

Welsh Reablement Alliance

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Claire Griffiths,
Deputy Clerk,
Legislation Office,
National Assembly for Wales,
Cardiff Bay, CF99 1NA
HSCCommittee@wales.gov.uk

13th March 2013

Dear Ms. Griffiths,

Consultation on the Social Services and Wellbeing (Wales) Bill

Please find below a submission from the Welsh Reablement Alliance to the Health & Social Care Committee's call for evidence on the Social Services & Wellbeing (Wales) Bill.

The Welsh Reablement Alliance is an umbrella organisation for professional associations, voluntary sector partners and care providers who provide reablement services in Wales. We believe that by speaking with a united voice on reablement, we can give a clear indication of what is needed to improve reablement provision. The Alliance is comprised of:

- The College of Occupational Therapists
- Care & Repair Cymru
- WRVS
- Sense
- Leonard Cheshire Disability
- Age Cymru
- The Stroke Association In Wales
- The Chartered Society of Physiotherapy
- Carers Trust
- United Kingdom Home Care Association
- Alzheimer's Society
- Mind Cymru



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association

Mind Cymru
for better mental health
o blaidd gwell lechyd meddwl

age Cymru

BASW CYMRU
BRITISH ASSOCIATION OF SOCIAL WORKERS CYMRU

- British Association of Social Workers Cymru
- Age Connects Wales
- British Dietetic Association

Individual member organisations will be making their own detailed responses to the questions set out by the Committee. In this response, we will simply be setting out our over-arching view as an alliance on the main areas of consensus, and giving a narrative response to the central areas of the Bill where we believe further work is required. We would, of course, be happy to provide further information if required or to give oral evidence to the Committee on any of the issues raised below.

Response

The Welsh Reablement Alliance welcomes a great deal of the Bill's content, and in particular the direction of travel it signifies over a more preventative approach to social care, and the renewed focus on wellbeing. We warmly welcome the definition of wellbeing as a tool for ensuring services focus on delivering outcomes for people, and particularly the recognition that enabling people to participate in meaningful activities, such as work, play and leisure activities as well as social and family roles, has great impact on health and wellbeing. The intention of the Bill to ensure that wellbeing is enhanced and that services respond flexibly to the developing needs of individuals, their family and carers is also excellent.

We do, however, recommend that a more explicit emphasis is given to reablement within the Bill. Whilst much of the Bill engages with a reabling ethos, this could be made much more explicit and prominent within the text of the Bill. The Bill might, for example, set a duty on local authorities and health boards to provide reablement services (with a clear definition of what these should entail) as part of their preventative services. Furthermore, the Bill could identify more clearly the steps envisaged to provide proportionate support to people – this links to national eligibility criteria and assessment, and to the intention to promote self responsibility and voice and control.

In addition, we would like to make three main observations on the Bill's contents:

- 1) We strongly believe that universal access to preventative initiatives (including equipment, aids, falls prevention and reablement for those in need) must continue to be provided **free of charge** before eligibility criteria are applied. We believe that charging for preventative initiatives (clause 7[3]) and for advocacy, information and advice may be counter-productive, costly to implement and may not deliver the intended outcomes.
- 2) We would like to see much greater clarity over the exact duties being proposed for local authorities, and what these will mean for people needing to access services. The definition of what constitutes preventative services is unclear; does it include reablement? does it include social and emotional wellbeing services? what is the distinction between care and support services and preventative services? These are the sorts of questions which need to be unambiguously answered within the text of the Bill in order to prevent problems of interpretation further down the line.



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- 3) We have some concerns over the balance of “voice and control / person centredness” versus “eligibility and list of how to meet needs” (section 20 of the Bill). There is a fundamental tension between determining eligibility (whether someone is ‘entitled’ to an identified service) and working with someone to agree the best way to meet their needs and achieve their outcomes.

Further comments

In addition to these three priority areas, the Welsh Reablement Alliance would like to raise the following additional points for discussion/consideration:

- We welcome duty to promote wellbeing, and support the definition outlined in the Bill. We would, however, suggest including “participation in appropriate work and meaningful activities” within the definition instead of the current focus purely on paid employment.
- We do have concerns over the impact of the Bill on people with low or moderate needs, but who might not be not eligible for support (for example, a person with fluctuating mental health needs who might fall outside of the eligibility definition) or who don’t pass the financial assessment (and choose not to self fund). We would like some clarification on the points at which the local authority is still responsible for that individual.
- We would like the Bill to be clearer about the role of local health boards in providing preventative services.
- We welcome the principles of ministerial powers to prescribe partnership arrangements between local authority social services department and between social services and health boards; (part 9, chapter 2), but we would suggest that such partnerships also incorporate housing departments given the clear link between built environment and personal health. We also believe that greater clarity should be provided in the Bill over the specific geographical areas for such partnerships – presumably the Bill envisages these partnerships being co-terminus with local health board footprints, but this is not explicitly stated.

We trust this response is of use to the Committee. We would be more than willing to expand on any of these points when the Committee holds its oral evidence sessions. If you would like any further information, please do not hesitate to contact us.

Yours sincerely,



Ruth Crowder

Chair, Welsh Reablement Alliance



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