

## **Response to the ‘Impact of COVID-19 pandemic and its management on health and social care in Wales’ consultation**

**8<sup>th</sup> September 2022**

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are submitting evidence for this open ended to this consultation following the recent publication of our ‘Why are we Waiting?’ report that can be found here:

<https://www.ageuk.org.uk/cymru/get-involved/campaigns/why-are-we-waiting/>

The research and report are the cumulation of growing evidence from our advice and support services of worrying delays in being assessed by social care for their needs, as well as further delays once the assessment has been completed in sourcing care packages. We are concerned that delays in getting care is having a significant impact on older people and their loved ones.

Our research found 14% of older people were waiting more than a month for an assessment in 2019/20 and nearly 30% didn't have their care in place within 30 days of an assessment. We also found that there had been a reduction of over 12% of people approaching social care during 2020/21. In meetings with social care leads as part of the research, they told us of the increased complexity of needs of people approaching them for help. We are therefore extremely concerned that the situation we report on may have become worse between the data collection stage of the report and now.

We wish to draw your attention to some of the recommendations in our report.

### Improved communication for people waiting for care assessments and care to be in place

In practical terms we know social care recovery will take time to achieve and so it is likely that waiting times may be in existence for some considerable time, and it is possible that waiting times may actually increase. Not knowing what is happening with care arrangements causes uncertainty and stress on people. If people are told

how long they are likely to wait and what options are available to them in the interim, they can to a degree plan better and so have more control of their lives.

Prior to the pandemic older people approaching our advice and advocacy projects told us of poor communication from social care. Feedback from our advice and support team is that quality of communication varied greatly pre-pandemic, depending on the individual social worker involved. This indicates that communication issues that existed pre-covid have been exasperated through the crisis. As such, our report recommends that local authorities improve their communication with those waiting for their care needs to be met.

We believe it is vital that this recommendation gets taken forward and that resourcing such changes will be relatively easy, compared with other aspects of change that will take more time and resourcing to achieve.

### The importance of opportunities for local authorities to share what works well and pitfalls to be avoided

We found evidence of some good practice in innovation in service delivery and we are keen to see this developed at an increased pace across Wales. For example, in North Wales Gwynedd is providing longer term contracts for suppliers of domiciliary care that are expected to allow for innovation in service delivery. Their contract changes mean that in addition to the home care they need, carers will also help older people to find opportunities to improve their well-being. Such changes should mean over time that through improved wellbeing the need for formal social care may increase. Our report recommends increasing opportunities for local authorities to share examples of good practice. Such opportunities would also allow local authorities to avoid any pitfalls in changes and so reduce the level of resourcing needed to make changes and provide older people with the right support, at the right time and in the right place.

Feedback from older people we engage with through our work tells us, particularly regarding health and social care services, that they feel increasingly out of control of decisions in their lives, that they are not given enough information when services change, and that when changes are made, they do not consider the specific needs of older people. Our report recommends that Regional Partnership Boards have an additional focus on social prescribing and in doing so, older people are meaningfully involved in decisions.

### Local Authorities should all be using case management systems that can easily report on delays in access to social care provision.

We had expected that social care data systems would be sufficiently mature to follow an individual's care pathway from initial request to care being in place. However, discussions with local authorities throughout the data collection phase highlighted differences in local authority care management systems, what data is routinely collected, changeovers from one case management system to another, data

collection methodologies and other ways of working. One local authority told us simply that they do not collect this data. This calls into question how that local authority is able to understand whether existing levels of provision meet the local level of need.

It is unclear how local authorities are able to plan for changes in level of need or indeed to understand the scale of backlogs they need to address.

We understand that though efforts have been made to give access to the WWCIS system for all social care departments in Wales, this has not happened for a number of reasons. One of the reasons that there can be delays in access to care for older people given by a local authority was that there can be delays when a person has moved from one local authority area to another. Using the same system would assist in reducing cross border issues in care.

If the Health and Social Care Committee would like to discuss our report further, we would welcome that opportunity.

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