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 33

Ymateb gan: | Response from: Cyngor Gweithredu Gwirfoddol Cymru | Wales Council for Voluntary Action

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This submission is from WCVA and informed by the contribution of voluntary sector organisations operating in Wales (41 participants signed up to attend a session on the consultation, hosted by WCVA on 01/09/21).

Wales Council for Voluntary Action (WCVA) is the national membership organisation for the voluntary sector in Wales. WCVA's vision is for a future where the voluntary sector and volunteering thrives across Wales, improving wellbeing for all. Our mission is to be a catalyst for positive change by connecting, enabling, and influencing.

WCVA works with the Third Sector Partnership Council (TSPC) networks, representing 26 categories of third sector interest, the 19 county voluntary councils (CVCs) through Third Sector Support Wales and other development agencies and networks (e.g., the Health, Social Care and Well-being Planning Group), to provide a support structure for the sector in Wales.

The voluntary sector in Wales comprises over eight per cent of the paid Welsh workforce. This equates to approximately 100,000 employees, with 48,500 of these who work in health and social care which make a considerable contribution of providing care and support services close to home.

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor
Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture 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.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?
Q1. Which of the issues listed above do you think should be a priority, and why?

The priorities identified are considerable. However, they are interlinked and cannot be seen in isolation. Therefore, to prioritise was felt to be not to be helpful - *'how can you prioritise priorities when they are all important and interconnected?*' Yet, without a resilient and supported workforce, whose well-being needs are addressed, and the current recruitment challenges are ameliorated, especially in social care, will have an impact on other priorities in terms of effective, timely and quality of delivery. Nonetheless, other priorities were considered important in no specific order:

Top-down versus locally and organically grown solutions: It was felt that there was the temptation for Government to be attracted by *'what seem to be simple national solutions'* without regard to what is already working well at a local level. The food boxes, available via the Contact Centres, are a good and recent example of this. However, swift voluntary action meant that support around the provision of food was already in place in many communities which offered choice to individuals around their dietary needs. Locally designed solutions often produce the biggest impact for people, but the good practice is not being upscaled or, at the very least, the fundamental values and core concepts adopted that are workable and replicable wherever a particular service is delivered. Back to Community Life (a co-produced resource created in partnership with the local people of Mountain Ash) is a good example of what can be achieved. It is an initiative of which the design principles and the evidence base could be utilised in other contexts and in other communities. What works locally should be part of the integration agenda; identifying evidence-base solutions whose impact and outcomes are easy monitor and evaluate, while at the same time able robustly measured.

From the perspective of innovation, and considering the recently announced Revenue Investment Fund, it was felt that pilots already in place and reporting a positive impact and good outcomes as intended should continue. Others, which have not been as successful, should have key learning reflected upon. There needs to be a mechanism in place to share and adopt what kinds of care and support services are working well and worth continuing and mainstreaming. There needs to be a mechanism in place to encourage innovative solutions building upon schemes such as the Bevan Commission's Innovator (Exemplar) programme and also understanding how to adopt and spread ideas from its National Adopt and Spread work. The seven Social Value Forums, established as a duty within the Social Services and Well-being (Wales) Act, 2014 regionally, need to be well-placed to act as that mechanism.

Health prevention: Keeping people well through prevention and early intervention models was felt an area that needed further investment. The Education Patient Programme was one way to reach

people to better manage their health conditions, but it was thought that it needs to be more visible and active across Wales, giving people practical solutions and strategies. However, social prescribing, as a non-clinical intervention, with people accessing activities and support in their local communities, is not highlighted as priority for the Health and Social Committee despite being a commitment set out in the latest Programme for Government, while a Ministerial Task and Finish Group started to meet pre-Election 2021.

With waiting lists at a lifetime high (waiting times for those with neurological conditions was highlighted as a significant pinch point) and access in some communities, especially those in rural locations where digital exclusion is problematic, social prescribing activity can support people to as keep well as possible and active while waiting for hospital appointments, treatment and surgery. We are surprised that dealing with waiting times is not highlighted amongst the Committee's priorities. It should be one of immediacy.

Voluntary action: As already highlighted, the workforce should be prioritised. However, volunteers make a significant contribution, as part of the unpaid workforce, as do unpaid carers, and their capacity to deliver care and support provision should not be underestimated in terms of taking the pressure off the paid workforce. They should be considered as part of the overall workforce and supported accordingly.

Investing in social care and the third sector: It was still felt that there was a longstanding view that social care was still seen as more of a *'Cinderella service'* in terms of investment and worth, as opposed to the NHS where care is provided free at the point of contact. It remains to be seen whether the increase in National Insurance facilitate long-term change in the way social care in delivered. A robust NHS means there needs to robust social care. Furthermore, the voluntary sector providing care and support services was even more disadvantaged. The sector looks forward to working with Welsh Government as to how the Revenue Investment Fund will be utilised to develop and test out new/alternative models of care.

Integration of health and social care: The Social Services and Well-being (Wales) Act 2014 and A Healthier Wales sets out the importance of integrating health and social care services, which should also include voluntary sector organisations who provide care and support services. Integration should be an overarching priority of the Committee but there are fundamental issues which need to be addressed such as

- Unpicking the different systems: One is free at the point of contact and the other means tested.
- Workforce parity: fair and commensurate pay
- Understanding what should be transformed and when; focusing on what works for people.
- Workforce buy-in is crucial, from frontline to senior management so they are involved from the start, as well as co-producing with citizens to ensure their voices are heard and listened to.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd
Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

a) gwasanaethau iechyd;

b) gofal cymdeithasol a gofalwyr;

c) adfer yn dilyn COVID?

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?

Gwasanaethau iechyd
Health services

We outline the response to Question 2 by presenting views across the three main priority areas together rather than separately, unless there are specific issues which were felt to be important to highlight in the subsequent sections. Overall, it was felt that there were several areas that the Committee should consider from a health and social care perspective:

- Using the existing legislation and policy: The guiding principles in the Social Services and Well-being (Wales) Act 2014 (the Act) and the quadruple aim in A Healthier Wales are enabling, purposeful and provide a real and tangible opportunity to change the way health and care services are delivered. It's time to *'dust the Act off the shelf'* and align the Committee's priorities to the key principles such as co-production, voice, and control and partnership working, which we address in this submission. However, are organisations and sectors implementing the Act as intended, or struggling to grapple with the enormity of the ask amid hiatus the pandemic? Section 16 of the Act provides the opportunity and mechanism to think and act differently in designing alternative solutions and new models of care. Such activity should form an integral role for the seven Social Value Forums, but those Forums need be more inclusive and encouraging by nurturing ideas and test out. The Committee should consider ways that build the evidence base of what works and how, and through what means that is shared.

- Public and Patient Involvement: Integral to the Committee should be how they involve people (citizens, patients, users of services) in their work, not just organisations; using people/patient experience and using feedback mechanisms to inform and improve services. The Committee may want to consider the Measuring the Mountain methodology, which gathered people's stories (450+) of their experiences of using health and social care services, as well as hosting Citizens' Juries. The Co-production Network for Wales is ideally placed to inform the Committee how to lead by example for others, such as Regional Partnership Boards, to follow.

Alongside PPI it was felt that the Committee needs to reach out to communities so they can share their views and can see how they have an impact on the work of the Committee. We would suggest the Committee develops a stronger relationship with WCVA, the County Voluntary Councils and key organisations as means to reach out to people to encourage involvement, but the sector can act as a conduit to disseminate information about the work of the Committee moving forward throughout sixth Senedd.

Furthermore, the importance of promoting self and supportive advocacy; building this into the work of the Committee and across the priorities. This will enable people to have voice and control over their lives but crucially being involved from the outset in developing models of care what work for them.

- Partnership working: There have long been calls for creating partnerships that have longevity across organisations and sectors. Those partnerships should focus on the prevention and early intervention perspective, but those partnerships move towards integration. Many suggested partnerships are only set down on paper; the experience, where attempts have been made to work together, is somewhat different in reality. However, the parity of esteem is sometimes wanting. For example, voluntary sector members of the Regional Partnership Boards continue to report that they feel not as included as statutory sector members. Yet, the voluntary sector has a wealth of knowledge, experience and expertise which has been untapped pre-COVID. Out of necessity, good working relationships and partnerships have been developed and need to continue into recovery and in the longer-term around specific areas, such as home from hospital, hyper-local micro care and support, food poverty and community transport. Partnership working has been vital during the last 18 months but can be problematic to maintain when short-term funding mechanisms prevail in the voluntary sector. *'Partnerships aren't built well, with services that are here today and gone tomorrow. The mechanism for partnerships lies in the Regional Partnership Boards but that doesn't always work; it's supposedly "more integrated" but it's often hard to engage for many voluntary sector organisations.'* These needs addressing by Regional Partnership Boards and Welsh Government.

- The four principles of Prudent healthcare are also prudent to social care: The principles should underpin how we design, develop, and deliver services to initiate change and improve citizen well-being. The concept and application of co-production should be at the heart of the work of the Committee and for organisations and across the health and social care sector, ensuring that:

  The public, professionals and service leaders are equal partners in addressing the prevailing pre-COVID stress points in services, those throughout COVID, and into the recovery to reduce the variation across local authority and Health Board boundaries.

  The evidence base remains important but while ensuring new models of care, which are delivered close to home, are preventative in approach and stem escalation. This is a key aspiration of the White Paper: re-balancing care and support.

- Measuring impact and outcomes: Monitoring and evaluation processes have become onerous for organisations large and small, with a variety of measures which quantitatively do not provide a picture of the quality of delivery, people's experiences of that delivery and what difference has

it made. The Prudent principles provide a good starting point to develop a set of overarching outcomes all organisations should be able to work towards and explain what the impact has been of their inputs and outputs. WCVA and the Co-production Network for Wales have developed Better Evaluation, which sets out a proportionate approach to evaluation by asking a set of straightforward questions but capturing day to day activity and reflection can build up a rich bank of evidence rather than a retrospective approach to data collection that often prevails, which may not capture the important nuances of what works for people (those using services and those providing them).

- Role of volunteering: Volunteering continued to play an important and distinct role during COVID-19 to support people's care needs, with such activity being a strong feature pre-COVID-19 via prevention and early intervention. There is a need to develop an appropriate integration of volunteering in health and social care services, where volunteers can be the most effective but also not be asked to do duties they should not undertake (and never to undertake duties should ordinarily be undertaken by paid staff. The sector would recommend that a Cross Party Group is established to discuss and develop a more cohesive volunteering strategy and action plan for Wales.

- Mental Health Services: Face-to-face engagement has been adversely affected during COVID-19, but a pressure point pre-COVID has been well reported. Organisations have been able to adapt service delivery using digital technology. This should not remain the 'norm' into recovery, with a return to people being able to attend drop-in sessions and meetings face to face is desirable, but undoubtedly will require resources to meet demand across the age range.

- End of Life provision: We would have expected to see, as a priority for the Committee, a commitment to drive forward and scrutinise the new national programme for end-of-life care. This would build upon Together for Palliative Care for children, young people, and adults, by working with the hospices in Wales and the Cancer Networks, for example, who are well-placed to contribute and share their knowledge and expertise. District nursing was highlighted as being very pressed, which was known pre-COVID, and has had an impact on end-of-life support and on the ability of the community workforce to respond. With the Continuing NHS Healthcare, the national framework for implementation in Wales which takes effect in November 2021, there are concerns that the fast-track system currently is not working well, with people passing away before a decision is made on providing end-of-life care.

Gofal Cymdeithasol a gofalwyr
Social care and carers

Unpaid carers:

From an unpaid carer perspective, it is disappointing that, despite the more recent special inquiry, that the issues and challenges that unpaid carers face continue to be reported. The Strategy for unpaid carers sets out four interrelated national priorities and we would suggest that the Committee focus on those priorities and monitor progress against them. However, because of the pandemic, unpaid carers have been adversely affected. Post-Traumatic Stress Disorder, difficulty accessing mental health services, and those they care for experiencing a deterioration in their

condition(s) due to lack of access to support at home or in the community, have all been reported.

The availability of a short break remains a consistent issue for unpaid carers, exacerbated during COVID-19 when access was limited or non-existent. Crucial again is having a support workforce in place for both the unpaid carer and those being cared for. Unpaid carers have had to step up even more to fill gaps in statutory provision during COVID-19. This is likely to continue in the wake of COVID recovery due to recruitment and retention challenges and with a highly pressurised workforce, but it is unsustainable for unpaid carers - who are likely to become those who also become cared for.

Unpaid carers are being expected to just continue as were during COVID-19. Packages have been cut, as carers are deemed willing and able to continue with the increase in care they have provided.

Social Care:

The focus should be ensuring that social care is valued and funded to a commensurate level with health provision. If social care is not sufficient funded, then it will have a detrimental effect on health services and will contribute to delayed transfer of care. Furthermore, to achieve market stability means diversification and a removal of monopolisation in the care sector, which is not sustainable. New partnerships need to be formed across sectors to look at alternative models based upon what people need. Those conversations rarely happen, especially between care providers and the voluntary sector.

Adfer yn dilyn COVID
COVID recovery

Re-shaping and re-organisation delivery of services: The map of care and support provision has changed due to COVID-19. However, there is a need to build on what is already in place across specialities, including how those specialities can support those with Long-COVID, including the support provided by voluntary sector organisations. There continues to be concerns, as there was at the onset of COVID-19, that cancer services are an at-risk area as are, for example, neurological support and issues related to women's health inequalities.

Co-producing with citizens during and post COVID-19: In some cases, it was felt that some Local Authorities during COVID-19 re-configured services without adequate co-production. For example, the reduction in day care facilities for disabled people (August 2021, Caerphilly) when the hope was that they could resume services without prior consultation with users. It is crucial to the recovery that those who are using care and support services are engaged in conversations from the outset on the types of provision moving forward. Care packages were cut.

Unrhyw faterion eraill
Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?
Q3. Are there any other issues you wish to draw to the Committee's attention?

There were several issues that were important to share and for the Committee to consider and not set out in the response to Question 2:

Accountability: The Committee should ensure that the key principles and duties in legislation (Social Services and Well-being (Wales) Act 2014) are upheld and, where there is a lack of activity, organisations are held to account. It is sometimes unclear:

- Where the accountability lies for service delivery,
- how, when and what services are commissioned, and
- what the decision-making processes are in allocating funding (Integrated Care Fund and Transformation Fund). These appear not to be transparent, with the voluntary sector 'late to the table' due to not being involved in discussions at an early stage in developing collaborative bids for funding. However, the long-term view is that we need to be clear what types of services need to be mainstreamed and sustained.

Children and young people: The priorities are adult-focused, and it is a significant omission that children and young people's health and care needs are not prioritised. Children and young people have also been adversely affected during COVID-19. The same stories of families with children with complex needs continue in terms of access issues and a lack of support. We recommend the Committee add this priority and work with the Children and Young People's Committee as to their priorities about health and social care.

Role of volunteering: Both volunteers (informal and forma) and unpaid carers 'stepped up' and supported the health and social care workforce who were re-directed into other COVID-related roles. The relationships formed between people and organisations through supporting health and social care should be nurtured and maintained, recognising the strengths in communities and how community and voluntary action has been integral to supporting people on a hyper local level basis, and sustained in the long-term.

- Promoting the work of the Health and Social Care Committee: It was felt that the Committee should be accessible and, Sustainable funding: better lead in times to develop new value-based care models especially those delivered at home or close to home.
- Joint emergency planning: across sectors and services.
- New models of care: Section 16 of the Act
- Working across policy areas: priorities of the Senedd, Programme for Government

Finally, given that population well-being and inequalities, from a Well-being of Future Generations Act perspective, is not solely within the sphere of the health, there are other factors which impact on well-being such as housing. We suggest there is an opportunity for the Health and Social Care Committee to work with other Senedd committees and Cross-Party Groups to hold an inquiry into health inequalities generally, and specifically across those with protected characteristic, and to explore how Government departments are working together to improve health outcomes across the population.