is to truly deliver something different for the people of Wales, and recognise the scale of the shared ambition.

81. The Expert Group talked about this paradigm shift in terms of generating some national 'design principles' for social care and improving health.

82. The impact of systemic failure is not only felt by citizens trying to engage with services, but also by the social care workforce and providers, who often find themselves unable to support people to truly achieve what matters to them. Whether it be due to funding constraints, organisational pressures, top down decision based models, cultural risk aversion, or having to work within inflexible pre-determined systems and structures, it often results in a feeling of shared frustration, both by the worker and by citizens, as the 'what matters' cannot be fully achieved.

**83. The Group strongly advises that there needs to be a re-set of the operating thinking which drives current culture and systems across health and social care in Wales: a new 'set of design principles'.**

84. If 'whole systems change' is to be ultimately achieved, leaders and services throughout a National Care and Support Service must be both empowered to truly deliver co-produced outcomes and also enabled to hold their systems to account. This is essential if they are to imbue services with the values and principles of the Act, ensuring that those values and principles guide everything they and their teams do. There is a vital role for leaders across social care, at all levels, to act as facilitators and champions, adding value to workers at the frontline, and creating a culture that values citizens' outcomes. This national leadership culture shift must empower teams to move away from just being able

to deliver a transactional implementation of the Act, and towards a reignited shared ability to truly improve outcomes.

**85. As a practical step, the National Care and Support Office should work in partnership to coordinate the development of a national set of design principles, based on the Act, to empower leaders to freely support co-production at the front end of service delivery. This would enable leaders across Wales to work together in parity with a shared vision against which organisational culture and service delivery can be held in check.**

86. Once the 'design principles' are established, the National Care and Support Office should have a role in both actively reviewing and ensuring the ongoing transformation of services across Wales, supporting the ongoing culture change for frontline workers and citizens to have real 'what matters' conversations.

87. The National Care and Support Office should be actively engaged in monitoring and calling out any regression towards services delivered in more traditional systems, as opposed to those which empower those at the frontline.

**88. The National Care and Support Office should ensure citizens are at the heart of all decision-making, including co-producing the new design principles. This will require the Office to be satisfied that the voices of citizens, unpaid carers and community organisations are engaged at all levels, from service design to review, locally, regionally, and nationally, with a balance between proportionality of professional and community-based voices in the design space.**

89. The shift in the 'design principles', including accountability to the National Care and Support Office for oversight of a national transformational change programme over time, is central if we are to change the way in which the current social care system works, and to truly empower the workforce, citizens and the wider sector of invaluable providers and community services that support them.

## **The broader benefit of 'what matters' conversations**

90. 'What matters' conversations don't simply have benefit for the individual person who needs care and support. They also have a broader benefit in terms of informing population-level needs assessments and the design of future service provision. They can also be active vehicles for culture change, as when they are done correctly, they can allow individuals and social care workers to experience what truly empowering and engaged co-production of care and support can feel like. The culture change envisioned

in this report will take many years to take root and spread, but it would be facilitated greatly if professionals had the time to undertake and experience proper 'what matters' conversations..

**91. To that end, the National Care and Support Office should work in partnership with the Welsh Local Government Association (WLGA), to undertake a piece of research to identify the resources necessary to allow for full and proper delivery of 'what matters' conversations across Wales. On the basis of the research, such financial resource as is necessary should be made available, so that implementation may follow.**

92. The aggregation of data from 'what matters' conversations at local, regional and national level is critical for the design and development of future Social care services, as well as to measure the adequacy of existing provision. As with all systems for aggregating data, the information coming out is only as good as what was fed in. So if 'what matters' conversations are not accurately recording people's true needs (instead focusing on what can be provided, and ticking boxes to say whether it is available or not), we can't hope to have the information we need to aid further improvement.

**93. The National Care and Support Office should work in partnership with the Association of Directors of Social Services (ADSS) Cymru, WLGA, and citizen led groups, to discuss, agree and establish a national approach to accurately recording what matters conversations.**

**94. The National Care and Support Office should also work with ADSS Cymru, the WLGA and other partners, to put in place a single common National IT system for Social care, which allows for simple and accurate recording of 'what matters' conversations. In developing such a system, there should be co-production with frontline staff who will be using the system day-to-day.**

95. This system must be able to record the details of cases where an individual's needs cannot be met, and the reasons why this is the case, as the aggregation of 'gaps' will aid improvement locally, regionally and nationally, and will enable the relevant organisation to act upon those gaps and/or identify where further financial Investment is needed.

**96. The group suggests that the current population needs assessment toolkit should be replaced with a more accurate model that reflects need meaningfully. This should take into account the ability to use data gathered from the new accurate recording of what matters conversations, alongside data on population numbers and demographic mix in a Local Authority area. The National Care and Support Office should set up a task and finish group to discuss, agree and set in motion this new process.**

## 5. PARTNERING LOCALLY AROUND THE PERSON NEEDING SUPPORT

97. The Expert Group considered a lot of evidence around the experiences encountered when more than one organisation is required to play a part in providing care, which can result in sub-optimal results and frustrations.
98. People's well-being and care needs often require input from many collaborators beyond social care services. For example: education, housing, public health services, and primary care services (including General Practitioners and CAMHS). Many examples of successful social care models considered by the Expert Group reference the need to be able to deliver seamless services at grass-roots level to meet the needs of local populations. The Expert Group would concur that robust effective partnership working at local level is critical if we are to realise the vision of a National Care and Support Service for Wales which truly delivers on the Act.
99. There are examples of excellent partnership and practice working currently across Wales. However, when partnering does go wrong for the citizen, it can be extremely dispiriting. So, the Expert Group also considered what prevents successful partnership working at a nationally cultural level and results in local partnership arrangements floundering. Problems with partnering would often seem to arise as a result of financial considerations, different approaches to risk management, and differences in organisational culture.
100. This all highlights the fact that problems can arise for the citizen and our social care workforce because our public services are often driven to look at care through the lens of wider organisational or financial pressures, rather than being fully free to support the perspective of the person needing support. From the evidence the group received and reviewed, it is clear that it frustrates all parties when these barriers arise.
101. The Group discussed many examples of successful joined up approaches developing in Wales at locality level, where professionals and providers work together in the interests of citizens. Successful models need to be encouraged, enabled, explored and where successful, resourced and expanded across the whole of Wales, baked into the coordinated framework for provision of social care under the National Care and Support Service.
102. The aim should be to empower and enable those at local level to work together seamlessly to deliver the required care and support, regardless of employing organisation. Such "local partnership approaches/arrangements" need to be based on the shared values of the Act, to meet population and individual outcomes, and to address

'what matters' conversations, as opposed to being driven to address organisational pressures. The new National Care and Support Service should support the wider social care sector to further build upon the best experiences from the outcome-based work already ongoing.

## Accountability at local partnership level

103. Accountability for the delivery of social care was a matter that the Expert Group considered at length. The Group noted that whilst Directors of Social Services are required to compile an annual report, and Care Inspectorate Wales regulates Local Authority social services, neither of these processes fully satisfies the issue of accountability. The Group felt that the establishment of a National Care and Support Service gives an opportunity to consider building in greater clarity and perhaps stronger lines of accountability for social care across Wales.

104. An empowered multi agency workforce operating at locality level, Local Authorities and Health Boards should in turn be responsible for taking action on what needs to be done to resolve the barriers which prevent the locality partnerships from doing their work effectively.

**105. In order to ensure accountability for meeting the care and support needs of local populations under the National Care and Support Service, the Group suggests that Local Authorities should have a clearly articulated role to performance manage local partnership arrangements, in relation to the extent to which those partnerships are effectively able to meet the needs outlined in 'what matters' conversations.**

## Establishing a 'learning loop' culture

106. Local Authorities should establish a learning loop culture across the whole of Social care, moving away from any perceived fear of blame and failure, and towards a culture that openly supports continuous improvement and learning across the whole social care sector.

107. The learning loop should allow for an individual user s or social care worker's experience of a sub optimal service to feed directly into those who can ensure service improvement, and report back on what has been done (or why improvements cannot be made). Cultural barriers that are identified across the sector as a whole can then be fed

into the National Care and Support Office for a wider national conversation on how they can be resolved, while remaining true to the principles of the Act.

108. This learning loop will support people from having to resort to the complaints systems when not satisfied with the services they receive.

**109. Local Authorities and partners should be able to honestly report on their collective performance, based on a learning loop culture. These reports should be returned to the National Care and Support Office to honestly inform future planning and resource decisions, and support the continuous aim of improving National Care and Support Service in Wales.**

## **Local Authority autonomy, accountability, and funding**

110. As part of its deliberations, the Expert Group considered whether there should be a greater role for hypothecation/specific grants to ensure funding is passed on from Local Authorities to care services. The importance of protecting local democracy and decision-making was highlighted, as well as the additional burdens generated by specific grants and the potential for significant 'gaming' of the system.

**111. The National Care and Support Office should work in partnership with Welsh Government and wider stakeholders to oversee and support the development of a clearly published national funding model for all for financial resources for care and support.**

112. It is recommended that where core financial resources are channelled through Local Authorities, they should be the lead agency to allocate budgets across locality partnerships, thereby ensuring that Local Authorities remain the lead partner in social care delivery under the new National Care and Support Service.

113. This would remove the current confusion around the infrastructure associated with reporting on multiple different funding streams, and would in time help to simplify reporting methods. There is the potential for this to reduce unnecessary bureaucracy in the system, thus freeing resources towards real care rather than administrative processes.

**114. At the same time, an accountability framework of outputs and expectations could be created to accompany the National social care funding model. Local Authorities and other funded agencies should be held accountable for delivering on outputs and expectations, set against the principles of the**

**national funding model. Therefore, feedback on how effective the funding model is in delivering resources should be built into the ongoing monitoring process.**

## **Continuing Health Care**

115. Continuing Health Care (CHC) has consistently been directly cited by citizens, social care agencies, Local Authorities and Health Boards as presenting unintended barriers in enabling real integrated working for those who have complex support needs.

116. Once all care is free at the point of need, CHC will inevitably be less of an issue. However, the Expert Group anticipates that there might still be arguments relating to which organisation pays, and the current system is detrimental enough to necessitate immediate action, given that 'free at the point of need' will take some time to be fully realised.

**117. The current CHC policy approach as it stands should look to be removed from the social care system as soon as is practicable. The National Care and Support Office should prioritise work with WLGA, ADSS Cymru, and the Welsh NHS Confederation to identify a timeline over which the current CHC framework can be phased out.**

## 6. INVESTING IN PREVENTION & EARLY INTERVENTION

118. It would appear to the Expert Group that over the years, social care has lost the ability to pump prime significant investment into early intervention and prevention services, mainly due to the lack of funding for social care keeping pace with demand. This has meant a lack of investment in promoting better quality of life, longer independence, and the avoidance of escalation of well-being into the need for crisis care.
119. As a result of a mixture of both the pressures on publicly funded service budgets, and the positive growth of alternative models of care provided through the third sector, cooperatives and social enterprises, much of the wider prevention and early intervention services are now being provided by organisations outside of public services. However, these are often funded through time-limited funding grants and short-term commissioning processes. The result of this is that there is currently no clear nationally owned long-term strategy for the sustainability and growth of current prevention-based services.
120. Not every crisis can be prevented, but prevention and planning can significantly reduce the times when care and support is needed in a crisis. If social care is to move away from crisis management and prevent escalation, there must be appropriate investment and longer-term funding commitment to support a long-term strategic approach to building up preventative services at local community levels.
121. Local Authorities will need to be supported to increase the investment in preventative services. They should be asked to document the balance of spending attributed to preventative services per year so delivery on this expectation can be monitored and supported.
- 122. The National Care and Support Office should monitor Local Authorities for the relative share of their budget spent annually on prevention and early intervention and bring together this information to inform funding priorities at a national level and assist with Wales wide cultural barriers that may be impacting.**
- 123. The Welsh Government should commission research into the level of spend on commissioned preventive social care (relative to the totality of social care spend) by Local Authority area, annually over the past 10 years.**
124. However, redirecting spending will not in and of itself rectify matters as this will only leave less resource to spend on meeting the needs of those already in crisis.
- 125. The Welsh Government should therefore consider adding further resource for investment in preventative services.**

## The role of the Third Sector, social enterprises and co-operatives

126. The Act promotes social enterprises and co-operatives as a mechanism for the delivery of social care services in local communities. However, evidence would suggest that there has not been a significant increase in these types of care models to date, often due to the lack of funding available and the fact that it takes time to create and develop these new models of care delivery.

127. Where models do exist, there is evidence to show that they can often be more flexible and creative and offer the chance to explore alternative ways of working in partnership with citizens. Many are citizen led, and many use existing community buildings as a resource.

128. The role of community based services (including cooperatives, social enterprises and the wider third sector) will be essential in ensuring that preventative services once again become the main focus for social care delivery over the course of this culture and funding shift.

**129. Therefore the group suggests that the National Care and Support Office proactively promotes the role of these models across the wider social care sector, whether they are funded directly through public services or independently, and monitors the level of funding spent on user led/co-produced preventative services.**

130. The Group believes it will be important for commissioning processes to involve meaningful co-productive engagement with stakeholders including citizens, unpaid carers, third sector representatives and providers. It should include good practice principles that enable user-led cooperatives and social enterprise values to flourish alongside directly provided services.

**131. To embed a true shift to preventative care into the system, the National Care and Support Office should oversee the implementation of the National Commissioning Framework delivery process.**

## 7. MOVING TOWARDS FREE CARE

### Providing services free at the point of need

132. Successive governments in Wales have taken a progressive approach towards the delivery of social care. The commitment to providing care and support free at the point of need continues this approach. The Expert Group welcomes this drive towards a system that is fair and equitable to all, which reduces complexity, and which contributes to the removal of financial barriers faced by citizens in achieving wellbeing and independent living.
133. However, capacity in the current service is clearly in crisis and it can't be ignored that financial investment is urgently needed. It is necessary to ensure an appropriately remunerated workforce, and also vital if we are to fund the services truly required to meet people's needs, both now and in the future
134. When creating a National Care and Support Service, sustainability has to be at its heart. We must create a system which can adapt to support future generations, as well as those who need care right now. This will require long-term thinking, and long-term investment, likely over a period of at least 10 years, and while the Welsh Government's funding plans currently only extend to 2024-25, the longevity of the required vision will need to remain a continual financial and political priority if we are to achieve real sustainable change.
135. The Welsh Government will need to ensure an appropriate level of funding for social care to ensure it can truly meet people's needs and is sustainable into the future. This means being able to adequately predict and respond to future patterns of demography, need and demand.
- 136. The Expert Group suggests that we hold a transparent and honest 'national conversation' about the funding required to deliver a National Care and Support Service, which openly discusses whether we, the people of Wales, are willing to pay for it. Fundamental to this issue, of course, is whether the Welsh Government is able to re-prioritise investment in social care over other services, and if not, whether it wishes to consider other ways of funding social care reform, including (potentially) the use of devolved income tax powers. If increased income cannot be channelled into the system in one of these ways, then many of the current deficiencies will continue and worsen.**

## Equity of charging regimes

137. When considering ways of making services free at the point of need, and the possible sequencing, it is important to be aware of the distributional effects that each type of charging regime may have. Some groups of people will benefit more than others from changes to the current charging regime. However, the overall distributional impact of charging reform also depends on how the necessary extra revenue is raised (for example, UK income tax is progressive with respect to income).
138. Concern was raised by Group members that if funding for the National Care and Support Service were to fall short of that needed to achieve its objectives, this might indirectly increase the burden on council taxpayers. Council tax is a regressive tax with respect to property value and income, and might therefore be a less desirable way of raising revenue than general taxation.
- 139. Currently available evidence does not adequately or accurately indicate what the shortfall in investment in social care might be, in totality. Therefore, the Group suggests that the National Care and Support Office undertakes research work with the WLGA and the NHS Confederation to assess the required level of investment, to inform future policy direction.**

## Consideration of charging options

140. In line with its scope and Terms of Reference, the Expert Group gave specific consideration to how a National Care and Support Service might be delivered free at the point of need.
- 141. The Group recommends that as a first step towards care which is free at the point of need, the Welsh Government should move towards a charging regime where most non-residential care is delivered free in a non-residential setting. This should be the first priority because charges for non-residential care can cause people financial hardship and affect their dignity and well-being.**
- 142. However, recognising the competing priorities for investment (most significantly, more adequate remuneration of the social care workforce) the Expert Group suggests adopting a phased approach to charging reforms.**

The Group considered two main options in respect of moving towards a charging regime where most non-residential care is delivered free in a non-residential setting:

|               | Option 1   | Option 2   |
|---------------|--|--|
| Action        | Lower the £100/week cap in a non-residential setting to zero or, as a first step, an intermediary level.   | Bring non-personal care services* that are not currently covered by the weekly cap in the domiciliary sector under the capped charging arrangements AND THEN lower the £100/week cap in a non-residential setting to zero, or another intermediary level |
| Beneficiaries | <p>This option benefits those currently paying up to £100 a week for non-residential care services covered by the cap.</p> <p>Those paying the maximum amount (£100) would see the largest benefit – approximately 20% of service users.</p> | The initial beneficiaries of this would be those being charged more than £100/week for services outside of the cap.  |
| Comments      | Arrangements for services not currently covered by the cap in a non-residential setting remain unchanged.  | This option includes option 1, but delays its implementation until non-personal care services in the domiciliary sector are brought under capped charging  |
| Cost estimate | <p>Depending on the level of cap applied, the estimated costs are:</p> <p>£0/week**: £76-£126m<br/>           £25/week: £57m-£94.5m<br/>           £50m/week: £8m-£63m<br/>           £75/week - £19m-£31.5m</p>                             | <p>These estimates assume the inclusion of Option 1 at the £0/week level, i.e. making services currently covered by the cap free:</p> <p>£0/week: £167-£218m***</p>  |

\*The cost estimates presented are based on an assumption that only 'personal care services' are capped. The definition of 'personal care services' used to arrive at the cost estimates is the Scottish definition. However, it is important to note that the services covered by the existing cap is somewhat broader than this definition.

\*\*Note that this is the estimated cost of entirely free non-residential personal care.

\*\*\*Note that this is the estimated cost of making services currently covered by the cap entirely free.

**143. The Group also recommends the Welsh Government should move towards a charging regime where care costs (excluding accommodation costs) are delivered free in a residential setting. However, recognising the potential competing investment priorities already discussed above, this move may need to be phased.**

The Group considered four options in respect of moving towards a charging regime where care costs (excluding accommodation costs) are delivered free in a residential setting:

| Option   | Description  | Cost   | Comments  |
|----------|--|--|---|
| Option 1 | The state makes a fixed contribution towards the costs of self-funders who receive care in a residential setting. The contribution amount could be increased until it is notionally equivalent to the costs (minus accommodation | Estimated costs:<br>£50/week - £15m;<br>£100/week - £31m;<br>£150/week £47m (cost estimates for £100 & £150 contributions are from LE Wales report, remainder are interpolated linearly. | This would benefit self funders by reducing the costs they will pay. However, those with expensive care needs, over an extended period could still face very high lifetime costs. |

| Option   | Description   | Cost  | Comments  |
|----------|---|---|---|
|          | <p>n costs) paid by care home residents.</p>  |   |   |
| Option 2 | <p>The state covers the costs (minus accommodation costs) of self-funders in a residential setting.</p> | <p>Estimated costs: £55-£66m – assumes Local Authorities make a fixed weekly contribution to care providers to cover personal care costs (£210 (high) or £177 (low)).</p> | <p>This would amount to free care and would be the most expensive option.</p> |

| Option   | Description   | Cost  | Comments  |
|----------|---|---|---|
| Option 3 | Begin by providing free care (minus accommodation costs) to self-funders with dementia and expand the offer to all residents later.   | Estimated cost is currently unknown; taking the Alzheimer's society estimate as a proxy for the share of care home residents who might be eligible, the costs involved might not be too dissimilar to Option 2. | The Sub-group noted the (potentially irresolvable) difficulty in addressing whether the residents care needs are largely attributable to dementia. The option could be impracticable and would create scope for significant legal challenge.                                    |
| Option 4 | Self-funding care home residents & domiciliary care users receive their care (minus accommodation costs) funded by the state after a fixed number of weeks. The number of qualifying weeks could be reviewed and reduced over time. | Estimated cost is currently unknown; the overall cost could be changed by varying the cap (number of qualifying weeks).   | At 0 weeks, this would effectively amount to Option 2 This is the most similar option to the Dilnot proposal in England (targeting most of the support at those facing astronomical costs to begin with), with the possibility of reducing the cap to zero over time to provide |

| Option | Description | Cost | Comments             |
|--------|-------------|------|----------------------|
|        |             |      | universal free care. |

## Considerations for the Welsh Government relating to charging

144. The history of charging for domiciliary care has its roots in the Welsh Government's Manifesto pledge to introduce free home care. This was not enacted, but a fairer charging package was introduced in 2007 which was more generous than that applicable in England. In 2011 a £50 weekly maximum charge was introduced but, likely due to financial pressures, this had risen to £100 by 2020. This is a relevant consideration which the Welsh Government may wish to take into account when it decides in which order any reductions in charging for care should be implemented.
145. The Welsh Government should take into account the risk of potential interaction with the reserved benefits system. However, a tapered approach might make it easier to manage suppressed demand and potentially mitigate such interaction.
146. Depending on the options selected, the Welsh Government may need an agreed definition of personal care, which does not currently exist in Welsh legislation and might introduce additional complexity. The Expert Group would recommend that a piece of work is done in partnership with relevant stakeholders to agree this if/when needed.

**147. The Group suggests the National Care and Support Office should work in partnership with the WLGA, NHS Confederation and providers, to identify what the care fee rate should be. This should be set nationally, and appropriately resourced.**

**148. The Group also suggests that accommodation costs should be excluded from the care fee rate. This separation of care and accommodation costs recognises that we are all required to pay for food, utilities, and housing in our own homes regardless of our care needs. It also acknowledges that individuals should be free to choose their accommodation according to their preferences, regardless of what their care needs are.**

## The need for more data

149. Expert Group members highlighted several areas where better or more accurate data sources are needed in order to inform the investment decisions which will inevitably be necessary. For example: data on the self-funding population in Wales; the average length of stay in care homes for younger adults; and the average length of time users receive domiciliary care services. Without this information it is difficult to accurately cost proposals to change the charging arrangements.

**150. The Expert Group recommends that further data scoping needs to be done and would suggest that the National Care and Support Office coordinates the work to support this aim.**

151. Whilst this report mentions cost estimates for some of the charging regime options Welsh Government may now wish to move towards, they are predicated on estimates made by LE Wales and are intended to give ball-park indications of cost. It is important that more detailed proposals are fully costed in partnership with the wide range of stakeholders who will be involved in the next steps towards a National Care and Support Service.

**152. Accordingly, the Group recommends that the National Care and Support Office should commission work, in partnership with the WLGA and NHS Confederation, to establish the real cost of implementing those steps in this report which have financial consequences.**

## The role of profit in the care system

153. As stated above, it will be vital for a National Care and Support Service to recognise and consider the nuances of different models of care and cost across the full spectrum of

provision, 'from cradle to grave'. The group noted that the Social Services and Well-being Act actively promotes different models of service delivery alongside public services, including social enterprises, co-operatives and user-led services and that these are provided and funded in different ways. As such, any changes will need to consider the current balance in accessibility of funding for both direct and community-based services, based around identified population needs.

154. The importance of voice and control for citizens, to be able to choose the care and support that meets their well-being outcomes the best, must remain at both the centre of social care delivery and financial planning. Given the significant impact that any changes to decision-making in this area will have on the models of provision of social care in Wales, the Group felt this is a key issue for wider stakeholder consultation to ensure all relevant partners are engaged.

**155. Welsh Government should ensure the issue of profit in the care system is integrated into the wider public consultation plan surrounding the development of a National Care and Support Service, and that all relevant stakeholders are enabled to engage with it.**

156. However, the Expert Group was asked directly in the given Terms of Reference to consider how to increase the percentage of publicly delivered care provision, including the role of local government ownership and cooperative enterprises. In making practical steps towards this, the Group acknowledged the work already underway in relation to the current Programme for Government commitment being driven forward around eliminating profit from children's services. Due to the complexity and nature of current adult provision, it does not automatically follow that the same pathway will follow for adult services, but the Group could not progress with their discussions without acknowledging this work is ongoing.

157. The Group particularly discussed the fact that the need to ensure the balance between capacity and choice is monitored carefully during the process of rebalancing, to ensure that people who need care and support can either access or continue to receive the services they need in the way they want to.

158. To address the specific question raised in the brief, there are some practical steps which could be taken to rebalance delivery towards public sector provision, to assist the gradual expansion of capacity. These should include the expansion of capacity-building funding streams and pilot programmes in Local Authorities across Wales.

**159. Welsh Government could begin dialogue with Local authorities about gradual expansion in capacity of direct provision, in children's services and adult services, while actively acknowledging the Act.**

**160. Welsh Government could establish a gradually expanded capital and revenue fund, to provide opportunities to bring services back in house when required, while recognising the Act. This should be added to the local government settlement, and should be in addition to selected Local Authority pilots for mainly in-house direct provision.**

161. Funding constraints, a drive toward greater efficiency, and a need for investment, have driven local authorities over time to outsource services. Against this challenging backdrop, private and third sector organisations have added innovation to the care sector and have in some instances been the catalysts for beneficial change.

162. However, the Group acknowledged there are costs associated with the existing model of commissioning and tendering of services in social care.

163. In this context, the Group also acknowledged that the generation of profit raises questions pertinent to the broader debate around the provision of public services in Wales. Whilst it was not in the Terms of Reference of the Group to engage in this debate more widely, they considered the issue within the scope of their brief. The Group agreed that clarity around the role of profit, and any return on investment in the sector, will be a key consideration in the next steps towards establishing a National Care and Support Service, if it is to have a clear vision at its core.

164. In considering practical steps towards an increased percentage of publicly delivered services, there will be a need to understand the cost of the current system and assess what opportunities or losses might be presented through reinvestment

**165. Welsh Government should commission research into quantifying levels of spending lost to the sector through profit, the mechanics of commissioning, on both sides, profits made by private equity on care facilities, and on the maintenance of a regulatory industry to monitor providers.**

166. It can also be noted that the practical steps suggested by the Expert Group in relation to remuneration of the workforce (particularly a standardised pay structure for all employees) may lead to a gradual increase in Local Authority direct provision, as one of the key drivers for outsourcing will be eliminated.

## NEXT STEPS

167. In Summary, a National Care and Support Service for Wales will realise a future where

- Children, young people and adults requiring care and support are empowered to voice what matters to them and are resourced to enhance their wellbeing and achieve control in their everyday lives and aspirations;
- A skilled, valued, supported, and resourced social care workforce is empowered to deliver what matters to citizens and communities, in co-production with them, and is properly rewarded for doing so;
- A just and fair leadership culture empowers citizens, communities and the workforce to achieve what matters, and is accountable for enhanced wellbeing through innovation, co-production and relationship-centred approaches;
- Care and support services are fully resourced, sustainable, community-centred, person-directed and free at the point of delivery.

168. The vision presented above will likely need an accompanying phased delivery plan of at least 10 years in length to recognise its full ambition, but the journey must start now, and there are some immediate steps that can be taken.

169. The next right step will be an extensive consultation with people who use care and support services, their carers, the social care workforce, and a wide range of other stakeholders, to take this work to its next iteration.

170. As the consultation and planning phases move forward, it will be vital to remember that social care and support has a 'cradle to grave' remit. It will be necessary to pay particular attention to children's services as a distinct part of the system, in order to take careful account of the specific care and support needs of our children in Wales.

171. Our National Care and Support Service must also more adequately reflect the diversity of our people in Wales, across all protected characteristics, geographies, and demographic groups, in order to better meet people's individual needs. The Group urges the next phases of work on establishing a National Care Service to include meaningful engagement, co-production, and careful impact assessment, working directly with citizens and community groups.

172. The report highlights the need for resources, particularly: in terms of investment in the workforce; ensuring that front line workers have the resources to undertake "what matters" conversations; the need to fund an expansion of preventative measures; and funding the current core service, as well as paying for the service to become free.

173. A majority of the group considered that the Government needs to prioritise additional investment in the workforce and in the current core service (including preventative spend) so as to ensure that we have a service which provides those who rely on it with the care and support they need, and that the service has sufficient, stable, motivated workforce who are supported and valued before making the service free. However, it must be said that there was a significant minority who felt that in the interests of fairness and justice, progressing proposals should take place simultaneously, to reflect on pressures currently felt by citizens.

## APPENDIX 1 – TERMS OF REFERENCE

### Cooperation Agreement – A Shared Ambition for a National Care Service

#### Expert Group - Terms of Reference

##### Context

The Welsh Government and Plaid Cymru have a shared ambition for the creation of a National Care Service which is free at the point of need. Social care will remain a responsibility of local government and continue as a public service, embedded in our shared commitment to equalities and human rights and where the service user voice is clearly heard.

The Welsh Government and Plaid Cymru are establishing an Expert Group to provide recommendations on practical steps which can be taken, after April 2022, towards that shared ambition. This is with a view to agreeing an implementation plan by the end of 2023.

Planned policy implementation will continue, in line with commitments made through the Draft Budget 2022-2025, including steps to provide for a better integrated system of care and work and towards parity of recognition and reward for Social care and health workers. The recommendations of the Social care Fair Work Forum will be used to produce wider improvements for the workforce, including in its ability to provide health and care services through the medium of Welsh.

Following the Rebalancing Care and Support White Paper the Welsh Government will progress the Programme for Government commitment to implement a National Framework for Care and Support commissioning, and strengthen Regional Partnership Boards and establish a National Office to drive progress.

##### Purpose of the Expert Group

###### Aim

- To provide recommendations on practical steps which can be taken, after April 2022, towards the creation of a National Care Service where care is free at the point of need. These practical steps must be consistent with Social care remaining a responsibility of local government and its continuance as a public service, taking account of the spending framework set by the Draft Budget 2022-2025.

## Objectives

- Undertake a rapid review of current evidence about paying for Social care/funding Social care and related matters, including in the context of developments at a UK level.
- Consider the optimal route and practical steps towards Social care becoming free at the point of need through the creation of a National Care Service including any financial implications and how to fund these.
- Consider the sequencing of these steps with further improvements to the pay and terms and conditions of the Social care workforce towards parity with NHS pay scales, and ensuring quality care is available for all those who require it.
- Consider how to increase the percentage of publicly delivered care provision, including the role of local government ownership and cooperative enterprises.
- Identify any further system, process and delivery mechanism changes, together with any cultural challenges relating to the Group's advice.
- Develop timelines and key milestones, including engagement with the Social care sector and with the public.

## Deliverables

Set out the Expert Group's considerations and recommendations about practical next steps in a report to Welsh Government and Designated Members by the end of April 2022 which discharges the Expert Group's brief to recommend practical steps towards the shared vision.

## Membership

Abyd Quinn Aziz

Charles Tallack

Cian Sion

Dilwyn Owen Williams (Joint Chair)

Gio Isingrini

Kelly Andrews

Prof Kamila Hawthorne

Kate Young (Joint Chair)

Prof Mark Llewellyn

Mark Turner

Mary Wimbury

Rhian Davies

Rhian Huws Williams

Dr Vanessa Webb

### Timelines

The Group will convene flexibly. It will set its own schedule with meetings and additional small group contact as required. A report to Welsh Government and the Designated Members is to be completed by the end of April 2022.

## APPENDIX 2 – LIST OF DOCUMENTS REVIEWED

### **Wales Legislation and Policy**

Social Services and Well-being (Wales) Act 2014: Overview – Social care Wales

Social Services and Well-being (Wales) Act 2014

Welsh Government – Programme for Government, Update: This refreshed version of the Programme for Government incorporates the Co-operation Agreement

The Co-operation Agreement

Welsh Government – Rebalancing Care and Support White Paper Consultation: 12 January 2021

Written Statement: Rebalancing care and support: 25 January 2021

Oral Statement: The Rebalancing Care and Support White Paper: 9 February 2021

Welsh Government – Rebalancing Care and Support White Paper Consultation responses: 29 June 2021

Oral Statement: Rebalancing Care and Support White Paper – next steps: 6 July 2021

Written Statement: Rebalancing Care and Support White Paper- next steps: 29 October 2021

Welsh Government – A Healthier Wales: Our Plan for Health & Social care

Social care Work Forum – Position Statement 16 March 2021

### **Wider Reading:**

The need to establish a National Care Service for Wales : Paper by the (now) Minister for Health & Social Services published on 29 September 2016

Research commissioned by Welsh Government. Published March 2021. Analysis of options for the use of additional Social care funding

Carers Wales Four annual briefings

Dilnot Commission: Fairer Care Funding Report 2011

Dilnot Commission: Volume 2 – Evidence & Analysis

Dilnot Commission: Volume 3 – Supporting Documents

Plaid Cymru Consultation on the Merger of Health and Social care

Plaid Cymru Care Commission Consultation Paper: Developing a Vision for Social care in Wales

Welsh Parliament: Senedd Research January 2022

Locality: Saving Money By Doing The Right Thing

Report: Integrated Care – An International Perspective (February 2022)

University of South Wales - Measuring the Mountain: What Really Matters in Social care to Individuals in Wales Final Report

Wales Fiscal Analysis (Cian Sion & Michael Trickey) 2020 – The Future of Care in Wales: Resourcing Social care for Adults

Wales Fiscal Analysis (Cian Sion & Michael Trickey) 2020 - The cost of free personal care: lessons from Scotland

Association of Social Services Directors Cymru: Report on innovative funding models to meet Social care needs

Health Foundation Paper: The whole of society will benefit from Social care reform [NB. Published prior to UK Government Social care charging reforms were announced]

Scottish Government: Social care, Overview Page

Scottish Government: Consultation launched ahead of 'biggest public sector reform for decades' Published: 09 Aug 2021

UK Govt Command Paper – Build Back Better – Our Plan for Health and Social care

UK Government DH&SC – People at the Heart of Care: Adult Social care Reform White Paper