Care and support at home in Wales

Five-year plan feedback report
Section A: Does the strategic plan cover the right priorities?

When we asked for feedback on the draft strategic plan for care and support at home, we had 54 responses. These came from a range of people and organisations, including:

- individuals
- carers
- voluntary groups
- people working in care and support services
- Directors of Social Services
- Occupational Therapists
- home care service providers
- Unison
- Welsh Government
- local authorities
- health services, and
- housing providers.

This report summarises the feedback and is organised by themes:

1. Impact
2. Vision
3. Co-production
4. Carers
5. Housing
6. Communities
7. Direct payments
8. Finance
9. Commissioning
10. Redesigning services
11. Workforce
12. Research and improvement
13. Examples of care and support at home
1. Impact

People told us our focus was unclear and varied through the plan. It focused a lot on domiciliary care, and only a little on other types of care and support at home. It was also felt to be too adult-focused.

Several people wanted the strategic plan to be briefer and bolder with a clear focus. It would have more impact if it:

- focused on big themes rather than a long list of specific actions;
- offered a bold package of reforms that included all forms of care and support at home;
- summarised the actions in one place to give a full picture of the key areas for change;
- linked care and support at home with prevention and early intervention; and
- emphasised efficiency and value for money, especially compared with hospitals or care homes.

We need to be clear about who owns the plan and how it will be delivered, including the potential need for investment.

Statutory Regional Partnership Boards established under the Social Services and Well-being (Wales) Act will be key to making sure changes happen.

We proposed using diagrams, illustrations, and examples of people’s experiences to help bring the priorities to life and show the diversity of people involved in care and support at home. There was strong support for this. Some organisations also offered to assist with providing contacts or examples.

People wanted a more consistent flow in the way the document was written, and correct and consistent terminology.

What we have done to address this:

- given the strategic plan a broader focus to capture the broad range of care and support at home. There will be parts of the implementation plan that focus on domiciliary care;
- reduced the size of the plan to focus on key issues and areas for change. The detailed evidence will be published to support the strategic plan;
- included a foreword, with a summary of key messages and actions;
- raised the profile of Regional Partnership Boards;
- designed the final document to include diagrams and pictures;
- developed a supporting document with illustrative stories to show some of the ways people receive care and support at home;
- made the written style clearer and more consistent; and
- clarified the shared ownership of the strategic plan, with Social Care Wales overseeing implementation.
2. Vision

The vision for the strategic plan was felt to be broad, passive and unclear. It needed to focus more on citizens, and give communities a central role. Aims at the start of each section were not linked to the vision or the national outcomes framework.

What we have done to address this:
- amended the vision for the strategic plan to give citizens a more central and active role; and
- re-structured the document to give an overall vision and case for change, followed by key areas for action.

3. Co-production

People told us choice and control needed to be central and communicated more clearly. ‘Working together’ or ‘involvement’ did not reflect what was needed. Co-production was felt to better describe equal partnerships between individuals, carers, communities and services.

Respondents commented that citizens, carers and people working in care and support at home services were not directly involved in the production of the plan. Some groups could be better represented in the strategic plan.

Examples given included; black and minority ethnic groups, people who lack mental capacity and people whose first language is neither Welsh nor English, such as British Sign Language.

What we have done to address this:
- emphasised co-production throughout;
- included co-production as a first key area, to form the foundation for all other parts of the strategic plan;
- focused on key issues rather than specific types of care and support at home. Some of the range of care and support at home are demonstrated as supporting stories; and.
- completed an equality impact assessment. Implementation plans will go into more detail and will also need to be assessed for their impacts.
4. Carers

People wanted the role and value of carers to have a higher profile within the plan. Carers need to know where to look for assistance.

New local authority duties to offer assessment are likely to increase understanding of the support carers need. A more vibrant economy may also have reduced some people’s ability to be carers.

Several respondents suggested that training and development would be a useful way to support carers. This could link with carers’ strategies.

What we have done to address this:

- carers have a more central role throughout the strategic plan;
- co-production has a more central role, with carers named as key partners; and
- learning and development for carers and links with carers strategies will be part of the implementation plan.

5. Housing

People welcomed the inclusion of housing in the strategic plan. The quality and suitability of housing, including adaptations, has a role to play in preventing the need for care and support.

Housing-related support services such as sheltered housing, hostels or floating support could reduce the demand for health or social care services.

What we have done to address this:

- kept housing services as key partners; and
- included housing maintenance and support.
6. Community capacity

We received strong feedback that community and voluntary support should be more prominent in the plan. The draft plan contained the statement:

“Communities can and do also play a central role in people’s lives and well-being, which needs to be locally understood and fully utilised”

This needed to become the fundamental ethos. However, some respondents were cautious about overwhelming communities if they were expected to carry out roles currently provided through services.

The role of co-operatives and social enterprise as a means of growing community capacity could be emphasised more. ‘Red tape’ was seen as a barrier to social enterprises and co-operatives, especially in service design, procurement and delivery.

The plan could make links with support currently available through the Wales Co-operative Centre, Care to Co-operate and the Social Co-operation Forum.

Rural communities face specific issues around care and support at home. Some respondents felt it needed to be better covered.

What we have done to address this:

- included a section on care and support provided by carers and within communities;
- issues that need to be addressed in rural areas will be included in the implementation plan;
- included volunteering; and
- made links to expertise about co-operatives in Wales to inform implementation.
7. Direct payments

Opinion was divided on the purpose of direct payments.

Some thought they promoted autonomy, encouraged voice and control, flexibility, innovation and affordability, and that the plan painted a negative picture.

Others felt they aimed to reduce costs or top-up what individuals could afford. Feedback indicated that direct payments should be promoted and barriers to access reduced to implement the Social Services and Well-being (Wales) Act.

However, this doesn’t always happen. Barriers include:

- how local authorities arrange direct payments; and
- how much people can expect to receive as a direct payment.

Direct payments are not only for employing personal assistants. The plan needs to reflect the flexibility of direct payments, for example, their use to support social enterprises and co-operatives.

What we have done to address this:

- included direct payments as a key way to provide care and support at home;
- included examples of how direct payments are used, and the issues some people face, in the supporting document; and
- specific issues, for example around flexibility, will be included in the implementation plan.
8. Finance

The strategic plan needs to fully acknowledge the financially challenging climate for organisations paid through public funds. Specific challenges include:

- paying the National Living/Minimum Wage;
- meeting complex care and support needs; and
- cuts to budgets.

Some respondents wanted a strategy for resourcing care and support at home that considers:

- a range of equipment, adaptations, payments or services;
- what people can be expected to pay for themselves and the role of statutory funding;
- variations in the amounts local authorities pay for domiciliary care and direct payments; and
- the impact of charging people for services.

Budgets need to focus on keeping people independent and well at home, avoiding more costly care home or hospital admissions and assist hospital discharge.

A few respondents clearly felt home care services should be run by local authorities if possible. They were not comfortable with the potential to make profit from public services.

What we have done to address this:

- written a section to address some of the key financial challenges; and
- the implementation plan will include more detail on the challenges identified.
9. Commissioning

People gave strong feedback about commissioning, with one response describing it as ‘the most influential underpinning factor’.

The overarching message was clear; the way that care and support at home is planned, designed, purchased and reviewed needs fundamental change. Moving away from task and time to outcome-focused commissioning was welcomed.

People wanted to be clear about how commissioning can be organised to focus on individual outcomes.

Developing training or qualifications for commissioning roles was welcomed. It would be better placed in the workforce section and include collaborative commissioning.

What we have done to address this:

- separated out some commissioning functions, such as exploring options, designing care and support at home, financial challenges and purchasing services.

10. Redesigning services

People wanted the plan to be simpler and didn’t feel it needed a lot of detail about changing need and demand. A set of core, person-centred principles for care and support at home services would be useful.

However, there was some caution around too much standardisation. Practical pilots could be used to test out service models. Some respondents felt reablement and rehabilitation were not mentioned enough.

These services need to be understood as promoting independence as well as enabling people to return home from hospital.

Integration and alignment between all types of care and support at home were welcomed. It is a huge task with some specific issues to address or explore further.

What we have done to address this:

- included a section on the design and delivery of services;
- the implementation plan will include reablement and rehabilitation roles; and
- developed a set of principles for designing care and support at home services to include in the implementation plan.
Along with commissioning, workforce issues were felt to be one of the main challenges. Feedback told us the workforce section focused primarily on domiciliary care.

The workforce was seen as crucial to implementing the plan and needs to be professional, sustainable and sufficient. The strategy needs to plan for the future as well as address current issues. This will need to link to commissioning processes.

People told us good leadership and management will be key to implementing the plan. This will include business skills needed by both responsible individuals and registered managers.

We had some strong feedback about zero hours contracts, including:

- the plan doesn’t acknowledge the negative effects on the workforce; and
- impact on staff retention and continuity of relationships which are valued by people who access care and support services.

People working in care and support at home told us they can feel pressurised into working extra hours.

They can also worry about what will happen if they tell their employers they are unhappy about work issues. One respondent suggested ‘tackling insecure contracts’ could be a priority for action.

Qualifications used to register part of the workforce need to support the wide range of care and support at home roles.

An integrated career pathway was welcomed with suggestions about how it could be done and issues that need to be addressed.

Links could be made between learning for commissioners and inspectors. This would help to improve consistency and understanding about the different roles.

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**What we have done to address this:**

- kept workforce issues as a section of the plan with some clear actions about supporting the workforce at all levels, addressing terms and conditions of employment and developing career pathways; and
- links between commissioning and workforce planning will be made through the implementation plan; and
- learning developed for commissioners will link with learning for inspectors where possible.
12. Research and improvement

We received positive feedback about the section on research and its links to earlier parts of the plan. There was a suggestion that the research and knowledge issues throughout the plan could become one action to develop an evidence hub.

One respondent noted that innovation and diversity were key to improvement, and need to flourish within safe practice.

What we have done to address this:
- retained the section on research and improvement; and
- include developing hubs and networks as needed in the implementation plan.

13. Examples of care and support at home

People felt the list of examples of types of care and support at home was limited, it needs to be wider to reflect the list in the primary legislation, at least.

Another suggestion was including stories of people’s real experiences to show how care and support at home can be delivered.

What we have done to address this:
- developed a supporting document with real stories about how care and support at home is being provided. This can be added to over time.
Section B: 
Your part in making this plan a reality

We asked people what role they would have in implementing the strategic plan. These included:

- knowledge and experiences about services, such as housing and reablement;
- knowledge and experiences about people who use care and support, such as children and people living with Multiple Sclerosis;
- helping plan implementation;
- leading work to change current systems;
- leading work to re-engage with communities and providers;
- leading change for specific areas of work;
- linking with partners to work together, regionally and locally, in commissioning or service provision through multidisciplinary teams;
- ensuring ‘what matters’ conversations take place;
- collating information about unmet need to support population needs assessment; and
- aligning health and social care roles, education and training.

The strategic plan and supporting materials are available at:
  https://socialcare.wales/service-improvement/care-and-support-at-home
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