

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 114

Ymateb gan: | Response from: Comisiynydd Pobl Hŷn Cymru | Older People's Commissioner for Wales



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?

1. Social care

The Commissioner agrees in principle with all the Committee's potential priorities. However, in the light of the UK Government's recent announcement about social care funding, she believes that the Committee should now bring together individual lines of inquiry into the social care workforce, organisational culture and staff wellbeing, evidence-based innovation in social care, and support and services for unpaid carers, into a wider inquiry to inform the future of social care in Wales. An additional line of inquiry on the rights of older people in care homes is set out in the answer to Question 2.

Now that the UK Government has announced its position on the funding of social care, Welsh Government must set out its own plans for reforming the social care system in Wales. The Health and Social Care Committee's scrutiny over this Senedd term presents an invaluable opportunity to think radically about how older people and others access the care and support they need, when they need it, to live independent, fulfilled lives as far as possible for as long as possible. A shift is required to ensure a social care system which places older people's rights – including fundamental human rights – at the fore in the delivery of social care, and to address the power imbalance between people who need and draw on social care services and those delivering or providing access to care and support services.

1.a Workforce

The Commissioner is very concerned by recent developments in some health boards and local authorities relating to changes being made to the way healthcare and social services are to be

delivered to older people and their carers, or not delivered at all in some cases, due to staffing pressures.

At the start of the pandemic, the Coronavirus Act 2020 modified duties in the Social Services and Well-being (Wales) Act 2014 to enable local authorities to temporarily change the way they delivered social care services to adults. However, any modifications were subject to stringent governance arrangements and, in the event, these provisions were not used. The Commissioner argued strongly for these provisions in the Act to be removed, and in March 2021 the Senedd passed Regulations to suspend them.

Whilst the Commissioner recognises the significant pressures that health and care services are currently under, she is very concerned that healthcare and social care bodies may now be introducing fundamental changes outside legislation, which may breach older people's rights, and also of course about the impact that these changes will have on older people and their carers.

Given the significant impact that any changes could have both on the health and wellbeing and on the rights of older people and their carers, the Commissioner would very much welcome a Committee investigation into the circumstances that have led to these changes, how a solution can be found in the short term and how social care reform can enable older people, their families and their carers to exercise their rights and to access the help and support they need.

1.b Carers

The Commissioner is very concerned that recent statements from several local authorities who are struggling to meet care and support needs due to staff shortages will have a further impact on already overstretched unpaid carers.

Whilst the power to modify the duties of the Social Services and Well-being (Wales) Act 2014 was not enacted by any Welsh local authority, many people have seen changes to their care packages, including the withdrawal of some services such as respite. The extent to which older people in receipt of social care and their carers have been impacted is unclear. Whilst data on such changes may exist at a local level within local authorities, the pause on national data collection in relation to social care as directed by the Chief Statistician for Wales means that the impact of COVID-19 on the delivery of social care will be less clear.

Research for Carers Week 2021 found 72%¹ of carers in Wales had been unable to take any breaks from their caring role since the start of the pandemic, while 76%² of carers said they were exhausted and worn out. The change or removal of care and support as part of a Care and Support Plan has a direct impact on the person providing unpaid care. This is further compounded by any change or removal in support provided to the carer as part of their own Support Plan.

Therefore, a line of inquiry on the extent to which carers, and those they care for, have been and are now able to access support (or care and support in relation to the cared for) during the

¹ <https://www.carersweek.org/media/u4jby32a/carers-week-2021-research-report.pdf>

² Ditto

COVID-19 pandemic, and the lessons to be learned for the future of social care, would be very welcome.

2. Public health and prevention

The Commissioner agrees that public health and prevention should be a priority for the Committee. This priority is timely, as 2021-2030 is the United Nations Decade of Healthy Ageing. The UN's areas for action are age friendly environments, combatting ageism, integrated care, and long-term care. The Commissioner's Age-Friendly Community of Practice is already sharing good practice and resources. It would be helpful for the Committee to ask how the Welsh Government and public sector bodies in Wales are taking forward this and the other UN action areas during this Senedd term.

In particular, the Commissioner is very concerned that the Welsh Government should take urgent action throughout Wales to improve the health and well-being of older people, which has deteriorated as a result of the Covid-19 Pandemic and its restrictions on activity and access to services.

In May this year, the Commissioner held a round table event for colleagues from the NHS, Local Authorities, and the Third Sector to discuss the needs of older people whose physical and mental health have been impacted by the Covid-19 Pandemic.

Participants agreed that, unless we marshal a co-ordinated, community-level response to the physical and psychological needs of older people who are largely silent in the community, their needs will not be met, and this will be catastrophic for them and for the health and care system.

After the meeting, therefore, in consultation with attendees and others, including Age Cymru, Age Alliance Wales, and the chairs of the national organisations of older people in Wales, the Commissioner developed a set of recommendations to the Welsh Government which she believes would constitute a high value intervention in the health of older people, reverse deconditioning, prevent further deterioration and save older people from entering the healthcare system unnecessarily. These recommendations have widespread support.

The approach is to take joined-up action at population level, community level, and individual level, through:

- At the individual level, the distribution of an information leaflet with information about sources of help and how to keep well during the winter months, to older people attending vaccination. Staff and volunteers from community organisations at vaccination centres will engage with older people about the support that is available and encourage them to take it up;
- At the community level, adopt, spread and scale Improvement Cymru's 'Back to Community Life' project across Wales, to identify older people who are vulnerable and in need, provide local information on sources of support and help, bring together support and community resources available locally to meet older people's needs; and ensure that NHS and social care services have information about sources of support to refer older people to;

- At the national level, remove the barriers to older people getting out and about in their communities, by: encouraging local government to review how age-friendly its communities are and make changes as needed. A number of local authorities are already doing this, and the Commissioner's Age-Friendly Community of Practice is sharing good practice and resources; Building the capacity of local voluntary and community groups to provide, develop and scale up services and activities which improve older people's health and wellbeing and can remedy deconditioning, deterioration in mental health, and isolation and loneliness; one-to-one advice, support and encouragement delivered through voluntary sector organisations to get older people on their way.

As we emerge from the latest phase of the pandemic, it is essential that the Welsh Government works with the public and third sectors immediately to ensure that the right support is in place at community level to address older people's physical and mental health needs, which may have changed significantly during the pandemic. The Commissioner believes that the Welsh Government should make available central funding and fast-track distribution to voluntary sector and community-based organisations with the pace and urgency which we have seen to be possible and effective over the course of the pandemic.

The Commissioner would welcome the Committee's scrutiny of how and whether the unrealised potential of voluntary sector and community-based organisations is being mobilised and supported to prevent and reverse physical and mental deterioration in older people.

3. Access to mental health services

The Commissioner strongly supports access to mental health services as a priority for the Committee.

According to the Equality and Human Rights Commission report *Is Wales Fairer?* published in 2018, the number of people waiting for mental health treatment had doubled in the previous six years in Wales, despite increases in funding.

In November 2018, the Royal College of Psychiatrists (RCP) published *Suffering in Silence*, a report on age discrimination in mental health services. The report highlights discrimination, infringement of human rights, unmet need and neglect of older people. According to the report: deep-rooted cultural attitudes to ageing are particularly evident in mental health; in the past 10 years the position of older people in mental healthcare has fallen behind that of younger adults, and services for older adults have been excluded from investment and have seen reduced resources in some areas.

Throughout its report, the RCP provides examples of what constitutes age discrimination within a service, which the Commissioner's office has collated and summarised as:

1. Direct discrimination:
 - a. Preconceptions, eg, depression is an inevitable consequence of ageing
 - b. Requirement to transfer service at a certain age, eg, 65, resulting in
 - i. Disadvantage
 - ii. Loss of relationships

- c. Inequitable distribution of resources, including through:
 - i. Perceptions, eg, that diverting more resources to younger people is more cost-effective
 - ii. Over-emphasis on Quality-Adjusted Life Years (QALYs)
 - iii. Long-term underfunding and falling investment
 - d. Denial of access to younger people's services that could meet older people's needs, eg:
 - i. Crisis resolution
 - ii. Home treatment
 - iii. Improving Access to Psychological Therapies (IAPT), due to preconceptions that:
 - 1. Older people are unsuited to the service
 - 2. Physical and social issues should take priority
2. Indirect discrimination:
- a. Failure to recognise changing need
 - b. People of all ages receiving the same services regardless of specific needs.

The pandemic and its associated restrictions have only exacerbated an already inequitable situation.

It would be very helpful if the Committee would use its powers of inquiry to: establish the post-pandemic supply of community mental health services for older people and their fitness for purpose; examine the extent to which ageism and age discrimination are limiting older people's access to appropriate services and make recommendations for how relevant bodies can eliminate age discrimination and ensure appropriate service delivery for older people as they build back better services.

Ideal outcomes would be:

- Culture change in health and care organisations, so that they no longer see mental illnesses such as depression as an inevitable consequence of ageing;
- Health and care organisations understand what constitutes direct and indirect age discrimination in mental health services and act to prevent it;
- Health and care organisations do not predicate service plans for the future on the discrimination of the past;
- Resources for mental health services are more equitably distributed across the generations;
- Older people receive the mental health services which are most appropriate to their needs;
- Mental health service commissioners and providers recognise people's changing and evolving needs;
- No-one is denied access to services which could meet their needs simply on grounds of age;
- No-one is required to transfer from one service to another simply on grounds of age.

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

b) Social care and carers

Rights of older people living in care homes

Throughout the COVID-19 pandemic, we have seen potential breaches of the human rights of older people living in care homes, including the restriction of contact with family members. Staffing capacity within many care homes has had a direct impact on the extent to which visitors to care homes can be accommodated and other forms of contact with family members facilitated (such as phone/video calls). Many residents are still unable to have the level of contact they want with their loved ones because of staff shortages within care homes, which is unacceptable.

Whilst social care legislation in Wales has sought to mandate a person-centric approach to the delivery of care, the COVID-19 pandemic has brought into sharp focus the lack of autonomy given to care home residents in how they are enabled to live their lives.

We would welcome a Committee investigation into the rights of older people in care homes as part of a wider scrutiny of the Welsh Government's plans for the future of social care.

c) COVID recovery

Question 3: Any other issues

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

Submitting evidence

Guidance on providing written evidence
