

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Gynllun Llywodraeth Cymru i drawsnewid a moderneiddio gofal a gynlluniwyd a lleihau rhestrau aros](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on the [Welsh Government's plan for transforming and modernising planned care and reducing waiting lists](#)

PCWL 09

Ymateb gan: | Response from: Y Groes Goch Brydeinig | British Red Cross



British Red Cross written evidence: Welsh Government's plan for transforming and modernising planned care and reducing waiting lists

About the British Red Cross

For the last 150 years the British Red Cross has been putting kindness into action. We have been helping people in Wales get the support they need, when they need it most. The British Red Cross has more than 19,600 volunteers in the UK and nearly 3,900 staff. We are part of the world's most wide-reaching humanitarian network, the International Red Cross and Red Crescent Movement, which has 17 million volunteers across 192 countries. The Red Cross has decades of experience supporting people with health and care needs when they return home from hospital, responding to UK emergencies from house fires to terror attacks, and supporting refugees and people seeking asylum.

The British Red Cross has a long history of working in partnership with the NHS, and we have seen a lot of good practice through our work. We have been supporting in various emergency departments across Wales since 2018, providing non-clinical, emotional support to patients. As a part of this service, we may also take people home and provide a short intervention which focuses on things like referrals to social services for care needs assessment, to support for home adaptations, to befriending type services. We recognise how hard NHS staff and volunteers are working, especially during the Covid-19 pandemic.

We welcome the opportunity to respond to the Senedd Health and Social Care Committee's request for written evidence on Welsh Government's plan for transforming and modernising planned care and reducing waiting lists (this will be referred to in the below submission as 'the plan'). This submission draws on our extensive experience as a service provider, working in partnership with the NHS and our growing research and evidence base into people's needs.

Summary

The British Red Cross welcomes a plan to transform planned care services and reduce waiting times. The principles within the plan are common sense, however, it could benefit from a greater acknowledgement of the role of secondary preventative projects to ease pressures on planned care, and the role that the Voluntary and Community Sector (VCS) can provide in delivering such preventative services. There could also be greater emphasis on the role that the VCS can play in alleviating pressures on waiting times and the NHS workforce.

The plan also needs greater consideration of the wider context of life in Wales. In particular, the impact that the pandemic has had on existing health inequalities, but also the impact that other frameworks that Welsh Government are putting forward, such as the all-Wales framework for social prescribing will have on planned care. It is important that these areas are considered as avenues with which to alleviate pressures on the healthcare system.

The plan could also benefit from further detail on timescales and the planned use of digital tools.

Summary of recommendations

The British Red Cross recommends that in ensuring the plan supports the delivery of sustainable health and social care services:

- The Welsh Government should recognise the VCS as a key health and social care partner within the plan, particularly in:

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- Providing secondary preventative support in the community so that a person's health does not deteriorate.
- Its ability to play a wider role in alleviating workforce pressures.
- The Welsh Government and other funding bodies commit to sustainable, long term funding sources in order to continuously fund integrated care programmes and preventative projects within the community.
- The Welsh Government recognise that services to address general lower-level needs¹ contribute to wider prevention efforts and that Welsh Government reference this more strongly in the plan.
- The Welsh Government should give further consideration to the role that hospital discharge plays in supporting sustainable health and social care services and patient flow within the plan.
- The Welsh Government should strengthen the commitment to address health inequalities within the plan through further detail on the socio-economic drivers of health inequalities.
- The Welsh Government develop a Cross-Governmental plan to address health inequalities which should outline the action being taken across all government departments, setting out how success will be measured and evaluated through shared performance measures and outcomes for all public bodies in Wales.
- The Welsh Government prioritises reform of social care to deliver high quality, more accessible services, and develop a long-term settlement to enable sustainable social care funding.

In order to meet people's needs, we recommend that:

- The Welsh Government use the plan on transforming care as a mechanism to ensure people receive one-to-one, tailored support through social prescribing services which are available to them until they regain their independence and are confident in accessing health services.

In relation to the timescales of the plan, we recommend that:

- The Welsh Government provides further information on timescales to deliver the plan.

In order to adequately reduce workforce pressures, we recommend that:

- The Welsh Government utilise 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' and the robust workforce plan to address gaps in the workforce and should include how people who are not registered as health and social care staff can assist with alleviating workforce pressures.
- The Welsh Government ensures that there is a blended approach to deliver planned services, including text, phone, video, email and in-person, to best meet all patients' varying needs and allow services to work efficiently and address inequality of access to services.

In providing information on the digital tools Welsh Government will use, we recommend:

¹ For the purposes of this consultation, lower-level needs refer to a situation where a person's condition is mild.

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- The Welsh Government provides further detail on the ways in which digital tools and virtual wards, will be used to drive service delivery and efficiently manage waiting times while still ensuring those who are digitally excluded are supported.
- In developing the provision of digital tools, Welsh Government should make it clear in the plan that lead staff members that support information sharing in each health board should ensure that data sharing protocols and IT services support the flow of information between acute and community hospitals as well as key providers involved in discharge.

Overall views

Balance between tackling backlog and building sustainable health and social care system:

Prevention

We welcome the plan's reference to prevention as a way of tackling the backlog and building a sustainable health and social care system. The British Red Cross supports the commitment to shift the health and care system towards prevention and welcomed 'A Healthier Wales' which put forward a whole system approach to health and social care and emphasises the importance of prevention and early intervention. However, in discussing prevention within the plan, it is important that the role of the VCS is referenced.

We recognise that prevention also encompasses preventing deterioration and reoccurrence (secondary prevention), as well as the primary prevention of ill-health. This is often achieved through practical and emotional support at home after the initial health crisis has hit, such as social prescribing and community connector support. Within our services, we have seen the range of positive impacts that social prescribing has in not only addressing loneliness and isolation, but in preventing escalation to other services. For example, our service evaluations² from our social prescribing in Pembrokeshire have highlighted the impact that social prescribing has on preventing reliance on health services. Our services help people to manage their own health as well as helping people to develop their own coping strategies. The VCS are also able to tap into its knowledge of community-based assets and support services to help to build people's personal resilience so that they can cope better with future crises and challenges they may face. Demand for health and social care provisions is likely to increase due to the impacts of Covid-19, so prevention, including secondary prevention, and early intervention will be vital.

However, in order to advance secondary preventative services, long-term funding is of fundamental importance. Our operational experience demonstrates that there is a lack of long-term funding provision. Short-term funding contracts lead to high staff turnover drawing focus to recruitment and away from quality of service for users. Therefore, we welcome the document's reference to investment in care closer to home and recommend that this includes funding a range of preventative services within the community. In addition, we also welcome the introduction of a five-year revenue investment fund in April 2022 and hope this best practice will be reflected in other funding streams.

From our operational insight, we are aware that tackling lower-level care needs³ acts as a long-term preventative measure. However, in looking for opportunities to develop services, we

² Evaluations from 2019/2020.

³ Where a person's condition is mild.

have found that in practice there is a lack of investment in addressing low level care needs in Wales. In turn, this is likely to result in people accessing services once their need is higher, putting a strain on the health and social services system. In addition, it should be recognised that proper focus on preventative services is likely to be more cost effective as needs are addressed before they become more complex. While the plan references low complexity interventions, such as cataracts, these are very specific examples and may fail to acknowledge wider lower-level needs that can be treated in the community. Therefore, in order to achieve the ambitions of the Welsh Government's plan and help to create a sustainable health and social care system, the definition of prevention needs to account for a range of low-level needs to ensure adequate investment.

The British Red Cross recommends that

- **The Welsh Government should recognise the VCS as a key health and social care partner within the plan, particularly in providing secondary preventative support.**
- **The Welsh Government and other funding bodies commit to sustainable, long term funding sources in order to continuously fund integrated care programmes and preventative projects within the community.**
- **Welsh Government recognise that services to address general lower-level needs contribute to wider prevention efforts and that they reference this more strongly in the plan.**

The role of hospital discharge

Another element to ensuring that the plan supports the delivery of sustainable health and social care services is patient flow through hospital, including leaving hospital. Our operational experience in helping people home from hospital and research such as *Listening to what matters*⁴ has emphasised the importance that leaving hospital at the right time with the right support in place has on maintaining independence. While the plan recognises the delays in discharge, its impact on bed availability and references the intention for discharge to become the default position post-treatment, the document does not acknowledge the role that effective and safe discharge has in helping patients to maintain independence and avoid readmittance. In addition, the plan does not acknowledge the community resources that will be needed to deliver on discharge as the default position. *Listening to what matters* highlights concerns raised by health and social care professionals that a seven-day service that exists in hospital does not exist in the community.⁵ This links to the recommendations in the above section which reiterate the importance on investing in projects within the community.

The British Red Cross recommends that

- **The Welsh Government should give further consideration to the role that hospital discharge in supporting sustainable health and social care services within the plan.**

⁴ British Red Cross (2022). 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales. Retrieved from: redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/placing-people-at-the-centre-of-hospital-discharge-in-wales

⁵ British Red Cross (2022). 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales. Retrieved from: redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/placing-people-at-the-centre-of-hospital-discharge-in-wales

Addressing health inequalities

In order to deliver equitable health and social care, it is important to acknowledge the health inequalities that existed before the pandemic and have been brought into sharp focus by Covid-19. The references to reducing health inequalities within the plan are welcome, however, the plan would benefit from further detail on how Welsh Government will address health inequalities. For example, there is no mention to the socio-economic drivers of poor health outcomes and little detail on the work of Public Health Wales, who have acknowledged influencing the wider determinants of health as one of their (PHW'S) strategic priorities. In addition, while there are intentions to explore access varying between specific characteristics or where a person lives, the proposed research to explore this further does not detail any time frames of analysis.

Therefore, the commitment to address health inequalities within the plan should be strengthened through further detail on socio-economic drivers of health inequalities.

It is important to note that health status alone does not contribute to inequalities in accessing quality healthcare, experiences of care and health outcomes. There are a wealth of other factors⁶, such as social connection, good work⁷, and transport. In fact, a growing body of research has found that wider determinants can have a greater influence on health than health care.⁸ Without concerted efforts to address these inequalities, the long-term social and economic impact of Covid-19 risks further exacerbating them. This is likely to have an adverse impact on building a sustainable health and social care system. A Cross-Governmental plan is needed to address health inequalities which should be introduced to complement other plans for health and social care such as the plan we are consulting on.

We support the joint call from over 30 organisations⁹ in Wales for a Cross-Governmental plan to address health inequalities which should outline the action being taken across all government departments, setting out how success will be measured and evaluated through shared performance measures and outcomes for all public bodies in Wales.

Pressures on the social care system

The plan highlights the significant pressures of the social care system, with increasing wages as one of the solutions. While this may be part of the solution, more needs to be done to ensure that we have a sustainable social care system. For example, our report *Listening to what matters*¹⁰ highlighted wider concerns around the ability of the health and social care system to deliver new hospital discharge practices which focus on home first principles that aim to free up bed capacity. In particular, concerns were raised around the availability of social care in the community which was seen to be as the result of insufficient resource in the social care sector to meet demand.

⁶ Health Foundation (2018). 'What makes us healthy? An introduction to the social determinants of health. Retrieved from: [health.org.uk/publications/what-makes-us-healthy](https://www.health.org.uk/publications/what-makes-us-healthy)

⁷ Work which provides stable employment, pays a living wage, and offers fair working conditions, work-life balance and career progression.

⁸ Institute of Health Equity (2010). 'The Marmot Review: Fair Society, Healthy Lives.' Retrieved from: [instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review](https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review)

Future Generations Commissioner for Wales (2018). Advice to Welsh Government on taking account of the Well-being of Future Generations Act in the budget process. Retrieved from: [futuregenerations.wales/wp-content/uploads/2018/12/2018-11-29-FGC-Budget-Recommendations-ENG.pdf](https://www.futuregenerations.wales/wp-content/uploads/2018/12/2018-11-29-FGC-Budget-Recommendations-ENG.pdf)

⁹ NHS Confederation (2021). 'Making the difference: tackling health inequalities in Wales.' Retrieved from: [nhsconfed.org/publications/making-difference-tackling-health-inequalities-wales](https://www.nhsconfed.org/publications/making-difference-tackling-health-inequalities-wales)

¹⁰ British Red Cross (2022). 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales. Retrieved from: [redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/placing-people-at-the-centre-of-hospital-discharge-in-wales](https://www.redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/placing-people-at-the-centre-of-hospital-discharge-in-wales)

Therefore, we recommend that Welsh Government prioritises reform of social care to deliver high quality, more accessible services, and develop a long-term settlement to enable sustainable social care funding.

Meeting people's needs

Ensuring that people who have needs come forward

As we adapt to Covid-19 longer-term, consideration should also be given to “hidden waiting lists”, which will be made up of people who have a health condition but have avoided seeking care or have not yet been referred for treatment because of the disruption caused by the pandemic. Therefore, it is positive that the plan acknowledges that individuals are yet to come forward and emphasises that communications will focus on encouraging individuals to seek help if they feel unwell.

In order to ensure that people who have health needs come forward, the role of social prescribing will be beneficial. In particular, insights from our research, *Fulfilling the promise*¹¹, found that some of the loneliest people are completely isolated from not only other people but services too. Therefore, social prescribing is particularly important for people who are chronically lonely to help them to grow the confidence and independence they will need to reintegrate with services. Therefore, we welcome the references to social prescribing and the introduction of the all-Wales social prescribing framework in the plan.

We recommend that in recognising the importance of social prescribing services, Welsh Government use the plan to ensure people receive one-to-one, tailored support which is available to them until they regain their independence and are confident in accessing health services.

Supporting people who are waiting for treatment

A critical aspect of improving access to services is investment in patient-centred care and communication. Therefore, we welcome the plan's reference to targeted patient communication which also acknowledges the need to cater for those who are digitally excluded and those with language needs. These considerations are important to support people who typically fall through the gaps in the healthcare system. Given that these groups may fall through the gaps, communications should be monitored to ensure that these service users are receiving the communication that they need.

We believe patient-centred care involves taking a holistic approach to delivery of care, considering patients at all stages of their treatment journey and prioritising clear, two-way communication. This is important so that patients feel that they are listened to and seen, which in turn reduces the anxiety and stress associated with waiting.

As well as communications around waiting times, support to wait well is valuable.

¹¹ British Red Cross, Coop and Kaleidoscope (2018). 'Fulfilling the promise: How social prescribing can most effectively tackle loneliness.' Retrieved from: [redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/fulfilling-the-promise-social-prescribing-and-loneliness.pdf](https://www.redcross.org.uk/-/media/documents/about-us/research-publications/health-and-social-care/fulfilling-the-promise-social-prescribing-and-loneliness.pdf)

British Red Cross Waiting Well Service

The British Red Cross has been working with the Welsh Government to pilot a waiting well support service in three health boards in Wales. The service will involve an offer of pastoral care in the individuals' own homes, initially on a face-to-face basis for up to six weeks, followed by a further period of telephone support for up to six weeks, dependent upon the assessed need of the individual referred.

The service will contribute to the continued well-being of the individual awaiting treatment from their local hospital(s) and will comprise of health and well-being checks and will alert the referrer should there be any change or deterioration. The service will continue to be available during the wait for admission and/or treatment and will link with and signpost to other services which may be able to provide any ongoing support either prior to or following treatment.

It is expected that having someone who is dedicated to the individuals' well-being as they continue to wait for treatment will lessen anxiety and assist in their day-to-day ability to function.

When referencing supporting people to wait well, Welsh Government should continue to acknowledge the role that the VCS can contribute to provide non-clinical support.

Improving patient outcomes

Ensuring those with the greatest need are treated in a timely way is important. Therefore, it is reassuring to see that this is one of the objectives of the plan.

In addition, from our operational experience, we know that listening to people's needs and what matters to them can make all the difference. Therefore, we welcome the plan's reference to what matters to the patient and its commitment to engage with people waiting for treatment to discuss whether the planned intervention is still suitable. It is also positive to see a £20 million a year investment committed to implement a values-based approach which focuses on improving outcomes that matter to patients.

It is important that commitments to improve patient experience are consistently implemented across Wales, with Patient Reported Outcome Measures (PROMs) and Patient Reported Experience Measures (PREMs) referenced in the plan being key to measuring patient experience.

Whether the plan provides sufficient leadership and national direction to drive collective effort, collaboration and innovation-sharing at local, regional and national levels across the entire health and social care system?

The national direction within the plan to drive collaboration is missing a few elements. In particular, collaboration with a range of sectors, including the VCS will be key in increasing capacity within the health and social care system. Reference to multi-disciplinary teams and the increasing development of the voluntary reservist NHS health support team within the document is welcome. However, when discussing outsourcing, the document does not mention the VCS. We believe there is an opportunity to harness the power of the VCS to create better outcomes for people, while also relieving pressure on the NHS and improving patient flow within and between health and social care providers across Wales. We do this through our direct work in health settings, but also through our wider preventative work which we have touched on in the above sections.

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We recommend that when considering collaboration and collective effort to address waiting times, the Welsh Government acknowledges the work of the VCS within the plan.

Are the targets and timescales realistic?

While the plan states that it will take the whole of this Senedd term to deal with the backlog, with some key dates for ambitions, there is no clear timeline on when steps identified in the plan will take place.

Therefore, we recommend that the Welsh Government provide further information on timescales within the plan.

Anticipation of variation

When planning to address needs, it is important to consider this at a local level, to ensure services are delivered in a way that serves the local population. However, while assessing need at a local level, it is fundamental that approaches are streamlined to a minimum standard to ensure that there is not a postcode lottery in tackling the backlog. Therefore, we welcome the document's reference to regional approaches but looking to eliminate variation and are eager to see how this is implemented in practice.

Financial resources

It is difficult to assess whether there is sufficient funding to deliver the plan without further detail on the plan and its timescales. Without this, it is hard to ascertain if funds allocated for each year are suitable. However, as above, we would like to reiterate the importance of placing funding on long-term footing through long-term contracts, to ensure sustainability of services, as well as the importance of investment in community services.

Does the plan adequately address health and social care workforce pressures?

While the plan references multi-disciplinary teams, there is no explicit reference to those who are not registered as health and social care staff, such as volunteers, which may aid capacity. This is also true of the 'Our Workforce Strategy for Health and Social Care' document which is mentioned in the plan.

We recommend that Welsh Government utilise 'A Healthier Wales: Our Workforce Strategy for Health and Social Care' and the robust workforce plan to address gaps in the workforce and should include how people who are not registered as health and social care staff can assist with alleviating workforce pressures.

It is positive that the section on the current health infrastructure references that some services will be supported by the third sector.¹² However, when the plan discusses community services, this does not seem to include the VCS. As discussed above, we believe that the VCS can help to alleviate pressures in the health and social care space, including for the workforce itself, through the provision of additional capacity to complement the work by health and social care workers. For example, in our Emergency Department Well-being and Home Safe Services we provide emotional support to patients, alleviating pressures on medical staff who can focus on meeting patients' medical needs. We believe that this demonstrates the potential for the VCS to complement clinical treatment by providing pastoral support to people.

¹² Note that we have referred to the third sector in this document as the VCS.

We recommend that the Welsh Government should invest in and recognise the voluntary and community sector to enable it to play a wider role in alleviating workforce pressures.

Is there sufficient clarity about how digital tools and data will be developed and used to drive service delivery and more efficient management of waiting times?

It is positive that the plan references a balance between digital tools and provision for those digitally excluded. In particular, we welcome reference to the use of a range of formats to communicate with patients. However, discussions around setting up virtual centres in rural communities as referenced on page 15 may fail to consider the digital exclusion that many people face in rural areas.¹³ Other groups, such as older people, also experience digital exclusion. For instance, 52 per cent of people over 75 do not have broadband access and many older people do not use computers and smart phones.¹⁴ It is important that people who are unable to use digital technology are not excluded from treatment options. In addition, it is important to note that many patients value face-to-face appointments and feel that remote consultations can lead to a lack of a personal or consistent relationship with their clinician.¹⁵

Therefore, we recommend that the Welsh Government ensures that there is a blended approach to deliver planned services, including text, phone, video, email and in-person, to best meet all patients' needs and allow services to work efficiently and address inequality of access to services.

The plan currently provides some detail on the ways in which digital tools will be used, such as for virtual appointments. However, further detail could be provided on how the planned care portal will operate. For example, work in Scotland has made clear that patients will be given a date range for their treatment while waiting.¹⁶ It would be useful to understand if Wales will be following a similar model.

Therefore, the Welsh Government should provide further detail on the ways in which digital tools and virtual wards, particularly the planned care portal, will be used to drive service delivery and efficiently manage waiting times while still ensuring those who are digitally excluded are supported.

While the plan discusses digital tools for patients, there is little reference to how digital tools will be used to aid communication between various health and social care staff involved in a patient's care. In practice, we have found that communication between professionals could be improved. For example, in our report *Listening to what matters* some participants shared examples of situations where important medical information was not shared between

¹³ Honeyman M, Maguire D, Evans H and Davies A. Cardiff: Public Health Wales NHS Trust, (2020). 'Digital technology and health inequalities: a scoping review.' Retrieved from:

phw.nhs.wales/publications/publications1/digital-technology-and-health-inequalities-a-scoping-review/

¹⁴ Welsh Government, (2019) 'National Survey for Wales 2018-19: Internet use and digital skills.' Retrieved from: gov.wales/sites/default/files/statistics-and-research/2019-09/internet-use-and-digital-skills-national-survey-wales-april-2018-march-2019-207.pdf

¹⁵ The Patients Association, 2020, 'Pandemic Patient Experience: UK patient experience of health, care and other support during the COVID-19 pandemic.' Retrieved from: patients-association.org.uk/Handlers/Download.ashx?IDMF=2fdaa424-8248-4743-a4d5-fe1d3f403d20.

¹⁶ The Times (11 May 2022). 'Website to show NHS delays.' Retrieved from: <https://www.thetimes.co.uk/article/website-to-show-nhs-delays-2d6m8fnl3>

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hospitals.¹⁷ This is an area where the use of technology could help to support effective communication of patient information.

Therefore, in developing the provision of digital tools, we recommend that Welsh Government make it clear in the plan that lead staff members that support information sharing in each health board should ensure that data sharing protocols and IT services support the flow of information between acute and community hospitals as well as key providers involved in discharge.

If you have any questions about any of the information contained in this document, or our further research, please contact Georgia Marks, Policy and Public Affairs Officer (Wales)

¹⁷ British Red Cross (2022). 'Listening to what matters: Placing people's needs at the centre of hospital discharge practice and policy in Wales. Retrieved from: redcross.org.uk/about-us/what-we-do/we-speak-up-for-change/placing-people-at-the-centre-of-hospital-discharge-in-wales