

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 40

Ymateb gan: | Response from: Gofal a Thrwsio Cymru | Care and Repair Cymru



and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

Q1. Which of the issues listed above do you think should be a priority, and why?

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

The outlined priorities are interlinked, and do not exist in isolation. For example, points raised about our *Hospital to a Healthier Home* project have wide-ranging ramifications, including for public health and prevention and mental health. Additionally, priority areas the Committee have identified may all have similar underlying causes, ranging from workforce retention and recruitment of staff during the pandemic and because of Brexit. Funding of healthcare and third-sector organisations is also an underlying issue across all the priority points,

Priorities outlined complement existing Welsh Government Strategies, including *The Wellbeing of Future Generations Act*, *A Healthier Wales*, and *A Strategy for an Ageing Society* and should be dealt with at the earliest opportunity.

Of the priorities, Care & Repair Cymru would like to comment on the following in particular:

Public health and prevention

Welsh Government should take a holistic, cross-governmental approach to public health and prevention given the gargantuan task ahead of recovering and protecting our NHS from current and future effects of the pandemic. Poor housing conditions are where many health problems begin, especially for older people who live in unfit housing which is unsuitable for their needs.

The Welsh Housing Condition survey conducted in 2017-2018 revealed that 18% of older homes have Category 1 hazards present². These hazards can lead to a number of physical health issues such as falls, respiratory illness, and increased risk of heart attacks or strokes, as well as mental health issues; many of which could be prevented by simple repairs³. Fixing these issues and thus bringing Welsh housing to an acceptable standard would save the NHS around £95million per year⁴, as well as preserve properties for future use. Care and Repair agencies carried out a total of £14.5 million worth of repairs and improvement work in 2019/20, which highlights the lack of governmental support for owner-occupiers or private renters. With 83% of older people living in their own homes, they turn to us due to a lack of support. However, Care & Repair caseworkers

² https://gov.wales/sites/default/files/statistics-and-research/2019-02/181206-welsh-housing-conditions-survey-headline-report-2017-18-en_0.pdf (p. 10)

³ <https://www.ageing-better.org.uk/sites/default/files/2020-03/Home-and-dry-report.pdf> (p. 4, p. 13)

⁴ https://files.bregroup.com/bretrust/The-Cost-of-Poor-Housing_Report_BRE-Trust_English.pdf

note that there is millions of pounds' worth of essential repairs that we are unable to carry out every year due to a lack of funding. Care & Repair Cymru advocates for a right to decent housing to be enshrined in law, and clear minimum standards to be in place for private sector housing. There should also be a national safety net programme for vulnerable older homeowners that should be made available to Care and Repair agencies for us to carry out essential maintenance and improvement works⁵.

Our *Hospital to a Healthier Home* service⁶ put the spotlight on this issue: when an older person has a fall at home, it is more likely to result in their hospitalisation than other age groups. Falls at home among older people cost the NHS £2.6billion per year⁷. Moreover, there is potential for 43% of hospital beds to be occupied by an older patient who has fallen in any given month, putting preventable strain on NHS services when repairing a hazard at their property would mean they were less likely to fall. In addition to this, cold, damp homes increase circulatory, respiratory, and cardiovascular diseases which could have been prevented had the hazards been repaired. Our *Hospital to a Healthier Home* service found that when repairs were carried out on older patients' homes, there was a reduction of 38% in admissions of people over 60 years old to hospital, and a 26% reduction in falls from properties that Care & Repair agencies repaired or adapted.

Our Manifesto reflects the importance of prevention in healthcare and advocates for barriers between health and housing to be broken down, ensuring quick and equitable access for older people to the services they need⁸. Adaptations are the quickest and easiest way to reduce hazards and risks in older peoples' homes, and Care & Repair agencies adapted 19,025 homes in 2019/20, with an average waiting time of just seven days.

Ensuring that adaptations are carried out to prevent health issues also aligns with *The Wellbeing of Future Generations Act's* aims for resilience, equality, and good health, as well as the aims in *A Healthier Wales* for more prevention-based healthcare and less reliance on hospitals to provide healthcare. As such, we encourage this Committee to work closely with its *Climate Change, Environment, and Infrastructure Committee* counterparts to ensure the link between good, safe housing and health are prioritised in the Sixth Senedd's work.

Access to mental health services

The link between poor mental health and substandard housing is well known⁹. If the Welsh Government truly wants to move towards a more prevention-based health service, then ensuring everyone has access to warm, safe, and secure homes should be the starting point.

Mental health amongst older people should not be overlooked. We found increased feelings of loneliness and isolation amongst our clients during the COVID-19 pandemic, and Care & Repair responded by making 6,465 "Keeping in Touch" phone calls to older clientele to make sure they felt connected to their communities during times of isolation and shielding.

⁵ https://www.careandrepair.org.uk/files/2116/0750/8185/CRC_2021_Manifesto_en.pdf (p. 3)

⁶

https://www.careandrepair.org.uk/files/2715/6578/0045/Hospital_to_a_Healthier_Home_Winter_Pressures_Pilot_Evaluation_E.pdf

⁷ https://www.careandrepair.org.uk/files/2116/0750/8185/CRC_2021_Manifesto_en.pdf (p. 7)

⁸ https://www.careandrepair.org.uk/files/2116/0750/8185/CRC_2021_Manifesto_en.pdf (p. 5)

⁹ <https://www.ageing-better.org.uk/sites/default/files/2020-03/Home-and-dry-report.pdf> (p. 13)

Evidence-based innovation in health and social care

Our 2021 election manifesto¹⁰ outlined our “*Once for Wales*” approach to provide clarity and continuity of evidence-led best practice across housing and health, and nationally funded cohesive solutions for older people across Wales. This approach will start to alleviate some of the issues faced by funding gaps and postcode lotteries across Wales and ensure safety, security, and independence for all older people throughout Wales and not just the most well-funded regions.

A Healthier Wales outlined the aims of moving to a more community-based approach to healthcare and a lesser dependence on hospital admissions. While we support these aims, their success does rely on prevention and repair of hazards, so we would like to reiterate the importance of adaptations and repairs once again here.

Success is also dependent on funding: third-sector partnerships are reliant on funding for new pilot projects, and yearly funding is not sufficient or conducive to good pilot programmes as these are unable to progress organically or show longer-term benefits of new pilot programmes.

Digital healthcare will also be important for healthcare in the near future, especially considering the aim to shift healthcare to more home and community-based. With this in mind, we are calling for a right to digital connectivity. Only 49% of people over 75 use the internet in Wales¹¹. During the Covid-19 pandemic, we heard of older people struggling to stay in contact with people due to isolation, shielding, or lockdowns. Similarly, the flurry to move to digital during the covid-19 pandemic has had serious ramifications for those not online in accessing their rights and services as citizens - this has been especially apparent in healthcare – and is something that must be addressed as an urgent priority going forwards if we are to have a Wales that is truly equal, cohesive and “the best place to grow old”. Not everyone will want or be able to use digital technology and there will always be a need for human interaction in healthcare – people should be given the choice as to how they receive healthcare¹².

Our hopes for digital were outlined in our 2021 Election manifesto¹³, as was the need to ensure that older people have access to technology that supports independent living, and that all technology is accessible for people with complex needs such as sensory loss. Digital must not just mean ‘the internet’. At Care & Repair we have been exploring ways to support older people to live safely and independently at home, supported by technology.

Digital at home doesn’t have to be complicated to be innovative. Bridgend Care & Repair hosted our Alexa pilot, via Rockwool funding, to help support independent living at home. The project identified 30 vulnerable people, from Dementia services or from Hospital Discharges, with health conditions or recognised risks of falling. The outcome benefits for the clients were:

- 12 addressing loneliness & isolation
- 19 reminders/prompts for care needs
- 4 family ‘drop-ins’ for managing risks
- 5 supporting shopping

¹⁰ https://www.careandrepair.org.uk/files/2116/0750/8185/CRC_2021_Manifesto_en.pdf (p. 6)

¹¹ <https://gov.wales/sites/default/files/statistics-and-research/2019-09/internet-use-and-digital-skills-national-survey-wales-april-2018-march-2019-207.pdf> (p. 5)

¹² <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf> (p. 12)

¹³ https://www.careandrepair.org.uk/files/2116/0750/8185/CRC_2021_Manifesto_en.pdf (p. 10).

- 26 stimulation (music/talking books, etc.)

Something as simple of voice recognition to turn on the lights can prevent falls, and thus prevent unscheduled hospital admissions amongst older people. We believe additional support and funding for pilots such as the Alexa project should be further explored as a way of working collaboratively cross-sector and cross-governmentally to meet concurrent priorities for both health, housing and digital. Care & Repair already has experience of using technology – both specifically with this Alexa Pilot – but also pan-Wales throughout our *Managing Better* service – and would be happy to provide any additional information on our work in this space.

Encouraging older people to take up online connections will continue to be beneficial for healthcare across Wales, as the Alexa Rockwool pilot showed. Having access to these devices will also help to bridge the digital divide worsened by the pandemic and allow older people to be more connected in a broader sense, which may also have positive effects for their mental health. Third Sector or industry partners can facilitate older people in learning new digital skills in a safe, accessible environment. Additionally, if an older person requires a new device such as a laptop or smartphone to fully benefit from good digital infrastructure, local councils should be encouraged to explore the possibility of technology grants to encourage technology use amongst older populations in their locality. With a proposed shift towards more prevention and using technologies to monitor people¹⁴ – especially older people, who may be more at risk of health issues – at home, the take up and facilitation of these devices is important.

We also welcome and look forward to the implementation of points raised in the Digital Strategy for Wales, especially around prioritising older people, and ensuring that they can access training for new digital technologies and that these are accessible for all.

Support and services for unpaid carers

Many of Care & Repair Cymru's clients are unpaid carers. Concerns have been raised with funding in this area: a lack of respite for the unpaid carers worsened by the COVID-19 pandemic, and funding made available for unpaid carers is being used to pay for essential services such as heating. Care & Repair agencies can help in these circumstances – for example with our 70+ Cymru programme which supports older people in fuel poverty – and we welcome greater collaboration with Welsh Government to ensure these carers can live well and have access to the support and funding they need.

Access to COVID and non-COVID rehabilitation services & Access to services for long-term chronic conditions, including musculoskeletal conditions:

This section will examine these two priority points, and wider issues with access to healthcare. Access to COVID and non-COVID services should be on par with one another, and non-COVID healthcare cannot be side-lined in favour of the COVID recovery. While this is undoubtedly important, and a pressing need for many, a lack of support for non-COVID rehabilitation and wider healthcare would continue to negatively affect waiting times.

Older people in particular struggle with access to healthcare and ensuring a more community-based approach to healthcare, rehabilitation services, and services for long-term chronic conditions (with which older people are more likely to suffer) will be key to ensuring that older people can access a high standard of healthcare. As outlined previously, digital technology can go some of the way to solving this issue but cannot be the sole solution.

¹⁴ <https://gov.wales/sites/default/files/publications/2019-10/a-healthier-wales-action-plan.pdf> (p. 13)

Integral to ensuring equitable access to healthcare services, in particular for older people, is good public and community transport. We welcome the Older People’s Commissioner’s report on transport and its importance for accessing healthcare, which highlights the importance of this service for older people and highlights gaps – especially during and because of the COVID-19 pandemic and ensures older people can continue to live independent lives and remain a valued part of the community. This not only reflects the UK Government’s Resilience strategy and its aims for a “whole-of-society” approach to community, but also again ensures resilience and equality in Wales outlined in the Wellbeing of Future Generations Act by ensuring a “Wales of Cohesive Communities”.

The Older People’s Commissioner for Wales’ report also highlights issues with transport and equality: “accessibility issues [and] a lack of information to assists with journey planning” need to be improved on public transport to ensure that older people are able to access public transport equitably and easily. As such, we would once again encourage collaboration with your *Climate Change, Environment, and Infrastructure Committee* colleagues to solidify the link between good healthcare and transport, as well as the steps the wider Welsh Government can take towards realising a more preventative and equitable health service.

Additionally, in line with wider Welsh Government strategies, there should be more access to community-based services, and Care & Repair Cymru would be willing to work with Welsh Government with ideas to facilitate this. Ensuring that people have access to the rehabilitation they need and being able to access this outside of a typical hospital setting will be key to relieving some stress on the healthcare system. This would also be of particular value to older people who may struggle to access traditional healthcare services.

Question 2: Key priorities for the Sixth Senedd

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
- b) social care and carers;**
- c) COVID recovery?**

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

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- How the Committee might address the issue?
- When any Committee work should take place?
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- a) Health services

First and foremost, the lack of focus on solutions to long NHS waiting lists is a glaring oversight. While the reduction in waiting lists would likely be a positive outcome of successful work on most priority points, we believe it should be a priority focus itself. Waiting list times were worsened by the COVID-19 pandemic, and we and other Third Sector colleagues see the effects of this in our work. We have seen increases in people having delayed diagnoses or re-assessments of dementia, as well as struggling to be seen after acute emergency injuries, such as falls at home. Solutions to this need to be prioritised by the committee.

We would also encourage the Committee and its Ministers to work closely with its Climate Change, Environment, and Infrastructure counterparts on key housing issues. Good health starts at home, and key to ensuring a well-functioning NHS is prevention. Waiting times and broader pressures on the NHS would likely be reduced if a community-based approach to healthcare is accelerated.

It is also important to reiterate here the link between health and homes, and how prevention can play a key part in reducing waiting list times: 18% of homes in Wales pose an unacceptable health risk, and older people are at the greatest risk of ill health from poor housing. As such, it is imperative that there are options to improve housing – especially privately owned or rented – to improve health and prevent strain on NHS resources. If policy aims for a greater focus on prevention of poor health are to be achieved, poor housing and associated hazards also need to be taken into account.

b) Social care and carers

Firstly, Wales has an opportunity now to develop its own Social Care programme, building on work already presented by the Fifth Senedd and taking advantage recent taxation changes across the UK. Rebuilding the sector is also an opportunity to make sure all carers are fairly paid, and that unpaid carers have opportunities for respite and are well supported.

Our *Hospital to a Healthier Home* scheme highlights once again the important link between health and housing, reflecting the dual aims of the Welsh Government's *Homes First* and *Discharge to Recover and Assess* proposals. Our scheme ensures that older patients awaiting discharge can return to a safe, secure home where they can continue to live independently with reduced risk of falls, accidents, and health issues. Caseworkers have also recently said that some of this work also made sure that homes were safe and accessible for any packages of care.

Our *Hospital to a Healthier Home* programme makes sure that patients awaiting discharge from hospital have a safe, accessible, home to return to. This is also beneficial to their carers and ensures that they are safe at work in a place free from hazards. This once again highlights the links between health and housing policy: an older person awaiting discharge from hospital may be waiting for repairs on their homes so they and any carers they may need are safe at home. This ensures that patients who are reliant on carers post-discharge can have the care they need, and also have positive wider implications for the NHS, including ensuring the 'Golden Window' of opportunity to safely discharge an elderly patient to relieve strain on NHS services, which of course has benefits for decreasing waiting list backlogs and COVID recovery.

In 2020/21, *Hospital to a Healthier Home* saw 3,403 patients supported with a quick, safe discharge from 17 hospitals across Wales. We undertook 2,415 Healthy Homes Assessments, and 5,258 home improvements and adaptations. This work led to an estimated 20,000 NHS bed days saved¹⁵, which could be used for COVID patients or for planned operations.

¹⁵ Care & Repair Cymru Annual Report, Forthcoming

We have had excellent results from *Hospital to a Healthier Home*, and great support from Welsh Government, but this scheme will be ending in March 2022. After this, the service will cease to operate unless local funding can be found. This service has highlighted the indisputable link between good health and good housing, as well as the importance of prevention to NHS services: for every £1 spent on *Hospital to a Healthier Home*, the NHS saves £7.50.

c) COVID recovery

Because of the pandemic, the whole roadmap for health and social care has changed. Areas that needed improving already were exacerbated and new gaps in the system were highlighted. While the work is ongoing to recover from the pandemic, COVID cannot take priority over everything else, and has to be treated on par with other health conditions to avoid increasing the healthcare backlog.

During the pandemic, caseworkers saw existing conditions in older people deteriorate to the point where their conditions became more advanced and serious. This – as well as a reluctance to ask for and access the help they needed - led to increased presentation at A&E¹⁶. As such, COVID cannot be the sole motivator for recovery and improvement of the wider healthcare sector to reduce waiting lists for wide-ranging conditions is sorely needed.

Question 3: Any other issues

Q3. Are there any other issues you wish to draw to the Committee's attention?

We would like to raise the importance of the work we have carried out, especially during the pandemic. In addition to the *Hospital to a Healthier Home* adaptations we have already mentioned, we also carried out 17,232 Rapid Response Adaptations for both safe discharge from hospital and to prevent hospital or care admissions. Caseworkers did note, however, that due to the pandemic the severity and cost of these works had increased: many people were reluctant to ask for help during the pandemic, which in turn likely contributed to the aforementioned increase in A&E admissions¹⁷. We also carried out 2,265 adaptations and home improvements for older people with sensory loss through our specialist *Managing Better* service.

We would like to once again reiterate the importance of secure, safe, housing that is free from hazards on good health. When hazards are reduced and adaptations are made, we see reductions in older people being admitted to healthcare services. This is also true for fuel poverty: our *70+ Cymru* programme helped 80 older people in fuel poverty to heat their homes properly in 2020/21. Health issues caused by cold homes cause the Welsh

¹⁶ <https://www.nhsconfed.org/publications/briefing-nhs-wales-system-pressures>

¹⁷ <https://www.nhsconfed.org/publications/briefing-nhs-wales-system-pressures>

NHS £95million per year¹⁸, which could be saved by ensuring that everyone has equitable access to heating and – just as importantly – well-insulated homes that are free from drafts. We would once again encourage collaboration with your *Climate Change, Environment, and Infrastructure* Committee colleagues.

¹⁸ <https://phw.nhs.wales/news/winter-health-how-we-can-all-make-a-difference/report/>