

Cyflwynwyd yr ymateb i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Cefnogi pobl sydd â chyflyrau cronig](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [supporting people with chronic conditions](#).

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WLGA response to the Health and Social Care Committee's inquiry into supporting people with chronic conditions

May 2023

About Us

The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales, and the three national park authorities and the three fire and rescue authorities are associate members.

The WLGA is a politically led cross-party organisation, with the leaders from all local authorities determining policy through the Executive Board and the wider WLGA Council. The WLGA also appoints senior members as Spokespersons and Deputy Spokespersons to provide a national lead on policy matters on behalf of local government.

The WLGA works closely with and is often advised by professional advisors and professional associations from local government, however, the WLGA is the representative body for local government and provides the collective, political voice of local government in Wales.

Introduction

When looking at the support needed by those living with chronic conditions it is easy to focus on the health care services that an individual receives. However, when you look at what actually makes and keeps people healthy the NHS plays a much smaller role than is often recognised. The most important aspects are things like high quality and affordable housing, access to green spaces and a good education that set people up for a long, healthy life.

When looking at these 'wider determinants of health', it is clear that local councils play a critical role. Councils have the power to invest in innovative and targeted services and opportunities to keep people healthy throughout their lives, and delay or even prevent the need to access the NHS. Given the crucial role that councils play in supporting the wellbeing of their communities we welcome the opportunity to respond to the Committee's consultation on supporting people with chronic conditions and being able to outline the essential role that council services play. There is a clear need to protect and invest in these services to be able to support people managing their conditions so that they can access the right care and support, in the right place, at the right time.

The role and value of local government

At the centre of every council's relationship with its local population is a commitment to improving people's physical and mental wellbeing. This is a tradition that can be traced back through the decades as local efforts have been brought together to improve the nation's wellbeing. At the heart of what local government does is supporting a better life for its citizens and helping to build strong and resilient communities, now and over the long term. People's lives are most acutely influenced at the local level – in their homes, at school, in their places of work and in their neighbourhoods. This is also where citizens are most likely to come into contact with services and support mechanisms to improve their lives. There is enormous potential, therefore, for local government, wider than just social care, to influence the wellbeing of its local population.

Wellbeing has often been seen as the remit of those concerned with health provision, but health services are primarily designed to treat illnesses, not to address the broader aspects of people's lives that create the conditions of wellbeing. Therefore, we need a health and social care system that looks after people and families as a whole, not just one that focuses on the health needs but one that considers all of the wider issues, in turn helping to build community resilience.

Building on this, the focus needs to be on developing future models of community-based support which take a 'whole-person' approach, addressing people's physical health, mental health and social needs together. These factors are often closely related and interact to influence health and wellbeing. Too often people with multiple health and social care needs often receive a very fragmented service, resulting in less than optimal care experiences, outcomes and costs. The first step in doing this is to understand the full range of a person's needs, and how these impact on their health and wellbeing. Helping people to access appropriate support to address these needs can be achieved through partnership working between different services in the community, and new workforce models to support this.

Wellbeing cannot and should not be the preserve of social care and support alone, or by working with health only. If people are to be helped to remain independent at home there needs to be the right kind of housing and neighbourhoods. If physical activity is to be encouraged there needs to be vibrant leisure and recreation amenities. In order to combat loneliness reliable transport links, a diverse and resilient community and voluntary sector, and comprehensive employment services are needed. To support people's mental wellbeing, safe and inclusive communities are needed. As part of this we need to ensure that the workforce, across local government, are upskilled to make this a reality. This needs to be everyone's business that their job is to protect the most vulnerable in our communities, as well as enhancing citizen's well-being.

Local government is uniquely placed to make these links but it still requires essential input from the local voluntary sector, the care provider market and its workforce and the local NHS who all have a clear and fundamental role to play in creating local places where wellbeing can thrive. It is precisely because this is a local endeavour that councils, as democratically accountable local leaders of place, are perfectly positioned to marshal all local aspiration and resources around a common vision for a population's wellbeing and independence.

This wider role of social care and local government services focussing on the wellbeing of citizens has been recognised in the Social Services and Wellbeing Act and the Wellbeing of

Future Generations Act. Central to this is the provision of early intervention and prevention services. Many preventative services, such as leisure centres, parks, adult education, youth work and community facilities are provided at the discretion of local councils. Unfortunately, in recent years it is these services that have faced the brunt of cuts to local authority budgets as statutory services such as education and social services have been protected. It is imperative that we stem the decline of local preventative services and that we find a way to make some significant investment into new or existing preventative services based in primary and community settings.

Pressures facing local government services

A survey of all 22 councils was carried out towards the end of 2022 in order to estimate the pressures in 2023-24 and 2024-25 based on local authorities' medium-term financial plans. Responses identified that cumulatively, the pressures building up in the system are starting to look potentially catastrophic. Recent experience tells us that pressures in local government budgets vary from anything between £250m to £300m in any one financial year. Even though pressures in the previous financial year were offset by a relatively generous settlement additional in-year pressures for 2022-23 amounting to £257m were identified. This becomes a cumulative pressure £784m by the end of 2023-24. The impact of rising inflation drives up the cost base up by £439m in the subsequent year, which gives a cumulative pressure of £1.23bn by the end of 2024-25.

Within social care the pandemic has exacerbated many of the existing challenges that we were already well aware of, including increasing demand for services coupled with increasing complexity, insufficient funding and significant workforce pressures and the survey responses indicate that social care is facing a considerable financial challenge in 2023-24 and 2024-25. The survey identified £95m worth of in-year pressures in social care with pay and non-pay inflation accounting for around £41m. Demand pressure in adults' services account for £25m and children's services account for £30m. Cumulatively these pressures rise to £256m and £156m in 23-24 and 24-25 respectively giving a cumulative total of £361m.

It should be noted that the pressures calculated are based upon maintaining working practices and core structures as they are at present and does not factor in the investment that would be required for policy implementation or any transformation of services.

Survey returns pointed to the fragility of the social care market and concerns over the long-term sustainability of the sector. Particular concerns were raised in relation to domiciliary care (both in house and commissioned). Some councils spoke of a lack of suitable providers impacting on the availability and provision of care packages with some seeing domiciliary care packages being handed back by providers. This has a wider negative impact on reablement provision, hospital discharges, prevention of admissions and responding to urgent need and some councils will inevitably face pressure to provide reablement provision if home care packages are handed back.

There are also increasing concerns for unpaid carers who carried out their critical role under severe pressure throughout the pandemic. While carer's services have continued to support people, there has been an increase in demand, with concerns that if unpaid carers are unable to continue to care effectively, then there will be increased demand for support placed on already overstretched services.

WLGA's recent [research in relation to local government's social care priorities](#) highlights that demographic change, and the acute pressures of the COVID-19 pandemic, mean that demand for social care services in Wales is increasing, and is likely to continue to increase for the foreseeable future. Conversely, the size of the working age population, from which social care workers must be recruited, is projected to shrink relative to the older population. Compounding this demographic shift is the decade of sustained funding cuts that have put local authorities under pressure to deliver more with less.

Recruitment and retention of staff is a significant risk within the social care sector. The research highlights that councils are reporting that staff feel undervalued, under-recognised, and under-rewarded, particularly in comparison with colleagues in the NHS.

More broadly, a key concern for many councils is around the future funding for social care. The research found that many councils feel pessimistic about the financial future of the sector with respondents to the research emphasising the need for investment, not just to increase pay, but to improve infrastructure and the support required for career development and gaining qualifications. While it was recognised that there is currently some funding available this is often difficult to apply for and report on and leaves local authorities lacking control over how it is targeted. This approach of having short-term pots of funding often with specific conditions lacks the stability required to plan and commission effectively and strategically over a period of several years.

The importance of reducing demand on social care services through prevention and early intervention programmes also came through strongly from the research. Central to this are the need for community-level responses and partnerships between local authorities, the community, and voluntary sector. Councils have long recognised that there needs to be an increased focus and investment on prevention and early intervention services. There is a clear awareness of the need for interventions at an earlier stage to prevent escalation of issues. Such an approach will lead to better outcomes and experiences for individuals and less pressure on social services as a whole. However, this requires significant investment into new and existing preventative services.

The case for change

Meeting the needs of people with chronic conditions and responding to individuals with multimorbidity, at the same time as the health and social care sector is caring and supporting more people than ever, will require continued investment in developing new models of care. These models must be person-centred, that is their care should be focused on the needs of the person rather than on the needs of the service, and co-ordinated across primary, secondary, community and social care. Fragmented care poses a risk to quality and safety; for example, if care is duplicated or omitted, or if the trade-offs that can be inherent in managing multiple conditions are not properly recognised. Integrating care can reduce this risk. Integrating care also allows the needs of people (not just clinical needs but social care needs, such as assistance with daily tasks or extra support on discharge from hospital) to be effectively coordinated by health and social care providers.

Local government is firmly of the belief that there needs to be a shift in focus across the health and social care system as a whole, from health systems centred around hospitals, to health and social care systems focused around communities and community services as defined in their broadest sense. Making community-based care the central focus of the

system requires a whole-systems approach to change, spanning hospital services, community services, primary care and social care.

Public health also has a crucial role to play in promoting health and being able to effectively target environmental factors and health behaviours that contribute to chronic conditions. In terms of the Welsh Government's agenda around wellbeing local government has previously argued that it would be an opportune time for a full examination of the creation of a public health improvement role located within local government and believe that there is still significant merit in considering this further. Locating appropriate public health functions in councils in Wales would give the public health agenda a new impetus allowing closer working with GPs and linking into the enforcement role that councils have in areas such as food safety. As is the case in England good public health, drawing imaginatively on all of local government's functions, could make a real, large-scale difference to: promoting the independence of people with long-term chronic conditions; preventing ill health and therefore to reducing pressures on social care and the NHS; improving people's lives and wellbeing and reducing health inequalities

Transforming the delivery of services is not something that can be achieved overnight and there needs to be realism about the time needed to transform services in the community and to achieve greater alignment with related services such as general practice, mental health, acute services and social care. This shift would also still require additional investment (including a long-term settlement for funding social care) and bringing about the shift from treating conditions to maximising wellbeing requires rethinking how this investment would be used to best effect. Maximum value of any new investment should be defined at the local level, with minimal top-down initiatives from government and the NHS and maximum input from communities, workforce, service users and patients.

2023 is likely to be another challenging year, with the cost-of-living crisis taking its toll on communities. Now more than ever, it is important that local government has the investment, recognition and support needed to take action to improve people's health and tackle health inequalities.