

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Cyllid](#) ar [Cyllideb Ddrafft Llywodraeth Cymru 2025-26](#).

This response was submitted to the [Finance Committee](#) consultation on the [Welsh Government Draft Budget 2025-26](#).

WGDB_25-26 (6) 15: Ymateb gan: Cynghrair Henoed Cymru | Response from: Age Alliance Wales



Age Alliance Wales
Considerations for the Welsh Budget
November 2024

1. Age Alliance

Age Alliance Wales (AAW) was set up in 2000 and is an alliance of 26 national voluntary organisations committed to working together to improve the lives of older people in Wales.

2. Background

Older People in Wales have faced significant challenges in recent years with the enduring impact of the Covid pandemic, the cost-of-living crisis and the squeeze on public finances.

Age Cymru's latest survey of older people explores these challenges in more detail. 51% of those surveyed said that their physical health is a challenge (an increase of 15% on last year) and 29% reported challenges with their emotional and mental health. 48% said that cost of living was a challenge.

Age Alliance Wales members are themselves experiencing challenges because of increased demand from the people that we support. The crucial role of the third sector in providing essential services and support, particularly in underserved areas cannot be overstated. Yet, many of us are struggling to meet demand with stretched budgets and it is important that these compounding challenges are considered in budget setting and decision making.

A key priority for Alliance members is social care. We recognise the additional funding that Welsh Government has made available to social care in recent years and the work that is underway to improve the recognition and reward of staff in the sector. We also recognise the long-term nature of the work to realise the vision for social care in Wales, however we are compelled to highlight the need for further investment to ensure the older people of today are supported to live with dignity and the support they need. The

further investment required extends to the voluntary sector and its role should be recognised and valued in the same way as other providers. Commitments to enable payment of the Real Living Wage should be extended to the funding made available to staff in the voluntary sector through all levels of commissioning.

3. Role of voluntary sector

We believe Welsh Government must recognise the important role of the voluntary sector in keeping people safe and well both in strategy and policy development and in budget setting.

Age Alliance Wales members deliver professional, high-quality services in communities across Wales, many of these could be upscaled or replicated to support more older people and to relieve pressures on statutory services.

Impact of local authority cuts on preventative services

Cuts to community services including transport, leisure centres, libraries, day centres, public toilets and reduced support to the third sector are already live issues across Wales. The erosion of vital community services isolates older people and can lead to a deterioration in physical and mental health.

Age Alliance Wales supports a realistic settlement for local government in Wales that reflects demand, and cost pressures and stops local authorities from having to make local decisions that have a detrimental impact on the lives of those in need of care and support, their carers and their families and that enables investment in longer term programmes of preventative support.

Prevention

Alliance members provide a range of services aimed at keeping people safe and well and minimising the impact of a range of isolation and loneliness, bereavement, health and care needs. These include programmes such as *Age Cymru Gwent's Respite Care Service*, *Carers Trust Wales Short Breaks Scheme*, *Age Cymru Falls Prevention initiative*, *Action for Elders Balanced Lives Programme* and *Hourglass Cymru Community Hubs*.

Investment in good preventative services, such as those above, will mitigate future costs considerably, as well as improving the lives of older people.

Programmes to help people stay at home and avoid re/admission

The voluntary sector plays a critical role in delivering services that help people avoid hospital admission altogether, or that support people when they leave hospital to avoid readmission.

Stroke Association: Life after Stroke Services

Life After Stroke Services are designed to provide the right support to ensure every stroke survivor makes the best possible recovery. The benefits of these services are wide-ranging, see Appendix 1 ([Appendix One](#)), an infographic showing the true story of a stroke survivor's journey following hospital discharge and what could have been provided with life after stroke support. The infographic shows that discharging a person without a support plan could result in a cumulative financial cost of more than £14,000 to the state - much of this caused by re-admission to hospital and additional primary care. However, that same person receiving life after stroke support had a total system cost of around £1,200 - a saving of at least £13,000 per person. We suggest that services of this sort should be better supported this will not only be of benefit to the individuals concerned, but also their carers and families, as well as those services which may otherwise be required to provide more costly, and potentially avoidable, interventions.

Care & Repair: Hospital to healthier home

Working in 17 hospitals in Wales, Care & Repair's Hospital to a Healthier Home Caseworkers identify older patients who have housing problems that may delay their return home. Care & Repair teams then work with patients and their families to carry out home improvements needed to enable quick and safe discharge. The service improves patient flow and reduces re-admissions.

The Hospital to Healthier Home service last year saved the NHS 24,624 bed days equating to NHS savings of £9.5 million. See Appendix 2 for further details.

Additionally, Care & Repair Cymru provides home adaptation services to improve safety and reduce fall risks, such as handrails and ramps, allowing older people to live independently for longer. The Rapid Response Adaptations Programme is particularly effective for fast-tracking essential home adjustments. During 2023-24 there were 19,023 Rapid Response Adaptations, supporting hospital discharges, and preventing admissions to hospital and residential care. A further 3,249 people with sensory loss, stroke and dementia were supported in the same period to adapt their homes and live independently through the specialist Managing Better service.

As a further evidence of the value of their work, Care & Repair Cymru participated in a research partnership with Swansea University's Medical School Data Science Unit. The resulting SAIL databank on their service and falls prevention found that once a fall patient had a Care & Repair intervention, they were 17% less likely to be admitted to hospital following a fall. In the first six months of 2024-2025 C&R prevented falls admissions equating to over 20,600 bed days for the Welsh NHS through its Rapid Response Adaptation Programme. This is in addition to the bed days saved through the Hospital to a Healthier Home service. (see Appendix 4)

Parkinson's UK Cymru partnership with Welsh Ambulance Service NHS Trust (WAST)

Parkinson's UK Cymru partners with Health Boards across Wales, and the Welsh Ambulance Service NHS Trust (WAST), to support improvements around time critical Parkinson's medication and other priorities as required. Patients with Parkinson's are at risk of significant harm if they don't get their medication on time, every time.

'On time' means within 30 minutes of the prescribed time. Even short delays can worsen symptoms. These can include rigidity, pain and tremors, increasing the risk of falls, as well as causing stress, anxiety and swallowing issues, increasing the risk of aspiration. However, Parkinson's UK Cymru's clinical audit shows that over half of people with Parkinson's in Wales don't get their

medications on time, every time they're in hospital. This leads to worse patient outcomes, longer recovery times and increased costs to the NHS (Parkinson's UK Cymru has evidence that it may cause up to a further, and unnecessary 25 days stay in hospital, with all of the negative health and budgets impacts that this entails). That is why they have the GIOT (Get it On Time) campaign.

WAST is committed to ensure that paramedics are introduced to a Parkinson's UK Cymru fact sheet, to understand the importance of Parkinson's patients taking their time critical medication on time, every time, when travelling or having to wait in an ambulance on their way to hospital.

4. Funding

We welcome the work underway to refresh the Third Sector Scheme. However, collectively we are struggling in the absence of its implementation, and we would wish to see it deliver in terms of both national and local funding streams.

We would also like to see more timely decision making around funding for the third sector.

Too many members are faced with situations where they do not have details on public sector funding that will be available to them next year. This threatens delivery as skilled and valued team members often move to take on more secure employment, we struggle to fill vacancies that become necessarily short-term in nature and more importantly it erodes our capacity to deliver which has a negative impact on the older people we are here to service.

This is not a new issue: members report receiving decisions after the start of the financial year. Some charities have taken decisions to close services as a result of delays to decisions.

The funds made available to the sector also need to cover the costs of delivery and to enable full cost recovery. We are still experiencing situations where the funds available are not enough to deliver the service and charities are expected to cover the gap with their reserves.

5. Impact of Westminster Decisions

Winter Fuel Payment

Westminster's decision to means test the Winter Fuel Payment by linking it to pension credit will make this winter much harder for the many older people who will struggle to stay fit and well in cold homes and for the services that will be needed to support them as a result.

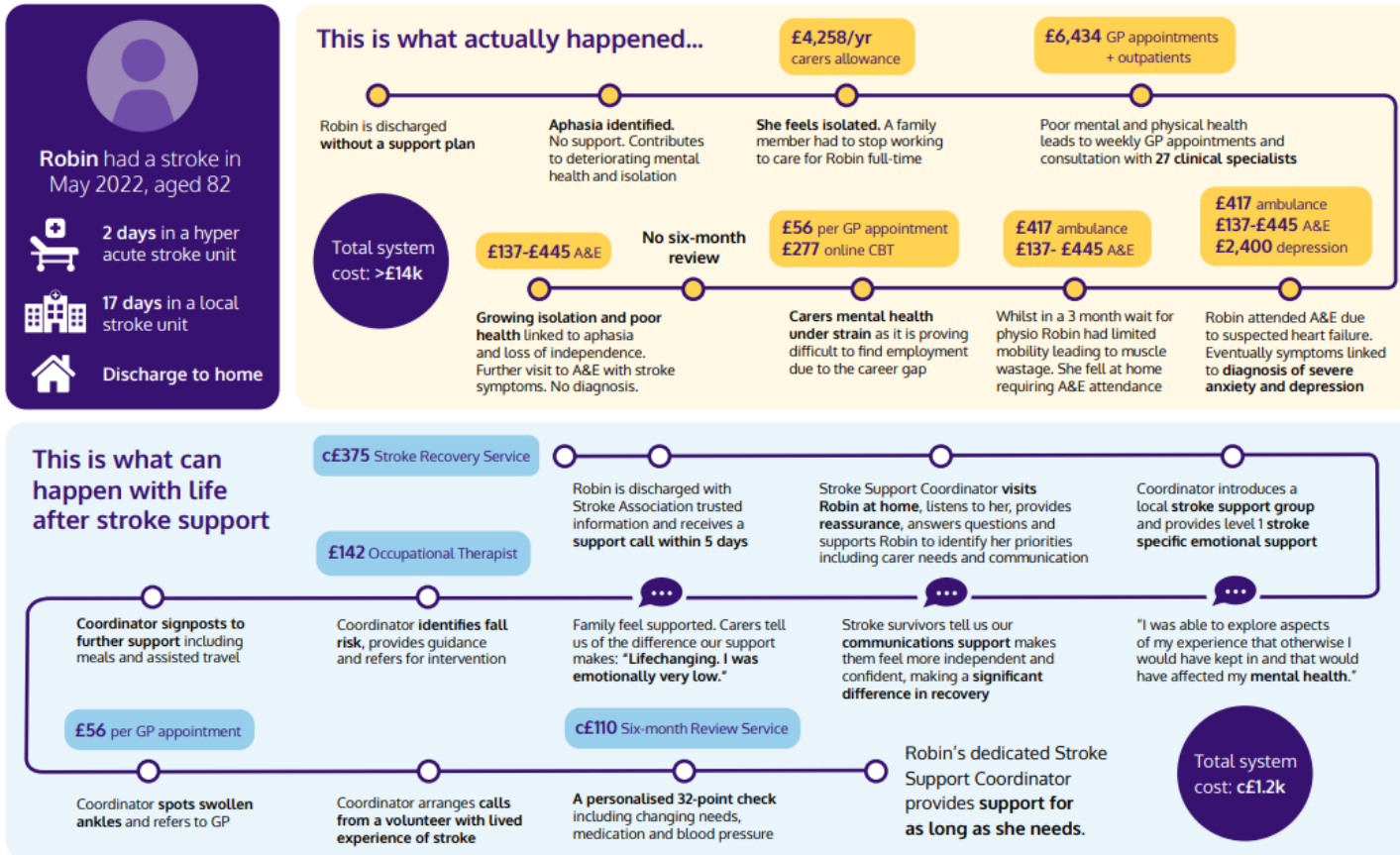
We would urge Welsh Government to support the services that have seen significant requests for support to help older people maximise their income.

National Insurance Changes

The increase in National Insurance contributions has a significant impact on many Alliance members. It is a cost that we cannot absorb without impacting on our service delivery; we are disappointed that only public sector delivery will be protected. We urge Welsh Government to factor this into its thinking when developing the Welsh Budget to seek to make provision to increase grants and contracts accordingly and ensure that funds are available to replicate this at a local level.

Appendix One

Comparing the **true story of a stroke survivor's journey** following hospital discharge and what could have been with **life after stroke support**



Costs of life after stroke services are indicative only. They vary according to local provision and need.

System costs have been taken from a range of trusted sources including National Institute for Health and Care Research, www.gov.uk, Kings Fund, National Cost Collection for NHS and www.sciencedirect.com. Published August 2024.

Finding strength through support

Referencing of indicative costs provided

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|--|--|
| Online CBT: £277 | Source: National Institute for Health and Care Research, NHS care can be improved while also saving costs, 23 February 2023 |
| Carers allowance, annual: £4,258 | Source: www.gov.uk/carers-allowance |
| GP and outpatients appointments with 27 clinical specialists: £6,434 | <p>£56/GP appointment x 1/month for 6 months Source: Kings Fund, Key facts and figures about the NHS. Accessed 25 June 2024) www.kingsfund.org.uk/insight-and-analysis/data-and-charts/key-facts-figures-nhs</p> <p>£226/average cost of outpatient attendance Source: 'National schedule of NHS costs, 2021/22'.tab: 'total outpatient attendance'. Accessed 27 June 2024 www.england.nhs.uk/costing-in-the-nhs/national-cost-collection/</p> |
| Ambulance: £417 | Source: Kings Fund , Key facts and figures about the NHS. Accessed 25 June 2024 |
| A&E assessment: ranges from £137-£445 | Source: Kings Fund , Key facts and figures about the NHS. Accessed 25 June 2024 |
| Cost per recovered patient (depression) c£2,400 | <p>Based on 2012 study looking at costs of the Improving Access to Psychological Therapies (IAPT) programme, now known as NHS Talking Therapies. It found that the cost per recovered patient was £1,043 (low intensity), £2,895 (high intensity), £1,653 (stepped down), £2,914 (stepped up) and £1,766 (All).</p> <p>The figure used of £2,400 is based on the £1,766 figure for all treatment types with Bank of England inflationary figures applied to May 2024. Source: https://www.sciencedirect.com/science/article/abs/pii/S0005796712001556?via%3Dihub</p> |
| Occupational Therapy: £142 | <p>National average unit cost for non-admitted, face to face, non-consultant, first contact.</p> <p>Source: Outpatient costs from National Cost Collection for NHS, 2022/23 data set accessed 24 July 2024</p> |
| Stroke Recovery Service: £375 Six-month Review Service: £110 | <p>Costs of life after stroke services are indicative only. The costs shown are based on the following assumptions:</p> <ul style="list-style-type: none"> • Recovery of direct delivery costs only, excluding new service start-up costs • National average mileage across Stroke Association commissioned services, calculating journey times using government figures for travel on urban and rural A roads • Mixed caseload – ie a combination of high, medium and low level support needs • Hybrid approach with 75% of stroke survivors supported having at least one home visit <p>Six-month review service - cost shown is to add this service to a Stroke Recovery Service. This is typically 25% lower in cost compared to commissioning a standalone six-month review service.</p> |

Appendix 2

HOSPITAL TO A HEALTHIER HOME

17 Hospital to Healthier Home Caseworkers,
working out of 17 Hospitals

Delivered by Care & Repair agencies across Wales



5027

Patients referred to the service.
We directly supported safe
hospital discharge of 4104



24,624

Hospital bed days saved to
improve patient flow, saving
the Welsh NHS over £9.5m



7561

Home improvements made to
remove health hazards at
home for patients costing
£1,764,277



7561

Home assessments to
prevent accidents at home
and reduce readmission



£2,224,746

per year put back into patients'
pockets in Wales through
welfare benefit checks

A partnership between



GIG
CYMRU
NHS
WALES



Care & Repair
Gofal a Thrwsio

Appendix 3



Medication for
Parkinson's is
time critical

Get It On Time -GIOT-



Parkinson's is a progressive neurological condition where the dopamine making cells within the brain gradually die.

Parkinson's is the fastest growing neurological condition in the world

In Wales there are c.8,300 people living with the condition.

There are over 40 symptoms of Parkinson's. They are motor, non motor and cognitive.

The symptoms someone might have, the order they appear and how quickly they develop will be different for everyone.



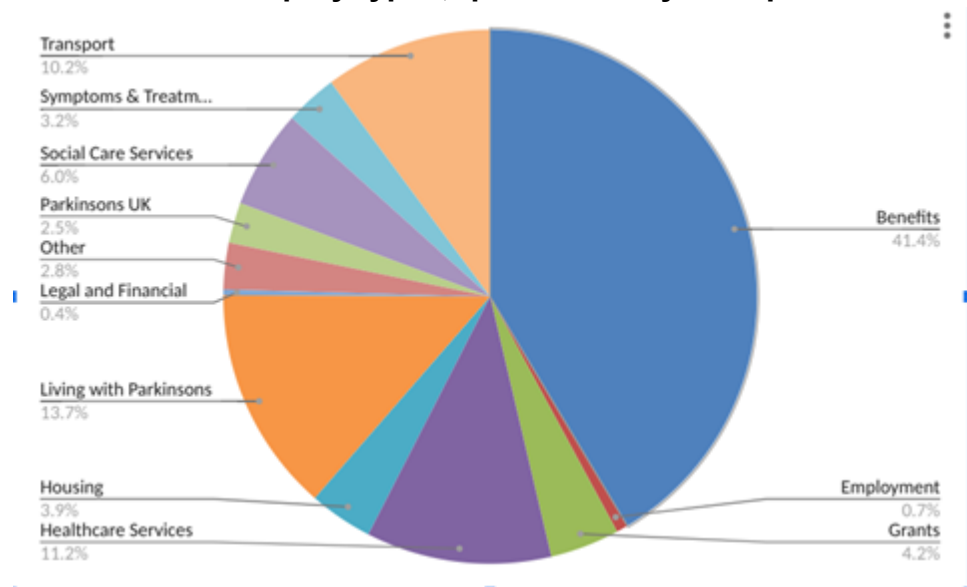
For many people, the condition can take years to progress to a point where it has a real impact on daily life.

One of our direct services. Parkinson's UK Cymru, Local Advisers:

Trained advisers provide information and practical support on all aspects of living with Parkinson's, such as:

- employment and benefits
- health and social care
- emotional support
- local activities
- signposting to other sources of information

Breakdown of enquiry types, quarter 3. July to September 2024



| | |
|-------------------------|-----|
| Social Care Services | 17 |
| Symptoms & Treatments | 9 |
| Transport | 29 |
| Benefits | 118 |
| Living with Parkinson's | 39 |
| Legal & Financial | 1 |
| Parkinson's UK | 27 |
| Healthcare Services | 32 |
| Employment | 2 |

Case study from Parkinson's UK Cymru (real names of staff, clients and facilities have been changed to anonymise)

Message from a husband/care partner to their Parkinson's UK Cymru Local Adviser:

Dear Linda,

It's that time of year when we reflect on the past twelve months. This year has been terrible for Paula and myself, but I just wanted to say that I appreciate beyond measure the support that you have given to me. Thanks to the Parkinson's Nurse of the Parkinson's centre in Gorseinon who introduced us, I have been helped through the most difficult period of my life.

I had thought myself to be a leader, since I have participated in the US Government's International Leadership Program following my work for the Secretary of State on the topic of Sustainability within the Public Sector. I have run my own business for twenty five years and advised on the reengineering of Theatres in the NHS, Recommissioning of Social Care and the transformation of scores of private companies, family businesses and charities.

But nothing has prepared me for the challenge of caring for Paula 24/7. I was a near complete failure and I was so emotionally and physically drained that I did not know what to do. Our Nurse was wonderful in introducing me to the Health Visitors and Social Care professionals who were all very supportive.

My issue was that with all help that could be provided I was still left to care for Paula at night and most of the week. On a good day she would say in the evening that she was lonely and bored! Following the respite for Paula, in Wales and Coventry she decided to go into care in the residential home in Coventry, but again I was lost about what needed to be done. I do not say this lightly but without your kindness, support and total professionalism I don't know what I would have done. Really Linda, I said this the other day to a manager at the home, your deep insight into Parkinsons and Dementia and wonderful empathy with Paula was for me a life saver. You went above and beyond to help with all the advice and support that made the transition possible.

I want you to know and Parkinson's UK, that I do not take this for granted, I am greatly humbled by my experience and thankful beyond measure for the help that you gave when I was so low, and I will never forget what you have done for Paula and myself.

Paula is settled in, but is sadly getting worse, I visit her every other week for three days and have to gauge what we can do on the day. But she seems a lot happier if I take her out for a good meal lunchtime. It's nice to be of some use at times! They are truly wonderful and kind and genuinely love her at Residential home and that is easy because she is a lovely girl and always has been and is worth twenty of me. I miss her deeply and every time I leave I am upset, but it is all for the best because I could not cope and she has music, or films, or singing or craftwork and visits to places. I feel great when I call her and she says that she is too busy to talk to me!

Linda, your profession is wonderful, you make a real difference in lives and you are a credit to your profession. Please forward this to Parkinsons UK if you wish to show the impact that you and they are having in the lives of those who have to live with the condition.

Best wishes,
Joe

Appendix 4



SAIL Databank and Care & Repair Cymru – Research Project

Care & Repair Cymru has participated in a research partnership with Swansea University, Medical School Data Science Unit, since 2017, transferring anonymised data from its national database, CARIS (Care & Repair Information System) to the university to match with data held by the Secure Anonymised Information Linkage (SAIL) Databank.

Research subject: *Safe in my own home? Investigating the impact of community home modification services on hospital utilisation for fall injuries: a controlled longitudinal study using data linkage.*

Research cohort: The analysis data set contained 655,671 people aged 60 – 95 who were registered with a Welsh general practice, of which 123,179 were Care & Repair clients (C&R), between 2009-2017. The project analysed the data cohort against data linked to incidence of falls, the Welsh Index for Multiple Deprivation (WIMD) and the Elderly Frailty Index (eFI); with quarterly observations pre and post C&R intervention. The eFI provided the basis for linking comparable data for C&R and Non-C&R clients.

The key project findings were:

- ♣ C&R clients had an overall higher risk of falling compared to the general, non-C&R population, which means on average C&R clients are more predisposed to falling due to health conditions and circumstances. The service is therefore well-targeted and is getting to the right people.

There was a 17% annual increased likelihood of a fall for the general group analysed.

Post intervention, the C&R client cohort did not see the risk increase annually as it did for the group that had not received a C&R intervention.

There was a 13% reduction in risk of someone receiving a fall following a C&R intervention, compared to citizens that had not had an intervention (therefore reducing hospitalisation and unscheduled care admissions).

There was a reduced risk of care home admission for people with a moderate or severe level of frailty who received a C&R intervention over 1-, 3- and 5-year time periods.

The SAIL report researchers observations were:

*“This service profile relating to ‘secondary falls prevention’ might well relate to service capacity limitations and the emphasis of statutory services (as referrer/commissioner) on reactive intervention. This also raises the question of the need for **greater capacity to address primary prevention** in those who are likely to be at risk of a fall in the future.”*

“The reduction in odds following a fall (after C&R intervention) is important in terms of post-hospital discharge recuperation and the stability required to introduce support for rehabilitation and rehabilitation services. In particular, the first year of recovery after a fall is where independence is threatened the most.”

“From a long-term policy perspective, it would be worth considering building additional capacity within the model to address early evidence of need, amongst the social priority groupings, that face a risk of falling. Thus, provide preventative interventions earlier in the life course, to those that pose greatest circumstantial risk as life transitions occur.”

See further detail: <https://popdatasci.swan.ac.uk/new-study-revealed-that-home-adaptation-interventions-help-to-reduce-emergency-fall-admissions-in-older-people/>

<https://bit.ly/33n0JGk>