

Fourth Assembly Legacy / Etifeddiaeth y Pedwerydd Cynulliad

Evidence from RNIB Cymru- LGY 10 / Tystiolaeth gan RNIB Cymru - LGY 10

Fourth Assembly Committee Legacy

Your contact details

Name:	Emma Sands
Are you responding as an individual or on behalf of an organisation?	Organisation
Organisation (and role if applicable):	<p>Public Affairs Manager, RNIB Cymru</p> <p>RNIB Cymru is Wales' largest sight loss charity and works on behalf of over 100,000 people in Wales with sight loss.</p> <p>We provide support, advice and information to people living with sight loss across Wales, as well as campaigning for improvements to services and raising awareness of the issues facing blind and partially sighted people.</p>

Question 1

Thinking about the past five years, in your view:

- to what extent has the Health and Social Care Committee had an impact on health and social care in Wales?

1. RNIB Cymru believes that there is more to be done to achieve the level of scrutiny of relevant legislation to ensure that the level of Health and Social Care in Wales is fit for purpose to meet the long term social challenges within a context of rising costs, increasing demand, and an ageing population.
2. Whilst the Committee has carried out some important work into specific areas of health, there is not enough emphasis placed on the prevalence of certain conditions. As more people will be living with a number of health conditions simultaneously in the future, it is crucial to have a solid evidence base about the impact policies and proposed legislation will have on communities in Wales.
3. In the next Assembly, the process by which the committee identifies and develops its inquiry agenda needs to become more transparent and accountable; it is currently unclear whether the focus is to scrutinise and future-proof the policies of the Welsh Government, or to develop an evidence base which will ensure key health and social care issues are explored.
4. As with all Assembly Committees the need to be proactive in identifying potential issues for discussion remains extremely important and the following recommendation from the Third Assembly, should be enshrined into future arrangements:

“We feel that the successor committee(s) should consider implementing a system of ongoing engagement with the public, including a standing invitation to the public to suggest subjects for committee inquiries. In addition, we feel the committee’s forward work programme should be published, to allow stakeholders to feed into it.” (National Assembly for Wales,

Health, Wellbeing and Local Government Committee, Legacy Report, March 2011, p.16)

5. The Third and Fourth Assemblies have tended to be reactive to issues of interest or upcoming legislation and there needs to be some 'horizon scanning' of potentially relevant subjects to enable them to be addressed.

– what has been the Committee's biggest achievement?

6. Committee investigation into aspects of the Social Services and Wellbeing (Wales) Act and more recently the Public Health Bill, have intricately examined the detail and impact of the proposed legislation. However, the impact of these pieces of legislation on the health and wellbeing of people in Wales is likely to be over the longer term. Therefore, the Committee should lead the way in monitoring the effects of the new Social Services and Wellbeing (Wales) Act.

– if the Committee could have done one thing differently, what would it be, and why?

7. RNIB Cymru believes that the Committee could have undertaken an inquiry into eye health in Wales given that over 50% of sight loss is avoidable, yet as many as 1 in 10 people in Wales have never had an eye test.
8. An inquiry into the Welsh Government's Delivery Plan, 'Together for Health: Eye Health Care 2013–2018' and a scrutiny session on Welsh Government's delivery could have been an opportunity to understand and measure the impact of eye conditions and treatment provision across Wales.

9. As seen with the Cancer Delivery Plan Inquiry, the Minister for Health responded in detail to the recommendations of the Committee, and the Deputy Minister for Health debated the report in the Assembly, therefore such an inquiry could have greatly benefited the policy area of eye health. As the current Welsh Government plan runs until 2018, this could be potentially both a very powerful and influential inquiry to undertake in the new Assembly.

– has the Committee’s work struck the right balance between scrutiny of policy, finances and legislation?

10. The committee has undertaken a substantial amount of work within the Fourth Assembly which has seen a significant increase in legislation over the past two years. As outlined in question 1, RNIB Cymru believe that a future Committee should be more proactive in developing its role so that there are opportunities for investigating wider societal health issues in addition to its current role in reacting to subjects as they arise.

Question 2

Looking ahead to the next five years, in your view what will be the three biggest challenges for health and social care in Wales?

Eye Health

11. There are an estimated 106,000 people with sight loss in Wales. (Access Economics (2009), Future Sight Loss UK 1: the economic impact of partial sight and blindness in the UK adult population, RNIB)

12. It is projected that the number of people with sight loss will double by 2050 (Access Economics (2009), Future Sight Loss UK 1: the economic impact of partial sight and blindness in the UK

adult population, RNIB) and so there is a very real need to understand the nature of the challenge and the means of addressing the demands which will be put on health and social services over the medium to short term.

13. RNIB Cymru believes that everyone in Wales has a right to timely access to high quality specialist care including cataract surgery and NICE approved treatments for degenerative eye conditions.

14. At present the referral to treatment time target (RTT) only focuses on the initial diagnosis and first treatment. As most sight loss conditions are degenerative, but therefore treatable and blindness preventable, it is a clinically led target which is required with follow up treatments built in.

15. RNIB Cymru recognises that the Welsh Government has placed a higher priority on ophthalmology over the past year, however, we believe a clear thematic review would focus work in the years ahead to ensure the system is robust, reporting and IT systems are in place to monitor patients' journeys through the health service, and allow patients the chance to receive timely and appropriate treatment.

An ageing population

16. The issue of an ageing population is particularly pertinent when considering sight loss. Currently 1 in 3 of those over the age of 75 have sight loss and by the age of 90 this rises to 1 in 2 (Access Economics (2009), Future Sight Loss UK 1: the economic impact of partial sight and blindness in the UK adult population, RNIB)

17. RNIB Cymru recognises the increasing pressures on budgets

across the health sector, but is concerned that health priorities need to take into consideration the fact that as people age, the number of people living with more than one condition increases and means that they require more support from the health service and social care services.

18. It is integral that health and social care services are equipped to deal with people who have more than one condition, as well as helping people with sight loss to live independently. If people with sight loss are not supported, the cost of sight loss to the health service will increase significantly over time.

19. RNIB Cymru would like to see health services in Wales deliver excellent services for people with sensory loss. At present there is great commitment from Welsh Government around the area of accessible information, communication and the built environment, with the launch of the All Wales Accessible Healthcare Standards by the Health Minister in 2013; however nearly two years on, the standards are still not implemented fully. The joint report between Action on Hearing Loss, RNIB Cymru and Sense in December 2014 showed that many people were still experiencing difficulties in accessing information in their preferred format or being able to access instructions on their medicine. (One Year On, the All Wales Standards for communication and information for people with sensory loss, December 2014, RNIB Cymru, Action on Hearing Loss Cymru and Sense Cymru, accessible from the following location:

http://www.rnib.org.uk/sites/default/files/One_year_on_report%20-final.docx)

20. RNIB Cymru support public organisations to deliver improved services for people with sensory loss through our own accredited

programme 'Visibly Better'. (Information accessible from the following location: <http://www.rnib.org.uk/wales-cymru-how-we-can-help/designing-accessible-housing-and-buildings>) This programme highlights actions that organisations should take to ensure their services and environments are fully accessible for people with sensory loss.

21. The Health and Social Care Committee could take evidence on how these standards could be applied across the health service to inform and improve services for people living with multi-sensory impairment and other age-related conditions.

Social Services

22. An important part of the work of the Health and Social Care committee in the next Assembly will be ensuring that the Social Services and Wellbeing Act leads to the stated Welsh Government policy outcomes and monitoring any unintended consequences.

23. RNIB Cymru remains concerned about the impact of the eligibility regulations on people with sight loss. As the regulations stand, the eligibility assessment relies on a range of preventative services available within the community; yet it is not clear what sorts of services these will be, and we are not convinced there are sufficient services to meet need, or indeed that the services will always be available due to changing financial situations across Wales.

24. RNIB Cymru also raised similar specific concerns about the lack of clarity on the future of rehabilitation services for people with visual impairment in Wales, which makes it difficult to assess the impact of proposed eligibility regulations.

25. Whilst we have been pleased to hear that the Minister for Health, Mark Drakeford has taken on board our concerns and will be reviewing both of these issues, we believe that the future Committee can play a key role in the scrutiny of these services.

26. We support the Health and Social Care Committee's recommendations to amend the code of practice to clarify duties on local authorities (Letter to the Minister for Health and Social Services from the Chair of the Health and Social Care Committee, 7 July 2015) and believe that any future Committee will need to ensure that the regulations are subject to regular scrutiny to ensure that they are fit for purpose.