

Consultation Response

Parliamentary Review into Health and Social Care in Wales Written evidence submitted by Age Cymru

April 2017

Introduction

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to respond to the Parliamentary Review into Health and Social Care in Wales. Age Cymru believes that all older people, wherever they live, should have free and fair access to health and care services that maintain and promote their physical, spiritual and mental health, treat illness and support those living with chronic conditions. This principle applies to all older people whether they are in their own homes, in care homes or in hospitals.

Executive summary

- Over the next 5 – 10 years, Age Cymru believes that the following issues should be prioritised:
 - Preventative, community based, health care services that support people to take control of their own health and well-being.
 - Continued investment in social care services.
 - The commissioning of services according to an outcomes-based approach.

- We have identified the following barriers to improvement;
 - **Assessment, eligibility and unmet need** - growing demand and financial pressures over recent years have led to a reduction in support for people with moderate needs as eligibility criteria have tightened, leading to fewer people receiving social care.
 - **Joint working** - it is widely recognised that a number of obstacles and challenges to providing quality person-centred care derive from the separation of the health and social care systems. Whilst funding is predominantly centred upon the health service, quality social care has an important role to play in preventing unnecessary admissions and ensuring that people are supported appropriately upon discharge from secondary care.
 - **Funding the third sector** - the third sector is increasingly being recognised as a key partner in the realisation of an integrated health and social care service. Third sector organisations deliver community based, preventative services which are tailored to individual need. These services can support older people to take control of their own health and well-being. However

most local authorities do not have an effective strategic approach to working with the third sector.

- **The following changes are needed to ensure co-production or co-design is routine in health and care services:**
 - Health and social care professionals need to ensure that listening to older people's concerns and adapting their practice in accordance with service user feedback, becomes an integral part of the way they work.
 - Local authorities must ensure that health and social care is commissioned according to an individual outcomes-based approach.
 - Regional Partnership Boards must ensure older people are involved in strategic discussions about the design, planning and delivery of services.
 - Older people must have access to independent advocacy services that support them to engage with and influence decisions about their care.
 - Local authorities and health boards must make user engagement a pre requisite of all newly commissioned services.

- **Community based care** – Age Cymru believes that care should be delivered as close to home as possible. The whole population of Wales can benefit from community services that are easily accessible and responsive to individual need, but such services can be particularly effective in areas where access to health and social services is low.

- **The standardisation of services** - achieving the national roll out of a successful scheme can be time consuming and difficult. Removing barriers to the sharing and implementation of good practice should be a priority for NHS and social services. Although we recognise the importance of ensuring local autonomy, regional partnership boards and other strategic bodies need to prioritise the well-being of the citizens of Wales above any desire to be the first to develop 'innovative' services.

- **Age Cymru has identified the following steps to further integrate health and social care services:**
 - Regional partnership boards must identify areas where pooled budgets and joint commissioning can be effective by increasing the focus on the provision of person-centred care.
 - The Welsh Government, local authorities and other funders must work together and with third sector organisations, to ensure that the preventative services they provide are maintained on a sustainable footing.
 - Where successful pilot programmes have been implemented, local authorities, local health boards and NHS Trusts should ensure the good practice developed is identified and shared across Wales.
 - Local authorities and local health boards should develop effective mechanisms for the sharing of information and data.

- Older people need to be at the centre of all decisions and developments that impact upon their health and well-being including the social care that they receive.
- **Prudent health care** - we agree with the principle of timely, appropriate healthcare and of preventing individuals from having to undergo a greater level of treatment than necessary. However, we must ensure that in practice this does not provide a rationale for inappropriate rationing of services and treatments or the denial of healthcare to older people who need it.
- **Age Cymru proposes the following actions to ensure that services have a sustainable workforce for the future:**
 - Local health boards should implement mandatory human rights, dignified care, and dementia care training for frontline health and social care staff in Wales.
 - The Welsh Government must work with local health boards to ensure there are appropriate staffing levels in all care settings at all times.
 - Health and social care providers must be trained and educated on equality and diversity issues, including awareness that certain faiths or ethnic minority groups may have specific needs.
 - Local health boards must map the Welsh language capacity of their workforce. It is important that older people who speak Welsh as their first language are accommodated and supported by health care services to communicate in Welsh.

Age Cymru response

1. Over next 5-10 years what should health and social care services prioritise to ensure a sustainable approach to improved outcomes and best value in health and social care in Wales?

We believe there are three areas that should be prioritised:

2. Sustainable preventative services

Community based preventative services support people to take control of their own health and well-being. Such services can reduce the pressure on the NHS by providing care and support in the community that meets need before it reaches crisis point. Health and social care services should be designed to support people's well-being and independence whilst focusing on meeting individual need.

3. Despite the current move towards providing more community based care, there remains a need to change from a reactive crisis management approach to a more proactive, coordinated and preventative approach. It is also essential that we get the basics right in delivering health care, and driving up standards and quality to ensure older people in Wales can be confident they will receive dignified care in all settings.

- The Welsh Government must prioritise preventative health care services and give further direction to local authorities and local health boards to ensure sustainable investment in services.

4. **Continued investment in social care services**

Age Cymru welcomed the Welsh Government's recent £20 million investment in social care. Social care has historically suffered as a consequence of under-funding and this situation has been further aggravated in recent years by widespread reductions in public sector budgets.

5. Demand for social care continues to grow with an ageing population and an increasing number of older people living with chronic or long-term health conditions. The provision of good quality social care is unsustainable without continued financial investment to address the issue of persistent under funding. It must be recognised that ineffective and poor quality social care increases pressures upon the NHS in Wales, with older people being placed at higher risk of emergency admission.

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

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

7. **Quality and commissioning**

Commissioning practices are fundamental to ensuring good quality health and social care is provided. Commissioning needs to shift to an outcomes-based approach, reflecting the intention of the Social Services and Well-being Act (SSWBA).

Purchasing care in units of time, or simply according to cost, makes it increasingly difficult for staff to delivery good quality care and preserve the dignity of the person being supported.

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

- Local authorities and health boards must ensure that health and social care is commissioned according to an outcomes-based approach. Commissioners should have a good understanding of the services that they are required to commission.

9. **What do you value about the service you deliver now, and how could it be made better? What do you see as working well, and are there examples of innovation and good practice that could be replicated?**

Age Cymru and our local partners deliver many preventative services that support older people to stay healthier and in their own home for longer.

10. Many older people are capable of taking steps to improve their physical well-being and mental health by being involved in community activity; however, the current financial climate has led to the closure of many community services including adult learning classes, public libraries, day/community centres and third sector support services. It is inevitable, given the evidence of the impact of loneliness on health and wellbeing, that the withdrawal of opportunities for social interaction will increase pressure on NHS services. The services listed below encourage and develop community networks and activity so that older people are able to take steps to remain active and engaged:

- **Anglesey Age Well Initiative** is a partnership between the local authority, health board and Age Cymru Gwynedd a Môn and aims to promote personal independence, involvement and participation. Activities include falls prevention clinics, a national referral scheme, gardening, sporting, musical and art activities, food nutrition awareness and intergenerational projects.
- **Nordic Walking** is a programme delivered by Age Cymru (funded by Welsh Government) which uses peer volunteers to deliver sessions as a low cost physical exercise which contributes to maintaining health and wellbeing
- **Information and Advice Service** including a free, national advice line for people over 50 and those who care for them, which offers quality, free, impartial advice on a range of topics. Age Cymru also produces a suite of free information guides and factsheets. Local partners provide information and advice in outreach locations and via home visits including benefit checks, income maximisation, signposting, referrals and practical help with telephone calls and letter writing.
- **Age Cymru Swansea Bay Floating Support Service** focuses on achieving outcomes that support older people to remain in their own home which can include increasing participation in their local community and breaking down social isolation.

11. The following service supports older people at a point in their life when a more targeted and specific approach is needed, however this service can also be termed preventative as it decreases the likelihood of an re admission to hospital:

- **Age Cymru Gwent Prevention of Admission to Hospital Service (PATH)** is a fast response, time-limited service that supports older people in their own homes during a time of temporary incapacity, for example, after a fall at home. Following referral by a GP or medical staff, the service offers up to 7 days of support, which may include meal preparation, dressing/ undressing, putting to bed, shopping/collection of prescriptions, basic household tasks, such as laundry, and help with personal hygiene, including assisting with the toilet.

12. Sustained and appropriate funding will ensure that the services listed above remain able to deliver a high standard service. National roll out of the schemes that are currently delivered on a local level will help to improve lives for more older people across Wales.

13. What do you see as barriers to improvement and how could these be overcome?

14. Assessment, eligibility and unmet need

Growing demand and financial pressures over recent years have led to a reduction in support for people with moderate needs as eligibility criteria have tightened, leading to fewer people receiving social care. Tightening eligibility criteria has almost certainly contributed to increased levels of unmet need although calculating a reliable estimate of the level of unmet need is difficult.

15. The assessment process to determine the social care needs of an older person often needs to be multidisciplinary. For this to be effective, a number of institutional barriers need to be overcome, including some fairly fundamental issues such as data-sharing underpinned by ICT.

16. Older people should be fully involved in the assessment process underpinned by the principle of co-production. The assessment process should be transparent and conducted without use of jargon or unnecessary technical language. The eligibility framework being implemented in Wales should strengthen the role of individuals in making decisions about their care and support while the local authorities retain control of commissioning the services that will deliver care and support plans. Older people should be full partners in the design and delivery of their care but we have concerns that this aspiration could be undermined by current procurement processes.

- Older people should not be disadvantaged as a result of the changes to assessment and eligibility being introduced by the SSWBA.

17. Joint working

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

18. In recent years there has been a move towards better integration of health and social care in Wales and the newly formed regional partnership boards have a key role to play in facilitating the joint commissioning and procurement of services. Despite this move, our local partners tell us that there is little sign of a more integrated approach. In some areas, two different contracting bodies are working separately to solve the same problems. Service users are still being passed between health and social services with neither side taking ultimate responsibility for coordinating the care.

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

- Health and social care should be integrated to tackle the fundamental imbalance between the two. Appropriate quality social care can relieve the

burden on the NHS, but this will require structures and budgets that permit effective joint working and focus on providing person-centred care.

- Where successful pilot programmes have been implemented, local authorities and local health boards should ensure the good practice developed is identified and shared across Wales.

20. **Funding the third sector**

The third sector is increasingly being recognised as a key partner in the realisation of integrated health and social care. Third sector organisations deliver community based, preventative services which are tailored to individual need. These services can support older people to take control of their own health and well-being. However, a recent report from the Wales Audit Office¹ found that most local authorities do not have an effective strategic approach to working with the third sector. The report concludes that the changing expectations of the third sector present both opportunities and risks which need to be carefully managed if the anticipated benefits are to be realised.

21. Age Cymru's local partners find that the rates at which services are commissioned lead to a disparity between third sector salaries and those of staff employed by health and social care teams they work alongside and with. This problem which may be exacerbated by increases in pay which the third sector cannot match. It should also be noted that whilst increases to the National Living Wage and pension provision are vitally important, they will increase the financial constraints unless the uplifts are reflected in prices paid.

22. In order to help alleviate these problems it is suggested that the funding made available to the third sector should be secure over longer timeframes, enabling service providers to better plan their projects, providing staff with higher levels of security (and appropriate pay), and enabling improvements with regard to recruitment and retention of staff.

23. **What could be improved in current systems or in your area of work, and what needs, to happen to enable change? What would be the benefits in terms of improved outcomes?**

In answer to 3, we have outlined how improved joint working between sectors will benefit older people. In addition, we believe that where good practice has been developed through pilot programmes, this should be identified and shared across Wales to create a more consistent pattern of service delivery. This would prevent the need for lessons that have previously learned from implementation to be constantly re-learned in other parts of Wales because the information was not available.

¹ Wales Audit Office (2016) Local Authority Funding of Third Sector Services. Available online @ <https://www.wao.gov.uk/system/files/publications/Third-sector-funding-eng.pdf>

24. What needs to change to ensure that co-production or co-design is routine in health and care services and that people are better able to stay healthy or manage their condition?

As we have stated earlier, Age Cymru believes that community based preventative health and social care services enable people to stay healthy for longer and to better manage their own condition. However it is vital that older people are involved in the design, planning and delivery of services to ensure that services are tailored to meet individual need.

25. The SSWBA, if implemented in accordance with its aims, should introduce a more person-centred approach to the provision of health and social care, This includes the facilitation of ‘what matters’ conversations which should provide an opportunity to engage with people and to support them to find ways to improve their own situation. Health and social care professionals need to ensure that listening to older people’s concerns and adapting their practice in accordance with service user feedback, becomes an integral part of the way they work.

26. Regional partnership boards can play an active role in ensuring that older people are involved at an early stage in strategic discussions about the design and planning of services. In additions, local authorities and local health boards should make user engagement a pre requisite of all newly commissioned services.

27. Care homes and domiciliary care providers should be encouraged to set up service user and carer forums. Inspections should monitor and evaluate levels of user engagement as part of an inspection routine.

28. The focus of any review of services must remain a better service for people in Wales and it essential that older people are involved in the design of services and all decisions that impact them in a meaningful way. Access to independent advocacy is essential to ensure that older people have the support to engage in decision-making processes, so that decisions being taken about their lives and their care are made with them, rather than for them.

- Health and social care professionals need to ensure that listening to older people’s concerns and adapting their practice in accordance with service user feedback, becomes an integral part of their daily routine.
- Local authorities must ensure that health and social care is commissioned according to an individual outcomes-based approach.
- Regional Partnership Boards must ensure older people are involved in strategic discussions about the design, planning and delivery of services.
- Older people must have access to independent advocacy services that support them to engage with and influence decisions about their care.
- Local authorities and health boards must make user engagement a pre requisite of all newly commissioned services.

29. Do you agree that the strategic direction of increasing primary, community and social care in local communities is the right approach to better meeting the needs of particular populations?

30. Age Cymru supports the position that care should be delivered as close to home as possible, with community care seen as the ‘norm’ and time spent receiving care in an

acute setting kept as short as is safe. The whole population of Wales can benefit from community services that are easily accessible and responsive to individual need, but such services can be particularly effective in areas where access to health and social services is low. By working with key community members, such as faith leaders or community elders, people from BME and traveller and gypsy communities can be supported to access services before they reach crisis point.

31. However, effective development of community services requires sustained investment and the switch to this model must ensure no adverse impact on patient care. There are concerns that services are being switched without appropriate investment in the community service or, worse, where support services, including those provided by the third sector, are being cut. There is a need for this switch to be robustly monitored.
32. Low level preventative services can make an important contribution to people's well-being and are often provided by the third sector. However many third sector organisations have a limited life span as a consequence of the way in which work is currently funded. It cannot be assumed that successful schemes will continue unless they have managed to achieve sustainability or they are successful with a grant application to a different provider. Services can disappear, even when they have been successful and helped a large number of service users.
33. Many evening and night-time admissions could be avoided with the 24/7 availability of community nursing services. This would prevent situations where hospitals are used as a 'place of safety' because there is nowhere else.
 - Local health boards must develop fully costed plans that identify the investment required to rebalance services towards the community.
 - Each local health board should clearly identify how the intended shift of resources to the community sector will be achieved in practice and the impact monitored.
34. **To what extent should services and processes be standardised across Wales, to achieve the right balance between national level and local decision making and allow room for innovation?**
35. As mentioned earlier, achieving the national roll out of a successful scheme can be time consuming and difficult. Removing barriers to the sharing and implementation of good practice should be a priority for NHS and social services. Although we recognise the importance of ensuring local autonomy, regional partnership boards and other strategic bodies need to prioritise the well-being of the citizens of Wales above any desire to be the first to develop 'innovative' services.
36. Financial pressures, coupled with an ageing population and increasing levels of dementia and co morbidities, means there is a pressing need for health boards and local authorities to come together to identify what works well and to agree a method to roll the practice out across Wales. The Welsh Government has a role to play to ensure this is achieved effectively.
37. Whilst innovation is needed at a time of austerity, the Welsh Government needs to ensure that services that have already been delivering good outcomes for older

people in Wales are funded on a sustainable footing. A national approach is needed to ensure the variances of the 'postcode lottery' in health care do not continue.

38. Additionally, where there may be disparity in local public sector service provision it should be recognised that this will often be reflected in differing pressures upon third sector organisations across Wales. Whilst this third sector provision may in some way mask the effect of change on a local basis, ensuring a uniform level of service across the country may be very difficult to achieve.
 - The Welsh Government must ensure that services that have already been delivering good outcomes for older people in Wales are funded on a sustainable footing and that good practice developed is identified and shared across Wales.

39. What do you understand by integration and what steps are needed to further integrate services?

We understand integration to mean the achievement of seamless health and social care services that put the needs of the individual at the heart of all decisions.

40. Creating consistent partnership working across the NHS, local government and the third sector has proved to be difficult in the past, with a number of constraints being identified, including lack of leadership, poor governance and lack of funding, as well as logistical problems such as the sharing of information and the use of different IT systems. Effective communication and the sharing of information and data is essential to delivering integrated care.
41. Regional partnership boards should facilitate joint commissioning and pooled budgets for appropriate areas of work. Although residential and nursing care for older people has already been identified as an area where pooled budgets can be effective, dementia care is also badly in need of a more joined approach to improve services for people living with the condition and their carers.
42. Where good practice has been developed through pilot programmes, this should be identified and shared across Wales to create a more consistent pattern of service delivery. This would prevent the need for lessons that have previously learned from implementation to be constantly re-learned in other parts of Wales because the information was not available.
43. Local authorities and local health boards need to ensure that third sector organisations providing vital services are sustainable. For example, many third sector organisations provide an integrated service to older people being discharged from hospital. Too many older people are left waiting in hospital beds for longer than is necessary whilst complex discussions take place between agencies over the funding of a long-term package. Arguments over who is responsible for funding further care are a clear impediment to effective joint working and the current framework should be revised to ensure that older people do not suffer as a result of these inter-organisational disputes.

44. Effective transfers of care are fundamental to minimising disruption to the care of the individual and allowing for the best possible health outcomes, yet coordination is currently far from seamless. As many older people rely upon several different professionals, or a team of professionals, a lack of joined up working between them can have a significant impact on their lives.
45. Older people are often in receipt of multiple services and would benefit from the introduction of a single, or primary, care co-ordinator who could act as first point of contact for the older person as well as seeking to improve coordination between services. A particular frustration can be the need to have multiple assessments or to have to constantly repeat the same information to different professionals from different sectors.
46. Older people need to be at the centre of all decisions and developments that impact upon their health and well-being including the social care that they receive. Only by considering the views and experiences of services users, can local authorities and health boards understand what an integrated service should look like.
- Regional partnership boards to identify areas where pooled budgets and joint commissioning can be effective by increasing the focus on providing person-centred care.
 - The Welsh Government, local authorities and other funders must work together and with third sector organisations to ensure that the preventative services they provide are maintained on a sustainable footing.
 - Where successful pilot programmes have been implemented, local authorities, local health boards and NHS Trusts should ensure the good practice developed is identified and shared across Wales.
 - Local authorities and local health boards should develop effective mechanisms for the sharing of information and data.
 - Older people need to be at the centre of all decisions and developments that impact upon their health and well-being including the social care that they receive.

47. What do you understand by prudent health and social care? What steps are needed to ensure the principles are embedded in routine practice?

We understand prudent health and social care as care that is based upon minimum appropriate intervention, that is not providing treatment where it is unlikely to benefit the patient, or could even do harm. We agree with the principle of timely, appropriate healthcare and of preventing individuals from having to undergo a greater level of treatment than necessary. However, we must ensure that in practice this does not provide a rationale for inappropriate rationing of services and treatments or denial of healthcare to older people who need it. Welsh Government health strategy and policy need to be supported by robust implementation plans with clear lines of accountability to ensure that the intended outcomes are in fact achieved.

48. What actions are needed to ensure services have a sustainable workforce for the future that matches the strategic direction?

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

49. With the third sector a key partner in achieving the Welsh Government's strategic vision of health and social care, more investment is needed to ensure third sector organisations can recruit and maintain a sustainable workforce. As previously mentioned, financial uncertainty can be troublesome for the third sector. Whilst charities clearly wish to ensure their services deliver excellent value for money, this may lead to a position where employees' pay levels could be significantly lower than their equivalents in the public sector, creating additional problems in terms of recruiting and retaining staff, particularly those who may work alongside public sector employees. Additionally, it should be recognised that funding uncertainty and lower rates of pay may cause experienced, trained staff to seek employment elsewhere, leading to additional pressure upon remaining staff. As such, in order to help ensure the third sector has a sustainable workforce, long term funding provision is vital.
50. The lack of focus on ageing in education and training for healthcare staff is a clear omission if Wales is to develop a sustainable workforce to match the strategic direction of the health and social care sector. Issues around dignity, communication and understanding all can be improved with effective staff education programmes.
51. The Welsh Government must work with local health boards to ensure there are appropriate staffing levels and skill mix in both hospital wards and in community services at all times. Whilst the recent Nurse Staffing Levels (Wales) Act 2016 works to ensure local health boards calculate and maintain an appropriate nurse staffing level in adult acute settings, provisions do not currently extend to other areas such as mental health and community settings or to other important groups of healthcare professionals. Further work is needed to identify appropriate staffing levels and skills mix in community services and care homes in particular. Trained volunteers can be better utilised, where appropriate, to support patients, but should never be used to replace qualified staff.
52. It is vital that people who speak Welsh as their first language are accommodated and supported by health and social care services to communicate in Welsh. Communication is absolutely key to ensuring that service provision is effective, appropriate and, crucially, person-centred.
- Local health boards should implement mandatory human rights, dignified care, and dementia care training for frontline health and social care staff in Wales. This should include respectful communication, protecting privacy,

promoting autonomy and addressing basic needs such as nutrition and personal hygiene in a sensitive manner.

- The Welsh Government must work with local health boards to ensure there are appropriate staffing levels in all care settings at all times. Trained volunteers can be better utilised, where appropriate, to support patients.
- Health and social care providers must be trained and educated on equality and diversity issues, including awareness that certain faiths or ethnic minority groups may have specific needs. All service providers should consider how the practice of spiritual care can be developed and supported so that spiritual needs at the end of life can be built into all aspects of care.
- Local health boards must map the Welsh language capacity of their workforce. It is important that older people who speak Welsh as their first language are accommodated and supported by health care services to communicate in Welsh.

We hope that these comments are useful and would be happy to provide further information if required.

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