

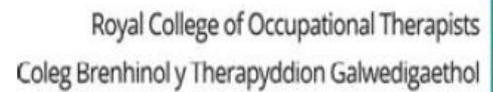
# Key messages to the Plaid Cymru Commission on the future of social care in Wales

Health and care organisations have come together through the Welsh NHS Confederation Policy Forum to put forward our key messages to the Plaid Cymru Commission on the future of social care in Wales. We call on the Commission to support the following actions:

- 1) **Citizen voice, control, choice, dignity and respect must be the core values underpinning future models of social care.** It is imperative that there is a shared understanding of what co-production means, with those using services and carers, if they are to meaningfully shape and influence service planning and delivery, whilst having control over 'what matters' most to them.
- 2) **Recognise, support and invest in the vital work undertaken by carers.** The strain of caring for someone, without appropriate support, puts the health and wellbeing of carers at risk; impacts on educational attainment and life chances; and can jeopardise their ability to continue in the caring role. Without support, carers may end up requiring care themselves, creating even more strain on a social care system that is already working at capacity.
- 3) **Adoption of a 'whole system' approach to 'wellbeing'.** The focus must be on prevention, early intervention and reablement, with social care support seen as part of a range of options, including self-help, to promote positive health and wellbeing across a person's life-span.
- 4) **Sustainable funding is perhaps the greatest challenge facing the future of social care in Wales.** The social care sector has been severely affected since the official start of austerity measures in 2010. This is likely to be further impacted by Brexit as organisations delivering vital support to vulnerable people stand to be affected. It is also clear that financial prudence alone will not solve the challenges brought about by years of underfunding of social care. Whatever funding model is finally developed, it must be sustainable and meet the needs of an aging population, including aging carers, that is living longer with a greater number of long-term, co-morbid conditions.

- 5) **Technology must be progressed as a positive driver of change.** Digital record sharing and integration of health and social care IT systems must be a priority if we are to achieve seamless support. Technology must be accessible to all, with poverty not acting as a barrier to equality of opportunity. Not everyone has the skills to use technology and support must be made available to promote such skills and prevent people from becoming further disadvantaged. Care must be taken to mitigate against unintended consequences, such as an increase in loneliness and isolation. The need for direct human contact and support, especially when vulnerable or where independence is aligned to increased risk, cannot be substituted by technology.
- 6) **There must be parity of esteem between the social care and healthcare workforce.** This is essential to achieve a sustainable, well-trained workforce which is safe and maintains the public's confidence. This must include parity of pay, working conditions, training and educational opportunities. Those who use services and carers must play a vital role in developing joint health and social care workforce strategies.
- 7) **More must be done to realise the opportunities we have to prevent ill-health and support people to maintain their independence through the work of third sector organisations.** From providing advice, information and advocacy support through to avoiding hospital admission and helping people to remain independent at home, there is a wealth of experience and knowledge in the third sector that needs to be recognised more comprehensively. Instead of working in isolation, mechanisms should be put in place to support third sector parties, regardless of scope, to work with the health and social care sector to become equal partners in shaping and designing services.
- 8) **Dementia and other age-related conditions should not be a barrier to maintaining voice and control over what matters in decisions about care and support.** There must be equal access to specialist dementia support that meets the needs of all people with dementia and their carers. This is particularly true for those from BAME communities and those who face particular communication challenges e.g. those who do not speak English as their first language. We know that people from Gypsy, Roma and Traveller communities develop dementia at a younger age, but little is understood about why this is, or what their distinct support needs are. People living with dementia and other age-related conditions must be supported to live full and meaningful lives and receive the appropriate level of support, in the right place, from the right person, at the right time.

This document is endorsed by:



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