

**Date:** **Wednesday 26 May 2004**

**Venue:** **Committee Room , National Assembly for Wales**

**Title:** **Review of The Interface Between Health and Social Care:  
A Response from Age Concern Cymru**

## **Introduction**

Age Concern Cymru is pleased to respond to the Health and Social Services Committee review of the interface between health and social care. Age Concern organisations in Wales combine extensive experience of service provision with a sound policy base informed by the views of older people. Derek Wanless' review of health and social care in Wales has clearly highlighted the need for a more integrated approach to tackle a range of problems, and not least delayed discharge from hospitals. His report recognises the valuable role the voluntary sector can play in working together with health and social care organisations in addressing these problems. In responding to this review we have therefore consulted with the 27 local Age Concern organisations operating throughout Wales to ascertain how well health and social care services are working together with each other and the voluntary sector in their localities.

## **Joint health and social care services working across Wales**

Many of the Age Concern organisations consulted felt health and social care services were working 'reasonably well' in their localities and some progress was being made in meeting the needs of older people. However, there now exist a multiplicity of partnership, strategy, consultation and liaison groups. Overload is a real problem for Age Concern organisations. While local health boards and local authorities have dedicated staff for planning and partnership work the voluntary sector has no additional staff and has to field staff from within its charitable resources. In addition there is not always a 'joined up' approach for implementing these strategies. For example in the case of supporting people, national and local housing strategies, health, social care and well-being strategies and the strategy for older people which all have a major impact on the lives of older people. The connections between the strategies are not always being made. The increased workload for Age Concern organisations in Wales

is putting many under considerable strain, with no additional funding being available to cover involvement in all the joint work that is currently taking place.

An Age Concern organisation working in South Wales felt that while there were good examples of joint working around such initiatives as intermediate care and rapid response this was initiative driven and not part of mainstream planning. Little progress was being made on integrated provision, pooling budgets and joint commissioning. Concern was expressed over what will happen when the funding for the initiatives ends. It was felt in recent years there has been no major step forward in mainstream provision. Another Age Concern organisation in mid Wales felt their area was about '20 years behind' a neighbouring English authority.

Across Wales Age Concern organisations felt that over the last ten years there has been a move away from the social model of care towards the medical model of care as community care funding has proved inadequate. The illness driven agenda has led to a move away from investment in low-key services and strategies, which promote long-term independence and emotional well-being. Consequently the Age Concerns felt there has been too great an emphasis on the health and social care element, to the detriment of the wider issues such as the built environment in general, communities, integrated transport and so on. It was felt that there is a danger that well-being and quality of life are not receiving enough of a focus. An example was used by an Age Concern organisation in North Wales of the unified assessment initiative, which was seen as largely driven by process and not by desirable outcomes. The Age Concern doubts whether unified assessment will make any real difference to the lives of older people.

Another Age Concern working in North Wales felt there were tremendous problems concerning the incompatibility between the IT of NHS Trusts and local health boards and social services, which made joint working difficult. These IT problems have been highlighted in the Wanless review. The Age Concern felt while all key players were agreed in principle to joint working it was not happening in practice. The local health boards in the area were both seen to be still in the settling in stages. One of the local health boards was seen as being reluctant to allocate money to implement the strategy for older people in the locality. This was mirrored by Age Concern organisations in West Wales, which felt the local health boards were reluctant to fund the voluntary sector.

Four Age Concern organisations working in mid Wales and West Wales felt that health and social care services were not working well together to meet the needs of older people in their locality. It was felt that there was no coming together between health and social care organisations. One Age Concern felt that the Local Authority and Local Health Board were failing to take a proactive role in meeting the needs of older people. The Age Concern felt it was just 'a lot of talk and no do' with gaps in provision going unmet. Another Age Concern commented on the reluctance of local health boards to form service level agreements with the voluntary sector.

## **Evidence of good practice in joint working between health and social care**

Despite the many criticisms about the limited joint working, most of the Age Concern organisations felt

there were some evidence of good practice in joint working of their localities. The following were the examples cited:

- Joint assessment/rehabilitation teams having been established in Conwy and Denbighshire.
- In one part of mid Wales the Age Concern had been invited to participate in the unified assessment process, which they saw as a 'genuine, positive attempt to get people involved.' However, an Age Concern organisation working in another two local authority areas had found the process of working on unified assessments a 'nightmare process' both confusing and lacking in strategic direction.
- A re enablement project in mid Wale was identified as positive joint working between health and social care.
- An Age Concern organisation working in South Wales has been successful in employing staff through flexibilities money to work on a dementia project. Two of the workers are placed in a social services team but are managed by the Age Concern organisation.
- More older people are being enabled to remain in their own homes in Conwy and Denbighshire.
- More extra care housing coming through in Cardiff.
- The commissioning strategy for older people in Cardiff, which is implementing the strategy for older people was cited as a positive example of joint working.
- Some examples of effective joint planning were noted in planning hospitals in Aberaeron, Cardigan and Tregaron.
- Joint planning for an integrated health and social care centre in Aberaeron (nearing completion) the scheme will result in all care partners sharing a new centre. Partners include NHS Trusts, the Local Health Board, Ceredigion County Council and the Community Health Council.
- Joint health and social services funding for Rapid Response Adaptations Programme administered through Care & Repair mentioned by Age Concern organisations in Ceredigion and Cardiff and the Vale.
- Age Concern Port Talbot cited their befriending scheme as a model of good practice in joint working. The scheme has been running for five years and deals with referrals from both GPs and Social Services. Throughout Wales numerous Age Concern organisations have established successful befriending schemes some of which tie in with the Community Legal Service partnership formal referral mechanisms.
- From across Wales some positive examples were given of voluntary sector hospital discharge services involving such organisations as local Age Concerns, Red Cross, and Care and Repair and Adref yn Saff.
- In Ceredigion Social Services fund the local Age Concern to supply a domiciliary care service for 300 clients. This is an example of good joint working, but the service is struggling on the funds provided.

### **Could working relationships between health and social care services be improved?**

It is evident that across Wales Age Concern organisations felt that working relationships with health and social care services could be improved. In some parts of mid Wales it was felt while the voluntary and statutory sector come together in a social care network it was all talk with no financial resources

committed to develop initiatives to meet the needs of older people. Across Wales it was felt that the lead bodies should be pump priming initiatives and pooling budgets to bring about positive change for older people.

## **Conclusion**

A joined up approach between health and social care in meeting the needs of older people is essential. The voluntary sector needs to be fully included in joint working as major service providers. Age Concern organisations in Wales provide a whole range of services for older people including hospital discharge, befriending schemes, domiciliary care, preventative health care, and advocacy. In some areas progress is being made in developing a joined up approach in meeting the needs of older people, but this is not uniformed across Wales. Clearly, the lead organisations need to be making more resources available to the voluntary sector to make joint working in health and social care provision a reality across all sectors.

Currently Age Concern Cymru together with the Chartered Society of Physiotherapy is seeking funds to commission research into intermediate care for older people. The research will explore what is happening with the provision of intermediate care in Wales, looking at how the key players are working together: detailing advantages and pitfalls of scheme development; how the schemes are being assessed by the users and outlining sources of funding for intermediate care. If we are successful in obtaining funding in the near future we will feed the findings through to this review.

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5/12/03