Health and Social Care Committee

Meeting Venue:
Committee Room 1 - Senedd

Meeting date:
30 May 2012

Meeting time:
09:00

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

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Agenda

1. Introductions, apologies and substitutions

2. Wheelchair services in Wales - Evidence from the Minister for Health and Social Services (09.00 - 09.30) (Pages 1 - 13)

HSC(4)-16-12 paper 1

Lesley Griffiths AM, Minister for Health and Social Services
Dr Owen Crawley, Chief Scientific Advisor
Alison Strode, Therapy Adviser for Wales

3. Inquiry into Residential Care for Older People - Evidence from regulators and inspectors (09.30 - 11.50) (Pages 14 - 43)

09.30 - 10.45: Care and Social Services Inspectorate Wales & Health Inspectorate Wales

HSC(4)-16-12 paper 2 - Care and Social Services Inspectorate Wales and Health Inspectorate Wales

HSC(4)-16-12 paper 3 - Update from Care and Social Services Inspectorate Wales

Imelda Richardson, Chief Inspector, Care and Social Services Inspectorate Wales
David Francis, Assistant Chief Inspector, Care and Social Services Inspectorate Wales
Kevin Barker, Inspector, Care and Social Services Inspectorate Wales
Peter Higson, Chief Executive, Health Inspectorate Wales
Mandy Collins, Deputy Chief Executive and Director, Inspection and Regulation, Health Inspectorate Wales

10.45 – 10.50: Break

10.50– 11.50: Care Council for Wales

HSC(4)-16-12 paper 4
Rhian Huws Williams, Chief Executive
Gerry Evans, Director of Regulation and Professional Standards

4. The Food Hygiene Ratings (Wales) Bill: Stage 1 – Approach to scrutiny (11.50 – 12.15) (Pages 44 – 58)

HSC(4)-16-12 paper 5

5. Papers to note (Pages 59 – 60)

Minutes of the meeting held on 16 May
HSC(4)-14-12 minutes

Health and Social Care Committee

HSC(4)-16-12 paper 1

One-day inquiry on wheelchair services in Wales – Update from the Welsh Government

Welsh Government Update for the Health and Social Care Committee on implementation of recommendations of the Health, Wellbeing and Local Government Committee's report on Wheelchair Services.

Introduction

The National Assembly for Wales Health and Wellbeing Committee undertook an inquiry into Wheelchair Services in Wales and reported in May 2010 with 23 recommendations. The Minister for Health and Social Services subsequently sent a written update to the Chair of the committee in November 2010 following the release of the All Wales Posture and Mobility Review Phase 2 report. This paper updates the Health and Social Care Committee on progress against each of their recommendations up to November 2011 when the All Wales Posture and Mobility Partnership Board last met.

Background

In May 2008 the Minister for Health and Social Services announced a review of wheelchair provision in Wales. The review would encompass long and short-term loans, adult and paediatric wheelchair services. The review was undertaken in two phases. Phase 1 reported to the Minister in October 2009 and described service provision across Wales including how current services were managed. The review recommended changes to improve the experience of service users.

In May 2010 the National Assembly Health, Wellbeing and Local Government Committee published its report on the 'Inquiry into Wheelchair Services in Wales'. The Committee made twenty three recommendations.

The Minister responded to the Committee's report in June 2010 accepting all of the recommendations. A project board for a Phase 2 review of Posture and Mobility services was initiated and the Minister for Health and Social Services appointed Ms Sue Kent, Vice Chair of Aneurin Bevan Local Health Board, as Chair. The Project Board met for the first time in May 2010. A Wider Reference Group was also established to support the Project Board. The Project Board took the main themes of the Phase 1 work and further developed the recommendations to ensure service improvement proposals addressed the main issues identified. Workstreams were set up to consider the key issues and develop recommendations for action. The work of individual workstreams looked, in closer detail, at the eligibility criteria, quality indicators and key performance indicators together with a range of actions to ensure provision of an efficient and effective service to both established and new users.

The project board reported in October 2010, a copy of which was sent to Darren Millar AM the then Chair of the Health, Wellbeing and Local

Government Committee with details of the improvements which needed to be made.

One of the recommendations from the report was the proposed All-Wales wheelchair specifications be implemented and performance managed through a Partnership Board would replace the previous Posture and Mobility Steering Group.

An All Wales Posture and Mobility Partnership Board chaired and led by WHSSC (Welsh Health Specialised Services Committee) as the commissioners of wheelchair services was set up to oversee all work programmes. The Partnership Board includes service user and service provider representatives and reviews performance against agreed quality and performance indicators. The Board meets quarterly and is due to meet next on 1st March 2012.

The Artificial Limb and Appliance Service (ALAS) is provided by a collaboration between three Local Health Boards (LHBs): Cardiff and Vale, Abertawe Bro Morgannwg and Betsi Cadwaladr. The ALAS centres are situated in Cardiff, Swansea and Wrexham and work together to provide an All Wales service. These are supported by Rehabilitation Engineering Units (REU) based in Cardiff, Swansea and Bryn y Neuadd Hospital in North Wales. The REUs provide bespoke solutions for the most complex patient requirements.

Recommendation 1
We recommend that the Welsh Government ensures that a full, national service specification be prepared, including details on the service's approach to joint working with other organisations and individuals; and information on performance targets and monitoring systems.

Update
Work is nearing completion on a summary specification which will form the basis for the All Wales Posture and Mobility service design and development of a full specification. Also being considered is a framework for decision making based on various criteria and levels of decision which will serve as an annex to the above. This will provide clarity for service users and clinicians regarding provision of equipment. This work is due to be signed off by the Partnership Board at the next meeting on 1st March. This work complements the eligibility criteria already produced in an earlier phase.

WHSSC, as the commissioning organisation, requires the service to work towards compliance with the Welsh Government Referral To Treatment criteria for acute services, and the National Service Framework for Children.

Recommendation 2
We recommend that the Welsh Government should draw up a strategic plan, to give direction to the service over the coming years. This should be done in conjunction with the service providers, users, stakeholders and other interested parties.

Update
A Partnership Board with membership including service users and providers has been established and is providing strategic direction to the service over

the coming years. This includes the development of a service specification and of quality indicators.

A service user engagement workstream has been established to ensure staff, service user views and stakeholders inform ongoing and future development of the wheelchair service The approach is led by a service user and supported by National Leadership and Innovation in Healthcare Agency (NLIAH) and will consult with service users, in particular to;

- Identify elements of good practice with service provision/ service use experience.
- Identify elements of concern with service provision/ service use experience.
- Identify service users willing to work with the service to improve service user experience – either physical or through virtual service user forums.
- Identify ways in which services users can be involved in service provision of the future.

It is planned, as part of this workstream, to produce an electronic model for regularly capturing service users' views to provide a feedback loop for informing service delivery and service developments.

Recommendation 3
We recommend that the strategic plan should address the need for better integration of the service with the community and other NHS services and with social services.

Update
The ALAS services are working closely with community staff on an individual basis and also, for example, through providing training for professional groups such as tissue viability nurses across Wales. A training video has also been developed for this purpose which Therapists, social care and Third Sector organisations are able to use.

A system has been established to rotate therapy staff into ALAS.
In South Wales, the service has year long rotational Band 6 posts which enable occupational therapists from other services to gain a high level of expertise in assessment and fitting for postural and mobility issues. This skill is then taken back and shared with colleagues leading to improvements in the quality of referrals which enables ALAS services to prescribe an appropriate wheelchair from the referral.

In North Wales, a rotational 12 month therapist post has been established with LHB Community Therapies Services to work in ALAS. This will improve the knowledge base in community therapy services and promote working together.

Recommendation 4
We recommend that the Welsh Government ensures that the arrangements for a restructured wheelchair service incorporates clear responsibilities and lines of accountability for service delivery.

Update

This is being addressed by the LHBs and the ALAS services who are working closely to agree joint specifications for the services in conjunction with NLIAH. Restructuring has commenced by bringing the previous ALAS and REU into one ALAS service from August 2011. In North Wales, a new post of Clinical Director has been put in place and new staffing structures are under review.

Recommendation 5
We recommend that new performance measures should focus on outcomes for users, taking account of their wider needs.

Update
To date, work on performance indicators has focussed on provision of a responsive service which has been identified as a key user need. Key performance indicators have been developed which include:

Referral To Treatment (RTT). This sets out a framework of rules for clock starts and clock stops to measure waiting times for patients when accessing NHS. The clock starts at receipt of completed referral. For the Wheelchair Service the clock stops at delivery of wheelchair equipment to the client.

Acknowledgement of referrals. This measures the time between receipt of referral and the issue of an acknowledgement to the referrer and service user.

Standard wheelchair referral to delivery time. This measures the time between point of referral and the point of delivery of a standard wheelchair.

Complex wheelchair and/or posture management system ordered from manufacturer referral to delivery time. This measures the time between point of referral and the point of delivery to the client of a complex wheelchair.

Repaired on time (Emergency repairs). This measures the performance of the Wheelchair Service against emergency repairs.

Repaired on time (Non emergency repairs). This measures the performance of the Wheelchair Service against non emergency repairs.

Collected on time (Non emergency repairs).This measures the performance of the Wheelchair Service and approved repairer against collection.

See also information at Recommendation 2 which will also inform any further indicators that may need to be collected.

Recommendation 6
We recommend that the Minister should keep under review the planned performance measures and targets and should introduce sanctions for non-compliance.

Update

NLIAH and the Delivery Service Unit (DSU) have been supporting ALAS to ensure waiting times are measured in accordance with Referral To Treatment process measures. DSU are conducting assessments in both centres to ensure this is in place.

Performance data will be collected by WHSSC from April 2012 onwards. The Welsh Government will receive reports of these and will hold LHBs to account for delivery of the required performance standards.

Recommendation 7
We recommend that the service specification should include an action plan, including targets and milestones, for meeting the standards in the Children's NSF on wheelchairs.

Update
This work is included in the Referral To Treatment information.
In South Wales, the NSF standards have been met and also annual reviews have been implemented for children in the wheelchair service and six monthly reviews in Cardiff REU.

In North Wales the ALAS service will be providing assessments for all children within 6 weeks of referral by end of March 2012. The service intends to be fully compliant with the NSF by end of March, including 8 weeks from delivery to fitting of equipment.

Recommendation 8
We recommend that the Welsh Government ensure that the service prepares a communication strategy to outline how it will improve communication with users and stakeholders. This communication strategy should be drawn up and introduced as a matter of urgency.

Update
A Wales-wide Service User Engagement Workstream, with a working group consisting of ALAS and service user members, has been funded for a three year period by the Welsh Government to:

- Identify effective ways to capture service users' views and experiences;
- Actively gather a baseline of the views and experiences of users using both quantitative and qualitative means;
- Prepare and implement a three year service user engagement strategy using the baseline information gathered, to target continuous improvement in service user engagement.

The work commenced in 2011 following a competitive tendering process where an external consultancy, (the Kafka Brigade), were appointed to support the workgroup in developing an in-depth understanding of the user experience during year one of the strategy. In part, the aim of this process was also to begin creating a cohort of service users and staff who will go on to co-design future services during the second year using an Experience Based Co-Design (EBCD) advocated by the Kings Fund. The findings will inform a feedback system which will be an ongoing source of insight for ALAS. It is also anticipated this comprehensive baseline work with ALAS

service users will begin a dialogue whereby the service can better understand how service users prefer to be informed of developments within the service.

Recommendation 9
We recommend that the communication strategy should include measures to provide better information to users generally, but in particular on progress within the system.

Update
See response to Recommendation 8 regarding the Service User Engagement Work stream.

Recommendation 10
We recommend that the Welsh Government should explore with the service, voluntary organisations and charities, options for providing the best possible interim solutions for users who will be waiting for significant periods for delivery or maintenance of a chair.

Update
Each ALAS service has developed practical solutions to this issue:

In South Wales, NLIAH has supported South Wales ALAS in the development of a drop-in repairs clinic in Cardiff to enable client's equipment to be assessed and repaired at their convenience. Also a delivery driver and a fitter has been allocated for West Wales which both reduces travel time and costs and also makes the service more accessible to the clients in that area.

In North Wales, the ALAS service identifies an appropriate temporary loan chair (as close as possible to the original specification) and authorises the approved repairer to deliver whilst modifications or repairs are being carried out. ALAS are working with their approved repairers to ensure delays are avoided when possible e.g. by keeping higher stock levels of spares.

Recommendation 11
We recommend that the Welsh Government should conduct an assessment of the long-term resources required to sustain improved waiting times; provide regular reviews for some users; and to clear the waiting list backlog in North Wales. The Government should then make a clear statement setting out how it intends to meet these resource requirements for the current budget cycle.

Update
NLIAH has supported the service in conducting a capacity and demand analysis which in South Wales has identified a number of service improvements to release 13% of clinical time; increase satellite clinics; introduce one-stop clinics and weekend clinics and, therefore, reduced waiting times for assessments for paediatrics to a maximum of 5 weeks and adult waiting times for assessments to a maximum of 16 weeks.

A similar capacity and demand analysis for North Wales will be undertaken in April and similar benefits and improvements are expected. The delay relative to South Wales is due to local staffing issues

There has been central investment of £2.2m to increase capacity specifically targeted to improve the quality of children's services. Improvements in children's service has involved modernisation and service redesign and this is anticipated to have a positive effect on adult waiting times as well.

Recommendation 12
We recommend that the Welsh Government should explore opportunities for joint working between ALAS and organisations, charities, community therapists and others, and that this should form a central part of the service's strategic plan.

Update
NLIAH has supported ALAS in the development of joint clinics, which ensures the referrer and Wheelchair Technician or Wheelchair Occupational Therapist assess together to develop a definitive prescription solution therefore reducing the length of the pathway for the service user.

Also see update for Recommendation 17

Recommendation 13
We recommend that the Welsh Government ensures that efforts are made to streamline the referrals process, possibly through the development of on-line resources.

Update
The development of referral arrangements, including protocols and processes, has been a key part of the work undertaken as indicated by the following examples:

The ALAS services are making the transition to the national rules for Referral To Treatment (RTT) and an online resource has been developed. All referrals are triaged within 24 hours of receipt and the BEST (Better Equipment Services Together) bespoke IT system allows for patients to be entered onto the system at the point of referral, collect the RTT information and provides a robust reporting system for reporting or triggering any who might breach the RTT.

A Referrals Workstream has been established by NLIAH to review the referral process with the aim of developing an improved referral form which is consistent across both the South and North Wales Services. Following an audit of referrals to South Wales reviewing 12 months of referral data, 5.6% of all referrals were returned to the referrer as incomplete, with a further 22% of these being returned a second time. The audit also identified the common reasons why referrals were returned, for example, inadequate measurement of clients. As a result, the redesigned form seeks to clarify the expected measurement standards and an explanatory video has been produced for referrers by the All Wales Trainer.

A final workshop to agree a revised referral form for piloting is currently being arranged and is anticipated to take place in March 2012. At this meeting, Soft Options, the BEST IT system developers, will be showcasing the

latest developments in electronic referrals to discuss how this could be developed in future within ALAS.

The NLIAH workstream will produce a new referral form that will streamline the referral process and ultimately provide an electronic referral facility that can be used with the current patient management system (BEST).

Recommendation 14
We recommend that the Welsh Government should ensure that there is a sufficient number of community therapists trained to undertake Level 3 assessments.

Update
The intention of this recommendation was to assist with the sustainable reduction in waiting times for assessments. However, since the Review, with the level of continuous improvement, the need for training community therapists to undertake Level 3 assessments is no longer felt to be urgent.

Across Wales over a 1000 community staff and referrers have been trained to level 1 as have staff within the British Red Cross. Some community therapists have been trained to Level 3, however, in order to make full use of their assessment abilities, they would need to be continually updated on over 160 pieces of equipment. Therefore, the ALAS services feel training community therapists to this level is not the best way of achieving this objective and other plans will be put in place to train community clinicians to make good referrals into the service.

An example from the North Wales region, is that there are currently seven Trusted Assessors in place who have received advanced training. The Trusted Assessors working in the community are staff that are competent in performing to an agreed set of nationally recognised competencies and have the requisite skills, knowledge and understanding for an effective 'service-user' approach to equipment provision, whatever role or level they are working in. Within the context of this training, they are able to assess and prescribe equipment thereby reducing the workload for the North Wales ALAS therapists and technical officers.

In South Wales, the ALAS has systematically reduced paediatric and adult waiting times for assessment. This has been achieved because of a range of improvements which include:

a. Improvements in the links between the BEST IT system and the ORACLE procurement system has reduced duplication and enabled faster ordering.
b. Developments in the BEST IT system which facilitate a more efficient note keeping system.
c. Appointment of administrative support staff for the clinical and technical teams which has freed them to undertake more complex duties.
d. All referrals are triaged within 24 hours of receipt.

With this level of continuous improvement the need for training community therapists in South Wales to undertake Level 3 assessments is, therefore, no longer required.

NLIAH has also supported the Wales-wide training post in the development of a DVD. This DVD resource is intended to support the training of referrers by providing clear, explicit instructions on what measurements are required and how these should be undertaken. Inaccurate or incomplete measurements are the major reasons why referrals are delayed as more information is sought by ALAS. It is anticipated there will be a reduction in the number of incomplete or inaccurate measurements leading to a quicker dispatch of equipment. For those service users who require further assessment the improvements in the accuracy of this initial information will reduce delays.

Recommendation 15
We recommend that, as a matter of urgency, the Welsh Assembly Government should clarify and make public the policies and arrangements for joint funding with organisations and individuals.

Update
The Welsh Government provides guidance on how to set up and deliver partnerships and pooled budgets through the SSIA hosted website at http://www.ssiacymru.org.uk/partnerships

LHBs are already undertaking some joint funding with the charity Whizz Kids for seat risers. Self funded wheelchair modifications (not required for health purposes) can also be carried out providing these do not compromise safety or the functionality of the wheelchair.

Also see response to Recommendation 17

Recommendation 16
We recommend that the Welsh Government clarifies and makes public its policy and arrangements for the maintenance and repair of equipment bought by individuals.

Update
The accepted policy has been the responsibility for maintenance and repair for equipment bought by individuals remains with that individual and this policy is being maintained

Recommendation 17
We recommend that the Welsh Government should explore further the possibility of pooling existing budgets, particularly education budgets, in relation to the provision of equipment for users.

Update
LHBs already have powers to establish pooled budgets and joint working arrangements with Local Government. The Welsh Government will very shortly launch a consultation on the forthcoming Social Services Bill which will set out further powers in relation to partnership working. As previously

stated under Recommendation 15 the Welsh Government provides guidance on how to set up and deliver partnerships and pooled budgets through the SSIA hosted website at http://www.ssiacymru.org.uk/partnerships

The prime focus of the Partnership Board to date has been on delivering improved waiting times and increasing capacity. Local Government is represented on the Partnership Board and there is now an opportunity to look at ways in which service delivery could be improved through further collaborative working (including pooled budgets) and this will be included in the work programme for 2012.

Recommendation 18
We recommend that the Welsh Government should review arrangements for short term loans of wheelchairs which are not provided by ALAS to ensure that this service provision is adequately resourced.

Update
The first step in achieving this is through a number of pilots which will be delivered by the British Red Cross (Wales) in conjunction with the NHS (Wales). These will initially be funded by the Society and the Welsh Government which has made available the sum of £100K pa for the years 2011/12, 2012/13 and 2013/14.

The pilots will be delivered with Aneurin Bevan Health Board, Betsi Cadwaladr University Health Board and Hywel Dda Health Board.

Expected outcomes of the project include:

- Production of a Model Service Specification for the short term wheelchair service including eligibility criteria.
- A service with standard access criteria, equipment and availability
- More integrated working within the Health Board, Local Authority and BRC ambit.
- Clearer signposting to improve the speed of access to those with a short term wheelchair need.
- Development of an appropriate BRC IT data management system to monitor the use and outcomes for the short term wheelchair service.

Recommendation 19
We also recommend that the Welsh Government should ensure closer joint working between ALAS and those providing short-term loans of wheelchairs, particularly the British Red Cross.

Update
A Short Term Wheelchair Loan group lead by Betsi Cadwaladr University Health Board was established with representatives invited from the ALAS, BRC (Wales), NLIAH, with representatives from other NHS bodies and WG.
The key areas the group decided to initially concentrate on were:

- **Equipment Pick up:** Picking up each other's equipment from users if possible, thereby saving time, fuel and improving turnaround times.
- **Training:** Providing some training for the BRC teams.
- **Procurement :** Reviewing purchasing arrangements to see if a better deal with suppliers could be negotiated possibly extended to include spares etc
- **Information Sharing:** Facilitating appropriate information sharing as initiatives are taken forward.

These areas have been progressed as follows:

Equipment Pick up
There are good examples of equipment being picked up by both services and returned to each other across Wales thereby saving time and other resources.
Training
The ALAS trainer met with the BRC (Wales) teams and reviewed their training documentation. The initial training with 5 members of the Red Cross took place at the Cardiff ALAS on the 4th February 2011 with further sessions scheduled in April and May for BRC staff and volunteers.
Procurement
The Group has since been advised that it is not possible for the wheelchair procurement contract the NHS had to be extended to include BRC(Wales).
Information Sharing
The Welsh Accord on Sharing Personal Information (WASPI) provides a framework for service providing organisations and other organisations directly concerned with the well being of an individual to share information between them in a lawful and intelligent way. Richard Howells, a member of the national team developing WASPI, attended the meeting on the 5th January 2011 to present WASPI and discuss how it might be used to establish an Information Sharing Protocol between the organisations if needed.

This work is now being taken forward as a project with the BRC(Wales) as described in Recommendation 18 above and is reported to the Posture and Mobility Partnership Board.

Recommendation 20
We recommend that the Welsh Government should ensure that the arrangements for maintenance and repair in Cardiff ALAC and Wrexham ALAC be kept under review, to ensure that the service is meeting the necessary standards.

Update
Standards have been developed and are being used by the LHBs to monitor their own performance.

The South Wales service has gained flexibility in service delivery since maintenance and repair was brought in-house and a break-down service is available 24/7 7am to 9 pm.

In North Wales quarterly review meetings are held with the Approved Repairer where performance statistics are monitored as well as receiving monthly reports.

Recommendation 21
We recommend that the Welsh Government should ensure that ALAS consults users and stakeholders on their needs in advance of any future tendering process for maintenance and repair contracts.

Update
Service users and representatives have been involved in the wheelchair contracting process and attended product selection and presentations sessions in the ALAS services. Service user representatives were fully involved in the process to select the new range of wheelchairs in the contract that will commence on 1/4/2012 and will run for 3 years.

The Service User Engagement Workstream (see Recommendation 8) consultation undertaken in partnership with the Kafka Brigade will also gather any service user experiences relevant to this recommendation.

Recommendation 22
We recommend the Welsh Government should ensure that regular reviews for users are delivered, particularly for children and other users with changing conditions.

Update
Standards have been defined and are being considered as part of the quality indicators workstream. It is acknowledged that the frequency of review will vary between users and further work is scheduled for March 2012.

Recommendation 23
We recommend that the Welsh Government should ensure that ALAS explores joint working opportunities with charities to provide training for users.

Update
The Welsh Government has allocated funding for the next 2 years to set up the wheelchair training courses to support training of service users, in particular certain Paediatric clients. A tender is being drafted by NLIAH to provide this training across Wales.

Arolygiaeth Gofal Iechyd Cymru
Healthcare Inspectorate Wales

Health and Social Care Committee

HSC(4)-16-12 paper 2

Inquiry into residential care for older people – Evidence from Healthcare Inspectorate Wales and the Care and Social Services Inspectorate Wales

Mark Drakeford AM
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Eich cyf / Your ref:
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21 December 2011

Dear Mr Drakeford

Inquiry into Residential Care for Older People

Thank you for inviting Healthcare Inspectorate Wales (HIW) and the Care and Social Services Inspectorate Wales (CSSIW) to submit evidence to the Committee's inquiry into residential care for older people.

HIW's work in relation to healthcare services in Wales and CSSIW in relation to social care brings us into contact with older people who are in residential care, or may be on a pathway of care that could lead to a move into a residential care establishment.

Specifically, we would like to draw the Committee's attention to *Growing old my way: A review of the Impact of the National Service Framework (NSF) for Older People in Wales, the* report of a joint HIW/CSSIW review which is due to be published in early January 2012. We will ensure a copy is sent to the Committee when it is published.

In our review we looked at seven of the ten standards established in the National Service Framework for Older People in Wales using the pathway of an individual with dementia; to

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enable us to provide an answer to a key question - '***What impact is the NSF having on the quality of life of older people in Wales?***' As part of the review we looked at how health and social care organisations support "health promotion, well-being and prevention" and "the maintaining independence at home for as long as possible". A summary of our findings is set out in our attached evidence paper.

We, or appropriate representatives from HIW/CSSIW, would be willing to attend the Committee to give evidence in person. It may be helpful for HIW and CSSIW to attend together, so that we can present the relevant findings of our joint report.

Yours sincerely

Dr Peter Higson
Chief Executive, HIW

Imelda Richardson
Chief Inspector, CSSIW

Health and Social Care Committee

Committee Inquiry into Residential Care for Older People in Wales

Healthcare Inspectorate Wales and Care and Social Services Inspectorate Wales Evidence Paper

Purpose

Healthcare Inspectorate Wales (HIW) and the Care and Social Services Inspectorate Wales (CSSIW) have been invited to submit written evidence to the Committee in relation to the "Inquiry into Residential Care for Older People in Wales".

HIW and CSSIW welcome the Committee's inquiry and the opportunity to provide written evidence. We would be prepared to supplement our written evidence with oral evidence at Committee should we be called to do so.

Background

The role of HIW

HIW is the independent inspectorate and regulator of all healthcare in Wales. HIW's primary focus is on:

- Making a significant contribution to improving the safety and quality of healthcare services in Wales.
- Improving citizens' experience of healthcare in Wales whether as a patient, service user, carer, relative or employee.
- Strengthening the voice of patients and the public in the way health services are reviewed.
- Ensuring that timely, useful, accessible and relevant information about the safety and quality of healthcare in Wales is made available to all.

HIW's core responsibility is to provide independent assurance about the quality and safety of NHS and independent healthcare organisations in Wales against a range of standards, policies, guidance and regulations and to highlight areas requiring improvement. HIW also undertakes special reviews where there may be systemic failures in delivering healthcare services to ensure that improvement and learning takes place.

The role of CSSIW

The role of the Care and Social Services Inspectorate for Wales (CSSIW) is to encourage the improvement of social care, early years and social services by regulating, inspecting and reviewing services. We provide professional advice on care and social services issues to Welsh Ministers and policy makers. Our aim is to raise standards, improve quality, promote best practice and tell people about social care.

Our work covers the whole of Wales. We review services at both a national and local level so we can tell the public whether services are up to standard; suggest ways of improving services, and help safeguard the interests of service users and their carers. We inspect and review the performance of local authorities on specific topics. We regulate and inspect services for everyone from the very young to older people. Our work can affect the lives of the majority of people living in Wales at some time in their lives.

Key Findings from a joint review by HIW and CSSIW - Growing old my way: A review of the Impact of the National Service Framework (NSF) for Older People in Wales

Background

Our review focussed on the question: '*What impact is the NSF having on the quality of life of older people in Wales?'*

Over a period of two years HIW and CSSIW worked together to gather, assess and evaluate available information. A key aspect of this review was the gathering of the views of service users and their families and so Age Alliance Wales (AAW) was commissioned to facilitate service user and carers events across Wales. The work undertaken in support of this review also involved a number of other work streams including stakeholder events, unannounced hospital visits and the issue of GP questionnaires.

One major concern highlighted very early on in the planning and scoping of this review was the increasing numbers of people suffering from dementia and the widespread view that often dementia is not diagnosed early enough and appropriate treatment is often not given. Such were the concerns that we decided to look at the application of the standards set out in the NSF through the 'lens of someone with dementia'. In the following chapters we have aimed to set out our findings against the steps in the 'journey of progression and care' that someone with dementia may travel. We have tried to describe that journey in the context of what the service users, carers and family members might experience and what they should expect.

Our review identified a number of examples of noteworthy practice as well as gaps that currently exist in services the context of an ageing population and the challenges that we will undoubtedly face over the coming years. The review contains a number of recommendations for what needs to happen next.

Key Findings

Overall we found that all those who participated in our review valued the focus that the NSF has brought to the need to think innovatively and outside 'of the box' when providing care and support to older people. However, the full implementation and consequent benefits of the NSF are still a long way off. Health and social care organisations and providers still have a lot to do in terms of refocusing their approach and agenda to one of prevention and empowerment.

When examining health promotion, well-being and prevention, which helps older people to stay well and keep living life the way they want to for longer, we found that greater investment is needed at a local level in health promotion, prevention and community services if older people are to be supported to live healthy and longer lives. This provides a dilemma for statutory agencies as the impact and benefits of such investment for them will not be immediate but longer term. They need to work more closely with the third sector to see how together they can put a cohesive approach to promotion and prevention in place. Our review highlighted a number of innovative and valuable services and support mechanisms, such as exercise and activity classes or shop and drop internet services such as the Food Solutions Project in Flintshire. However, there is variation in provision and in many areas there are still gaps. In particular more needs to be done to:

- coordinate and advertise activities locally;
- support those older people with substance misuse issues; and

- address the sexual health agenda for older people.

When we looked at how older people with dementia were supported to stay at home where possible rather than entering residential care, we made a number of findings. While there are indications that the quality of domiciliary services are improving, there is a continuing need to ensure that those who provide personal care to people who have dementia receive appropriate training. Service users and their families feel that often services are fragmented and do not provide support for their holistic needs. Services must understand the needs and preferences of those with dementia and their carers.

Some joint health and social care commissioning strategies are in place; however they are variable as is the quality of supporting protocols to ensure that they deliver co-ordinated and integrated packages of care. Overall, we found that communication and coordination across agencies and sectors needs to be improved. Third sector organisations told us that they felt that often their contribution is seen as *'optional'* and they are not always asked what contribution they could make. There were concerns about the long term sustainability of services provided by third sector organisations that rely on short term grants and charitable funds. Statutory health and social care organisations should be realistic in terms of what they themselves can and cannot provide. They need to be open to the idea that many third sector organisations are better at providing certain services and work with them to ensure holistic and patient centred care.

As part of the review we examined a number of case files in a sample of community mental health teams (CMHTs) to assess what care was being provided by the team. A disappointing number of cases reviewed showed no evidence of a joint assessment or of the unified assessment process being followed; despite a requirement for the approach to be fully implemented by October 2006. We also found that sometimes different risk assessment processes are being used by health and social care staff.

People with dementia and their family carers do not feel sufficiently involved in the development of their care package, with 75% of those involved in our focus groups saying they had not been given any choice and 70% of participants saying that they had never accessed social care and hence relied on family members. On a positive note, some CMHTs have introduced dementia support worker posts which are proving to be extremely valuable. These posts provide support to people with dementia and their carers, helping them to maintain their independence, improving their sense of well-being and putting them in more control of their lives. They also assist people with dementia and their carers to identify their needs and access services.

Activities of Daily Living (ADL) skills training and cognitive behaviour therapy can promote independence in personal care tasks such as dressing, washing and feeding and help individuals manage their symptoms and behaviour. Disappointingly, none of the service users we spoke to had been involved in such training programmes. It is also clear that there is a shortage of community-based occupational and psychological therapy support. The principles of ADL should be used to develop activity plans that involve the individual and their carers in a variety of activities which ensure that the individual is integrated with their local community. Those we spoke to told us that they valued lunch clubs and the activities coordinated by third sector organisations, however sometimes activities were not suited to them and they felt that they just had to fit in.

The picture across Wales of the provision of full assessments or older people's requirements for adaptive aids appears varied. Those we spoke to told us of delays in aids being provided and many said that such aids when provided were to support their physical needs rather than their memory needs. Telecare is a growing area where investment in technology can promote dignity and independence. It can be used as a preventative measure; for example, monitoring an individual's health or well-being, as well as

responding to an immediate need such as a fall. There are examples of services such as this being piloted across Wales

The carers we spoke to told us that sometimes they felt forgotten and struggled to get statutory agencies to communicate and coordinate with them. They said that they found carers support groups, such as Alzheimer's cafes where they can just drop in and have a chat with others in the same position, to be invaluable.
We also found that respite provision, out of hours support and weekend day care is inadequate and more needs to be done to achieve the aim of maintaining independence at home for as long as possible. Good quality respite care provided either in an individual's own home, at a care home or at a community hospital facility, at a time to suit the carer, can aid people with dementia to live at home for longer. However, many of the carers we spoke to felt that the level of respite care they were offered was too little and often it could not be pre-arranged. In many cases we were told that respite was only offered when they had got to crisis point. Some carers told us that they had seen a decline in the general health and well-being of the individual they cared for following a respite stay.

Our review also looked at care in hospital. Whilst many of the findings do not have relevance to the focus of this review, planning for discharge back home or to an appropriate care setting was part of our work. People with dementia are estimated to account for over half of those people who remain in hospital unnecessarily. Intermediate care and rehabilitation beds, which could take patients who no longer need acute care, often explicitly exclude people with dementia. While there are some excellent examples of coordinated care and discharge planning, often there are gaps and shortcomings. Both health and social care professionals told us that decisions around continuing health care can be difficult and challenging. In particular, there are shortfalls in residential and nursing home capacity for those who have complex needs, which can lead to delays in transferring patients to the appropriate care setting. The further development of collaborative commissioning and planning between health and social care, coupled with an effort to unlock resources from traditional services, is the best way of tackling this challenge.

Planning for discharge should commence prior to any elective admission and immediately upon any emergency admission. However, we have noted many instances when discharge planning has been delayed due to late and uncoordinated care planning. This has wide implications for the individual as well as having a financial impact on the NHS. People should not stay in hospital longer than is necessary – it is not a place for well people and a longer than needed stay can also have detrimental effects upon an individual's ability or confidence in returning to independent or supported living.

Overall, from our consultations with people with dementia and their carers and relatives it is clear that those with dementia do not always receive good person centred care. Quite often care is fragmented and reactive rather than proactive and responsive. There were however, signs of progress and improvement with most of the health and social care professionals recognising the need to change practice and work together. For example, as part of the Welsh Government's Invest to Save Initiative, a £9 million support package was granted to the *'Gwent Frailty Programme'* in September 2010. This programme is establishing an integrated model of care that is community based. The Gwent Frailty programme is just one example of innovative approaches being taken forward across Wales.
Our general review and inspection work, along with our statutory responsibilities for monitoring the application of the Mental Health Act and the Deprivation of Liberty Safeguards (the deprivation of liberty safeguards were introduced into the Mental Capacity Act 2005 by the Mental Health Act 2007) also provides information of interest to the Committee, some of which chime with the findings outlined above. Again one of the key

issues we find in relation to older people in hospital is delays and frustrations around the discharge process, whether back home or to appropriate settings providing residential, nursing or rehabilitation care. There are a number of factors that are reported to us as causes:

- Insufficient residential and care settings in parts of Wales with the appropriate skills and facilities to meet the needs of individuals

- The complexity of the assessment processes that are required to be undertaken, and ensuring timely input from the various health and social service professionals to develop a holistic, multi-disciplinary understanding of an individual's needs

- Difficulty in reaching agreement on funding for packages of care

Carers also tell us of concerns about discharge processes, including a lack of information and sudden discharge, feeling they are not listened to regarding the patient's ability to manage at home or theirs to care for them, not having time to exercise choice and also a lack of information about funding arrangements and transparency about the decision making process. We have also found that the undertaking of carer's assessments is patchy.

We are also aware that there are insufficient specialist services for some older people with pre-existing mental disorders who then develop dementia. For example, patients who have been treated previously in low or medium secure hospitals: sometimes these individuals will find themselves moved on into residential or nursing care settings which have the skills and understanding necessary to manage dementia but not the complex needs of these individuals.

In contrast, we would also like to note that there are many examples of notable practice where staff from Health Boards and local community teams provide support, advice and training to staff in residential care settings.

We also feel that there is need for a shared understanding between the two sectors as to the expectations from residential care and health services of each other, and what can and cannot be provided, for example:

- Agreed plans of action should a resident in a care setting appear to be deteriorating – for example when and how to contact the crisis team of local mental health services

- what health staff will require to enable them to verify the identity of a resident with communication or mental capacity issues if they are taken for an outpatient procedure by care staff

- what support should be expected by health services from a care setting if a resident is admitted to hospital

Finally, we would like to highlight the need to ensure that decisions regarding individuals who do not have the capacity to make their own decisions are made following the legal framework of the 2005 Mental Capacity Act (MCA). We have found that whilst there are pockets of expertise in all organisations, the understanding and knowledge of the MCA amongst many health staff was still limited and sometimes led to uncertainty about what needed to be done. In this respect, The Committee might find it useful to hear evidence from statutory advocacy services (established under the MCA) about how well they are engaged in decision making processes. HIW and CSSIW have also been keen to promote public understanding of how individuals can take steps to ensure their views are known

and make arrangements for their affairs to be managed as they wish, through the use of advanced decisions and lasting powers of attorney. We hope the Committee could highlight the rights and powers available to individuals as part of their findings.

Health and Social Care Committee

HSC(4)-16-12 paper 3

Inquiry into residential care for older people – Updated information from Care and Social Services Inspectorate Wales

The National Assembly for Wales' Health and Social Care Committee inquiry into residential care for older people December 2011

Submission by the Chief Inspector Care and Social Services Inspectorate Wales

Updated 24 May 2012, to include most recent data in paragraphs 3, 4 and annex 1

Introduction

1. The role of the Care and Social Services Inspectorate for Wales (CSSIW) is to encourage the improvement of social care, early years and social services by regulating, inspecting and reviewing services. We provide professional advice on care and social services issues to Welsh Ministers and policy makers. Our aim is to raise standards, improve quality, promote best practice and tell people about social care.

2. Our work covers the whole of Wales. We review services at both a national and local level so we can tell the public whether services are up to standard; suggest ways of improving services, and help safeguard the interests of service users and their carers. We inspect and review the performance of local authorities on specific topics. We regulate and inspect services for everyone from the very young to older people. Our work can affect the lives of the majority of people living in Wales at some time in their lives.

3. The population aged 65+ stood at 539,000 in 2008. This grew by 3.5% to 558,000 in 2010. Projections suggest that the number of people aged 65 and over will have grown by a further 10,000 in 2011. In 2010-11, we regulated more than 6,000 settings. Regulation includes registering services that wish to provide care and social services, inspecting the services, dealing with complaints about services, ensuring that they comply with the regulations and standards and taking enforcement action if services do not comply with the law. The settings (or services) we regulate include care homes for adults – including care homes with nursing facilities; domiciliary care agencies and adult placement schemes. At 31 March 2012, CSSIW had

registered 23,199 residential care places for older adults, which were provided in 694 residential settings across Wales.

4. In the last five years the number of adult residential care settings has decreased, but the total number of places has remained fairly stable. Across all adult care homes, there is a shift from personal care homes to care homes with nursing. The number of care home places without nursing have decreased by approximately 255 places, whilst settings with nursing care have increased by nearly 100 places. Domiciliary care services have also increased.

Process by which older people enter residential care and the availability and accessibility of alternative community based services, including re-ablement and domiciliary care

Process by which older people enter residential care:

5. One main process is whereby service users are subject to an assessment of need and care plans are put in place by placing the responsible social services department. Another method is where the service user and their family decide that residential care is the best option for them, and opt fund their care this way. The proportion of self funding arrangements varies across Wales and across local authority areas. In all cases the residential care home is also required to carry out an assessment of need and confirm their ability to meet the identified needs of the person.

Availability & accessibility of community based services:

6. The availability of community based services and domiciliary care provision is increasing, but can be inconsistent across local authority areas. Local authorities are responding to the need to modernise and change levels of community provision but the pace of this change is variable. There are recognised challenges in the most rural areas to meet increasing and diverse needs in smaller communities where both transport and recruitment of workforce can pose difficulties.

7. Re-ablement services are developing and are believed to be contributing to the improving trend of older people remaining in their own homes; however there is a lack of firm statistical evidence to confirm this.

8. The model of short term ‘step-up/step-down’ care within residential care homes is developing in some areas and is reported to be a successful re-ablement model with a large proportion of people returning to independent community living.

9. A table providing information about the number of registered services across Wales by region from March 2008 – March 2011 is provided at Annexe 1. The number of registered services across Wales provides evidence that the number of residential / personal care homes for older persons has been in gradual decline since 2008 and that the number of domiciliary care agencies has been steadily increasing.

The quality of residential care and experiences of service users and their families – effectiveness at meeting diversity of need and the management of care home closures.

Voice of the Service Users

10. CSSIW regularly engages with service users and carers to ascertain their views about the quality of the services that they receive. This is usually done during the process of inspection, but service users and carers can also raise concerns with us directly. Service users highlighted that they need appropriate support to have their voices heard. Whether they were actually heard, they felt depended on who was listening: some staff being better than others. They also reiterated that poor or no feedback have left individuals unsure about what will change after the event. Concerns were raised at wide-spread use of e-participation which would exclude a large number of service users. The carers group felt that managers were often defensive about any criticism of services, which deters complaints from service users and carers as they don't wish it to lead to confrontation as they 'already have enough on their plate'

11. CSSIW is undertaking a review of the way we handle concerns, safeguarding information and whistle blowing for services that we regulate and inspect. In January 2012, we will consult on proposals for a new guidance within CSSIW, that simplifies processes, creating a seamless front door approach for our customers and stakeholders; improves the timeliness of the service we deliver and practice that stays within the scope of our powers as regulators.

The quality of residential care services and the experiences of service users and their families

12. From inspections and reviews of adult residential homes and local authority social services for older people, CSSIW have found that generally, the quality of commissioning adult social care is mixed, with some inappropriate admissions, particularly for people with dementia.

There are a small proportion of regulated services that need to significantly improve and CSSIW is closely monitoring progress in achieving this

13. In 2010, CSSIW conducted a series of engagement events, and published a report on the views of service users. Generally individual services are felt to be positive but there are certain issues that were common to all groups. The service users said that they want to be treated with respect and for staff to be accountable. They felt that sometimes staff forget that they are there to help service users. Standards of personal hygiene, the cleanliness of the buildings and food hygiene were of particular concern in some areas, and it is clear that this has a big impact on the quality of life of the residents. There was concern about people with dementia being left alone, with employed carers frequently putting people to bed early as 'an easy way to deal with them' Some carers felt that in some instances, is provided to suit the carer's rather than the patient's needs. Several carers raised issues with regards the physical needs of those they cared for in terms of having enough qualified people to handle those who physical difficulties at one time and also training in manual handling for carers not being suitable for a context in which they are the only person to hand.

14. From April 2010 until March 2011 CSSIW undertook a thematic inspection of infection control standards in all care homes for adults across Wales and the report of our findings will be published shortly. This followed a scoping study conducted in 2009. For the purposes of the scoping study, a 10% sample of care homes for older adults only, was selected, as this represented the largest category of care homes in Wales. The majority of those visited were generally satisfactory. A smaller number were found to be either excellent or poor. Within the findings however the indications were that should an outbreak of infection occur, the majority of homes would lack the capacity to prevent the spread of infection as this could be compromised due to the degree of poor facilities, equipment or practice. Inspectors made over 750 recommendations concerning the premises in which care was delivered and focussed on the provision of appropriate laundry and sluice facilities in properly sited areas; the management of clinical waste the maintenance and cleanliness of equipment used in the care setting and general upkeep and hygiene in the setting Carer's also reported that the administering of medication could also be a cause for concern. Many of the findings from this work indicate that there needs to be improvement in the quality of the environment that many service users live in.

Safeguarding and protection of vulnerable adults.

15. CSSIW publishes a yearly monitoring report about safeguarding vulnerable adults. The most common victims of alleged abuse in Wales during 2009 -10 were older women. 36% of all the alleged victims of

abuse were living in care homes at the point of referral. The proportion of the population living in care homes that were identified as alleged victims has increased over the last two years.

16. Physical abuse is the most commonly referred concern, followed by neglect. Staff who care for older people made up the largest category of person alleged to be responsible for the abuse (42%) followed by relatives (27%). These findings indicate the importance of minimising risk of harm, and ensuring the safety of residents of older peoples care homes.

Management of care home closures.

17. The inspectorate can report that the closure of care homes has been generally well managed. Some local authorities have decommissioned their own care home provision in favour of providing more modern, community based provision. Overall these changes have been well communicated and managed in local areas, although not always without meeting some resistance to the proposed changes.

18. The escalating concerns protocol has provided a good framework for a multi agency approach to services that require improvement. In some cases it has proved to be effective in stimulating and sustaining improvement. In others it has provided a framework to manage a process of decommissioning and / or closure.

The capacity of the sector to meet demand in terms of staffing resources, including skill mix and access to training – the number of places and facilities and resource levels

Quality of staffing

19. Inspection findings by CSSIW generally indicate that staff are trained and qualified in accordance with registration requirements. The availability of suitable staff can be variable, and at times turnover can be high.

20. Training of staff for specialist situations is less good. Training and education in infection control, especially amongst managers was poor. The scoping study found that a number of managers had never attended an update or training session in infection control, or had not attended any formal training or update in infection control within the last two years. Evidence also suggests that staff and managers in care homes do not always keep up to date with the relevant research or Welsh Government initiatives. There is an identified lack of accredited training for care staff working with people with dementia needs as well as a lack of accredited management of medication training.

21. There is now a requirement within the Care Home regulations (from October 2011) that in order to be in charge of a care home managers must have obtained a specified level 5 qualification in management and be registered with the Care Council for Wales. This is causing some tension in the sector. The driver for this requirement has been a commitment by the Welsh Government to improve the quality of management and care delivery in care homes, recognising the pivotal role and responsibilities of the manager to achieve standards of excellence.

22. CSSIW and the Care Council for Wales have also been developing a programme of collaborative working to be implemented in the next few years in response to Sustainable Social Services. This programme will include pooling our knowledge and information about the social care workforce and should enable a better understanding of the staffing resources available in residential care for older adults.

Places and facilities and resource levels

23. The number of registered care services and places available continues to change and evolve. The population of people using residential care services has changed dramatically over the last 15 – 20 years with services now caring for older and more frail persons, often with complex needs. Whilst the number of residential care homes has been reducing, many of those left in the market have changed or adjusted their service to meet these needs. There has been a significant move from some providers towards adapting / changing service provision to care for the ‘elderly, mentally infirm ‘ (EMI) and to meet a growing need for dementia care services. There are also moves in some areas to explore greater use of community health service support going in to care homes to avoid moving individuals to alternative care settings as their health needs increase towards the end of life.

Sustainability

24. Through national reviews and inspections, and in providing policy advice to Ministers, CSSIW has collected evidence that a key factor affecting the provision of residential care for older adults is cost and sustainability.

25. In 2009 the Care and Social Services Inspectorate Wales (CSSIW) undertook a review of the application of third party payments in Wales. Some independent care homes charge fees which are higher than the maximum amount that the local authority has set. This maximum amount is often referred to as 'the usual costs'. If Social Services contributes towards the care home fees, and the service user chooses to move into a home which charges a higher fee than the ‘usual costs’ then the difference between the two amounts is paid by a third party, usually a relative. The CSSIW review found that around 40 per cent of homes in our survey charged third party payments. The view of

service providers was that the fees paid by local authorities to care homes for older people did not cover the full costs to the care home of providing care, plus a reasonable profit margin. Provider groups representing the sector in Wales confirmed that the majority of their members stated that they charged third party payments due to the pressure on finances and the need to ensure that they remained financially viable as required by Regulation 27 of The Care Homes (Wales) Regulations 2002. Another reason given was that the payment reflected the difference between the local authority rate and the providers published rate and that the payment was charged to provide equity between local authority and privately funded service users; In some areas the local authority paid above the average fee rate yet providers still charged third party payments. The review also noted that there were regional variations in the number of homes in an area charging third party payments.

26. The review engaged a number of service users, and CSSIW concluded that it is difficult to underestimate the impact of the practice of third party payments on both service users and carers. It potentially restricts choice when choosing long term care options and may restrict access to care based on affordability. It causes continuing confusion for both service users and carers at a time of stress.

27. In January 2011, three care home companies were successful in obtaining a judicial review of the amount of fees payable to them by Pembrokeshire County Council. The providers challenged the decision of the council in relation to the fee rate for the year 2010-2011 as the fee set was insufficient to maintain their businesses.

28. The Judge granted the challenge and set the local authority decision aside. The local authority decision was unlawful for a number of reasons one of which was the failure to appropriate local data in relation to the average number of care hours spent on each resident and take into account local variations in staffing levels; it based its calculations on data from homes with 20 or more registered places and failed to take into account data from smaller care homes, which represent a significant proportion of the care homes in Pembrokeshire. This judgement, combined with the evidence of regional variability in charges and third party payments demonstrates that care services for the elderly cannot be sustainable in the long term unless there is a more collaborative approach to purchasing and commissioning.

29. CSSIW was involved, with others in helping to plan for continuity of care following the problems faced by Southern Cross care homes. Southern Cross had 34 of these homes in Wales caring for 1550 residents (about 6% of the Wales total) with 83% of these placed and supported by councils. The problem faced by these homes had its roots in the pre 2007 financial market and a business model of purchase, sale and lease back of the care home properties that has become unstable because of rising rents, restricted fee levels from

councils and a lower level of placements of older people. Local authorities have the statutory responsibility for protecting the interests of residents and for making contingency arrangements should they be necessary. However, CSSIW found that at the time contingency planning by local authorities was not always sufficient to cope with the crisis. It is the view of CSSIW that robust and collaborative contingency planning for all residents placed by local authorities in the independent sector should be an essential part of commissioning.

Effectiveness of Regulation and Inspection arrangements, including scope for increased scrutiny of financial viability

30. CSSIW is modernising its structures and its approach to regulation, inspection and enforcement and this includes a strong commitment to a more 'people focused' inspection. Inspectors have already adopted an approach that spends more time talking with service users and their families and observing care and interactions in practice. The style of reporting is also being changed to ensure that the service user experience is more clearly reflected in public reports. New approaches to inspection are being developed for introduction in spring 2012 which will represent a leaner, smarter way of working and a move to outcome based rather than standards based inspection. Future inspections will have four themes, for all specific service areas. The themes will be mapped against the relevant current regulations and any applicable national minimum standards in order to demonstrate that inspecting against those themes is checking those statutory standards. The themes are:

- Quality of life
- Quality of staffing
- Quality of leadership and management
- Quality of environment

31. The inspectorate is currently developing a quality measure for care homes that will assist in providing a national evidence based overview of care services across Wales.

32. During 2011 the inspectorate has developed and piloted a risk assessment tool and is developing a quality and judgement framework for regulated services. This will provide an inspection report with clear judgements in each theme to inform everyone as to the quality and safety of the services provided under these themes. A review of the categories of registration that have historically been in use has also been undertaken, with the assistance of Bangor University. This work will continue to be taken forward in conjunction with providers and the commissioners of services

33. CSSIW aim to establish greater connectivity between ourselves and the community in which the regulated operate. In 2012 CSSIW will recruit, train, support and manage lay assessors to undertake inspections, which will be incorporated in the inspection reports. Working with people who use services, providers of good quality services and commissioners of services, we also intend to establish quality panels with then as members to quality assure our reports.

34. The CSSIW modernisation programme is overseen by a Stakeholder Board, which has a wide range of members external to the Welsh Government and includes Older People's Commissioner, Care Forum Wales, Care Councils Wales, Association of Directors of Social Services Cymru, and the Children's Commissioner.

35. CSSIW has been in discussion with the Head of Finance in the operations division in the Welsh Government to explore how we can develop specialist expertise within the organisation to assist in the scrutiny of financial viability. This is an area of growing concern and focus of attention for commissioners and regulators across the UK following the recent collapse of Southern Cross.

New and emerging models of care provision

36. There are emerging models of community care provision integrating health and social care. The Gwent Frailty Project which commenced operation and is continuing to develop is an example of this.

37. Community service models are beginning to provide services such as rapid response teams, intermediate care, step-up / step down care and domiciliary services that focus on re-ablement.

38. Extra care housing schemes are also being commissioned in some areas, linked to the remodelling of services and closure of some residential homes. Again this provision is very variable, with some local authority areas already well serviced by such provision.

39. A small number of adult placement schemes are now also providing a service for older persons.

Balance of public and independent sector provision

40. The balance of residential care provision has continued to shift away from public provision to the private and independent sector.

Annexe 1

Number of registered services across Wales by region from March 2008 – March 2011

		Adult Residential				Total Older (Adult Residential)		Domiciliary Care
		Care Homes Older Adult		Nursing - Older Adult		Totals		Totals
		Settings	Places	Settings	Places	Settings	Places	Settings
North Wales	Mar-08	170	3,955	77	2,808	247	6,763	81
	Mar-09	174	4,152	75	2,753	249	6,905	91
	Mar-10	167	3,961	73	2,749	240	6,710	97
	Mar-11	166	4,049	72	2,697	238	6,746	101
	Mar-12	162	3,985	71	2,723	233	6,708	105
Mid & South Wales	Mar-08	124	3,369	60	3,124	184	6,493	98
	Mar-09	105	2,885	57	3,222	162	6,107	93
	Mar-10	99	2,752	56	3,207	155	5,959	97
	Mar-11	96	2,807	54	3,046	150	5,853	109
	Mar-12	97	2,877	53	3,018	150	5,895	110
South East Wales	Mar-08	56	1,622	47	1,829	103	3,451	77
	Mar-09	56	1,631	48	1,905	104	3,536	79
	Mar-10	51	1,483	55	2,247	106	3,730	83
	Mar-11	49	1,432	52	2,142	101	3,574	80
	Mar-12	55	1,666	46	1,868	101	3,534	83
South West Wales	Mar-08	116	2,921	89	3,781	205	6,702	87
	Mar-09	131	3,235	93	3,957	224	7,192	98
	Mar-10	128	3,193	93	4,056	221	7,249	101
	Mar-11	125	3,095	90	4,054	215	7,149	106
	Mar-12	121	3,084	90	4,031	211	7,115	109
Total	Mar-08	466	11,867	273	11,542	739	23,409	343
	Mar-09	466	11,903	273	11,837	739	23,740	361
	Mar-10	445	11,389	277	12,259	722	23,648	378
	Mar-11	436	11,383	268	11,939	704	23,322	396
	Mar-12	435	11,612	260	11,640	695	23,252	407

Health and Social Care Committee

HSC(4)-16-12 paper 4

Inquiry into residential care for older people – Evidence from Care Council for Wales

Cadeirydd/Chair: Arwel Ellis Owen
Prif Weithredwr/Chief Executive: Rhian Huws Williams

Dyddiad/Date: **16.12.11**

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The Clerk to the Health and Social Care Committee
National Assembly for Wales
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Dear Sir/Madam

Care Council for Wales' Response - Inquiry into residential care for older people

Thank you for the opportunity to provide evidence to the inquiry into residential care for older people.

1. Background - Care Council for Wales

The Care Council for Wales (Care Council) is the regulatory body for the workforce in social work and social care. The Care Council has the statutory remit to register and regulate the social workers and social care managers and workers and regulates their education and training. It is also has the remit for workforce development and planning.

The Care Council's primary responsibilities focus on improving public protection through:

- promoting high standards of conduct and practice in the workforce; and
- promoting high standards of training.

The Care Council is a modern regulatory body, set within the context of devolution and one which tackles public protection in a different way, with accountability to service users and carers. The Care Council membership has already made a reality of the full involvement of lay people, carers and the users of services in its governance and throughout all aspects of its work.

The membership of the Council, its Committees and its regional social care partnerships has provided the Care Council with a mechanism to work in partnership with the sector. This enables us to link with the public, independent and third sector. Our role in delivering the Sector Skills Council (SSC) remit for Wales has required us to have good employer engagement and information which we access at national and regional level. This approach has meant that standards, qualifications and practice guidance have been developed in partnership with the sector.

The Care Council works at a national, regional and local level with partners providing information and ensuring that the sector is aware of our actions and work with us in the initiatives we take forward. The Care Council has a key role to support the delivery of '**Sustainable Social Services: a framework for Action**'[1] in leading and driving the step change for confident competent practitioners, moving beyond minimum standards to a continuing professional education and learning model.

There are raised expectations of practitioners, and raised aspirations for what practitioners need if they are to be confident professional practitioners. One of the key levers for change will be the focus on the leadership role of managers in residential care for ensuring the quality of practice and practitioners.

We welcome the opportunity to contribute to the inquiry 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. Our response will focus specifically on the workforce, and on areas where we have specific information to provide to the enquiry. We will therefore be responding to specific questions only.

2. The Response

The process by which older people enter residential care and the availability and accessibility of alternative community-based services, including reablement services and domiciliary care.

Providing accessible community based care will be at the heart of taking forward the vision for citizen centred services contained in **Sustainable Social Services: a Framework for Action**. It is important that strategic work is done to look at the workforce implications of new models of alternative community-based services including domiciliary care and reablement.

New models of community based services have emerged which may increase the range of options available before a person enters residential care. Notable examples of these include

[1] Sustainable Social Services: A Framework for Action, Welsh Government, February 2011

the development of telecare, new roles such as Health and Social Care Support Workers and services designed to provide advice, information and support at an early stage.

There has been a particular emphasis on reablement services in recent years and this is now increasingly mainstreamed by Local Authorities, and residential care homes increasingly may provide community based services e.g. rehabilitation, short term care. In order to ensure success of such strategies and innovations the skills of those who commission them are critical, ensuring services that are fit for purpose and value for money.

Joint Health, Social Care and Well-being Strategies have provided a vehicle for social services and health services to work together with other partners to develop community services, and services and support for carers is an essential part of enabling people to remain in their own homes for longer. Advice and information about services is also crucial as some older people (and carers) may not be aware of the alternatives or may not seek help at an early stage (e.g. self funded older people).

The Care Council contributed to work undertaken by the Welsh Government to develop a Community Services Framework in Wales which was an attempt to map the development of community services and share good practice.

All of the above issues have major implications for the social work and social care workforce to assess the need for, plan and deliver community based services. They also have major implications for leadership and management skills in the social care sector, some of which are referred to later in this response.

The workforce within domiciliary care as calculated for those settings regulated by the Care and Social Services Inspectorate Wales (CSSIW) is employed in 408[2] separate agencies registered with CSSIW across the public, independent and third sector. Each agency is unique and trains and manages its own workforce to meet the specific terms of contract commitments they have at any one time. The size of agencies varies from typically 20-50 workers in small private agencies through to over 200 workers in public sector services.

In 2010 – 11 the statistics show that 3,621,515 hours of home care were provided directly by the local authorities in Wales and 7, 555,306 hours were provided by the independent sector under contract to the local authority.

The data for the whole of the workforce numbers are not available, but the local authority total numbers for employed domiciliary care staff as at March 2011 is 5,995, this accounted for 21% of total staff. In view of the number of hours shown previously it is obvious that the total number of workers employed in domiciliary care services is considerably more.

The **'Care at Home'**[3] Study published by the Care Council in 2010 aimed to undertake a study on the care at home workforce and the implications for the workforce of moving towards new ways of working. The project was commissioned to answer three key questions:

1. What does the care at home workforce currently look like?

[2] CSSIW quarterly release November 2011
[3] CARE AT HOME – Challenges, Possibilities and Implications for the workforce in Wales, Care Council for Wales, 2010

2. What is the future vision for care at home and its workforce?
3. What do we need to do to move the current workforce towards the vision?

The report was clear that further work was needed to promote the value and make sure the workforce delivering care in people's own homes or in the community had the skills and knowledge, and were properly supported and managed to deliver the changing service. The report was also clear that further work is needed to equip and support unpaid carers in their roles. Adaptations and equipment continue to play an important part is assisting people to remain in their own homes, and the important role of the Occupational Therapist was highlighted in this context. "*There are a hugely complex set of interactions needed to ensure that the 11.7 million hours of care at home delivered by an estimated 15,500 care at home staff to 25,000+ service users in Wales is sustainable and of high quality. This is in addition to the nearly 300 million hours of unpaid care provided by carers".*

One of the key areas is the skill mix necessary to deliver community based services and within that one of the issues is the balance between health and social care aspects of some of the roles.

The Care Council has been undertaking some key actions following the publication of the report, for example, together with the National Leadership and Innovation Agency for Healthcare (NLIAH) we have identified a range of models which have been developed across Wales and are working toward developing a practice governance framework for the workforce working across health and social care boundaries.

This is in recognition that staff play an important role in service delivery and we depend upon their skills and dedication to ensure that health and social care needs are met in a modern and supportive way. It is critical for sound governance arrangements to be in place to support staff to do the job expected of them, and to ensure that organisations use their resources efficiently and effectively.

Drawing on the results of this report, the Care Council is currently taking forward a range of work which include developments to support the workforce working with older people, including older people with dementia, the work focuses on the priorities of the Welsh Government of people remaining independent as long as possible through receiving appropriate care at home, and also on upskilling the workforce generally to deal with the more complex needs of an ageing population.

Actions are also being taken forward to support the workforce working with carers as well as supporting the workforce to develop outcome focused care through guidance, qualification, units and continuing professional learning and development frameworks. This will ensure that the workforce is aware of and responsive to the needs of carers as well as ensuring that carers are aware of their rights, and what they have a right to expect from social care workers as expressed in the Code of Practice for Social Care workers.

A workforce that has the capacity to deliver the citizen-focused, sustainable services as envisaged in Sustainable Social Services is a primary driver in the current work of the Council. This will be a well qualified confident workforce delivering those services both in the community setting, and in residential care. The Care Council's works therefore is focused on this and also upon the concept of the professionalization of the workforce in social care generally as outlined in the policy document. "*We see the quality of*

professionals and their professionalism as central to responsive and sustainable social services".

The Care Council through its Sector Skills Council role has been involved in drawing together Labour Market Intelligence. The need for services generally is predicted to grow, and services for older people will also increase, driven by the demographic changes within society in Wales. Employment growth in the social care sector in Wales averaged 4.2% per year from 2002 to 2008[4]. New work is needed on the impact of the economic climate on the growth which was predicted as being necessary to meet future demand and also the implication on delivering different models of services.

In the recently published UKCES report: **Strategic Skills Audit for Wales 2011 'Skills for Jobs'**[5] the care and related personal services sector was identified as one of the 10 fastest growing occupations in Wales. This growth has been, and is likely to remain, a key driver in the development of the skills of the workforce within the sector.

The report, which does to some extent class 'health and social care' together, also specifically notes however that front line caring personal service occupations, including care assistants are amongst the occupational groups with the largest projected volumes of replacement demand up to 2017. The Care Council is working with Welsh Government to improve the data available on the workforce in social care in Wales as at the moment the information is fragmented and collected by different agencies for a variety of purposes, which is a barrier to workforce planning.

The salary levels of social care workers in Wales is on average £10.49[6] per hour, this figure however includes those managers and senior staff included in the data, and the majority of social care workers working in both residential and domiciliary care services earn close to the minimum wage level or slightly above.

The Care Council through its Regional Social Care Partnerships is taking forward several strands of work linked to recruitment and retention. Recruitment initiatives include the development nationally of Care Ambassadors, who work with young people to extend the knowledge of the sector and its opportunities. There are 80+ ambassadors across Wales, and they are reaching out to areas within schools and colleges especially, that have been traditionally hard to reach areas for the sector. The response thus far has been encouraging, with schools beginning to see the sector in a more positive light and the younger people able to learn more from front line workers about the nature of the work. It is too early as yet to have an indication of numbers entering the sector as a result. We are also working with partners such as jobcentre plus and Careers Wales to provide information for their advisers on the qualities needed to work in the sector, as well as engaging with employers to offer training and opportunities for jobseekers. Outcomes as yet are small but several areas report an increase in interest in the sector

Apprenticeships are available in Health and Social care and Children's Learning and Development and work continues to develop full time college courses linked to the new Vocational Diplomas to support young learners in particular have time to learn and develop in College and come out with a qualification that equips them to work in the sector.

[4] Sector Skills Assessment, Skills for Care and Development, February 2011
[5] Skills for Jobs: The National Strategic Skills Audit for Wales 2011, UKCES and Welsh Government, June 2011
[6] UKCES data

the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources, including the skills mix of staff and their access to training, and the number of places and facilities, and resource levels.

Adult Residential Care Homes for Older Adults provided 23,318 places in 702 settings as at September 2011[7]. There are 19,199 people employed in adult residential care across all parts of the sector in Wales[8].

Registration with the Care Council is a mandatory requirement for managers of Adult Care Homes since June 2011, and managers of Domiciliary Care agencies will also be required to register from 2012. There are currently 975 Adult Care Home Managers registered with the Care Council. Information as to how many of these individuals work within older people's services is currently being collated.

Managers of services are central to the professionalization of services in Wales. Their professional leadership within practice will be a core element in the governance and provision of consistent high quality practice. The sector has a range of required minimum qualifications for staff in all settings. For the future, there needs to be a shift away from minimum qualifications, changing to an ongoing development model where managers and staff continue to develop and train in order to provide effective services for those older people now entering residential care.

The profile of those older people entering residential care has changed over the past years. Those entering residential care have a higher level of care needs and often have health conditions that need an element of specialist skills, the ageing population of Wales and the growing number of people who are living past 85 years will continue to have a growing effect on this trend.

The increase in numbers of older people entering residential care who have dementia is significant (up to one third) and this calls for excellent leadership skills within managers of services, and also specialist skills within the workforce. Qualification and training for the workforce is central to excellence in provision, as is ensuring that qualifications are fit for purpose.

One of the key roles of the Care Council to date has been to make sure that the qualifications (which are competency based) are up to date so that they qualifications can be used as a marker of standard achieved. The Care Council has therefore been integral to the development of the new qualification framework for Wales, England and Northern Ireland, The Qualifications and Credit Framework (QCF), offers greater clarity and flexibility in the qualifications that are available to the workforce.

The qualifications and units enable people to build on their achievements in a formally recognised way, by taking a whole qualification or accredited units for their continuing development. The units have been written in a clear language and style that will assist learners, employers and assessors to identify the relevant units for their needs.

[7] Quarterly release November 2011 CSSIW
[8] ONS Annual Population Survey June 2009

The development of the qualifications has involved a great deal of partnership working between employers, learning providers, subject experts who may be service users, carers or service providers, awarding organisations and sector skills council partners. For example the qualifications in health and social care have been jointly developed by Skills for Care and Development and Skills for Health and will be part of the shared Apprenticeship frameworks in Wales. This development will ensure that those individuals working across sectors have common understanding and competence to provide care that is needed in both health and social care for example. This will ensure that there is less duplication of service as workers are competent to provide specialist skills across sectors. What is the benefit of this and how will it help to ensure high quality practice and sustainability?

All the qualifications are based on National Occupational Standards. (NOS). These are benchmarks of performance. They provide the means for assessing performance in a job: they are work-related statements of the ability, knowledge, understanding and experience that an individual should have to carry out key tasks effectively. Most of the units that form part of the new qualifications are based on the relevant National Occupational Standards. Where there has been sector engagement in other specific areas, additional units have also been developed, e.g. for dementia care.

Sustainable Social Services notes that *"Significant parts of the infrastructure to support service delivery, such as staff development and training, will need to be organised more collaboratively*". The Care Council's role in this important work will be two fold; in terms of leading a new approach to ensuring that there is accessible learning and also for regulating the quality of that learning for social workers in the future. For other workers within social care, the Council has an important role in ensuring that there is confidence in the quality and appropriateness of the training and learning for managers and for social care workers.

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.

An effective well qualified workforce is central to quality of services in residential care, it is interesting to note a recently published research study which concluded that that residential care homes with a higher proportion of qualified care staff provide better outcomes for residents[9]. The study found that where a greater proportion of staff had, or were working towards qualifications, resident outcomes were better. Structural issues such as how homelike the environment, were also better where more staff had or were working towards a qualification.

The recent reform of qualifications also aims to contribute to providing a diverse range of learning which provide staff and managers with the appropriate mix of knowledge skills and values. For example a specific unit on caring for individuals with dementia which focuses on enabling rights and choices of individuals with dementia whilst minimising risks, will provide learning that will ensure an understanding of key legislation and agreed ways of working that support the fulfilment of rights and choices of individuals with dementia while minimising risk of harm and maximise the rights and choices of individuals with dementia, as part of the learning outcomes.

[9] Research paper Skills for Care and Development & PSSRU, May 2011

The Care Council is also taking forward initiatives which focus on specific needs of older people in Wales, with a particular focus on language need, to this end; work is going forward on assessing the language skills of the workforce in Wales through a regional initiative from the Care Council.

Work is being developed with CSSIW as part of our new approach to regulation which will focus on clarifying the measures for good quality care in residential care and within that there will be focus on the new leadership requirements of managers as leaders of good quality practice,.

Sustainable Social Services requires that an explicit link is created between the providers of services registered with CSSIW and the professionals working within those services who are registered with the Care Council.

The Care Council and CSSIW have therefore been working on the development of a programme of work to strengthen collaboration between the two organisations in order to achieve this aim. The two organisations are working together to ensure that there is stronger data and information on the service provision and the workforce which provides robust evidence on current quality and on improvement needs.

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

The Care Council and the Care and Social Services Inspectorate (CSSIW) are two essential, independent and equal parts of a regulation, inspection and quality improvement system, which is designed to improve the experience and outcomes for people who use social services in Wales.

Currently the Care Council's model for regulation of the registered workforce is one where individual complaints are received or issues raised, the Care Council then responds to these according to procedure. These include the investigation of appropriate issues, the holding of formal conduct hearings, and ultimately the removal of an individual from the register. Removal means that those individuals will not be able to work in the sector with vulnnerable people. The general issues that these highlight are then assessed and any trends which are apparent are addressed through one of several methods. For example practice guidance may be developed, or general training needs highlighted, or the issues may be raised for discussion with CSSIW.

Mandatory registration only applies to the managers of Adult Residential services. The Adult workforce can be voluntarily registered with the Care Council, but as recent experience has shown, when difficulties arise with their conduct, even their suspension from the register will not necessarily result in their being unable to work within social care. There is real concern about the growth in the numbers of referrals from the Police Authorities in Wales about care workers not registered with the Care Council. Since January 2011 we have referred 20 non registered workers to the Disclosure and Barring Service.

The Care Council and the CSSIW have worked together on a shared purpose to improve the experience and outcomes for people who use social services in Wales. The outcomes of the shared agenda are that:

- the quality of services in Wales is improving;
- Wales has a safer, more skilled and flexible social service and social care workforce;
- Wales has an effective, proportionate and successful model of regulation in social services and social care services;
- the people of Wales understand the quality of service they should expect and have a good experience of service centred on their needs, rights and risks; and
- the work of both organisations is regarded as international exemplars of good practice and innovation.

The Care Council and the CSSIW have been examining individually and together how best to refocus regulation of people, training and of services and also service inspection to support the delivery of sustainable social services "*which are safe and effective people centred services that build on people's strengths and promote their well being"*.

These discussions have also included considering the key characteristics of high quality managers as well as those characteristics and indicators of workplaces which support high standards of management practice. Both organisations recognise the need for change and welcome the opportunity to examine how best to build on what is working well and grasp the opportunity to put in place improved arrangements where necessary. Individually the two organisations have been modernising their regulatory arrangements in the light of experience and the need for change. Together we have been working on the development of a partnership approach which will enable us to focus on improved outcomes for people who use services through our shared commitment to improvement and safeguarding by:

- Reducing duplication
- Ensuring consistency
- Identifying the potential of shared resources and expertise
- Developing a more powerful voice based on shared evidence and intelligence
- Increased value added
- Increase public understanding of our shared objectives but different roles. The intention is to have clear transparent and accessible information on the standards which can be expected of services and of people and on what currently meets the standards.

Beginning in June 2011, those managing residential care for adults must register with the Care Council for Wales to practice as an Adult Care Home Manager. This mandatory registration will mean that from this date it will be an offence to practice as an Adult Care Home Manager in Wales without registration (subject to transitional provisions in respect of enforcement)

Whilst on the Register, managers have a responsibility to uphold and maintain the standards of conduct and practice that are contained within the Code of Practice for Social Care Workers When a registered social care manager does not meet the standards set in the Code, the Care Council can take action.

Manager registration will also provide the Care Council with intelligence regarding trends within the workforce, enabling an early recognition of development needs both within managers and their staff. The Council is working toward creating a positive relationship with

these new registrants with the aim of understanding and reflecting their priorities and future needs in professional development and workforce leadership.

In the recent Forums held with Managers in Adult Residential care, by the Care Council to discuss their own Learning and Development, managers welcomed the opportunity to contribute to their own development and emphasised the value of shared learning and mentoring. They identified issues of leadership, staff supervision, employment law, peer group learning and dealing with complexity, to name only a few. This information will provide the Care Council with a steer as the funding bid for the Sector Leadership fund is taken forward. This bid to the ESF focuses on the sector specific leadership learning needed by managers in social care in Wales. It will be a significant asset to professionalization through leadership skills if successful.

New and emerging models of care provision.

The skills of the workforce providing social care within any model of care provision are central to the quality and success of that provision. Changes in demographics and in resource would suggest that those skills will be focused on working with long term illness or conditions, and mainly within communities.

Integrated care across boundaries which provide service users with a strong voice and control over the services is the objective of the policy currently being taken forward in Wales. The social worker and the social care team will need to be a means of enabling people to make the changes they need in their lives. The role of a professional workforce that is able to support carers as well as service users and also able to deliver services which will in the future entail a greater use and understanding of technology cannot be underestimated.

Skills for Care and Development is the UK sector Skills Council for Social Care and Children's workforce of which The Carer Council for Wales is one of six partners. The Care Council takes forward the SSC's work in Wales, and is part of its UK governance. The SSC has succeeded in bids for funding to the UKCES Employer Investment Fund; this includes two projects making innovative use of new technology. One is using new ways of learning delivery and the other developing skills in the use of assistive technology, e.g. Telecare.

As noted the Care Council is involved in working with the sector on new models of working and identifying the skills needed for the workforce of the future.

The balance of public and independent sector provision, and alternative funding, management, and ownership models, such as those offered by the cooperative, mutual sector and third sector, and Registered Social Landlords.

The social care workforce is changing as people employ their own personal assistants and social care practitioners work for a range of employers across, health social care and housing. This is particularly so in the workforce which will be providing services for older people. Care Council has a track record of bringing people together from a range of different sectors to enable learning and development such as its work with the Common Core of Skills and Knowledge for Children's workers and the Older People's Workforce Network brought together to look atthe development of an Older people's workforce strategy. In

2010, the Network developed a brief over-view strategy / summary of existing workforce strategies as a first step towards developing a "new" strategy for the older people's workforce. This document provides a 'one stop shop' and identifies themes, priorities and gaps.

Care Council currently has a project working within Welsh Government's Credit and Qualification Framework for Wales to promote Quality Assured Lifelong Learning in Social care and is working with WCVA to explore its value to voluntary organisations. The aim is to ensure workers have the widest access to learning which is required to deliver high quality care to vulnerable people.

The Care Council has also been considering the skills and also public assurance issues which arise from changing models of service and the implications of the increase in people purchasing their own care. The Care Council is currently working toward promoting Quality Assured Lifelong Learning in Social care and is working with WCVA to explore its value to voluntary organisations. The aim is to ensure workers have the widest access to learning which is required to deliver high quality care to vulnerable people

Yours sincerely

Arwel Ellis Owen
Chair

Health and Social Care Committee

Food Hygiene Rating (Wales) Bill – Stage 1 consideration

To: **Health and Social Care Committee**
From: **Legislation Office**
Meeting date: **30 May 2012**

Purpose

1. To invite the Committee to consider and agree its approach to and framework for Stage 1 scrutiny of the Food Hygiene Rating (Wales) Bill ('the Bill').

Background

2. On 15 May 2012, the Business Committee referred the Bill to the Health and Social Care Committee ('the Committee'), with a reporting deadline of 5 October 2012.

3. On 28 May 2012, Lesley Griffiths AM, Minister for Health and Social Services, introduced the Bill and Explanatory Memorandum.

4. A paper outlining the purpose and provisions of the Bill has been provided separately.

Role of the Committee

5. The role of the Committee at Stage 1 is to *consider and report on the general principles of the Bill* (SO 26.10). There are no specific requirements in Standing Orders governing the way in which the Committee carries out this scrutiny. A suggested approach is set out below, along with a suggested framework within which the Committee will work.

6. Once the Committee has reported, there will be a Stage 1 debate in plenary for the Assembly to agree the general principles of the Bill. If the general principles are agreed, Stage 2 of the process will involve the detailed consideration of the Bill by the Committee, including the disposal of amendments (Stage 2 is currently scheduled to take place during November).

Suggested framework

7. In scrutinising the general principles of the Bill at Stage 1, it is suggested that the Committee works within the following framework:

To consider:

i) the need for a Bill to introduce a statutory food hygiene rating scheme in Wales;

ii) whether the Bill achieves its stated purposes;

iii) the key provisions set out in the Bill and whether they are appropriate to deliver its stated purposes;

iv) potential barriers to the implementation of the key provisions and whether the Bill takes account of them;

v) whether there are any unintended consequences arising from the Bill;

vi) the views of stakeholders who will have to work with the new arrangements;

vii) whether the Bill contains a reasonable balance between the powers on the face of the Bill and the powers conferred by Regulations?

Committee's approach to Stage 1 scrutiny

8. In line with the deadline set by the Business Committee, the Committee will need to complete its scrutiny of the Bill and lay its report no later than 5 October 2012.

9. The reporting deadline allows nine sitting weeks in which to undertake this work, although it will have to be carried out alongside the policy work already agreed by the Committee. Members have received the work programme for this term, which includes the slots set aside for scrutiny of the Bill.

10. It is suggested that the Committee agree the following approach—

- **General call for evidence**
  Issue a general call for evidence, which would be notified to the Welsh media and published on the Assembly's website. The draft consultation letter and a list of the draft consultation questions are attached at **Annex 1**.

- **Invite written submissions**
  Invite written submissions from selected organisations and individuals. A suggested list of consultees is attached at **Annex 3.**

- **Oral evidence**
  Invite key stakeholders to give oral evidence at future meetings (alongside the consultation exercise). A provisional list of witnesses drawn from the relevant sectors is attached at **Annex 4**.

- **Outreach**

  Use the Assembly's Outreach Team to engage with a section of the general public to gauge views on the Bill.

11. The reporting deadline allows for a little over a four-week consultation period, from 30 May to 29 June. This should allow the Committee to consider whether to invite any additional witnesses to give evidence to the Committee in light of the written evidence received, although the timetable would be very tight. It should be noted that the Welsh Government carried recently undertook a consultation on the draft Bill which closed in March 2012. Annex 2 lists the revisions that have been made to the Bill since its original draft.

12. The evidence gathered, both written and oral, will help inform the Committee's consideration of the Bill and its subsequent report.

13. For information, Standing Orders enable both the Finance Committee and the Constitutional and Legislative Affairs Committees to report on the relevant aspects of Bill.

Work Programme

14. A timetable for the Committee's Stage 1 consideration of the Bill is attached at Annex 5.

Action

15. The Committee is invited to:

- agree the framework within which it will work (as outlined in paragraph 7);

- agree its approach to Stage 1 scrutiny (as outlined in paragraphs 8 – 13);

- agree a four week consultation exercise, the consultation questions and list of consultees (Annex 1 and Annex 2);

- agree the provisional list of witnesses (Annex 4).

- Note the timetable for the Committee's Stage 1 consideration of the Bill (Annex 5).

Manylion y Pwyllgor
Health and Social Care Committee

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

30 May 2012

Dear Sir/Madam

Consultation on the Food Hygiene Rating (Wales) Bill

As part of its Stage 1 consideration, the Health and Social Care Committee is calling for evidence on the general principles of the Food Hygiene Rating (Wales) Bill. To assist with its consideration, the Committee would welcome your views on this subject.

What is a Bill?

A Bill is a draft law. Once a Bill has been considered and passed by the Assembly and given Royal Assent by the Queen, it becomes an 'Act of the Assembly'.

There is a four stage process for the consideration of a Bill. Stage 1 involves consideration of the general principles of the Bill by a committee (which includes the taking of written and oral evidence from interested parties and stakeholders), and the agreement of those general principles by the Assembly.

What does this Bill seek to achieve?

The Explanatory Memorandum that accompanies the Bill states:

"The Bill gives effect to the Welsh Government's proposals to introduce a statutory food hygiene rating scheme in Wales. The Bill establishes a statutory requirement for food authorities to operate a food hygiene rating scheme (which includes rating food businesses and enforcing the scheme) and places a duty on food businesses to display their food hygiene rating at their establishment. The intention of the Bill is to ensure that consumers are provided with information about the food hygiene

standards of food businesses in Wales. This will enable consumers to make better informed choices about where to eat or shop for food.

What is the committee's role?

The role of the committee is to consider and report on the general principles of the Bill. In doing so, the Committee has agreed to work within the following framework:

To consider:

i) the need for a Bill to introduce a statutory food hygiene rating scheme in Wales;
ii) whether the Bill achieves its stated purposes;
iii) the key provisions set out in the Bill and whether they are appropriate to deliver its stated purposes;
iv) potential barriers to the implementation of the key provisions and whether the Bill takes account of them;
v) whether there are any unintended consequences arising from the Bill;
vi) the views of stakeholders who will have to work with the new arrangements.

Invitation to contribute to the inquiry

The Committee would like to invite you to submit written evidence to assist in its scrutiny of the Bill. In particular, we would welcome your views on the questions listed in Annex 1. We appreciate that you may have recently been invited to respond to a similar consultation exercise undertaken by the Welsh Government on the draft Bill. Should you have responded to the Welsh Government's consultation, you may wish to resubmit that response. However, please note some revisions have been made to the Bill since its original draft and these are listed in Annex 2.

If you wish to submit evidence, please send an electronic copy of your submission to mailto:HSCCommittee@wales.gov.uk and entitle the e-mail Consultation – Food Hygiene Rating (Wales) Bill.

Alternatively, you can write to:

Claire Griffiths, Deputy Clerk
Legislation Office
National Assembly for Wales
Cardiff Bay, CF99 1NA.

Submissions should arrive by **29 June 2012**. It may not be possible to take into account responses received after this date.

When preparing your submission, please keep the following in mind:

- your response should address the issues before the Committee. Please reference your response using the title applied above;
- the National Assembly normally makes responses to public consultation available for public scrutiny and they may also be seen and discussed by Assembly Members at Committee meetings. If you do not want your response or name published, it is important that you clearly specify this in your submission;
- please indicate whether you are responding on behalf of an organisation, or as an individual; and
- please indicate whether or not you would be prepared to give oral evidence to the Committee.

The Committee welcomes contributions in English and Welsh and will consider responses to the written consultation and hold oral evidence sessions during the summer term.

For your information, the Committee has invited submissions from those on the attached distribution list (see Annex 3). The Committee would be grateful if you could forward a copy of the letter to any individuals or organisations that are not included on this list, but might like to contribute to the inquiry. A copy of this letter has been placed on the National Assembly's website with an open invitation to submit views.

Disclosure of Information

It is normal practice for the National Assembly to publish evidence provided to a Committee. Consequently your response may appear in a report or in supplementary evidence to a report. The National Assembly will not publish information which it considers to be personal data.

In the event of a request for information submitted under UK legislation, it may be necessary to disclose the information that you provide. This may include information which has previously been removed by the National Assembly for publication purposes.

If you are providing any information, other than personal data, which you feel is not suitable for public disclosure, it is up to you to stipulate which parts should not be published and to provide a reasoned argument to support this. The National Assembly will take this into account when publishing information or responding to requests for information.

If you have any queries, please contact Fay Buckle, Committee Clerk on 029 2089 8041 or Claire Griffiths, Deputy Clerk on 029 2089 8019.

Yours faithfully

Mark Drakeford AC / AM
Cadeirydd / Chair

Annex 1

Consultation Questions

General

1. Is there a need for a Bill to introduce a statutory food hygiene rating scheme in Wales? Please explain your answer.

2. Do you think the Bill, as drafted, delivers the stated objectives as set out in the Explanatory Memorandum? Please explain your answer.

3. Are the sections of the Bill appropriate in terms of introducing a statutory food hygiene rating scheme in Wales? If not, how does the Bill to need to change?

4. How will the proposed Measure change what organisations do currently and what impact will such changes have, if any?

5. What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill take account of them?

Powers to make subordinate legislation

6. What are your views on powers in the Bill for Welsh Ministers to make subordinate legislation (i.e. statutory instruments, including regulations, orders and directions)?

In answering this question, you may wish to consider Section 5 of the Explanatory Memorandum, which contains a table summarising the powers delegated to Welsh Ministers in the Bill to make orders and regulations, etc.

Financial Implications

7. What are your views on the financial implications of the Bill?

In answering this question you may wish to consider Part 2 of the Explanatory Memorandum (the Regulatory Impact Assessment), which estimates the costs and benefits of implementation of the Bill.

Other comments

8. Are there any other comments you wish to make about specific sections of the Bill?

Annex 2

Changes made to the Bill since the original draft

(Extract from page 13 of the Explanatory Memorandum accompanying the Bill)

"33.Following the consultation some important amendments to the Bill have been made. These are:

(a) businesses that supply food to other businesses are now included within the scope of the scheme;

(b) the Bill will apply only to food businesses that are registered in Wales. Food business establishments registered outside Wales but trading on a transient basis in Wales (i.e. mobile traders) will not be within the scope of the new scheme;

(c) food authorities are now required to prepare a programme of inspections of food business establishments in their area having regard to matters specified by the FSA – the programme will determine whether an inspection is required and the frequency of those inspections;

(d) the requirement to retain the food hygiene certificate, and the associated offence of failure to produce it to an authorised officer on request have been removed;

(e) the time limit for food businesses to submit an appeal will now be 21 days and food authorities will also be allowed 21 days to consider and determine the appeal – the provisions relating to appeal now also make it clear there is no further right of appeal available to a food business operator following a food authorities determination of their original appeal;

(f) the provisions relating to right to reply have been made clearer and time limits on the right to reply have been removed; it has been made clear in the Bill that this right may be exercised more than once in relation to any rating while the rating remains valid;

(g) the provisions relating to re-rating inspections have been made clearer;

(h) food authorities are now required to inform the operator of a food business establishment of the costs of a re-rating inspections and the way the costs have been calculated before carrying out the re-rating;

(i) there is a new a duty on food businesses to verbally inform a person of the food hygiene rating for their establishment if requested and an associated offence if they refuse to do so – this will allow people with impaired vision or enquiring by telephone to establish the hygiene rating

of an establishment prior to use."

Annex 3

Suggested list of consultees

Local Authorities

Blaenau Gwent
Bridgend
Caerphilly
Cardiff
Carmarthenshire
Ceredigion
Conwy
Denbighshire
Flintshire
Gwynedd
Isle of Anglesey
Merthyr Tydfil
Monmouthshire
Neath Port Talbot
Newport
Pembrokeshire
Powys
Rhondda Cynon Taff
Swansea
Torfaen
Vale of Glamorgan
Wrexham

Voluntary Sector

Mudiad Ysgolion Meithrin
National Federation of Women's Institutes
Wales Council for Voluntary Action

Advisory Groups

Age Cymru
Care and Social Services Inspectorate Wales (CSSIW)
Care Council for Wales
Care Standards Inspectorate for Wales
Citizens Advice Cymru
Consumer Focus Wales
Disability Wales
Equality and Human Rights Commission
RNIB Cymru – Royal National Institute for Blind People
RNID Cymru – Royal National Institute for Deaf People
Wales Council for Deaf People
Wales TUC Cymru

Representative Organisations

Association of Convenience Stores

Bar and Restaurant Foods Ltd
British Beer and Pub Association
British Hospitality Association
British Independent Retailers Association
British Institute of Inn Keeping
British Retail Consortium
British Sandwich Association
Care Forum Wales
CBI Wales
Chamber Wales Consumer Focus Wales
Council for Economic Renewal
Estyn
Federation of Small Businesses Wales
Food and Drink Federation
Hospital Caterers Association
Independent Retailers Association
Local Authorities Caterers' Association
Nationwide Caterers Association
National Childminder's Association
National Federation of Meat and Food Traders
National Day Nurseries Association
Trading Standards Institute Wales
Welsh Regulators' Forum Members
Wales Tourism Alliance
Welsh Food Alliance
Welsh WI

Government/Local Government
Directors of Public Protection (Wales)
Food Standards Agency
Local Authority Caterers Association
Local Government Regulation
Office of Fair Trading
Port Health Authorities
Public Service Ombudsman Wales
Welsh Local Government Association (WLGA)

Health
Abertawe Bro Morgannwg University Health Board
Aneurin Bevan Health Board
Betsi Cadwaladr University Health Board
Cardiff and Vale University Health Board
Cwm Taf Health Board
Hywel Dda Health Board
Powys Teaching Health Board
Velindre NHS Trust

Public Health
Association of Directors of Public Health

Chartered Institute of Environmental Health
Faculty of Public Health
Public Health Wales

Annex 4

Suggested persons/organisations to provide oral evidence to the Committee:

Chartered Institute of Environment Health
Consumer Focus Wales
Federation of Small Businesses
Food Standards Agency Cymru
Public Health Wales
Welsh Local Government Association/Association of Directors of Public Health

Annex 5

Work Programme

Date	
30 May 2012	**11.50– 12:30:** Discussion on the Committee's approach to Stage 1
20 June 2012	**11.30 – 12.30:** Evidence from Minister for H&SS
12 July 2012	**AM** 10.00 – 10:45 Evidence Session 1 10:45 – 11:30 Evidence Session 2 11:30 – 12:15 Evidence Session 3
	PM 13:15 – 14:00 Session 1 14:00 – 14:45 Session 2 14:45 – 15:00 wash-up
18 July 2012	**9.00 – 10.50:** Minister for H&SS & private key issues
Summer Recess	
27 September 2012	Private consideration of draft report Private Stage 2 training
3 October 2012	Private consideration of draft report (if not agreed on 27 Sept)

Health and Social Care Committee

Meeting Venue:	**Committee Room 3 – Senedd**
Meeting date:	**Wednesday, 16 May 2012**
Meeting time:	**09:00 – 12:20**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

This meeting can be viewed on Senedd TV at:
http://www.senedd.tv/archiveplayer.jsf?v=en_400000_16_05_2012&t=0&l=en

Concise Minutes:

Assembly Members:	**Mark Drakeford (Chair)** **Mick Antoniw** **Rebecca Evans** **Vaughan Gething** **Elin Jones** **Darren Millar** **Lynne Neagle** **Lindsay Whittle** **Kirsty Williams**
Witnesses:	**Ruth Crowder, College of Occupational Therapists** **Sue Davis, Social Care Association** **Paul Gage, GMB South Western Region** **Donna Hutton, Unison** **Nick Johnson, Social Care Association** **Mike Lubienski, Welsh Government** **Steve Milsom, Welsh Government** **Sarah Owen, Social Care Association** **Eve Parkinson, College of Occupational Therapists** **Rob Pickford, Welsh Government** **Dr Catherine Poulter, British Association of Social Workers** **Julie Rogers, Welsh Government** **Dr Pauline Ruth, Royal College of Psychiatrists** **Chris Synan, College of Occupational Therapists** **Sue Thomas, Royal College of Nursing Wales** **Lisa Turnbull, Royal College of Nursing Wales**
Committee Staff:	**Sarah Beasley (Clerk)** **Llinos Dafydd (Clerk)**

Meriel Singleton (Clerk)
Catherine Hunt (Deputy Clerk)
Philippa Watkins (Researcher)

1. Introductions, apologies and substitutions

1.1 Apologies were received from William Graham. There were no apologies.

2. Inquiry into Residential Care for Older People – Evidence from professional bodies

2.1 The witnesses responded to questions from members of the Committee on residential care for older people.

3. Inquiry into Residential Care for Older People – Evidence from trade unions

3.1 The witnesses responded to questions from members of the Committee on residential care for older people.

4. Inquiry into Residential Care for Older People – Evidence from staff bodies

4.1 The witnesses responded to questions from members of the Committee on residential care for older people.

4.2 The Committee requested a paper from the Research Service on the current guidelines for staff to resident ratio in care homes.

5. Social Services White Paper – Technical briefing from Welsh Government officials

5.1 The officials responded to questions from members of the Committee on the Social Services White Paper.

5.2 The Committee agreed to hold a similar session following the close of the consultation on the White Paper.

6. Papers to note

6.1 The Committee noted the minutes of the meeting held on 26 April.

TRANSCRIPT
View the meeting transcript.