ADSS Cymru

Leading Social Services in Wales

Yn arwain Gwasanaethau
Cymdeithasol yng Nghymru

Parliamentary Review of Health and Social Care Wales –Call for Evidence Contribution from ADSS Cymru

Authority	ADSS Cymru
Completed by	Dave Street
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Priorities for the next 10 years

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Changing the culture

- Shifting from reactive to prevention means:

    – Anticipating the medium-term future

    – Acting quickly

    – Ensuring robust accountability

    – Having sufficient well trained, compassionate and motivated staff doing the job

- It means greater alignment of vision, actions and behaviours (national, regional, local and agency)

- It is disappointing that there has not been greater participation and involvement from the social care sector in the Review team. The predominance of Health Professionals only serves to serve the perception of business as usual

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Over next 5-10 years what should health and social care services prioritise to ensure a sustainable approach to improved outcomes and best value in health and social care in Wales?

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Dementia

Investment in and development of a 'whole systems' community based approach to dementia services – involving families, friends and local communities

Tackling the stigma around mental illness and dementia must be given greater prominence with sustained development of dementia capable services including

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Looked After Children

Improving practice across health, social care and education

Local authorities and Local Health Boards have statutory duties to safeguard and promote the welfare of children that are in their care

The number of looked after children has increased steadily in recent years. This trend has been accompanied by increase in care

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Sustainability & Community Resilience

a local approach is needed to support communities to thrive, be more sustainable.

People living in communities can with coherent support create the right conditions for improvement in physical, emotional and general wellbeing by being connected and engaged.

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	memory Clinics, carers/workers, working in non-clinical settings.	proceedings following the death of baby Peter Connelly While many children enter the care system for a short period, some remain in care for far longer.	Every place will have a different geographical, social, economic and demographic set which means that a local approach is needed to support communities to thrive and be more sustainable
	The medical model of for intervention tends to constrain care planning to measuring and focusing on decline rather than on strengths for the person. It can also contribute to stigma and the negatives associated with diagnosis. It needs to change	Although looked after children and young people have many of the same health risks and problems as peers, the extent is often exacerbated due to their experiences of poverty, abuse and neglect.	
	Changing the language could also reduce stigma.		
	Early support can help symptom management, maintain functional abilities, and enhance the family's ability to provide care at home for as long as possible.		
	Stigma gets in the way.		

Why are these priorities important locally?

Service strengths, opportunities and Improvement

What do you value about the service you deliver now?	There is much to celebrate – but no reason for complacency
	The approach defines a person's strengths, and attempts to develop an understanding of how to work effectively with that person in ways that empower, reassure and avoid negative stereotypes.
	The Social Model is empowering to those caring and those people with dementia because it builds on strengths and can help to deliver well-defined strategies that enhance quality of life
How could service/s be made better?	Ensure that that we all understand what 'good' services look like.
	Having more community health services co- located alongside social care services in local authority led settings would enhance

	their effectiveness, such as community nursing and therapy services.
	Guaranteeing that all staff –(health, education, housing and social care) - working with children, young people, vulnerable adults and their carers have the knowledge, skills, attitudes and values, for improved outcomes, enabling people to achieve their full potential.
	Addressing the challenge of a social care workforce in crisis – by improving recruitment and reducing turnover

Service Strengths

What is working well?	Local authorities have a good and in many cases excellent track record of managing budgets well and of delivering challenging and necessary modernisation change programmes through painstaking and careful work with communities. Health Boards clearly do not. This is very relevant context to any consideration for change.
	Social services has a very tight and challenging inspection and regulation regime which drives high standards and exacting levels of accountability with officers and members. Health inspection seems much more low key and it is not clear that the same improvement journey is as well monitored or documented
Local examples of innovation and good practice	There are a good number of community based preventative and early intervention based services in the community, led within authorities which have been very effective in responding to key social issues , effectively and with evidence of impact. Flying Start and Youth Justice MDT teams have been very effective in rending to community needs. IFSS teams have also been effective, and are good model on which to build.

Promoting cultural change

What could be improved in current systems?	Culture is unlikely to change if we simply tinker around the edges.
	Learning from effective Intermediate Care Fund services supporting the development of community based effective community response teams, have appropriately rebalanced the inevitable sucking of resources to the acute settings in health economies, which is contrary to the desired strategic direction. We encourage our citizens to be self-supporting in communities, so we should locate our services in communities to respond to these needs.

What needs to happen to enable change?	Public health services clearly have some much in common with Local authority needs led approaches and would be enhanced if they were located in Local authorities as is the case across the border of course. We need raise our collective ambition for vulnerable people, children and young people for people and better support the vast army of unpaid carers, without who's commitment the social & healthcare system would collapse.
What would be the benefits this change in terms of improved outcomes?	The transfer of significant resources from high cost secondary care to primary health and social care would help to resource the political commitment, within the Social Services and Wellbeing (Wales) Act to prevention, early intervention, well-being and the sustainability of community support.

Co-production/design

What needs to change to ensure that co-production or co-design is routine in health and care	Transforming services to better meet people's needs, requires visionary, passionate leadership along with a seismic change in prevailing cultural. Full structural Integration is not the panacea.
What needs to change to ensure services that people are better able to stay healthy or manage their condition?	Caring for an aging population, supporting families We need strong resilient communities and local political accountability, not new silos made from bringing traditional functions together Concerted effort, collaborative working and willingness to challenge and to be challenged must be the basis of the future. This means: • Increasing capacity to deliver personalised services • Using collective skills & resources better • Release the untapped capacity in our workforce • Rethinking service design • Supporting and empowering communities

Community and localisation

Do agree that the strategic direction of increasing primary, community and social care in local communities is the right approach to better meeting the needs of particular populations?	Yes
Why do you agree that the strategic direction of increasing primary, community and social care in local communities is the right approach	Size is an issue! The size of Local authorities with a close connection to local communities works much better in the delivery of health and social care services which inevitably have close connections to citizens and communities. The size of certainly the 2 bigger Health boards, North wales and Gwent means their remoteness is a problem, preventing effective

	community engagement with the management of change and indeed this has been recognised recently in BCUHB in North Wales, with the establishing of 3 area directors on a much smaller footprint
	ADSS Cymru believes that improving the health and wellbeing of local communities can be achieved most effectively when public services act locally together within a coherent framework for concerted action
	Homes of vulnerable people may will need to be adapted to enable them to stay safe, mobile and independent for as long as possible.
	There is rightly much emphasis placed upon how care and support is delivered. The quality of the estate and the environment in which care is delivered care, can also make an enormous difference: • Building layout can make an immense difference in people's quality of life • Design can reduce the impact of disability, including dementia, and help people live more independent lives. • The sensitive use of colours, textures and design can help to reduce confusion, isolation, and anxiety, and help people live well with dementia

Integration

What do you understand by integration?	As stated above full structural Integration is not the panacea for all ills.
	People benefit from care that is person-centred and co-ordinated across mental and physical health and across health and social care. For care to be integrated, organisations and care professionals need to bring together all of the different elements of care that a person needs.
	We do need integration, but it should be in terms of shared values, vision and outcomes – co-production in other words
What steps are needed to further integrate services?	There is benefit in collocating some teams, but the benefits of integration, needs to be clear from the very start and must not simply the flavour of the month!!

Prudent Health & Social Care

What do you understand by Prudent Health Care?	Healthcare that fits the needs and circumstances of patients and avoids wasteful care
What steps are needed to ensure the principles are embedded in routine practice?	Prudent Health & Social Care means: • People and professionals as equal partners • Using the skills and resources of health social care and communities for prevention, reducing demand, increase sustainability and meet need efficiently, effectively and consistently.

	• Empowering people and carers and communities with information and, when necessary providing support and encouragement • Setting agreed standards for practice, covering risk, duties and responsibilities • Prudent health care can be another word for neglect of duty • Strengthen the voice of the most vulnerable through non-instructed advocacy ensuring no harm is done Cultures will need to change – to ensure the rights of individuals are accepted and practice is not 'risk adverse'

Workforce Challenges

What actions are needed to ensure services have a sustainable workforce for the future that matches the strategic direction?	Adult social care is a growing sector, and it is vital to have skilled and trained people doing the right jobs, resulting in improved quality of care and life for those using care services. An aging population has resulted in an increased demand for social care staff which is increasing year on year. Along with an increase numbers, changes in acuity means more complex needs and more intricate skills required from workers on the frontline. Domiciliary care workers are often on minimum hour contracts, paid at the level of the living wage or just above, must provide a car or use public transport and work from the early hours to late evening and in many cases as a loan worker. This is a generalization, but low levels of unemployment mean that providers are increasingly having to compete with other employers offering better working conditions, improved financial rewards and less complex demand. It is not surprising under these circumstances there is turnover in some parts of Wales of above 30% per annum. The solution is not complex: • Value the work by frontline carers • Improve pay and working conditions • Improve training • Joined up approach to workforce planning

Barriers to improvement

What do you see as barriers to improvement?	Limiting factors in the potential for improvement is that the values, principles and mandates of some stakeholders can sometimes be unclear. Each stakeholder will belong to a specific sector (health, , local government, , law enforcement, third sector etc.) and each will approach, prioritise and act on issues in

	very different ways. Trust and recognition of each other's different roles is essential.
	A further obstacle to a coherent approach to improvement is the potential for significant power imbalance between stakeholders. Externally driven solutions are generally unsustainable. Local ownership and meaningful partnership and communication between stakeholders is critical to success but also very difficult to achieve. If left unchecked, powerful agencies can dominate the stakeholder relationship. Local stakeholders must own and lead service improvement and should be held accountable to the local population.
How could the barriers to improvement be overcome?	The implementation of the Social Care and Well-being (Wales) Act is challenging for all in the sector and no single local authority or agency can manage it alone.
	Delivering better outcomes for citizens requires more coherent services across health, social care. A focus on coherence will help us to deliver the key changes and improvements that we have all agreed to in the Act.
	Lack of coherence among diverse stakeholders will result in working at cross-purposes, competition for funding, duplication of effort and sub-optimal economies of scale.
	Coherence is the key to transforming the service experience for citizens
	A coherent approach involves considering the barriers to effective service at every level. It involves identifying and tackling performance that negatively impacts on performance of the 'whole system'.

Other matters needing to be raised not addressed in the questions above:
Personal responsibility for health and well-being sits well with local authorities and the alignment of health and social care with education and schools has a natural community connection which is going to take these messages of positive personal responsibility forward more effectively
Local authorities have much greater expertise regarding commissioning and have efficient charging arrangements which maximise the impact of the public pound, therefore it makes sense to increase the service offer in a local authority setting, with community, nursing, therapy and public health services being prime candidates.
Housing & Accommodation
People who are unable to access safe, secure, affordable and appropriate housing will have both a reduced quality of life and an increased need to access other social and health support and treatment services.

The lack of adequate and appropriate housing will directly result in increased costs in health and social service sectors. It is becoming increasingly clear that investing in housing services for the high health risk populations is a critical element of a fully functioning health and social care service delivery system.

There is a lack of available supported housing for seniors which is purpose designed to support aging in place, is affordable and is linked to a broad range of support services (e.g. housekeeping, meal service, emergency monitoring and response, recreational services and laundry).

Extra- Care

- One of the original features of 'extra care' was a mixed and balanced community, with 33% of tenants requiring substantial care and support, 33% requiring limited support and 33% requiring no support at all. As tenants and owners age, the balance changes or possibly disappears. At the same time, commissioners expect 'extra care' to be able to provide for and respond to increasing numbers of older people with complex conditions and increasing frailty.

- Housing options with these elements (e.g. congregate housing) are available at market rates for seniors with adequate incomes. However, with few exceptions, options to assist the low-income senior to remain independent as long as possible are virtually non-existent. This gap may result in some seniors being admitted to Continuing Care facilities sooner than necessary.

At their best, extra care housing schemes are part and at the heart of a neighbourhood and community, with traffic going both ways, tenants and owners using local shops, services and facilities and local people making use of the facilities that the housing scheme has to offer, e.g. gym, restaurant and coffee shop. In addition, there was recognition that the scale of a scheme becomes an important determinant of the range of facilities on offer.

A whole system

- The term, 'whole system approach', easily trips off the tongue, but it needs to be an approach that acknowledges that people lead lives that have multi-faceted components not just simply health & social care, e.g. family, neighbourhood, faith, work, hobbies and health. It remains essential that recognise that the rich tapestry of life has many components and older people should have the chance to continue to develop that tapestry for themselves albeit, at times, with support.

- Empowering and supporting communities, individuals and families to play a more active role in improving their own wellbeing is essential. Progress towards this outcome needs to be the result of coherent strategy which recognises the need to invest to save in the future!
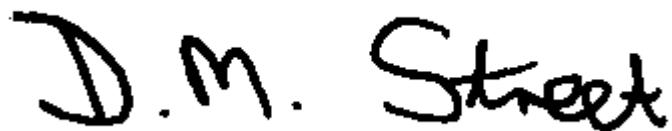
Dave Street

President

ADSS Cymru