



National Assembly for Wales

Health and Social Care Committee

Consultation – Social Services and Well-being (Wales) Bill

Date: 15th March 2013

Response from: Linc Care

Organisation background

Since 2003, Linc has had a dedicated team that specialise in meeting the housing, care and support needs of primarily older people and other service user groups. More recently, we have been able to significantly advance the services we provide and have received national recognition for the progressive community housing and care options we offer older people.

Within the legal entity of Linc-Cymru Housing Association, Linc Care now has its own strong customer base and a reputation for quality and innovation. With a rapidly ageing population, there is great demand for high quality accommodation, care and support and we are in a strong position to meet the opportunities and challenges this will present.

Linc Care Provides:

- Independent Living Schemes
- Mixed Communities
- Day Care Services
- Nursing Care
- Sheltered Housing and Tenancy Support
- Dementia Awareness

For further information please refer to our website:

<http://www.linc-cymru.co.uk/>

1. Is there a need for a bill to provide for a single Act for Wales that brings together local authorities' and partners' duties and functions in relations to improving the well-being of people who need care and support and carers who need support? Please explain your answer.

As the number of older people and the impact of their complex needs rises, the challenge for commissioners and providers to deliver seamless services designed around the individual is often compromised when budgets are being defended. Effective partnership working can be more effective and financially efficient if budgets are pooled for a common good. Too much resource is often spent deciding on whether needs are classified as health or social which can compromise effective partnership working and result in multiple agency involvement in the day to day care and support of people in most need.

Research tells us that people who require support want quality and consistency. Receiving care from someone known to them and knows them is a key part of that care being personal and has a direct impact on their feeling of well-being. To the person receiving support, the funding stream is not important. Models using combined health and social care teams have demonstrated considerable efficiencies and improved customer satisfaction.

Greater collaboration between social service and health to deliver more integrated models of services provision would make it easier for providers to plan and develop services that span both health and social care.

New Legislation that provides for collaborative working and encompasses the governance arrangements to make this work would be welcomed by people who receive care and providers alike. Personal budgets that meet both health and social care needs will further empower those receiving services to control and design them to meet their personal needs and, through the improved well-being improve outcomes and value for money. The central theme that the new Bill needs to address is how trust can be increased in the partnership between those who receive care and services, commissioners and providers. True partnership with the individual and their family in the centre will re-shape services and focus attention firmly on those who receive them.

2. Do you think the Bill, as drafted, delivers the stated objectives as set out in Chapter 3 of the Explanatory Memorandum? Please explain your answer.

We welcome the clear intention to work more closely with 3rd Sector (not for profit) providers. We believe that the shared value base between not for profit organisations such as Linc Care and public sector services make us a natural partner in the design and delivery of services focussed on the health, wellbeing and dignity of the person receiving the care and their family.

A clear definition and description of eligibility that allows for transportable care and support plans is welcomed. Some further emphasis on advocacy for all concerned would add value to the principle of making processes simpler for those trying to navigate the system. Some more emphasis needs to be placed on the combined needs of couples living and aging together. Individual assessments ignore the existence of a shared dependency that marriage and partnership brings. The current process of assessment can prevent people seeking help and support as the language becomes impersonal and dehumanising. Once a person has been identified as having a carer, rather than a partner, they have no identity in their own right except that of a 'service user'. The husband and wife partnership is not recognised in the language of assessment and delivery of care. Some people are discouraged from admitting they need care and support because of this process. Well-being is intrinsically linked to personal identity and self-worth. Processes for assessing needs must refocus language and approach in acknowledging the interdependency of ageing couples and provide support holistically retaining personal identity and maximising wellbeing.

3. The Bill aims to enable local authorities, together with partners, to meet the challenges that face social services and to begin the process of change through a shared responsibility to promote the well-being of people. Do you feel that the Bill will enable the delivery of social services that are sustainable? Please explain your answer.

The Bill will not, in itself change the approach to delivering services. It will provide a formal framework for delivery. True partnership which encompasses trust with regards to providing flexible person-centred services is essential to the success of the intention of the Bill. Those responsible for commissioning and delivering services will have to be open to trying new approaches and having realistic expectations of what quality services cost to deliver. Emphasis should be placed on putting the people who receive the services in the centre of planning and commissioning to ensure timely and effective intervention to prevent deterioration and crisis. Windows of opportunity to make a difference are often short-lived and

must not be delayed through bureaucratic process. The opportunity and role of primary care to prevent crisis and ensure early referral needs explicit emphasis. Many of the catalysts for emergency admission to hospital are social in origin and easily prevented. Primary care has access to information on predictors that can trigger preventative actions, reduce crisis and improve well-being.

4. How will the Bill change existing social services provision and what impact will such changes have, if any?

The current financial climate has, in some instances, encouraged radical change in service delivery. The key will be cultural change in staff groups and between organisations. The bill will not independently deliver the cultural change that is required. A structured approach will need to be taken to deliver the change and embed new practice and staff will need support and freedom to make this happen. A consensus on eligibility criteria and measurable outcomes will ensure that priorities are shared and portable care plans not compromised by discretionary services or variance in interpretation of eligibility.

5. What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill take account of them?

The wide number of organisations involved and the level of trust that will be required to deliver care differently will provide barriers. The Bill provides a legal framework for delivery but does not address the challenges of such a wide range of changes. An incremental approach may help. In addition, a clear definition of what partnership working is will help to define the value of each partner and the value they bring the shared vision.

6. In your view does the Bill contain a reasonable balance between the powers on the face of the Bill and the powers conferred by Regulations? Please explain your answer.

It will be important the regulatory bodies adapt their regulation approach to that which enables the delivery of the aims and objectives of the new Bill. Flexible service delivery will need to allow for invention and imagination which must not be held back by older regulation regimens. Regulation must be designed to ensure that services delivered meet the standards and form appropriate for those receiving them and not as a barrier to change and innovation.

Powers to make subordinate legislation

7. What are your views on powers in the Bill for Welsh Ministers to make subordinate legislation (i.e. statutory instruments, including regulations, orders and directions)?

It is integral to the success of the Bill that Welsh Ministers have the legislative power to implement change and hold organisations to account.

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