

**Committee Clerk,  
Health and Social Care Committee,  
National Assembly for Wales,  
Cardiff, CF99 1NA  
HSCCommittee@wales.gov.uk**

9<sup>th</sup> December 2011

Dear Sir / Madam,

**Re: Committee inquiry into residential care for older people**

Further to your request of 24<sup>th</sup> October for responses to the above inquiry, WRVS would like to make several comments.

WRVS is one of the largest voluntary sector organisations in Wales. We are committed to making Wales a great place to grow old through providing low-level preventative services targeted at older people. In nearly 150 schemes across Wales, we help older people to remain active and independent in their own homes, without having to rely on formal social services. We do this through the effort and dedication of over 4,000 volunteers, who give up their time throughout the year in all weathers to help their community.

On the specific terms of reference of the inquiry, we would make the following comments. We have focused on the two elements of the inquiry (reablement services and emerging models of care provision) where we have the greatest expertise as a charity, and where our work and experience is most pertinent.

**The process by which older people enter residential care and the availability and accessibility of alternative community-based services, including reablement services and domiciliary care.**

Our comments here relate to the provision of reablement services across Wales and the current inconsistencies which exist. We would make three main observations:

- Existing provision does not adequately acknowledge the importance of SOCIAL reablement: Individuals may find themselves lacking in social support – particularly if they are unable to go out as much as they did before their hospital stay. Effective reablement should ensure that those in receipt of services benefit from *social* measures to prevent them from feeling isolated, lonely and vulnerable. We would ask for equal weight to be

attached to the physical and social elements of reablement.

- There are major imbalances between levels of provision in Wales: We believe there is significant value in looking at a *national* (rather than local or regional) framework for reablement. This would mean that vulnerable people from right across Wales would receive the same type of services, rather than the patchwork of different schemes which exist currently.
- Effective reablement costs money, and there needs to be investment from the centre to ensure that effective and consistent services are developed: Good reablement requires investment – but it can also *save* money in the longer-term. In March this year, the Older People’s Commissioner for Wales drew attention to the paucity of discharge planning in Wales, saying: *“It is a false economy to leave people in hospital and we have to find smarter ways of working in the current budgetary context<sup>1</sup>”*. Scotland already has a dedicated £70m fund for reablement services. This has led to highly successful and innovative reablement projects in places like Edinburgh, where research<sup>2</sup> has shown that reablement can reduce the number of care hours required by users, and that reablement gave service users the confidence to undertake tasks for themselves. Wales currently has no equivalent, meaning that good practice examples of reablement in Wales cannot be expanded across the country.

## **New and emerging models of care provision.**

We believe the most important step-change in the provision of care for older people in Wales needs to be a presumption in favour of properly-funded preventative care. Rather than focusing on the needs of older people when they require residential care, there should be a much greater emphasis on preventing them requiring formal care in the first place, through first-class home-based preventative services which ensure older people enjoy both physical and emotional wellbeing.

As the SSIA has recently pointed out, *“it will be important to concentrate on reconfiguring services through the decommissioning of traditional, high cost services in favour of more preventative models<sup>3</sup>”*. Such an approach helps older people retain their independence, but also saves money. A report into WRVS services by Frontier Economics<sup>4</sup> found that in many cases the value provided by preventative services resulted in financial savings to local authorities and the health service whilst in others the value manifested itself in improved wellbeing for individuals and families. The services provided by WRVS in the two areas studied achieved estimated net

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<sup>1</sup> Older People’s Commissioner for Wales (2011) [Dignified Care? The experiences of older people in hospital in Wales](#), Cardiff: OPCW: page 15.

<sup>2</sup> Scottish Government (2011) [Evaluation of City of Edinburgh Council Home Care Reablement service: research finding](#), [Scottish Government website](#).

<sup>3</sup> SSIA (2011) [Better Support at Lower Cost: improving efficiency and effectiveness in services for older people in Wales](#), Wales: Social Services Improvement Agency: p4.

<sup>4</sup> Frontier Economics (2011) [Social Return on Investment: report for WRVS](#), London: Frontier Economics / WRVS.

benefits to the value of some £1.25m in a single year. This clearly demonstrates that net savings can be made by properly-funded preventative care, as well as providing benefits to older people in terms of improved quality of life.

One key consideration in relation to preventative care is the eligibility threshold for social services – ie, the level at which people qualify for low-level early interventions to prevent them needing more formalised social care further down the line. The Welsh Government's ambition to standardise eligibility criteria for social services in Wales was suggested in February's social services white paper<sup>5</sup>, and also featured in the recent Dilnot Commission report in England<sup>6</sup>.

If eligibility criteria are to be standardised across Wales (which WRVS welcomes), it is vital that the threshold is set at Low so that preventative services are maintained – to not do so would be a false economy. Moreover, such a change should be the cornerstone of a move to mainstream prevention into Wales' approach to social care.

We also encourage the Welsh Government to work with local authorities to protect low-level interventions such as day centres and lunch clubs which support independent living amongst older people in Wales.

I would be more than willing to expand on any of these points when the Committee holds its oral evidence sessions in the spring of 2012. If you would like any further information, please do not hesitate to contact me.

Yours faithfully,



**Dr. Ed Bridges**

Public Affairs Manager, WRVS Wales

tel: 07714 898531

e-mail: [ed.bridges@wrvs.org.uk](mailto:ed.bridges@wrvs.org.uk)

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<sup>5</sup> Welsh Assembly Government (2011) [Sustainable Social Services for Wales: a framework for action](#), Wales: WAG.

<sup>6</sup> Dilnot Commission (2011) [Fairer Care Funding: the report of the commission on funding of care and support](#), London: Dilnot Commission.