

Cafodd yr ymateb hwn ei gyflwyno i'r ymgynghoriad ar y cyd a gynhelir gan y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) a'r [Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus](#) fel sail i'w [gwaith craffu ar Iechyd a Gofal Digidol Cymru](#)

This response was submitted to the joint consultation held by the [Health and Social Care Committee](#) and the [Public Accounts and Public Administration Committees](#) to inform their [scrutiny of Digital Health and Care Wales](#)

SDHCW 09

Ymateb gan: | Response from: Care and Repair Cymru



Written evidence submitted by Care & Repair Cymru: September 2022

Introduction to Care & Repair

1. Care & Repair Cymru is Wales's Older People's Housing Champion. Our aim is to ensure that all older people in Wales can live independently in safe, warm, accessible homes. We are the national body for Care & Repair in Wales, representing 13 independent Care & Repair Agencies (CRAs) operating in every county offering a wide range of home improvement services, tailored to client's needs and local circumstances.
2. Care & Repair Agencies help older people in the private housing sector, owner occupiers and private tenants. A third of our clients live alone, a third have a disability and two thirds are over 74 years old.
3. We are committed to developing sustainable services which provide support to vulnerable, older people that helps them live independently, with dignity, and supports their health and wellbeing through improved housing conditions.

Response

In particular, the Committees will consider:

The process of establishing DHCW and progress in the first year, progress achieved and outstanding challenges.

Care & Repair Cymru were not fully aware of the progress on DHCW (Digital Health and Care Wales) as it has not been widely communicated with either stakeholders or the public. The information on its current progress and status is not easily accessible or obvious outside of the DHCW Annual Report. We would encourage this information to be more widely available and prominent on websites and communications to interested parties. This will enable a more in-depth analysis of the progression and success of DHCW to take place and enable deeper and more constructive feedback from those involved. It will also increase knowledge and understanding on the innovation behind DHCW and allow NHS Wales to communicate the benefits that it has had on the population more widely.

We recognise that the pandemic and subsequent impacts meant that the acceleration of DHCW into the community and to healthcare services was unprecedented. The scaling back and cancellation of most face-to-face services from March 2020 due to the requirement to stay at home from UK and Welsh Government meant that the replacement via digital integration was brought into play much sooner than anticipated or planned for. The concern for Care & Repair Cymru is that, due to the accelerated shift to digital health and social care as a necessity, there was not the due diligence taken to ensure that as many people as possible were able to access these services. This meant that older people or those who are less confident online, people living rurally or off-grid, and those from low-income households who could not afford to be

online were left behind and potentially unable to access their right to health and social care. The outstanding challenge for this is to ensure that the digital connectivity infrastructure is fully in place for as many people as possible. Care & Repair Cymru have been calling for a right to digital connectivity to ensure that people in Wales can maintain their access to rights and services that may now be delivered digitally. To enact this right, there must be significant progress in physical digital infrastructure. This will enable more people to take full advantage of the developments in digital health and may even have a positive knock-on effect for some of the challenges of rural access to healthcare.

There is also the challenge of ensuring that the developments for digital health and care are accessible and understandable by everyone in Wales. The new developments should be fully accessible by those with sensory loss such as sight or hearing loss, neurodiversity, and other conditions such as arthritis that need additional support. There must be assurances that all new developments are fully accessible and adhere to the Human Rights Act 1998. Without the patient-facing systems being widely available to all who may have a disability or other limiting condition, there is a risk that exclusion and unintentional selectivity of healthcare services can occur.

Inclusion of digital methods of delivery should not detract from a person-first and holistic approach to health and social care. It is vital that digital delivery of health and social care retains, and facilitates, consideration of a person's living environment and wellbeing. Through the nature of our work delivering housing adaptations, repairs, and wellbeing advice in older people's homes across Wales, we see every day the power of in-person contact with older people. A comprehensive approach to health and social care that includes consideration of environmental factors such as housing disrepair and fuel poverty must not be lost through the risk of depersonalisation due to digital delivery. Care & Repair Cymru recommends that community services and primary care providers take advantage of time savings through digital delivery to ensure patients with recognised protected characteristics or who may struggle to participate in digitally delivered services.

Prioritisation and manageability of the work programme and change agenda, including workforce, skills issues, cybersecurity and any areas of particular pressure or concern.

There is considerable pressure on the current workforce in Wales, and additional pressure on the current tertiary education courses that are either teaching or not teaching the current requirements and developments of DHCW. Health and related sectors need assurances that current students are being taught the requirements and developments in DHCW during their time in education, so that they have been fully prepared and are able to handle the changes needed to provide this service immediately in their chosen field after graduation and qualification. If there is a time delay and additional upskilling is needed of the workforce that have just graduated, there will also be a delay in the wider rollout of this service and its application to our client base and to those that need to use and access the service. Upskilling our current workforce, which has worked hard to meet competing pressures and demand for years now, must be implemented using coproduction.

Relationship with local health boards, NHS trusts, local authorities, social services providers, and other key stakeholders including patients and patient groups.

Digital Health and social Care Strategy for Wales aims to ‘Use digitally-enabled services routinely to monitor long-term conditions and daily tasks to support independent living for those individuals and families where this is required.’. Care & Repair Cymru advocates to ensure older people can live independently in warm, safe, accessible homes free from hazards for as long as they choose. We welcome this specific acknowledgement of the benefits of patient-focussed and patient-driven care. Our Managing Better service works with people over 50 in Wales living with sensory loss to help them live independently at home. We are increasingly looking to innovative technology solutions to support this work. Last year we helped 2,536 clients through our Managing Better service, 470 of whom had technology installed in their home to support independent living, and a further 111 clients received advice on technology. We believe that these digital services could monitor and continually assess a person’s individual need, and can be beneficial for the patient, family and medical team in assessing what is best.

Care & Repair Cymru work with health partners to deliver our *Hospital to a Healthier Home* service, linking housing and health. We have long advocated for the home environment of a patient to be considered when advising treatment and discharge. Our H2HH project works to assist with quicker safe hospital discharge and reduced re-admissions rates. It has helped over 4,000 patients in the last year, while also helping to ease the pressure that hospitals in Wales are facing. As a part of the service, H2HH caseworkers undertake a Healthy Homes Check, done in conjunction with clinical staff, to help communicate the current state and condition of the home to community caseworkers. This connection and Healthy Homes Check can be done digitally, by taking photos and videos of inside the home, to give context and information to clinical staff such as occupational therapists, as well as to our own caseworkers. Once the check has been carried out, Care & Repair Cymru can then undertake the necessary adaptations and hazard reduction for the patient to be discharged safely. This example of holistic service provision has worked in 17 hospitals across 5 separate Health Boards in Wales. This work is also done in conjunction with local authorities and housing associations, to strengthen collaboration and relationships. It also works to establish new relationships where these are not yet current, and the links between housing and health in local work has not yet been fully recognised.

For relationships with patients and patient groups, Care & Repair Cymru believe that there should be particular consideration for digitally excluded patient groups. In the response to the online question of ‘How will people who are digitally excluded access health services?’, the overall response is ‘We are mindful that not everybody wants to use or can use technology in Wales. By supporting patients who can and want to use technology to manage their health, we are helping to improve the care people in Wales receive. This will make it easier and more efficient for our hospitals and other health settings to deliver care to those who can’t or don’t want to use technology.’ For us, this is both a positive and negative response. It is positive, as it acknowledges that those who can access digital healthcare are potentially freeing up spaces and client time for those that are unable to do not want to access digital healthcare. However, it does not acknowledge the possibility that there are people who currently cannot access digital

healthcare but would like to. The National Survey for Wales 2019-20 shows that older people still account for the largest age demographic of those that are digitally excluded; 19% for those aged 50 and over; 19% those aged 65-74 and 48% for those aged 75 years and over. There has also been little information as to the methods of support that will still be available for those that are not online, and if the availability will be as broad as it was before the switch to digital healthcare for some services. There could also be the concern that people who are not able to access services such as appointments online will have to continue to telephone and may get less availability than those who are able to book appointments online. This is unfair to those without internet access or who do not have the confidence to book appointments online, such as many in our client base. From experience with our older client base, for whom many we may be the only person they see that day, face-to-face interactions are vital. There must be equitable access to the number of appointments available to those that book them online and those that call, to prevent a disparity and inequality in patient access to services. There are commitments in the Digital Strategy for Wales that alternative access routes will be equal to those offered online which is reassuring, but it must be equal in terms of accessibility to the same number of engagement opportunities.

There is recognition in the Welsh Government's *Informed Health and Care: A Digital Health and Social Care Strategy for Wales* that Wales has an increasingly ageing population and citizens are living longer. This means that there is also an increase in the number of life-limiting or long-term conditions that are being reported that need support and intervention to manage. For patients, there is a question around how we assess the immediate need and available funding.

Workforce and skills capacity within other health and care bodies; whether they have sufficient capacity to engage and potential impact on delivery of DHCW priorities.

Care & Repair Cymru, alongside other third-sector organisations, have a need to understand the referral pathways and patient information that is accessible, as this may aid us in advising clients and ensuring further success of the move to digital health and social care.

There is also a method of extending capacity in the form of upskilling our workforce in managing and utilising digital skills. There is a question as to how that will be prepared for and communicated, and incentivised to be taken up on the scale in which it is required to make DHCW a success across the entirety of Wales. Similarly for Care & Repair Cymru there will be a need for our existing caseworkers to be trained and become competent with the new changes, in order to advise our clients and give them the best support and service that we can. Within Care & Repair Cymru's manifesto for the 2021 Senedd election, we had a specific call to action that surrounded digital upskilling and innovation. This call to action included the provision of grants to upskill our current workforce to meet the demands of changing innovation. This innovation and digital upskilling should result in a system that is user-friendly, accessible, and suits those with complex needs.

Assessing the impact of DHCW's work and whether it's achieving its objectives

The impact that DHCW can make to streamlining patient care, providing support and analysing success and readmission rate can be vast. There are many opportunities within DHCW to innovate opportunities for further integration of these systems for all patients and people of Wales. The main assessment of whether the systems are working as intended should be done by the users, whether that be healthcare staff or patients. These audiences are the main priority to ensuring understanding and simplicity of the systems, as they are at the forefront. There must be continued, intermittent assessment of satisfaction with new systems and projects. If the satisfaction of the user is not monitored and it decreases, there is a risk of disengagement with the system as intended, and the benefits that it brings could well be lost to the average patient.

These analyses should also be done with a range of users and patients, to gauge a whole-population opinion, and continue to maintain a system that works for all users, including those that have sensory loss or are older. Stakeholder and user engagement is crucial in answering this question. Co-design and co-creation should be at the heart of DHCW and its developments in health and social care, to guarantee that the services are accessible, sustainable and able to be flexible with the changing needs of its user base.

Data transparency, accessibility, quality, and comparability with health and social care data and key performance indicators across the UK.

Often, the safety and transparency of data is key to our clients. Many older people are worried about the security of their data, and transferring such personal information as their medical records or address may be of concern to many. There has also been a rise in casework and concerns coming to Care & Repair Cymru regarding online scams and fraud, leaving many more older people than before concerned about who is accessing their data. With a rise in the cost of living, many scammers will inevitably target older or more vulnerable people for money or data, which increases the level of wariness when it comes to sharing data online, particularly with new services.

With Wales and England having a very porous border, there is a likelihood for the need to share data between county and country lines. For this to work seamlessly and to give confidence in the system, there must be a comparable or similar system in England and Scotland, to give ease of data transfer to support care when it is necessary. Currently, there is very little effective data sharing occurring between Health Boards in Wales, so patient care and discharge can be slowed by these barriers. By having patient data that is inaccessible and not widely available between care databases, hospitals or Health Boards, there is a risk that the right support is not given, or is not assigned quickly enough to be fully effective for the patient. Our H2HH caseworkers have experienced such scenarios, which has led to a delay in patient discharge and returning to their own home.