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Ymchwiliad i'r Adolygiad Blaenoriaethau ar gyfer y Pwyllgor Iechyd, Gofal  
Cymdeithasol a Chwaraeon

Inquiry into the Priorities for the Health, Social Care and Sport Committee

Ymateb gan: Cymorth Cymru

Response from: Help Wales

## **Consultation: Priorities for the Health, Social Care and Sport Committee**

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### **Consultation response**

Cymorth Cymru welcomes the opportunity to reply to the Health, Social Care and Sport Committee, regarding forthcoming priorities. The committee oversees a broad variety of areas that are of great importance to our organisation and to our sector, some of which are outlined below.

Our response will be presented under a number of headings indicating what our organisation and those which we represent believe to be the greatest priorities for the Health, Social Care and Sport Committee.

### **The impact of the National Living Wage on care providers**

The National Living Wage for those over 25 was implemented in April 2016. The impact of the National Living Wage on care providers causes a number of issues. The combination of legal challenges creating the need for sleep-in top-ups and a higher National Living Wage has resulted in acute pressures for the care sector. For Learning Disability providers alone, costs rose by an average of £1.71 per hour in April 2016. Both these changes have required providers to increase their care staff salary budgets from between £60,000 and £1,054,000 per annum with effect from April 2016. This will then need to increase by a further 5% year on year until 2019/20.

We appreciate that immediate crisis this year has been avoided but the threats are still very real as time passes. We believe that the most effective way to combat this is for the committee to look into radical new ways of commissioning which are less bureaucratic and more focused on results and less on price. It also requires an acknowledgment that costs have risen and a commitment of resources to meet that shortfall.

### **The sustainability and importance of workforce being recognised**

People working in a 'frontline workforce' such as care and social work often feel undervalued. It is a priority to recognise the importance of, and protect the value of, the workforce. Workforce should be recognised through regular and relevant training; supported opportunities for career progression; regulated working hours with sufficient breaks, and a clean and safe working environment. Also, through a parity of esteem between all forms of care work and other

professions, particularly when it comes to practice improvement and engagement with the workforce. The lack of value placed on the care profession often leads to a high turnover of team members, resulting in an under-skilled and under-enthused 'temporary workforce' that has little time to deliver relationship-centred support. This can have a tremendous negative impact on the quality of service received by the individuals accessing support services.

A workforce which feels valued is vital for delivering a robust service, which is more important than ever considering the volume of care work and social support that is currently being delivered by the third sector. Often it is people within the frontline workforce who most understand the needs of the client. We believe it is crucial to not squander this knowledge by losing undervalued team members to other professions.

The Social Services and Wellbeing (Wales) Act that came into force in April 2016 plans to give carers an equal right to be assessed for support, as part of the Care Council's vision of making sure that we have a workforce that feels valued and recognised<sup>i</sup>. The changes in this Act are one example of an attempt to support and value a workforce. It should be a priority of the committee to look into how the Welsh Government is prioritising policies and practice that help support the values of the Act, looking into ways of promoting the importance of a good working environment as outlined above and raising the profile of and respect for the profession.

**The way the Housing Act, the Violence Against Women Act and the Social Services and Wellbeing Act are being implemented can only benefit from a collaborative approach – and the longer-term lack of join-up with housing needs to be addressed**

Our members deal with a range of issues as part of their daily work and hold a lot of knowledge on these issues. We believe that this knowledge should be recognised and valued as we move towards a more collaborative way of working. We appreciate that housing is starting to be acknowledged more widely – but as work continues to integrate health and social care more closely, we cannot lose sight of the need to keep housing involved. For example, quality housing inevitably leads to better health outcomes. In addition, social services and the health sector often struggle with changing services or a lack of a single contact. Often housing is somewhat more stable and so should be involved much more. We believe it should be a priority for the committee to consider how housing is involved and included in areas of public health and social services.

The Violence Against Women, Domestic Abuse and Sexual Violence (Wales) Act 2015, The Social Services and Wellbeing (Wales) 2014 Act and the Housing (Wales) Act 2014 all place prevention at the forefront. We are concerned that across Wales the implementation of these three Acts is not always joined up as an approach. There is a real opportunity to ensure that services work more closely together than at any previous point in time in Wales – and so we would hope that the

committee can consider how local authorities are implementing these three Acts in a joined-up way, so we can avoid duplication and inefficiency in the future.

Linked to this point is the need to shepherd through the Wellbeing of Future Generations (Wales) Act in a focused and practical way. This Act could represent one of the first overarching ways of coordinating services. Traditionally, departments as varied as education and health, for example, have not worked together as well as they could. With the Future Generations, work streams could be aligned to objectives under that Act. This relies on the implementation of the Act being relentlessly practical, with indicators that are both broad and achievable. We would recommend that the committee considers how the Future Generations work is being taken forward and what, if any, impact it could have on service collaboration and joint working.

### **The synergy between prudent healthcare<sup>ii</sup>, Can and Can only, and wider community-led initiatives**

We recognise the value of the practical intentions for all three of these approaches as outlined below.

*Prudent Healthcare* is healthcare that fits the needs and circumstances of patients and avoids wasteful care. It is the difference between GPs offering prescribed medication to deal with the immediate symptoms of a problem and in looking for the appropriate solution. We believe that one way, for example, that prudent healthcare can be met is through a GP offering 'social prescriptions' such as sensible service signposting, benefits advice and similar. We believe in the preventative power of prudent healthcare and its main objective of offering the most appropriate care, not the cheapest.

Prudent healthcare as an idea will stand or fall by the way in which public services work well together and so we feel that one of the priorities for this committee should be to consider how this idea works alongside other sectors and services. For example, with the "*Can and Can Only*" principle within the Social Services & Wellbeing (Wales) Act.

"*Can and Can Only*" aims to reduce the number of people on care and support plans by creating more opportunities for accessing preventative services. By seeing what care the family and the individual can provide for themselves and then offering support for the gaps which cannot be met, we believe the value of the model is that it enables the individual to live within a more person-focused and fulfilling network of care as opposed to being fit into a pre-structured care package. This meshes closely with the aims of *prudent healthcare* and it will work best when services are working together to deliver services and new approaches.

*Community led initiatives* need to be considered alongside the above approaches. It is community initiatives which will enable people to remain independent for longer, to take part in activities such

as sport and volunteering. Without community activity being led locally, both prudent healthcare and “can and can only” are bound to fail.

The next step we feel for the committee, is to look at ways to integrate these ways of working with each other – in a broad and flexible way. However the committee should also consider the third sector organisations which are already utilising these three initiatives, the successes of these organisations and how this is being negatively affected by the commissioning process.

### **Commissioning**

Commissioning and retendering have thrown up many obstacles in the last year for organisations providing services in the third sector, making good practice increasingly difficult. We wish to see a system that revolutionises the relationship between commissioner and provider that has:

- A partnership approach, and not an “enforcement” approach – i.e, commissioners work with providers to establish a service that is affordable within current budgets, rather than being forced to commission services that are not sustainable, and then having to enforce strict terms when things go wrong;
- An honest approach that takes into account the costs of delivering services. The consultation document talks a great deal about what should be ended, what should be added, or what is best practice, but unfortunately does not talk a great deal about the funding for that. Naturally, none of our provider members would wish to use zero-hour contracts or to pay the minimum wage, but many are forced to do so by contracts.
- Clear guidance from Welsh Government that local authorities can be flexible in commissioning, and can take risks, enabling providers to seek innovative solutions that can ultimately save money.

We would ask the committee to look into new, less time consuming, more dynamic ways of commissioning to cut down the bureaucracy of the current commissioning system.

### **The voice of people being supported by services being heard**

The positive experience and outcomes of people accessing organisations providing services should be at the centre of every service. There needs to be a recognition that it is extremely difficult to gather this experience without resources. It should be a priority of the committee to look at savings and cuts to management budgets, to see how this is affecting the ability of services to actively engage with people using services.

### **Conclusion**

Wales has the ability to move to a highly integrated nation. The recent Acts by Welsh Government give frameworks through which services can be better joined up. The opportunity will be lost,

however, without clear direction on how to ensure the implementation of the various Acts *supports* integrated working. The Committee has a significant window of opportunity to inquire into the progress and to ensure these opportunities are not lost.

At Cymorth Cymru we are already working to raise awareness of these opportunities and would be happy to assist in any way we can.

ENDS

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<sup>i</sup> Care Council for Wales' response to the requirements for action in the Older People Commissioner's Review: A Place to call Home? Page 4, paragraph 1.15

[http://www.olderpeoplewales.com/Libraries/4\\_Residential\\_Care\\_Review\\_SB/CCW\\_OPC\\_Report\\_-\\_Care\\_Council\\_Response\\_08\\_07\\_2015.sflb.ashx](http://www.olderpeoplewales.com/Libraries/4_Residential_Care_Review_SB/CCW_OPC_Report_-_Care_Council_Response_08_07_2015.sflb.ashx)

<sup>ii</sup> <http://www.prudenthealthcare.org.uk/>