

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 106

Ymateb gan: | Response from: Canolfan Cydweithredol Cymru | Wales Co-operative Centre

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 cyhyrsgerbydol.

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?

About the Wales Co-operative Centre

The Wales Co-operative Centre is a not-for-profit co-operative organisation that supports people in Wales to improve their lives and livelihoods. We are working for a fairer economy. We help to create and retain wealth within our communities through the growth of co-operatives and social businesses and by providing people with the skills to take more control of their own lives and strengthen their communities.

Issues



The issues we have identified fit into the “health and social care workforce” priority identified by the Committee on the Health and Social Care workforce in Wales. Within this, we are calling for the Committee to look at two specific issues; the GP shortage in Wales, and business models within the social care sector.

GP Shortages

In recent years, there has been growing evidence of an increasing shortage of GPs in Wales, and especially so in poorer and rural areas. In 2020, there were 1,972 General Practitioners operating in Wales, lower than the number 10 years ago. The shortage of GPs has important consequences for the NHS, as it struggles to cope with rising demand and patients have to wait longer to see their GP. The Royal College of General Practitioners has previously said that “it is imperative that the Welsh Government takes urgent action to boost the GP workforce and expand the number of other healthcare professionals working in general practice”.

Co-operative Solution

Historically, GP services have been delivered by individual GPs, effectively running sole trader businesses and contracting with local health boards. As GPs retire, there is a shortage of new GPs who are willing to buy in to these businesses and take on the liability of running the service as a sole trader. The solution to date has been to ask neighbouring practices to expand their reach into new communities, or for health boards to take direct control and take the service in house. We believe that community health co-operatives are another solution that have considerable advantages, and that this Committee can play a key role in helping to develop effective policy to promote this model in Wales.

A community health co-op could be set up as a community benefit society. Membership of the society could be drawn from the community that the health co-op serves. Members could include patients, doctors and other workers, as well as representatives from the local authority and the health board. All members would have one vote and they would elect the board of directors to manage the co-op on their behalf. The co-op, as a corporate body, could then contract with the health board to deliver primary care services within that community. The co-op would be non-profit distributing, meaning that profits would be invested back into the core service or for well-being or preventative services.

The next steps

Further research is needed in this area to explore how this model can be developed in Wales. A pilot project could be developed to work with a community to discuss the potential interest in setting up a community health co-op. This will require traditional community development skills running open meetings and networks to see if there is a will within the community for this to happen and see if a voluntary steering group could be set up to further develop the community health co-op model. The steering group would then need help and support from a number of specialist agencies to get them to a position where they could contract with the health board and deliver community health services.

Basic Requirements (Note – these are listed to aid discussion, a full plan would be needed to develop this further)

- Employ a community development worker
- Develop an engagement strategy
- Hold public meetings and events
- Recruit voluntary steering group
- Bring in specialists to train steering group on governance and legal responsibility of directors
- Bring in specialists to register new community benefit society
- Support board to access initial set up funding
- Support board to develop policies and procedures
- Support board to develop business strategy and business plan in order to secure contracts with health board
- Support board to recruit operational manager and required medical staff.

What the Committee Can Do

The committee should hold the Welsh Government to account on its delivery of key objectives set out in its legislation such as the Social Services and Well-being Act (2014) and the Well-being of Future Generations Act (2015). These Acts puts a duty on local authorities to promote the development of social enterprises as well as the development of co-operative organisations or arrangements to provide care and support and preventative services. The Act also expects local authorities to involve the people for whom care and support or preventative services are to be provided in the design and operation of that provision. Therefore, we urge this Committee to take a long-term approach to developing our understanding of how these principles can help to solve the GP shortage problem in Wales, what specific changes are needed for this to happen – such as allowing a corporate body to sign a GMS Contract as opposed to the individual doctor - and how the Welsh Government can take an active role in nurturing these models.

Benefits of Co-operatives in the Care System

The current care system is mostly based on market competition, with different companies competing against each other to maximise profit. To create a system and sector that empowers people to achieve their full potential, we need to move to a system based on co-operation. Co-operatives give people a voice and bring people together to provide better care and support.

What is a Care Co-operative?

Care co-operatives can be owned and controlled by the people they support, their friends and family, the care workforce, and communities as a whole. They come in different shapes and sizes,

but are fundamentally based on values of self-help, self-responsibility, mutual support, equity, equality, solidarity and democracy. Members have an equal voice and the objective is always to create a system of care that benefits everybody. At the heart of this way of doing things is the belief that those giving and receiving care are the experts.

Benefits for those Receiving Care

Care delivered co-operatively is driven by the needs of people receiving care, and the expertise of those who deliver it. This means decisions regarding the type of care necessary are based on the relationships formed between the carer and the person receiving care – and personalised forms of care with the sole focus of maximising an individual's wellbeing can be delivered. This can often come in the form of non-traditional interventions, and is less transactional and more based on genuine relationships of trust. This is a huge advantage of the co-operative model, where care always comes first.

Benefits for Carers

Those who care for others, whether as a profession or as an unpaid volunteer, deserve the utmost respect for the work they do for our friends, neighbours and communities as a whole. In care co-operatives, those working on the front line of care have a voice, and this is crucial to ensuring the best care possible is being delivered. Across all sectors, workers in co-operatives see improved working conditions, better pay, and higher levels of job satisfaction. We want care to be a career of first choice, for people to be respected for the work they do, and for them to have opportunities to grow and progress in their careers. It should be a career as respected as any other in our society. For people who care for loved ones, having access to a network of support that a co-operative provides, and for them to have the platform this network provides, is part of building and strengthening our neighbourhoods and communities.

Benefits for the Community

Community is at the heart of care co-operatives. By their nature of being driven by real people giving and receiving care, they are rooted in their communities. While other models of care mean that organisations are driven by maximising profits for investors, co-operatives will always prioritise the wellbeing of those they represent. At a time when access to quality care is more important than ever, co-operatives being rooted in their communities and there being no chance of them leaving as a result of profit maximisation is a vitally important quality.

Developing the Co-operative Care Sector

The work we do supporting people to set up or run care services in a co-operative way means we have a unique insight into how this sector can be further developed in Wales. We want the Welsh Government and public sector as a whole to take a two-pronged approach to achieving this; through incorporating social value into procurement practices and taking a pro-active approach to market development.

Social Value in Procurement

On the issue of procurement, we would like to stress the importance of maintaining the momentum provided by the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations Act (Wales) 2015, which has led to a clear prioritization of social value and has the potential to revolutionise public services in Wales. In addition, the 'Improving social care arrangements and partnership working' white paper published this year was a clear step in the right direction. There were several aspects of this white paper that we strongly supported, like moving towards co-production, with simpler processes that prioritised outcomes based on social value. In order to achieve this ambition, we believe that the points we made in response to this consultation were crucial. We called for:

- longer-term contracts, allowing for simpler care systems for those receiving and delivering care in a specific locality
- for national frameworks to be developed and best practice that is already being delivered in some parts of Wales to be facilitated across networks
- for more effective citizen engagement and communication with RPBs, whose structures must be reflective of communities.

We believe that how we can move towards delivery of the ambitions of this white paper should be a clear priority for this committee.

Supporting and Developing the Care Co-operative Market

In addition to the focus on procurement that has dominated thought on social value in this sector in recent years, we believe the next steps to delivering a fairer care system in Wales necessitate a focus on how we can nurture and develop the market of co-operative providers able to deliver these contracts when they are available. We often hear that while commissioners would be in favour of a co-operative model of delivery of these services, not enough of these suppliers exist in Wales. From our perspective, we believe the time saved by working less on procurement would best be used to engage in community-building, creating the dynamics, confidence and interest within citizens to create co-operative structures of care, whether through membership-led organisations or co-operative care providers. We believe the public sector generally has a key role in nurturing communities and facilitating the development of these co-operative models.

We believe that radical change is needed, and that this must be a continuous process. We need a shift towards a more co-operative and community-led approach, where the public sector takes an active role in building and nurturing communities in order to create an environment of collaboration and resilience. A crucial element of making this happen is through encouraging continuous learning and experimentation. This requires leadership skills, and nurturing these skills should also be a key element of future work in this area. Rather than seeing this as an opportunity to rearrange, we should see it as an opportunity to embark on a fundamental culture change.

If we are agreed that any successful transformation depends on a range of environmental and system factors, then the principles of the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations Act (Wales) 2015 can't be applied in an ad hoc basis. Co-

production and co-operation must be overtly present throughout work in this area in order to ensure that there is equality and parity amongst all the partner/stakeholders. We have to change the current system as otherwise, the vision of the Acts.

What This Committee Can Do

We believe that it is essential that over the coming years, we use the momentum generated by the Covid-19 crisis and the “build back better” initiatives, as well as the body of detailed research and legislation in this area, to focus specifically on the delivery of real change in the care sector. Our submission has highlighted the benefits that co-operative models can have, and they are relevant to all of the priorities identified by the Committee in this consultation. We would particularly focus on the importance of the workforce – and as well as organisational culture, the importance of organisational models and ownership structures. Here are some key points we would urge the committee to consider for their work over the crucial upcoming years:

- A key benefit and advantage of the committee is that it does not have to worry about short-term funding concerns, as many third-sector organisations working in this area do. As a result, it can take a long-term approach to holding the Welsh Government to account and have a real focus on delivery.
- The committee should hold the Welsh Government to account on its delivery of key objectives set out in its legislation such as the Social Services and Well-being Act (2014) and the Well-being of Future Generations Act (2015). These pieces of legislation contain hugely positive objectives, but we need to ensure this is having a tangible impact for those with lived experience of receiving or delivering care.
- This committee can play a crucial role in collecting high-value qualitative data on the lived experience of those receiving and delivering care, and what steps can be taken by the Welsh Government to make a real difference to this sector.
- The committee should explore how work across different departments can be joined up to ensure there is a cohesive approach to reforming the care sector to prioritise wellbeing. Similarly, the committee can facilitate the sharing and learning of best practice across different regions of Wales.

We would welcome the opportunity to further engage with this Committee’s work in this area. We would also recommend that the sector uses the considerable high-quality evidence base that has already been developed on this subject, including our reports on Social Value Models of Delivery.

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?**
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Gwasanaethau iechyd

Health services

Introduction to Digital Inclusion

Digital inclusion is about being able to access and use the internet and engage with digital technology, confidently and safely, as and when needed or wanted. These are basic requirements for people to participate in a digital society and economy. The National Survey for Wales 2019/20 found that 90% of adults (aged 16 and over) said they personally use the internet. This is up from 77% in 2012/13, but falls short of where Wales needs to be as a digitally-inclusive nation.

Some people in our communities are far more likely to be digitally excluded than others. We know that older age, low incomes and low educational attainment all correlate strongly with digital exclusion, social disadvantage, and health inequalities.

Digital Inclusion in Health

Public Health Wales reported that two thirds of people over 16 in Wales used digital technology to support their health in 2019. While 87% of 16-29 year olds reported using digital technology for their health, this fell to just 24% of those aged 70 and older. Only 51% of people in the most deprived areas used digital technology for their health, compared to 84% in the least deprived areas in Wales. And while 10% of the Welsh public say they don't use the internet this rises to 18% for those with limiting long-standing illness, disability or infirmity

As more essential services are moving online (some at a very rapid pace since the start of the Covid-19 pandemic) the need for Wales to improve its levels of digital inclusion has

never been more pressing. The role of digital in our NHS and in public health has been growing for years. Health boards and trusts, the NHS Wales Informatics Service, Public Health Wales and local authorities are creating 'digital first' services and adopting digital solutions to improve health and well-being. Ensuring that these digital services are available to all, and inaccessible to no-one, is of fundamental importance.

What must be done?

The Digital Inclusion Alliance for Wales is a multi-sector group of organisations, bringing together people from across the public, private, third, academic and policy sectors in Wales, to coordinate and promote digital inclusion activity across Wales under one national banner. They recently published its Agenda for digital inclusion, and had a section dedicated to digital inclusion in health and social care. It prioritised achieving the following outcomes:

- All health and care providers in Wales recognise digital inclusion - access, skills and confidence - as a key determinant of health.
- Strategies and delivery plans for public health are required to address digital inequalities.
- Health and social care providers ensure that patients and carers can access relevant and appropriate digital skills support. This includes ensuring that the Welsh health and social care workforce is given the necessary training to develop the digital skills required to participate safely and effectively in the post-Covid digital economy.
- The recommendations in Digital Inclusion in Health and Care in Wales 2018 are revisited and implemented in full by the appropriate bodies.
- Addressing digital inclusion as a mandatory requirement in investment decisions by the Welsh Government and the Digital Special Health Authority, health boards, trusts and social care providers.

What can this committee do?

We acknowledge and support the priorities identified by the Committee. We believe that effective digital inclusion practice is essential to achieving objectives in all of these areas, but especially those around access and the health and social care workforce. We would encourage the Committee to consider digital inclusion in all aspects of its work as a cross-cutting theme that must be embedded in how we evaluate policy and consider the future of our public services, in particular in health and social care.

In addition, we believe that this Committee can play a key role in holding the Welsh Government to account on its digital inclusion work, and ensuring that it continues to be a priority as we emerge from the pandemic. The pandemic has exacerbated existing inequalities; while many of us have been able to stay connected to work, family and friends, and the health service during lockdowns through using the internet, others who are not able to confidently get online have struggled. Ensuring that digital inclusion remains a key part of the Welsh Government's agenda has never been so important, and we believe this should be a priority for this Committee in its own right.

Case Studies: The work of Digital Communities Wales

Millbrook Residential Home in Blackwood is a care home that has received digital devices as part of the tablet loan scheme delivered by Digital Communities Wales. The devices have enabled the home to have video consultations with a GP. The residential home's local GP, Dr Rizwan Hussain, said:

"Remote video consultations have quickly become a game changer for managing care homes patients during the Covid-19 pandemic.

They have proved invaluable for assessing patients in conjunction with physiological measurements taken in the home, as well as for assessing skin lesions. Video consultations have helped to initiate treatments promptly and reduce hospital admissions.

I look forward to having three-way conversations with care home patients and their families, who may well be at a different location, in the future."

Digital Communities Wales helped the **Swansea Bay** Health cluster to create a digital inclusion project aimed at tackling obesity and social isolation. The DCW team brought together partners from health, education and the libraries service to develop the pilot scheme.

Six patients were identified by their GPs and referred onto the pilot – all were chosen as they would see health benefits from a more active lifestyle.

Swansea City Adult Community Learning developed a five-week education and fitness programme. Fitbits were given to the patients to help them track their progress and learn how to use digital tools to monitor their progress. All of the patients had a positive response to the course and most went on to continue to use fitness apps and wearable trackers.

The **Powys Teaching Health Board** Pain and Fatigue Management Centre, based in Bronllys Hospital, offers support to people across Powys with long term health conditions.

Staff from the Pain and Fatigue Management Centre attended training from DCW on Health & Wellbeing Apps and Websites so they could incorporate digital elements into the two-week pain management programme. In addition, ten iPads were loaned to the team to use during the residential programme, so patients could learn how different apps and websites can help them manage their health conditions independently at home and how to find good quality health and wellbeing information online.

Although many people attending the residential pain management programme already had good IT skills, they weren't necessarily aware of all the resources online to help them. They were introduced to apps such as Breathe, Headspace and Calm, and also shown how to use tools such as popplet to monitor their pain levels.

A digital literacy session for participants helped them find and evaluate health information online, so they could critically assess the reliability and safety of advice from different websites.

Digital Communities Wales has worked across Wales before and during the pandemic to ensure everyone in Wales is able to access the benefits of digital infrastructure in health and social care, in a variety of different settings and ways. We would be delighted to continue to work with this Committee as it conducts its crucial work in holding the Welsh Government to account and developing innovative new policy in this area.