

**The Wellbeing Enigma  
Annual Age Alliance Wales Conference  
4<sup>th</sup> July 2013**



**Feedback from roundtable and  
panel discussions**

<b>Issue raised</b>
<b>Promoting partnership working and integrated planning and delivery</b>
<p>1. Although partnership working between health and social services is increasing, engagement with third sector organisations is limited. This may be due to the multiplicity of providers within the third sector which staff within LHBs and LAs can find confusing. Encouraging more voluntary organisations to adopt a constortium approach could facilitate the commissioning of services, avoid unnecessary duplication and reduce costs.</p>
<p>2. Increasing representation from the voluntary sector on Local Strategic Partnerships could improve collaboration between sectors and ensure that LSPs make decisions based on collective intelligence and consider the views of service users. Such partnerships have a key role to play in removing organisational barriers to partnership working and promoting the move to increase availability of health services within the local community.</p>
<b>Promotion of services</b>
<p>1. Some delegates felt that the third sector needs to be more proactive in publicising their services within local authority areas and more willing to signpost onto services offered by other voluntary organisations. It was felt that third sector orgs can be overly protective or competitive about the services they offer. However the point was made that for many organisations, cuts in funding from the Welsh Government and other sources, has meant that funding for marketing materials and attending events has dramatically decreased.</p>

## Impact of spending cuts and role of third sector

1. As people continue to live longer and age well, there will be an increase in demand for low level services and any reduction in these preventative services is likely to increase demand for critical and substantial care. In order to protect low level services, third sector organisations need to get better at evidencing how the services they offer will save money in the long term. Increased partnership working is vital to prevent voluntary organisations from being left to absorb the impact of public sector cuts. The debate around how sectors can work together to minimise the impact of cuts must be based on outcomes, not targets.

## Where does the responsibility for maintaining health and wellbeing in an ageing society lie?

1. The state can support individuals to take responsibility for their own lives and to make healthy choices. Education initiatives and legislation such as the smoking ban can enable individuals to improve their health and well-being.
2. The current emphasis on the ageing society and 'older people' as a homogenous group, can deter people from looking forward to growing older and from planning accordingly. There is a continuing need to challenge negative images of ageing and to encourage individuals to consider how their actions today will impact on their wellbeing in later life.
3. There is a need for more discussion on how individuals can take responsibility for their own health and recognise the benefits of finding out about social activities and support available in their locality. This could encourage a shift away from the traditional health model of prevention.

## Preventative services

1. A key aim for local health boards, local authorities and voluntary organisations must be to keep people out of hospitals and to change the perception of hospitals as the main place to receive health services. **(Maria Battle)**
2. There is an imbalance between the current roles of hospitals, community health services and social care. Taking services out of hospitals into the community and reducing hospital admissions will necessitate LHBs forging stronger links with third sector, increased investment in preventative services and moving

<p>provision of specialist care from hospitals to community settings. (In England, £3 billion has been released from the social care grant to be spent on preventative services).</p>
<p>3. Preventative services can span across policy areas including health and social care, lifelong learning, heritage and housing. The Welsh Government needs to recognise this and facilitate increased cooperation and pooling of budgets between government departments.</p>
<p><b>Additional key points to note:</b></p>
<p><b>GP referral schemes</b></p> <p>The role of GPs in referring patients onto voluntary organisations or learning activities was raised more than once. Speakers and delegates felt that GPs and health centres could be far more proactive in referring patients, especially older people who are regular visitors to surgery, onto third sector organisations such as RVS Cymru or Contact the Elderly who offer services that combat loneliness and isolation. For example, one English county has given the responsibility for managing public toilets over to members of the local community And, in southern England, GPs have been referring 8 people who visit their surgeries regularly onto voluntary organisations which has led to savings of £60 over six months<sup>1</sup>.</p>
<p>All statutory and voluntary organisations need to develop more innovative approaches in order to minimise the impact of public sector cuts. For example, one English county has given the responsibility for managing public toilets over to members of the local community.</p>
<ul style="list-style-type: none"> <li>• Welsh Government needs to value third sector more. (NB WG failed to send representative to conference)</li> </ul>
<ul style="list-style-type: none"> <li>• Welsh Government needs to increase cross departmental working and pool budgets to fund preventative services</li> </ul>

<sup>1</sup> More information on this project can be found at:

- <http://campaigntoendloneliness.org/toolkit/casestudy/west-moors-befrienders-aka-phone-a-friend/>
- <http://www.gponline.com/News/article/1152488/Dorset-GP-saves-80000-just-six-patients/>