

Carers look after family, partners or friends in need of help because they are ill, frail or have a disability. The care they provide is unpaid.

Ms Lindsey Richardson  
Older People & Long Term Care  
Welsh Assembly Government  
Cathays Park  
Cardiff, CF10 3NQ

5<sup>th</sup> October 2005

Dear Ms Richardson,

### **National Service Framework for Older People in Wales**

I would like to thank you for giving us the opportunity to respond to the draft National Service Framework for Older People.

Carers Wales is part of Carers UK, a leading policy organisation representing the views and interests of the six million carers in the UK who care for their frail, disabled or chronically ill partners, relatives or friends.

We have been campaigning since our establishment, nearly 40 years ago, to seek change for carers so that they are able to access the same opportunities in life as others. We aim to improve life for carers across the UK by raising awareness of carers' issues and seeking changes in both policy and its practical implementation. Some of our priority areas are around the poverty faced by many carers, the adverse effects that caring has on their health and well-being and ensuring carers have real choices about their caring role.

With reference to the Framework as a whole, we would like to comment as follows:

1. We believe that the Framework needs to establish clearly the standards and desired outcomes for health and social services so as to enable older people to know what they are entitled to and what other alternatives are available.
2. The current draft often seems to present the rationale behind services and how services should ideally operate rather than setting unambiguous standards and desired outcomes. Standards and outcomes need to be specific and measurable so that they can be audited without difficulty.
3. We feel the Framework does not identify correctly the targeted audience. Unlike the strategy for older people, the framework should restrict its scope to older people who, through illness, disability or frailty, need social care or health services. We therefore find the element of preventative healthcare redundant (*Promoting healthcare and well being in older age*), whilst we would welcome more focus on rehabilitation.

4. We would welcome the inclusion of cases of best practise that would point at the right direction in service provision.
5. In terms of format, it is absolutely crucial that the document is succinct and readable. We would welcome an easy to read booklet for the public, stating each standard and what it means in practise. Similarly, clear but inclusive booklets could be produced for practitioners, bearing in mind their role and position.

On more specific issues, we would like to add:

1. We feel the document underestimates the value and level of carers' contribution to society. Carers are merely mentioned but not included as in the proposed review tool on the effectiveness of the total patient journey. Similarly, there is no involvement of carers in the discharge process. There is also no mention of the Carers Equal Opportunities Act 2004 and the rights stemming from it.
2. The document should acknowledge the everyday reality of health and social care and strive to drive up standards. It should also be borne in mind that it is often at the very basic level of practice that acceptable standards are not met. For example, vulnerable patients in hospital are still suffering dehydration and malnourishment because they are not given help with drinking and eating.
3. The framework also often identifies specific models such the unified assessment process without leaving flexibility to local government to decide how best to deliver the desired outcomes. In doing so, the framework tends to focus on process rather than outcomes and risks being overly prescriptive.
4. The voluntary sector is a key partner in the delivery of services to older people but this is not reflected in the document, especially in the Actions sections and in *Challenging dependency*.
5. We welcome the recognition of the importance of housing adaptations and the promotion of independence. However, the framework fails to take into consideration the difficulties faced by local government due to the cuts to funding streams such as the Disability Facility Grant and Supporting People.
6. With reference to primary care, the possibilities offered by the new GP's contract are not explored. GP's can play a crucial role in linking disease management with patient centred assessment.
7. We would also welcome the exploration of initiatives such as:
  - "Homing in on Care" (Scotland) includes shared electronic records and specialist teams in which home care workers complement skilled nursing care to provide alternatives to hospital or residential care.
  - Welfare advice for carers: local partnerships should consider having dedicated welfare rights' staff to advise carers.

Carers Wales supports the Welsh Assembly Government's strategy for older people. The National Service Framework has a very different purpose. Carers Wales hopes the draft NSF will be amended to set out more clearly specific, realistic but high-quality standards and measurable outcomes for practitioners in all sectors across Wales. It is in view of this that we hope our contribution will inform the Welsh Assembly Government's final document.

Yours sincerely,  
Roz Williamson, Director

