

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 71

Ymateb gan: | Response from: Age Cymru



Question 1: Initial priorities identified by the Committee

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.

Q1. Which of the issues listed above do you think should be a priority, and why?

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Each area included above is of great importance for the people of Wales. All of these priorities require considerable resourcing and attention in order to realise the improvements needed in health and social care over the term of the 6th Senedd. However, there are some specific details within these priorities we have identified through our ongoing engagement with older people in Wales where the attention of the health and social care committee would make a difference and which we believe require early attention.

Public health and prevention require attention considering the effects on people in Wales both individually and society as a whole. As all the priorities identified can not be addressed in the short term, it is vital that prevention is focussed upon to help people remain as healthy as possible. In light of the disproportionate effects of the pandemic on older people, it is vital that lessons are learned and planning is in place to prevent such damaging effects in the future.

Prevention and earlier intervention work is compromised when older people are unable to access primary health services. If people are unable to access care at the time they need it, their situation can escalate and require more acute interventions. Our *Experiences of people aged 50 or over in Wales during the Covid-19 lockdown, and the road to recovery* survey report¹ highlighted issues with access to health and social care, with GP services being the most frequent focus of more detailed responses. 40.5% of respondents had issues with accessing GP services and 6% responded that they could not access GP services at all. Some respondents either gave up trying, resorted to private health care or on occasion they needed a blue light response when they were

¹ <https://bit.ly/SurveyFindings>

unable to access NHS services. Issues are likely to remain related to this beyond the pandemic unless the backlog of patients' needs can be cleared.

Of those that had a negative experience of trying to access GP services, reasons given included how some GP practices still using outdated appointment systems requiring people to phone when the surgery opens in the morning in the hope of getting an appointment that day. For some this meant ringing every day, sometimes for weeks, before an appointment was available. Some responded that they do not feel comfortable with telephone appointments as they need to see the person who they are trusting with their health.

In Wales 52% of people over 75 do not have broadband access and many older people do not use computers and smart phones², so for some, digital technology is a major barrier. It is important that older people who are unable to use digital technology do not become digitally excluded from treatment.

Though many had issues, some respondents saw improvements to access through the use of digital technologies. They mentioned that once they got used to online access it was easier, they did not have to wait as long to have an appointment and that consultations generally happened on time. Changes to traditional forms of patient interaction that have happened through necessity through the pandemic should be looked at to evaluate which areas have proved beneficial and which have not. Areas that have helped reduce waiting times or benefited the patient in other ways should be considered for continuation.

Waiting lists for treatment were growing pre-pandemic and continue to grow. Hospital treatment services were of major concern to many respondents to our survey. They spoke repeated of cancellations and the additional stress of not knowing when treatment would happen. Respondents spoke of unmanageable pain levels, sleepless nights and worsened physical and mental health. The additional funding announced by this Senedd to address waiting lists will assist greatly but in practical terms, reducing waiting times will take time to achieve. It is therefore vital that those waiting for diagnosis and treatment have access to information and advice on safe exercise, healthy eating and pain management techniques to assist in reducing the symptoms of their condition whilst they await treatment. These 'pre-habilitation services' should be available through GP surgeries as these are where people approach first for their care needs.

The **Health and Social Care workforce** is a priority area for older people in Wales. Recruitment and retention issues within the social care workforce greatly impact older people. Age Cymru's Advice and Information helpline, our dementia advocacy services and conversations with colleagues across our sector all highlight the serious and detrimental effects that a diminished social care workforce are having on older people in Wales. Issues with time-based commissioning that is not person centred; reduced care packages through the pandemic; and lack of respite care all highlight the failure to date

² [National Survey for Wales, 2018-19: Internet use and digital skills \(gov.wales\)](https://gov.wales/national-survey-for-wales-2018-19-internet-use-and-digital-skills)

to translate the requirements through the Social Services and Wellbeing Act to provide care based on what matters most to the person being assessed.

- A relative was unable to get 3 hours of respite care per week, leading to the family looking at permanent residential care as a solution when they could no longer cope with their caring responsibilities;
- An older person who, after being in hospital for 5 weeks and now ready for discharge, was told that social care had a 7-week delay in sourcing domiciliary care, leading to high level mental distress for the person; and
- A local authority unable to source specific care needs from any domiciliary care provider for a service user when their usual care company's employee was away from work ill, leaving a highly vulnerable older person without vital support.

The announcement of this Senedd to commit to paying a real living wage to the wider social care workforce is welcomed, as this is one aspect of the changes that are needed to make a real difference to the quality and availability of care in Wales through a more stable workforce. Continuity of care from the same carer/worker is important to older people. However, changes realised through the introduction of the real living wage will take time to achieve and as ever it is important that existing resources are used to their greatest advantage. Public Service Boards and Regional Partnership Boards should fully involve older people in the development of recovery plans. Current arrangements for involvement require strengthening to ensure that consultation is not tokenistic and that older people from different backgrounds have the opportunity to be consulted on matters that are important to them.

Support and services for unpaid carers is of vital importance through the pandemic recovery period in recognition of the huge volumes of additional care responsibilities that carers have shouldered when other services have been closed, which has had a negative impact on both the cared for and unpaid carers. Too many carers and those they care for do not receive help until they are at crisis point, at which point their health, both physical and mental can become compromised. The additional funding announced in June 2021 will assist in addressing the immediate needs of older carers.

Our recent report "For the Moment"³ of survey responses from older carers showed that 89% of carers that responded to our survey said that they had not been offered a carers assessment and 48% said that they needed support. Our report showed that 60% were feeling stressed and 63% were more tired. 51% of respondents said that they had not tried to access support either because they don't know what's available, are reluctant to seek external help for either themselves or the person they care for, or don't have the time. 12% had given up paid employment to be a carer and 18% said that their caring responsibilities made it more difficult to do their job.

Arrangements for respite care vary across Wales. Knowing what is available and what will meet needs requires meaningful conversations between the carer, the cared for and

³ <https://www.ageuk.org.uk/cymru/our-work/carers/for-the-moment---summary-of-findings--from-older-carers/>

social care professionals. More needs to be done to ensure that carers are aware of what support is available to them.

National statistics from 2018/19⁴ (the latest available) show large variations in the proportion of people identified as carers that are assessed for their own support needs, and even larger variations in the number of carers assessed where the assessment led to a support plan. Variations do not appear to be linked to the levels of deprivation identified through the Wales Index of Multiple Deprivation that should indicate areas where health inequalities will be higher. Nor do they easily correlate with the proportion of older people in that local authority area where needs and carers needs are also likely to be higher. It is unlikely that there can be such large variations in the level of need across Wales, so this suggests that assessments for carers and the cared for are being missed for some that need it across Wales. Differences across Wales need to be examined and considered in social care performance measures and steps taken to address inequalities.

Access to services for long term chronic conditions is a priority for older people in Wales. Statistics for April 2021 show that of the 223,365 waiting nine months or more, 87,918 are for trauma and orthopaedics⁵. There has been an increase of 712% in patients waiting more than 36 weeks to start hospital treatment between January 2020 and early 2021⁶. The risks of musculoskeletal conditions rise in most age categories: 51.4% of those aged 55-64; 58.9% for those aged 65-74; and to 62.8% for those aged 75-84.⁷ Older people have told us of the extreme difficulties they and their loved ones are experiencing as a result of increasing waiting times.

Our recent report on older people's experiences of the most recent lockdown highlights issues that older people and older carers are facing with delays in hospital treatment.⁸ The majority of conditions that were identifiable through responses were for musculoskeletal conditions. Older people have told of the extreme stress of waiting and not knowing when treatment is going to start. They told us of how they are unable to sleep due to pain, some have been forced to access private services rather than wait for NHS services to reopen and others spoke of their reduced mobility and worsening mental and physical health because of the long treatment waiting times. Others told us of how delays in accessing GP services led to later diagnosis of serious MSK conditions requiring surgery. The pausing of elective orthopaedic services during the pandemic has resulted in many people with arthritis and musculoskeletal conditions waiting significantly longer for life-changing procedures such as joint replacements. Discussions with partner

⁴ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Adult-Services/Service-Provision/adultsassessed-by-localauthority-measure>

⁵ <https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/wales-waiting-times-april/>

⁶ <https://www.rcseng.ac.uk/about-the-rcs/government-relations-and-consultation/position-statements-and-reports/action-plan-for-wales/>

⁷ Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Institute for Health Metrics and Evaluation (IHME), Seattle, 2020

⁸ <https://www.ageuk.org.uk/globalassets/age-cymru/documents/covid-19-survey/covid-survey-report---english-final.pdf>

charities have highlighted cases of people are waiting up to 4 years for a hip replacement.

Many people awaiting treatment will have significantly poorer quality of life, some will be unable to work, some will be unable to provide childcare for their families and some will be at risk of losing employment whilst waiting for treatment. Increasing waiting times will have a huge effect on the wider Welsh economy. It is therefore vital that the Welsh NHS prioritises rebuilding capacity for elective surgery immediately. This needs to be upscaled from pre-pandemic levels as waiting lists were already growing. It is also vital to consider developing additional wrap around support for those currently waiting for treatment to overcome some of the negative effects of delays and assist with preventing more serious interventions.

Question 2: Key priorities for the Sixth Senedd

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?**

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

a) Health services

Welsh NHS needs to prioritise building additional capacity for elective surgery immediately. This needs to be upscaled from pre-pandemic levels as waiting lists were already growing. It is also vital to developing additional wrap around support for those currently waiting for treatment to overcome some of the negative effects of delays and assist with preventing more serious interventions. It is vital that those waiting for diagnosis and treatment have access to information and advice on safe exercise, healthy eating and pain management techniques for expected conditions that can be improved in these ways. This will help slow down any worsening of conditions and to reduce some of the symptoms of their conditions whilst they await treatment. These 'prehabilitation services' should be available at GP surgeries and health centres via a 'First Contact practitioner' type role as these are sites that people turn to first. Patients awaiting confirmation of diagnosis and treatment should have ongoing access to support that could be a combination of telephone, face to face and digital technologies according to which have been evidenced to produce the best outcomes for people.

The Health and Social Care Committee should hold a rapid inquiry into the impacts of the waiting lists and what actions are required to support people that are waiting for diagnosis and treatment. This should include an assessment of the addition volume of services needed through NHS Wales. It should also include consideration of how the third sector and other community groups can be supported and resourced to provide social prescribing services that not only support people to self-care to support their physical health, but also to reduce loneliness and social isolation that will assist in improving their mental health.

b) Social care and carers

Contracting arrangements for domiciliary care need to change to ensure that they are fit for purpose and are being delivered based on 'what matters to me' principles rather than time-based tasks as is currently the case across much of Wales. Older people report that carers are rushed and unable to provide quality care in the time that has been allocated to them. This form of commissioning is not meeting needs and potentially stores up greater issues for the future. This situation has been greatly exacerbated through the pandemic and there is much work to do to remedy this situation.

Delays in assessments and meeting those needs have long been issues and continue to stop people from leaving hospital when there is no longer a medical need for them to be there. It is unclear what steps local authorities are taking to address the issue of level of need outstripping demand for home care services, or how they are prioritising cases.

Local Authorities need to make additional efforts to clear the backlog of care assessments and provide care services based on assessed need. The recent announcement from Westminster of a health and social care levy suggests additional investment for the future and the additional funding that has been made available to social care from Welsh Government is most welcome. However, funding is not the only issue and with changing demography this is likely to only address a proportion of demand and a longer-term solution needs to be found. Local authorities need to be supported to improve the assessment process based on 'What Matters to Me' principles as well as making changes in how services are commissioned.

The Health and Social Care Committee should hold a rapid inquiry into the levels and impact of unmet need, the volume of unmet need that needs to be addressed and actions needed to address the backlog.

c) COVID recovery

Meaningful equality impact assessments should be conducted on any changes in service as part of covid recovery. These need to involve people with lived experience, including older people, to ensure that there are no unintended consequences of change. The Health and Social Care Committee should audit opportunities for older people to meaningfully be involved in Covid recovery plans.

Question 3: Any other issues

Q3. Are there any other issues you wish to draw to the Committee's attention?

Advocacy

Older people do not always understand what they are entitled to and what is available to support them through health and social care services. Knowing what you are entitled to helps an individual advocate for themselves in times where things do not go according to plan. One respondent to our survey said,

“It has been very difficult to access hospital services, and we are not able to self advocate I don’t think I would have been able to access them. Not everyone is able to do this, so this is a concern that people are being overlooked for treatment that they need.”

When a person is in crisis it can be difficult to communicate needs and some additional help can be needed. Though there are statutory duties to provide advocacy services to vulnerable groups, the volume of non-specialist and general advocacy service varies across Wales. The availability of advocacy should be examined across Wales to ensure that people are not disadvantaged by geography and steps should be taken to address inequalities. Advocacy services by their nature are perfectly placed to see where the pinch points in health and social care are. This knowledge can help decision makers see where services need to improve. Evidence from advocacy services should be used to assist in service developments.

Health and social care integration

Integrating health and social care requires further attention. To the person requiring care it doesn’t matter whether this care comes from health or social care providing that they receive the care and support they need. This separation of the two delays vulnerable people getting the support they need at the time they need it. Increased joint working that has happened in crisis through the pandemic should be looked to see which it is beneficial to continue and how that can be planned for better in the future in the event of another international crisis.

Publicity campaign

Given the huge pressures on health and social care, there is a need for the people of Wales to understand better the limits of what health and social care services can offer them, and what people can do themselves to improve their physical and mental health. A national cross-sector campaign is needed to help people understand how they can help themselves and where to go to get support with this. Age Cymru would welcome involvement in such a campaign targeted at older people.