



# ***Social Services and Well-being (Wales) Act***



## **The Cwm Taf Joint Commissioning Statement for older people's services.**

### **Consultation Analysis Report October 2015**



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## 1. Introduction

- 1.1 The Social Services and Well-being (Wales) Act 2014 (SSWA) will change the way local authority social services and other care services work together in partnership to help and support people. It will help make sure people enjoy well-being in every area of their lives.
- 1.2 In preparation for the new Act, Local Authorities and Local Health Boards have to know and understand the needs of the people who live in their area so that services can support and care for them.  

To do this, a number of public consultations will be held to ensure that residents, particularly those who may be affected by this new way of working, are able to have their say. These views will contribute to the way we provide future services in Cwm Taf (Merthyr Tydfil and Rhondda Cynon Taf).
- 1.3 Currently, your local council and health board are working together to look at the way they provide health and social care services to older people across Cwm Taf. As healthcare has improved we are all living longer and the number of older people in our area is increasing. In the near future, there will be a lot more older people who will need health and social care services, which means that the way we provide these services needs to change.
- 1.4 The new Act also means we need to do things differently if we want older people to have independent, healthy and fulfilled lives. We want to support older people to stay independent, have more control and choice over the care they get, and to be able to live at home and be part of their local community.
- 1.5 To help plan our way forward we have written a draft 'Cwm Taf Joint Commissioning Statement for Older People's Services' and recently carried out engagement activities with people living in Cwm Taf to ask for their views to ensure that the final document reflects their health and social care needs. This report summarises the findings from that consultation.

## 2. What did we do?

- 2.1 Over a 9 week period, between the 27<sup>th</sup> July and 28<sup>th</sup> September 2015, a number of face to face and online consultations were held which resulted in a total of 173 individual responses. Feedback was also received during discussions at group meetings (see page 10)
- 2.2 A short leaflet was developed which briefly described the 3 levels of services and asked for people's views on these new proposals. In addition to this, a longer online version of the leaflet was also produced, which explained the proposals in more detail.
- 2.3 The leaflet was circulated widely throughout the Cwm Taf area and was available within all public access areas in partner organisations.
- It was taken by all partners to organised events, for example, The Big Welsh Bite, an annual food and agricultural festival held in Ynysangharad park, Pontypridd.
  - Presentations were made to a range of groups including:
    - RCT Older Persons Advisory Group (OPAG)
    - County Voluntary Council (CVC) Joint Engagement Event
    - Cwm Taf Community Health Council Service Planning Committee
    - UHB's Stakeholder Reference Group
    - Merthyr Tydfil 50+ forum
  - The five Community Co-ordinators visited a range of groups for older people, Community Integrated Assessment Service (CIAS) clinics, INR clinics, GP practices and flu clinics. At these groups, they spoke to individuals about the consultation and supported them to complete the questionnaires which resulted in 44 hard copy responses.
- 2.4 An online version of the questionnaire was available to all residents via the Cwm Taf Community Engagement Hub ([www.cwmtafhub.co.uk](http://www.cwmtafhub.co.uk)) and was promoted using Local Authority (LA) and Partner websites:
- Rhondda Cynon Taf Local Authority ([www.rctcbc.gov.uk](http://www.rctcbc.gov.uk))
  - Merthyr Tydfil Local Authority ([www.merthyr.gov.uk](http://www.merthyr.gov.uk))
  - The Cwm Taf Health Board ([www.cwmtafuhb.wales.nhs.uk](http://www.cwmtafuhb.wales.nhs.uk))
  - Interlink ([www.interlinkrct.org.uk](http://www.interlinkrct.org.uk))
  - VAMT ([www.vamt.net](http://www.vamt.net))

The link was also circulated to all County Voluntary Council (CVC) members throughout Cwm Taf and to the Cwm Taf Citizens Panel (a group of 1000+ adults that are representative of the population across Cwm Taf), with paper copies being sent by post to those members without email access.

### 3. Consultation Findings

3.1 A total of 136 questionnaires were completed via the leaflet and 37 were completed online. The following is a summary of the responses received during the engagement period.

#### Question 1: Do you agree with the Service Plan?

The majority of those who responded to this question (93%) stated that they agreed with our service plan.

	Yes	No
Leaflet	120	7
Online	31	4
<b>Total Responses</b>	<b>151</b>	<b>11</b>

**You said:**

*"Supporting people at an earlier stage makes sense. Having the 3 levels makes it easier for people and professionals to understand and identify what type of services a person would need."*

*"It tackles overall well being which is not the case at present e.g. older people can be isolated and depressed if not engaged in local events."*

*"Yes, services have to have more of a joined up approach, there are currently too many gaps and a lack of knowledge and understanding of older people needs."*

**Negative responses included:**

*"There is too much emphasis on families providing support - this assumes people have family members who don't work, or who live locally."*

#### Question 2: Do you think we have the right priorities for older people's services?

Again, a high number of respondents (89%) stated that they thought we had the right priorities for older people's services.

	Yes	No
Leaflet	115	11
Online	28	6
<b>Total Responses</b>	<b>143</b>	<b>17</b>

**You said:**

*"Yes, prevention is always better than cure"*

*"Yes, but it will take more than one generation for the ideology to be accepted. Financially they require significant investment which isn't achievable in this time of austerity."*

**Negative responses included:**

*"No, a greater focus on tackling loneliness and isolation is needed to prevent deterioration in mental well-being and dependence."*

## Table 1: Common Themes

Throughout the questionnaire, respondents were encouraged to include comments in their responses. The comments made often referred to the same subjects, which are summarised below.

Subject / theme	No. of occurrences
<b>Living independently at home</b>	<b>37</b>
<p><b>You said:</b>  <i>"Help older people stay in their own homes for longer, giving them as much independence as possible."</i></p>	
<b>Accessing accessible information and advice</b>	<b>22</b>
<p><b>You said:</b>  <i>"Easier access to information regarding support / services from voluntary organisations available for public access. So we all take responsibility for are own lives and those of our families."</i></p>	
<b>Social isolation/loneliness</b>	<b>21</b>
<p><b>You said:</b>  <i>"Loneliness should be a priority. People need companionship"</i></p>	
<b>Transport</b>	<b>19</b>
<p><b>You said:</b>  <i>"A big issue with community projects and support is transport. A viable system has to be put in place to get elderly people to community-based projects, as families are not always able to do this. Currently, and historically, this has seen the demise of good community-based initiatives."</i></p>	
<b>Dignity, Respect and Compassion</b>	<b>15</b>
<p><b>You said:</b>  <i>"Treating people with respect, maintaining people's dignity at all times, being treated as a person not a number."</i></p>	
<b>Easier/quicker access to GP</b>	<b>14</b>
<p><b>You said:</b>  <i>"Patients tell me it is very difficult to get appointment with GP - so usually GPs are left out from dealing with chronic mobility problems or declining in health. More GPs and easier access to them would be needed."</i></p>	
<b>Family/Carer Support</b>	<b>11</b>
<p><b>You said:</b>  <i>"Need to consider the additional stress placed on family members when put into the 'voluntary carer' role. Whilst those that do it usually do it willingly that does not mean that it is OK as their quality of life is reduced, which can have an effect on their health."</i></p>	

**Table 1: Common Themes (continued)**

<b>Subject / theme</b>	<b>No. of occurrences</b>
<b>Accommodation/Housing</b>	<b>9</b>
<b>You said:</b> <i>"The extra support and housing talked about should be in place asap. More sheltered housing is certainly required, more communal houses where elderly are encouraged to go in the mornings, afternoons or all day even with transport provided."</i>	
<b>Funding/Resources</b>	<b>7</b>
<b>You said:</b> <i>"Providing alternatives (private services / 3 sector services / home support) requires a wealth of resource and with the private / 3rd sector agencies the funding is often time limited / non recurring and services fail."</i>	

### **Other comments received**

Throughout the consultation, a small number of comments were made about the following topics.

- Collaboration

*"The idea of a more collaborative working is very beneficial provided that it works to the best that it possibly can."*

- Health

*"Patients are more quickly accessed in hospital and moved into the correct environment suitable for their means, too many patients languish in hospital beds despite being medically fit and unfortunately seem to deteriorate especially mentally and sometimes physically (falls, hospital acquired infections, infections from outside the hospitals control) compounding their issues."*

- Staffing

*"What happens in practice is the most important thing - ensure there are sufficient people, with the right attitude and resources available to care for these vulnerable people."*

- Support and Care

*"The provision of any care and support that the older person may require that truly puts the older person at the centre of anything that we do and giving them the options for them to maintain living independently for as long as they possibly can."*

And some final words:

*"The better we are looked after, the less we will cost."*

*"Listen to people, care and have time for staff and clients."*

*"Older people are living longer and need all the help they can receive."*

## Suggestions and ideas

Many respondents took the opportunity to make their own suggestions about how they felt services could be improved.

They suggested:

- Bridging the generation gap by mentoring young unemployed people in care service settings and holding more intergenerational activities.
- Offering complimentary therapy services, named GP's and educating people about their illnesses.
- Better centrally located housing ring fenced and designed for older people.
- Setting up information points in community settings such as libraries and leisure centres.
- Tackling long term isolation by having welcoming social centres hosting a variety of different groups and promoted by local coordinators.

## 4. Respondent Demographics

The final section asked all about the individual completing the questionnaire.

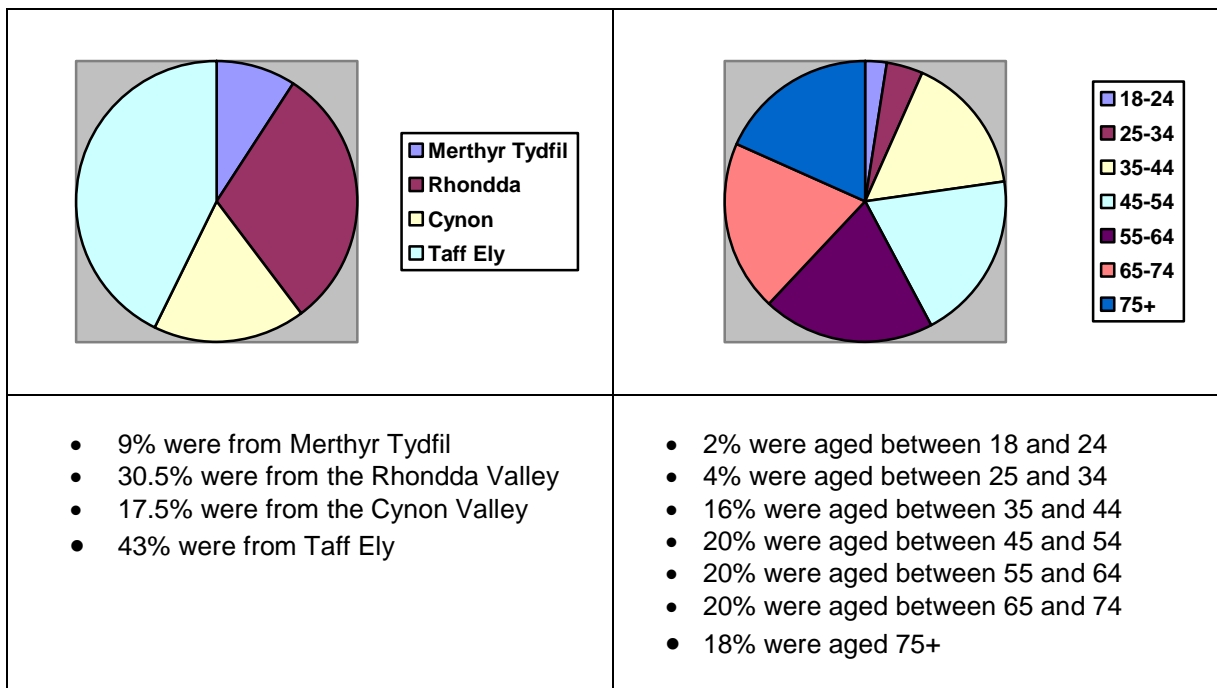
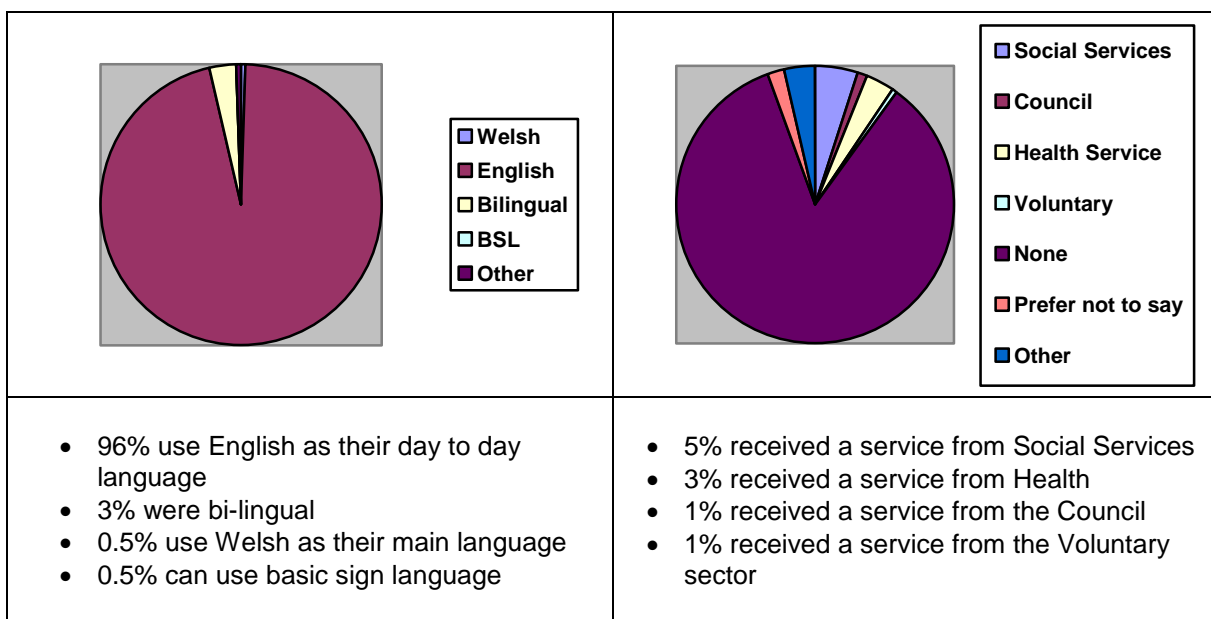


Figure 1. Area of responder

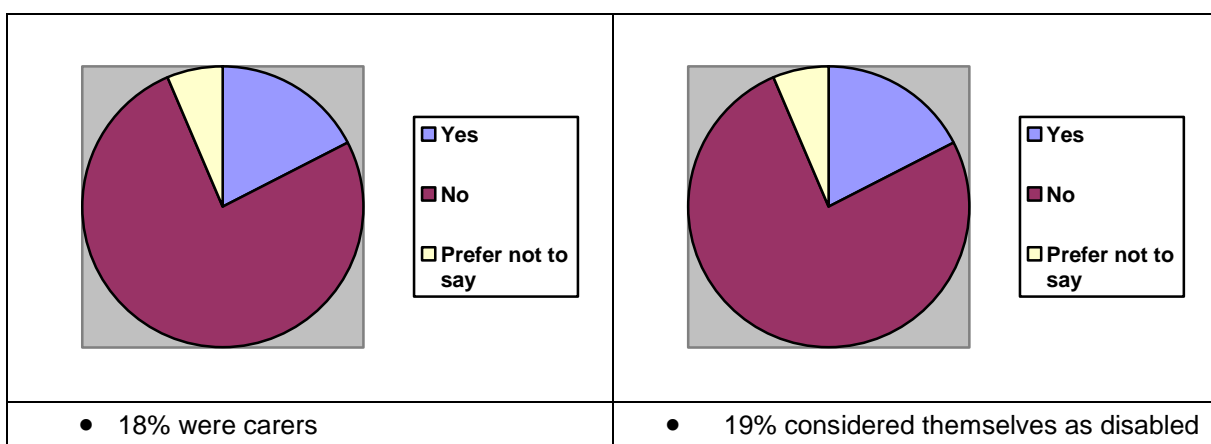
Figure 2. Age Range of responder





**Figure 3. Preferred language?**

**Figure 4. Do you receive any support?**



**Figure 5. Are you a carer?**

**Figure 6. Consider to be disabled?**

4.1 The final question that people were asked was: **'Do you feel that the proposed changes would have more of an impact on you (positive/negative) because of the things you've told us about yourself above?'** (i.e. in the demographic section of the questionnaire.)

**Just over half (52%) of the people who responded to this question felt the proposed changes would have a positive impact on them.**

*"I do believe that this would have a positive impact on myself because even though I am disabled person, I do try to live very independently for as long as I possibly can and these changes would make this possible for all older people. Getting older with these changes in mind would make my life less daunting."*

**Whilst, 48% of respondents felt the proposed changes would not have an impact on them personally.**

*"Not now, I am quite independent and can manage ok on my own."*

## **5. Feedback from meetings and group discussions**

5.1 Throughout the engagement period, presentations were made to a number of groups to explain the consultation and give people the opportunity to ask questions, comment or complete the questionnaire. The following is summary of the feedback from these sessions.

### **5.2 RCT Older Persons Advisory Group (OPAG) presentation**

The meeting was held on the 22<sup>nd</sup> July. Attendees were very supportive of the model and particularly liked the idea of reducing reliance on care homes and increasing alternative accommodation opportunities.

They were concerned that at a time when Council's are shutting community facilities we would be expecting people to find more support in informal settings - but they recognised that there was a wide range of facilities in the community (local cafe's etc.) that provide meeting places for people etc. which they use themselves.

As, this was one of the first consultation events, feedback was given on the questionnaire itself, its layout and the way it was worded, This feedback led to some changes being made before circulating the questionnaires more widely.

### **5.3 County Voluntary Council (CVC) Joint Engagement Event**

Interlink (RCT) and Voluntary Action Merthyr Tydfil (VAMT) held a joint Health, Social Care & Wellbeing Forum event on 5<sup>th</sup> August. 28 people attended representing a wide variety of organisations. A detailed presentation was devised and delivered.

Feedback included:

- “How can the provision of social and nursing care at home be achieved? Family? Local Authority? Capacity within families needs to be considered”.
- “Greater expectations on carers”
- “What are the Local Authorities intentions around charging carers for services?”
- “Money for small groups to enable the requirements of the SSWBA”
- “Stroke – more support for reablement. Dementia – more support for mainstream activities”

Whilst the offer for collating a Forum response was made to attendees, they were also invited to send individual responses and encourage their beneficiaries/service users to respond too.

### **5.4 Cwm Taf Community Health Council Service Planning Committee**

The meeting was held on the 12<sup>th</sup> August 2015 and there were approximately 10 people in attendance - due to limited time, the engagement was brought to the attendees attention and members were requested to share the information and encourage responses. It did also generate a request for more information on the Social Services and Wellbeing Act.

- 5.5 **University Health Boards (UHB) Stakeholder Reference Group**  
The meeting was held on the 18<sup>th</sup> August 2015 and there were approximately 20 people in attendance. The main themes discussed were around residential care and carers.
- 5.6 **Merthyr Tydfil 50+ forum**  
The meeting was held on the 28<sup>th</sup> of September which provided an opportunity to discuss the statement. 89 individuals attended. There were no comments.

## 6. Conclusion

- 6.1 The responses received during this consultation confirmed that the majority of people agreed with our service plan and believe we are focussing on the right priorities for older people's services.
- 6.2 The most common issues raised by participants were regarding:
- Living independently at home
  - Accessing accessible information and advice
  - Social isolation and loneliness
  - Transport
  - Dignity, respect and compassion
  - Easier and quicker access to their GP
  - Family and carer support
  - Accommodation and housing
  - Funding and resources
- 6.3 We'd like to take this opportunity to thank all who took part in this consultation.
- This important feedback has been used to update our 'Joint Commissioning Statement for Older People's Services 2015 - 2025' which will help to shape the way in which we provide our services for older people in the future throughout Cwm Taf whilst at the same time, meeting our duties under the new Social Services and Well being (Wales) Act.