

## Health and Social Care Committee

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Meeting Venue:  
**Committee Room 1 - Senedd**

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Meeting date:  
**20 October 2011**

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Meeting time:  
**09:45**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



For further information please contact:

**Llinos Dafydd**  
Committee Clerk  
029 2089 8403  
[HSCCommittee@wales.gov.uk](mailto:HSCCommittee@wales.gov.uk)

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### Agenda

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- 1. Introductions, apologies and substitutions**
- 2. Inquiry into Residential Care for Older People - Agreement of terms of reference (09.45 - 10.00)**  
HSC(4)-08-11 paper 1- to follow
- 3. Draft Budget 2012 -13: Scrutiny of the Minister for Health and Social Services and the Deputy Minister for Children and Social Services (10.00 - 11.30) (Pages 1 - 12)**  
HSC(4)-08-11 paper 2  
Lesley Griffiths AM, Minister for Health and Social Services  
Gwenda Thomas AM, Deputy Minister for Children and Social Services  
Chris Hurst, Director of Resources  
Steve Milsom, Deputy Director, Adult Social Services Policy
- 4. Motion under Standing Order 17.42(vi) to resolve to exclude the public from the meeting for item 5**
- 5. Draft Budget 2012-13: Consideration of evidence (11.30 - 12.00)**

# Agenda Item 2

## Health and Social Care Committee

### HSC(4)-08-11 paper 1

## Inquiry into Residential Care for Older People: Terms of Reference

### Background

1. The Health and Social Care Committee agreed to undertake an inquiry into residential care for older people on 22 September 2011. The Committee considered draft terms of reference for this inquiry at its meeting on Wednesday 28 September 2011. The draft terms of reference as agreed on 28 September 2011 are attached at Annex A to this paper.
2. The Committee indicated its desire to hear external stakeholders' views on the inquiry's terms of reference prior to calling for written evidence. The draft terms of reference were issued for consultation on Friday 30 September 2011. The deadline for comments was Friday 14 October 2011.
3. Responses received are attached at Annex B to this paper. All responses are also available at:  
<http://senedd.assemblywales.org/mglIssueHistoryHome.aspx?Ild=1635>

### Points for consideration

#### *Suggestions falling within the current scope of the inquiry*

4. Many of the comments received as part of the consultation on the terms of reference can be accommodated within the Committee's inquiry without necessarily amending the terms of reference. This include issues such as:
  - **Staff training and the staffing mix, including the role of the unpaid carer** as raised by Monmouthshire County Council, Crossroads Care, Age Alliance Wales and Age Cymru. This issue could be considered under the bullet point in the draft terms of reference which relates to the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources;

- **The service user's voice** and the degree to which older people in residential care feel able to influence their services as raised by Reach and Age Cymru. This could be considered under the bullet point in the draft terms of reference relating to the experiences of service users and their families.
  - **Whether future models match the aspirations of people nearing (rather than of) older age**, as noted by Reach. This could be considered under the bullet point in the draft terms of reference relating to new and emerging models of care.
5. As currently drafted, the terms of reference are sufficiently broad to encompass many of the detailed points made in response to the consultation and would not exclude their consideration within the inquiry. The suggestions made by external stakeholders, however, can provide helpful guidance for the Committee's lines of questioning during oral evidence sessions in the new year.
  6. Should Members wish to provide more detail within the terms of reference and indicate what detail they would like to include, Committee Service could provide revised terms of reference for the Committee's consideration at its next meeting on 2 November. Members may wish to be aware, however, that this would delay the launch of the call for written evidence and would necessitate delaying the deadline for responses until after the Christmas recess to ensure an 8 week consultation period.

*Suggestions to clarify the inquiry's terms of reference*

7. Some suggestions made relate to providing greater clarity within the terms of reference:
  - Aneurin Bevan Health Board, Monmouthshire County Council, Care Forum Wales, College of Occupational Therapists, Care Forum Wales and the Chartered Society of Physiotherapy's respective responses note the need to provide clarity on whether care homes offering personal and **nursing care** is included within the scope of this inquiry. Most, including the Royal College of Nursing, note the view that both residential and nursing homes should be considered within the scope

of this inquiry;

- the Welsh Language Board suggest the explicit inclusion of reference to the **Welsh language needs** of older people when referring to their diversity of need;
- Parkinson's UK Cymru notes that although **commissioning** behaviour is a strand that runs through the terms of reference, it ought to be noted explicitly in the terms of reference so that it is analysed in its own right.

### *Suggestions outside the inquiry's current terms of reference*

8. Some suggestions refer to areas of consideration the Committee may touch upon as part of the inquiry but which are not currently noted as points of focus for the inquiry :
  - The Royal College of Physicians, Cardiff and Vale University Health Board and Parkinson's UK Cymru suggest inclusion of the **interface between health and residential care services** in the terms of reference, whilst Healthcare Inspectorate Wales and Pennaf Housing Group refer to the need to consider residential care issues that contribute to delayed transfers of care from hospital;
  - The Welsh Reablement Alliance, College of Occupational Therapists and Chartered Society of Physiotherapy suggest that the **issues of reablement** could be considered, but acknowledge that this issue could be the subject of another inquiry or discussed in relation to the future *Social Services Bill*;
  - Age Cymru and Age Alliance Wales suggest that the inquiry should consider the extent to which:
    - **activities to encourage independence and wellbeing** are provided for residents e.g. learning opportunities;
    - good practice exists with respect to **promoting links with the wider community and between residents**
  - Cymorth Cymru, Monmouthshire County Council and David & Hilda Smith suggest reference is made to the role of **home care** within the

terms of reference.

- Dr Angie Ash, Healthcare Inspectorate Wales, Pennaf Housing Group, Care Forum Wales, Age Cymru and Gwynedd Council note the need to consider explicitly the **funding of residential care**.
- Parkinson's UK Cymru and Monmouthshire County Council raise the need to consider issues facing **self-funded** users of residential care as compared to local authority placements.

*Suggestions regarding the scope of the inquiry*

9. The Chartered Society of Physiotherapy and the College of Occupational Therapists warn that the scope of the inquiry is "huge" and suggests that, in order to ensure that all aspects are covered adequately, the Committee may wish to undertake its evidence gathering in "clear sections".

**Decision**

10. The Committee is invited to:
  - i. consider the responses received to the consultation and indicate any amendments it wishes to make to the inquiry's draft terms of reference (paragraphs 4 – 8); and
  - ii. consider the point raised regarding the wide scope of the inquiry and the possibility of approaching the inquiry on a phased basis (paragraph 9).

Committee Service

## **ANNEX A – Draft terms of reference as agreed by the Health and Social Care Committee on 28 September 2011 and issued for consultation**

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative services.
- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.
- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.
- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.
- new and emerging models of care provision.
- the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector.

## **ANNEX B – Responses received to the consultation on the inquiry’s terms of reference**

Responses have been received from the bodies / individuals below and are attached in this order:

- UNISON
- Denbighshire County Council
- Cymorth Cymru
- Aneurin Bevan Health Board
- Parkinson’s UK Cymru
- Barrie W Cooper - Trustee, Age Concern Cardiff and the Vale of Glamorgan
- Cwm Taf LHB
- Welsh Reablement Alliance
- Seren group
- Monmouthshire County Council
- Bwrdd yr Iaith Gymraeg – Welsh Language Board
- Age Alliance Wales
- Crossroads Care
- Chartered Society of Physiotherapy
- Pennaf Housing Group
- Betsi Cadwaladr University Health Board
- Centre for Innovative Ageing
- Dr Angie Ash
- Wales Audit Office
- Royal College of Physicians
- Health Inspectorate Wales
- Hafod Care Association Ltd
- Gwynedd Council – Social Services Department
- David and Hilda Smith
- Care Forum Wales
- Action on Hearing Loss Cymru
- College of Occupational Therapists
- Age Cymru
- Royal College of Nursing
- Cardiff and Vale University Health Board

[All responses are also available at:

<http://senedd.assemblywales.org/mglIssueHistoryHome.aspx?lId=1635>]

## Health and Social Care Committee

### Consultation on terms of reference for inquiry into residential care for older people

#### RC1 ToR – UNISON Wales

Mark Drakeford AM  
Chair, Health & Social Care Committee

Dear Mark,

In response to your request for comments on the draft Terms of Reference for the above enquiry, UNISON welcomes this timely inquiry into residential care for the elderly and broadly supports the draft terms of reference.

However, UNISON believes that the enquiry should also include in its Terms of Reference:

to explore how we can avoid another Southern Cross type incident occurring by consider the feasibility of risk assessing all future proposed transfers of public services provision to the for profit sector.

I look forward to hearing of the progress of this hopefully valuable inquiry.

Regards,

*Dominic*

**Dominic MacAskill**  
**Regional Manager** *Rheolwr Rhanbarthol*  
**Head of Local Government** *Pennaeth Llywodraeth Leol*  
**UNISON Wales** *UNSAIN Cymru*



## **Health and Social Care Committee**

### **Consultation on terms of reference for inquiry into residential care for older people**

#### **RC2 ToR – Denbighshire County Council**

Would be a good idea to include some of the Financial areas of possible abuse due to sharp practice by the private sector re billing, fees, private fees, third party payments and other area's of the payment systems that are causing concern for the residents and their families .

Ian Ellison MBASW

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC3 ToR – Cymorth Cymru

To the Committee Clerk

Thank you for the opportunity to comment on the Terms of Reference. Feedback from Cymorth members and their service users highlights some real concerns around issues that the Committee's Inquiry will enable policy makers to consider in more detail. Based on the feedback we've received I would like to feed in the following comments:

- **the process by which older people enter residential care and the availability and accessibility of alternative services**

This is a really important question – often our members working with older people find that people are directed towards residential care when they could be more independent in another setting such as sheltered or extra care or by having floating support services delivered to their home. We also find that residential care is sometimes used for younger people with disabilities again when they could, with support, have much more independence within an adapted or supported home of their own. I wonder whether these specific issues could be picked up by the Inquiry as they massively limit the independence and quality of life of some of our most vulnerable citizens.

- **the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.**

We find people delivering/accessing other types of services often feel that there is sometimes a lack of awareness of different options in a given locality within social services that results in people being only offered residential care – leading to the situation described above. We also often have reported to us that an issue with resources is the amount of surplus required to make it viable for some private sector businesses. I don't think that this is always the case but I think it is an issue that the Inquiry could explore – to what extent is WG happy in the current difficult financial climate for high profits or high chief executive salaries to be funded by public money when front line staff salaries in residential care are generally very low. Third sector providers and ethically driven small private sector organisations would value recognition of this issue and a steer from government.

- **the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.**

These are crucial issues and link to the previous concern. Cymorth has run a number of initiatives bringing people using services together with policy makers and elected representatives to have a voice in the policy making process and we would be happy to assist the Committee in this. We also have concerns around the effectiveness of services to meet the diversity of changing needs amongst older people – particularly the most vulnerable and would be happy to discuss this further or assist in eliciting input on this issue.

- **the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.**

This is crucial in today's context and we would suggest that there are two separate issues here – we would urge the Committee to consider how the service users/carers' voice is heard in regulation and inspection – focusing on this in the terms of reference would provide a positive step forward in improving how inspection/regulation is improved in Wales. On the second issue – we need to explore how the right expertise is utilised to adequately analyse the financial viability of a sector/particular organisation delivering services in Wales.

- **new and emerging models of care provision**

We would suggest that this in particular looks at emerging partnerships/practices between local government and the third sector.

- **the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector**

Again, we would suggest that this also explicitly considers the role of the third sector.

I hope these comments are useful – please let me know if there is anything that needs clarifying or if there is anything further Cymorth can do to support the work of the Committee and this Inquiry.

Best wishes

**Joy Kent**

Director

Cymorth Cymru

[www.cymorthcymru.org.uk](http://www.cymorthcymru.org.uk)

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC4 ToR – Aneurin Bevan Health Board

To whom it may concern

Thank you for the opportunity to comment on the Terms of Reference for the forthcoming enquiry relating to residential care for older people. Please find below some comments for consideration from Aneurin Bevan Health Board.

1) We would like to suggest that the term 'residential care' is defined. For example, will this include all care homes with and without nursing or be restricted to those homes who are only registered to provide personal care (i.e. residential homes)?

2) Capacity of residential care sector..... We would suggest that this should include staffing skill mix as well as staff resource. This may enrich the evidence of care homes capacity and capability to meet the needs of older people.

3) Bullet point 3 (quality of residential care services). We would suggest that the last sentence is preceded by the words '**the management of escalating concerns** and the management of home closures' in line with the Welsh Governments Guidance in this respect

4) Bullet point 4- does this refer only to the regulation and inspection by the Care and Social Services Inspectorate for Wales? If so, Aneurin Bevan would have no comment on this point. However, if this inquiry is intended to look at the role and effectiveness of the statutory bodies (i.e. the NHS and Local Authorities) in monitoring care provision and safety within a care home we would suggest that this may need to be reworded as the NHS and Local Authorities do not 'regulate and inspect'. Additionally, all Health Boards are currently engaged in or arranging an internal audit of their processes in respect to safeguarding vulnerable adults who receive care in non NHS facilities such as care homes.

Please do not hesitate to contact me if you wish to discuss this further

Kind regards  
Tanya Strange

Tanya Strange  
Senior Nurse, Care Home Governance and Contracting  
Complex Care

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC5 ToR – Parkinson's UK Cymru

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative services

Parkinson's UK supports the evidence and analysis that indicates people may be entering residential care too soon, particularly at the transition from hospital and for self funded residents who don't get the advice and info they need on alternatives. Therefore, Parkinson's UK in Wales encourages the Welsh Government to ensure that this analysis should **also** look at the **cost effectiveness** of this process and whether there is variation amongst councils in the comparative use of residential/homecare which can't be explained by demography of the area alone). The TOR should include an analysis of **availability of good quality financial advice to help people plan for entry into a residential setting.**

- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities. (Parkinson's UK in Wales agree but need for TOR to analyse commissioning behaviour see below)
- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures. (agree)
- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability. (agree)
- new and emerging models of care provision (agree)
- the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector (agree but could combine with above)
- In addition, Parkinson's UK in Wales calls for an examination of the **distinction between experiences and issues facing self funded care home residents and those of publicly funded residents.** For self funders the process should look at both information and guidance in choosing care,

third party top ups for care and cross subsidising by self funders to sustain low rates of payments for council funded residents. For publicly funded residents there are the issues of choice and control over the care package and also placement, as well as how much LA are prepared to pay for that person's package of care.

- Parkinson's UK in Wales would urge the study to look at **commissioning of care** as authority's approaches to commissioning have a wide ranging impact, from the level of funding in the system, the experiences of individuals, the ability for providers to invest in new service models and the level of pay and training available to staff. It even has a knock on effect on self funders just from the fact the fees they pay are often effectively subsidising publicly funded residents. Commissioning behaviour is a strand that runs through each TOR above but its important that it is analysed in its own right.

Parkinson's UK recommends that the study looks at the relationship **between health services and residential care**, from access to GPs, to therapies, dental care, assessments and funding for nursing care and NHS continuing care. The decision on the latter can be life changing in terms of the older person being able to retain more of their savings/income from the sale of their home but if the person is a self funder there is no incentive on either social services or NHS to alert the person to the possibility of applying for NHS CC.

Aileen Napier

Country Manager, Wales  
Parkinson's UK Cymru, Maritime Offices, Woodland Terrace, Maesycoed, Pontypridd  
CF37 1DZ

## **Health and Social Care Committee**

**Consultation on terms of reference for inquiry into residential care for older people**

**RC6 ToR – Age Concern Cardiff and the Vale of Glamorgan**

These seem fine to me

**Barrie W Cooper**

Trustee, Age Concern Cardiff and the Vale of Glamorgan

[www.age-concern-cardiff.org.uk](http://www.age-concern-cardiff.org.uk)

## **Health and Social Care Committee**

### **Consultation on terms of reference for inquiry into residential care for older people**

#### **RC7 ToR – Cwm Tâf Health Board**

Dear Sir / Madam

Having had the opportunity to review the Terms of Reference, can confirm that they appear to be comprehensive and reflect what is required.

Kind regards

Claire Northwell on behalf of Lynda Williams, Cwm Taf Health Board

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Claire Northwell  
Information governance officer  
Corporate Development

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Cwm Taf Local Health Board



## Health and Social Care Committee

### Consultation on terms of reference for inquiry into residential care for older people

#### RC8 ToR – Welsh Reablement Alliance

I am writing in my capacity as Chair of the Welsh Reablement Alliance, an umbrella group comprised of nine charities, service providers and professional organisations working on issues around reablement in Wales. We note the current consultation on the terms of reference for the Committee's inquiry into residential care for older people, and we would like to suggest that the issue of reablement is explicitly accommodated within the inquiry's terms of reference. We believe this would sit very comfortably with the stated aims of examining "*the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities*" and also the interest in "*new and emerging models of care provision*".

The Alliance would be only too happy to provide any information necessary to help the Committee explore the issue of reablement as part of its inquiry.

If you require any further details, please do not hesitate to contact me.

Yours faithfully,

**Ed Bridges**

Public Affairs Manager for Wales

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC9 ToR – Seren group

Dear Sir or Madam,

I am writing with reference to the Health and Social Care Committee: consultation on inquiry terms of reference on behalf of the Seren group.

We would like to propose the following suggested additions to the terms of reference:

#### **Suggested terms of reference**

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative services
  
- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.
  
- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.
  
- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.
  
- new and emerging models of care provision
  
- the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector

**We agree with the proposed terms of reference but would like to add the following:**

- + Assess the financial strength of existing residential care providers & their longer term viability in the context of public service cuts – identifying any key risk factors for the future (e.g. small independent care homes).

+ the degree to which residential service models match the aspirations and expectations of people nearing (rather than of) older age (e.g. 50+) in terms of their long term future

+ how well existing residential services are meeting national outcomes standards.

+ the degree to which older people in residential care feel able to influence the services provided to them

**Judith North**

Corporate Director **reach**



# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC10 ToR – Monmouthshire County Council

Dear Sir

Monmouthshire County Council welcomes the inquiry into residential care for older people and look forward to receiving the findings.

Please find below comments regarding the Terms of Reference for The National Assembly for Wales's Health and Social Care Committee inquiry into residential care for older people.

- 1) Definition of 'residential' needs clarifying. Will the inquiry investigate whether routes to entry for nursing or residential are different depending on a persons need and ability to pay, and how does this affect a person's ability to choose.
- 2) Could the terms of reference include an investigation into whether there is a wide difference in care and support in care homes for older people for self funders compared to local authority placements?
- 3) Can the scope of the inquiry include benefits/disadvantages to a residential home to staying in a person's own home. What makes someone choose a care home over staying where they've always lived?
- 4) The changing face of care home provision should also be considered. Are homes in Wales fit for purpose for the next 20/30 years? What do new developments (last ten years) look like and are they models of care older people aspire to live in.

Kind regards

Jo Green  
Joint Commissioning Manager  
Monmouthshire County Council

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC11 ToR – Welsh Language Board

#### INQUIRY INTO RESIDENTIAL CARE FOR OLDER PEOPLE – CONSULTATION ON TERMS OF REFERENCE

Thank you for your invitation to comment on the Health and Social Care Committee's terms of reference for the above inquiry.

Language is a crucial element in ensuring that older people in Wales receive excellent care. Many of the Welsh Government's strategic documents refer to the importance of providing bilingual services for older people, and those strategic aims, together with the issue of how they translate into users' experience, should be borne in mind throughout the inquiry.

Despite the fact that language is implicit in many of the points in the terms of reference, ensuring that there is a reference to the Welsh language would ensure that it is not overlooked. We would therefore recommend that you rephrase the third bullet point to state:

*The quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people, including Welsh language needs; and the management of care home closures.*

Thank you, once again, for the opportunity to comment, and we look forward to having the opportunity to provide more detailed evidence in due course.

Yours sincerely,

**Heledd Thomas**

Development Officer, Health, Care and Third Sector Unit

## Health and Social Care Committee

### Consultation on terms of reference for inquiry into residential care for older people

#### RC12 ToR – Age Alliance Wales

Dear Mr Drakeford

I am submitting a response to the terms of reference on behalf of Age Alliance Wales.

Our members agree with the scope and content of the terms listed, but have suggested the following additions;

- Point two should be expanded to include an analysis of training needs of staff particularly in light of the Welsh Government's commitment to progressing the dignity in care programme. The training of care staff around the needs of older people should become an integral part of the dignity and respect agenda
- Access to information and advice for residents and carers linking to the Older People's Commissioner's review on advocacy in care homes
- Sustaining the independence of residents including the availability and quality of learning opportunities and activities that promote wellbeing
- Good practice on promoting links with the wider community and encouraging interaction between residents.

Thank you for the opportunity to comment

Kind regards

Rachel

Rachel Lewis  
Age Alliance Wales Officer  
Swyddog Cynghrair Henoed Cymru  
Age Cymru

## **Health and Social Care Committee**

### **Consultation on terms of reference for inquiry into residential care for older people**

#### **RC13 ToR – Crossroads Care**

I believe that there is scope within the draft terms of reference to examine the skills mix of the workforce, including language. Also, the significance of the role that the unpaid carer plays with the delivery of care in such settings, including inspection, new and developing new models. The accessibility to all groups and the equitable nature of them pan Wales.

Martyn

Martyn Pengilley

External Affairs and Policy Analyst  
Materion Allanol a Dadansoddwr Polisi



## Health and Social Care Committee

### Consultation on terms of reference for inquiry into residential care for older people

#### RC14 ToR – Chartered Society of Physiotherapy

CSP Wales Office  
1 cathedral Road  
Cardiff CF11 9SD  
029 2038 2429  
[www.csp.org.uk](http://www.csp.org.uk)

Committee Clerk  
Health and Social Care Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

October 2011

Dear Chair and Committee Members

#### **Inquiry on residential care for older people – consultation on the terms of reference – Key points from the Chartered Society of Physiotherapy**

The Chartered Society of Physiotherapy (CSP) in Wales is pleased to play an active part in this consultation on the terms of reference for the future inquiry into residential care for older people.

The profession considers that the areas identified will open this up to a wide range of possible avenues for scrutiny leading to recommendations by the committee. At present, the range appears huge and the CSP considers the committee may need to organise how it takes evidence to ensure all aspects are covered adequately. It may need to be done in clear sections.

There is a real danger that some areas may get overlooked or not afforded adequate time within the inquiry. The CSP is keen that the committee should scrutinise reablement services across Wales and are therefore pleased that there is an opportunity to discuss reablement as part of the 'new and emerging models of care provision'. However, the profession does hope there will be further opportunities to scrutinise reablement, during the progress of the Social Care Bill as these services cut across the health and social care sectors and will be crucial to delivery of services in the future.

The CSP suggests that some explanation may be needed within the terms of reference around the difference between nursing and residential care. From the terms of reference it is clear that 'residential care' is the focus but nursing homes are a form of residential provision, with some homes being dual residential/nursing and residents making a



seamless transition from one to the other as their needs require it. Is it clear to the public exactly what is to be scrutinised? The CSP suggests further clarity will be needed here in order to focus the inquiry.

### **Concluding Comment**

The CSP hopes the committee finds this contribution useful and looks forward to playing an active part in the inquiry.

### **In association with:**

The CSP Welsh Board  
The All Wales Physiotherapy Service Managers Committee

### **About the CSP and Physiotherapy**

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 50,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents 2,000 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

Philippa Ford MCSP  
CSP Policy Officer for Wales

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC15 ToR – Pennaf Housing Group

Further to your request for comments on the proposed terms of reference in respect of the proposed terms of reference for the inquiry concerning residential care I wish to submit the following comments on behalf of the Pennaf Housing Group:

#### **Suggested terms of reference**

*To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:*

- *the process by which older people enter residential care and the availability and accessibility of alternative services.*

**There should be a specific mention of evidence of bed blocking, the cost and full exploration of the reasons.**

- *The capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.*

**The review should also consider fees payable, against the actual costs of provision, the disparity of top up payments and a review of any evidence that the state actually agrees to top up payment, i.e. when the residents ability to continue to meet top up requirements diminishes with reducing income.**

- *the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.*

**The inquiry should also consider issues associated with the possible transfer of care homes that are in danger of closure.**

- *the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.*

**The review also consider any accreditation passports to lighter touch inspections, effectiveness is not always about more regulation it should be based on a risk approach. The review should also look at the interface between the regulator and the commissioners as often recommendations**

**made by the regulator, no matter how minor, are increasingly being referred to the commissioner promoting unnecessary contractual reviews.**

- *new and emerging models of care provision,*

**In particular the emergence of extra care as a new model that provided, and the way that housing management, housing support and care are provided by the same provider.**

- *the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector*

**The provision made by Registered Social Landlords should also be taken into consideration.**

Graham Worthington  
Prif Weithredwr y Grŵp  
Group Chief Executive

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC16 ToR – Betsi Cadwaladr University Health Board

Many thanks for the opportunity to review and comment on the draft terms of reference for the inquiry into residential care for older people. I can confirm that these have been reviewed by relevant colleagues within BCUHB and we have no further comments to make

If you have any queries, please do not hesitate to contact us

Regards

**Claire Brennan**

Swyddog Gwasanaethau Corfforaethol / Corporate Services Officer  
Uwch Ysgrifennydd Grace Lewis-Parry, Cyfarwyddwr Llywodraethau a Chyfathrebu  
Senior Secretary to Grace Lewis-Parry, Director of Governance & Communications

Bwrdd Iechyd Prifysgol  
Betsi Cadwaladr  
University Health Board  
Ysbyty Gwynedd, Bangor, LL57 2PW

## **Health and Social Care Committee**

### **Consultation on terms of reference for inquiry into residential care for older people**

#### **RC17 ToR – Centre for Innovative Ageing**

Dear Llinos

I (and member of the Centre for Innovative Ageing) have reviewed the ToR and have no additional comments to make. With think the aims are wide-ranging and cover suitable breadth regarding the types of issues that are likely to be of concern in residential care facilities.

All the best  
Vanessa Burholt

Professor Vanessa Burholt  
Director: Centre for Innovative Ageing  
School of Human Sciences  
Swansea University

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC18 ToR – Dr Angie Ash

Dear colleagues

Thank you for the opportunity to comment on the draft terms of reference for the inquiry into residential care for older people.

In making these comments I draw on a range of professional and personal experience that includes:

Working with health and social care services in Wales and the UK as a consultant on projects that have included: setting quality standards for residential care [pre Care Standards Act]; drafting the national social care regulator's induction framework for staff working in care homes; undertaking serious case reviews of the care of individual older people; staff training and development programmes for care staff; engaging older people in the design and delivery of the services they receive from a local authority.

Long distance, long-term care, over a number of years, of my late mother, who lived in a nursing home prior to her death.

Published doctorate research on safeguarding older people from abuse.

Turning to your draft Terms of Reference, I suggest the following:

ToR bullet 2 – I suggest this para includes a statement about the demand – or rather expectation – of the **quality of care**. There may well be a defined number of staff and beds, but if the quality of care delivered is poor, the staff numbers are unlikely to be of any consequence to the older person.

I suggest this bullet point is rewritten to state: ...'*the capacity of residential care to meet the demand for services of **quality** from older people in terms of staffing resources...*

ToR bullet 3 – I suggest issues of quality and experience from the point of view of the older person are separated out from market and money matters in your ToR.

Hence, this bullet should **exclude** 'and the management of care home closures'. This should instead be placed in a discrete bullet point that is concerned with money and the market.

ToR bullet 4 – in the same way, I suggest the last phrase '*including the scope for increased scrutiny of service providers' financial viability*' is **removed** from this bullet point, again to separate the matter of money and the market.

In that way, the point about 'effectiveness of regulation..' etc will not be lost in market considerations.

In addition, I suggest this bullet point is rewritten to emphasise the quality and life experience of the elders who use the residential sector, with market and money matters being the means by which that end can be secured.

I suggest the bullet point reads: '*the effectiveness of the regulation and inspection arrangements in the delivery of high quality residential care to older people* '

ToR bullet 5 – to include diversity, so that it reads '*new and emerging models of care provision for the diversity of needs of older people*'

Last Tor bullet point: add here '*the funding of residential care*'. It would be faint-hearted of the Committee to duck the opportunity to consider the overall funding of residential care in this inquiry.

This bullet point, which is concerned with the market and cash, could include also issues I suggest earlier are not tacked onto quality of care issues: ie, care home closures and financial viability of providers.

In summary, I would urge the committee to be bolder in including quality of life and the experience of the older person in its ToR and subsequent deliberations, and allow regulation and funding to follow, and not drive, that primary purpose.

I hope these points are helpful.

Kind regards

Dr Angie Ash  
Angela Ash Associates

## Health and Social Care Committee

### Consultation on terms of reference for inquiry into residential care for older people

#### RC19 ToR – Wales Audit Office

Dear Llinos

Thank you for sharing the Committee's draft terms of reference for its inquiry into residential care for older people. I am responding on behalf of the Wales Audit Office.

We do not have any specific comments to make about the draft terms of reference, which appear to be quite comprehensive. However, the Committee should be interested to know that the Wales Audit Office has been undertaking some audit work on the Care and Social Services Inspectorate Wales's (CSSIW) response to concerns raised in late 2009 about the effectiveness of its regulation of care homes. Our work has been quite limited in scope and we intend to share our findings with the Public Accounts Committee by the end of the calendar year. The Health and Social Care Committee may care to consider taking forward any or all of the issues raised by this work as part of its inquiry.

We would also be happy to make available to the Committee any other relevant audit intelligence from our ongoing programmes of audit work in the NHS and in local government.

Regards.

**Paul Dimblebee**

Group Director

Wales Audit Office

**Paul Dimblebee**

Cyfarwyddwr Grŵp

Swyddfa Archwilio Cymru





## Health and Social Care Committee

### Consultation on terms of reference for inquiry into residential care for older people

#### RC20 ToR – Royal College of Physicians

Committee Clerk  
Health and Social Care Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA  
[HSCCommittee@wales.gov.uk](mailto:HSCCommittee@wales.gov.uk)

**From The Registrar**  
Patrick Cadigan MD FRCP

14 October 2011

Dear Sir or Madam

#### Re: Inquiry into Residential Care for Older People

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 25,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

The RCP is grateful for the opportunity to respond to the above Inquiry. We would like to make the following comments.

#### General comments

It will be important to observe whether inequities in access occur at present on a geographical basis.

Is the legislative framework specifically excluded? If not, it should be mentioned.

The interface between the NHS in Wales and residential care is very important. This is particularly true with regard to the transfer of patients from inpatient care in hospitals and the processes by which people in care can move back to their own home or family support if their health or circumstances change. There might be a case for trial periods of admission to residential care perhaps accompanied by specialist medical management.

#### Specific comments

#### Suggested terms of reference

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:



**- the process by which older people enter residential care and the availability and accessibility of alternative services**

It will be important to clarify the nature of any assessment process and to make sure such has taken place before any admission to a residential home.

**- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.**

It would be appropriate to ascertain whether enforcement of stringent bureaucratic minutiae are discouraging perfectly reasonable organisations from contributing to expansion of residential care facilities.

**- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.**

Patient and carer 'stories' are often helpful in evaluating quality.

**- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.**

Inspectors will need relevant contemporary experience and background.

**- new and emerging models of care provision**

There is a need to clarify interaction with intermediate care arrangements in each area

**- the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector**

Is it a level playing field?

Yours faithfully

Dr Patrick Cadigan  
Registrar



# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC21 ToR – Healthcare Inspectorate Wales

On behalf of Healthcare Inspectorate Wales, I can confirm that we have no specific comments to make but we hope that the terms of reference will allow for examination of residential care issues that contribute to delayed transfers of care from hospital, such as :

- partnership working between health and social care to identify and address issues that cause these
- whether local provision of residential care meets the needs of the local population and
- financing of placements, including the continuing NHS healthcare funding process .

Regards

Angharad Rogers

Rheolwraig i Swyddfa'r Prif Weithredwr a'r Cyfarwyddwyr | Manager to the Chief Executive and Directors Office

Arolygiaeth Gofal Iechyd Cymru | Healthcare Inspectorate Wales

Llywodraeth Cymru | Welsh Government

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC22 ToR – Hafod Care Association

Dear Colleague,

Thank you for the opportunity to comment on the terms of reference that are suggested to inform the inquiry into residential care for older people in Wales.

The suggestions made appear to cover a broad spectrum of matters; from the choices people make to enter a residential care setting; the effectiveness of this type of service at meeting diversity of need; to the confidence and public trust in the viability of these service models.

As an organisation with a proportionate stake in current models of residential care, but with the drive and enthusiasm to develop viable alternatives we are pleased that you will be acknowledging the work being undertaken by organisations such as ourselves in “new and emerging models of care provision”. We would be pleased to see this area of inquiry highlighted to demonstrate the work being undertaken outside of extra care models to support national policy objectives in supporting the independence agenda, prevention or escalation of declining health and well-being amongst older people, and enabling and rehabilitation options.

The cost of caring for an ageing population in Wales and the reduction in public funding should form a significant part of your investigations to determine the link between cost and quality of care within the sector.

Current models of residential care provision are very well regulated with both Local Authority and Civil bodies duplicating scrutiny. Whilst we would champion the work done to ensure practice and standards of care are maintained, improved and developed to support vulnerable people we would comment on the cost and effectiveness of these roles and ask if the funding for this scrutiny be better directed.

It would be our pleasure to extend to you the opportunity of directly accessing our residential care provision, the people who are served by what we do (subject to their agreement) and the people who provide these service on the frontline. We would also be happy to discuss further with you our vision and models for sustainable care settings.

Kind regards  
Andrew

Andrew Derrick  
Hafod Care Association Ltd  
Head of Business & Service Development

## Y Pwyllgor Iechyd a Gofal Cymdeithasol

### Ymgynghoriad ar gylch gorchwyl ar gyfer ymchwiliad i ofal preswyl i bobl hŷn

#### RC23 ToR – Cyngor Gwynedd

Gweler isod rhai pwyntiau sydd wedi codi gan Swyddogion o fewn Gwasanaethau Cymdeithasol a Gwasanaeth Darparu Cyngor Gwynedd. Dyma rhai sylwadau i feddwl a'u cynnwys yn ystod yr ymgynghoriad.

- Effaith ansicrwydd ynglŷn â dyfodol darpariaeth ar breswylwyr heddiw a'r cwestiwn o beth yw ymarfer gorau wrth symud o un model o ofal i fodel arall gan gofio am y bobl hynny sydd eisoes mewn gofal preswyl. Mae angen bod yn sicr o'r modelau newydd rydym yn ei gyflwyno
- Effaith cau neu drosglwyddo cartref preswyl ar breswylwyr ac ar gymunedau. Oes tystiolaeth yn cefnogi fod cau cartrefi yn cael effaith niweidiol ar gymunedau? Mae trigolion yn cael ymwelydd yno i'w gweld o bryd, arwahan i hyn lle mae'r cartref yn eistedd o fewn y gymuned?
- Trafodaeth am Dai Gofal Ychwanegol (cael eu hyrwyddo'n arw ar draws Cymru) yng nghyd-destun yr angen i greu cymunedau cynhwysol, cefnogol ac amrywiol eu natur. A oes perygl i Gymru ddilyn model Americanaidd o "Gated Communities" gyda'r canlyniad mai lleihau bydd y cysylltiad gyda phobl hyn yn ein cymunedau? Angen arbed hyn a sicrhau fod Tai Gofal Ychwanegol yn cael eu lleoli mewn cymunedau ac yn gadarn yng nghyd destun cymuned a diwylliant.
- Beth ydi'r disgwyliadau o ymgynghori?
- Mae angen meddwl am Bolisi Codi Tal yn ystod y cyfnod ymgynghori

Arwahan i'r uchod, rydym yn hapus gyda'r cynnwys sydd wedi ei gyflwyno yn barod.

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC24 ToR – David and Hilda Smith

Committee Clerk,  
Health and Social Care Committee,  
National Assembly for Wales,  
Cardiff Bay,  
CF99 1NA

13<sup>th</sup> October 2011

Dear Ms Dafydd,

#### **Inquiry into Residential Care for Older People**

Herewith our comments on the Committee's draft terms of reference, which concern your last two paragraphs:

(5) **Tenant ownership and control issues.** May we suggest you amend the bullet point to include tenant ownership and control issues? A possible form of words could be: "New and emerging models of care, including those that incorporate mutual and co-operative values and principles in their governance structures". This would ensure that residents are able to own and manage the homes that they live in. You may also wish to make a connection between residential provision and home care, eg, offering maintenance, assistance to the person and health care.

(6) **Management.** On line two, after 'funding' insert '**management**'. Not only funding and ownership, but also management is important to open the door to the notion of multi-stakeholders co-operatives (empowerment of diverse stakeholders, users, employees, other support) and the concept of public / co-op partnership. We intend pointing to a few successful examples in terms of: residency for older people offering a continuum of services depending of the degree of autonomy enjoyed by the service user, bearing in mind the fact that co-operatives will use their surplus in order to improve services NOT to benefit shareholders.

In UN Year of Co-operatives 2012, it would be helpful if the Committee could signal its willingness to invite and consider excellent relevant international evidence. We hope the Inquiry can use relevant material, which can be found at

SPRU (<http://www.york.ac.uk/inst/spru/>) and PSSRU (<http://www.pssru.ac.uk/>), as they do a fair bit of modelling work in these areas so their websites might prove useful.

We are sure Committee members are aware that the terms 'co-operative' and 'mutual' are not the same, and be alert to the fact that the Co-operative Movement is independent of, and not just an adjunct to government aims and ambitions.

Yours sincerely,

David and Hilda Smith  
Welsh Progressive Co-operators

## **Inquiry into Residential Care for Older People**

### Suggested terms of reference

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative services
- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.
- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.
- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.
- 5. new and emerging models of care provision
- 6. the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector





## Health and Social Care Committee

### Consultation on terms of reference for inquiry into residential care for older people

#### RC25 ToR – Care Forum Wales

Committee Clerk  
Health and Social Care Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA  
By email: [HSCCommittee@wales.gov.uk](mailto:HSCCommittee@wales.gov.uk)

Friday 14 October 2011

Dear Sir / Madam

#### **Terms of Reference for Enquiry into Residential Care for Older People**

We would like to thank you for drawing our attention to the draft terms of reference for the Health and Social Care Committee's inquiry into Residential Care for Older People. Care Forum Wales is the leading professional association for independent sector care providers in Wales with our membership including care home and domiciliary care providers from the private and voluntary sectors. We aim to engage and professionally support independent providers, and to spread good practice and help members provide a high quality service.

We are pleased that the committee will be enquiring into the sustainability of the sector, which has concerned us for some time, and have two comments on the draft terms of reference:

- We assume that the enquiry covers both types of care homes: residential homes providing personal care only and nursing homes providing personal and nursing care. It would seem impossible to separate the two given that many homes cater for both types of residents, but we noticed that the focus of the discussion in the committee was on places commissioned by local authorities rather than nursing care commissioned by the NHS. In terms of taking a view about the sustainability of the sector we believe both residential and nursing homes should both be considered by the enquiry and would like confirmation that this is the case.
- We also note that the terms of reference include regulation and inspection arrangements with regard to the financial viability of providers. Since the majority of residents in care homes are publicly funded, homes cannot be viable and deliver quality care without sustainable fees being paid by Local Authorities and Health Boards. We note that the process for setting fees by public authorities, who are effectively in a monopsony position, was discussed by members of the committee during its consideration of this

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Care Forum Wales . Hillbury House . 2 Hillbury Road . Wrexham LL13 7ET

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enquiry. We understand why an enquiry focussed solely on fees was considered too narrow, but we would not want to see this significant issue lost from the proceedings.

We are keen to give both written and oral evidence to the enquiry when it commences and look forward to hearing from you further.

Yours faithfully

**Mary Wimbury**

Mary Wimbury  
Senior Policy Advisor  
Care Forum Wales

## Health and Social Care Committee

### Consultation on terms of reference for inquiry into residential care for older people

RC26 ToR – Action on Hearing Loss Cymru



Health and Social Care Committee  
National Assembly for Wales  
13 October 2011

Dear Chair,

**Re. Proposed terms of reference for the committee inquiry into residential care for older people**

#### **About us**

Action on Hearing Loss Cymru is the new name for RNID Cymru. We're the charity working for a Wales where hearing loss doesn't limit or label people, where tinnitus is silenced – and where people value and look after their hearing.

#### **The terms of reference**

Action on Hearing Loss welcomes the Committee's commitment to undertake an Inquiry into residential care for older people in Wales and the ways in which it can meet the current and future needs of older people.

We believe that the proposed terms of reference will provide us with the opportunity to provide details of the experience of people with hearing loss in residential care, outlining some of the current problems. We particularly welcome the explicit reference to “the effectiveness of services at meeting the diversity of need amongst older people” and believe we can use this to provide extensive evidence to the Inquiry.

We look forward to providing written evidence to this Inquiry and would welcome the opportunity to give oral evidence.

**Contact details:**

Mary van den Heuvel, Policy and Research Officer  
Action on Hearing Loss Cymru, 16 Cathedral Rd, Cardiff CF11  
1LJ

**ANNEX A**

**Suggested terms of reference**

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative services
- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.
- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.
- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.
- new and emerging models of care provision
- the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector



## Health and Social Care Committee

### Consultation on terms of reference for inquiry into residential care for older people

#### RC27 ToR – College of Occupational Therapists

College of Occupational Therapists response to invitation to comment on the Terms of Reference of the Health and Social Care Inquiry into Residential Care.

#### General comments:

Thank you for the opportunity to comment on these terms of reference. Overall, the College finds the terms of reference broad and inclusive, showing good opportunity to really consider the issues impacting on residential care provision. This is a complex and intricate area and draws in a number of other considerations and types of service and the committee may need to exercise great care in keeping this inquiry manageable. Each of the individual statements could stand for an individual inquiry on their own.

#### Specific comment of the terms of reference

##### **‘Examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:’**

This is vitally important and a good scope. The committee is aware that the needs of older people change over time and will also be very different for individuals. It will be important to ensure that while keeping this manageable there is acknowledgement that solutions to older people’s care needs will be as varied as the people themselves. People with dementia or other cognitive needs will require very different solutions to those with physical needs: many people as they age, experience both. Will the inquiry include nursing needs or the complexity of continuing care or only focus on residential care?

##### **‘The process by which older people enter residential care and the availability and accessibility of alternative services’**

This might include many issues. The committee may wish to consider whether it includes all of them as presented by witnesses or focuses on particular situations. For example, for some this is at a time of crisis following hospital admission and may include issues of good service and care planning, effective integration between services, finance, availability and choice as well as issues such as separation from life partners. For others it is a planned step in a long process and the committee may be in discussion about choice and control, extra care and other housing alternatives, continuing care, reablement alternatives and nursing homes. There are many alternatives to residential care and again the inquiry may need to include, rurality, family and social networks, finance, as well as the variability of statutory services. Service ethos is also vital and an enabling service, based on an intention to ensure people achieve their best rather than seeking a risk averse of easy solution will also influence routes.



Occupational therapists are leading reablement services and these can truly slow down entry to residential services. This could be a major area of the inquiry, one we would not want overlooked as it is so central to many decisions about moving home for care need reasons. The importance of wide ranging primary care services is also vital.

**‘The capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.’**

We would anticipate this would need to include availability and funding routes, long term sustainability and how flexible accommodation can support keeping families together. Many people with more complex needs are being sustained at home and thus those entering residential or nursing care really do have significant needs. This places high demands on care homes which need to be profitable to remain in business. You may need to consider business models as well. A major area for the inquiry might be around size, quality of facilities and maintaining skills and capacity for residents. This will be considered further below.

**‘The quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.’**

The inquiry may need to include issues of staff mix and availability of activity and how homes continue to enable independence is vital to ensuring a good quality of life. There are issues around how homes participate in their communities or if they sit as separate entities with residents never going out. The enabling ethos is also important- how do homes ensure that people retain their skills and roles, control and decision making? For example can people make their own drinks and snacks? Is there a means of allowing people to control the menu, activity or excursion choices?

Staff recruitment, training and development also influence quality. Also the environment in terms of having good design that enable interaction, such as loops on TVs, seating that people can get in and out of, and fire doors which pin people to certain rooms unless they have a carer to open doors for them. The committee may wish to decide the level of consideration to be included.

In relation to closures, this is complex and emotive for people. This is someone’s home but where services need closing or changing how can that best be managed. That issue could take significant investigating to be meaningful.

It will be important to not focus on older physically frail people, but ensure that those who have lifelong needs, such as those with learning disabilities, lifelong mental ill-health or physical disabilities are considered as they age as well as those with age related needs, such as Dementia.



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**‘The effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers’ financial viability.’**

Again, this could be a large area; the committee may need to consider all the Care and Social Services Inspectorate Wales processes. It might be useful to consider the similarity or otherwise of the regulations across different types of care home, and link between different regulators, burden of regulation versus proportionality to protect people. Where people have communication, cognitive or other difficulties which inhibit their ability to voice concerns how are people protected? Presumably this will include a significant discussion about the balance between ensuring a proprietor is financially and professionally a ‘fit’ person, alongside the burden and complexity which might keep really good providers out of the market.

**‘New and emerging models of care provision’**

This offers an opportunity to explore potential new options which may be more suited to a 21<sup>st</sup> century care system. This is a really useful area to explore and should include what care should look like as an alternative to residential care. Reablement and a focus on maintaining people in their own communities is vital so the inquiry might want to really investigate where and how people can be kept independent as long as possible. This may lead the committee to considering housing design, adaptations, extra care, the role of other housing providers and the integrated working of hospital admission and discharge with community care and reablement services. Benefits are key but not devolved, yet finance, poverty, home maintenance and community support, access to care services and the impact of differing charging regimes for different components adds another layer that might be included.

**‘The balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector’**

This could lead to major investigation in terms of the model for care services in Wales. Issues such as affordability, profitability, sustainability and complex charging schemes will need to be considered. We would also suggest that you could consider how people prepare for their long term home and care needs. This might include financial means but could also include other options. Issues of rurality and attractiveness of the sector for employees also arise.

Currently the sectorisation of provision impacts on provision, yet as people live longer with more complex needs and the acceptance that they may move in and out of continuing care for example, may mean future models have to build in more flexibility to allow long term support. So the committee may wish to consider the relevance of separation in definitions of nursing and residential home, homes for those with different types of needs or whether more flexible provision would allow people whose needs are complex or change to remain in their home rather than having to move to another home. Would the committee report seek to define what integrated services look like at a local level, for example?

**Conclusion.**





We welcome the decision of the committee to investigate this important topic. The terms of reference appear excellent, but we are concerned that they could lead to a very wide ranging inquiry which could impact on the quality of scrutiny. It would be a shame if the inquiry spread too widely to allow depth of study. We have tried to identify for you many of the areas we think you are including in with these terms of reference in the hope it helps the committee identify whether they draw out what the committee wishes them to. We hope this approach is useful

The committee may wish to direct the inquiry to include or exclude certain areas, or allow sufficient time to really investigate such an important topic and do it justice in making recommendations.

The College looks forward to participating in the inquiry in due course. Please do not hesitate to ask if you require anything further.

Ruth Crowder

Policy Officer Wales/ Swyddog Polisi Cymru

College of Occupational Therapists/ Coleg Therapyddion Galwedigaethol



# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

RC28 ToR – Age Cymru



### Consultation Response

#### Inquiry into residential care for older people – draft terms of reference

October 2011

#### Introduction

Age Cymru is the leading national charity working to improve the lives of all older people in Wales. We believe older people should be able to lead healthy and fulfilled lives, have adequate income, access to high quality services and the opportunity to shape their own future. We seek to provide a strong voice for all older people in Wales and to raise awareness of the issues of importance to them.

We are pleased to provide our views on the draft terms of reference for the Health and Social Care Committee's inquiry into residential care for older people in Wales.

#### Comments

We welcome this Inquiry and broadly agree with the suggested terms of reference. We are particularly pleased to see the inclusion of:

- the process by which older people enter residential care and the availability and accessibility of alternative services;
- the quality of residential care services and the experiences of service users and their families; we are encouraged that the Committee recognises the need to consider families and we believe carers should be included as a specific addition.
- the effectiveness of services at meeting the diversity of need amongst older people; we strongly support this and note that it is important to consider the specific needs of minority groups such as BME and LGBT older people.

We also approve of the inclusion of the management of care home closures, and the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of

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Y grym newydd sy'n cyfuno  
The new force combining



service providers' financial viability – this is something Age Cymru have been calling for, particularly in light of the Southern Cross care home closures.

We believe it would be beneficial to also include the follow items in the terms of reference:

- **Staff training**

The second item on the terms of reference mentions staffing in regards to resources. We believe that levels of staff training and identified training needs are also crucial issues which should be covered by the inquiry.

Training on issues such as basic values, dementia awareness and equality and human rights need to be assessed and prioritised by residential care homes.

NB: Item 2 of the terms of reference should also mention 'appropriate equipment' after number of places and facilities.

- **Access to information and advice**

We believe it is important to examine the availability of, and access to, information and advice for residents, as well as their families and carers. The inquiry will also need to link up with the forthcoming Older People's Commissioner's review on advocacy in care homes.

- **Activities provided in care homes**

It would be valuable for the inquiry to look into activities for stimulation and learning opportunities provided for residents in care homes. Also whether the residential care home has links with the community and provides opportunities for mutual interaction and engagement between residents and the wider community.

The final issue we feel it is important for the Committee to consider is how we pay for care. The Inquiry will need to be mindful of the recommendations of the Commission of Funding of Care and Support in England (Dilnot Commission), the UK Government's response (if it emerges during the lifetime of the Inquiry), and the impact this may have on Government policy and care funding in Wales.

Furthermore, additional items which could be considered during the inquiry are:

- **Care plans** - quality and consistency of care plans for residents
- **Engagement and consultation with residents** - the extent that residents are empowered to have choice and control over their lives and consulted over changes in their residential homes
- **Continence management** - how continence and incontinence needs are assessed and managed.

- **Dementia awareness and planning** - the extent that the care home reviews the environment to identify improvements to stimulate residents with dementia and take their needs into account.
- **Monitoring and recording** - the accuracy of monitoring and recording key activities (such as medication, meals, etc) within the residential homes.

## **Conclusion**

We hope these comments are useful to the Health and Social Care Committee. We would be more than happy to provide further information as required. We look forward to contributing to the Inquiry in the future.

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC29 ToR – Royal College of Nursing

**Royal College of Nursing**  
Ty Maeth  
King George V Drive East  
**Cardiff**  
CF14 4XZ

**Tina Donnelly TD, DL, MSc (ECON), BSc (Hons), RGN, RM, RNT, RCNT, Dip N, PGCE**  
Director, RCN Wales

14 October 2011

Mark Drakeford AM  
Chair  
Health and Social Care Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

Dear Mark

The Royal College of Nursing in Wales welcomes the decision of the National Assembly Health and Social Care Committee to conduct an Inquiry into Residential Care for Older People.

We also appreciate the opportunity to comment on the draft terms of reference.

Our suggestion, which we urge in the strongest possible manner is to explicitly extend the scope of the Inquiry to residential and nursing care. We make this suggestion for the following reasons:

The healthcare of older people in residential care is a significant concern. There is reason to fear that preventative health care from primary services are not prioritised and that admittance and discharge from secondary care with all of the attendant delays and disadvantages is too prevalent.

The relationship of this situation to nursing care is inextricable. Older people in residential care may require or benefit from nursing care on a temporary basis. Furthermore if an older person has been resident in a home for a long period of time and their health deteriorates it is not always appropriate for that individual to be moved to another facility when nursing care could be provided in situ.

There is also the complex issue of whether an Older Person is assessed as requiring nursing or residential care. This assessment can not only produce significant delays in patient care it can also result in the patient receiving inappropriate care or care in an inappropriate environment. This is an important factor in residential care. Nursing care beds are in extremely short supply in certain areas of Wales which can add to the pressure on residential care.

Finally the draft terms of reference currently reference the need to examine regulatory frameworks for residential care. We welcome this scrutiny and believe it would benefit from examination of the broader vista of regulation covering nursing and residential care. It will be extremely important that this Inquiry consults with a wide range of expert advisers and stakeholders making sure to include professionals from the health as well as social care field.

Kind regards

Yours sincerely

A handwritten signature in blue ink that reads "Tina Donnelly". The signature is written in a cursive style with a long, sweeping underline.

**TINA DONNELLY**  
**DIRECTOR, RCN WALES**

# Health and Social Care Committee

## Consultation on terms of reference for inquiry into residential care for older people

### RC30 ToR – Cardiff and Vale University Health Board

Good afternoon

Thank you for the opportunity to comment on the Terms of Reference for the inquiry into residential care for older people. The comments within this email are submitted on behalf of Cardiff & Vale University Health Board.

I apologise for the late response, and hope the delay will not prevent the comments from being considered.

The view is that it would be helpful if the Terms of Reference could be expanded to include:

1. How care is provided to people with dementia in residential settings
2. How care is provided to people who have multiple needs, one of which happens to be cognitive impairment
3. To explore the interface between residential settings and core NHS/specialist (e.g. Older People with Mental Health) provision. As there is a risk that people in care homes don't access the same provision that someone in their own home would.

If you have any queries regarding the suggested inclusions, or would like further detail, then please do not hesitate to contact me.

Regards  
Gaynor

***Gaynor Williams***

National Programme Director: Continuing NHS Health Care

## Health and Social Care Committee

HSC(4)-08-11 paper 2

### Draft Budget 2012-13 – Paper from the Minister for Health and Social Services

#### Purpose

The Committee's Chairman wrote to the Minister for Health and Social Services on 28 July inviting her to give evidence on her Draft Budget proposals and asking her to provide a paper in relation to the Draft Budget.

#### Introduction

The Draft Budget was published on the 4 October 2011. This paper provides information for the Health & Social Care Committee on the Health, Social Services & Children's Main Expenditure Group (MEG) future budget proposals for 2012-13 to 2014-15.

#### Budget Overview

The total Health Social Services and Children's budget has increased by a net amount of £92.5 million in 2012-13 with further indicative increases of £108.7 million and £109.1 million in 2013-14 and 2014-15 respectively. This comprises additional revenue budget of £103.3 million in 2012-13, £119.6 million in 2013-14 and £119.9 million in 2014-15, offset by transfers to other MEGs of £10.8 million in each of the three years.

The following summary financial table shows the overall effect on the HSSC MEG:

#### Summary Financial Table:

	2012-13	2013-14	2014-15
<b>Revenue</b>	<b>£m</b>	<b>£m</b>	<b>£m</b>
DEL Baseline	5954.1	5970.5	5970.5
MEG Allocation	103.3	119.6	119.9
MEG to MEG Transfers	(10.8)	(10.8)	(10.8)
Revised DEL	6046.6	6079.3	6079.6
<b>Capital</b>			
DEL Baseline	240.6	214.5	214.5
<b>Overall Total HSSC MEG</b>	<b>6287.2</b>	<b>6293.8</b>	<b>6294.1</b>

The table does not include Annually Managed Expenditure (AME), which is outside the Welsh Government's Departmental Expenditure Limit (DEL).

The additional revenue funding is associated with the following expenditure programmes:

- **Additional support for the Local Health Boards** – An additional £83 million in 2012-13, £83 million in 2013-14 and £73 million in 2014-15 to recurrently place Local Health Boards on a sustainable financial footing going forward.
- **Orthopaedics** – An additional £15.3 million in 2012-13 rising to £16.6 million in 2014-15 to increase capacity and re-model service pathways in response to the significant increase in demand for Orthopaedic treatment.
- **Children's Flying Start programme** – An additional £5 million in 2012-13 rising to £30 million in 2014-15 to extend the programme in line with the Government's commitment to double the number of Children benefiting.
- **Free Prescriptions** – An additional £0.4 million in 2014-15 to retain this universal benefit, ensuring that people on low incomes are not deterred from taking regular medication that would help them to live healthier lives.

In addition to the increase in funding for the specific programmes quoted above, all other programme funding allocations within the 'Action' budget tables at annex 1 will be prioritised and redirected to ensure delivery of each of the Manifesto commitments within the Governments programme

There are also transfers between MEGs, as detailed in the table below:

	2012-13	2013-14	2014-15
	£m	£m	£m
Fairer Charging Grant to RSG	(10.1)	(10.1)	(10.1)
Older Persons Grant to RSG	(1.0)	(1.0)	(1.0)
WHSSC running costs from CSA	0.3	0.3	0.3
<b>Net Transfer from HSSC</b>	<b>(10.8)</b>	<b>(10.8)</b>	<b>(10.8)</b>

### Spending Priorities

The Department's overall aim is to deliver a first class health and social care service for the citizens of Wales with the outcome being better health for all with reduced inequalities. The 5 year Service,



Workforce and Financial Framework for the NHS, produced in 2009, guides the reform agenda necessary to achieve this vision. The Department will continue on this path whilst at the same time focusing on delivering priorities as identified in the Programme of Government document.

Despite the additional investment announced in this Budget, this is a challenging financial environment and success will be dependant on efficient and effective partnership working across Government Departments, within the NHS, with Local Government and with other partner organisations.

The perpetual need to manage and contain costs while demand for services continues to increase, reinforces the need to increase the momentum and accelerate work in transforming the way the NHS delivers our services and to integrate all aspects of the care system. Managing the demand for health services and reducing the strain on acute services will be key to maintaining sustainable high quality services and therefore a strong focus on health improvement and self care will remain a key priority.

In respect of Social Services, the work of an independent Commission has recently informed the production of a major strategic document published in February 2011 entitled 'Sustainable Social Services for Wales: A Framework for Action'. Central to the delivery of this will be the Social Services Bill which will provide a coherent Welsh legal framework to transform Social Services.

### **Manifesto Commitments**

The programme for Government specifically identifies manifesto commitments directly attributable to Health Social Services and Children which will be delivered over the next four years and these will be our main priorities for this term of Government. These commitments will place a much clearer focus on improving health outcomes and reducing inequalities. Included within these commitments is work to; improve access to GPs, instigate annual health checks for the over 50s, improve cancer, cardiac and stroke services and children's health, improve ambulance response times and reduce unnecessary attendance at emergency departments

More specifically the Government has highlighted five specific pledges that are of particular importance - 'Five for a Fairer Future'. Responsibility to deliver two of these falls directly to Health Social Services and Children;

- Improved access to GP surgeries in the evenings and Saturday mornings; and
- Expanding the Flying Start Programme

## Summary of Changes to 'Action budget lines' in 2012-13

### 1. NHS Delivery

This Action has been split in 2012-13 and future years into two Actions as below:

- Delivery of Core NHS Services
- Delivery of Targeted NHS Services

#### (a) Delivery of Core NHS Services

The Delivery of Core NHS Services is by far the largest Action in the MEG, with an annual revenue budget of £5 billion. The action provides the main funding for NHS care (hospital and community services). This funding is allocated to local health boards (LHBs) and NHS Trusts. It includes funding for primary care (GPs, dentists and pharmacists). The **net increase** to this action is £138.7 million in 2012-13. This is made up of:

##### i. Additional Allocations:

- **£98.3 million** from Central Reserves in respect of additional funding in respect of health structural support and orthopaedic treatment

##### ii. Transfers between Actions:

- **£32.3 million** from Delivery of Targeted NHS Services into the LHB revenue allocation, in respect of SIFT infrastructure funding
- **£7.7 million** from Support Mental Health Policies and legislation into the LHB revenue allocation, in respect of funding for mental health services
- **£1.6 million** from Tackle Health Inequalities & Develop Partnership Working, in respect of Design to Smile campaign
- **£1.2 million** from Children's Social Services into the LHB revenue allocation, in respect of funding for CAMHS

- **£0.5 million** from Delivery of Targeted NHS Services, in respect of Overseas Visitors
- **£2.2 million** to Sponsorship of Public Health Bodies, in respect of realignment of funding for Public Health Wales
- **£0.9 million** to Promote Healthy Improvement & Healthy Working, in respect of funding for Alcohol abuse

### iii. MEG to MEG Transfers

- **£0.2 million** from the Central Services and Administration MEG, in respect of WHSSC running costs

## 2. Delivery of Targeted NHS Services

This Action includes funding for specific primary care services (including Eye Care Initiatives), as well as funding for a range of other developments including: the delivery of information and technology (IM&T), solutions to the NHS in Wales and support for undergraduate Medical Education. There is a **net decrease** of £32.8 million to this action in 2012-13 as a result of the following transfers between Actions:

- **£32.3 million** to the Delivery of Core NHS Services in respect of infrastructure SIFT All Wales funding into the LHB revenue allocation
- **£0.5 million** to the Delivery of Core NHS Services in respect of Overseas Visitors

## 3. Support Education & Training of the NHS Workforce

This Action supports programmes of education and in-service training for the development of the NHS workforce. There is **no change** in the funding for this Action

## 4. Support Mental Health Policies & Legislation

Core funding for mental health services is provided via the Delivery of Core NHS Services Action. In addition, this Action provides dedicated funding for the development and improvement of mental health services for child and adolescents, adults and older people in Wales in line with the Mental Health Strategy, the National Services Framework and legislation. It provides support, for example, for dementia services, eating disorders and the Veterans Service across Wales. There is a **net decrease** of £6.8 million in 2012-13 as a result of the following transfers between Actions:

- **£7.7 million** transferred out to the Delivery of Core NHS Services Action. This is in respect of funding for Mental Health services transferring into the LHB revenue allocation.
- **£0.9 million** transferred in from the Children's Social Services Action. This is in respect of funding for CAMHS. (Note - a further £1.2 million funding for CAMHS has also transferred to the Delivery of Core NHS Services Action)

#### 5. Hospice Support

This Action provides funding for all Wales palliative care initiatives and also recurrent funding for voluntary hospices. There is **no change** in the funding for this Action.

#### 6. Sponsorship of Public Health Bodies

This Action provides funding for the Public Health Wales NHS Trust, which delivers; public health services that cover health improvement and protection, public health intelligence and research, and national screening programmes for the people of Wales.

There is an **increase** of £3.4 million in 2012-13. This is a result of transfers from various Actions in respect of funding to go to Public Health Wales.

#### 7. Foods Standard Agency

This is used to fund the Food Standards Agency Wales, an independent Government department set up to protect the public's health and consumer interests in relation to food.

There is a **decrease** of £0.209 million which represents funding in respect of the Food and Nutritional Survey being transferred to the Action Promote Health Improvement & Healthy Working.

#### 8. Deliver Targeted Health Protection & Immunisation Activity

This provides funding for vaccines for the preventable diseases programme. It also funds a range of public information campaigns, as well as initiatives to tackle healthcare associated infections. There is **no change** in the funding for this Action.

#### 9. Promote Health Improvement & Healthy Working

This supports initiatives and action being developed to support *Our Healthy Future* including the tobacco control strategy and the provision of nurses in secondary schools. There is a **net increase** of

£0.541 million in 2012-13 as a result of the following transfers between Actions:

- **£0.9 million** from the Delivery of Core NHS Services Action, in respect of funding for alcohol abuse.
- **£0.2 million** from the Foods Standard Agency Action, in respect of the Food and Nutritional Survey
- **£0.5 million** to the Sponsorship of Public Health Bodies, in respect of funding to Public Health Wales

#### 10. Tackle Health Inequalities & Develop Partnership Working

This supports the Inequalities in Health Fund and the Healthy Start programme. There is a **decrease** of £1.7 million in 2012-13 as a result of the following transfers between Actions:

- **£1.6 million** to Delivery of Core NHS Services into the LHB Revenue Allocation, in respect of funding for the 'Design to Smile' programme
- **£0.1 million** to the Sponsorship of Public Health Bodies Action, in respect of Public Health Wales funding.

#### 11. Effective Emergency Preparedness Arrangements

Funding in this Action is directed towards establishing and maintaining strategic stockpiles of pre-pandemic vaccines, antivirals, antibiotics, facemasks, respirators and consumables. Funding is also provided for the development and maintenance of other health countermeasures stockpiles to respond to accidental or deliberate release of chemical, biological radiological, nuclear and explosive substances.

This budget also funds the Hazardous Area Response Team (HART), which enables the ambulance service to provide treatments in contaminated environments or where access is difficult. There is **no change** in the funding for this Action.

#### 12. Develop & Implement Research and Development for Patient & Public Benefit

This Action funds the work of the National Institute for Social Care & Health Research (NISCHR), which aims to support the creation of high-quality evidence to both inform policy and benefit patients and the public. There is **no change** in the funding for this Action.

#### 13. Children's Social Services

This funds a range of programmes and policy developments to support vulnerable children and children's health services, including the implementation of the Children & Young Persons Act 2008, child family court fees and Integrated Family Support Services. There is a **net decrease** of £4.3 million in 2012-13 as a result of the following transfers between Actions:

- **£1.0 million** from Social Services Strategy Action, in respect of funding for Vulnerable Children
- **£1.2 million** to the Delivery of Core NHS Services Action into the LHB Revenue Allocation, in respect of funding for CAMHS.
- **£0.9 million** to the Support Mental Health Policies & legislation Action, in respect of CAMHS funding
- **£1.4 million** to the Adult & Older people Action, in respect of funding for Autism
- **£0.5 million** to the Sponsorship of Public Health Bodies Action, in respect of funding for Newborn Blood Spot Screening
- **£1.3 million** to the Children, Young people and Families Action, to consolidate CFOG Children in Need Budgets

#### 14. Children, Young People and Families

This Action provides a range of support for children, young people and families to help them to achieve their potential. Targeted programmes such as Families First and Flying Start are directed at our most disadvantaged families to help remove people from poverty and to provide them with better educational, health and economic outcomes, whilst broader programmes support childcare and play.

The Action also supports the Welsh Government's approach to embedding the UNCRC into the development of policies and programmes that put the rights of the child at the centre of what we do. There is a **net increase** of £6.3 million in 2012-13 made up of:

- i. Additional Allocations:
  - **£5.0 million** from Central Reserves in respect of Flying Start
- ii. Transfers between Actions:

- **£1.3 million** from the Children’s Social Services Action to consolidate CFOG Children in Need Budgets.

## 15. Adult and Older People

This Action provides funding for the implementation of the Older Persons Strategy and the implementation of the Learning Disability strategy, including the resettlement programme from long stay hospitals. It also funds commitments in the Carers Strategic Action Plan and the Carers Measure. There is a **net decrease** of £7.8 million in 2012-13 made up of:

### i. Transfers between Actions:

- **£1.4 million** from the Children’s Social Services Action, in respect of funding for Autism
- **£1.9 million** from the Social Services Strategy Action, in respect of Grants to Local Authorities

### ii. MEG to MEG Transfers

- **£11.1 million** transfer to the Local Government and Communities MEG into the RSG settlement, in respect of funding for First Steps package and Older People’s Strategy

## 16. Social Services Strategy

This supports the implementation of the Social Services Strategy for Wales. The funding here will play an important role in developing new models of care and supporting the transformation of services. This Action also contains the funding for the Care and Social Services Inspectorate (CSSIW) programme budget and includes grant scheme funding and support for the Association of Directors (ADSS) and Social care Institute of Excellence (SCIE). There is a **net decrease** of £2.9 million in 2012-13 as a result of the following transfers between Actions:

- **£1.0 million** to the Children’s Social Services Action in respect of Vulnerable Children
- **£1.9 million** to the Adult & Older People Action in respect of Grants to Local Authorities

## 17. Care Council for Wales

The Care Council for Wales is the social care workforce regulator in Wales responsible for promoting and securing high standards across the social services and social care workforce. The draft budget

published on 4 October shows no change from 2011-12. However it is expected that the Council will identify efficiency savings of around 3% next year, with the budget reducing from the current £10.1 million to £9.8 million.

#### 18. Older People Commissioner

This provides funding for the Older People's Commissioner. This is an independent post – the first of its type in the world - which was established to ensure that the interests of older people in Wales, who are aged 60 or more, are safeguarded and promoted. The draft budget published on 4 October shows no change from 2011-12. However, again it is expected that efficiency savings of around 3% can be achieved next year, with the budget reducing by £53k from its current level of £1.747m

#### 19. CAFCASS Cymru Programmes

CAFCASS CYMRU is a child-focused social work organisation, which provides expert social work advice to family proceedings courts, the County Courts and the High Court. Funding here supports the organisation's core duties, as well as obligations under the Children & Adoption Act 2006 including the provision of contact centres and contact activities. Detailed discussions continue on the final budget allocation and it is expected that further funding will be allocated to CAFCASS Cymru in 2012-13, over that which is in the draft budget proposals, which will result in an efficiency saving of approximately 2% compared with the current years allocation. .

#### 20. Capital

The All Wales Capital Programme, which includes funding for the Social Services Strategy and Health Emergency Preparedness, is based on current contractually committed schemes and schemes that the previous Health Minister and LHBs have highlighted as priorities for the forthcoming financial years.

The Programme takes account of the indicative budget allocations which were set during last years RAE exercise, and which results in a **significant reduction** in funding.



HEALTH, SOCIAL SERVICES AND CHILDREN MAIN EXPENDITURE GROUP (MEG)

REVENUE BUDGET - Departmental Expenditure Limit										£000's	
SPA	Actions	2011-12 Supplementary Budget June 2011	2012/13 Indicative Plans Supplementary Budget June 2011	2012-13 Changes	2012-13 Draft Budget New Plans	2013-14 Indicative Plans Supplementary Budget June 2011	2013-14 Changes	2013-14 Draft Budget New Plans	2014-15 Indicative Plans Supplementary Budget June 2011	2014-15 Changes	2014-15 Draft Budget New Plans
NHS Delivery	Delivery of Core NHS Services	4,964,545	4,923,046	138,734	5,061,780	4,923,046	140,034	5,063,080	4,923,046	130,422	5,053,468
	Delivery of Targeted NHS Services	442,958	462,958	-32,776	430,182	476,726	-32,776	443,950	476,726	-32,776	443,950
	<b>Total NHS Delivery</b>	<b>5,407,503</b>	<b>5,386,004</b>	<b>105,958</b>	<b>5,491,962</b>	<b>5,399,772</b>	<b>107,298</b>	<b>5,507,030</b>	<b>5,399,772</b>	<b>97,646</b>	<b>5,497,418</b>
	Support Education & Training of the NHS Workforce	188,826	188,826	0	188,826	188,826	0	188,826	188,826	0	188,826
Health Central Budgets	Support Mental Health Policies & Legislation	16,331	16,331	-6,811	9,520	16,331	-6,811	9,520	16,331	-6,811	9,520
	Hospice Support	7,028	7,028	0	7,028	7,028	0	7,028	7,028	0	7,028
	<b>Total Health Central Budgets</b>	<b>212,185</b>	<b>212,185</b>	<b>-6,811</b>	<b>205,374</b>	<b>212,185</b>	<b>-6,811</b>	<b>205,374</b>	<b>212,185</b>	<b>-6,811</b>	<b>205,374</b>
	Sponsorship of Public Health Bodies	63,785	63,785	3,361	67,146	63,785	3,361	67,146	63,785	3,361	67,146
	Food Standards Agency	3,651	3,651	-209	3,442	3,651	-209	3,442	3,651	-209	3,442
	Deliver Targeted Health Protection & Immunisation Activity	11,720	11,720	0	11,720	11,720	0	11,720	11,720	0	11,720
Public Health & Prevention	Promote Healthy Improvement & Healthy Working	15,219	15,218	541	15,759	15,218	541	15,759	15,218	541	15,759
	Tackle Health Inequalities & Develop Partnership Working	11,497	11,497	-1,736	9,761	11,497	-1,736	9,761	11,497	-1,736	9,761
	Effective Health Emergency Preparedness Arrangements	5,921	5,921	0	5,921	5,921	0	5,921	5,921	0	5,921
	Develop & Implement Research and Development for Patient & Public Benefit	43,799	43,799	0	43,799	43,799	0	43,799	43,799	0	43,799
	<b>Total Public Health &amp; Prevention</b>	<b>155,592</b>	<b>155,591</b>	<b>1,957</b>	<b>157,548</b>	<b>155,591</b>	<b>1,957</b>	<b>157,548</b>	<b>155,591</b>	<b>1,957</b>	<b>157,548</b>
	Children's Social Services	12,308	12,308	-4,297	8,011	12,308	-4,297	8,011	12,308	-4,297	8,011
Social Services	Children, Young People and Families	94,294	96,341	6,340	102,681	99,398	21,340	120,738	99,398	31,340	130,738
	Adult & Older People	51,484	51,484	-7,746	43,738	51,484	-7,746	43,738	51,484	-7,746	43,738
	Social Services Strategy	18,747	18,747	-2,961	15,786	18,747	-2,961	15,786	18,747	-2,961	15,786
	Care Council for Wales	10,141	10,141	0	10,141	10,141	0	10,141	10,141	0	10,141
	Other People Commissioner	1,747	1,747	0	1,747	1,747	0	1,747	1,747	0	1,747
	<b>Total Social Services</b>	<b>188,721</b>	<b>190,768</b>	<b>-8,664</b>	<b>182,104</b>	<b>193,825</b>	<b>6,336</b>	<b>200,161</b>	<b>193,825</b>	<b>16,336</b>	<b>210,161</b>
	CAFCASS Cymru Programmes	10,138	9,635	0	9,635	9,167	0	9,167	9,167	0	9,167
	<b>Total CAFCASS Cymru</b>	<b>10,138</b>	<b>9,635</b>	<b>0</b>	<b>9,635</b>	<b>9,167</b>	<b>0</b>	<b>9,167</b>	<b>9,167</b>	<b>0</b>	<b>9,167</b>
	<b>Total Revenue - Health, Social Services and Children</b>	<b>5,974,139</b>	<b>5,954,133</b>	<b>92,440</b>	<b>6,046,623</b>	<b>5,970,540</b>	<b>108,740</b>	<b>6,079,280</b>	<b>5,970,540</b>	<b>109,128</b>	<b>6,079,668</b>

CAPITAL BUDGET - Departmental Expenditure Limit										£000's	
SPA	Actions									2013-14	2014-15
	2011-12	2012-13	2012-13	2012-13	2012-13	2012-13	2012-13	2012-13	2012-13	2013-14	2014-15
	Supplementary	Changes	Indicative	Draft Budget	Indicative	Draft Budget	Supplementary	Indicative	Draft Budget	Supplementary	2014-15
	Budget		Plans	New Plans	Plans	New Plans	Budget	Plans	New Plans	Budget	Draft Budget
	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	New Plans
NHS Delivery	247,573	230,279	230,279	230,279	205,275	205,275	205,275	205,275	205,275	205,275	205,275
<b>Total NHS Delivery</b>	<b>247,573</b>	<b>230,279</b>	<b>230,279</b>	<b>230,279</b>	<b>205,275</b>	<b>205,275</b>	<b>205,275</b>	<b>205,275</b>	<b>205,275</b>	<b>205,275</b>	<b>205,275</b>
Public Health & Prevention	5,418	5,039	5,039	5,039	4,492	4,492	4,492	4,492	4,492	4,492	4,492
<b>Total Public Health &amp; Prevention</b>	<b>5,418</b>	<b>5,039</b>	<b>5,039</b>	<b>5,039</b>	<b>4,492</b>	<b>4,492</b>	<b>4,492</b>	<b>4,492</b>	<b>4,492</b>	<b>4,492</b>	<b>4,492</b>
Social Services	6,659	5,263	5,263	5,263	4,691	4,691	4,691	4,691	4,691	4,691	4,691
Care Council for Wales	23	22	22	22	20	20	20	20	20	20	20
Children, Young People and Families	3,430	0	0	0	0	0	0	0	0	0	0
<b>Total Social Services</b>	<b>9,112</b>	<b>5,285</b>	<b>5,285</b>	<b>5,285</b>	<b>4,711</b>	<b>4,711</b>	<b>4,711</b>	<b>4,711</b>	<b>4,711</b>	<b>4,711</b>	<b>4,711</b>
<b>Total Capital - Health, Social Services and Children</b>	<b>262,103</b>	<b>240,603</b>	<b>240,603</b>	<b>240,603</b>	<b>214,478</b>	<b>214,478</b>	<b>214,478</b>	<b>214,478</b>	<b>214,478</b>	<b>214,478</b>	<b>214,478</b>

REVENUE BUDGET - Annually Managed Expenditure										£000's	
SPA	Actions									2013-14	2014-15
	2011-12	2012-13	2012-13	2012-13	2012-13	2012-13	2012-13	2012-13	2012-13	2013-14	2014-15
	Supplementary	Changes	Indicative	Draft Budget	Indicative	Draft Budget	Supplementary	Indicative	Draft Budget	Supplementary	2014-15
	Budget		Plans	New Plans	Plans	New Plans	Budget	Plans	New Plans	Budget	Draft Budget
	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	New Plans
NHS Impairments	184,699	129,764	129,764	129,764	89,827	89,827	89,827	89,827	89,827	89,827	89,827
<b>Total NHS Impairments and Provisions</b>	<b>184,699</b>	<b>129,764</b>	<b>129,764</b>	<b>129,764</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>
Total AME - Health, Social Services and Children	184,699	129,764	129,764	129,764	89,827	89,827	89,827	89,827	89,827	89,827	89,827
<b>Total AME - Health, Social Services and Children</b>	<b>184,699</b>	<b>129,764</b>	<b>129,764</b>	<b>129,764</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>	<b>89,827</b>

Health, Social Services and Children - Summary										£000's	
	2011-12	2012-13	2012-13	2012-13	2012-13	2012-13	2012-13	2012-13	2012-13	2013-14	2014-15
	Supplementary	Changes	Indicative	Draft Budget	Indicative	Draft Budget	Supplementary	Indicative	Draft Budget	Supplementary	2014-15
	Budget		Plans	New Plans	Plans	New Plans	Budget	Plans	New Plans	Budget	Draft Budget
	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	June 2011	New Plans
Revenue DEL	5,974,139	92,440	5,964,183	6,046,623	5,970,540	6,079,280	5,970,540	5,970,540	6,079,280	5,970,540	6,079,668
Capital DEL	262,103	0	240,603	240,603	214,478	214,478	214,478	214,478	214,478	214,478	214,478
<b>Total DEL</b>	<b>6,236,242</b>	<b>92,440</b>	<b>6,194,786</b>	<b>6,287,226</b>	<b>6,185,018</b>	<b>6,293,758</b>	<b>6,185,018</b>	<b>6,185,018</b>	<b>6,293,758</b>	<b>6,185,018</b>	<b>6,294,146</b>
Annually Managed Expenditure	184,699	52,016	129,764	181,780	89,827	89,827	89,827	89,827	89,827	89,827	89,827
<b>Total - Health, Social Services and Children</b>	<b>6,420,941</b>	<b>144,456</b>	<b>6,324,550</b>	<b>6,469,006</b>	<b>6,274,845</b>	<b>6,374,272</b>	<b>6,274,845</b>	<b>6,274,845</b>	<b>6,374,272</b>	<b>6,274,845</b>	<b>6,483,538</b>