Health and Social Care Committee Social Services and Well-being (Wales) Bill SSW 49 - Hywel Dda Health Board



# Consultation on the Social Services and Well-being (Wales) Bill Hywel Dda Health Board Response:

Hywel Dda Health Board (HDHB) welcomes the opportunity to contribute to the Consultation on the Social Services and Well-being (Wales) Bill. A feature of Hywel Dda Health Board's vision for the future is to be recognised as Wales' leading integrated rural health and social care system. The Health Board aims to provide integrated healthcare with 80% of NHS services provided locally, through primary, community and social care teams working together.

Consequently Hywel Dda welcomes increased alignment of nation strategy and policy aimed at supporting seamless integrated provision of assessment and delivery of care. Hywel Dda's model for 'out of hospital care' has being developed in accordance with the WG strategic delivery programme for Primary and Community Services: 'Setting the Direction' and aligned with the WG strategic framework 'Together for Health'. We are aligning our community service delivery to seven geographical localities within Hywel Dda to provide a locality partnership network of health, social and 3<sup>rd</sup> sector services that deliver a bespoke service that meets the needs of the local population. These localities are able to utilise the full community based resource to work as a locality network, responding to local needs and, where appropriate, create truly integrated multi-professional teams across health and social care.

# HDHB welcomes a number of the Bill's requirements

- The duty to provide or arrange for preventative services. This complements the strengthening role of Public Health and establishes a robust platform for joint working
- The intention to drive person centred services and give citizens real voice and control.
  People can only be supported in managing their own health conditions in the context of accessing person centred services.
  - The promotion of integration, as this underpins locality working arrangements in West Wales.
- Partnership with 3<sup>rd</sup> Sector Services. This growing area of partnership working has provides exciting opportunities to provide community support in a flexible, creative way.
- The clear recognition of the role and value of carers in delivering effective community care.

There are however a number of areas that are at risk of diverse interpretation that may cause tensions in providing joint agency services. There is a lack of clarity in relation to equipment provision. This is described currently for Social Services as part of the Chronically Sick and Disabled Persons Act 1970. These responsibilities are not described explicitly in the Social Services and Well-being (Wales) Bill and could be seen as having been forgotten. Similarly it would be helpful to clarify whether the Social Services and Well-



being (Wales) Bill will have an impact on access to Disabled Facilities Grants.

Both access to equipment and home adaptation impact on the capacity of vulnerable adults to remain in their own homes and function independently with dignity. Should these services be restricted further than the constraints of current provision, then the health and wellbeing of those people needing to access this type of support will be compromised. Hospital services have historically been used as a safety net for the frail elderly who have breakdown of social support. The success of HDHB modernisation strategy is dependent on community services being strengthened by both health and social care. Provision of community equipment and home adaptation is part of this network of care.

The Social Services and Well-being (Wales) Bill also makes repeated reference to eligibility criteria. The recent DoH Guidance "Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care" applies in England only. For integrated services, even minor changes in social services eligibility criteria can have a significant impact on the balance of care available. Welsh guidance regarding eligibility should be developed in partnership with the NHS to support the establishment of reciprocal/integrated community support systems. Similarly the responsibility for and ownership of registers for disabled people could be considered as a component of partnership working.

# **Consultation Questions**

#### General

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 relation to improving the well-being of people who need care and support and carers who need support? Please explain your answer.

The current legislation in relation to local authorities' duties has been built up over time through a range of legislation. It is complex and challenging for organisations working in partnership to combine responsibilities and deliver cohesive integrated services. It is timely to establish a single Act for Wales that frames partnership responsibilities. It would be helpful if some aspects were considered in greater detail in order to ensure reliable interpretation.

The fact that recognition, support, voice and equity for carers are central to the proposed bill is encouraging. Organisations such as Carers Wales have long campaigned for the needs of family carers, alongside those of service users, to be at the heart of social services. It has been argued consistently that carers need to be identified at an early stage in their caring journey so that they are better equipped to deal with the complexities and difficulties they are likely to face. Services need to be reconfigured towards earlier preventative support so that carers, and the people they look after, are able to maintain their health, wellbeing and sustain lives of their own.

The principles behind the bill are to give the people who use social services, including carers, a strong voice and real control over the services they may receive by focussing on the personal outcomes that people wish to achieve. It will also enable earlier intervention and prevention for carers and for people who need care and support in order to improve their well-being



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.

The purpose and intended effect of the Bill support the development of integrated services, but the responsibilities described no not reliably reflect a partnership approach. For example, where integrated community teams are established, social care staff are unable to delegate responsibility for assessment to NHS staff due to the responsibilities described in current legislation. Whilst this leads to inefficiency and duplication of effort, the opportunity is not acknowledged or addressed by the Bill.

For health boards discharging patients to a number of counties, variation in the eligibility threshold generates uncertainty regarding discharge planning and arrangements. People are still commonly transferred to a local NHS bed when there are significant community care needs. This practice has been established in response to the complexity of negotiating care on discharge where there are inconsistencies in the thresholds and processes to access care. The description of eligibility fails to recognise the need to consider this longstanding inefficiency when people are discharged from hospital. The intention of the Bill to ensure that wellbeing is enhanced and that services respond flexibly to the developing needs of individuals, their family and carers is excellent. The Bill needs to identify more clearly the steps envisaged to provide proportionate support to people.

The Bill identifies the importance of providing advice, information and signposting to anyone who requests it. The Bill is clear that preventative services should be provided to prevent people developing needs for care and support or to reduce those needs but it lacks clarity about who would have access to preventative services; the difference between when a person 'needs' some targeted intervention to prevent them needing care and support and the point at which they are deemed to have 'care and support' needs; the difference between NHS and Social Care preventative services.

It would be helpful if the role of reablement was described. There are significant variations in the way this service is perceived. It is most successful when it is an integral feature of integrated working arrangements, but this relationship is currently ad hoc.

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.

Whilst the intention to deliver sustainable social services is applauded, HDHB would welcome the added requirement of delivering reliable services. In rural areas there are ongoing difficulties in recruiting care staff to private agencies as well as social care. This continues to impact on the viability of people remaining in their own homes. A requirement to confirm reliable access to services may lead to more creative and proactive solutions.

Delivering preventative services in the context of eligibility and means testing may be challenging and consideration may need to be given to the infrastructure for this area of responsibility. Free preventative services may lead to greater savings in the delivery of care costs than a preventative service with charges, which have a more limited uptake.



The establishment of equivalent rights for carers to those they look after and a single duty for local authorities to undertake carers' assessments will have a positive impact on the sustainability of informal care arrangements. The removal of the requirement that a carer must be providing "a substantial amount of care on a regular basis" before they can be assessed, will enable support to be provided earlier in the caring process and will have a positive impact on carer strain.

- 4. How will the Bill change existing social services provision and what impact will such changes have, if any?
  - The lack of clarity regarding the provision of equipment has already been discussed.
  - The relationship between Social Care and Housing regarding adaptation has already been highlighted as a concern.
  - There may be tensions created by an assessment on a client and their carer being undertaken by the same person. There may be times where the assessment becomes biased towards one person's needs.
  - Adopting a common approach to safeguarding (for adults and children) may dilute rather than strengthen the process.
  - Greater clarity is needed regarding social services responsibility for delivering preventative services to gauge the impact
- 5. What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill take account of them?

Costs continue to be a challenge when service change is required in the context of a limited financial flexibility. Additionally, lack of clarity regarding some responsibilities is likely to generate dispute between agencies which will delay effective implementation.

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.

A significant amount of detail is left to regulation. This makes it difficult to analyse the true impact of the Bill and the extent to which it will deliver the intended vision and impact.

#### 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)? In answering this question, you may wish to consider Chapter 5 of the Explanatory Memorandum, which contains a table summarising the powers delegated to Welsh Ministers in the Bill to make orders and regulations, etc.

As above, a significant amount of detail is left to regulation. This addition detail is needed as a matter of urgency.

### Financial Implications

7. What are your views on the financial implications of the Bill? In answering this question you may wish to consider Chapter 8 of the Explanatory



Memorandum (the Regulatory Impact Assessment), which estimates the costs and benefits of implementation of the Bill.

Please see our response to question 5.

Delivering the transformational change envisaged by the Welsh government will generate additional cost, such as, developing preventative services which are not currently available; of developing new Boards and bodies such as National Safeguarding Board.

# Other comments

8. Are there any other comments you wish to make about specific sections of the Bill? None.