

A Vision for Social Care in Wales



ADSS Cymru
Yn arwain Gwasanaethau
Cymdeithasol yng Nghymru
Leading Social Services in Wales



**CLILC
WLGA**



Gofal Cymdeithasol Cymru
Social Care **Wales**

Purpose

Local government believes that the focus for our health and social care system should be on how we can best deliver integrated health and social care systems rooted in local communities, developing more integrated community-based arrangements at the local level which could deliver real benefits in terms of driving true integration and efficiency, with a focus on supporting wellbeing and delivering outcomes.

A key principle of this is the need to invest in early intervention and prevention in order to maintain independence and reduce the need for more costly interventions. There are a number of challenges facing our system which are set within the context of significant financial challenge (and underfunding) for the social care sector, and across the public sector along with a workforce that is under significant pressure. There is therefore a need for a meaningful conversation about the future delivery and funding of social care, which gives serious consideration to the quality and reach of social care services.

The purpose of this paper is to focus on what local government's long-term vision for social care is. It aims to set out what is required to make the shift required a reality, identifying how we might be able to take the best elements of both of our health and social care systems and develop more integrated community-based arrangements which could deliver real benefits in terms of driving true integration and efficiency, with a focus on prevention, supporting wellbeing and delivering outcomes.



Key Messages

- Councils are extremely concerned about the current pressures facing social care. The growing demographic, cost of living, workforce and inflationary pressures facing all parts of health and social care are too big to be addressed through better coordination or finding yet more efficiency savings.
- Demand for services is increasing, budgets are not stretching as far, unpaid carers and families are facing further strains, and recruitment and retention remain huge challenges. Without adequate funding, some councils will face a battle to balance budgets, worsening existing pressures and running the serious risk of impacts on the ability to deliver timely and quality care and support to those who draw on it.
- There is a need to secure sustainable long-term funding for social care with a resolution of the “Paying for Care” debate on how social care will be funded in the future. There is also a need for immediate investment to end this crisis, address unmet and under-met need and allow all people and their families to access the health and social care services they need to live an equal life.
- We want to move from a workforce which is poorly paid and feels undervalued and often dissatisfied with their work, and a labour market faced with problems in both recruitment and retention. We want a workforce which better meets the needs of people who draw on care and support, which recognises the breadth of care and support roles, and in which the roles and conditions under which people work mean they are motivated and feel valued. Parity of esteem across the social care and health sectors and between paid and unpaid carers is essential if we are to best deliver for our communities.
- Social care is not simply a set of services, it is about supporting people to live the lives they want to lead. It is used in every community when needed to enable children, young people and adults of all ages to grow and sustain their wellbeing.
- Councils know their communities best, lead important work with local partners that supports and improves people’s wellbeing, and – with the right resources – will continually strive for improved performance and innovation in the way social care and support is commissioned and delivered.

Key Messages

- The starting point for discussions should be around improving the quality of care and achieving outcomes for individuals, based on the ‘what matters’ conversation. This starts at the local level and should build on the strength of local authorities in their role in place and community, addressing the needs of individuals and families, building resilience and focusing on wellbeing.
- Democratic accountability is a strength of the current system and must be retained - reform must start at the local level. Any new system of social care must remain firmly rooted in local government to ensure that decisions are made at a local level, backed by local democratic accountability.
- There needs to be a shift in focus across the health and social care system as a whole, from health systems centred around hospitals, to health and social care systems focused around communities and community services.
- Attention is too often focused on acute hospitals, rather than on working to maximise our health and wellbeing and to keep people well and independent for as long as possible. People will always need hospital care and we will always strive to ensure that they have access to high quality and effective hospital care. But we also need more effective ways of keeping people out of hospital. This means investing in much more home and community support. It also means better developing approaches which enable people to get back to living their lives independently after a period of hospital care. This requires a greater focus and investment in reablement, rehabilitation and intermediate care.
- There is a need for increased integrated work at the local level between primary and community health services, social services and other local government services thereby enabling a more holistic approach to the physical and mental health services focused on improving outcomes for individuals and families (utilising other local government services such as education, leisure and housing) and focusing on prevention and early intervention.

Key Messages

- We need far greater investment in early intervention and prevention to maintain independence and reduce the need for more costly interventions. Historically, prevention has always been overshadowed by the immediate funding challenges for acute and hospital care. Without resources specifically earmarked for prevention, we will not see the radical step change required to turn the curve on a growing burden of ill-health and long-term conditions.
- We must also move to more upstream interventions and approaches to support families at earlier stages, preventing escalation of issues and the need for crisis responses. Such an approach will lead to better outcomes and experiences for families and less pressure on social services as a whole (and likely also leading to less children coming into care). Sustainable funding is needed to be able to invest in preventative, universal and early help services so children, young people and families receive the practical, emotional, educational and mental health support they need, as soon as they need it.
- Improving outcomes for children, young people and their families requires all public services to take ownership of their respective corporate parenting responsibilities – working collectively to safeguard and promote the life chances of children and young people
- Digital transformation of health and social care has a key part to play in the future of our social care services. We need to move from a system where digital technology is an add-on and digital innovation processes too often exclude people who draw on care and support, to one in which appropriate and affordable digital tools enhance the experience of providing and drawing on care and support.
- Much of the change we want to see is in line with existing legislation set out, particularly in the Social Services and Well-being (Wales) Act 2014 and the Well-being of Future Generations (Wales) Act 2015. The existing legal frameworks are well regarded which is a positive enabler to change and something we can continue to build upon.

Introduction and background

High quality social care and support helps people live the life they want to live, enabling and transforming lives. It helps bind communities, it sustains the NHS and it provides essential economic value to our country - whether a family needs assistance, or someone needs support with their mental health, because of physical disabilities, learning disabilities, or because they are older and need additional support. Across Wales social workers and social care workers support thousands of children and families ensuring there are high-quality, person-centred services that support children, young people and their families to stay together in their communities and that help prevent children from entering the care system. Social care supports citizens to work; to socialise; to care and support family members; and to play an active role in their communities. It is a vital piece of the puzzle that is needed to hold our communities together, making connections to other council services and those provided by local partners, including the third sector. This can help create a network of local support that enables people to be themselves and to fully participate in and contribute to their communities. In the process, this makes those communities more resilient and sustainable.

However, all parts of the health and social care system are currently facing a significantly challenging period. The recent pressures have been well documented, from residential and home care to community and voluntary sector organisations and hospitals and ambulance trusts.

There continues to be significant demand for children's social care and the complexity of needs is escalating in response to the multi-faceted challenges children face in their day to day lives. This is coupled with workforce shortages and ongoing issues with placement sufficiency. We are still seeing the impact of Covid and the changes that it has brought about play out. The associated increases in poverty due to unemployment or over-stretched family finances, domestic abuse, isolation, increased anxiety, substance misuse, family breakdown and homelessness, all linked to the impact of the pandemic and on-going cost of living crisis, is putting many children and families under immense pressure and strain. These issues will continue to have an impact upon people's mental health and well-being, resulting in more families and children requiring services across the spectrum of need.

It is now clear that the growing demographic challenges, the impact of the cost of living crisis, workforce, inflationary pressures and increasing complexity of demand facing all parts of health and social care are too big to be addressed only through better coordination or finding yet more efficiency savings. There is a need for a meaningful conversation about the future delivery of social care, which gives serious consideration to the quality and reach of social care, placing citizens firmly at the centre.

Central to all of this is the need for long-term sustainable funding and the need to achieve a workforce who are truly valued, have parity of esteem with NHS workers and are appropriately rewarded for the invaluable work they do. Without fully addressing these two fundamental challenges, then it could be argued that all we are able to do at this time is to move ‘pieces around a board’. The failure to address how social care is best sustainably funded moving forward and ensuring there is a sustainable flow of staff creates a deeply uncertain future outlook for people who use social care services now, and the growing number of people who will need the service in the years to come.

The debate around the future of social care has started. The recent report from the National Care Service Expert Group considered what steps are required towards the creation of a National Care Service for children, families and adults, giving particular attention to how care could be made free at the point of need. There is much in there that local government would support, based on previous discussions.

The report places a focus on the need for investment in social care, shifting resources towards preventative services. It highlights the need for parity with health, as well as recognising the workforce challenges with a need to address terms and conditions. These are all areas that local government has long been calling for action. Throughout the report it highlights that the vision for social care in Wales, aligned to that of the Social Services and Wellbeing Act, requires increased funding (and that is before looking at the investment required to make services free at the point of need).



Previous discussions around paying for care have seemingly been put on hold and so there remains a need to consider how the challenge of the additional demands being placed on social care services at a time of reducing resources can be overcome. There is a need for an honest conversation about what is realistic and achievable – it is essential that the public understand these conversations. This underlines the need for Welsh Government to set out how it will implement a fair and long-term funding settlement for social care as a priority. How best social care is then managed and delivered, as well as how the identified challenges are best addressed, should be considered within a full understanding of the long-term funding settlement for social care.

It is generally accepted however that more funding alone will not be enough, and there is a need to commit to a progressive vision for social care which clearly articulates the vital role social care plays in society – of a more preventative, asset-based, accessible, co-produced and joined-up system of care and support. It is essential that the existing mechanisms and strengths that are in place are built upon.



The Social Services and Wellbeing (Wales) Act is an enabling Act which firmly places the citizen at the centre, ensuring voice and control for people who need care and support, and carers who need support, with citizens and professionals sharing power and working together as equal partners. It has a clear focus on prevention and early intervention, as well as the promotion of well-being and focuses on multi agency working and co-operation.

The recent independent evaluation of the Social Services and Well-being (Wales) Act, by a partnership of academics across four universities in Wales and expert advisers, highlights the implementation challenge being experienced by citizens.¹ Similarly, the Well-being of Future Generations (Wales) Act 2015 gives us the ambition, permission and legal obligation to improve our social, cultural, environmental and economic well-being. There is an implicit duty in the 2015 Act to move to a health and social care model that is rooted in the community, focused on prevention and supporting the wellbeing of the population.

A Healthier Wales, published following the Parliamentary Review of the Long Term Future of Health and Social Care, also sets out an ambition to bring health and social care services together, so that they are designed and delivered around the needs and preferences of individuals, with a much greater emphasis on keeping people healthy and well. It has a vision of creating a seamless whole system approach to health and social care.

We are not starting with a blank page and whilst it is recognised that the current health and social care system itself can be complex and is facing undoubted challenges there are many strengths and opportunities to build on. There is widespread belief that the focus has to be on how we can best deliver integrated health and social care systems rooted in local communities that prioritise prevention and promote independence.

Local government recognises and support Welsh Government's ambition to focus on and invest more in prevention and early intervention but, as a nation, have often struggled to shift from ambition to reality and we want to work with Welsh Government to articulate what this means for people and families who require support in our communities.



¹ Evaluation of the Social Services and Well-being (Wales) Act 2014 | GOV.WALES

The Role and Value of Local Government

At the centre of every council's relationship with its local population is a commitment to improving people's physical and mental wellbeing. This is a tradition that can be traced back through the decades as local efforts have been brought together to improve the nation's wellbeing. At the heart of what local government does is supporting a better life for its citizens and helping to build strong and resilient communities, now and over the long term.

People's lives are most acutely influenced at the local level – in their homes, at school, in their places of work and in their neighbourhoods. This is also where citizens are most likely to come into contact with services and support mechanisms to improve their lives. There is enormous potential, therefore, for local government, wider than just social care, to influence the wellbeing of its local population. Retaining social care rooted in local government enables this broader approach to be built upon, focusing on prevention and early intervention, as well as ongoing support when needed.

Wellbeing has often been seen as the remit of those concerned with health provision, but health services are primarily designed to treat illnesses, not to address the broader aspects of people's lives that create the conditions of wellbeing. Intervening only at the point when someone has become unwell or needs care is unlikely to be the most effective way to achieve significant and enduring change. We also need to recognise that a significant number of people who access care and support do not currently have health issues. They may be more likely to need integrated experiences between social care, housing, leisure, transport and all the community services that can be taken for granted. Therefore, we need a health and social care system that looks after people and families as a whole, not just one that focuses on the health needs but one that consider all of the wider issues, in turn helping to build community resilience.

The Marmot Review, **Fair Society, Healthy Lives**² emphasised the vital role local authority's play in influencing and contributing to the social determinants of health and to reducing health inequalities, stating that:

“Local Councils have the power to secure the economic, environmental and social well-being of the local population. They are therefore in a key position to mobilise action to tackle health inequalities and improve well-being.”

² <http://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review/fair-society-healthy-lives-full-report-pdf.pdf>

Marmot identified that Councils are well placed to bring all agencies – public, private, third sector – together to tackle cross-cutting issues which affect their residents and their community. With Local Government having a key role as a:

- **Major employer within local areas**
- **Commissioner of services**
- **Community leadership and democratic renewal**
- **Exercise of powers in health and well-being as part of the local sustainable community strategy**
- **Community safety and place shaping**
- **Provider of children’s services, including education, adult social care, leisure services, planning, etc.**

Building on this, the focus needs to be on developing future models of community-based support which take a ‘whole-person’ approach, addressing people’s physical health, mental health and social needs together. These factors are often closely related and interact to influence health and wellbeing. The first step in doing this is to understand the full range of a person’s needs, and how these impact on their health and wellbeing. Helping people to access appropriate support to address these needs can be achieved through partnership working between different services in the community, and new workforce models to support this.

Wellbeing cannot and should not be the preserve of social care and support alone, or by working with health only. If people are to be helped to remain independent at home there needs to be the right kind of housing and neighbourhoods.

If physical activity is to be encouraged there needs to be vibrant leisure and recreation amenities. In order to combat loneliness reliable transport links, a diverse and resilient community and voluntary sector, and comprehensive employment services are needed. To support people’s mental wellbeing, safe and inclusive communities are needed. As part of this we need to ensure that the workforce, across local government, are upskilled to make this a reality. This needs to be everyone’s business that their job is to protect the most vulnerable in our communities, as well as enhancing citizen’s well-being.

Local government is uniquely placed to make these links but it still requires essential input from the local voluntary sector, the care provider market and its workforce and the local NHS who all have a clear and fundamental role to play in creating local places where wellbeing can thrive. It is precisely because this is a local endeavour that councils, as democratically accountable local leaders of place, are perfectly positioned to marshal all local aspiration and resources around a common vision for a population’s wellbeing and independence. The reality is that this simply is not possible at an all-Wales level. Caerphilly, Cardiff, Carmarthenshire, Ceredigion and Conwy are very different places and need the freedom to develop different responses within an overarching outcomes and funding framework set by the Welsh Government. There remains a need to preserve a social care system which is led, commissioned and delivered close to local communities, enabling decisions taken about funding to be made with local people, meaning that what is commissioned is what really matters to people.

This wider role of social care and local government services focussing on the wellbeing of citizens has been recognised in the Social Services and Wellbeing Act and the Wellbeing of Future Generations Act. Central to this is the provision of early intervention and prevention services. Many preventative services, such as leisure centres, parks, adult education, youth work and community facilities are provided at the discretion of local councils. Unfortunately, in recent years it is these services that have faced the brunt of cuts to local authority budgets as statutory services such as education and social services have been protected. It is imperative that we stem the decline of local preventative services and that we find a way to make some significant investment into new

or existing preventative services based in primary and community settings.

As noted by the Welsh Audit Office (WAO)³ promoting preventative and early intervention services will require councils and their partners to change how services are currently planned and delivered. It will also require ownership outside of social services and an understanding that it is about other parts of the system working to maintain independence and wellbeing. One of the key issues for Welsh Government must be how best to shift the priorities from hospitals and acute care to prevention and tackling the determinants of health inequality and broader public health.

A Vision for Social Care for the Future and the Relationship with Health Services

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All services have struggled to keep pace with a number of changes and challenges occurring concurrently, with demographic pressures, the changing burden of disease, and rising patient, service user and public expectations. Too much care is still provided in hospitals and care homes, and treatment services continue to receive higher priority than prevention. The traditional dividing lines between GPs and hospital-based specialists, hospital and community-based services, and mental and physical health and social care services mean that care is often fragmented and fully integrated care is the exception rather than the rule. The Bevan Commission paper **Improving**

Primary and Community Health care in Wales⁴ identified that the way NHS Wales is funded needs to change to strengthen primary and community care to better meet the needs of the population. It points to an imbalance in funding for some time with little movement of resources into primary and community care to match the need and help prevent illness and unnecessary admissions to hospital. At the same time social care services are having to meet increasing demand within reduced resources. It is essential that investment in primary and community care is made and look to support preventative services, improving the link between NHS and social services / local authorities.

³ <https://www.wao.gov.uk/system/files/publications/Independence-Older-People-2015-English.pdf>

⁴ <http://www.bevancommission.org/sitesplus/documents/1101/Bevan%20Commission%20Primary%20Care%20v1a.pdf>

Hospitals will always be a critical part of the health and social care system, and there will always be instances where a hospital is the most appropriate, or indeed the only viable, option for delivering some types of health care. However, the current focus of resources and attention on hospitals is not suited to the health and social care needs of the population and often comes at the expense of investment in other forms of provision. There needs to be a shift in focus across the health and social care system as a whole, from health systems centred around hospitals, to health and social care systems focused around communities and community services as defined in their broadest sense. Making community-based care the central focus of the system requires a whole-systems approach to change, spanning hospital services, community services, primary care and social care. This is a view supported by the King's Fund⁵ and realises the ambition contained within A Healthier Wales of health and social care being part of a wider, community-based approach to locating services.

Any fundamental re-think of the health and social care system must include consideration of where care is best provided, the facilities that are needed and how assets can be used most effectively. There are many opportunities to move more care out of hospitals and into the community, including the provision of step-down care and rehabilitation and reablement closer to home. There are also opportunities to achieve much closer integration between different providers of care between health and social care. The vision, as supported by A Healthier Wales, should be of community-based care locating services as close to home as possible and an approach which enables patients and service

users to take greater responsibility for their health and wellbeing, with the support of carers and families. Across the public sector there are opportunities to better organise the community estate and to create one-stop facilities for housing, benefits, health care and other services. The Programme for Government commitment to develop more than 50 local community hubs to co-locate front-line health and social care and other services has been welcomed by local government and it is essential that councils are equal partners in this endeavour. Co-location can be more convenient for citizens, and while not sufficient on its own to engender better co-ordination between health, social care and other services, it does have the potential to help enable more integrated and timely care.

There is evidence that better care co-ordination can improve the experience and outcomes of care and increase efficiency by avoiding duplication. This is particularly important for people using community services as they often require support from multiple services. Many areas are trying to improve co-ordination through introducing 'single points of access' to reduce duplication in referral and assessment processes. Some areas are bringing in new roles with a specific care co-ordination function. These roles are intended to act as a workaround to help people navigate complex and uncoordinated services. However, a better solution would be to make services less fragmented, so that this additional layer of complexity is not needed with the ambition that for the citizen, all their needs, whether health or social care focused, would be managed seamlessly. Many places are seeking to better co-ordinate care by bringing professionals together in integrated community teams.

⁵ https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Place-based-systems-of-care-Kings-Fund-Nov-2015_0.pdf

A vision for the transformation of services in the community is that this must happen at a local level, having a system which focuses on local integration, bringing primary care and community health services closer together with social care. This would place a much greater emphasis on real change across the health and social care system, with an opportunity to consider fundamental change in how primary care works, where the focus is on treating, supporting and caring for people in their community. Here local government would be able to use its direct connections with communities through its democratic mandate to have honest and inclusive conversations about the rights and responsibilities of citizens with regard to their health and wellbeing. And it can also link community-based health and wellbeing services to existing community-based services, which are easily accessible to and trusted by people.

Social care is already central to the fortunes of our NHS and managing pressures on our hospitals in particular. Care and support, and its links with primary care and public and community health, helps keep numbers at the front door of hospitals down. For those who require time in hospital, that same support in the community helps keep the back door open so people can return home in a safe and timely fashion. Bringing these services closer together at a local level could help to resolve the underlying problem of a lack of integration caused by a clash of priorities, processes, values and funding models between health and social services departments.

As all communities are different and require a unique arrangement of services it is crucial that the governance arrangements that underpin our health and social care system are the right ones, with a need to reflect the democratic oversight and

accountability that is within social care. This must be respected and appropriately reflected in any change to how services are structured or delivered.

Transforming the delivery of services is not something that can be achieved overnight and there needs to be realism about the time needed to transform services in the community and to achieve greater alignment with related services such as general practice, mental health, acute services and social care. This shift would also still require additional investment (including a long-term settlement for funding social care) and bringing about the shift from treating conditions to maximising wellbeing requires rethinking how this investment would be used to best effect. Maximum value of any new investment should be defined at the local level, with minimal top-down initiatives from government and the NHS and maximum input from communities, workforce, service users and patients. With sufficient local flexibility, the funding could be used for example to:

- Invest in prevention, primary care and community health services, with multiagency teams working closely alongside the voluntary sector to put in place early help and support that helps ensure the citizen experiences care and support that is seamless.
- Reinvigorate investment in intermediate care and reablement.
- Invest in joined-up infrastructure, such as joint commissioning, joint assessment and shared information to track people through the health and social care system and joint workforce planning
- Invest in skills development with councils taking more responsibility

Transformation of Children's Services

Any approach that looks to reform the services we provide for children, young people and their families has to be framed around a family-based approach in which we have effective services and systems in order to intervene early, effectively and prevent needs from escalating. We have long been advocating for making sure we can give children and families the right support at the right time, including investment in preventative and early help services. This needs to consider how both central and local government, as well as our wider partners provide good and effective leadership, and funding, for the early intervention and prevention agenda.

Investment in family help will ultimately improve children's outcomes and reduce spending later on, through keeping more children safely with their families, promoting reunification, ending repeat and intergenerational cycles of care, reducing occurrences of significant harm and countering the impact of deprivation.

As part of this it is essential that in considering any reforms the role of wider partners in supporting children and families is given far more consideration. The focus of discussions around reform to date have been on children's services, but all partners at a local and national level must keep a strong focus on the needs of children, young people and families.

Improving the lives of children and young people and delivering high quality support that meets children's needs is not just a job for children's services, but a responsibility owned by the whole council and shared with the wider public and voluntary sector. Many of the issues that make the biggest difference to the lives of children and families, such as the availability of safe, affordable and comfortable housing and local employment prospects, are outside the remit of the children's services department and it is therefore vital that the whole council is engaged in this agenda. This sense of shared ambition for children must be replicated across all partners, with all agencies working together in the interests of children and families.

Similarly, there should be a golden thread running through the business of government, with every department considering how their activities will impact on children and families. A genuine commitment to hearing and acting upon the wishes of children and young people will also be central to this, and greater devolution from national to local level will give councils the tools they need to draw services together and deliver on this vision.

We are at a critical junction in children's services and now is an opportunity on multiple fronts to realise the change that is needed to make the whole system not only sustainable but more importantly, better serve those it is designed for; children, young people and their families. Whilst there has been much focus on the idea of 'radical reform' the fundamental challenge in front of us is that currently the foundations needed to support a strong and sustainable system simply are not there. Whether it is sufficiency of the workforce, funding, appropriate preventative services or placements there is simply not enough headroom in the current system.

These challenges all point to the need for a change which reflects the range of issues that councils have been raising for some years, including the need for significant investment both for services and in the workforce, challenges around placement sufficiency and the need for government departments and partner organisations to work better together. We have also been advocating for making sure we can give children and families the right support at the right time, including investment in preventative and early help services, looking far beyond just the role of children's services.



Supporting structures

Local government recognises that there is a place for some national services and frameworks to assist in designing and delivering services. For example, in recent discussions there has been some support for national frameworks around terms and conditions for social workers. Similarly local government has been central in taking forward the National Adoption Service and Foster Wales as national initiatives. However, there is a need to recognise that evidence reflects that top-down solutions do not always work as intended. There is little evidence that running services nationally makes them more uniform than services planned and delivered locally. The idea that more national systems and approaches would necessarily help eradicate unwanted local variation is flawed: it could exacerbate inequalities which only a highly localised response can address.

Within the NHS for instance, a national service, there is still significant variation in access, quality and outcomes. More broadly, variability is not unique to the public sector and is instead an inevitable feature of life. The accessibility and availability of banks, shops, transport connections and restaurants is part and parcel of what makes every area different. There is a need for a system in which variation reflects positive choices in local areas to reflect local needs and wishes, and to build communities that are inclusive, cohesive and promote the life chances of everyone within them. Councils' bespoke solutions to local challenges also allow greater space for innovation and improvement to flourish, which is harder to achieve with too many national level services.

Local government has previously set out that any reform must start at the local level and build on the strength of local authorities in their role in place and community, addressing the needs of individuals and families, building resilience and focusing on wellbeing – any changes should be rooted in, and guided by, what works for people and service users, not what works for systems or structures. As such democratic accountability at the local level is a strength of the current system, it must be retained and will be key in ensuring progress continues to be made. Councils' democratic accountability and leadership supports effective partnership working at the local level and there is a need to ensure appropriate governance structures are put in place that reflects democratic oversight of local authorities.

The three major national programmes – the Strategic Programme for Primary Care, the Urgent and Emergency Care Programme, and the Regional Integration Fund/ RPBs are all focused on strengthening community care services and indeed this idea is central to A Healthier Wales. However, these (particularly the first two) are mainly NHS led and there is a need for much greater emphasis on taking a shared approach, ensuring that local government are fully engaged in this work and that there is parity across partners. The focus needs to be on providing good social care that is locally based and person-centred, building on local community connections and resources. These efforts need to be supported and enhanced by national and regional leadership, or progress will continue to occur in pockets and will not achieve the widespread change that is required. The

proposed National Office will have a role to play, but the work to develop and shape the National Office is still being undertaken and will be subject to consultation and so it is not clear what these arrangements will look like yet. It will be crucial that membership allows for direct involvement from councils and social care stakeholders and be clear on how democratic oversight by local government will be built into arrangements.

The most important resources are funding and the workforce, especially given the staff-intensive nature of services in the community and growing concerns about shortages of some key groups of workers. This is an area where some issues agreed nationally could be helpful. National leadership should not be overly prescriptive to allow flexibility in how new care models are implemented and adapted to avoid innovation at regional and local levels being stifled. The role of central government remains to set out the vision and framework for care, and the expectations it has for the sector on standards. It is recognised that there are some issues that will benefit from discussion and agreement at a national level. For example, we agree that there could be significant benefit at looking at how we could take forward the standardisation of workforce pay, with nationally agreed terms and conditions, whilst ensuring that there is political oversight of any decisions made.

Digital transformation of health and social care has a key part to play in the future of our social care services. New and emerging technologies can support flexible, tailored services that promote people's health, wellbeing and independence.

They can help to tackle some of the huge challenges the sector faces by offering people timely access to physical and mental health services, helping them manage their own health and care. Digital technologies can help reduce pressure on our overstretched workforce, giving them more time for the treatment and caring that only people can do, and help target disparities in access and outcomes. They can help to shrink the sector's carbon footprint and improve its resilience to the effects of climate change and future pandemics.

For all these reasons, achieving digital transformation of the health and social care sector has to be a key consideration in looking to the future. Examining how we can give people greater control and enable them to become more active participants in their own health and well-being. With the aim that this will help people to make informed choices about their own treatment, care and support, finding the most appropriate service for their needs. As we introduce digital technologies, we need to ensure people have the infrastructure and skills to utilise those new technologies.

Any change also needs improvement and transformation support and there is an opportunity to use the existing national structures in place. For example, this could entail Social Care Wales (SCW) taking on further national improvement support. Here there could be a role for SCW to lead the development of a national career framework and any proposed Agenda for Change type framework, with the appropriate resourcing.

Other Potential Areas of Reform

In terms of the Welsh Government's agenda around wellbeing local government has previously argued that it would be an opportune time for a full examination of the creation of a public health improvement role located within local government and believe that there is still significant merit in considering this further.

Public Health Wales is located in the NHS and is inevitably dwarfed by the larger configurations of secondary care. Locating appropriate public health functions in councils in Wales would give the public health agenda a new impetus allowing closer working with GPs and linking into the enforcement role that councils have in areas such as food safety.

Local government fully accepts that where a public health service is deeply intertwined with the delivery of clinical services there must be an on-going NHS role.

Local government's role in promoting public health is already outlined in legislation with the Local Government Act 2000 giving local authorities a statutory responsibility to improve the economic, social and environmental circumstances in their area. When it comes to public health a range of practitioners particularly in social care, environmental health and more broadly in leisure services through schemes such as the GP Referral scheme also play a key role in dealing with the social determinants of ill health.

As recognised by the Department of Health in the English debate:

“Local authorities are democratically accountable stewards of their local populations' wellbeing. They understand the crucial importance of “place” in promoting wellbeing... Local authorities have ample experience of the reality of health inequalities in their communities. Many of the social determinants fall within their ambit, so they can take strategic action to prevent inequalities across a number of functions, such as housing, economic and environmental regeneration, strategic planning, education, children and young people's services, fire and road safety”.

The King's Fund reports that the transfer of public health functions and staff from the NHS to local authorities went, in most cases, remarkably smoothly, with directors of public health confident of better health outcomes in the future

and reporting positive experiences of working in local authorities. Many directors are also influencing local authority decisions well beyond the confines of their ring-fenced public health budget.⁷

⁶ https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/216708/dh_131904.pdf

⁷ <http://www.kingsfund.org.uk/projects/verdict/has-government-delivered-new-era-public-health>

Conclusion

Local government has long recognised the need for a refocussing of our social care and health services to prioritise prevention and early intervention and promote independence and good wellbeing. It is only by doing so that we will turn the growing tide of ill-health and dependence on acute and hospital services. So that when people need treatment, care and support, our responses are built around what matters most to the individual and enables them to live meaningful and independent lives, in line with the Social Services and Well-being (Wales) Act.

There needs to be a much greater emphasis on, and investment in, the kind of support people want and need to be safe and independent at home, with rapid treatment or crisis support if needed. Investing in home and community support is better for people, but it is also a far better use of resources than in-patient care. The focus should be on ensuring that people can access the right care, in the right place, at the right time. For most people, most of the time that is at home. Similarly, for children and families, ensuring that councils are able to invest in preventative, universal and early help services, with all partner organisations recognising and playing their part, will mean that earlier interventions with families can be made preventing problems from escalating.

Here, children, young people and families can then receive the practical, emotional, educational and mental health support they need, as soon as they need it.

Local government is a willing and committed partner in examining how we can transform our social care services. We have always valued the opportunities to engage directly with Ministers and senior officials on the challenges and opportunities facing our health and social care system and local government is keen to play an active leadership role in supporting the Welsh Government ambitions for a stronger, fairer and healthier Wales and how we can take the vision and ambitions outlined in this paper forward.





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