



Developing a vision for social care in Wales

Consultation Paper
Plaid Cymru Care Commission



Plaid Cymru
Party of Wales



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Introduction

Social Care presents a huge challenge – so huge that governments have avoided the radical challenge and contented themselves with tinkering with a failing model.

It is indisputable that Wales has a **problem with meeting the need for adequate and suitable social care**. This has been debated for a long time but **no-one has yet come up with a feasible solution**. This is why Plaid Cymru decided at the National Council over a year ago to set up a **Care Commission** to look at the feasibility of a National Care Service. Starting with a blank canvas, we are looking for a radical solution to the unacceptable multi-faceted, long standing failures of the current system.

For **over a year** now, Care Commission members have been listening to face-to-face presentations and receiving written submissions from many organisations: statutory, Third Sector and organisations representing patients and service users. Starting in July 2018, there have been seventeen meetings of the Commission and in those meetings evidence was heard from 27 presenters. In addition submissions were invited and received from 22 organisations and individuals. The evidence once analysed ran to nearly 140,000 words. As a result we are proposing a planned constructive way forward which can respond to the current challenges.

In the face of the **devastating on-going, ever increasing cuts** which have been suffered by local authorities, we note an ageing population needing care, more people living longer with life-limiting conditions, a massive increase in the number of children going into care, a recognition of new social care needs such as Adverse Childhood Experiences (ACE), eating disorders, sexualised behaviour in children, whilst we are witnessing the breakdown of our communities. All these need to be addressed urgently and the question of how to fund it remains unanswered by the current government.

Changes in local government funding since the onset of austerity measures (2010) have seen Councils' core grant decrease by 22% after adjusting for inflation. All possible efficiencies have been realised (WLGA). These cuts mean that there is reduced funding available for the early intervention and preventative services which are needed and the lack of these impacts in turn on the Health Service. Adult services are stretched beyond reason and, although much to their credit local authorities are managing to maintain their safeguarding role by cutting non-statutory services, children's services are at breaking point.

Presenters and submissions stressed the **inequity between Health and Social Care** staff in pay and in terms and conditions and also in esteem



Introduction

for the two services. It was said that compared to the respect which people feel for the NHS many don't understand or appreciate what social care is and the vital contribution it makes to society. Social care is equal in value to health and social care workers deserve the same respect and treatment which we afford health workers. Social care staff experience the same risks of verbal and physical abuse as NHS staff.

If social care fails, the NHS will fail. Currently social care is delivered by a mixture of public provision, private and third sector delivery. This is patchy, uncoordinated and fragmented. Back in the 1930's, health care was delivered by a similar fragmented mix of public, private and voluntary provision. Aneurin Bevan's vision was to bring it all together in one new NHS which is lauded for delivering free health care free at the point of need. Fast forward to the 21st century, and in Plaid Cymru, we believe social care deserves the same solution in bringing public, private and voluntary provision together in to one coherent national service, co-located and co-working with health.

After intense debate amongst ourselves and based on the evidence presented to us, we are making recommendations about the principles which should underpin the new service.

Plaid Cymru Care Commission
September 2019





Our principal recommendations





Our principal recommendations

1. We reject the current inequity between free health care and the current payments required for many social care services most notably for people with dementia. Since 80% of the current cost of social care comes from public funding, our first recommendation is that like Health **all social care should be free at the point of need**. The cost of free social care is eminently affordable but it needs the political will to make it happen.

We have been estimating the resultant costs and one of our examples is that the cost of free home and residential social care for adults in Wales would be approximately £247m per year. However, we believe that it is appropriate that 'hotel charges' might be raised for accommodation and meals when a service user is in residential or nursing care, which replace the costs incurred at home. The estimate above would be lower if we discount hotel charges.

2. Our second recommendation is for a commitment to **person-centred care** and what that means for the design and delivery of the service. We need to transform what we mean by 'care'. This means adopting a whole person approach.

Our aim must be to make people's lives worth living and not just keeping them alive. Each person must be seen in the context of their family, of their community, of the state of current society, of social change and of their personal history. We need to change dependency into inter-dependency and the relationship between professional and person must be one of partnership.

The emphasis must be on co-production and co-design.





Our principal recommendations

3. The Commission received unanimous evidence of the need for a greater emphasis in social care on **early intervention and the preventative services**. This is the best way to relieve the pressure on the National Health Service but, if it is to be done, it will require an end to the cuts in essential services plus the allocation of additional funding to support the range of preventative services which will make this new direction feasible.

The evidence both from those involved in providing Health Care and those providing Social Care was overwhelming that the under-resourcing of Social Care leads to more pressure on the over-stretched NHS. This is backed up by academic research. **Public Health should be moved into local government** to assist with a more co-ordinated approach. Experience of the English model demonstrates that this can only work if properly funded. So we are recommending **better resourcing of Social Care and Public Health** to enable them to provide a service framework of early intervention and prevention which would ease the demands on the NHS.

It should also counteract the increasing medicalisation of conditions or situations in both adults and children which could with appropriate support be managed without recourse to acute services. In the case of children there is no capacity to pay attention to children between the early signs of disorders and later emerging serious problems. Funding must be provided for a pathway service from the first observations through to diagnosis and appropriate support should be available at each stage.

Given adequate resources, over time we will see the weight of demand move gradually from acute services to prevention. This change will be better for the Health service and much better for the individual service user.

4. This improvement cannot be achieved overnight and we need to look at reliable evidence on the rate at which the switch from acute to preventative services can happen. Depending on the findings which come out of the research recently commissioned by Welsh Government and on other relevant research, we are recommending a planned transformation period, costed and evidence-based, during which twin-track funding will be necessary, supporting acute and the further development of preventive services simultaneously.

Certainly it will be far more than the 2 years which is covered by the current Transformation Fund. Some of the evidence presented to us suggested 5 or even 10 years as the necessary period but we might be wiser to think of it as a generational change which will see us as a population in Wales more able to identify issues earlier, to deal with problems before they reach the acute level and to be better supported when we need it by a cost-effective pro-active service.



Our principal recommendations

5. Our next recommendation is for the establishment of parity of pay and terms and conditions between Social Care and Health. The ambition of health and social care working side by side cannot be achieved with the current inequity. As a society we have managed to delegate care to those on the lowest level of pay and with the least qualifications and support. This will be a task requiring some detailed work on job evaluation but it is critical to the joined up working between Social Care and Health which is being promoted. It is particularly difficult to calculate the cost of this and the Welsh Government itself does not have the necessary information to do so. Nevertheless it is vital that we find the means of tackling this inequity. In addition, we see a national service with national pay and conditions as a significant economic driver and a vital component in the foundational economy in all areas of Wales.



6. How to pay for free social care and the expansion of early intervention and preventative services is the subject of the Commission's next recommendation.

We firmly believe that Social Care like Health should be paid for out of general taxation. We regard the Holtham recommendations, of creating an age-related social care levy, as neither fair nor sustainable and do not believe that they would result in the transformational change which is needed.

Nor would the social care levy remove the threat of losing your own home. Instead, the commission is recommending that policies should be funded from general taxation. We would expect the block grant to be increased as a result of increased spending in England. However, it may be necessary to raise taxes on a temporary basis to fund the preventative services if the UK Government block grant is unable to cover these costs. The Commission



Our principal recommendations

also recognises that our recommendations will need to be considered in the wider context of the fiscal commitments to be contained in the programme for the Plaid Cymru Government in 2021.”

7. We heard considerable evidence on the potential benefits of assistive technology and robotics in social care which could make a critical difference to the delivery of the services. For example these could be handheld devices for care workers’ notes thus saving them valuable time. There could be fall detectors for people living alone to alert a monitoring centre. Tele-consultations with doctor, nurse or support worker could be facilitated. Virtual reality headsets could provide reminiscence experiences for care home residents to give enjoyment and at the same time stimulate their memories.

The appropriate use of technology would be advantageous for both providers and service users alike. It would improve efficiency and communication for service providers; it would facilitate shared information between providers, making joint working easier between Health and Social Care. Properly used and tailored to the user’s wishes, IT could assist people’s independence and make it possible for service users and patients to play an active role in their own management. To tackle this fundamental issue will require Welsh Government to take a strong lead, to establish the costs required and to invest in the technology necessary for an all-Wales joined-up and co-operative approach to implementation by all providers.





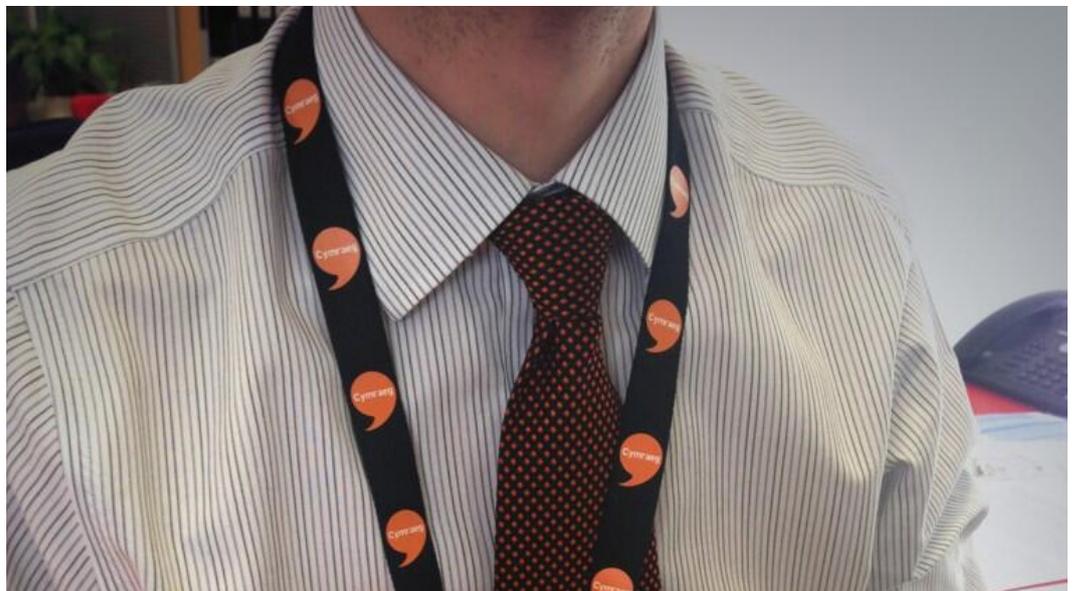
Our principal recommendations

8. Consideration of the role and capacity of the Third Sector was the subject of urgent evidence. This explained that the Third Sector was capable in many ways of complementing the statutory services and is in fact already doing so. Its flexibility, its ability to innovate and its closeness to the service users means that it can often provide what the statutory service cannot.

But there was a clear warning that we are not getting the best out of that Sector, not just because of unstable funding arrangements but also because of the lack of understanding of the working of voluntary and charitable organisations on the part of the statutory and funding and commissioning bodies. The myriad of funding issues and commissioning bodies contributes to this problem, exacerbated by the failure to involve them at the service planning stage. This is why we are recommending that the Third Sector be involved as partners at the planning and commissioning stage of service delivery whilst at the same time being free to exercise their strengths in innovation.

9. There was mixed evidence on the effectiveness of the provision of social care through the medium of Welsh. It is clear that the use of one's first language is an essential part of person-centred care. We were told that this is particularly true for children, for older people, for those with dementia, those with mental health conditions and people with learning disabilities. There is some good practice but numerous gaps were pointed out by presenters and in written submissions. We were told that the current legislation is adequate but is not always respected and implemented

The Care Commission supports absolutely the drive to provide a fully bilingual social care service. We recommend the integral need to develop a bilingual workforce in order to deliver such a bilingual service, using the Canada model as a template. We will in addition be endorsing a number of the clear and practical recommendations made to us in presentations and submissions.





Our principal recommendations

10. There remains the question of what is the best structure to deliver the services we are recommending. The Care Commission recommends the creation of a National Health and Care Service responsible to the Minister and managed nationally by a National Health and Social Care Board. This could facilitate the development of common standards across Wales thus doing away with the postcode lottery.

In this structure, Regional Partnership and Health Boards would be dissolved. Health and social care would be delivered by local delivery units, co-terminous with local authorities. With a new responsibility for Public Health, local government would deliver the early intervention and preventative services as well as their closely-related traditional services of Education, Housing, Planning, Leisure and Environmental Health.

This means that primary care and social care services could be delivered side by side, co-located and co-working, free at the point of need with no barriers and no disputes regarding who pays for continuing health care. There are however other possible structures which have been suggested to us, all with their advantages and disadvantages, as part of our deliberations and are open for discussion. These included establishing a stand-alone National Social Care service which could be delivered nationally, regionally or locally; local government taking responsibility for primary and community care; local health boards taking on the responsibility for social care; and the development of regional health and social care boards.





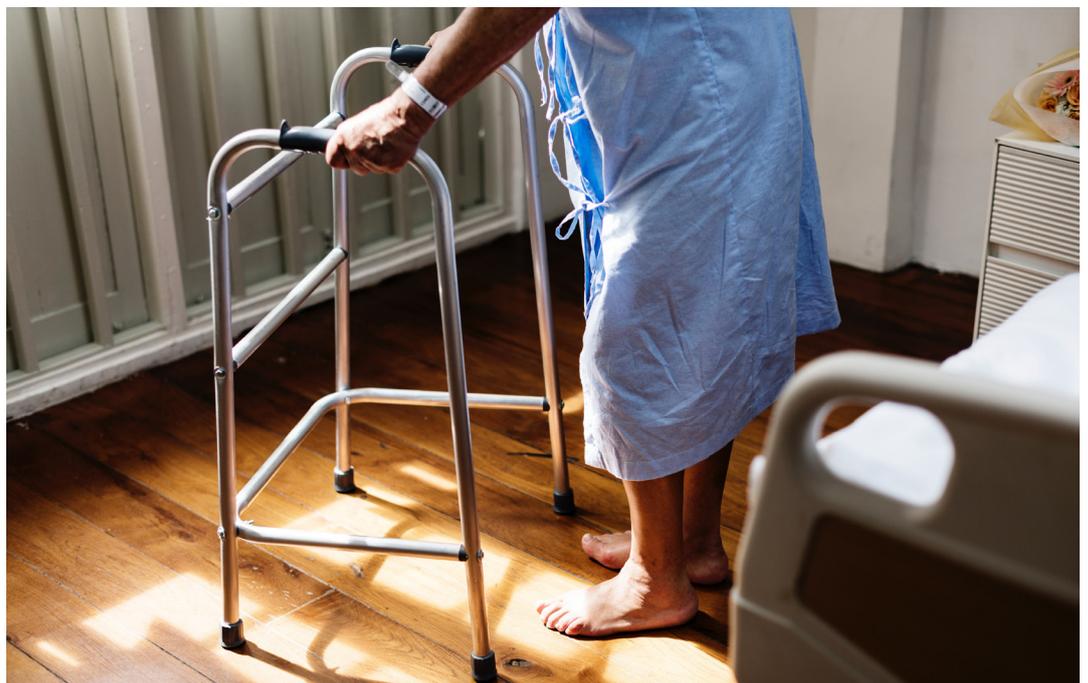
Summary of recommendations





Summary of recommendations

1. All Social Care delivered free at the point of need.
2. A commitment to person-centred care in the design and delivery of the service.
3. Development of early intervention and preventative services.
4. A planned transformation period, costed and evidence-based, funding both acute and preventive services simultaneously.
5. Parity of pay and terms and conditions between social care and health staff.
6. Social Care to be paid for out of general taxation, with an emphasis on investing in early intervention and preventative services.
7. Establish the costs required and to invest in the technology necessary to implement an all-Wales joined-up and co-operative approach.
8. Third Sector and other providers to be involved as partners at the planning and commissioning stage of service delivery whilst being free to innovate.
9. To develop a bi-lingual workforce to provide a fully bi-lingual social care service.
10. Creation of a National Health and Care Service, managed nationally by a National Health and Social Care Board.





Next steps

This is the first stage of the Care Commission's work.

We received extensive evidence on many areas of need and on the ideas and recommendations of service providers who work close to the service users and who have piloted and succeeded in delivering new models of service.

The full report will describe a radical overhaul of care provision and will contain more details on specific areas of service. As a Plaid Cymru Commission we are eternally grateful to the wide body of expertise in all areas of care who provided excellent evidence to enable us to do our work.

The above are our principle recommendations and we will continue now with wider consultation on those recommendations. We are excited by the challenge to present a radical workable solution for social care for the people of Wales. The National Care Service working hand in glove with the NHS will be central to the Plaid Cymru Government in 2021.

Aneurin Bevan is rightly celebrated for being the architect of the NHS in the teeth of vocal opposition and vested interests. The challenge to radically reform social care along the same lines as health care is one Plaid Cymru is determined to achieve – finishing Aneurin Bevan's work – Gorffen gwaith Nye.



Members of the Care Commission

Dr. Dai Lloyd, A.M. (Chair)

Shadow Minister for Local Government, Care and Public Services

Helen Mary Jones, A.M.

Shadow Minister for Health and Social Services

Cllr. Alun Williams

Cabinet Member for Adult Services, Ceredigion County Council

Cllr. Julie Williams

Member of Health and Wellbeing Scrutiny Committee,
Rhondda Cynon Tâf C.B.C.

Dr. Catrin Edwards

Health and Social Care Policy Consultant

David Evans

Social Care Consultant and Independent Complaints Investigator

Phil Edwards

Former Cabinet Member for Social Care, Conwy County Council
and member of Betsi Cadwaladr Community Health Council



Contributors

Evidence was heard from the following organisations:

Abi Phillips

Head of Healthcare Technology Programme, Welsh Government

Allison Hulmes

National Director for Wales , British Association of Social Workers

Alun Thomas

Chief Executive, Hafal

Carol Shillabeer

C.E.O. Powys Teaching Health Board NHS Confederation Wales

Catriona Williams

Director, Children in Wales

Clare Morgan

Director, Carers Wales

Dave Street

Corporate Director Social Services, Caerphilly County Borough Council
Association of Directors of Social Services

Fiona Verity

Professor Public Health, Policy and Social Sciences, Lead,
Wales College of Social Research, Swansea University

Heléna Herklots

Older People's Commissioner Wales

Hugh Owen

Policy Officer, Alzheimer's Society

Iwan Williams

Policy and Public Affairs Lead, Social Care Wales

Jill Paterson

Director, Primary Health Care, Hywel Dda Health Board,
NHS Confederation Wales

Judith Stone

Assistant Director of Sector Development
Wales Council for Voluntary Action

Mary Wimbury

C.E.O. Care Forum Wales



Contributors

Menna Thomas
Assistant Director, Barnardo's

Meri Huws
Commissioner, Welsh Language Commission

Mike Prasad
Technology Enabled Care Programme Manager, Welsh Government

Nesta Lloyd Jones
Interim Director, Welsh NHS Confederation

Dr. Paul Rees
Associate Professor Public Health, Policy and Social Sciences Swansea University

Rocio Cifuentes
Director, Ethnic Minorities Support Team

Tim Ruscoe
Public Affairs Officer, Barnardo's

Dr. Sally Holland
Commissioner, Children's Commission for Wales

Simon Hatch
Director, Carers Trust Wales

Sophie Howe
Commissioner, Future Generations Commission

Sue Evans
Chief Executive, Social Care Wales

Sue Phelps
Wales Director, Alzheimer's Society Cymru

Dr. Val Billingham
Policy and Campaigns Manager, Age Cymru



Contributors

Written Submissions were received from the following organisations and individuals:

Association of Directors of Social Services Wales

Age Cymru

Alzheimer's Society Cymru

Antur Waunfawr

Association of the British Pharmaceutical Industry

British Heart Foundation Cymru

British Red Cross

Carers Trust Wales

Carers Wales

Chartered Society of Physiotherapy

Cymdeithas yr Iaith Health Group

Eiriol Mental Health Advocacy

John Perry, Service user

Macmillan Cancer

Marie Curie

Welsh NHS Confederation

N.S.P.C.C. Cymru/Wales

Royal College of Nursing Wales

Royal College of Occupational Therapists

Stroke Association

Cllr. Terry Davies, Llanelli Town Council

Welsh Local Government Association



Get in touch

Write to:

**Plaid Cymru Care Commission
Tŷ Gwynfor,
Anson Court,
Atlantic Wharf,
Cardiff, CF10 4AL.**

Email:

post@plaid.cymru

Phone the office:

029 2047 2272







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