



Inquiry into the impact of the Covid-19 outbreak and its management on health and social care in Wales

A RESPONSE FROM WCVA

1. Wales Council for Voluntary Action (WCVA) is the national membership organisation for the voluntary sector in Wales. Our purpose is to enable voluntary organisations to make a bigger difference together.
2. We are pleased to have the opportunity to respond to the Health, Social Care and Sport Committee's consultation on the impact of Covid-19, and its management, on health and social care in Wales. We thank those organisations and individuals who have contributed evidence to our response.

ACCESSIBILITY OF INFORMATION

3. WCVA and partners recognise the importance of protecting the most vulnerable and have risen to the call to support people through the lockdown. The voluntary and community response was rapid in providing an array of care and support remotely and at a social distance. However, aspects of the strategic and operational response have led to the impression that shielding appears to have been poorly managed. WCVA's Safeguarding

Officer has taken calls about people who felt they should have (almost certainly) had a shielding letter but not received one. This caused great anxiety, a sense of having been overlooked, and created a practical barrier in accessing food and medicine. In these cases, their GP surgeries were unhelpful, through apparent lack of understanding of their role (at least by reception staff). The contact numbers for addressing the issue provided in the shielding letters were not always easy to find on local authority websites. The shielding letter needed to be clearer as many found it difficult to understand who to contact and why it was important to shield. It was also difficult to navigate the Recite function on the Welsh Government website to access translated material in various languages.

SHIELDING

4. Confusion over shielding created immediate barriers and lack of access to much needed support and care. Extremely vulnerable people with critical and chronic diseases were not included, which resulted in people not being able to access essential supplies especially those who had little or no family support. Families were separated and unpaid carers have been placed under enormous pressure with access to clinical services reduced or suspended. Organisations were put under extra pressure to help people through this but rose to the challenge to meet the needs of those being shielded and those who were and continue to self-isolate including now those identified through the Test, Trace and Protect process.

TREATMENT

5. In addition to physical / medical / clinical impact; there is an emotional impact to the postponing of serious treatment such as transplants, clinics for serious conditions including cancer treatment. There has been an increase in calls for advice and support to organisations such as British Liver Trust because people are worried and want to know what is happening. Some Health Boards are continuing with certain treatments and others are not, but patients do not necessarily understand why and how long they will have to wait, affecting quality of life and impacting on emotional well-being. Many voluntary sector staff are providing emotional support to patients 'to be there for them' and

continue to do so as anxieties grow due to a lack of access to NHS services. There is a consequential impact on the wellbeing of staff of charities due to high demand for support and advice.

6. Delayed treatments will inevitably create a backlog - already highlighted by various condition specific voluntary sector organisation, leading to worsening conditions and the need for more intensive treatment. From the outset, Macmillan were concerned about the impact on cancer patients not receiving treatment and felt that, as a result, there could be significant deaths. Even during a pandemic, attempts at prevention and early intervention are needed. People should be able to quickly and easily access services or support that can help them do this. Whilst there is an appreciation that those with chronic conditions are also reluctant to enter NHS settings in case they should contract the virus, plans and guidance should be in place to enable people to feel safe when seeking an appointment or treatment.

SAFEGUARDING

7. WCVA's Safeguarding Officer has expressed broad concern about an erosion of the rights enshrined in the Social Services and Well-Being (Wales) Act, particularly the response by Social Services departments, to cases of suspected abuse and neglect. We would like to know whether cases that should have been addressed during the lockdown period have been 'parked', and if so, for how long? An analysis of safeguarding referrals for the similar timeframe in 2019 to 2020 figures would be interesting.
8. PPE has not been readily available to workers caring for the vulnerable, in both community and residential settings. Voluntary sector organisations who were still able to and needed to provide frontline services struggled, especially in the first month, to access PPE, putting staff members or volunteers at risk as well as those they were supporting. A hospice at one point was down to minimal supplies and struggled to find a source to enable their in-patient facility to function. Greater connectivity across public, independent and voluntary sector procurement early on would have been helpful. Links that have been made during

the response phase should be built on for future resilience.

9. Established voluntary sector organisations delivering services related to health and social care have adapted well to the changing environment and are adapting services for phone and / or online delivery. They have responded rapidly, agily and flexibly through the pace of change, filling gaps as they emerged. Clear guidance on how to proceed with services on coming out of lockdown would be useful. In addition, voluntary sector organisations with commissioned services from statutory bodies would benefit from a clear steer in terms of changing outcomes and outputs for monitoring and funding of services.

COMMUNITY EMPOWERMENT

10. Communities have come together quickly, often without formal structures, to assist with services. This freedom has empowered communities to come up with their own solutions to meet problems and gaps in support. Service providers should seek to work co-productively with communities and the sector from this point on, if they have not already been doing so. We need to work cross-sector to consider more nimble, innovative ways to deliver social value services in future. Volunteers have been at the heart of supporting people through, for example, food and medication deliveries, taking calls on advice and befriending lines and topping up electricity cards.
11. Many services have moved to digital delivery during the crisis. These have been well-delivered and received and had a positive impact for many how have been lonely and socially isolated. This demonstrates the sector's ability to move quickly to new delivery models when necessary. However, there remain many people who are unable to access digital technology, including older people and those living in areas where broadband connectivity is poor. Services may well continue to move towards more digital delivery after the crisis, but we must make sure that alternatives are on offer to ensure that people are not left behind. We also need to return to models which were working pre-Covid so that people have that in-person face-to-face support which is so valuable in picking up the nuances of a conversation that sometimes get lost through use of videoconferencing.

12. Local authorities and Welsh Government must work towards a preventative agenda in anticipation of any second wave of the virus, while preparing for long-term life post-Covid, the voluntary sector is integral to this both strategically and as deliverers of care and support services. Bringing the voluntary sector and statutory bodies together has been a positive aspect during the lockdown, with greater cohesion and collaboration to address the needs of people and communities. Collective action has been a powerful means to ensure people do not fall through any gaps and can access the essentials for daily living in difficult circumstances.
13. There has been a real shift from the perception of how the public views the work of the voluntary sector and an appreciation of the volunteer support and community action. This needs to be built upon while at the same time ensuring the voluntary sector activity becomes sustainable. People need to continue to have a sense of purpose, as they have during the lockdown, to build stronger and resilient communities for the future.
14. The [National Principles for Public Engagement](#), already endorsed by Welsh Government, are perhaps more relevant now than ever, and we would encourage all service providers, across sectors, to consider them in their approach to community empowerment as we attempt to leave the crisis behind us.

VOLUNTEERING

15. We were very pleased to see the overwhelming interest in volunteering during the crisis; however, there were insufficient formal/structured opportunities immediately available to meet the demand.
16. Despite a clear message that Volunteering Wales was Wales' key channel for volunteers, expectations were influenced by UK/England announcements. This led to frustrations among people who wanted to volunteer using certain routes/apps, etc, but couldn't.
17. 30-40% of those who were new to volunteering have expressed an interest in continuing to do so after the crisis is over. It is imperative that the voluntary sector works with partners to ensure that this is possible, especially given that those who have come to rely on services may then lose them if volunteer numbers retract post-crisis.

CONCLUSION

18. In conclusion, a range of events, meetings and activities staged or attended by WCVA identified the below as key comments:

- **Keeping people safe:** paid staff, volunteers and people must be supported, whether frontline or at a distance, through recovery and into the future.
- **Communication and messaging:** Getting out the right information at the right time and in the right way is vital.
- **Remote working:** Celebrate the positive outcomes of the crisis through digital activity while remaining aware of the more challenging aspects.
- **Community response and volunteering:** Deliver at speed and managing change to service delivery to build resilient communities.
- **Responding to where there is greatest need:** Know where to prioritise focused effort; meeting the needs across our diverse population to achieve greater well-being
- **Working across sectors:** Relationship building across sectors and utilising the power of the collective are vital in moving past the crisis.
- **Impact of the third sector:** The sector is best placed to respond to the needs of the community and understand the social impact of this work.
- **Future of the third sector:** Supporting the financial sustainability of the sector is vital given the challenging current and future landscape. The next few months will be telling as to the future of many third sector organisations even the larger nationals.
- **National co-ordination, strategic thinking and co-producing with citizens and the third sector:** The third sector has a crucial role to play in the above. Its expertise and experience must be utilised and it must be treated as an equal partner. We need to work collectively to make health and social care integration a reality. The time is now to develop a national health, social care and well-being service with the third sector a crucial delivery partner supporting and enabling individual and communities across Wales. This endorses recommendations in the Parliamentary Review, commitments in A Healthier Wales, the involvement of the sector in the Transformation Programme, the workforce strategy development, in addition to the increased focus on early intervention to prevent harm and prepare better for future resilience.

DISCUSSION

19. WCVA will be pleased to discuss these or any other points relating to this consultation with officials, committees or Ministers if requested.

Policy Officer, WCVA

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