

## Consultation Response

### Finance Committee Inquiry: The Cost of Caring for an Ageing Population

#### Evidence submitted by Age Alliance Wales

January 2018



Age Alliance Wales is an alliance of 21 national voluntary organisations committed to working together to develop the legislative, policy and resource frameworks that will improve the lives of older people in Wales.

The following 21 organisations represent Age Alliance Wales: Age Cymru, Age Connects, Action for Hearing Loss Cymru, Alzheimer's Society Wales, Arthritis Care, British Lung Foundation, British Red Cross, Care and Repair Cymru, Carers Wales, Carers Trust Wales, Contact the Elderly, Cruse Cymru, Deafblind Cymru, Disability Wales, Learning and Work Institute Wales, PRIME Cymru, RNIB Cymru, RVS Cymru, Sense Cymru, The Stroke Association, Volunteering Matters Wales.

Age Alliance Wales works with, and for, older people in Wales, and as such is pleased to be given the opportunity to respond to the Finance Committee's Inquiry into the cost of caring for an ageing population.

Age Alliance Wales has consulted with its member organisations in order to put forward their key comments. We are aware that two members, Age Cymru and RNIB Cymru, have submitted responses to the Finance Committee in their own capacity. It is not intended to repeat the contents of those responses within this report verbatim, but instead it will highlight some of the key points raised. For clarity, we have provided information in the format set out in the Terms of Reference.

#### **1. To examine patterns in demand for social care services for those of pension age and the related costs of delivery of residential and non-residential care, taking account of the role of informal carers who provide unpaid services to those requiring care**

As noted in Age Cymru's response, Wales Public Services 25 states that local authority spending on social care for older people is not keeping pace with population growth, requiring a 2.5% year-on-year increase until 2021 to return to a per capita spend equivalent to that of 2009-10. In real terms, since 2009 the per capita spend has fallen by over 12%<sup>1</sup>.

Similarly, RNIB Cymru's response to the Committee indicates that the ageing population will mean that the number of older people experiencing sight loss will

<sup>1</sup> Wales Public Services 25 (2017) A delicate balance? Health and Social Care Funding in Wales

increase significantly, with a doubling of people living with sight loss in Wales by 2050<sup>2</sup>, a factor which may also significantly impact upon the costs of social care.

Age Alliance Wales members note that with an aging population comes a greater number of people living with co-morbidities and life limiting illnesses such as dementia, placing additional pressures on unpaid carers. It is therefore essential to ensure carers will be properly supported, and not be expected to sacrifice their own health, career or financial security in order to care for others, particularly as their assistance significantly lightens the workload of the health and social care systems. It is important to note that the carers themselves will also tend to be older than may have previously been the case, as pointed out by Age Cymru, particularly those aged 65+.

It is also the case, AAW members note add, that carers are increasingly relied upon to fill gaps in service provision, with fewer people being eligible for state-provided social care as time passes. Many carers, and those they care for, do not receive help until they are at a stage where their physical and mental health, and financial wellbeing, is severely impacted, requiring more costly interventions to remedy their situation than may have been required earlier. As such, AAW members would welcome a greater provision for older carers across Wales in order to ensure they achieve an acceptable quality of life, in terms of mental and physical health and wellbeing, and retain opportunities for social and financial inclusion.

## **2. To examine the financial pressures on the social care system, such as increases in wages, automatic pension enrolment and staff recruitment and retention difficulties, including the related financial impacts arising from the UK leaving the European Union**

AAW members note there is an urgent need to ensure that social care receives adequate levels of funding, but historically it has been under-funded, a problem made even more prominent in recent years with reductions in public sector budgets. For example, RNIB Cymru's response notes that the government spends "relatively little" on health and social care services to support independent living by those with sight loss.

This problem has led to the practice of task and time based commissioning, shortening the visit times of domiciliary care workers significantly. Whilst AAW members have welcomed new Welsh Government legislation which should ensure sufficient time to provide care and support, it is felt that commissioning needs to shift to an outcomes-based approach, reflecting the intention of the Social Services and Well-being Act, if care staff are to be able to deliver good quality care and preserve the dignity of the person being supported.

The low payments made by local authorities to care providers can also impact upon recruitment and retention of staff, and their morale. Zero hour contracts and the minimum wage is widespread, undermining the ability to provide good quality continuous care, a problem that particularly affects those living with dementia. As

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<sup>2</sup> Pezzullo L, Streatfield J, Simkiss P, and Shickle D (2016) The economic impact of sight loss and blindness in the UK adult population. RNIB and Deloitte Access Economics. Manuscript submitted for publication

such, AAW would back members' calls for commissioning processes to be led by people who have knowledge about, and experience of, personal care services.

There is a need to make the caring profession both more attractive and more competitive in comparison to the other sectors to which staff could be lost. Unfortunately it appears that the essential work of carers is not always recognised or appropriately valued, and whilst there may be means of valuing staff that go beyond pay, such as professional registration of domiciliary care workers and its potential to help enhance the status of carers' role in the eyes of the public, there remain questions as to whether this would be sufficient to make the role more attractive without also tackling funding and commissioning issues.

Further, members are supportive of the need to see the introduction of the Regulation and Inspection of Social Care (Wales) Act 2016 as a positive step to achieving higher quality sustainable care and support services for vulnerable people through a quality trained and committed workforce. To achieve this outcome, it must be recognised that pay, conditions of service, training and support for domiciliary care staff should not be left to service providers to address alone.

We have concerns that recruitment of care staff will be more difficult to achieve if providers have to carry the upfront costs of training and we are even more concerned if these costs are transferred to services users.

### **3. To consider the financial impact of current Welsh Government policies - including recent social services legislation and reforms to social care funding - on local authorities, care providers and service users**

Age Alliance Wales wishes to draw the committee to the individual responses given by its members regarding this point. However, we believe the committee may also be interested to hear of AAW's findings with regard to the impact of the Social Services and Well-being Act on service users.

During May 2017, more than a year after the introduction of the Social Services and Well-being (Wales) Act 2014, Age Alliance Wales launched the 'React to the Act: Older People have your say' survey along with the 'React to the Act: Professionals have your say' survey targeted at those working with older people.

These surveys aimed to capture the opinions, experiences and voices of older people, their families and their carers, on how the SSWBA had impacted on older people's lives and their experiences of accessing support and care services. It also aimed to capture the opinions of professionals working directly with older people requiring care and support following the implementation of the SSWBA. A number of key points can be found below:

- With regard to local authorities' assessment processes for people in need of social care, respondents indicated that whilst the majority of older people undergoing a needs assessment had successfully accessed appropriate

support services, over 30% of people had either not been able to access such services, or reported that services have subsequently ended. This indicates a significant gap in service provision, and the danger that many in need of care and support are simply not accessing the services they need.

- Survey responses indicated that although the legislation had led to changes in the assessment processes, there remains a need to continue to grow and embed this practice in order to ensure a consistent experience. It was found that just over half of older people reported being asked about 'what matters' during an assessment – a key point of importance in the Act - and a majority felt that they were 'fully' or 'somewhat' able to express their own views, wishes and feelings. Professionals' views in this area were more critical, however, with over half believing 'what matters' conversations were not taking place effectively with older people. Overall, it is believed these findings show further action is needed ensure consistency is achieved across Wales.
- Respondents indicated there is a lack of consistency in the monitoring and evaluation of 'person-centred care plans'. One third of older people had their plan reviewed on a regular basis, but nearly half stated they had 'not really' or 'not at all' had their plan re-evaluated. Professional opinion of performance in this area was even more concerning, with no respondents believing older people had their care plans reviewed on a regular basis, the majority stating that monitoring and evaluation did 'not really' or 'not at all' happen.

### **Signposting**

Our surveys also indicated that local authorities' signposting to support services is inconsistent.

- Respondents indicated that signposting to other organisations for support is limited, with 44% of older people stating they were not directed to other organisations, and 5% reporting that they were directed but, in their opinion, the support did not meet their needs. Whilst there is the possibility that many older people were accessing appropriate support services elsewhere, and so do not need to be signposted to other organisations, or do not need such services, finding that 44% of older people are not being signposted by local authorities is concerning.
- Furthermore, whilst a significant percentage of professionals indicated that older people may be signposted, they are not always able to access those support services, with many indicating that they were aware of older people being signposted to services which were no longer operating.

### **Service Provision**

- With regard to local authorities' provision of services, although only a small proportion of older respondents commented on the provision of services, those who reported witnessing a change in services as a consequence of the Act believed the changes had negatively impacted on the lives of older people. Older people also indicated a general increase in the levels of dissatisfaction in the standard of services they had received after 6th April 2016.

- Professional opinion on the provision of services was more divided: there was an equal number of those who had, and those who had not, observed a change in services that had directly impacted on older people. Levels of dissatisfaction in the standard of services available to older people, in professional opinion, had increased since April 2016.

### **Communication**

- Respondents indicated a lack of communication which was sufficiently effective to ensure older people were made aware of how the changes made by the SSWBA will impact on them, their family members and their carers, with 76% of older people stating they had seen no information from their local authority.
- Just 31% of professionals believed the information provided by their local authorities, designed to enable older people to understand the changes brought about by the SSWBA, was “somewhat useful”. Essentially, this suggests local authorities have lacked effective communication with older people on these matters.

### **Advocacy**

- The professionals and older people who had experienced a needs assessment or needs assessment review had varied opinions of the advocacy support provided during those evaluations. Of the professionals, there was an equal split between those who felt older people were given the opportunity of support from an appropriate ‘other’ or professional advocate, and those who believed they had not. Furthermore, 48% of older people who had experienced an assessment stated they had not been offered the support of an advocate, and 9% had been offered support but no suitable person or professional was available. Only 22% of older people stated that the opportunity had been offered and they had accepted (although there is no indication whether this was a family member or professional advocate).

### **Co-production**

- Even though the Act requires local authorities to ensure service users have an input into service provision, survey respondents indicated this is not always the case: over half of older people, when asked if they had a say in their support services, said ‘not really’ or ‘not at all’, and only 10% said “yes fully”. Further, when asked whether older people have been empowered to have a voice in the support and services they received, no professionals believed older people ‘fully’ had a say, and 58% responded ‘no, not really’ or ‘no, not at all’.

**4. To consider future social care needs and related costs, including the projected increase in the proportion of the population of Wales of pension age;**

**AND**

**5. To assess the fiscal levers available to the Welsh Government to reform the arrangements for funding social care. This will include the**

**consideration of alternative models, including international examples, for the funding of social care to ensure a good quality, fair and sustainable service in a time of increasing demands on the health and social care systems**

Age Alliance Wales would draw the committee to the responses submitted by Age Cymru and RNIB Cymru on these matters.

**6. To consider the findings and conclusions of the Parliamentary Review.**

In addition to the individual responses from AAW members, Age Alliance Wales would like to make a number of observations regarding the findings and conclusions of the Parliamentary Review, as contained in the January 2018 report:

We welcome the recognition of shortages of an experienced workforce, and the impact that has upon the delivery of health and care provision.

- Recommendation 1, aimed at ensuring a more seamless system of health and social care for Wales (whilst continuing to recognise the distinctions between the health and social care sectors), is welcomed, particularly its view that care should be organised around the individual and their family as close to home as possible. The smoothing of the artificial barriers between physical and mental health services, primary and secondary care and health and social care will greatly enhance the experiences of older people in Wales.
- With regard to Recommendation 2, that of pursuing a “Quadruple Aim” of four mutually supportive goals, this appears to be wise position to take.
- Recommendation 3’s call for the speedier development, adoption and spread of a new models of health care and wellbeing appears prudent, particularly given the focus on making care available to individuals in their home surroundings or their community, as well as the suggestions to ensure the co-design and co-development of models of care between the recipients of care and frontline health and social care professionals.
- Furthermore, we welcome the requirement to ensure local innovation should be guided by “common principles and implementation support through a national programme of transformation, and robust evaluation”, and support the calls for joined-up service provision, planning and infrastructure of resources in order to obtain a seamless delivery of care
- Recommendation 4’s focus on strengthening the involvement and knowledge of communities and individuals of all ages in relation to health and social care provision is also welcomed, as is the call to ensure individuals have a greater level of decision making regarding their treatment and its location, not only for themselves but wider services within their communities.

We hope you find the comments of Age Alliance Wales useful.

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