

# Age Alliance Wales Seminar Report

## Outcomes from the Intermediate Care Fund

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Members of Age Alliance Wales recently met with representatives from local health boards, Welsh Government and local authorities to discuss their experiences of the Intermediate Care Fund. The fund was launched by the Welsh Government in December 2013 and aimed to provide *‘a real opportunity to build on effective working across health, social services and housing to improve the planning and provision of more integrated services.’*<sup>1</sup>

£50million was made available to local authorities who were tasked with managing the allocation of the funding and ensuring that the third sector and local health boards were involved in all aspects of the process. The Welsh Government also stated that the fund should *‘drive a step change in the way services work collaboratively at both a strategic and operational level.’*<sup>2</sup>

The fund was first announced in the Welsh Government draft budget published in October 2013. Plans for its allocation were finalised by December 2013 with deadline for proposals set as March 2014. Consequently the time allocated for developing and submitting bids was very brief and allowed little time for organisations to broker new relationships.

In recognition of the tight timescale, the WG asked regional partnership boards to make use of their existing mechanisms of engagement, but also to be mindful of how these could be improved. This did lead some regional boards to re consider their membership. AAW believes that ensuring appropriate representation on regional boards is vitally important, but that relying on CVCs to represent the third sector can mean that the strategic perspective from national third sector organisations is lacking. In addition, even with appropriate representation on boards, developing a shared vision for joint working remains a challenge.

Age Alliance Wales (AAW) and WCVA initially welcomed the announcement of the ICF. The organisations were pleased to note that, in a climate of austerity, the importance of delivering integrated care services to those most in need was being prioritised. However, the groups expressed their concern that the fund was to be allocated exclusively to local authorities. In response to this, the WG stated that as the fund was designed to promote partnership working, allocating money to local authorities would be more effective than distributing the funds between different sectors.

At the start of the ICF process, it was felt that the offer of a £50million at a time when many third sector organisations were facing considerable financial pressures, would only increase isolationism and competition within the third sector. In reality, the ICF demonstrated that financial pressures are forcing many organisations to become more

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<sup>1</sup> Welsh Government Written Statement on Intermediate Care Fund. Available @ <http://wales.gov.uk/about/cabinet/cabinetstatements/2013/8284299/?lang=en>

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disciplined in developing partnerships and to focus on what really matters – improving lives for older people.

During the AAW seminar, delegates agreed that a lack of trust and shared accountability between sectors was hindering joint working. Representatives from the statutory sector perceive that their colleagues sometimes feel that third sector organisations demand a share of their budgets, but are not held accountable for bad service or missed targets.

Equally, delegates from the third sector felt that staff in local authorities and local health boards often fail to appreciate the breadth and value of the services they provide. It was agreed that in order to develop sustainable partnerships, the sectors need to stand and fall together. It is clear that third sector organisations should never underestimate the value of promoting their services and need to challenge current perceptions; both sectors have undergone considerable changes in recent years and information on new ways of working need to be shared.

It is evident that it will not be possible to create an integrated health and social care system whilst feelings of mistrust between sectors continue. All parties need to understand that enabling collaboration is a key part of their job. In addition, delegates agreed that conversations between sectors need to move away from a focus on the distribution of funds to considering the needs of older people and how these can be met.

In order to improve perceptions of the third sector, it was suggested that organisations develop their own ‘unique selling point’ and collate evidence of their track record, competence, flexibility and trust worthiness. Services could also be promoted via the dissemination of good practice and case studies and facilitating visits to projects could also be helpful.

The third sector has important role to play in supporting people to age well, cope better with illness and improve their wellbeing. The current WG move towards providing *prudent healthcare* prioritises self care. This provides a huge opportunity for the third sector as an increased emphasis on self care should lead to a demand for services that decrease admissions to hospitals and that improve hospital discharge procedures. Aligning plans with those of regional boards would enable organisations to avoid duplication and to become more involved in the planning of services.

## **Learning**

For many AAW members, the ICF has felt like being on the receiving end of a flawed process. There has been disappointment that, despite assurances from some regional boards that the third sector would be included in the bidding process, this did not happen.

Although the experience has been far from perfect, it has highlighted areas where partnership working between sectors and within the third sector itself must be improved if the vision of an integrated health and social care service is to be realised. It has also brokered new conversations between sectors and strengthened the expectation that the third sector should be included in the design, planning and delivery of services. The Welsh Government has confirmed that evaluations will not only consider how the money

was spent, but will also look at the extent to which organisations were involved in initial planning conversations and how this translated in the delivery of projects.

Initial feedback shows that funded projects are making a difference. There is also an increased understanding between sectors of what services they can provide, however mechanisms for shared decision making and building capacity within the third sector need to be improved. There is also a need to determine how local and national third sector organisations can work together at an operational and strategic level.

The strategic aim of improving lives for older people can often be overlooked with too many conversations focussing on the distribution of funds. AAW is well positioned to broker a strategic conversation about improving services for older people and to ensure that, when building partnerships between sectors, improving lives for older people is the principle on which all decisions are based.

### **Recommendations for Age Alliance Wales organisations**

- Promote awareness of services by developing a 'unique selling point,' disseminating good practice and facilitating visits to projects.
- Improve perceptions of third sector by collating evidence of organisation's track record, competence, flexibility and trust worthiness.
- Continue to focus on prevention in order to ensure that older people are able to live well for as long as possible.
- Improve communications between sectors in order to develop more informed discussions, and proactive rather than reactive services.
- Engage with the political community in order to encourage politicians to consider health issues on a long term basis, and to not prioritise short term remedies.

### **Recommendations for Welsh Government**

- Avoid single year funding streams - multiple year funding programmes are more effective.
- Ensure timescales for submitting funding bids allow all sectors sufficient time to broker new partnerships.
- Continue to provide strategic direction that statutory sector include the third sector in the planning design and delivery of services.
- Fund the third sector – integration will not take place if capacity within the third sector is lost.
- Improve citizen engagement – work with third sector organisations to ensure the views of older people are considered when developing strategies, initiatives and funding streams.

### **Recommendations for the statutory sectors**

- Ensure that national third sector organisations are represented on regional partnership boards, alongside the local voluntary sector. Identify appropriate points of contact to facilitate engagement with the third sector.
- Work with third sector colleagues to build trust and develop mechanisms for shared accountability.

- Involve the third sector in the design, planning and delivery of services.
- Involve older people in the design, planning and delivery of services.

Age Alliance Wales (AAW) was set up in 2003 and is funded by the Welsh Government. It is a powerful **alliance of 19 national voluntary organisations committed to working together to develop the legislative, policy and resource frameworks that will improve the lives of older people in Wales**. Collectively AAW member organisations possess extensive service development and service delivery knowledge in a range of policy areas. All organisations also act at a strategic as well as an operational level and many are membership based. The following organisations are members of Age Alliance Wales:

**Action on Hearing Loss Cymru, Age Connects Cymru, Age Cymru, Alzheimers Society Wales, Arthritis Care, British Red Cross in Wales, Care & Repair Cymru, Carers Wales, Contact the Elderly, Carers Trust, Cruse Cymru, CSV Wales, Deafblind Cymru, Disability Wales, NIACE Cymru, Prime Cymru, Royal Voluntary Service, RNIB Cymru and The Stroke Association.**

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