

Comisiynu Cartrefi Gofal i Bobl Hŷn Tystiolaeth Ysgrifenedig

Mehefin 2022

Care Home Commissioning for Older People

Written Evidence

June 2022



Cynnws | Contents

* Saesneg yn unig | English only

** Cymraeg yn unig | Welsh only

Sefylliad	Individual/Organisation
Tystiolaeth ysgrifenedig Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru - llythyr	North Wales RPB written evidence – letter *
Tystiolaeth ysgrifenedig Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru – atodiad 1	North Wales RPB written evidence – enclosure 1*
Tystiolaeth ysgrifenedig Bwrdd Partneriaeth Rhanbarthol Gogledd Cymru – atodiad 2	North Wales RPB written evidence – enclosure 2*
Cyflwyniad ysgrifenedig Age Cymru	Age Cymru written submission *
Papur Tystiolaeth Arolygiaeth Gofal Cymru - Cymraeg	Care Inspectorate Wales Evidence Paper - Welsh
Papur Tystiolaeth Arolygiaeth Gofal Cymru - Saesneg	Care Inspectorate Wales Evidence Paper - English
Tystiolaeth ysgrifenedig Bwrdd Partneriaeth Rhanbarthol Cwm Taf	Cym Taf RPB written evidence *
Tystiolaeth ysgrifenedig Bwrdd Partneriaeth Rhanbarthol Gwent	Gwent RPB written evidence *
Tystiolaeth ysgrifenedig Comisiynydd Pobl Hŷn - Cymraeg	Older People’s Commissioner for Wales written evidence- Welsh
Tystiolaeth ysgrifenedig Comisiynydd Pobl Hŷn - Saesneg	Older People’s Commissioner for Wales written evidence - English
Tystiolaeth ysgrifenedig Llywodraeth Cymru - Cymraeg	Welsh Government written evidence - Welsh
Tystiolaeth ysgrifenedig Llywodraeth Cymru - Saesneg	Welsh Government written evidence – English
Tystiolaeth ysgrifenedig Bwrdd Partneriaeth Rhanbarthol Gorllewin Morgannwg	West Glamorgan RPB written evidence *
Tystiolaeth ysgrifenedig Bwrdd Partneriaeth Rhanbarthol Gorllewin Cymru	West Wales RPB written evidence *
Tystiolaeth ysgrifenedig grŵp arbenigol Jackie’s Revolution	Jackie’s Revolution Expert group written evidence *



CYDWEITHREDFA GWELLA GWASANAETHAU
GOFAL A LLESIANT **GOGLEDD CYMRU**

**NORTH WALES SOCIAL CARE AND WELL-BEING
SERVICES IMPROVEMENT COLLABORATIVE**

Regional Partnership Board
Chair: Mary Wimbury

Date: 9th May 2022

FAO:
Mark Isherwood MS
Committee Chair
Public Accounts and Public Administration Committee

Dear Mr Isherwood

Public Accounts and Public Administration Committee Care Home Commissioning Inquiry

Thank you for your letter of the 25th March 2022 to the North Wales Regional Partnership Board.

We welcome the Public Accounts and Public Administration Committee's inquiry into Care Home Commissioning for Older People, reflecting on the conclusions contained in the Auditor General's national summary report from December 2021, which considered issues arising from the review of Commissioning Older People's Care Home Placements in North Wales. We also note that the Committee intends to consider the issue from a national perspective, but welcomes further evidence from North Wales to inform the Committee's work.

As requested, please find, in Annex 1, the agreed* weekly care home fees for each local authority in North Wales for both 2021/22 and 2022/23. (**Please note that the fee noted for Gwynedd is subject to amendment in June 2022.*) Annex 2 contains the CHC core weekly fee rates for 2021/22 and 2022/23 confirmed by BCUHB.

As noted, we prepared a collective Management Response for each of the recommendations in the Audit Wales report on Commissioning Older People's Care Home Placements in North Wales, detailing our actions to meet these recommendations. A copy of the Management Response actions is given in Annex 3.

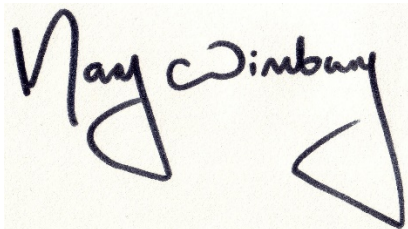
As part of the response to the Audit Wales Report, I understand the HB and LAs provided separately their view on a number of the issues that you note in your letter. Therefore, as you already have these, we do not have anything further to add. If you have not had sight of these please let me know and I will arrange for them to be sent to you.

As RPB Chair, I have also, in my professional capacity as Chief Executive Officer of Care Forum Wales, provided input your inquiry.

With regard to the implementation of the management response actions, as a region we will be looking in more detail into the matters that you highlight, including pooled budgets, removing complexity through the development of a regional care home commissioning strategy and associated delivery plan, as well as looking at the challenges that might inevitably arise from working within a national policy framework. Fundamental to our discussion will be consideration of the national policy drivers and how they can be implemented locally and regionally with minimum complexity.

As with all healthy partnerships, our members have slightly different perspectives on some of the matters highlighted in your letter. As I'm sure you will appreciate and expect, the region will now be discussing these further as we implement the action plan.

Yours sincerely,

A handwritten signature in black ink on a light-colored background. The signature reads 'Mary Wimbury' in a cursive, slightly stylized font. Below the name, there are two large, simple, hand-drawn shapes that resemble the letters 'D' and 'W'.

Mary Wimbury
Chair of the NW Regional Partnership Board

Annex 1: Weekly care home fees for each local authority in North Wales - 2021/22 & 2022/23.

Denbighshire - Confirmed

Category of Home	21/22 Rate (including 21/22 LA Funded FNC)
Residential	£586.32
Residential EMI	£631.40
Nursing	£664.52
Nursing EMI	£702.97

2022/23 (incl. £7.48 21/22 LA Funded FNC)	£	%
	v 21/22	
£627.11	£40.79	6.96%
£695.51	£64.11	10.15%
£711.27	£46.75	7.04%
£774.77	£71.80	10.21%

Conwy - Confirmed

Category of Home	2021/22 Fee EXCL LA Funded FNC
Residential	£611.00
Residential EMI	£665.00
Nursing	£693.00
Nursing EMI	£733.00

LA FNC: £7.48 (21/22 LA FNC) + 3% = £7.70

2022/23 [Incl. £7.70 LA FNC]	£	%
	v 21/22	
£654.00	£43.00	7.04%
£714.00	£49.00	7.37%
£752.70	£59.70	8.61%
£792.70	£59.70	8.14%

Flintshire - Confirmed

Category of Home	2021/22 Fee EXCL LA Funded FNC
Residential	£607.00
Residential EMI	£632.79
Nursing	£658.55
Nursing EMI	£697.19

2022/23 [Excluding LA FNC]	£	%
	v 21/22	
£646.52	£39.52	6.51%
£675.17	£42.38	6.70%
£703.79	£45.24	6.87%
£746.72	£49.53	7.10%

Gwynedd – Confirmed **

Category of Home	2021/22 (including 21/22 LA Funded FNC)
Residential	£586.32
Residential EMI	£650.79
Nursing	£683.90
Nursing EMI	£722.33

2022/23 (incl. £7.48 21/22 LA Funded FNC)	£	%
	v 21/22	
£627.00	£40.68	6.94%
£695.00	£44.21	6.79%
£731.00	£47.10	6.89%
£774.00	£51.67	7.15%

**** PLEASE NOTE:** In Gwynedd, initial standard fees for 22/23 have been set with a clear understanding that further work is to be undertaken to determine the affordability and sustainability of paying higher fees. A report with a recommendation is due to be presented to the Council's Cabinet in June 2022 for a decision.

Mon - Confirmed

Category of Home	2021/22 Fee EXCL LA Funded FNC
Residential	£596.01
Residential EMI	£631.40
Nursing	£657.04
Nursing EMI	£715.07

2022/23 [Excluding LA FNC]	£	%
	v 21/22	
£636.80	£40.79	6.84%
£707.17	£75.77	12.00%
£703.79	£46.75	7.12%
£800.88	£85.81	12.00%

Wrexham - Confirmed

Category of Home	2021/22 (including 21/22 LA Funded FNC)
Residential	£608.72
Residential EMI	£634.81
Nursing	£668.15
Nursing EMI	£707.24

2022/23 (incl. £7.48 21/22 LA Funded FNC)	£	%
	v 21/22	
£646.52	£37.80	6.21%
£675.17	£40.36	6.36%
£711.27	£43.12	6.42%
£754.20	£46.96	6.61%

Annex 2: CHC core weekly fee rates – 2021/22 & 2022/23

Betsi Cadwaladr University Health Board - Continuing Healthcare General Rates 2021/22							
Locality	BCU HB General Nursing Rate 2020/21	FNC Inflation Estimate 2021/22 (£179.04 x 1%)	Local Authority General uplift 2021/22	BCU HB General Premium Payment 2021/22	BCU HB General Nursing Rate 2021/22	Increase in General Rate Per Week	% Increase
General Nursing Rate							
Anglesey	860.51	1.79	23.09	42.11	927.50	66.99	7.78%
Gwynedd	879.93	1.79	23.11	33.17	938.00	58.07	6.60%
Conwy	887.41	1.79	24.73	24.07	938.00	50.59	5.70%
Denbighshire	860.41	1.79	23.04	42.26	927.50	67.09	7.80%
Flintshire	850.78	1.79	26.91	48.02	927.50	76.72	9.02%
Wrexham	860.51	1.79	26.78	38.42	927.50	66.99	7.78%

Betsi Cadwaladr University Health Board - Continuing Healthcare EMI Rates 2021/22							
Locality	BCU HB EMI Nursing Rate 2020/21	FNC Inflation Estimate 2021/22 (£179.04 x 1%)	Local Authority General uplift 2021/22	BCU HB General Premium Payment 2021/22	BCU HB EMI Nursing Rate 2021/22	Increase in General Rate Per Week	% Increase
EMI Nursing Rate							
Anglesey	916.22	1.79	25.26	33.23	976.50	60.28	6.58%
Gwynedd	916.21	1.79	25.26	33.24	976.50	60.29	6.58%
Conwy	924.41	1.79	27.73	22.57	976.50	52.09	5.63%
Denbighshire	896.79	1.79	25.11	42.31	966.00	69.21	7.72%
Flintshire	886.94	1.79	29.39	47.88	966.00	79.06	8.91%
Wrexham	896.79	1.79	29.59	37.83	966.00	69.21	7.72%

Betsi Cadwaladr University Health Board - Residential Rates 2021/22				
Locality	Local Authority General Residential Rate 2020/21	Local Authority General Residential Rate 2021/22	Increase in Basic Rate per Week	% Increase
General Residential Rate				
Anglesey	576.00	596.01	20.01	3.47%
Gwynedd	566.30	586.32	20.02	3.54%
Conwy	586.00	611.00	25.00	4.27%
Denbighshire	566.31	586.32	20.01	3.53%
Flintshire	583.44	607.00	23.56	4.04%
Wrexham	585.72	608.72	23.00	3.93%

Betsi Cadwaladr University Health Board - Residential Rates 2021/22				
Locality	Local Authority General Residential Rate 2020/21	Local Authority General Residential Rate 2021/22	Increase in Basic Rate per Week	% Increase
General Residential Rate				
Anglesey	576.00	596.01	20.01	3.47%
Gwynedd	566.30	586.32	20.02	3.54%
Conwy	586.00	611.00	25.00	4.27%
Denbighshire	566.31	586.32	20.01	3.53%
Flintshire	583.44	607.00	23.56	4.04%
Wrexham	585.72	608.72	23.00	3.93%

Annex 3: Management Response to the Audit Wales report on Commissioning Older People's Care Home Placements in North Wales

Management response

Report title: Commissioning Older People's Care Home Placements – North Wales Councils and Betsi Cadwaladr University Health Board

Completion date: December 2021

Document reference: 2467A2021-22

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R1	North Wales councils and Betsi Cadwaladr University Health Board need to ensure the consistent use of pre-placement agreements across the region.	Increased transparency of roles and responsibilities to support the contracting process. Additional level of service user protection.	Yes	<p>We are currently finalising the review of the North Wales PPA. A new PPA agreed with CFW should be in place by April 2022.</p> <p>Following this LA and HB commissioners will issue the new PPA to their providers and track providers who have signed and returned the PPA.</p> <p>We will also develop an agreed consistent approach and process for dealing with those providers who refuse to sign the PPA.</p>	Sept 2022	<p>Lead: Joint Chairs of Regional Commissioning Board</p> <p>Operational: Local Authority Commissioning Managers</p> <p>Health Board Commissioning Managers Regional</p> <p>Supported by: Business Manager – Commissioning & Workforce</p>

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R2	The current approach for commissioning care home places can cause tensions between partners and result in poor value and poor service user experience. North Wales councils and Betsi Cadwaladr University Health Board need to work together to review local arrangements for commissioning care home placements to eliminate avoidable adverse impacts on service users, and each other.	Identification of organisational blockages within the process to aid resolution	Yes	<p>We will hold workshops with all Local Authority and Health board commissioners to review their current care home commissioning arrangements in order to:</p> <ul style="list-style-type: none"> - ensure all commissioners are aware of each other's processes - to identify and share process improvement ideas and learning - to identify common practice and why / where different commissioning practice and processes occur. 	Sept 2022	<p>Lead: Local Authority Commissioning Managers</p> <p>Health Board Commissioning Managers</p> <p>Supported by: Regional Business Manager – Commissioning & Workforce</p>

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R3	<p>Accountability is a cornerstone of public sector decision making. Governance arrangements need to scrutinise decisions and hold decision makers to account. North Wales councils and Betsi Cadwaladr University Health Board need to review and strengthen their partnership governance arrangements to ensure proper accountability and effective scrutiny.</p>	<p>Better accountability of people working in partnership by increasing transparency and opportunity for robust challenge and scrutiny of decisions by sponsoring organisations. This will also reduce the potential for external challenge and/or judicial review.</p>	Yes	<p>Review of RPB membership, terms of reference, accountability and decision making scope is currently underway. This will look at the link between local decision making and RPB decision making with a focus on how to ensure and evidence local decision making input in to the RPB's decisions and also how the RPB is accountable to local democratic structures in the Local Authorities and the Health Board.</p>	Dec 2022	<p>Lead: Chair of Regional Partnership Board</p> <p>Operational: Head of Regional Collaboration</p> <p>Advice from: Regional Legal Service & Local Authority Governance leads</p>

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R4	North Wales councils and Betsi Cadwaladr University Health Board through the Regional Commissioning Board need to develop a regionally agreed care home commissioning strategy and associated delivery plan.	A clear, agreed and approved approach for public sector partners in North Wales to address the major strategic challenges experienced both currently and projected in the longer term in relation to care home commissioning. Together with an approved plan detailing how they intend to get from where they are today to where they want to be in the future.	Yes	We will build on work undertaken to develop the Regional PNA and MSR documents and the Steering Group will remain in place to move forward with the themes from the PNA-MSR in to the Regional Commissioning Strategy for Care Home Commissioning. They will also be responsible for developing the delivery plan which will cover regional, sub-regional and local actions and link in to the local MSR and PNA documents / analysis.	March 2023	<p>Lead: Joint Chairs of Regional Commissioning Board</p> <p>Operational: MSR-PNA Steering Group Members</p> <p>Regional Business Manager – Commissioning & Workforce</p> <p>Local Authority Commissioning Managers</p> <p>Health Board Commissioning Managers</p>

Ref	Recommendation	Intended outcome/benefit	High priority (yes/no)	Management response	Completion date	Responsible officer
R5	North Wales councils and Betsi Cadwaladr University Health Board need to review their commissioning arrangements for care home placements to ensure they fulfil their statutory responsibilities around the Welsh language, and the Well-being of Future Generations Act.	Clear and upfront consideration of statutory responsibilities around the Welsh language, and the Well-being of Future Generations Act in strategic planning of care home placements.	Yes	<p>The Mwy Na Geiriau Steering Group are already looking at way to improve staff confidence and capabilities in providing services in Welsh. Recruitment of Welsh speaking staff is a priority and a focus in the Regional We Care campaign.</p> <p>The Regional PNA-MSR Steering Group will build on their existing links with the Wellbeing Assessments and embed the delivery of the WFGA wellbeing goals in to their commissioning of care home placements and wider social care and community health provision.</p>	March 2023	<p>Lead: LA Directors of Social Care and Health Board Welsh Language Lead</p> <p>WFGA Goals = PNA_MSR Steering Group members</p> <p>Operational: Local Authority Commissioning Managers</p> <p>Health Board Commissioning Managers</p> <p>LA and Health Board Workforce Managers</p> <p>Supported by: Regional Business Manager – Commissioning & Workforce</p>

Responsible Officer / Key Leads

Regional Partnership Board	
RPB Chair	Mary Wimbury
Regional Commissioning Board	
Joint Chair of Regional Commissioning Board	Morwena Edwards and Clare Darlington
Local Authority Commissioning Managers	
Mon Local Authority	Bethan Williams / Iola Richards
Gwynedd Local Authority	Rhion Glyn / Hawis Jones
Conwy	Mark Bowler
Denbighshire	Lianna Duffy
Flintshire	Jane Davies and Dawn Holt
Wrexham	Victoria Bishop and Angharad Owen
Health Board Commissioning Managers	
Contracts and Commissioning	Tracy Pope
CHC Commissioning	Kath Titchen
Regional Collaboration Team	
Head of Regional Collaboration	Catrin Roberts
Regional Business Manager	Catrin Perry
Regional Legal Support lead	Lisa Jones [DCC legal services manager]
PNA-MSR Steering Group leads	
Mon	Emma Edwards
Gwynedd	Hawis Jones
Conwy	Mark Bowler
Denbighshire	Sue Hudson
Flintshire	Emma Murphy
Wrexham	Victoria Bishop
BCUHB	Wendy Hooson
Mwy Na Geiriau Steering Group members	
TBC	



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr Health Board
CHC Finance + Contracts
Preswylfa
Hendy Road
Mold
CH7 1PZ

E-bost / Email:

Finance - BCU.CHCPayments@wales.nhs.uk

Contracts - BCU.Contracts@wales.nhs.uk

30/03/2022

Dear Provider,

Re: 2022/23 Domiciliary Care Interim Settlement from 01/04/2022

The purpose of this letter is to provide an update on the Care fee setting process for 2022/23, the current challenges and show our commitment to the care sector within the challenging circumstances we are all face.

As a Health Board (HB), we understand how challenging the current economic climate is for all our external providers and partners who provide healthcare on behalf of the HB. The HBs fee setting is closely linked to the regional fees methodology, which has been subject to delays in agreement and publication across all Local Authorities. Therefore, the HB have been unable to determine a full settlement for 2022/23 fees at this stage.

BCUHB, the Executive Team and Board Members are acutely aware that not addressing the 2022/23 fees before the full fee-setting process is complete will potentially have a significant impact on the sustainability of the market within North Wales. Within this context, this interim settlement is to be actioned with immediate effect.

The HB is proposing to adopt the same approach as in 2021/22 and use an average of the individual LA percentage uplifts, with information available. The interim proposal is to uplift the rates to 50% of the projected uplift based on information from LAs:

Rate	50% of Average % Increase across 6 LAs
Domiciliary Care	4.03%

These rates will apply to packages of care from 01/04/2022, therefore please update your rates for all appropriate invoices for care provided from 01/04/2022. If you have already invoiced for care in April, please invoice the HB for the additional amount from 01/04/2022 until the rates are updated within your invoices.



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Next Steps

BCUHB will continue work on the full fee-setting process as outlined above and will communicate updates with providers as timely as possible, this will include updates with regards to external factors that impact the fee-setting process. Any further settlement when agreed will be back-dated to 01/04/2022.

Thanks for your continued partnership in the care provided to residents across North Wales.

Yours faithfully

A handwritten signature in black ink that reads "Sue Hill".

Sue Hill
Executive Director of Finance



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

Betsi Cadwaladr Health Board
CHC Finance + Contracts
Preswylfa
Hendy Road
Mold
CH7 1PZ

E-bost / Email:

Finance - BCU.CHCPayments@wales.nhs.uk

Contracts - BCU.Contracts@wales.nhs.uk

30/03/2022

Dear Provider,

Re: 2022/23 Care Home Fee Interim Settlement from 01/04/2022

The purpose of this letter is to provide an update on the Care fee setting process for 2022/23, the current challenges and show our commitment to the care sector within the challenging circumstances we are all face.

As a Health Board (HB), we understand how challenging the current economic climate is for all our external providers and partners who provide healthcare on behalf of the HB. The HBs fee setting is closely linked to the regional fees methodology, which has been subject to delays in agreement and publication across all Local Authorities. Therefore, the HB have been unable to determine a full settlement for 2022/23 fees at this stage.

The HB also has to take into account the uplift nationally agreed for Funded Nursing Care (FNC) in its fee setting methodology, this fee is linked to the NHS pay award, which is not likely to be announced until July at the earliest. As a result, the fee-setting process within the HB is unlikely to be completed until September 2022 at the earliest. Therefore, an interim settlement for Providers has been proposed to the Board and agreed at a meeting this afternoon.

BCUHB, the Executive Team and Board Members are acutely aware that not addressing the 2022/23 fees before September 2022 will potentially have a significant impact on the sustainability of the market within North Wales. Within this context, this interim settlement is to be actioned with immediate effect.

Using the 2022/23 rates from LAs and applying previous years methodology (inclusive the real living wage uplift in 2022/23) there will be two fee rates across North Wales for General Nursing and EMI Nursing. The interim proposal is to uplift the rates to around 75% of the projected uplift based on information from LAs:

Rate	BCU HB Estimated Rate 2022/23 (est. 75%)	Average % Increase across 6 LAs
Nursing Rate - General	987.00	6.21%
Nursing Rate - EMI	1,043.00	7.16%



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board

These rates will apply to packages of care from 01/04/2022, therefore please use these rates for all appropriate invoices for care provided from 01/04/2022.

Next Steps

BCUHB will continue work on the full fee-setting process as outlined above and will communicate updates with providers as timely as possible, this will include updates with regards to external factors that impact the fee-setting process. Any further settlement when agreed will be back-dated to 01/04/2022.

Thanks for your continued partnership in the care provided to residents across North Wales.

Yours faithfully

A handwritten signature in black ink that reads "Sue Hill".

Sue Hill
Executive Director of Finance

Age Cymru written response following oral evidence session – Care Home Commissioning.

- 1. Whether, overall, Age Cymru is confident that the Welsh Government is moving in the right direction, and quickly enough, with its policy reform to address the longstanding issues affecting care home commissioning that the Auditor General has highlighted.**

Age Cymru believes that Welsh Government is moving in the right direction to address care home commissioning issues. The direction of travel is what we would want to see, as reducing the complexity of arrangements will over time benefit older people needing care and older carers who are supporting their loved ones.

We agree with the Auditor General's recommendations within the north Wales report. However, we feel that there are some specific areas within their recommendations that need looking at in further detail. The report highlights how moves towards pooled budgets to date may not be providing value for money.

Within this area of focus it will be important to look at whether changes in funding availability are linked to an identified level of need of the Welsh population and if there are any deficits, how these will be met. Whilst pooling funding will over time reduce the resourcing needed to allow older people to stay healthier and live independently for longer, the changes will take time to realise. A 2019 report found that while spending by local authorities on adult social services over the previous 5 years in Wales has remained broadly flat in real terms, spending per capita on older people has reduced by 13%.¹ This may suggest that local decision making either does not consider increased levels of need, or that other age groups are being prioritised over and above the known level of need of older people. Other recent research indicates that funding levels do not appear to be based on identified levels of need e.g. continuing health care funding for those with complex needs appears to follow a trajectory of what funding is available, rather being needs-led². As such, we are cautious of assuming that the current spending levels are accurate.

During the oral evidence session we used the example of bringing funding streams together to develop the Supporting People programme. This example was used purely to demonstrate how nationally this can be done. However, we are aware that there are additional complexities in pooling together funding that addresses a wide range of needs from high risk interventions right through to earlier interventions and preventative services. It is therefore important that full consideration is given on

¹ <https://www.adss.cymru/en/blog/post/delivering-transformation-grant-programme-2019-20-rebalancing-social-care-a-report-on-adult-services>

² Innovative funding models to meet social care needs report

<https://www.adss.cymru/en/blog/post/innovative-funding-models-to-meet-social-care-needs>

levels of flexibility of funding and what can be done to mitigate against a potential loss of earlier interventions and preventative services.

2. Whether there are any other key issues / areas for improvement in care home commissioning for older people from Age Cymru's perspective that have not already been covered – or examples of good practice that Age Cymru would point to.

We are concerned that commissioning decisions may not take fully into account how important it is that care home residents have ongoing access to social, activities and meaningful activities that help maintain wellbeing and that this should be considered in commissioning decisions (performance monitoring, unit cost pricing) and future planning (e.g. how commissioners and planners ensure that future care home provision is able to meet all needs of residents in recognition that this is their home). We include information from projects delivered through Age Cymru to support this below as we are aware of the positive impact they have had.

In the oral evidence session Natasha Asghar asked about the Welsh Government funded Age Cymru *Tell Me More* project³ and the learning we have taken from this. The project has been invaluable in hearing the voice of older people and care home residents feedback indicated that the engagement project helped improve their wellbeing after such a long period of isolation.

The cARTrefu project⁴ initial evaluation showed that creative arts and mentoring delivered through the programme showed a statistically significant improvement in wellbeing scores. It also improved care staff's confidence in engaging with residents in more meaningful ways. This project, delivered to 25% of care homes in Wales, is the largest of its kind in Europe and has attracted attention internationally. It is important that commissioners understand that such opportunities are not an 'add on,' but are an integral part of the needs of care home residents.

³ www.agecymru.org.uk/tellmemore

⁴ www.agecymru.org.uk/cartrefu

3. Whether Age Cymru has any observations that it would wish to raise about the Auditor General's recent report on Direct Payments for adult social care, including issues of concern around the interface between direct payments and access to NHS continuing healthcare.

We have the following comments to make regarding the use of direct payments for older people.

In order to increase the use of direct payments where it is the older person's choice to use this option to meet their care and support needs, older people need to be confident that they have support to act as an employer. Whilst the infrastructure is there for people with learning disabilities to support the use of direct payments, this is lacking for older people. During the pandemic we have heard from older people who were given direct payments in the absence of commissioned care service availability, but then were unable to use that funding to employ a carer – leaving them without the care they needed.

In our recent discussions with social care leads across Wales as part of our work looking at delays in access to care⁵, this is an area they feel that third sector support for older people can really help them meet the challenges of pandemic recovery and longer term changes in care delivery.

It is important to note that direct payments should be part of a suite of options as direct payments will not suit all older people and learning from issues with direct payments should be considered to support the development of the right infrastructure for older people's needs. Our information and advice service has received calls from older people telling us that they were not told about direct payments, so more needs to be done by social care to ensure that older people are given advice and information so that they can be in more control of decisions on what care will work best for them.

Age Cymru is a registered charity 1128436. Company limited by guarantee and registered in Wales and England 6837284. Registered office address Ground Floor, Mariners House, Trident Court, East Moors Road, Cardiff CF24 5TD. © Age Cymru 2022.

⁵ This report is expected to be published shortly.

Public Accounts and Public Administration Committee
- Care Home Commissioning for Older People Inquiry

1. Care Inspectorate Wales (CIW) welcomes the opportunity to submit evidence to the Committee's inquiry into Care Home Commissioning for Older People.
2. To help inform the Committee's considerations, we have set out below the context in which CIW registers, regulates and inspects social care services in Wales. We have detailed some basic information about the social care sector in Wales and our activity within it.

The role of CIW

3. CIW is the independent regulator of social care and childcare in Wales. We register, inspect and take action to improve the quality and safety of services for the well-being of the people of Wales.
4. We carry out functions on behalf of Welsh Ministers to provide assurance on the quality and safety of services. Our independence is protected through a Memorandum of Understanding (MOU) between the Chief Inspector and the relevant Welsh Ministers. A copy of this MOU is available on the CIW website: <https://careinspectorate.wales/sites/default/files/2021-07/210720-MOU-welsh-ministers-en.pdf>.

Care Home Commissioning for Older People: Report of the Auditor General for Wales – recommendations

5. CIW has been aware of the Audit Wales study in North Wales through our regular regional and national meetings with audit, inspection and regulation bodies in Wales. We are responding here to the recommendations made to the Welsh Government by the Auditor General in his national report. We have not commented on those arising from Audit Wales local audit work in North Wales.
6. **R1 – Planned policy reform and tackling the root causes of the issues:** CIW supports this recommendation. We are aware of the significant work underway on 'Re-balancing Social Care' and CIW is involved in a number of task groups taking this forward, including the development of a national framework for commissioning. It is too early to say whether this will address the root cause of the issues identified in North Wales.
7. **R2 - Reduce the complexity of funding responsibilities:** We agree with this recommendation. This is particularly important from the perspective of people in need of care and support and their families, as well as for providers of social care. The current complexities in relation to funded nursing care and continuing healthcare can at times compromise the way, and extent to which, people's care needs are met.
8. **R2 - Pooled funds:** As the regulator of social care, CIW does not have a view on the use of pooled funds. This is the remit of Audit Wales. Part 9 of Social Services and Well-being (Wales) Act 2014 describes the flexibilities set out in Section 33 of the National Health Service (Wales) Act 2006 which enables local

authorities and local health boards to develop formal partnerships and to delegate functions from one body to the other. Pooled funds are only one aspect of this as section 33 also enables the development of integrated services and integrated commissioning.

9. **R2- Strengthened scrutiny arrangements:** Governance arrangements for Regional Partnership Boards (RPBs) are complex, especially for the large RPBs such as Gwent and North Wales. This in turn makes scrutiny challenging. As external scrutiny bodies neither CIW, nor Healthcare Inspectorate Wales (HIW), have legal powers to review or make recommendations to RPBs, only to the constituent individual local authorities and health board.
10. Welsh Government's 'A Healthier Wales' action plan contains the following action: *Work with the Healthcare Inspectorate Wales, the Care Inspectorate Wales and other stakeholders to review the effectiveness of RPB joint working* (<https://gov.wales/sites/default/files/publications/2021-04/a-healthier-wales-actions.pdf>). In 2021/22 CIW and HIW contributed to a pilot self-assessment of two RPBs. The pilot focussed on the process of self-assessment. We are currently discussing next steps with the Welsh Government in taking this action forward.
11. **R2 – Outcome-based performance:** It is challenging to attribute improved outcomes for people directly to RPBs. It is our view that as RPBs mature, they are beginning to establish the conditions for improving outcomes for people through closer partnership working. There remains a distance to travel.
12. As a new code of practice relating to the performance and improvement of social services in Wales only came into effect in April 2020, it is too early to comment on its effectiveness, particularly as implementation has been slowed by the pandemic (<https://gov.wales/sites/default/files/publications/2020-03/measuring-activity-and-performance-guidance-2020-21.pdf>). The cornerstone of the code of practice is quality standards linked to the seven well-being goals of the Well-being of Future Generations (Wales) Act 2015. However, this performance framework is only for local authority social services, not health boards nor RPBs. CIW has been involved in the Welsh Government work, aligned to A Healthier Wales, to develop a joint Health and Social Care Outcomes Framework. Once completed, this may help take forward the Auditor General's recommendation for outcome-based performance reporting.

Care Home commissioning for older people, state of the care home market and quality of provision

13. In 2010, the Welsh Government published 'Commissioning Framework Guidance and Good Practice' the key elements of which remain relevant today (https://ipc.brookes.ac.uk/files/publications/Commissioning_framework_guidance_and_good_practice.pdf). The commissioning cycle involves analysing needs and planning how best to meet these to secure positive outcomes for people. The commissioning of care homes for older people is integrally linked to the commissioning / development of a range of other services including prevention and early intervention, reablement, extra care housing and domiciliary support.

The demand for and availability of these services impacts on the need for care home services. Care homes should not be commissioned in isolation.

14. The introduction of the Regulation and Inspection of Social Care (Wales) Act 2016 (the '2016 Act') was intended to improve the quality of social care services with a focus on outcomes for people. CIW had only just completed the re-registration of care homes under the 2016 Act when the pandemic struck. Its impact meant improvements in quality envisaged by the new legislation were interrupted whilst providers focused on maintaining core levels of care and support to sustain people's health and well-being.
15. From CIW's perspective, the overall state of the care home market is fragile. Our Chief Inspector's Annual Report 2020-21 provides detail of the impact of the COVID-19 pandemic on people living and working in care homes across Wales (<https://careinspectorate.wales/sites/default/files/2021-08/210818-chief-inspectors-annual-report-2020-2021-en.pdf>). Care homes are continuing to have outbreaks of COVID-19 which impact on staffing levels and prevent new admissions. CIW does not hold information on vacancy rates as these change daily. Between April 2020 and March 2022, 42 care homes for adults ceased to operate and 25 new care homes have been registered with CIW (as of April 2022, there are 1,033 registered care homes for adults).
16. We continue to prioritise inspection of services where we have concerns and to follow up on improvements required as a result of our enforcement action. Between April 2021 and March 2022, we issued enforcement notices to secure improvement to 342 care homes for adults. Quality is being undermined in several ways including poor leadership (lack of oversight), difficulties in maintenance of the environment due to lack of tradespeople and / or materials, lack of staff and overly restrictive arrangements for visiting. CIW's online data tool provides information on enforcement action at a national and local level. The data tool can be accessed via the following link: <https://careinspectorate.wales/data-tool>. We will be producing a report on the themes arising from these inspections later in 2022.
17. Whilst Social Care Wales is the workforce regulator, we know from our inspections recruitment and retention of staff remains extremely challenging.

CIW's perspective on the impact of the COVID-19 pandemic on our activities

18. On 16 March 2020, we paused our routine inspection programme. We did this to reduce the risk of asymptomatic transfer of the virus by our inspectors and to ensure local authorities and care providers could focus their resources on maintaining the health and safety of people using services and their staff.
19. Our key priority was to provide assurance to the public and Ministers about the safety of services. We quickly adapted our processes embracing technology to enable us to carry out our statutory functions as safely as possible. A copy of the statement we published on our website in May 2020 about our approach to providing assurance is attached at Annex A. Updated statements were published throughout the pandemic, with the latest statement published in August 2021:

<https://careinspectorate.wales/sites/default/files/2021-08/210805-our-approach-to-assurance-en.pdf>.

20. Between 30 March and August 2020, we made 10,958 check-in calls to all adult and children's services. Our aim was to understand how providers were managing during the pandemic and offer support, signposting services to sources of guidance and advice as appropriate.
21. From June 2020, with testing and Personal Protective Equipment (PPE) available, we resumed risk assessed inspections where we had concerns about people's safety and well-being. This included care homes where there was an outbreak of COVID-19 if our concerns were so serious we did not want to wait until the outbreak had ended. Between June 2020 and March 2022 we carried out 1,464 inspections of adult and children's regulated services.
22. We have worked co-productively with the sector and partners to respond to the unprecedented events throughout the pandemic. This has included facilitating regular communications and online webinars for providers to enable them to keep abreast of rapidly changing guidance. We also provided a 'Frequently Asked Questions' area on our website which we regularly reviewed and updated.
23. We have been in the unique position of having oversight and links to the sector nationally. In September 2020, we published an 'Overview of feedback from the social care sector' based on CIW's check-in calls with providers of registered services for adult and children. This document is available on our website: <https://careinspectorate.wales/sites/default/files/2020-09/200925-COVID-19-Overview-of-feedback-from-the-social-care-sector-en.pdf>.
24. We also carried out assurance checks of each local authority to ensure they were fulfilling their statutory functions. We published our findings in a 'National overview report' in November 2021. This report is available on our website: <https://careinspectorate.wales/sites/default/files/2021-11/211104-national-overview-report-of-assurance-checks-en.pdf>.

Providing assurance on the quality and safety of services during the COVID-19 pandemic May 2020

1. Statement of purpose

During the COVID-19 emergency, our priority is to continue to provide assurance to the public and Ministers that the services we inspect and regulate are doing all they can to promote the safety and well-being of people. We are guided by three key principles:

- we will focus our activity where it is needed most to ensure people receive safe care – this means concentrating on those areas where we see the risk to the quality of care is the highest and where we can make the biggest difference
- we will support providers by looking at how we can act flexibly and proportionately
- we will honour our duty of care to our colleagues in Care Inspectorate Wales (CIW)

To achieve this, we will adapt our approach to provide independent scrutiny while ensuring CIW will not put people using services, staff or its own staff at unreasonable risk and will work in line with national guidance. This will enable us to:

- fulfil CIW's statutory duties to monitor the safety and well-being of people using social care and childcare and play services, without adding unreasonable burdens to a system currently dealing with unprecedented challenges; and
- promote transparency about the response to COVID-19 and ensure that lessons can be learned quickly

2. Overview of our approach to assurance and monitoring

We are carrying out the following strands of oversight activity. These strands are likely to be undertaken simultaneously.

1. Understand and monitor impact of policy changes

- consider impact of new legal powers relating to childcare and social care introduced as part of the response on services and people
- monitor the use of new powers to open social care services exempt from registration under emergency COVID-19 legislation

2. Establish lines of communication to ensure the following intelligence and information (not an exhaustive list) is received regularly and collated within CIW

- regular liaison with Welsh Government policy officials
- regular meetings with the Deputy Minister for Health and Social Services
- regular liaison with the Older People's Commissioner for Wales and the Children's Commissioner for Wales
- input into COVID-19 meetings led by the Welsh Government
- daily situation reports from ECCW (Emergency Coordination Centre Wales)
- information received via correspondence and phone calls to CIW
- information from key partners and stakeholders
- information from media channels including social media
- collation of intelligence from check-in calls with providers
- collation of intelligence from discussions with local authorities
- weekly EPSO (European Partnership for Supervisory Organisation) calls to understand approaches of other inspectorates internationally

3. Analyse information gathered to assess risks and determine priorities

- identify specific problems and concerns in individual services/local authorities such as:
 - acute staffing shortfalls
 - clusters of COVID-19 infection and deaths
 - leadership concerns
 - emerging concerns about local capability and proportionality of response
 - existing non-compliance
 - providers who are not following Public Health Wales (PHW) / local health board (LHB) guidance in their response to COVID-19
- identify emerging themes across services/local authorities such as:
 - shortages of equipment
 - shortages of staffing
 - placement sufficiency
 - reduction in safeguarding referrals
- use the information to make risk-based recommendations for monitoring and/or inspection (weekly updates)

4. A more active monitoring approach if the analysis above suggests that it is required. This could include one or more of the following actions:

- informing providers / local authorities / health boards / Welsh Government of our concerns in writing and asking for a response
- seeking information virtually from specific services

- assurance meetings with local authority senior leaders
- inspection visits to services

3. How we will monitor

Regulated services

For services registered with us, our focus is on the safety of people and ensuring people's rights are upheld. We are also interested in the leadership of services including approaches to staff well-being, managing COVID-19 outbreaks and infection control.

We aim to work closely with commissioners and other organisations to reduce the burden on providers and to ensure support is co-ordinated.

A key part of the approach involves calling services to check-in and have open and honest conversations so we can support providers to resolve any issues and make decisions to help keep people safe.

Our check-in conversations will help us to understand and explore:

- the stresses and challenges for care providers and for the wider care system
- how services are using innovative ways to manage, so that we can share learning

We will use the information about services, from both existing and new sources, to decide whether / how frequently we need to check-in for a supportive conversation. We will also use our additional knowledge and experience of individual services to prioritise calls. We are available to offer support to all providers during this difficult period and we encourage them to call us if they would like advice.

A service where there are concerns or which is on our enforcement pathway will have more contact from their inspector, as we will continue to monitor and engage with the service until the emergency period is over. This approach means we are able to target our support and action most effectively.

We will also keep our Frequently Asked Questions up-to-date on our website (<https://careinspectorate.wales/coronavirus-covid-19-frequently-asked-questions-faqs>).

Specific concerns about care homes

CIW's experience and evidence indicates care homes are unusually high-risk environments during the current outbreak. Specific concerns include:

- environmental issues in some care homes including shared bathroom facilities
- a higher likelihood of existing poor physical health with immune systems and respiratory health
- people who lack capacity to conform to social distancing guidance

- a higher likelihood of poor mental health, which can be further affected by isolation, withdrawal of visits and lack of activity
- staff shortages and deteriorating morale can affect the ability of the service to care for people

Monitoring activity in adult and children's services

Monitoring activities include:

- regular check-in telephone calls to providers. Information captured on a survey and stored in our online records management system (CaSSI). Themes are then collated and analysed.
- daily analysis of notifications relating to COVID-19. Follow-up with providers where necessary (for example, high numbers) with responses recorded in CaSSI.
- daily analysis of deaths reported in care homes. Follow-up with providers where necessary (for example, high numbers) with responses recorded in CaSSI.
- weekly contact with local authority commissioning teams to share intelligence about providers
- follow-up all outstanding non-compliance by letter seeking progress update
- all concerns received are considered and followed up as necessary

The intelligence collated as part of our monitoring activities is analysed and triangulated to identify services under pressure. These are considered by senior managers in line with the process set out in internal guidance.

Monitoring activity in Childcare and Play services

Monitoring activities include:

- monitoring concerns received and following up with services as necessary
- monitoring notifications of COVID-19 outbreaks and following up with services
- oversight of notifications of relaxation of the National Minimum Standards (NMS) including increase in numbers and following up with services
- monthly meeting with local authority childcare lead officers
- monthly meeting with stakeholder representatives through 'Cwlwm'
- follow-up all outstanding non-compliance by letter seeking progress update
- check-in calls with services still operating prioritised according to date of last inspection or where we have concerns
- taking appropriate enforcement action where required

Inspection visits

Where our monitoring activity identifies people may be at high risk we may need to carry out an inspection visit. This will only happen where our off-site monitoring activity, including engagement with the provider, has failed to provide sufficient

evidence to satisfy us that people are safe or where we have received concerns which can only be properly considered on-site. In carrying out an inspection, we will:

- keep time on site to the minimum we need to assess the situation and gather the necessary information
- provide Personal Protective Equipment (PPE) for inspectors in line with PHW guidelines
- seek volunteers from staff without caring responsibilities / underlying health conditions
- where necessary, carry out visits with a public protection officer from either PHW or the local authority

Where we need to take action, we will follow our securing improvement and enforcement process (<https://careinspectorate.wales/sites/default/files/2020-01/200121-securing-improvement-enforcement-policy-en.pdf>).

For local authorities we are interested in how safeguarding is being managed and people's rights are being upheld. We will also monitor leadership of services including approaches to supporting the social care sector, managing COVID-19 outbreaks and infection control. Our activities include:

- writing to all local authorities seeking assurance about safeguarding
- regular contact with heads of service / directors
- liaison with Healthcare Inspectorate Wales (HIW), Estyn and Audit Wales regarding emerging concerns
- regular discussion with Welsh Government policy officials to share intelligence

We will continue our enhanced assurance activity of local authorities of concern. This may include frequent structured engagement with senior leaders, enhanced monitoring and assurance reviews and joint regulators conversations.

4. Our approach to registration

We have adapted our registration processes to enable us to continue to progress registration applications and variations. We are prioritising work which will create greater capacity for the social care and childcare and play sectors.

5. Other activity to support our response to COVID-19

We are continuing to provide a single point of contact for providers and members of the public.

We issued a joint statement with HIW to encourage people to share any concerns with us.

Our information team is collating and analysing data to inform monitoring activity as well as national planning and policy making.

Regular, clear communication with key stakeholders is essential during the pandemic. We will do this in a number of ways:

- share correspondence and information with providers on behalf of the Welsh Government and PHW
- contribute to the weekly bulletin co-ordinated by ADSS Cymru for local authorities and RISCA (Regulation and Inspection of Social Care (Wales) Act 2016) registered providers
- keep the CIW website including FAQs and useful resources up-to-date
- share regular updates with representative organisations

Y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth
Gyhoeddus - Ymchwiliad i Gomisiynu Cartrefi Gofal i Bobl Hŷn

1. Mae Arolygiaeth Gofal Cymru (AGC) yn croesawu'r cyfle i gyflwyno tystiolaeth i ymchwiliad y Pwyllgor i Gomisiynu Cartrefi Gofal i Bobl Hŷn.
2. Er mwyn helpu i lywio ystyriaethau'r Pwyllgor, rydym wedi nodi isod y cyd-destun y mae AGC yn cofrestru, yn rheoleiddio ac yn arolygu gwasanaethau gofal cymdeithasol yng Nghymru ynddo. Rydym wedi nodi rhywfaint o wybodaeth sylfaenol am y sector gofal cymdeithasol yng Nghymru a'n gweithgarwch ynddo.

Rôl AGC

3. AGC yw rheoleiddiwr annibynnol gwasanaethau gofal cymdeithasol a gofal plant yng Nghymru. Rydym yn cofrestru, yn arolygu ac yn gweithredu i wella ansawdd a diogelwch gwasanaethau er llesiant pobl Cymru.
4. Rydym yn cyflawni swyddogaethau ar ran Gweinidogion Cymru i roi sicrwydd ynghylch ansawdd a diogelwch gwasanaethau. Mae ein hannibyniaeth yn cael ei hamddiffyn drwy Femorandwm Cyd-ddealltwriaeth rhwng y Prif Arolygydd a'r Gweinidogion Cymru perthnasol. Mae copi o'r Memorandwm Cyd-ddealltwriaeth hwn ar gael ar wefan AGC: <https://arolygiaethgofal.cymru/sites/default/files/2021-07/210720-Memorandwm-Cyd-ddealltwriaeth-Gweinidogion-Cymru-cy.pdf>.

Comisiynu Cartrefi Gofal i Bobl Hŷn: Adroddiad Archwilydd Cyffredinol Cymru – argymhellion

5. Mae AGC wedi bod yn ymwybodol o astudiaeth Archwilio Cymru yng Ngogledd Cymru trwy ein cyfarfodydd rhanbarthol a chenedlaethol rheolaidd gyda chyrrff archwilio, arolygu a rheoleiddio yng Nghymru. Rydym yn ymateb yma i'r argymhellion a wnaed i Lywodraeth Cymru gan yr Archwilydd Cyffredinol yn ei adroddiad cenedlaethol. Nid ydym wedi gwneud sylwadau ar y rhai sy'n codi o waith archwilio lleol Archwilio Cymru yng Ngogledd Cymru.
6. **A1 – Gwaith diwygio polisi wedi'i gynllunio a mynd i'r afael ag achosion sylfaenol y materion hyn:** Mae AGC yn cefnogi'r argymhelliad hwn. Rydym yn ymwybodol o'r gwaith sylweddol sy'n cael ei wneud ar 'Ailgydbwysio Gofal Cymdeithasol' ac mae AGC yn ymwneud â nifer o grwpiau gorchwyl sy'n symud ymlaen â hyn, gan gynnwys datblygu fframwaith cenedlaethol ar gyfer comisiynu. Mae'n rhy gynnar i ddweud a fydd hyn yn mynd i'r afael â gwraidd y problemau a nodwyd yng Ngogledd Cymru.
7. **A2 – Lleihau cymhlethdod cyfrifoldebau ariannu:** Rydym yn cytuno â'r argymhelliad hwn. Mae hyn yn arbennig o bwysig o safbwynt y bobl sydd angen gofal a chymorth a'u teuluoedd, yn ogystal ag ar gyfer darparwyr gofal cymdeithasol. Gall y cymhlethdodau presennol mewn perthynas â gofal nyrsio a ariennir a gofal iechyd parhaus, ar adegau, beryglu'r ffordd y caiff anghenion gofal pobl eu diwallu, a'r graddau y maent yn cael eu diwallu.
8. **A2 – Cronfeydd a gydgasglwyd:** Fel rheoleiddiwr gofal cymdeithasol, nid oes gan AGC farn ar y defnydd o gronfeydd a gydgasglwyd. Cylch gorchwyl Archwilio

Cymru yw hwn. Mae Rhan 9 o Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn disgrifio'r hyblygrwydd a nodir yn adran 33 o Ddeddf y Gwasanaeth Iechyd Gwladol (Cymru) 2006, sy'n galluogi awdurdodau lleol a byrddau iechyd lleol i ddatblygu partneriaethau ffurfiol ac i ddirprwyo swyddogaethau o un corff i'r llall. Dim ond un agwedd ar hyn yw cronfeydd a gydgasglwyd gan fod adran 33 hefyd yn galluogi gwaith i ddatblygu gwasanaethau integredig a chomisiynu integredig.

9. **A2 – Trefniadau craffu cryfach:** Mae trefniadau llywodraethu ar gyfer Byrddau Partneriaeth Rhanbarthol yn gymhleth, yn enwedig ar gyfer y Byrddau Partneriaeth Rhanbarthol mawr fel Gwent a Gogledd Cymru. Mae hyn yn ei dro yn gwneud gwaith craffu'n heriol. Fel cyrff craffu allanol, nid oes gan AGC, nac Arolygiaeth Gofal Iechyd Cymru (AGIC), bwerau cyfreithiol i adolygu neu wneud argymhellion i'r Byrddau Partneriaeth Rhanbarthol, dim ond i'r awdurdodau lleol unigol a bwrdd iechyd cyfansoddol.
10. Mae cynllun gweithredu 'Cymru Iachach' Llywodraeth Cymru yn cynnwys y cam gweithredu canlynol: *Gweithio gydag Arolygiaeth Gofal Iechyd Cymru, Arolygiaeth Gofal Cymru a rhanddeiliaid eraill i adolygu effeithiolrwydd cydweithio'r Byrddau Partneriaeth Rhanbarthol* ([cymru-iachach-camau.pdf](#) ([llyw.cymru](#))). Yn 2021/22, cyfrannodd AGC ac AGIC at hunanasesiad peilot o ddau Fwrdd Partneriaeth Rhanbarthol. Roedd y peilot yn canolbwyntio ar y broses hunanasesu. Rydym yn trafod y camau nesaf ar hyn o bryd gyda Llywodraeth Cymru o ran symud ymlaen â'r cam hwn.
11. **A2 – Perfformiad sy'n seiliedig ar ganlyniadau:** Mae'n heriol priodoli canlyniadau gwell i bobl yn uniongyrchol i Fyrddau Partneriaeth Rhanbarthol. Yn ein barn ni, wrth i'r Byrddau Partneriaeth Rhanbarthol aeddfedu, maent yn dechrau sefydlu'r amodau ar gyfer gwella canlyniadau i bobl drwy weithio'n agosach mewn partneriaeth. Mae pellter i'w deithio o hyd.
12. Gan mai dim ond ym mis Ebrill 2020 y daeth cod ymarfer newydd yn ymwneud â pherfformiad a gwelliant gwasanaethau cymdeithasol yng Nghymru i rym, mae'n rhy gynnar i wneud sylwadau ar ei effeithiolrwydd, yn enwedig gan fod y pandemig wedi arafu'r broses o'i weithredu ([mesur-gweithgarwch-a-pherfformiad-canllawiau-2020-21.pdf](#) ([llyw.cymru](#))). Conglfaen y cod ymarfer yw safonau ansawdd sy'n gysylltiedig â saith nod Llesiant Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015. Fodd bynnag, dim ond ar gyfer gwasanaethau cymdeithasol awdurdodau lleol y mae'r fframwaith perfformiad hwn, nid byrddau iechyd na Byrddau Partneriaeth Rhanbarthol. Mae AGC wedi bod yn rhan o waith Llywodraeth Cymru, sy'n cyd-fynd â Chymru Iachach, i ddatblygu Fframwaith Canlyniadau Iechyd a Gofal Cymdeithasol ar y cyd. Unwaith y bydd wedi'i gwblhau, gallai helpu i ddatblygu argymhelliad yr Archwilydd Cyffredinol ar gyfer adrodd ar berfformiad sy'n seiliedig ar ganlyniadau.

Comisiynu Cartrefi Gofal i Bobl hŷn, cyflwr y farchnad cartrefi gofal ac ansawdd y ddarpariaeth

13. Yn 2010, cyhoeddodd Llywodraeth Cymru 'Fframwaith Comisiynu: Canllawiau ac Arfer Da' ac mae'r elfennau allweddol yn parhau i fod yn berthnasol heddiw

(https://ipc.brookes.ac.uk/files/publications/Commissioning_framework_guidance_and_good_practice.pdf). Mae'r cylch comisiynu yn cynnwys gwaith o ddadansoddi anghenion a chynllunio'r ffordd orau o ddiwallu'r rhain er mwyn sicrhau canlyniadau cadarnhaol i bobl. Mae'r gwaith o gomisiynu cartrefi gofal i bobl hŷn yn rhan annatod o'r gwaith o gomisiynu/datblygu ystod o wasanaethau eraill, gan gynnwys atal ac ymyrraeth gynnar, ail-alluogi, tai gofal ychwanegol a chymorth cartref. Mae'r galw am y gwasanaethau hyn a'u hargaeledd yn effeithio ar yr angen am wasanaethau cartrefi gofal. Ni ddylid comisiynu cartrefi gofal ar eu pen eu hunain.

14. Bwriad y gwaith o gyflwyno Deddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2016 ('Deddf 2016') oedd gwella ansawdd gwasanaethau gofal cymdeithasol, gan ganolbwyntio ar ganlyniadau i bobl. Roedd AGC ond newydd gwblhau'r broses o ailgofrestru cartrefi gofal o dan Ddeddf 2016 pan darodd y pandemig. Roedd ei effaith yn golygu y tarfwyd ar y gwelliannau mewn ansawdd a ragwelwyd gan y ddeddfwriaeth newydd tra oedd darparwyr yn canolbwyntio ar gynnal lefelau craidd o ofal a chymorth i gynnal iechyd a llesiant pobl.
15. O safbwynt AGC, mae cyflwr cyffredinol y farchnad cartrefi gofal yn fregus. Mae Adroddiad Blynyddol 2020-2021 ein Prif Arolygydd yn rhoi manylion am effaith pandemig COVID-19 ar bobl sy'n byw ac yn gweithio mewn cartrefi gofal ledled Cymru (<https://arolygiaethgofal.cymru/sites/default/files/2021-08/210818-adroddiad-blynyddol-y-prif-arolygydd-2020-2021-cy.pdf>). Mae cartrefi gofal yn parhau i gael achosion o COVID-19 sy'n effeithio ar lefelau staffio ac yn atal derbyniadau newydd. Nid yw AGC yn cadw gwybodaeth am gyfraddau swyddi gwag gan fod y rhain yn newid bob dydd. Rhwng mis Ebrill 2020 a mis Mawrth 2022, gwnaeth 42 o gartrefi gofal i oedolion roi'r gorau i weithredu a chafodd 25 o gartrefi gofal newydd eu cofrestru gydag AGC (ym mis Ebrill 2022, mae 1,033 o gartrefi gofal cofrestredig i oedolion).
16. Rydym yn parhau i flaenoriaethu'r gwaith o arolygu gwasanaethau lle mae gennym bryderon ac i wneud gwaith dilynol ar y gwelliannau sydd eu hangen o ganlyniad i'n camau gorfodi. Rhwng mis Ebrill 2021 a mis Mawrth 2022, fe wnaethom gyhoeddi hysbysiadau gorfodi i sicrhau gwelliant i 342 o gartrefi gofal i oedolion. Mae ansawdd yn cael ei danseilio mewn sawl ffordd, gan gynnwys arweinyddiaeth wael (diffyg goruchwyliaeth), anawsterau o ran cynnal a chadw'r amgylchedd oherwydd diffyg crefftwyr a/neu ddeunyddiau, diffyg staff, a threfniadau rhy gyfyngol ar gyfer ymweld. Mae offeryn data ar-lein AGC yn darparu gwybodaeth am gamau gorfodi ar lefel genedlaethol a lefel leol. Gellir cael mynediad at yr offeryn data trwy'r ddolen ganlynol: [Offeryn Data | Arolygiaeth Gofal Cymru](#). Byddwn yn cynhyrchu adroddiad ar y themâu sy'n codi o'r arolygiadau hyn yn ddiweddarach yn 2022.
17. Er mai Gofal Cymdeithasol Cymru yw rheoleiddiwr y gweithlu, rydym yn gwybod o'n harolygiadau bod recriwtio a chadw staff yn parhau i fod yn heriol iawn.

Safbwynt AGC ar effaith pandemig COVID-19 ar ein gweithgareddau

18. Ar 16 Mawrth 2020, gwnaethom ohirio ein rhaglen arolygu arferol. Gwnaethom hyn i leihau'r risg o'n harolygwyr yn trosglwyddo'r feirws heb fod yn arddangos

symptomau ac i sicrhau y gallai awdurdodau lleol a darparwyr gofal ganolbwyntio eu hadnoddau ar gynnal iechyd a diogelwch y bobl sy'n defnyddio gwasanaethau a'u staff.

19. Ein blaenoriaeth allweddol oedd rhoi sicrwydd i'r cyhoedd a Gweinidogion ynghylch diogelwch gwasanaethau. Fe wnaethom addasu ein prosesau yn gyflym, gan groesawu technoleg i'n galluogi i gyflawni ein swyddogaethau statudol mor ddiogel â phosibl. Mae copi o'r datganiad a gyhoeddwyd gennym ar ein gwefan ym mis Mai 2020 am ein dull o roi sicrwydd wedi'i atodi yn Atodiad A. Cyhoeddwyd datganiadau wedi'u diweddarau drwy gydol y pandemig, a chyhoeddwyd y datganiad diweddaraf ym mis Awst 2021:
<https://arolygiaethgofal.cymru/sites/default/files/2021-08/210805-Ein-dull-roi-sicrwydd-cy.pdf>.
20. Rhwng 30 Mawrth a mis Awst 2020, gwnaethom 10,958 o alwadau 'dal i fyny' i'r holl wasanaethau oedolion a phlant. Ein nod oedd deall sut roedd darparwyr yn ymdopi yn ystod y pandemig a chynnig cymorth, gan gyfeirio gwasanaethau at ffynonellau arweiniad a chynghor fel y bo'n briodol.
21. O fis Mehefin 2020, gyda phrofion a chyfarpar diogelu personol ar gael, gwnaethom ailddechrau arolygiadau, yn dilyn asesiadau risg, lle roedd gennym bryderon am ddiogelwch a llesiant pobl. Roedd hyn yn cynnwys cartrefi gofal lle bu brigiad o achosion COVID-19 os oedd ein pryderon mor ddifrifol nad oeddem am aros nes bod y brigiad wedi dod i ben. Rhwng mis Mehefin 2020 a mis Mawrth 2022, gwnaethom gynnal 1,464 o arolygiadau o wasanaethau rheoleiddiedig i oedolion a phlant.
22. Rydym wedi gweithio'n gydgyhyrchiol gyda'r sector a phartneriaid i ymateb i'r digwyddiadau digynsail drwy gydol y pandemig. Mae hyn wedi cynnwys hwyluso cyfathrebiadau rheolaidd a gweminarau ar-lein i ddarparwyr i'w galluogi i fod yn ymwybodol o ganllawiau sy'n newid yn gyflym. Gwnaethom hefyd ddarparu adran 'Cwestiynau Cyffredin' ar ein gwefan, a oedd yn cael ei hadolygu a'i diweddarau'n rheolaidd.
23. Rydym wedi bod yn y sefyllfa unigryw o fod â throswlg o'r sector, ac â chysylltiadau ag ef, yn genedlaethol. Ym mis Medi 2020, gwnaethom gyhoeddi 'Trosolwg o adborth gan y sector gofal cymdeithasol' yn seiliedig ar alwadau 'dal i fyny' AGC gyda darparwyr gwasanaethau cofrestredig i oedolion a phlant. Mae'r ddogfen hon ar gael ar ein gwefan:
<https://arolygiaethgofal.cymru/sites/default/files/2020-09/200925-COVID-19-Trosolwg-adborth-gan-sector-gofal-cymdeithasol-cy.pdf>.
24. Gwnaethom hefyd gynnal gwiriadau sicrwydd o bob awdurdod lleol i sicrhau eu bod yn cyflawni eu swyddogaethau statudol. Gwnaethom gyhoeddi ein canfyddiadau mewn 'adroddiad trosolwg cenedlaethol' ym mis Tachwedd 2021. Mae'r adroddiad hwn ar gael ar ein gwefan:
<https://arolygiaethgofal.cymru/sites/default/files/2021-11/211104-adroddiad-trosolwg-cenedlaethol-o-archwiliadau-sicrwydd-cy.pdf>.

Rhoi sicrwydd ynglŷn ag ansawdd a diogelwch gwasanaethau yn ystod pandemig COVID-19 Mai 2020

1. Datganiad o ddiben

Yn ystod argyfwng COVID-19, ein blaenoriaeth yw parhau i roi sicrwydd i'r cyhoedd a Gweinidogion fod y gwasanaethau rydym yn eu harolygu a'u rheoleiddio yn gwneud popeth o fewn eu gallu i hybu diogelwch a llesiant pobl. Rydym yn dilyn tri phrif egwyddor:

- byddwn yn canolbwyntio ein gweithgarwch lle mae ei angen fwyaf er mwyn sicrhau bod pobl yn cael gofal diogel – mae hyn yn golygu canolbwyntio ar y meysydd hynny lle rydym o'r farn bod y risg i ansawdd y gofal ar ei uchaf, a lle y gallwn wneud y gwahaniaeth mwyaf
- byddwn yn cefnogi darparwyr drwy ystyried sut y gallwn weithredu'n hyblyg ac yn gymesur
- byddwn yn anrhydeddu ein dyletswydd i ofalu am ein cydweithwyr yn Arolygiaeth Gofal Cymru (AGC)

Er mwyn cyflawni hyn, byddwn yn addasu ein gwaith craffu gan sicrhau na fydd AGC yn peri risg afresymol i bobl sy'n defnyddio gwasanaethau, staff y gwasanaethau hynny na staff AGC, a byddwn yn gweithio yn unol â'r canllawiau cenedlaethol. Bydd hyn yn ein galluogi i wneud y canlynol:

- cyflawni dyletswyddau statudol AGC i fonitro diogelwch a llesiant pobl sy'n defnyddio gwasanaethau gofal cymdeithasol a gofal plant, heb ychwanegu baich afresymol at system sy'n delio â heriau digynsail ar hyn o bryd
- hyrwyddo tryloywder am yr ymateb i COVID-19 a sicrhau y gellir dysgu gwersi'n gyflym

2. Trosolwg o'n trefniadau sicrwydd a monitro

Rydym yn cynnal y gweithgareddau goruchwylio canlynol. Mae'r rhain yn debygol o gael eu cynnal ar yr un pryd.

1. Deall a monitro effaith newidiadau i bolisiau

- ystyried effaith pwerau cyfreithiol newydd yn ymwneud â gofal plant a gofal cymdeithasol a gyflwynwyd fel rhan o'r ymateb ar gyfer gwasanaethau a phobl
- monitro'r defnydd o'r pwerau newydd i agor gwasanaethau gofal cymdeithasol sydd wedi'u heithrio rhag cofrestru o dan ddeddfwriaeth frys COVID-19

2. Sefydlu llinellau cyfathrebu er mwyn sicrhau y caiff y wybodaeth ganlynol (nid yw'n rhestr hollgynhwysfawr) ei chyflwyno'n rheolaidd a'i choladu gan AGC

- cysylltu â swyddogion polisi Llywodraeth Cymru yn rheolaidd
- cynnal cyfarfodydd rheolaidd â'r Dirprwy Weinidog dros lechyd a Gwasanaethau Cymdeithasol
- cysylltu â Chomisiynydd Pobl Hŷn Cymru a Chomisiynydd Plant Cymru yn rheolaidd
- cyfrannu at gyfarfodydd COVID-19 a arweinir gan Lywodraeth Cymru
- adroddiadau dyddiol ar y sefyllfa gan Ganolfan Cydgysylltu Argyfyngau Cymru
- gwybodaeth a geir drwy ohebiaeth a galwadau ffôn ag AGC
- gwybodaeth gan bartneriaid a rhanddeiliaid allweddol
- gwybodaeth gan sianeli cyfryngau, gan gynnwys y cyfryngau cymdeithasol
- coladu gwybodaeth a geir drwy alwadau ffôn am sgwrs â darparwyr
- coladu gwybodaeth a geir o drafodaethau ag awdurdodau lleol
- galwadau wythnosol ag EPSO (Partneriaeth Ewropeaidd ar gyfer Sefydliadau Goruchwylio) er mwyn deall dulliau gweithredu arolygiaethau eraill yn rhyngwladol

3. Dadansoddi'r wybodaeth a gasglwyd i asesu risgiau a phennu blaenoriaethau

- nodi problemau a phryderon penodol mewn gwasanaethau/awdurdodau lleol unigol, er enghraifft:
 - prinder staff aciwt
 - clystyrau o achosion o COVID-19 a marwolaethau o ganlyniad i'r haint
 - pryderon am arweinyddiaeth
 - pryderon sy'n codi am allu ac adnoddau lleol a chymesuredd yr ymateb
 - achosion presennol o ddiffyg cydymffurfio
 - darparwyr nad ydynt yn dilyn canllawiau lechyd Cyhoeddus Cymru / byrddau iechyd lleol wrth ymateb i COVID-19
- nodi themâu sy'n dod i'r amlwg ar draws gwasanaethau/awdurdodau lleol, er enghraifft:
 - prinder cyfarpar
 - prinder staff
 - digonolrwydd lleoliadau
 - llai o atgyfeiriadau diogelu
- defnyddio gwybodaeth i wneud argymhellion ar sail risg ar gyfer monitro a/neu arolygu (diweddariadau wythnosol)

4. Dull monitro mwy gweithredol os bydd y gwaith dadansoddi uchod yn awgrymu bod angen hynny. Gallai hyn gynnwys un neu fwy o'r camau gweithredu canlynol:

- hysbysu darparwyr / awdurdodau lleol / byrddau iechyd / Llywodraeth Cymru am ein pryderon yn ysgrifenedig a gofyn am ymateb
- ceisio gwybodaeth drwy ddulliau rhithwir gan wasanaethau penodol
- cynnal cyfarfodydd sicrwydd ag uwch-arweinwyr awdurdodau lleol
- cynnal ymweliadau arolygu â gwasanaethau

3. Sut y byddwn yn monitro

Gwasanaethau Rheoleiddiedig

Ar gyfer gwasanaethau sydd wedi'u cofrestru â ni, byddwn yn canolbwyntio ar ddiogelwch pobl a sicrhau y caiff hawliau pobl eu cynnal. Byddwn hefyd yn edrych ar arweinyddiaeth gwasanaethau, gan gynnwys y trefniadau ar gyfer sicrhau llesiant staff, rheoli achosion o COVID-19 a rheoli heintiau.

Ein nod yw gweithio'n agos gyda chomisiynwyr a sefydliadau eraill er mwyn lleihau'r baich ar ddarparwyr a sicrhau y caiff cymorth ei gydgyssylltu.

Rhan allweddol o'r dull gweithredu yw ffonio gwasanaethau a chael sgysiau agored a gonest fel y gallwn helpu darparwyr i ddatrys unrhyw broblemau a gwneud penderfyniadau er mwyn helpu i gadw pobl yn ddiogel.

Bydd ein sgysiau dros y ffôn yn ein helpu i ddeall ac archwilio'r canlynol:

- y pwysau a'r heriau a wynebwr gan ddarparwyr gofal a'r system gofal yn ehangach
- sut mae gwasanaethau'n defnyddio dulliau rheoli arloesol, fel y gallwn rannu'r gwersi i'w dysgu

Byddwn yn defnyddio gwybodaeth am wasanaethau gan ffynonellau presennol a ffynonellau newydd i benderfynu a oes angen i ni gysylltu am sgwrs gefnogol dros y ffôn, neu ba mor aml y mae angen i ni wneud hynny. Byddwn hefyd yn defnyddio ein gwybodaeth ychwanegol a'n profiad o wasanaethau unigol i flaenoriaethu galwadau. Rydym ar gael i gynnig cymorth i bob darparwr yn ystod y cyfnod anodd hwn ac rydym yn eu hannog i'n ffonio os bydd angen cyngor arnynt.

Bydd gwasanaeth y mae gennym bryderon amdano neu sydd ar ein llwybr gorfodi yn cael mwy o gyswllt gan ei arolygydd, gan y byddwn yn parhau i fonitro'r gwasanaeth ac i ymgysylltu ag ef nes y bydd y cyfnod brys drosodd. Mae'r dull gweithredu hwn yn golygu y gallwn dargedu ein cymorth a'n camau gweithredu yn y ffordd fwyaf effeithiol.

Byddwn hefyd yn diweddarau ein Cwestiynau Cyffredin ar ein gwefan (<https://arolygiaethgofal.cymru/coronafeirws-covid-19-cwestiynau-cyffredin>).

Pryderon penodol am gartrefi gofal

Dengys profiad a thystiolaeth AGC fod cartrefi gofal yn wynebu risg anarferol o uchel yn ystod y pandemig presennol. Mae pryderon penodol yn cynnwys:

- materion amgylcheddol mewn rhai cartrefi gofal, gan gynnwys ystafelloedd ymolchi a rennir
- tebygolrwydd uwch o iechyd corfforol gwael presennol, ynghyd â phroblemau o ran y system imiwnedd ac iechyd anadlol
- pobl heb alluedd meddyliol i gydymffurfio â'r canllawiau ar gadw pellter cymdeithasol
- tebygolrwydd uwch o iechyd meddwl gwael, y gall yr angen i ynysu a diffyg ymweliadau a gweithgareddau effeithio arno ymhellach
- gall prinder staff a morâl isel effeithio ar allu'r gwasanaeth i ofalu am bobl

Gweithgareddau monitro mewn gwasanaethau oedolion a phlant

Mae gweithgareddau monitro yn cynnwys:

- galwadau ffôn rheolaidd â darparwyr am sgwrs casglu gwybodaeth drwy holiaduron a'i storio ar ein system rheoli cofnodion ar-lein (CaSSI) Yna, caiff themâu eu coladu a'u dadansoddi
- dadansoddi hysbysiadau yn ymwneud â COVID-19 yn ddyddiol. Cynnal trafodaethau dilynol â darparwyr lle bo angen (er enghraifft, niferoedd uchel) gan gofnodi'r ymateb ar CaSSI
- dadansoddi nifer y marwolaethau a gofnodwyd mewn cartrefi gofal yn ddyddiol. Cynnal trafodaethau dilynol â darparwyr lle bo angen (er enghraifft, niferoedd uchel) gan gofnodi'r ymateb ar CaSSI
- cyswllt wythnosol â thimau comisiynu awdurdodau lleol er mwyn rhannu gwybodaeth am ddarparwyr
- mynd ar drywydd pob achos o ddiffyg cydymffurfio heb ei ddatrys drwy anfon llythyr yn gofyn am ddiweddariad ar gynnydd
- ystyried pob pryder a godwyd a mynd i'r afael ag ef yn ôl yr angen

Caiff y wybodaeth a gesglir fel rhan o'n gweithgareddau monitro ei dadansoddi a'i thriongli er mwyn nodi gwasanaethau dan bwysau. Caiff y rhain eu hystyried gan uwch-reolwyr yn unol â'r broses a nodir mewn canllawiau mewnol.

Gweithgareddau monitro mewn gwasanaethau Gofal plant a Chwarae

Mae gweithgareddau monitro yn cynnwys:

- monitro pryderon a godwyd a mynd i'r afael â nhw gyda gwasanaethau yn ôl yr angen
- monitro hysbysiadau am achosion o COVID-19 a chynnal trafodaethau dilynol â gwasanaethau
- monitro hysbysiadau am lacio'r Safonau Gofynnol Cenedlaethol, gan gynnwys y gallu i gynyddu niferoedd, a chynnal trafodaethau dilynol â gwasanaethau

- cynnal cyfarfod misol â swyddogion arweiniol gofal plant awdurdodau lleol
- cynnal cyfarfod misol â chynrychiolwyr rhanddeiliaid drwy 'Cwlwm'
- mynd ar drywydd pob achos o ddiffyg cydymffurfio heb ei ddatrys drwy anfon llythyr yn gofyn am ddiweddariad ar gynnydd
- blaenoriaethu galwadau ffôn am sgwrs â gwasanaethau sy'n dal i weithredu yn ôl dyddiad yr arolygiad diwethaf neu'r meysydd o bryder a nodwyd
- cymryd camau gorfodi priodol lle bo angen

Ymweliadau arolygu

Lle bydd ein gweithgareddau monitro yn nodi pobl a all wynebu risg uwch, mae'n bosibl y bydd angen i ni gynnal ymweliad arolygu. Dim ond lle na fydd ein gweithgareddau monitro oddi ar y safle, gan gynnwys gwaith ymgysylltu â'r darparwr, wedi darparu digon o dystiolaeth i'n bodloni bod pobl yn ddiogel neu lle bydd pryderon wedi cael eu codi y gellir ond eu hystyried yn iawn ar y safle, y bydd hyn yn digwydd. Wrth gynnal arolygiad, byddwn yn gwneud y canlynol:

- treulio cyn lleied o amser ar y safle ag sydd ei angen arnom i asesu'r sefyllfa a chasglu'r wybodaeth angenrheidiol
- darparu Cyfarpar Diogelu Personol i arolygwyr yn unol â chanllawiau Iechyd Cyhoeddus Cymru
- chwilio am wirfoddolwyr ymhlith staff heb gyfrifoldebau gofalu/cyflyrau iechyd sylfaenol
- lle y bo angen, cynnal ymweliadau ar y cyd â swyddog diogelu'r cyhoedd naill ai o Iechyd Cyhoeddus Cymru neu'r awdurdod lleol

Lle bydd angen i ni gymryd camau, byddwn yn dilyn ein proses sicrhau gwelliant a gorfodi (<https://arolygiaethgofal.cymru/sites/default/files/2020-01/200121-polisi-ar-sicrhau-gwelliant-a-gorfodi-cy.pdf>).

O ran awdurdodau lleol, rydym yn awyddus i wybod sut y caiff prosesau diogelu eu rheoli a sut y caiff hawliau pobl eu cynnal. Byddwn hefyd yn monitro arweinyddiaeth gwasanaethau, gan gynnwys y trefniadau ar gyfer cefnogi'r sector gofal cymdeithasol, rheoli achosion o COVID-19 a rheoli heintiau. Mae ein gweithgareddau'n cynnwys:

- ysgrifennu i bob awdurdod lleol yn ceisio sicrwydd ynghylch diogelu
- cysylltu â phenaethiaid/cyfarwyddwyr gwasanaethau yn rheolaidd
- cysylltu ag Arolygiaeth Gofal Iechyd Cymru (AGIC), Estyn a Swyddfa Archwilio Cymru ynglŷn â phryderon sy'n codi
- cynnal trafodaethau rheolaidd â swyddogion polisi Llywodraeth Cymru er mwyn rhannu gwybodaeth

Byddwn yn parhau â'n gweithgareddau sicrwydd ychwanegol mewn perthynas ag awdurdodau lleol sy'n destun pryder. Gall hyn gynnwys gwaith ymgysylltu strwythuredig rheolaidd ag uwch-arweinwyr, adolygiadau sicrwydd a monitro ychwanegol a sgwrsiau â chydreoleiddwyr.

4. Ein dull o ymdrin â cheisiadau i gofrestru

Rydym wedi addasu ein prosesau cofrestru er mwyn ein galluogi i barhau i brosesu ceisiadau i gofrestru ac amrywiadau. Rydym yn ail-flaenoriaethu gwaith er mwyn creu mwy o gapasiti ar gyfer y sector gofal cymdeithasol a'r sector gofal plant a chwarae.

5. Gweithgarwch arall i gefnogi ein hymateb i COVID-19

Rydym yn parhau i ddarparu un pwynt cyswllt i ddarparwyr ac aelodau o'r cyhoedd.

Gwnaethom gyhoeddi datganiad ar y cyd ag AGIC er mwyn annog pobl i rannu unrhyw bryderon â ni.

Mae ein tîm gwybodaeth yn casglu ac yn dadansoddi data er mwyn llywio gweithgarwch monitro yn ogystal â gwaith cynllunio a llunio polisiau cenedlaethol.

Mae cyfathrebu clir rheolaidd â rhanddeiliaid allweddol yn hollbwysig yn ystod y pandemig. Byddwn yn gwneud hyn mewn nifer o ffyrdd:

- rhannu gohebiaeth a gwybodaeth â darparwyr ar ran Llywodraeth Cymru ac lechyd Cyhoeddus Cymru
- cyfrannu at y bwletin wythnosol a gyd-gysylltir gan Gymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru ar gyfer awdurdodau lleol a darparwyr cofrestredig Deddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2016
- diweddarau gwefan AGC, gan gynnwys y Cwestiynau Cyffredin a'r adnoddau defnyddiol, yn rheolaidd
- rhannu diweddariadau rheolaidd â sefydliadau cynrychioliadol



Public Accounts and Public Administration Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF991SN

5th May 2022

Dear Mark Isherwood,

RE: Care Home Commissioning Inquiry

Thank you for your letter dated 7th April 2022. Please see detailed below Cwm Taf Morgannwg Regional Partnership Boards response.

1. Making access to care homes for older people less complex and easier to navigate.

The current system used to access care homes for older people follows an assess, choice, and placement process. The process was introduced to make navigation as easy and streamlined as possible for people accessing services.

The availability of accurate and up to date information on services and vacancies is critical. The DEWIS system is reliant on providers regularly updating their own information.

Within the Region, Rhondda Cynon Taf County Borough Council are piloting a web based system for better sharing information with the public, managers and service users through a brokerage system/process. The system will work alongside DEWIS, in line with previously used care homes booklet. This web-based collection of information would complement existing systems and include additional information such as previous inspection reports etc. If proved successful we can then look to extending across the Region.

Cwm Taf Morgannwg has recently jointly commissioned a Market Stability Study for residential and nursing care for older people. A number of recommendations are being considered and include;

- In the absence of an independent measure of quality by Care Inspectorate Wales, a consistent regional approach should be developed and implemented to enhance the assessment of market viability and sufficiency.

2. Addressing the root causes of the division among partners that can arise from public-sector funding approaches for different aspects of care.

Timings for the completion of key activities such as fee analysis and audits are out of sync across the public sector. This can cause variations in funding models and approaches adopted to different aspects of care regionally. The timing of these activities is also impacted by wider fee affecting policies such as the introduction of the real living wage.

There are currently three different rates for care applied across each partner in Cwm Taf Morgannwg, but there is a well-established process of independent evaluation used across the region. This evaluation process ensures transparency and a level of parity when calculating fees, in line with the national agreed to agree principles. Service users and providers are involved throughout the process including sense checking the final fees.

Recommendations from Market Stability Study:

- Building on current arrangements, local authority and health board commissioners should enhance partnership working with providers in ways which result in a more open and transparent, two-way, relationship. It should embody mutual support, continuous improvement of the way the residential care system operates, and a developmental focus which supports a co-production approach to reconfiguration and reshaping provision to meet changing needs. There should be similar, ongoing, engagement with residents, carers, and families around the delivery and further development of services.

3. Improving performance information relating to health and social care. commissioning to be able to demonstrate whether policy aims are being achieved, well-being achieved, well-being goals delivered and to evidence the impact on service-user outcomes.

Work has been undertaken to improve performance information around care homes and a considerable amount of data has been accumulated through the management of the pool and hardship fund during recent years.

The regional contract incorporates elements of measuring outcomes though there is further work required to incorporate all the areas into the contract monitoring arrangements.

Although joint monitoring arrangements take place between the Local Authorities and the Local Health Board, including sharing feedback letters highlighting key messages from reviews, this is an area that can be strengthened.

Discussions are required to standardise joint arrangements and improve the collection and understanding of performance data to better appreciate the impact it has on service user outcomes.

A regional monitoring framework was developed prior to the pandemic but due to the restrictions and changing priorities during this period it was not fully implemented. With the relaxing of restrictions this is something that will be picked up and implemented.

Recommendations from Market Stability Study:

- Variation in the availability and quality of data on the residential care market across the region should be addressed. A comprehensive and consistent dataset covering the three local authorities should be developed and used i.e. interrogated regularly to provide the market intelligence needed for effective strategic management of the region's care provision.

4. Ensuring that pooled fund arrangements for care home commissioning are delivering the intended benefits.

Some of the benefits that have been recognised through the pooled fund arrangements include the transfer of funding between partners, allowing more flexibility and the ability to facilitate any carry over of funding and the development of one source of data on occupancy for all four partners. Although this process has been developed, due to the pandemic it hasn't been utilised during the past 12-18 months.

In addition, preparatory work has been undertaken, in line with the joint market position statements, to enable the next phases which have included:

- Implementation of a single care home contract for the region following consultation with providers.
- The collection of data as part of the pooled fund to establish the usage across the region which now needs to be analysed though this will need to consider the change in occupancy levels during the past 2 years.
- Jointly commissioned feasibility study for residential and nursing care for older people

This work will lead to the development of a single commissioning strategy for Cwm Taf Morgannwg.

Note the original regional footprint was adjusted under the health board reorganisation to include Bridgend. The re-organisation and pandemic delayed the implementation of regional pooled fund arrangements for the extended area initially.

5. Considering whether Regional Partnership Boards are working as intended in respect of care home commissioning, in the context of statutory guidance.

Under the Regional Partnership Governance Structure there is a Care Home and Pooled budget group that reports to the Transformation Leadership Board and RPB. The group recognised that further work was required in respect of a regional approach to the commissioning of care homes across the region and commissioned Practice Solutions to support the production of a Market Feasibility Report.

This involved extensive involvement with commissioned and Local Authority providers, users of the services and their carers to ensure their views are built into future commissioning arrangements. This work is anticipated to be completed by mid-summer 2022.

The initial recommendations are being reviewed and sense checked with partners and they will be utilised to formulate a regional action plan and inform future commissioning arrangements. A workshop has taken place to discuss the recommendations with providers.

6. Understanding the reasons for the variation in expenditure on residential care and continuing healthcare costs that suggest inequitable application of policy across Wales.

Within CTM it is recognised that the availability and ability of services, especially where there are complex needs is the main factor in variation of costs and increases the need to go out of county to access the required support.

Furthermore, the number of people being discharged from hospitals with complex needs requiring care is increasing and is incurring higher costs. Current pooled budget arrangements are limited to residential and nursing placements within the geographical boundaries of Cwm Taf Morgannwg.

Local strategies prioritise care services within the community to assist people to live in their own home as long as possible (e.g. supported living, extra care).

Continuing health care costs are agreed by panels across the Integrated Locality Groups who apply a consistent set of principles with baseline costs for care are informed by local care home fees however final cost is heavily dependent on the needs of individuals.

7. Considering the potentially perverse incentive for local authority commissioners of care that rises from the fact that the charging cap on service user contributions is different for care-home placements compared to people supported in the community.

The strategic direction of all partners is to provide support to people that will enable them to live safely within their communities.

There are no charging caps on service user contributions used by any partner across region, the placements are based on the outcome of the assessment and what is in the best interest of the individual. Professionals' decisions on placements are not informed by finance, though finance may be a deciding factor for the person/families themselves.

In addition to questions above fee information for the region can be found below;

2021/2022 CTM CHC rates (exclude the WG guidance on COVID hardship payments).

Nursing care	RCT	MT	Bridgend
General Nursing	£847.80	£852.71	£839.80
EMI/Mental Health	£885.80	£900.51	£881.40

Personal care	RCT
Older person	£649.00
Dementia	£688.00
Learning disability	£688.00
Physical disability (under 65)	£688.00
Mental health	£649.00

Personal care	Bridgend
Residential	£628.00
Residential EMI	£670.00

Personal care	MT
Older person	£592.00
Dementia	£657.00
Learning disability	£981.00
Nursing care (excludes health board and	

social care FNC)	
Older person	£660.00
Dementia	£708.00

These rates only apply to homes/placements accepting our standard rates, there will be homes which have agreed spot rates for some patients dependent on needs. We have not yet agreed the 22/23 rates.

For further information please contact sarah.mills@rctcbc.gov.uk.

Yours Sincerely,



Luke Takeuchi
Vice Chair of Regional Partnership Board

Public Account and Public Administration Committee Care Home Commissioning Inquiry.

Response from Gwent Regional Partnership Board

Please find the response to the Public Accounts and Public Administration Committee 'Care Home Commissioning Inquiry' from the Gwent Regional Partnership Board including the five local authorities and Aneurin Bevan University Health Board.

The Gwent Regional Partnership Board welcomes the opportunity to contribute to a response to the Public Accounts and Public Administration Committee, following their request of Regional Partnership Boards across Wales to provide evidence to the Care Home Commissioning Inquiry.

Please note that this response is made in collaboration with the five local authorities in Gwent and the Aneurin Bevan University Health Board.

1. Measures to reduce complexity when accessing care homes for older people.

All local authorities that place older adults in care homes has a range of information available to them to provide a comprehensive 'Information, Advice and Assistance' service in line with the Social Services and Well-being (Wales) Act 2014. This can take the form of leaflets, on-line resources and direct support and discussion from professionals involved in their care.

The nationally available DEWIS resource is also available to individuals and families when considering a care home placement.

In the NHS care home placements for Continuing NHS Healthcare are generally made from acute hospital sites. Support in the way of information to individuals and families is similarly provided by professionals involved in the care of the patient.

As mentioned below a weekly care home vacancy list is produced on a local and regional basis and this is used by professionals when making placements in partnership with individuals. The list will also indicate if there is any reason why a placement should not be made in a particular home; for example, due to concerns about the quality of care available or if the home is in 'COVID incident.'

Monmouthshire County Council for example: has produced written material which aims to guide people through the process of choosing and accessing care homes for older people. It can often be a challenging time for people and their families when seeking to access a care home, sometimes this can be because of an accident or decrease in overall health/ability. This can often

bring great stress for families who are seeking a care home placement. People will be supported through this process by a social worker or together appropriate professional who will be able to advise and guide them.

It is however acknowledged that this is complex for people and their families, issues such as:

- Availability of places in care homes who accept the host authority's fees rate
- Third party payment where choice of home has fees above the host authority's rate
- FNC payments and LA payments
- Personal financial contributions

These measures are designed to ensure that the transition from home to care home or hospital to care home are made as simply and stress free as is possible. However, it must also be noted that the 'Choice Policy' remains suspended following the pandemic.

Finally, Data Cymru are developing on-line resource to provide an online Care and Support Capacity Tool which will provide detailed information for people who require a care home, and this is welcomed. It is envisaged that this will be formally launched in the Autumn of 2022.

2. Identifying and addressing root causes of any division between partners that could arise from differing public sector funding approaches for different aspects of care

In common with all areas in Wales and the UK, there are a range of prices paid by statutory agencies to fund care home placements for adults. This varies between local authority areas and between the local authorities and Aneurin Bevan University Health Board.

The process for seeking and determining a primary health need and entitlement to CHC can be complex, assessments can take time and decision making sometimes not quick despite the clear timescales set out in the Guidance. It is understandable that with budgetary constraints being a big issue for both partners there is caution when determining responsibility for funding. A greater understanding is needed of the legal basis on which local authorities can provide care and support, for example. However, lengthy delays in assessment and decision making can cause considerable distress for people and their families. It is important that local authorities and health boards come together to understand the new CHC guidance and arrange joint learning and training effort across Wales. This should serve to quicken the process.

There is also a variance in care home placement costs as local authorities are responsible for funding residential care and the Health Board is responsible for funding nursing care. These incur cost differentials for example in the staffing costs. Variation in expenditure will also sometimes reflect the nature

of the care being provided, for example for very complex placements, the care and clinical staff ratio is higher due to the level of need and complexity of interventions required. Operating costs may also vary between localities due to more local factors such as land values. Therefore, there is not at present, a single rate for care home fees in the region, although the fee methodology work mentioned below has this as a future aspiration.

As stated below in Gwent a regional fee methodology has been developed and agreed. However, this approach does not at this stage apply to CHC funded placements. The Health Board has its own methodology for Continuing NHS Healthcare care home fees.

As working practice begins to return to more normal ways of operating attention will turn more so to the rebalancing care this will feature as part of our partnership development programme.

3. Measures to improve performance information relating to health and social-care commissioning to determine whether policy aims are being achieved, well-being goals delivered and to provide evidence of the impact on service-user outcomes

From a regional perspective several measures are in place to ensure that a robust overview of commissioning activity and challenges are in place. This includes:

- a weekly vacancy reporting system which monitors the vacancy rates across the region, the level of occupancy and the degree of financial risk associated with high vacancy levels as well as placements that are unavailable due to provider performance and/or escalating concerns. In addition, Data Cymru are leading a project to provide an online 'Care and Support Capacity Tool' which will provide detailed information for those accessing a care home. This is welcomed.
- Weekly or fortnightly regional webinars with all care home operators and commissioners
- A standardised approach to contract management and quality assurance was being developed in a co-productive manner, however this was interrupted by the pandemic. In addition to this there is a pre-existing joint monitoring contract compliance process, which was adapted through the pandemic response, but has recently been reintroduced as normal working practices return.
- Care homes that have been identified as having concerns are managed via the Provider Performance or Escalating Concerns process with regulatory and partner organisations

4. Ensuring that pooled-fund arrangements for care home commissioning are delivering the intended benefits

The Gwent Regional Partnership Board agreed a Section 33 Pooled Fund Arrangement which commenced on 1st April 2018 and remains extant. The

Agreement is made under Section 33 of the National Health Service (Wales) Act 2006. The information provided via the pooled fund arrangement is a useful overview of activity and expenditure of the care home accommodation market for older peoples' accommodation services in Gwent. The fund is managed within Torfaen County Borough Council as the host Authority for the five Local Authorities and the Health Board. Whilst the current process is useful, further work is needed to understand how best to maximise this arrangement. At this stage the pooled fund serves as a tool to record and monitor financial and non-financial data on each partner, consolidated on a regional basis

5. Considering whether Regional Partnership Boards are working as intended in respect of care home commissioning, in the context for example of statutory guidance

The Regional Partnership Board has worked hard over several years to ensure that the region meets its obligations under Part 9 of the Social Services and Well-being Act (Wales) 2014. This is reflected in the following areas:

- Pooled Fund Arrangements – Section 33 Arrangement for accommodation services for older people in Gwent
- Regional Framework Agreement – a framework agreement was negotiated between all six statutory partners, the providers of residential and nursing care and their representative bodies
- Regional Fee Methodology – this was negotiated and agreed in 2019, however, the pandemic arrived just prior to planned implementation and this is now being reviewed due to the significant changes post pandemic, the workforce issues and the cost-of-living crisis.
- Regional Approach to quality assurance – this process was also begun in a co-productive approach with the providers and commissioners working together and significant progress made prior to the pandemic. Unfortunately, the pandemic has interrupted this work and an opportunity to restart this work in currently being sought.
- Market Stability Report – the MSR is drafted and is out for consultation prior to publication on 1st June. This has been a useful exercise which has brought together in one place the collective issues and challenges that face health and social care commissioning organisations in the region.
- PNA and Action Plan – the PNA is now published and some of the findings link to the MSR. All actions required will be picked up and brought forward to the Area Plan work during 2022/23.

Therefore, significant progress has been made across the region in meeting the obligations under Part 9 of the SSWB Act. The common contract and contract monitoring approach has been in place for some years now. Care home operators report this has simplified matters for them. As stated, the development of the regional fee methodology approach was affected by the

onset of Covid 19. The work has now resumed with a view to having a final methodology ready for adoption for 2023/24.

6. Understanding the reasons for the variation in expenditure on residential care continuing healthcare costs that suggest inequitable application of policy across Wales

The Local Health Board provides the following explanation: the variation in expenditure will be provider and individual need specific, however for very complex placements, care and clinical staff ratio is higher due to the level of need and interventions. A group home provider tends to be less expensive than an individual singular run home. This is also further influenced by the care home facility and location; the variances in property costs across our regions and localities will impact on the care delivery cost of our provider organisations.

7. Consideration of the ‘potentially perverse incentive’ for local authority commissioners of care that may arise from the charging cap on service user contributions is different for care-home placements compared to people supported in the community.

For non-residential care there is a charge cap of maximum £100 per week, dependant on a person’s ability to pay. This cap has remained at £100 per week for over 3 years, and before the SSWB Act 2014 was established, previously it was dealt with under Fairer Charging where the weekly cap in 2013 was £150. In Monmouthshire for example, in the past 9 years the cap has been reduced by £50 per week, despite increases in service provision costs for local authorities and the current cost of living crisis. Conversely, for a person receiving residential care, there is no cap, and if a person has high income and/or assets above £50K may have to fund the care themselves and not eligible for any Council financial support. If you have two comparisons, a person having 24-hour care in their own home, the most they will pay is £100 per week, but if they were admitted into a care home may have to pay themselves, therefore the Council is in a position where increased care is provided in a person’s home/community which the local authority has to subsidise rising costs.

In Newport City Council for example (as with other local authorities) assess an individual based on their eligible social care needs and within the parameters of the Social Services and Well-Being (Wales) Act 2014. The relevance of charging policy is negligible to that assessment process as it is primarily focused on individual need.

8. Regional Partnership Board’s reflections on the overall stability and quality of care home provision for older people across Wales.

The region has recently been focusing on the Market Stability Report which is due to be published on 1st June 2022. The following is a summary of the section that deals with Adult Care Homes in Gwent:

- High levels of voids in residential and nursing care are a concern as is the lack of supply of specialist EMI nursing care in some areas.
- Rising costs of staff as well as recruitment and retention are challenging for the care sector as a whole
- Residential and nursing care homes face infrastructure issues. Older buildings may require repair and modernisation, along with significant impact of rising utility costs.
- The cost-of-living crisis across the whole economy
- Funding challenges in both the short and long term.
- The onset of COVID and its effects over a two-year period has raised questions about longer term market stability of many homes.
- Occupancy levels remain well below pre-COVID levels circa 80% average. This position is very mixed with only a few operators being at very low levels i.e., < 40%/50%. It is difficult to see how providers will be able to continue to operate at such low levels if no sustained increase in admissions is forthcoming.

These systemic challenges may have an impact upon the longer-term stability of the market, but at this stage it is difficult to foresee what that might be.

9. Comments regarding the Auditor General's national summary report for North Wales.

The findings of the Auditor General's national summary report for North Wales are noted and receiving consideration.

A locality-based perspective: The Auditor's report based on their findings in North Wales highlights a range of issues that are applicable to the nation. The report emphasises the need for a more streamlined set of funding arrangements amongst partners. While any improvement to the funding systems is welcome, particularly in respect of access to CHC funding, there needs to be significant additional investment in the care sector to ensure sustainability of services. The report also recommends the development of a framework for outcome-based performance reporting. While this may have its merits, recruitment, and retention of care home staff, as well as rising costs on an unparalleled scale, remain the gravest issues facing the sector.

10. Agreed weekly care home fees for 2021-22 and 2022-23 for each local authority area, split between residential and nursing home care, and differentiating between the basic care and mental health enhancement fees

Fees 2021/22

Commissioner	Res Care	Res Care MH	Nursing Care	Nursing Care MH
Blaenau Gwent	£626.00	£690.00	£718.00	£732'00
Caerphilly	£633.53	£694.49	£633.42	£698.63
Monmouthshire	£670.00	£747	£708	£734
Newport	£596-£617	£686-£750	£693-£760	£750-£789
Torfaen	£689.64	£757.19	£729.31	£763.34

Fees 2022/23

Commissioner	Res Care	Res Care MH	Nursing Care	Nursing Care MH
Blaenau Gwent	£719.90	£793.50	£825.70	£841.80
Caerphilly	£725.64	£791.72	£722.10 (inc. social care element of FNC)	£796.44 (inc. social care element of FNC)
Monmouthshire	£725	£810	£766	£794
Newport	£661-£722	£761-£886	£790-£909	£836-£952
Torfaen	£806.88	£885.91	£944.31	£952.31

NB: Not all local authorities in Wales have published their rates for 2022/23 at the time of writing.

11. Agreed Continuing Health Care Home core weekly fees for 2021-22 and 2022-23 for your area (being the standard rates paid by the Health Board).

The Aneurin Bevan University Health Board has not yet published its CHC rates for the period 2022 – 2023.

The Gwent Regional Partnership hopes that the Senedd Committee will find this response both helpful and informative. Should you require any further information please contact Mark Saunders, Gwent Regional Partnership Team
mark.saunders@torfaen.gov.uk

Ends.



Comisiynu Cartrefi Gofal i Bobl Hŷn

Mai 2022

Cyflwyniad

Mae Comisiynydd Pobl Hŷn Cymru yn croesawu'r cyfle i ymateb i Ymchwiliad y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus i Gomisiynu Cartrefi Gofal i Bobl Hŷn.

Mae gofal cymdeithasol yn sector eang ac amrywiol, lle bydd wastad angen cartrefi gofal o ansawdd da i rai pobl hŷn i'w cefnogi i fyw bywydau sydd â gwerth, ystyr a phwrpas.

Mae cadw'n dda, teimlo'n dda a gallu gwneud y pethau sy'n bwysig i ni yn hanfodol bwysig i bawb yng Nghymru. Gall yr angen am gymorth ychwanegol i wneud hyn gynyddu gydag oed. Hyd yn oed gyda phwyslais cynyddol ar atal ac ymyrraeth gynnar, mae'r ffaith bod y boblogaeth yn heneiddio yn golygu y bydd nifer y bobl hŷn sydd angen cymorth ychwanegol yn debygol o gynyddu dros amser.

Mae gofal cymdeithasol yn sector eang ac amrywiol sydd angen bod yn hyblyg, yn canolbwyntio ar yr unigolyn ac yn canolbwyntio ar ganlyniadau. Dylai fod yn briodol, yn amserol ac yn hygyrch, ac yn gyson o ran y gwasanaethau a ddarperir a'r meini prawf ar gyfer cael mynediad atynt. Dylai pobl hŷn fod wrth wraidd yr holl benderfyniadau am y gofal cymdeithasol maent yn ei dderbyn.

Mae cartrefi gofal o ansawdd da yn un math o ofal cymdeithasol a all gael effaith fuddiol sylweddol ar fywydau pobl hŷn. Hyd yn oed wrth ddatblygu ac arallgyfeirio'r ddarpariaeth tai ar gyfer pobl hŷn ag anghenion gofal, i rai, bydd cartrefi gofal yn parhau i fod y ffordd orau o dderbyn y gofal a'r cymorth sydd eu hangen arnynt a'u cefnogi i fyw bywydau sydd â gwerth, ystyr a phwrpas.

Mae cartrefi gofal yn rhan o'r system iechyd a gofal cymdeithasol ehangach ac yn wynebu problemau a welir ar draws y system gyfan, fel staffio neu bwysau'r gaeaf. Gall argyfwng mewn un rhan o'r system gael sgil-ffaith ar y system gyfan. Er enghraifft, gall diffyg gwasanaethau gofal cartref arwain at gynnydd yn niferoedd y bobl sy'n cyrraedd cartrefi gofal, yn ogystal ag oedi wrth drosglwyddo gofal o ysbytai, ymhlith pethau eraill. Gall brigiad o achosion mewn cartref gofal hefyd arwain at oedi wrth ryddhau o'r ysbyty. Felly ni all comisiynu lleoedd cartrefi gofal gael ei wahanu'n gyfan gwbl wrth gomisiynu gwasanaethau eraill, fel gwasanaethau gofal cartref a gofal cam-i-lawr.

Asesiad o Anghenion y Boblogaeth

Yn 2014, galwodd Adroddiad y Comisiynydd *Lle i'w Alw'n Gartref?*¹ am ddatblygu cynllun cenedlaethol i sicrhau cyflenwad o gartrefi gofal o ansawdd uchel yn y dyfodol. Galwodd yr adroddiad am gynllun a fyddai'n cynnwys rhagamcaniad demograffig cenedlaethol o angen a thueddiadau a newidiadau a ragwelir yn y math o ddarpariaeth sydd ei hangen. Yna gosododd Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 (Deddf 2014) ddyletswydd ar awdurdodau lleol a byrddau iechyd i gynhyrchu asesiad o anghenion y boblogaeth am ofal a chymorth, i ba raddau nad yw'r angen hwnnw'n cael ei ddiwallu a lefel y gwasanaethau sydd eu hangen i ddiwallu'r angen a aseswyd. Cyhoeddwyd yr Asesiadau Poblogaeth cyntaf gan fyrddau Partneriaeth Rhanbarthol yn 2017 gyda'r cyhoeddiadau diweddaraf yn 2022.

Mae Asesiadau o Anghenion y Boblogaeth yn amrywio ar draws Cymru ac mae angen data mwy cadarn er mwyn asesu'n gywir anghenion gofal cymdeithasol y boblogaeth ac i ba raddau y mae'r anghenion hynny heb eu diwallu ar hyn o bryd. Ar hyn o bryd, mae llawer o'r data a gesglir o dan Ddeddf 2014 yn ymwneud â'r ddarpariaeth gwasanaeth gyfredol, ac nid yw data'r boblogaeth wedi'i ddadgyfuno'n ddigonol yn ôl oedran. Nid oes darlun clir ar draws Cymru o nifer y bobl hŷn sy'n aros mewn ysbytai ac yn gymuned am ofal cartref na'r niferoedd sy'n eiddil ac mewn perygl o ddigwyddiad sy'n newid bywydau a allai arwain at fod angen gofal cymdeithasol.

Mae amcangyfrifon o'r angen tebygol am gartrefi gofal yn y dyfodol yn dueddol o fod yn seiliedig ar amcanestyniadau syml sy'n seiliedig ar oed. Mae casglu data cadarn sy'n datgelu nodweddion y bobl sy'n defnyddio gofal cymdeithasol, angen gofal cymdeithasol neu mewn perygl o'i angen, yn hanfodol os ydym am asesu a diwallu anghenion y boblogaeth yn effeithiol. Dylai casglu data hefyd gynnwys ffactorau fel nifer y bobl sy'n byw ar eu pen eu hunain, y ddarpariaeth tai hygyrch a pha fathau o wasanaethau y mae pobl hŷn eisiau eu defnyddio. Mae'n hanfodol hefyd fod y data yn cael ei gasglu i sicrhau y gall gwasanaethau gofal cymdeithasol ymateb i anghenion diwylliannol ac ieithyddol.

Ymgysylltu

Mae pobl hŷn yn "arbenigwyr o brofiad" a dylent fod yn bartneriaid cyfartal mewn penderfyniadau sy'n effeithio arnynt. Gall pobl hŷn fod yn: breswylwyr cartrefi gofal, lle mae'r cartref gofal yn gartref iddynt ac sydd am wneud yr holl bethau y byddai rhywun yn eu gwneud gartref fel arfer; perthnasau a ffrindiau preswylwyr cartrefi gofal, sydd am gynnal eu perthnasoedd teuluol a chymdeithasol; gweithwyr cyfredol neu gyn-weithwyr neu wirfoddolwyr sydd â phrofiad o weithio mewn cartrefi gofal; neu gyllidwyr sy'n talu rhan neu'r cyfan o gostau gofal eu hunain neu ar ran rhywun arall.

Felly mae gan bobl hŷn brofiad a phersbectif eang y dylid eu hystyried wrth gomisiynu cartrefi gofal ym mhob cam o'r broses. Dylid ymgysylltu â phobl hŷn a dylai eu lleisiau gael eu clywed, drwy gydol y cylch comisiynu, o'r asesiad o anghenion y boblogaeth, drwy

ddatblygiad y strategaeth gomisiynu, cynllunio a dylunio gwasanaethau, caffael a monitro'r broses o ddarparu gwasanaethau, hyd at adolygu a chroniclo'r hyn a ddysgwyd i lywio'r rownd gomisiynu nesaf.

Ymgysylltodd y Comisiynydd yn gynhwysfawr gyda phreswylwyr cartrefi gofal a'u teuluoedd fel rhan o'r adroddiad *Lle i'w Alw'n Gartref?* a chanfu fod blaenoriaethau preswylwyr yn cynnwys cyfranogiad cymdeithasol, meddiannaeth ystyrion, amgylchedd cartrefol, hylendid personol, glanweithdra a chysur, profiad bwyta positif a mynediad i ofal iechyd.

Ym mis Mehefin 2020, cyhoeddodd y Comisiynydd *Lleisiau Cartrefi Gofal*,² i roi llais i bobl sy'n byw ac yn gweithio mewn cartrefi gofal a'u ffrindiau a'u teuluoedd, ac i roi cipolwg o'u profiadau yn ystod y pandemig Covid-19, y problemau a'r heriau a wynebwyd a'r newidiadau a'r gwelliannau yr hoffent eu gweld. Roedd y rhain yn cynnwys aros yn ddiogel, cael gwybodaeth a gweld anwyliaid a chadw mewn cysylltiad â nhw.

Mae'r adroddiad yn tanlinellu pa mor anodd oedd y cyfnod clo i nifer o bobl a oedd yn byw mewn cartrefi gofal. Tynnodd pobl sylw at faterion yn ymwneud â mynediad at wasanaethau iechyd, yn enwedig ymweliadau gan feddygon teulu, a'r effaith yr oedd hyn yn ei chael ar iechyd corfforol preswylwyr. Serch hynny, roedd pwyslais sylweddol hefyd ar effaith Covid-19 ar iechyd meddwl a llesiant preswylwyr.

Ansawdd gwasanaethau a chanlyniadau

Mae prosesau comisiynu hyd yma wedi canolbwyntio'n amlach na pheidio ar fframweithiau a manylebau gwasanaethau yn hytrach nag ansawdd bywyd pobl hŷn sy'n byw mewn cartrefi gofal. Mae'r Comisiynydd yn cytuno â Llywodraeth Cymru y dylai comisiynwyr ganolbwyntio ar gomisiynu ar gyfer ansawdd gwasanaethau a'r canlyniadau sy'n bwysig i bobl hŷn. Ym marn y Comisiynydd, dylai'r canlyniadau hynny gynnwys:

- cynnal hawliau pobl hŷn;
- diogelu rhag dod â gwasanaeth i ben;
- sicrhau bod gan bawb fynediad at eu harian eu hunain;
- mynediad at eiriolaeth annibynnol i sicrhau bod pobl yn gallu bod yn rhan o benderfyniadau sy'n effeithio ar eu bywydau.

Mae'n hanfodol bod nodau ansawdd gwasanaethau a chanlyniadau yn cael eu cymhwyso'n gyson drwy gydol y broses gomisiynu, o'r asesiad o anghenion y boblogaeth, strategaeth a chynllunio drwy gaffael, darparu gwasanaethau a monitro, ac adolygu a gweithredu'r gwersi a ddysgwyd. Ar hyn o bryd, gall bwriadau comisiynu gael eu gwanhau neu eu negyddu gan y broses gaffael, a cheir diffyg gwybodaeth gyffredin a chydweithio wrth fonitro contractau i sicrhau bod pobl hŷn yn ddiogel, yn derbyn gofal da ac yn mwynhau ansawdd bywyd da, a bod y gwersi a ddysgwyd yn cael eu defnyddio i lywio'r broses gomisiynu nesaf. Dylai'r broses o fonitro contractau gasglu data sy'n nodi i ba raddau y mae bwriadau comisiynu, ansawdd a chanlyniadau'n cael eu cyflawni, a dylid eu dadansoddi a'u defnyddio i lywio'r rownd gomisiynu nesaf. Gallai dangosyddion gynnwys, er enghraifft:

- ymweliadau gan ffrindiau a theulu;
- ymweliadau gan weithwyr gofal iechyd proffesiynol a gweithwyr proffesiynol eraill;
- troi allan – achosion go iawn ac achosion posib;
- preswylwyr sydd â dirprwyon neu heb ddirprwyon;
- i ba raddau y mae hawliau'n cael eu cynnal.

Cynnal Hawliau

Mae'r pandemig Covid-19 wedi taflu goleuni ar hawliau pobl hŷn sy'n byw mewn cartrefi gofal ac i ba raddau y cânt ei cynnal.

I nodi'r camau y gellir eu cymryd i gryfhau hawliau pobl hŷn sy'n byw mewn cartrefi gofal, mae'r Comisiynydd wedi sefydlu grŵp DU-gyfan o sefydliadau arbenigol. Mae un o'r meysydd i'w archwilio wedi bod yn ymwneud â chyflwyno 'contract sy'n seiliedig ar hawliau' mewn cartrefi gofal. Byddai 'contract sy'n seiliedig ar hawliau' yn nodi'n glir y ddyletswydd ar ddarparwr cartrefi gofal i gynnal hawliau penodol. Byddai dull o'r fath yn ymgorffori hawliau dynol (a hawliau cyfreithiol eraill) i'r broses o ddarparu gwasanaethau o ddydd i ddydd, gan sicrhau bod cynnal hawliau preswylwyr yn ganolog i bopeth y mae staff yn ei wneud.

Mae cryfhau diogelwch preswylwyr yn erbyn 'troi allan' neu ddod â gwasanaeth i ben yn rhan hanfodol o gryfhau hawliau pobl hŷn mewn cartrefi gofal. Mae'r Comisiynydd yn ymwybodol o enghreifftiau lle gofynnwyd i breswlydd adael cartref gofal, eu cartref, oherwydd anghytundeb ynglŷn â'r ffordd y darparwyd gwasanaeth neu fethiant yn y berthynas rhwng y cartref gofal â theulu'r preswlydd. Ni all fod yn dderbyniol i ofyn i berson hŷn adael eu cartref oherwydd eu bod nhw neu eu teulu wedi ceisio cynnal eu hawliau.

Ar hyn o bryd, mae preswylwyr yn cael 28 diwrnod o rybudd pan ddaw gwasanaeth i ben, yn aml oherwydd bod y cartref gofal wedi nodi na all ddiwallu anghenion y preswlydd mwyach. Er ei bod yn briodol i breswlydd symud i gartref gofal gwahanol os na ellir diwallu eu hanghenion yn ddigonol mwyach, ni ddylai preswylwyr cartrefi gofal a'u teuluoedd boeni am gael eu troi allan o'u cartref gofal yn sgil anghydfod rhwng y cartref a'r preswlydd, ac mae angen monitro pellach i sicrhau nad yw achosion yn mynd heb eu herio os ydynt yn codi. Gall diffyg cartrefi gofal priodol eraill gyda lleoedd gwag yn y lleoliad sy'n cael ei ffafrio fod yn rhwystr mawr i bobl wrth gynnal eu hawliau gan eu bod yn ofni colli eu cartref o ganlyniad.

Y farchnad cartrefi gofal

Mae'r ffaith bod y farchnad cartrefi gofal yn fregus yn cael effaith uniongyrchol ar allu Llywodraeth Cymru i ysgogi newid ac, o ganlyniad, yn cael effaith uniongyrchol ar fywydau pobl hŷn. Ni ddylai poeni am gwmp yn y farchnad orfod cwtogi ar yr ymdrech am ansawdd uchel. Yn yr un modd, ni ddylai pobl hŷn fod yn gyndyn i gynnal eu hawliau oherwydd eu

bod yn poeni y gofynnir iddynt adael y gwasanaeth ac y byddai diffyg darpariaeth amgen briodol yn eu gadael heb unman i fynd.

Mae'r Comisiynydd yn ymwybodol o enghreifftiau lle bo gweithiwr cymdeithasol wedi cynghori preswylwyr a'u teuluoedd i beidio â 'chynhyrfu'r dyfroedd' gan nad oes darpariaeth cartrefi gofal priodol arall ar gael. Ni ddylai methiant comisiynwyr i sicrhau marchnad sefydlog i gartrefi gofal orfodi pobl i dderbyn gofal o ansawdd gwael a thoriadau posibl o'u hawliau.

Cyllid

Mae'r farchnad cartrefi gofal yn fregus yn rhannol oherwydd bod y trefniadau sydd ar waith i gyllido cartrefi gofal yn anghyson ar draws Cymru, ac nid yw wastad yn adlewyrchu gwir gost gofal. Mae penderfyniadau ynghylch a yw rhywun yn gymwys am Ofal Iechyd Parhaus y GIG neu'r Cyfraniad Gofal Nyrsio a ariennir gan y GIG, yn benodol, yn gymhleth a dadleuol, ac yn golygu bod preswlydd cartref gofal ag anghenion gofal iechyd naill ai'n cael eu holl gostau gofal, gan gynnwys costau "gwesty" wedi'u talu gan y GIG neu'n derbyn cyfraniad o £179.97 yn unig yr wythnos.

Oherwydd nad yw'r trefniadau ariannu cyhoeddus presennol wastad yn adlewyrchu gwir gost gofal, mae'r farchnad cartrefi gofal yn cael ei chynnal gan strwythurau ffioedd anghyfartal lle gall hunan-gyllidwyr fod yn rhoi cymhorthdal at gostau lleoliadau a ariennir yn gyhoeddus, a chartrefi gofal yn codi ffioedd atodol – ac mae ffioedd atodol weithiau'n cael eu gwahardd yn benodol mewn canllawiau. Mae yna bryder am ddiffyg mesurau gwneud iawn sydd ar gael yn hawdd i bobl sy'n dymuno gwrthwynebu ffioedd atodol. Mae nifer o bobl hŷn a'u perthnasau sy'n gwneud penderfyniad enfawr ynglŷn â mynd i gartref yn gwneud hynny heb wybodaeth a chyngor digonol.

Croes-gymorthdaliadau

Ceir tystiolaeth anecdotaidd yng Nghymru y codir mwy o dâl ar unigolion sy'n ariannu eu hunain am eu lle mewn cartref gofal o'i gymharu ag unigolyn sy'n cael ei gefnogi gan yr Awdurdod Lleol, sydd mewn gwirionedd, yn groes-gymorthdaliadau i'r cyfraddau sy'n cael eu talu gan leoliadau awdurdodau lleol. Yn ogystal, canfu'r Awdurdod Cystadleuaeth a Marchnadoedd Wahaniaeth Pris Cyfartalog rhwng lleoedd hunan-ariannu a lleoedd a ariennir gan awdurdodau lleol ledled y DU.³

Ffioedd atodol

Er bod Cod Ymarfer⁴ Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn ei gwneud yn ofynnol i awdurdodau asesu gallu unigolyn a'i berthnasau i dalu cyn rhoi person mewn cartref gofal lle gofynnir am daliadau trydydd parti, mae'r Comisiynydd wedi clywed wrth berthnasau sydd wedi derbyn biliau annisgwyl. Mewn rhai achosion, mae'n ymddangos bod awdurdodau lleol yn methu ag egluro'r gofyniad i berthnasau dalu ffioedd atodol, a'u bod mewn gwirionedd yn trosglwyddo'r gofynion talu ychwanegol i berthnasau heb eu cytundeb neu wybodaeth ymlaen llaw.

Mae pris y contract sy'n cael ei dalu i gartref gofal gan yr awdurdod lleol yn cael effaith ar recriwtio a chadw staff, felly gall danseilio gallu cartrefi gofal i ddarparu gofal o ansawdd da a dilyniant gofal. Mae hyn yn broblem arbennig i'r nifer cynyddol o bobl sy'n byw gyda dementia a gall arwain at godi ffioedd atodol, weithiau ymhell ar ôl i'r unigolyn symud i'r cartref. Er bod y Cod Ymarfer ar godi ffioedd am wasanaethau gofal cymdeithasol yn nodi "rhaid i daliad ychwanegol wastad fod yn ddewisol a byth o ganlyniad i ddiffyg yn y cyllid y mae awdurdod lleol yn ei roi i gartref gofal i ddiwallu anghenion gofal person a aseswyd", yn gynnar yn y pandemig, derbyniodd y Comisiynydd ymholiadau am gartrefi gofal a oedd yn gweud hynny'n union, er mwyn cyllido cyfarpar diogelu personol (PPE) a mesurau eraill i reoli heintiau. Daeth y ffioedd atodol i ben pan sicrhodd awdurdodau lleol fod PPE ar gael am ddim i gartrefi gofal.

Mae tîm Cyngor a Chymorth y Comisiynydd hefyd wedi derbyn ymholiadau wrth berthnasau gofidus a oedd wedi cael cais gan ddarparwr cartref gofal i dalu ffioedd atodol ar ben cyllid Gofal Iechyd Parhaus y Bwrdd Iechyd. Roedd y rhesymau a roddwyd gan y darparwr ar gyfer codi'r ffioedd atodol yn anghyson. Dywedodd perthnasau y dywedwyd wrthynt fod y ffioedd ar gyfer buddion ychwanegol fel mynediad i'r ardd (lle na allai eu perthnasau, a oedd yn gaeth i'w gwely yng nghamau olaf dementia ac yn agos at ddiwedd eu bywydau, ei defnyddio) neu ar gyfer ymweliadau â meddyg teulu (y mae'r Comisiynydd yn ei ystyried yn hanfod sylfaenol, nid moethusrwydd ychwanegol). Serch hynny, mae'r Comisiynydd wedi gweld llythyr wrth reolwr cartref gofal sy'n nodi bod y ffioedd yn cael eu codi oherwydd nad oedd cyfradd y Bwrdd Iechyd ar gyfer cyllid Gofal Iechyd Parhaus yn ddigonol i ysgwyddo'r costau.

Mae'n bryder bod preswylwyr a'u teuluoedd wedi'i chael yn heriol i wrthwynebu ffioedd atodol cartrefi gofal. Gall unigolion fynd â'u hachosion at Adrannau Safonau Masnach yr awdurdod lleol a gallant gymryd camau cyfreithiol eu hunain. Serch hynny, mae cyllido cartrefi gofal yn faes cymhleth, ac nid yw'r lefel o arbenigedd sydd ei eisiau wastad ar gael. Mae hynny'n golygu mai cynrychiolaeth gyfreithiol bersonol yw'r llwybr mwyaf tebygol, ond mae'n ddrud ac yn anodd dod o hyd i gyfreithiwr priodol.

Angen am fwy o fuddsoddi

Yn absenoldeb mwy o fuddsoddiad parhaus mewn gofal cymdeithasol drwyddi draw, dim ond cyn belled y gall gwella'r broses o gomisiynu cartrefi gofal fynd, a fyddai'n caniatáu i awdurdodau lleol dalu cyfradd well am wasanaethau gofal cartref. Gyda'r lefelau presennol o fuddsoddiad, mae rhai pobl hyn sy'n methu â chael gofal cartref yn mynd i gartrefi gofal yn gynt nag y byddent fel arall, tra bod eraill ag anghenion cymhleth yn cael eu hanfon o'r ardal am le mewn cartref gofal, i ffwrdd wrth eu teuluoedd a'u ffrindiau, a gall y rhai sydd angen gwasanaethau Cymraeg (neu ieithoedd eraill) fod mewn ardaloedd lle darperir gwasanaethau yn Saesneg yn unig.

Mae'r Comisiynydd yn croesawu'r ffaith bod Llywodraeth Cymru yn cyflwyno'r Cyflog Byw Gwirioneddol i'r sector gofal, i fynd i'r afael â materion recriwtio a chadw staff, ond dylid

ystyried hwn fel cam cyntaf ac mae angen cynnydd pellach, yn enwedig yng ngoleuni chwyddiant cynyddol.

Ochr yn ochr â mwy o fuddsoddiad parhaus mewn cartrefi gofal, dylid cael mwy o gysondeb ar draws Cymru o ran yr hyn y mae awdurdodau lleol yn ei dalu fel ffioedd i gartrefi gofal sy'n cael eu rhedeg gan awdurdodau lleol a chartrefi gofal y sector annibynnol. Mae'r Comisiynydd yn gobeithio y bydd y Fframwaith Gofal a Chymorth Cenedlaethol sydd ar y gweill yn sicrhau mwy o gysondeb o ran prisio contractau, tryloywder ynglŷn â'r hyn sydd wedi'i gynnwys a'r hyn sydd heb ei gynnwys yn y ffioedd a disgresiwn i breswylwyr a theuluoedd brynu gwasanaethau ychwanegol sy'n welliannau ychwanegol go iawn a dim ond os ydynt yn dewis gwneud hynny.

Elw am bwrpas

Mae mwy o fuddsoddiad parhaus o arian cyhoeddus yn codi cwestiynau am yr hyn sy'n gyfystyr â lefel dderbyniol o elw i ddarparwyr y sector preifat. Mae'n hollbwysig rhoi blaenoriaeth i wella ansawdd a darpariaeth gofal, gan gynnwys buddsoddi yn y gweithlu gofal cymdeithasol, cyn cynyddu elw i ddarparwyr y sector preifat.

Mae'n rhaid i breswylwyr cartrefi gofal, eu hanwyliaid a chymdeithas yn ehangach dderbyn, yn fras, y cydbwysedd rhwng cyllid cyhoeddus, elw darparwyr ac adenillion cymdeithasol o fuddsoddi.

Mynediad i'ch arian eich hun

I gloi, mae'r Comisiynydd wedi bod yn bryderus iawn i glywed bod yna dystiolaeth ar draws Cymru o bobl hŷn mewn cartrefi gofal nad ydynt yn gallu cael mynediad i'w harian eu hunain i dalu am eitemau personol fel dillad a nwyddau ymolchi oherwydd nad yw'r galluedd meddyliol ganddynt ac heb unrhyw un i weithredu fel eu dirprwy i awdurdodi i drosglwyddo arian o'u cyfrifon banc. Mae'r sefyllfa hon yn peryglu urddas, iechyd a llesiant pobl hŷn ac ni ellir caniatáu iddo barhau. Mae cyfle i fynd i'r afael â hyn drwy'r broses gomisiynu.

Casgliadau

Mae'r Comisiynydd yn edrych ymlaen at glywed cynigion Llywodraeth Cymru yn fanylach ar gyfer Fframwaith Gofal a Chymorth Cenedlaethol, ac i weld canlyniadau modelau cenedlaethol newydd ar gyfer gofal integredig mewn lleoliadau preswyl y Gronfa Integreiddio Rhanbarthol ar gyfer Iechyd a Gofal Cymdeithasol. Mae'n hanfodol bod comisiynu cartrefi preswyl yn lleihau cymhlethdod ac yn ail-gydbwyso comisiynu i ganolbwyntio ar ansawdd a chanlyniadau, gyda'r hyn sy'n bwysig i bobl hŷn yn ganolog iddo, os ydym am sicrhau darpariaeth o gartrefi gofal da y bydd wastad eu hangen arnom yn y dyfodol.

Cyfeiriadau

¹ Comisiynydd Pobl Hŷn Cymru (2014) Lle i'w Alw'n Gartref". Ar gael yn:

<https://olderpeoplewales.com/en/news/news/14-11-10/A Place to Call Home Care Home Review Report.aspx>

² Comisiynydd Pobl Hŷn Cymru (2020) Lleisiau Cartrefi Gofal: Ciplwg ar fywyd yng nghartrefi gofal Cymru yn ystod Covid-19. Ar gael yn: <https://olderpeoplewales.com/en/news/news/20-06-21/Care Home Voices A snapshot of life in care homes in Wales during Covid-19.aspx>

³ Yr Awdurdod Cystadleuaeth a Marchnadoedd (2018) Astudiaeth o'r Farchnad Cartrefi Gofal. t.39. Ar gael yn:

<https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf>

⁴ Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014: Rhan 4 a 5 o God Ymarfer (Gosod Ffioedd ac Aseiad Ariannol), Llywodraeth Cymru (fersiwn 2 – Ebrill 2017). <https://gov.wales/code-practice-charging-social-care-services>

Comisiynydd Pobl Hŷn Cymru

Mae Comisiynydd Pobl Hŷn Cymru yn gwarchod ac yn hybu hawliau pobl hŷn ledled Cymru, gan graffu a dylanwadu ar amrywiaeth eang o bolisïau ac arferion i wella eu bywydau. Mae'n darparu help a chefnogaeth yn uniongyrchol i bobl hŷn drwy ei thîm gwaith achosion ac mae'n gweithio i rymuso pobl hŷn ac i sicrhau bod eu lleisiau'n cael eu clywed ac y gweithredir ar hynny. Mae rôl y Comisiynydd yn seiliedig ar gyfres o bwerau cyfreithiol unigryw i'w chefnogi gydag adolygu gwaith cyrff cyhoeddus a'u dal yn atebol lle bo angen.

Mae'r Comisiynydd yn gweithredu i roi terfyn ar wahaniaethu a rhagfarn ar sail oedran, i atal cam-drin pobl hŷn ac i alluogi i bawb heneiddio'n dda.

Mae'r Comisiynydd am weld Cymru lle mae pobl hŷn yn cael eu gwerthfawrogi, lle mae hawliau'n cael eu cynnal a lle nad oes neb yn cael ei adael ar ôl.

Sut i gysylltu â'r Comisiynydd:

Comisiynydd Pobl Hŷn Cymru
Adeiladau Cambrian
Sgwâr Mount Stuart
Caerdydd
CF10 5FL

Ffôn: 03442 640 670

E-bost: ask@olderpeoplewales.com

Gwefan: www.olderpeoplewales.com

Twitter: [@talkolderpeople](https://twitter.com/talkolderpeople)



Care Home Commissioning for Older People

May 2022

Introduction

The Older People's Commissioner for Wales welcomes the opportunity to respond to the Public Accounts & Public Administration Committee Inquiry into Care Home Commissioning for Older People.

Social care is a broad and diverse sector, within which good quality care homes will always be needed for some older people to be supported to live lives with value, meaning and purpose.

Staying well, feeling good and being able to do the things that matter to us are vitally important to everyone in Wales. The need for additional support to do this can increase with age. Even with an increasing emphasis on prevention and early intervention, the ageing of the population means that the number of older people needing additional support is likely to increase over time.

Social care is a broad and diverse sector which needs to be flexible, person-centred and outcomes-focused. It should be appropriate, timely and easily accessible, and consistent in both the services provided and the criteria for accessing them. Older people should be at the centre of all decisions about the social care that they receive.

Good quality care homes are one form of social care which can have a major beneficial impact on the lives of older people. Even with the development and diversification of housing provision for older people with care needs, care homes will continue to be the best way for some people to receive the care and support they need and to be supported to live lives that have value, meaning and purpose.

Care homes are part of the wider health and social care system and subject to system-wide issues, such as staffing or winter pressures. A crisis in one part of the system can have a knock-on effect on the whole system. For example, a lack of domiciliary care services can lead to an increase in the numbers of people entering care homes, as well as in delayed transfers of care from hospital, among other things. An outbreak of infection in a care home can also lead to delayed hospital discharge. Commissioning care home places therefore

cannot be entirely separated from commissioning other services, such as domiciliary care services and step-down care.

Assessment of Population Need

In 2014, the Commissioner's *A Place to Call Home?*¹ Report called for a national plan to be developed to ensure the future supply of high-quality care homes. The report called for this plan to include a national demographic projection of need and outline anticipated trends in, and changes to, the type of provision required. Section 14 of The Social Services and Well-being (Wales) Act 2014 (2014 Act) subsequently placed a duty on local authorities and health boards to produce an assessment of their population's need for care and support, the extent to which that need is not being met and the level of services required to meet the assessed need. The first Population Assessments were published by Regional Partnership boards in 2017 with the most recent publications in 2022.

Population Needs Assessments vary across Wales and more robust data is required to accurately assess the social care needs of the population and the extent to which those needs are currently unmet. Much of the data that is currently collected under the 2014 Act relates to existing service provision, and population data is not sufficiently disaggregated by age. There is not a clear picture across Wales of the number of older people waiting in hospital and in the community for domiciliary care, or the numbers who are frail and at risk of a life-changing event which may lead to their needing social care.

Forecasts of likely future need for care homes tend to be based on simple age-based projections. Robust data collection that reveals the characteristics of the people using, in need of, or at risk of needing, social care is essential if we are to effectively assess and meet the needs of the population. Data collection should also include factors such as the numbers of people living alone, the provision of accessible housing, and what types of services older people want to use. It is vital also that data is collected to ensure that social care services can respond to cultural needs and language needs.

Engagement

Older people are 'experts through experience' and should be equal partners in decisions taken which affect them. Older people may be: care home residents, for whom the care home is their home and who want to do all the things one would normally do at home; relatives and friends of care home residents, who want to maintain their family and social relationships; current or former employees or volunteers with experience of working in care homes; or funders, who pay part or all of the costs of care themselves or on behalf of someone else.

Older people therefore have a wide range of valuable insights and perspectives which should be brought to bear on care home commissioning at all stages of the process. Older people should be engaged, and their voices should be heard, throughout the commissioning cycle, from population needs assessment, through commissioning strategy

development, service planning and design, procurement and the monitoring of service delivery, to reviewing and distilling the learning to inform the next commissioning round.

The Commissioner engaged extensively with care home residents and their families as part of the *A Place to Call Home?* report and found that priorities for residents included social participation, meaningful occupation, a homely environment, personal hygiene, cleanliness and comfort, a positive dining experience, and access to healthcare.

In June 2020, the Commissioner published *Care Home Voices*,² to give a voice to people living and working in care homes and their friends and families, and to provide a snapshot of their experiences during the Covid-19 pandemic, the issues and challenges they faced and the changes and improvements they wanted to see. These included staying safe, being informed and seeing and staying connected with loved ones.

The report highlights how difficult lockdown was for many people living in care homes. People highlighted issues around access to health services, particularly visits from GPs, and the impact this was having on the physical health of residents. However, there was also a significant focus on the impact that Covid-19 was having on the mental health and well-being of residents.

Service quality and outcomes

The focus of commissioning processes to date too often has been on contractual frameworks and service specifications rather than the quality of life of older people living in care homes. The Commissioner agrees with the Welsh Government that commissioners' focus should be on commissioning for service quality and the outcomes that matter to older people. In the Commissioner's view, those outcomes should include:

- upholding older people's rights;
- protection from service termination;
- ensuring that everyone has access to their own funds;
- access to independent advocacy to ensure people are able to participate in decisions that affect their lives.

It is essential that the aims of service quality and outcomes are consistently applied throughout the commissioning process, from population assessment, strategy and planning through procurement, service delivery and monitoring, and review and implementation of lessons learned. Currently commissioning intentions can be diluted or negated by the procurement process, and there is a lack of shared intelligence and joint working in contract monitoring to ensure that older people are safe, well cared for and enjoy a good quality of life, and that lessons learned are used to inform the next iteration of commissioning. Contract monitoring should gather data which indicates to what extent commissioning intentions, quality and outcomes are being delivered, and should be analysed and used to inform the next commissioning round. Indicators could include, for example:

- visits by friends and family;
- visits by healthcare and other professionals;
- evictions – actual and potential;
- residents with and without deputies;
- the extent to which rights are upheld.

Upholding Rights

The Covid-19 pandemic has shone a light on the rights of older people living in care homes and the extent to which they are upheld.

To identify action that can be taken to strengthen the rights of older people living in care homes, the Commissioner has established a UK-wide group of expert organisations. One of the areas of exploration has been in relation to introducing a 'rights-based contract' in care homes. A rights-based contract would clearly set out the duty on the care home provider to uphold specific rights. Such an approach would embed human rights (and other legal rights) into day-to-day service delivery, ensuring that upholding residents' rights is at the centre of everything that staff do.

Strengthening residents' protection against 'eviction' or service termination is a vital part of strengthening older people's rights in care homes. The Commissioner is aware of instances where a resident has been asked to leave a care home, their home, because of a disagreement about the way in which a service is delivered or a breakdown in relationship between the care home and the resident's family. It cannot be acceptable for an older person to be asked to leave their home because they or their family have sought to uphold their rights.

Currently, residents are given 28 days' notice of service termination, often because the care home has stated that they can no longer meet the resident's needs. Whilst it is appropriate for a resident to move to a different care home if their needs can no longer be adequately met, care home residents and their families should not fear eviction from their care home in response to a dispute between the home and the resident and further monitoring is needed to ensure that instances do not go unchallenged if they occur. The lack of appropriate alternative care home accommodation with vacancies in the desired location can act as a major deterrent to people in upholding their rights as they fear losing their home as a result.

Care home market

The fragility of the care home market has a direct impact on the Welsh Government's ability to drive change and, consequently, has a direct impact on the lives of older people. Striving for high quality should not have to be curtailed by fear of market collapse. Similarly, older people should not be reticent about enforcing their rights because they fear being asked to leave the service and that the lack of appropriate alternative provision would leave them with nowhere to go.

The Commissioner is aware of instances where a social worker has advised residents and their families not to ‘rock the boat’ as there is no other appropriate care home provision available. Commissioners’ failure to ensure a stable care home market should not be forcing people to accept poor quality care and potential breaches of their rights.

Funding

The care home market is fragile partly because the arrangements currently in place for funding care homes are inconsistent across Wales, and do not always reflect the true cost of care. Decisions on whether someone is eligible for NHS Continuing Healthcare or the NHS funded Nursing Care Contribution, in particular, are complex and contentious, and mean that a care home resident with healthcare needs either has all their care costs, including “hotel” costs, paid by the NHS or only receives a contribution of £179.97 a week.

Because the current public funding arrangements do not always reflect the true cost of care, the care home market is being sustained by inequitable fee structures in which self-funders may be subsidising the costs of publicly funded placements, and care homes charge top-up fees – the latter sometimes explicitly forbidden in guidance. There is a concerning lack of readily available redress for people who wish to dispute top-up fees. Many older people and their relatives making the life changing decision about entering a care home are doing so without adequate information and advice.

Cross-subsidisation

There is anecdotal evidence within Wales that self-funding individuals are charged more for their place at a care home compared to an individual who is supported by the Local Authority, which is, in effect, cross subsidising the rates paid by local authority placements. The Competition and Markets Authority also found an average price differential between self-funded and local authority funded places across the UK.³

Top-up fees

Although the Social Services and Well-Being (Wales) Act 2014 Code of Practice⁴ requires authorities to assess an individual’s and their relatives’ ability to pay prior to placing a person in a care home requiring third party payments, the Commissioner has heard from relatives who have been issued with unexpected bills. It appears that in some cases, local authorities are failing to explain the requirement for relatives to pay top up fees and are simply passing the additional payment requirements to relatives without their prior agreement or knowledge.

The contract price paid to the care home by the local authority has an impact on staff recruitment and retention and therefore can also undermine care homes’ ability to provide good quality and continuity of care. This is especially problematic for the growing number of people living with dementia and can lead to the levying of top-up fees, sometimes well after the individual has taken up residence. Although the Code of Practice on charging for social care services states that “an additional cost payment must always be optional and never as

a result of a shortfall in the funding a local authority is providing to a care home to meet a person's assessed care needs", early in the pandemic the Commissioner received inquiries about care homes who were doing exactly that, in order to fund PPE and other infection control measures. The top-up fees ceased when local authorities made PPE freely available to care homes.

The Commissioner's Advice and Assistance team has also received inquiries from worried relatives who had been asked by a care home provider to pay additional fees on top of Continuing Health Care funding by the Health Board. The reasons given by the provider for levying the top-up fees were contradictory. Relatives said they had been told that the fees were for additional benefits such as access to the garden (which their relatives, who were confined to bed with late-stage dementia and approaching the end of their lives, could not use), or for accompanied visits to a GP, (which the Commissioner regards as a basic essential, not an additional luxury). However, the Commissioner has seen a letter from a care home manager which states that the fees were being levied because the Health Board rate for Continuing Health Care funding was not sufficient to cover costs.

It is concerning that residents and their families have found it challenging to dispute care home top-up fees. Individuals can take cases to local authority Trading Standards Departments for action by them and can take legal action themselves. However, care home funding is a complex area, and the level of expertise needed is not always available. This means that personal legal representation is the most likely route, but it is expensive and difficult to find an appropriate solicitor.

Need for greater investment

Improving the commissioning of care homes can only go so far in the absence of greater and sustained investment in social care across the board, which would enable local authorities to pay an improved rate for care home services. With the current levels of investment, some older people unable to obtain domiciliary care are entering care homes earlier than they otherwise would, whilst others with complex needs are being sent out of area for a care home place, away from their families and friends, and those who need services delivered in Welsh (or other languages) may be in localities where services are delivered only in English.

The Commissioner welcomes the Welsh Government's introduction of the Real Living Wage into the care sector, to address issues of recruitment and retention, but this should be viewed as a first step and further increases are needed, particularly in light of rising inflation.

Alongside greater, sustained investment in care homes, there should be more consistency across Wales in what local authorities pay as fees to local authority run and independent sector care homes. The Commissioner hopes that the forthcoming National Framework for Care and Support will ensure greater consistency in contract pricing, transparency about what is and is not included in fees and discretion for residents and families to purchase

additional services which are genuine additional enhancements and only if they choose to do so.

Profit for purpose

Greater, sustained investment of public funds raises questions about what constitutes an acceptable level of profit for private sector providers. It is crucial that priority is given to improving the quality and delivery of care, including through invest in the social care workforce, ahead of increasing profits for private sector providers.

Care home residents, their loved ones and wider society must be broadly accepting of the balance between public funding, provider profit and social return on investment.

Access to own funds

Finally, the Commissioner has been deeply concerned to hear that there is evidence across Wales of older people in care homes who are unable to access their own funds to pay for personal items such as clothes and toiletries because they lack mental capacity but have no-one to act as their deputy to authorise transfer of funds from their bank accounts. This situation compromises older people's dignity, health and wellbeing and cannot be allowed to continue. There is an opportunity to address this through the commissioning process.

Conclusion

The Commissioner looks forward to hearing in more detail the Welsh Government's proposals for the National Framework for Care and Support and to seeing the results of the Health and Social Care Regional Integration Fund's new national models of integrated care in residential settings. It is essential that care home commissioning reduces complexity and rebalances commissioning to focus on quality and outcomes, with what matters to older people at its heart, if we are to ensure the provision of the good care homes we will always need in the future.

References

¹ Older People's Commissioner for Wales (2014) *A Place to Call Home?*. Available at:

https://olderpeoplewales.com/en/news/news/14-11-10/A_Place_to_Call_Home_Care_Home_Review_Report.aspx

² Older People's Commissioner for Wales (2020) *Care Home Voices: A snapshot of life in care homes in Wales during Covid-19*. Available at:

https://olderpeoplewales.com/en/news/news/20-06-21/Care_Home_Voices_A_snapshot_of_life_in_care_homes_in_Wales_during_Covid-19.aspx

³ Competition and Markets Authority (2018) *Care Homes Market Study*. P.39. Available at:

<https://assets.publishing.service.gov.uk/media/5a1fdf30e5274a750b82533a/care-homes-market-study-final-report.pdf>

⁴ Social Services and Well-being (Wales) Act 2014: Part 4 and 5 Code of Practice (Charging and Financial Assessment), Welsh Government (version 2 – April 2017). Available at: <https://gov.wales/code-practice-charging-social-care-services>

The Older People's Commissioner for Wales

The Older People's Commissioner for Wales protects and promotes the rights of older people throughout Wales, scrutinising and influencing a wide range of policy and practice to improve their lives. She provides help and support directly to older people through her casework team and works to empower older people and ensure that their voices are heard and acted upon. The Commissioner's role is underpinned by a set of unique legal powers to support her in reviewing the work of public bodies and holding them to account when necessary.

The Commissioner is taking action to end ageism and age discrimination, stop the abuse of older people and enable everyone to age well.

The Commissioner wants a Wales where older people are valued, rights are upheld and no-one is left behind.

How to contact the Commissioner:

Older People's Commissioner for Wales
Cambrian Buildings
Mount Stuart Square
Cardiff
CF10 5FL

Phone: 03442 640 670

Email: ask@olderpeoplewales.com

Website: www.olderpeoplewales.com

Twitter: [@talkolderpeople](https://twitter.com/talkolderpeople)

Written Evidence Paper

Public Accounts and Public Administration Committee – Inquiry into Care Home Commissioning for Older People

Purpose

This paper provides an update on the Welsh Government's response to the recommendations in the Auditor General's report 'Care Home Commissioning for Older People' (December 2021), and on the progress being made with actions flowing from the Rebalancing Care and Support White Paper published for consultation in January 2021.

1. Welsh Government response to the Audit Wales recommendations

Recommendation R1

- 1.1. R1 recommended that the Welsh Government considers what the findings from the Audit Wales work in North Wales means for planned policy reform, and whether these reforms will go far enough to tackle the root causes of the issues raised.
- 1.2. The Welsh Government welcomes the Auditor General's reports on care home commissioning in North Wales and on the national implications of that work. We recognise the value this work has for informing our planned policy reforms, and in particular the delivery of our national and regional work programmes under the Rebalancing Care and Support Programme. We will ensure that the findings and recommendations from these reports are fed into the Technical and Task and Finish Groups which have been set up in support of this programme. For example the Terms of Reference for the Integrated Services Task Group within the Rebalancing Care and Support programme include a specific reference to the Audit Wales report and recommendations in its key objectives.
- 1.3. The aim of the programme is to bring about real system change, addressing the issues set out in our Rebalancing Care and Support White Paper (January 2021), and in particular ensuring that the Social Services and Well-being (Wales) Act 2014 is fully implemented. Consultation feedback on the White Paper showed strong support for the principles and framework set out in the 2014 Act, but there was a clear perception of an 'implementation gap' which the programme is seeking to address. We believe that successful delivery of the rebalancing programme will tackle the root causes of the issues raised in the Audit Wales reports.

Recommendation R2

- 1.4. R2 listed particular areas that our programme of policy reform should address.

Reducing complexity of funding responsibilities across partners

- 1.5. The Welsh Government recognises that the long standing arrangements for funding health and social care can be complex.
- 1.6. We have recently reviewed the national Framework for Continuing NHS Healthcare (CHC), which went live on 1 April 2022. It includes a focus on partnership working to provide a seamless, person centred health and social care service for individuals, their families and carers. It also stresses the importance of joint commissioning and pooled budgets to support an integrated approach. In terms of Funded Nursing Care (FNC), we are developing an interim policy statement. This will provide an update on legislative changes and court judgements subsequent to the 2004 FNC Guidance, in advance of a longer-term review of FNC policy. This also sets out the importance of partnership working, joint commissioning and pooled budgets. Furthermore, we are intending to include commissioning of care services under CHC and FNC under the national commissioning framework as part of the Rebalancing Care and Support agenda.
- 1.7. Under the Rebalancing Care and Support Programme, the Welsh Government is committed to bringing together both parts of the health and social care system to try and reduce complexity and make better use of key joint commissioning tools such as joint commissioning strategies, standard fee methodologies and pooled budgets.
- 1.8. It is clear that a defined, shared fund agreed at a local level, based on regionally agreed standards and principles could negate the need to debate and obtain budgetary agreement for individual cases. This would in turn streamline the process for both organisations and the people they provide care and support for.
- 1.9. Ministers will shortly be asked to agree whether additional specialist capacity should be appointed in 2022/23 to work with officials and key stakeholders to review and reduce the current complexity of funding for older peoples care homes. The conclusions of this work will inform the Codes of Practice in relation to the National Framework being established under the Rebalancing Care and Support programme and amendments to the Part 9 statutory guidance.

Clearly describing and communicating how pooled funds are expected to operate across health and social care partners

- 1.10. Our expectations about pooled funding arrangements were set out in the regulations and statutory guidance on partnership arrangements under Part 9 of the 2014 Act. Although the current regulations focus on the development of regional pooled funds for older people's residential care, the statutory codes of practice were amended in 2019 to encourage RPBs to consider pooling of funds and joint commissioning in other service areas. We have always been clear that pooled funding is one part of effective joint commissioning and the delivery of services, rather than being an end in itself, and we acknowledge that the current arrangements needs strengthening.
- 1.11. In response to initial requests for further clarity and technical support around pooled funds, the Welsh Government funded and co-produced the Pooled Funding Toolkit, working with stakeholders through the Association of Directors of Social Services Wales to coproduce the content.
- 1.12. Further to this the Welsh Government undertook a review of pooled fund arrangements across Wales. Our research partners KMPG found some notable progress, but concluded that further work was needed to strengthen governance arrangements, undertake benefits analysis and realisation, and sharing of risk in relation to pooled funds.
- 1.13. Learning to date has indicated that despite the challenges with establishing regional pooled funds for older peoples care homes, pooled funds can and are being used in a variety of different service areas and at a range of different levels including national, regional, sub-regional local, cluster and even individual levels. Strengthening the use of pooled funds, allowing greater flexibility between regional and local arrangements, and widening their scope into service areas where they can have the greatest impact, will form part of the integrated service delivery work stream under our Rebalancing Care and Support Programme.

Measures to strengthen scrutiny arrangements and accountability of the Regional Partnership Boards

- 1.14. The Governance and Scrutiny Task and Finish Group under the Rebalancing Care and Support Programme has been established to strengthen regional partnership arrangements by reviewing and addressing:
 - the role, responsibility, function and membership of RPBs
 - ensuring RPB business units are sufficiently resourced and fit for purpose
 - RPBs having own bank account or agreed host

- addressing the imbalance in accountability between statutory partners of the RPB
 - formalising reporting arrangements to/from RPB to statutory partners
 - establishing scrutiny arrangements for RPBs by statutory partners
 - considering whether creating a social care corporate joint committee would aid RPB governance.
- 1.15. During 2022-23 key stakeholders will work with officials through the Task and Finish Group to consider the above areas and inform the necessary changes to the Part 9 guidance.

Developing a framework for outcome-based performance reporting, which links to policy ambition and the seven wellbeing goals for Wales

- 1.16. Joint work across health and social care policy has been undertaken to develop a draft national Outcome Framework for Health and Social Care. This framework is an action within A Healthier Wales supporting and embracing the commitment to improved integrated working. The Framework has currently developed 15 draft population indicators jointly agreed between health and social care policy. Improvement against the proposed population indicators will demonstrate the overall aim of improved health and wellbeing for the people of Wales.
- 1.17. Over summer these indicators and the reasons why they have been selected will be discussed and shared wider with stakeholders. The aim of the wider stakeholder engagement is to gain greater ownership by all partners and to identify the key actions to improve each indicator.
- 1.18. To complement the work being undertaken in developing a National Health and Social Care Outcomes Framework, the newly launched Regional Integration Fund is co-producing with partners an outcomes framework and supplementary guidance to support the development and monitoring of the six national models of care promoted through the fund.
- 1.19. An Outcomes Framework and draft supplementary guidance for the Health and Social Care Regional Integration (RIF) are currently being finalised with RPBs and will be introduced to support monitoring and outcome-focused impact reporting from the outset. The guidance is based on the established Results Based Accountability methodology and includes a range of qualitative indicators and quantitative measures for each of the six new national Models of Care, and information sources to ensure RPBs and the Welsh Government will be able to measure progress to meet the outcomes of the RIF.

2. Progress update on the Rebalancing Care and Support Programme

- 2.1. The Rebalancing Programme was set up following consultation on the Rebalancing Care and Support [White Paper](#) (January 2021), which set out proposals to improve social care through strengthening partnership working and integration of services in line with the Social Services and Well-being (Wales) Act 2014. The [consultation responses](#) were published in June 2021. The Programme has also been shaped by the new [Programme for Government](#) 2021-2026. On 29 October 2021, the Deputy Minister for Social Services published a written statement, 'Rebalancing Care and Support White Paper – Next Steps'.
- 2.2. The programme is now in its delivery phase, and is focused on the following three key areas:
- developing a strategic National Framework for commissioned care and support, to set standards for commissioning practice, reduce complexity and to focus on quality and outcomes
 - the creation of a National Office to oversee the implementation of this framework
 - strengthening regional partnership arrangements so joint working delivers integrated services for local populations.

Developing a National Framework

- 2.3. Work on developing a strategic National Framework has already commenced. A Technical Group was convened in January to advise the Welsh Government on the technical aspects of policy development in relation to the framework. This group will address the scope of services to be included in the framework, the commissioning cycle, standards for commissioning and service design, fee methodologies, contract / performance management, procurement frameworks, impact assessment, and implementation of the framework.
- 2.4. The Technical Group will be meeting for half a day, approximately every 4 weeks. The first meeting, on 26 January, was a scene-setting meeting. The second, on 30 March, focused on commissioning. It is expected to conclude its work in the autumn.
- 2.5. A final report of recommendations for policy development will be produced by the Technical Group and presented to the Deputy Minister for Social Services and the Minister for Health and Social Services. This report will inform the development of a new Code of Practice. The National Framework will be published for consultation in 2023, set out in the Code of Practice.

Strengthening regional partnership arrangements

- 2.6. The strengthening of regional partnership arrangements is being addressed through five areas: Rebalancing the Social Care Market, Integrated Service Delivery, Engagement and Voice, Planning and Performance, Governance and Scrutiny. This regional programme was launched in February by the Chief Social Care Officer for Wales, with an online event engaging a wide range of stakeholders. Task and Finish Groups are being set up to oversee delivery of each of these workstreams. Most will begin work in May.

Rebalancing the Social Care Market

- 2.7. The Rebalancing the Social Care Market Group aims to strengthen the social care sector by creating a more stable and sustainable market for regulated services providing care and support in Wales. The main objectives of market rebalancing are:
- to rebalance the provision of social care by increasing local authority and third sector provision and reducing an over-reliance on the private sector in certain aspects of social care provision
 - to develop an approach to market stability and market oversight which promotes sustainability and responds to the changing needs of local populations
 - to build commissioning capacity and capability at national, regional and local levels.
- 2.8. In particular, this group will be expected to review RPBs' market stability reports (due on 1 June) and identify key messages for a national overview report, oversee progress with developing the regional Social Value Forums, contribute to the development of a new market oversight framework, oversee work to build regional commissioning capacity and delivery, and advise and make recommendations about rebalancing regulated services at regional and local level. It will meet for the first time on 26 April.

Integrated Service Delivery

- 2.9. The purpose of the Integrated Service Delivery Group is to continue the progress made in realising the Welsh Government's ambition for delivering preventative, integrated health and social care in Wales. This will ensure seamless services are available for the people who need care and support, and for their unpaid carers. This will involve:
- the development of a seamless, integrated health and social care system blueprint and route map for Wales
 - a review and strengthening of RPBs within an integrated system
 - clarifying and strengthening arrangements for pooled funds and joint commissioning of integrated services, taking on board the recommendations from the 2021 Audit Wales report.

Engagement and Voice

- 2.10. The work of the Engagement and Voice Group has already begun, and will be delivered in two phases. Phase 1, which is about to complete its work, has focused on the role of service user, unpaid carer, third sector and provider representatives on RPB boards. This follows concerns, raised particularly by service user and carer representatives, that these roles were not clearly defined, and that these board members were not properly supported or enabled to play a full part in board discussions. The group has produced a draft Charter, guidance for RPB Chairs, and common role descriptions, which we expect all RPBs will adopt. The Group will be reconstituted for Phase 2, which will begin in May and will develop and oversee delivery of a wider programme of work to strengthen engagement and voice mechanisms within RPBs. This includes strengthening engagement with citizens (service users and unpaid carers), the third sector and community groups, and (where appropriate) care and support providers. The Group will also consider how best to embed co-productive practice across all aspects of the work of RPBs, and the relationship between RPBs and the new Citizen Voice Body.

Planning and Performance

- 2.11. The objectives of the Planning and Performance Group are to strengthen regional partnership arrangements in relation to performance and planning. This group will address specific accountabilities, functions, and strategic programmes, including population needs assessments, the RPB self-assessment tool, performance reporting arrangements, and work towards developing one integrated RPB planning framework for services that is aligned to broader health and social care planning arrangements.

Governance and Scrutiny

- 2.12. To deliver strengthened regional partnership arrangements, the Governance and Scrutiny Group will address the role, responsibility, function, and membership of RPBs (including the structure of RPB business units and bank account arrangements), as well as the accountability and reporting arrangements between statutory partners and the RPBs.
- 2.13. The work of these five Task and Finish Groups will contribute to a revision of the Part 9 Statutory Guidance on Partnership Arrangements, which will be consulted upon at the same time as the new Code of Practice on the National Framework for Care and Support.
- 2.14. We remain committed to engagement and co-production with the sector and citizens. Key partners will be members of the Technical and Task and Finish

Groups, and in addition we intend to engage more broadly through programme communications to inform about key delivery updates.

Papur Tystiolaeth Ysgrifenedig

Y Pwyllgor Cyfrifon Cyhoeddus a Gweinyddiaeth Gyhoeddus – Ymchwiliad i Gomisiynu Cartrefi Gofal i Bobl Hŷn

Diben

Mae'r papur hwn yn rhoi'r wybodaeth ddiweddaraf am ymateb Llywodraeth Cymru i'r argymhellion yn adroddiad yr Archwilydd Cyffredinol 'Comisiynu Cartrefi Gofal i Bobl Hŷn' (Rhagfyr 2021), ac am y cynnydd sy'n cael ei wneud gyda'r camau gweithredu sy'n deillio o'r Papur Gwyn ar Ail-gydbwyso Gofal a Chymorth a gyhoeddwyd yn destun ymgynghoriad ym mis Ionawr 2021.

1. Ymateb Llywodraeth Cymru i argymhellion Archwilio Cymru

Argymhelliad A1

- 1.1. Yn ôl argymhelliad A1, dylai Llywodraeth Cymru ystyried beth y mae canfyddiadau gwaith Archwilio Cymru yn y Gogledd yn ei olygu ar gyfer y diwygiadau polisiâu arfaethedig, ac a fydd y gwaith diwygio hwn yn mynd yn ddigon pell i fynd i'r afael ag achosion sylfaenol y materion a godwyd.
- 1.2. Mae Llywodraeth Cymru yn croesawu adroddiad yr Archwilydd Cyffredinol ar gomisiynu cartrefi gofal yn y Gogledd ac ar oblygiadau y gwaith hwnnw yn genedlaethol. Rydym yn cydnabod gwerth y gwaith hwn o safbwynt llywio ein gwaith diwygio polisi arfaethedig, ac yn arbennig o ran cyflawni ein rhaglenni gwaith cenedlaethol a rhanbarthol o dan y Rhaglen Ail-gydbwyso Gofal a Chymorth. Byddwn yn sicrhau bod canfyddiadau ac argymhellion yr adroddiadau hyn yn cael eu bwydo i'r Grwpiau Technegol a'r Grwpiau Gorchwyl a Gorffen a sefydlwyd i gefnogi'r rhaglen hon. Er enghraifft, mae Cylch Gorchwyl y Grŵp Gorchwyl a Gorffen ar Ddarparu Gwasanaethau Integredig yn y Rhaglen Ail-gydbwyso Gofal a Chymorth yn cynnwys cyfeiriad penodol at adroddiad ac argymhellion Archwilio Cymru yn ei amcanion allweddol.
- 1.3. Nod y rhaglen yw sicrhau newid gwirioneddol yn y system, gan fynd i'r afael â'r materion a nodir yn ein Papur Gwyn ar Ail-gydbwyso Gofal a Chymorth (Ionawr 2021), a sicrhau yn arbennig fod Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014 yn cael ei gweithredu yn llawn. Dangosodd adborth yr ymgynghoriad ar y Papur Gwyn fod cryn gefnogaeth i'r egwyddorion a'r fframwaith a nodwyd yn Neddf 2014, ond cafwyd canfyddiad clir bod yna 'fwlch yn y gweithredu' – mater y mae'r rhaglen yn ceisio mynd i'r afael ag ef. Yn ein barn ni, drwy gyflwyno'r Rhaglen Ail-

gydbwyso yn llwyddiannus, eir i'r afael â'r hyn sydd wrth wraidd y materion a godwyd yn adroddiadau Archwilio Cymru.

Argymhelliad A2

- 1.4. Rhestrodd argymhelliad A2 feysydd penodol y dylid mynd i'r afael â nhw fel rhan o'n rhaglen diwygio polisiâu.

Lleihau cymhlethdod y cyfrifoldebau ariannu ar draws partneriaid

- 1.5. Mae Llywodraeth Cymru yn cydnabod y gall y trefniadau sydd wedi'u hen sefydlu ar gyfer cyllido iechyd a gofal cymdeithasol fod yn gymhleth.
- 1.6. Yn ddiweddar, rydym wedi adolygu'r Fframwaith Cenedlaethol ar gyfer Gofal Iechyd Parhaus y GIG, a ddaeth yn weithredol ar 1 Ebrill 2022. Mae'r Fframwaith yn rhoi pwyslais ar weithio mewn partneriaeth i ddarparu gwasanaeth iechyd a gofal cymdeithasol di-dor sy'n canolbwyntio ar yr unigolyn ar gyfer unigolion, eu teuluoedd a'u gofalwyr. Mae hefyd yn amlygu pwysigrwydd comisiynu ar y cyd a chyllidebau cyfun i gefnogi dull integredig. O ran Gofal Nyrsio a Ariennir, rydym yn datblygu datganiad polisi interim. Bydd hwn yn rhoi'r wybodaeth ddiweddaraf am y newidiadau deddfwriaethol a dyfarniadau'r llys yn dilyn Canllawiau Gofal Nyrsio a Ariennir 2004, cyn y cynhelir adolygiad tymor hwy o bolisi Gofal Nyrsio a Ariennir. Mae hwn hefyd yn nodi pwysigrwydd gweithio mewn partneriaeth, comisiynu ar y cyd a chyllidebau cyfun. At hynny, rydym yn bwriadu cynnwys comisiynu gwasanaethau gofal yn unol â threfniadau Gofal Iechyd Parhaus a Gofal Nyrsio a Ariennir o dan y fframwaith comisiynu cenedlaethol yn rhan o'r agenda ar gyfer Ail-gydbwyso Gofal a Chymorth.
- 1.7. O dan y Rhaglen Ail-gydbwyso Gofal a Chymorth, mae Llywodraeth Cymru wedi ymrwymo i ddod â dwy ran y system iechyd a gofal cymdeithasol at ei gilydd i geisio lleihau cymhlethdod a gwneud gwell defnydd o ddulliau comisiynu ar y cyd allweddol megis strategaethau comisiynu ar y cyd, methodolegau ffioedd safonol a chyllidebau cyfun.
- 1.8. Yn amlwg, pe bai gennym gronfa ddiffiniedig a rennir y cytunir arni ar lefel leol, sy'n seiliedig ar safonau ac egwyddorion y cytunwyd arnynt yn rhanbarthol, ni fyddai angen cynnal trafodaeth a chael cytundeb cyllidebol ar gyfer achosion unigol. Yn ei dro, byddai hyn yn symleiddio'r broses i sefydliadau ac i'r bobl y maent yn darparu gofal a chymorth iddynt.
- 1.9. Cyn bo hir, gofynnir i Weinidogion gytuno gapasiti arbenigol yn cael ei roi yn ei le yn 2022/23 i weithio gyda swyddogion a rhanddeiliaid allweddol er mwyn adolygu cymhlethdod presennol y cyllid ar gyfer cartrefi gofal pobl hŷn, a lleihau'r cymhlethdod hwnnw. Bydd casgliadau'r gwaith hwn yn

llywio'r Codau Ymarfer mewn perthynas â'r Fframwaith Cenedlaethol sy'n cael ei sefydlu o dan y Rhaglen Ail-gydbwysu Gofal a Chymorth a'r diwygiadau i ganllawiau statudol Rhan 9.

Disgrifio a chyfleu'n glir sut y disgwylir i gronfeydd cyfun weithredu ar draws partneriaid iechyd a gofal cymdeithasol

- 1.10. Nodwyd ein disgwyliadau mewn perthynas â'r trefniadau i gyfuno cronfeydd yn y rheoliadau a'r canllawiau statudol ar drefniadau partneriaeth o dan Ran 9 o Ddeddf 2014. Er bod y rheoliadau presennol yn canolbwyntio ar ddatblygu cronfeydd cyfun rhanbarthol ar gyfer gofal preswyl i bobl hŷn, diwygiwyd y codau ymarfer statudol yn 2019 i annog Byrddau Partneriaeth Rhanbarthol i ystyried cyfuno cronfeydd ac i gomisiynu ar y cyd mewn meysydd gwasanaeth eraill. Rydym wedi bod yn glir bob amser na ddylid ystyried cyfuno cronfeydd yn nod ar ei ben ei hun – un elfen yn unig o gomisiynu ar y cyd yn effeithiol a darparu gwasanaethau yw hon, ac rydym yn cydnabod bod angen cryfhau'r trefniadau presennol.
- 1.11. Fel ymateb i'r ceisiadau gwreiddiol am ragor o eglurder a chymorth technegol mewn perthynas â chronfeydd cyfun, cafodd Pecyn Cymorth Cronfeydd Cyfun ei gyllido a'i gydgyhyrchu gan Lywodraeth Cymru. Gweithiodd gyda rhanddeiliaid, drwy Gymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru, i gydgyhyrchu cynnwys y Pecyn Cymorth.
- 1.12. Yn ogystal â hyn, cynhaliodd Llywodraeth Cymru adolygiad o drefniadau cronfeydd cyfun ledled Cymru. Canfu ein partneriaid ymchwil KMPG rywfaint o gynnydd nodedig, ond daethant i'r casgliad bod angen gwneud rhagor o waith i gryfhau trefniadau llywodraethu, dadansoddi'r manteision a'u gwireddu a rhannu'r risg mewn perthynas â chronfeydd cyfun.
- 1.13. Er gwaetha'r heriau o ran sefydlu cronfeydd cyfun rhanbarthol ar gyfer cartrefi gofal pobl hŷn, mae'r hyn a ddysgwyd hyd yma wedi dangos y gellir defnyddio cronfeydd cyfun mewn amrywiaeth o wahanol feysydd gwasanaeth ac ar amrywiaeth o wahanol lefelau – gan gynnwys lefel genedlaethol, ranbarthol, is-ranbarthol lleol, clwstwr a hyd yn oed ar lefel unigol – a'u bod eisoes yn cael eu defnyddio fel hyn. Bydd cryfhau'r defnydd o gronfeydd cyfun, gan ganiatáu mwy o hyblygrwydd rhwng trefniadau rhanbarthol a lleol, ac ehangu eu cwmpas i feysydd gwasanaeth lle y gallant gael yr effaith fwyaf, yn rhan o'r ffrwd waith ar gyfer darparu gwasanaethau integredig o dan ein Rhaglen Ail-gydbwysu Gofal a Chymorth.

Cymryd camau i fynnu trefniadau craffu cryfach ac atebolrwydd y Byrddau Partneriaeth Rhanbarthol

1.14. Mae'r Grŵp Gorchwyl a Gorffen ar Lywodraethu a Chraffu o dan y Rhaglen Ail-gydbwysu Gofal a Chymorth wedi'i sefydlu i gryfhau trefniadau partneriaeth rhanbarthol drwy adolygu ynghyd â:

- mynd i'r afael â rôl, cyfrifoldebau, swyddogaethau ac aelodaeth Byrddau Partneriaeth Rhanbarthol
- sicrhau bod unedau busnes Byrddau Partneriaeth Rhanbarthol yn cael digon o adnoddau a'u bod yn addas i'r diben
- sicrhau bod gan Fyrddau Partneriaeth Rhanbarthol eu cyfrif banc eu hunain neu fod ganddynt drefniadau lletya y cytunwyd arnynt
- mynd i'r afael â'r anghydbwysedd o ran atebolrwydd rhwng partneriaid statudol y Byrddau Partneriaeth Rhanbarthol
- ffurfioli'r trefniadau adrodd i/gan Fyrddau Partneriaeth Rhanbarthol ar gyfer partneriaid statudol
- pennu trefniadau craffu ar gyfer y Byrddau Partneriaeth Rhanbarthol gan bartneriaid statudol
- ystyried a fyddai llunio cyd-bwyllgor corfforedig ar gyfer gofal cymdeithasol o gymorth i drefniadau llywodraethu Byrddau Partneriaeth Rhanbarthol

1.15. Yn ystod 2022-23, bydd rhanddeiliaid allweddol yn gweithio gyda swyddogion drwy'r Grŵp Gorchwyl a Gorffen i ystyried y meysydd uchod a llywio'r newidiadau angenrheidiol i ganllawiau Rhan 9.

Datblygu fframwaith ar gyfer adrodd ar berfformiad sy'n seiliedig ar ganlyniadau, sy'n cysylltu ag uchelgais polisiâu a'r saith nod llesiant i Gymru

1.16. Mae gwaith wedi'i wneud ar y cyd ar draws y polisi iechyd a gofal cymdeithasol i ddatblygu'r Fframwaith Canlyniadau Cenedlaethol ar gyfer lechyd a Gofal Cymdeithasol drafft. Mae'r fframwaith hwn yn un o gamau gweithredu Cymru Iachach sy'n cefnogi ac yn ymgorffori'r ymrwymiad i wella trefniadau gweithio integredig. Ar hyn o bryd, mae'r Fframwaith wedi datblygu 15 o ddangosyddion poblogaeth drafft y cytunwyd arnynt ar y cyd rhwng polisi iechyd a gofal cymdeithasol. Bydd y cynnydd yn erbyn y dangosyddion poblogaeth arfaethedig yn dangos y nod cyffredinol o wella iechyd a llesiant pobl Cymru.

1.17. Dros yr haf, bydd y dangosyddion hyn a'r rhesymau pam y cawsant eu dewis yn cael eu trafod a'u rhannu'n ehangach â rhanddeiliaid. Annog pob partner i gymryd mwy o berchnogaeth a nodi'r camau gweithredu allweddol ar gyfer gwella pob dangosydd yw'r nod wrth feithrin cysylltiadau ehangach â rhanddeiliaid.

1.18. Er mwyn ategu'r gwaith sy'n cael ei wneud i ddatblygu'r Fframwaith Canlyniadau Cenedlaethol ar gyfer lechyd a Gofal Cymdeithasol, mae'r

Gronfa Integreiddio Rhanbarthol sydd newydd ei lansio yn cydgynhyrchu fframwaith canlyniadau a chanllawiau atodol â phartneriaid i gefnogi'r gwaith o ddatblygu a monitro'r chwe model gofal cenedlaethol sy'n cael eu hyrwyddo drwy'r gronfa.

- 1.19. Mae fersiynau terfynol Fframwaith Canlyniadau a chanllawiau atodol drafft y Gronfa Integreiddio Rhanbarthol ar gyfer Iechyd a Gofal Cymdeithasol yn cael eu cwblhau ar hyn o bryd gyda'r Byrddau Partneriaeth Rhanbarthol. Byddant yn cael eu cyflwyno i gefnogi gwaith monitro ac adrodd ar effaith sy'n canolbwyntio ar ganlyniadau o'r dechrau yn deg. Mae'r canllawiau yn seiliedig ar y fethodoleg Atebolrwydd yn Seiliedig ar Ganlyniadau, sydd wedi'i hen sefydlu erbyn hyn, ac mae'n cynnwys ystod o ddangosyddion ansoddol a mesurau meintiol ar gyfer pob un o'r chwe Model Gofal cenedlaethol newydd, ynghyd â ffynonellau gwybodaeth i sicrhau y bydd Byrddau Partneriaeth Rhanbarthol a Llywodraeth Cymru yn gallu mesur cynnydd i fodloni canlyniadau'r Gronfa Integreiddio Rhanbarthol.

2. Diweddariad ar gynnydd y Rhaglen Ail-gydbwyso Gofal a Chymorth

- 2.1. Sefydlwyd y Rhaglen Ailgydbwyso yn dilyn ymgynghoriad ar y [Papur Gwyn](#) ar Ailgydbwyso Gofal a Chymorth (mis Ionawr 2021), a amlinellodd gynigion ar gyfer gwella gofal cymdeithasol drwy gryfhau dulliau o weithio mewn partneriaeth ac integreiddio gwasanaethau yn unol â Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014. Cyhoeddwyd yr [ymatebion i'r ymgynghoriad](#) ym mis Mehefin 2021. Mae'r Rhaglen wedi cael ei siapio hefyd gan y [Rhaglen Lywodraethu](#) newydd ar gyfer 2021-2026. Ar 29 Hydref 2021, cyhoeddodd y Dirprwy Weinidog Gwasanaethau Cymdeithasol ddatganiad ysgrifenedig o'r enw 'Y Papur Gwyn ar Ailgydbwyso Gofal a Chymorth – y camau nesaf'.
- 2.2. Mae'r rhaglen bellach yn ei chyfnod cyflawni, ac mae'n canolbwyntio ar y tri maes allweddol canlynol:
 - datblygu Fframwaith Cenedlaethol strategol ar gyfer gofal a chymorth a gomisiynir, i bennu safonau ar gyfer arferion comisiynu, lleihau cymhlethdod a chanolbwyntio ar ansawdd a chanlyniadau
 - creu Swyddfa Genedlaethol i oruchwylio'r gwaith o weithredu'r fframwaith hwn
 - cryfhau trefniadau partneriaeth rhanbarthol fel bod trefniadau cydweithio yn darparu gwasanaethau integredig ar gyfer poblogaethau lleol

Datblygu Fframwaith Cenedlaethol

- 2.3. Mae'r gwaith o ddatblygu Fframwaith Cenedlaethol strategol eisoes wedi dechrau. Cafodd Grŵp Technegol ei gynnull ym mis Ionawr i gynghori Llywodraeth Cymru ar yr agweddau technegol ar ddatblygu polisi mewn

perthynas â'r fframwaith. Bydd y Grŵp yn mynd i'r afael â chwmpas y gwasanaethau sydd i'w cynnwys yn y fframwaith, y cylch comisiynu, safonau ar gyfer comisiynu a chynllunio gwasanaethau, methodolegau ffioedd, rheoli contractau / perfformiad, fframweithiau caffael, asesu effaith, a gweithredu'r fframwaith.

- 2.4. Bydd y Grŵp Technegol yn cyfarfod am hanner diwrnod, bob 4 wythnos yn fras. Roedd y cyfarfod cyntaf, ar 26 Ionawr, yn gyfarfod i gyflwyno'r cefndir. Roedd yr ail, ar 30 Mawrth, yn canolbwyntio ar gomisiynu. Disgwylir i'r Grŵp gwblhau ei waith yn yr hydref.
- 2.5. Bydd adroddiad terfynol ar yr argymhellion ar gyfer datblygu polisi yn cael ei lunio gan y Grŵp Technegol a'i gyflwyno i'r Dirprwy Weinidog Gwasanaethau Cymdeithasol a'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol. Bydd yr adroddiad hwn yn llywio'r gwaith o ddatblygu Cod Ymarfer newydd. Cyhoeddir y Fframwaith Cenedlaethol i fod yn destun ymgynghoriad yn 2023, fel y nodir yn y Cod Ymarfer.

Cryfhau trefniadau partneriaethau rhanbarthol

- 2.6. Mae trefniadau partneriaethau rhanbarthol yn cael eu cryfhau drwy fynd i'r afael â phum maes: Ail-gydbwyso'r Farchnad Gofal Cymdeithasol, Darparu Gwasanaethau Integredig, Ymgysylltu a Llais, Cynllunio a Pherfformiad, Llywodraethu a Chraffu. Lansiwyd y rhaglen ranbarthol hon ym mis Chwefror gan Brif Swyddog Gofal Cymdeithasol Cymru, gyda digwyddiad ar-lein i feithrin cysylltiadau ag amrywiaeth eang o randdeiliaid. Mae Grwpiau Gorchwyl a Gorffen yn cael eu sefydlu i oruchwylio'r gwaith o gyflawni pob un o'r ffrydiau gwaith hyn. Bydd y rhan fwyaf yn dechrau ar eu gwaith ym mis Mai.

Ail-gydbwyso'r Farchnad Gofal Cymdeithasol

- 2.7. Nod Grŵp Ail-gydbwyso'r Farchnad Gofal Cymdeithasol yw cryfhau'r sector gofal cymdeithasol drwy greu marchnad fwy sefydlog a chynaliadwy ar gyfer gwasanaethau a reoleiddir sy'n darparu gofal a chymorth yng Nghymru. Prif amcanion ail-gydbwyso'r farchnad yw:

- ail-gydbwyso'r ddarpariaeth gofal cymdeithasol drwy gynyddu darpariaeth awdurdodau lleol a'r trydydd sector a lleihau gorddibyniaeth ar y sector preifat mewn rhai agweddau ar ddarpariaeth gofal cymdeithasol
- datblygu dull o ymdrin â sefydlogrwydd y farchnad a goruchwylio'r farchnad sy'n hyrwyddo cynaliadwyedd ac sy'n ymateb i anghenion poblogaethau lleol sy'n newid
- meithrin capasiti a gallu comisiynu ar lefel genedlaethol, ranbarthol a lleol

- 2.8. Yn benodol, bydd disgwyl i'r grŵp hwn adolygu adroddiadau ar sefydlogrwydd y farchnad y Byrddau Partneriaeth Rhanbarthol (y disgwylir iddynt gael eu cyhoeddi ar 1 Mehefin) a nodi negeseuon allweddol ar gyfer adroddiad trosolwg cenedlaethol, goruchwyllo cynnydd o ran datblygu'r Fforymau Gwerth Cymdeithasol rhanbarthol, cyfrannu at ddatblygu fframwaith goruchwyllo'r farchnad newydd, goruchwyllo gwaith i feithrin gallu a darpariaeth gomisiynu rhanbarthol, a chynghori a gwneud argymhellion ynghylch ail-gydbwysu gwasanaethau a reoleiddir ar lefel ranbarthol a lleol. Bydd yn cyfarfod am y tro cyntaf ar 26 Ebrill.

Darparu Gwasanaethau Integredig

- 2.9. Diben y Grŵp Darparu Gwasanaethau Integredig yw parhau â'r cynnydd a wnaed o ran gwireddu uchelgais Llywodraeth Cymru i ddarparu gofal cymdeithasol ac iechyd integredig, ataliol yng Nghymru. Bydd hyn yn sicrhau bod gwasanaethau di-dor ar gael i'r bobl sydd angen gofal a chymorth, ac i'w gofaluwr di-dâl. Bydd hyn yn cynnwys:

- datblygu glasbrint a map llwybr ar gyfer system iechyd a gofal cymdeithasol integredig, di-dor i Gymru
- adolygu a chryfhau'r Byrddau Partneriaeth Rhanbarthol mewn system integredig
- egluro a chryfhau'r trefniadau ar gyfer cronfeydd cyfun a chomisiynu gwasanaethau integredig ar y cyd, gan ystyried argymhellion adroddiad Archwilio Cymru 2021

Ymgysylltu a Llais

- 2.10. Mae gwaith y Grŵp Ymgysylltu a Llais eisoes wedi dechrau, a bydd yn cael ei gyflwyno mewn dau gam. Mae Cam 1, sydd ar fin ei gwblhau, wedi canolbwyntio ar rôl cynrychiolwyr defnyddwyr gwasanaethau, gofaluwr di-dâl, y trydydd sector a darparwyr ar fyrddau'r Byrddau Partneriaeth Rhanbarthol. Mae hyn yn dilyn pryderon, a godwyd gan gynrychiolwyr defnyddwyr gwasanaethau a gofaluwr yn arbennig, nad oedd y rolau hyn wedi'u diffinio yn glir, ac nad oedd yr aelodau hyn o'r bwrdd yn cael eu cefnogi yn briodol na'u galluogi i chwarae rhan lawn yn nhrafodaethau'r bwrdd. Mae'r Grŵp wedi llunio Siarter ddrafft, canllawiau ar gyfer Cadeiryddion Byrddau Partneriaeth Rhanbarthol, a disgrifiadau rôl cyffredin, y disgwylw'n y bydd pob Bwrdd Partneriaeth Rhanbarthol yn eu mabwysiadu. Bydd y Grŵp yn cael ei ailgorffori ar gyfer Cam 2, a fydd yn dechrau ym mis Mai. Bydd yn datblygu rhaglen waith ehangach i gryfhau mecanweithiau ymgysylltu a llais mewn Byrddau Partneriaeth Rhanbarthol, ac yn goruchwyllo'r gwaith o gyflwyno'r rhaglen waith honno. Mae hyn yn cynnwys cryfhau cysylltiadau â dinasyddion (defnyddwyr gwasanaethau a gofaluwr di-dâl), y trydydd sector a grwpiau cymunedol, a (phan fo'n briodol)

darparwyr gofal a chymorth. Bydd y Grŵp hefyd yn ystyried y ffordd orau o ymwreiddio arferion cydgynhyrchu ar draws pob agwedd ar waith Byrddau Partneriaeth Rhanbarthol, a'r berthynas rhwng Byrddau Partneriaeth Rhanbarthol a'r Corff Llais y Dinesydd newydd.

Cynllunio a Pherfformiad

- 2.11. Amcanion y Grŵp Cynllunio a Pherfformiad yw cryfhau trefniadau partneriaethau rhanbarthol mewn perthynas â pherfformiad a chynllunio. Bydd y Grŵp yn mynd i'r afael ag atebolrwydd, swyddogaethau a rhaglenni strategol penodol, gan gynnwys asesiadau o anghenion y boblogaeth, offeryn hunanasesu'r Byrddau Partneriaeth Rhanbarthol, trefniadau adrodd ar berfformiad, a gweithio tuag at ddatblygu un fframwaith cynllunio integredig i Fyrddau Partneriaeth Rhanbarthol ar gyfer gwasanaethau sy'n cyd-fynd â threfniadau cynllunio iechyd a gofal cymdeithasol ehangach.

Llywodraethu a Chraffu

- 2.12. Er mwyn gwireddu trefniadau partneriaeth rhanbarthol cryfach, bydd y Grŵp Llywodraethu a Chraffu yn mynd i'r afael â rôl, cyfrifoldeb, swyddogaeth ac aelodaeth y Byrddau Partneriaeth Rhanbarthol (gan gynnwys strwythur unedau busnes y Byrddau Partneriaeth Rhanbarthol a threfniadau cyfrifon banc), yn ogystal â'r trefniadau atebolrwydd ac adrodd rhwng partneriaid statudol a'r Byrddau Partneriaeth Rhanbarthol.
- 2.13. Bydd gwaith y pum Grŵp Gorchwyl a Gorffen hyn yn cyfrannu at ddiwygio'r Canllawiau Statudol Rhan 9 ar Drefniadau Partneriaeth, yr ymgynghorir arnynt ar yr un pryd â'r Cod Ymarfer newydd ar y Fframwaith Cenedlaethol ar gyfer Gofal a Chymorth.
- 2.14. Rydym wedi ymrwymo o hyd i feithrin cysylltiadau a chydgyhyrchu â'r sector a dinasyddion. Bydd partneriaid allweddol yn aelodau o'r Grwpiau Technegol a'r Grwpiau Gorchwyl a Gorffen, ac rydym hefyd yn bwriadu ennyn diddordeb yn ehangach drwy rannu gwybodaeth am raglenni a fydd yn rhoi'r diweddaraf am y camau cyflawni allweddol.



Partneriaeth
Ranbarthol
Gorllewin
Morgannwg

West
Glamorgan
Regional
Partnership

West Glamorgan Regional Partnership Board
c/o West Glamorgan Transformation Programme Office
Civic Centre
Oystermouth Road
Swansea
SA1 3SN

✉ west.glamorgan@swansea.gov.uk

🌐 www.westglamorgan.org.uk

Date: 5th May 2022

Mark Isherwood MS

Dear Mark

Care Home Commissioning Inquiry

Following the Public Accounts and Public Administration Committee's request for information, please find below the response from the West Glamorgan Region.

Making access to care homes for older people less complex and easier to navigate

The regional *Discharge to Recover and Assess* process Pathway 4, introduced through COVID, involves a proportionate assessment whilst the individual is in hospital, and link nurses directly speak to the care home to facilitate move on in a clear way and timely way. This is followed by a social work assessment within two weeks of discharge, to ensure the placement remains suitable and meets the needs of the individual, before a long-term decision is made.

Information on rights and choices when deciding on a care home are made available to the public by each partner organisation.

Addressing the root causes of the division among partners that can arise from public sector funding approaches for different aspects of care

The partners working with Older People within the West Glamorgan region have always worked well together. This has been particularly evident over the past two years, when, in responding to COVID, partners have come together to solve the number of issues that have arisen.

Partners have always taken a pragmatic view on eligibility of funding for placements. The development of a joint funding agreement over COVID to facilitate discharge into care homes has now been implemented as business as usual when a clear funding route is not visible; in these cases 50/50 is agreed until there is an opportunity to carry out the MDT in the care home. This ensures that there are no delays to discharge, and the service user is at the heart of the decision making process.



Partneriaeth
Ranbarthol
Gorllewin
Morgannwg

West
Glamorgan
Regional
Partnership



Regional working has also been undertaken in agreeing uplifts for care homes, with a mid-year uplift awarded in October 2021 which was implemented after taking into consideration the considerable pressure care homes were under due to the impact of the pandemic on their operational and financial stability.

Improving performance information relating to health and social care commissioning to be able to demonstrate whether policy aims are being achieved, well-being goals delivered and to evidence the impact on service-user outcomes

Over the last two years, much of the work has been COVID related, and keeping people safe. Prior to COVID, the region had already implemented a Regional Quality Framework focusing on service user well-being goals. This is a priority area for review post COVID to revise and improve. There is also a regional Escalating Concerns Policy and HOSG process, and the Externally Commissioned Care Group – set up to respond to COVID, will continue to operate facilitating business as usual in supporting care homes to deliver on well-being goals for their residents.

Ensuring that pooled-fund arrangements for care home commissioning are delivering the intended benefits

The current arrangements are sufficient in meeting the region's requirements. However, we will continue to explore opportunities to build upon these arrangements, in particular with the development of new service models.

Due to capacity issues, it has not been possible consider evidence against the other issues noted in the letter in the time required due to the continuing significant pressures in the sector. However, a response will be drawn together and submitted to the Committee within the next 12 weeks. In the meantime, the costings as requested are as follows:

Swansea Local Authority

Category	Rate for 21/22	Oct 21 Uplift	Rate for 22/23
OP Residential Care	£576	£654	£658
OP Nursing Care	£653	£717	£722
OP Dementia Nursing Care	£678	£748	£754

Neath Port Talbot Local Authority

Category	Rate for 21/22	Oct 21 Uplift	Rate for 22/23
OP Residential Care	£619.96	£688.20	£688.20
OP Nursing Care	£627.57	£696.60	£696.60
OP Dementia Nursing Care	£660.23	£732.90	£732.90

Swansea Bay University Health Board

Category	Rate for 21/22	Oct 21 Uplift	Rate for 22/23
SBUHB CHC base rate	£837.32	£901.32	£912.77*



The 2022/23 CHC rate* is a **draft estimate**, based on the national FNC rate increasing by 3.5% (from £184.32 to an estimated £190.77) plus the new Swansea LA OP residential nursing rate of £722.

Please do let me know if you have any further queries.

Yours sincerely



Emma Woollett
RPB Chair & Swansea Bay University Health Board Chair
West Glamorgan RPB

cc: Sian Harrop-Griffiths; Director of Strategy, Swansea Bay University Health Board
Dave Howes; Director of Social Services, Swansea Council
Andrew Jarrett; Director of Social Services, Health and Housing, Neath Port Talbot County Borough Council



Partneriaeth
Ranbarthol
Gorllewin
Morgannwg

West
Glamorgan
Regional
Partnership



Gofynnwch am/ Please ask for: Kevin Pett

Dyddiad/ Date: 10th May 2022

Mark Isherwood MS
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

By email

Dear Mark,

The Inquiry by your Public Accounts and Public Administration Committee is a very timely intervention at a crucial juncture in the provision of care and support services, and the Regional Partnership Board welcomes the opportunity to contribute.

Our recently finalised¹ Market Stability Report (MSR) makes clear that the COVID-19 pandemic has accentuated existing challenges:

*This MSR has been developed against the background of the worst **pandemic** for over a century **impacting profoundly on people who need care and those caring for them** - whether unpaid or paid. Providers of services have also been severely affected and existing workforce pressures have worsened considerably...The sector has also been dealing with **historic systematic challenges** which are now being magnified as a consequence of the pandemic. Over the last decade demand pressures on social care services have been compounded by fiscal austerity across public services. Reduced funding for local authorities and competing priorities has limited the rates that local authorities (and the Health Board) are able to pay for care and placed a disproportionate emphasis on economy rather than quality and improved outcomes, [emphasis in the original].*

The MSR also notes that public sector budget pressure has frustrated efforts to prioritise investment into preventative community-based services and support. Furthermore, it recognises that current workforce challenges are likely to intensify as

¹ But subject to final organisational sign off.

the working age population in the Region continues to fall, and pressures from a growing older population continue to increase.

It is noted that the Committee Inquiry focuses specifically on commissioning for *older adult care homes*. The comments above relate to care and support in general, but it is relevant to briefly note that the service under perhaps the most acute pressure is domiciliary care. This service is crucial in meeting the ambition of supporting people to live at home where this is their choice, and their needs can be met. However, engagement with providers and commissioners in the Region as part of the MSR indicates that:

- Providers are handing back contracts as they report they do not have the staffing capacity in the right places to take on new referrals
- Workforce shortages, including the ability to retain high quality home care staff, are highlighted by both providers and commissioners as the single most significant risk to market sufficiency and stability across the whole care market.
- Commissioners are reporting the increasing use of residential care to support individuals being discharged from hospital and awaiting a domiciliary care package, signalling shortages in the market
- Commissioners are reporting that they are actively reviewing domiciliary care packages to consider reducing the number of hours provided where appropriate and seeking greater support from family carers as a substitute and accessing wider preventative community support options

Turning specifically to the subject of the Inquiry, the MSR notes the challenge of meeting needs where people are tending to become resident at an older age and with more complex needs:

there has been a change in the type of provision, with a modest decrease in the number of nursing home beds and an increase in the number of 'elderly, mentally infirm' or EMI beds in residential care homes without nursing. To an extent these trends align with the drive to enable people to live in their homes for longer which means that people move to residential care at older ages and with multi morbidities...However, the decline in nursing beds runs counter to this and means that there may already not be sufficient care with nursing to meet the needs of people, especially those with more complex needs, such as behaviour that challenges, associated with dementia, who are frequently placed out of county or out of region

Further challenges highlighted by the MSR include: provider workforce; the long-term impact of the pandemic on demand; and the risk of market exit coupled with the finding that '...market conditions are unlikely to incentivise sufficient investment without more active market shaping and intervention'.

Work is underway under the auspices of the West Wales Care Partnership(WWCP) to respond to the findings of the MSR, in the light of the Welsh Government *Rebalancing Care and Support* and associated revenue and capital funding streams. It is relevant to note that the findings of the MSR are largely consistent with the *Rebalancing agenda*².

² However, the MSR scope includes CIW regulated children's services. Here, concerns exist about the impact on the market associated with Welsh Government's intention to remove profit making by providers.

The above is provided as context and as a brief summary of the collective understanding afforded as a result of the completion of the MSR for the West Wales region. The response now directly addresses the key issues (identified in bold) from the Auditor General's National Summary Report, as follows:

Making access to care homes for older people less complex and easier to navigate. The Audit Wales report acknowledges that overall policy and guidance is set out by Welsh Government and that this is the primary factor. It is acknowledged that particular difficulties can arise in relation to decisions about Continuing Health Care(CHC) or joint funded placements. However, to aid navigation, a Regional Operational Policy has been developed and adopted for use by staff in supporting older adults in making care home placements. The document provides information about placement types and their associated decision paths.

Findaplace.wales has been developed by the Region as a searchable on-line platform for use by older people, families and professionals. Whilst the platform has wider utility³, in this context it is important to note its role in providing relevant 'real-time' information to support informed choices by potential residents, within a complex range of potential accommodation options.

Addressing the root causes of the division among partners that can arise from public sector funding approaches for different aspects of care. As noted above, particular difficulties can arise where funding responsibilities are less clear, and where 'case by case' consideration is required. Pragmatic approaches are being taken in relation to joint funding. Furthermore, Hywel Dda UHB fully funds Discharge to Recover and Assess (D2RA) packages until post-discharge eligibility is determined. However, as the Audit Wales report makes clear '...while the implementation of the approach at a local level can increase [or reduce] tensions, the basis of the funding responsibilities is set out by the Welsh Government'⁴ [parenthesis added].

Improving performance information relating to health and social-care commissioning to be able to demonstrate whether policy aims are being achieved, well-being goals delivered and to evidence the impact on service-user outcomes. In addition to the MSR, which involved significant data analysis, the Region benefits from other mechanisms to evaluate the delivery of policy aims. Robust and regular (quarterly) reporting of older adult care homes is in place as part of regional pooled fund governance arrangements. This considers financial data, including the aggregate regional budget, projected spend per placement type, and spend per head per placement type. Analysis of activity is also intrinsic, including the number of placements per placement type and how levels vary across the Region and over time. Analysis of placements per head, per placement type is particularly useful in illuminating variations in approach across the Region.

³ Including the gathering of key information for quality assurance, contract monitoring and market shaping purposes.

⁴ See page 12.

As part of arrangements to implement the single regional care home contract (Pre-Placement Agreement, or PPA), a single regional management information dataset has been agreed and is submitted by providers through the Findaplace.wales platform on a regular basis. This information is being used to develop market intelligence that will inform future market shaping interventions.

Finally, a single regional Quality Assurance Framework is under development as a regional commissioning priority initiative for 2022-23. A fundamental consideration is the measurement of user outcomes.

Ensuring that pooled-fund arrangements for care home commissioning are delivering the intended benefits. See above.

Considering whether Regional Partnership Boards are working as intended in respect of care home commissioning, in the context for example of statutory guidance. As related above, a range of initiatives are in place regionally to support strategic regional commissioning capability. Further work is proposed during 2022-23 to develop a MSR implementation plan, which will dovetail with the revised regional Area Plan and associated capital investment plan (April 2023). It is critical to recognise the roles of the RPB as primarily being in relation to strategic co-ordination of commissioning arrangements, and further, in understanding the regional care and support market.

Understanding the reasons for the variation in expenditure on residential care and continuing healthcare costs that suggest inequitable application of policy across Wales. It is recognised that the supply of care and support services is not evenly distributed – either across Wales, or the Region. Whilst the Committee will rightly wish to take a view on variable costs and the extent to which this reflects local market conditions, variations in the *numbers* of different placement types (per head) across Wales may be more illuminating in considering the consistency of policy application, as well as the availability of specified placement types.

Considering the potentially perverse incentive for local authority commissioners of care that arises from the fact that the charging cap on service user contributions is different for care-home placements compared to people supported in the community. The criteria in this regard are a matter for Welsh Government. It is reasonable to suggest commissioners could have an incentive to place people, though this does not seem in evidence in West Wales. Whereas there has been a short-term increase in the use of interim beds, this has been as a response to the current shortage of domiciliary care capacity. Furthermore, the older adult care home pooled fund data shows a clear reduction in the number of local authority placements in the Region over the last year. It is also apparent that Covid has reduced demand for (particularly) residential care home placements. It is not known whether this effect will be sustained beyond the pandemic. As the MSR notes 'the number of people requiring residential care is unlikely to rise in line with demographic changes but the trend of residents having greater needs will continue'.

Care home fee rates

Local authorities:

2021-22

	Residential	Residential EMI	Nursing	Nursing EMI
Carmarthenshire County Council	£622.73	£650.37	£601.47	£694.49
Ceredigion County Council	£644.00	£686.00	£668.15	£711.48
Pembrokeshire County Council	£658.71	£717.45	£679.12	£735.90

2022-23

	Residential	Residential EMI	Nursing	Nursing EMI
Carmarthenshire County Council (interim)⁵	£688.51	£726.07	£664.95	£776.27
Ceredigion County Council (interim)⁶	£702.80	£748.65	£729.12	£776.44
Pembrokeshire County Council⁷	£722.11	£786.21	£743.87	£805.80

In all cases, fee increases for 2022-23 are in the range 9-12%.

Hywel Dda University Health Board:

2021-22

	Funded Nursing Care (FNC)	CHC (Continuing Health Care) General	CHC EMI
Carmarthenshire	£184.32	£793.27	£886.29
Ceredigion		£859.95	£903.28
Pembrokeshire		£870.90	£928.09

2022-23

Fees are yet to be determined. However, FNC rates will be agreed nationally in June and CHC rates will be set in the light of the fee review that is currently underway.

⁵ Subject to possible revision following fee review.

⁶ Subject to possible revision following fee review.

⁷ Subject to confirmation.

I hope you find the above response helpful in your deliberations. Colleagues from the Regional Partnership Board will be happy to assist with any further requests for information that may be necessary.

Yours sincerely

A handwritten signature in black ink, appearing to read "Judith Hardisty", with a stylized flourish at the end.

Judith Hardisty

Chair, West Wales Regional Partnership Board.

Evidence from Jackie's Revolution Expert group (registered with Wales Co-op and pending Social Enterprise)

The Expert Group that constitutes Jackie's Revolution (JR) welcomes the opportunity to submit evidence to the Senedd Care Home Commissioning Enquiry 2022.

We would like to challenge the idea that improving the market mechanisms is the priority to improving the mechanisms to deliver long-term care in Wales. In fact, we challenge the viability, sustainability, and fitness for purpose of the institutional model of long-term care going forward in the 21st century. We believe it is a social problem and must be stopped. We contend institutionalisation of older adults under the guise of advanced age and medical conditions is the ultimate, most ignored, and entrenched form of ageism in British society. We know it is based on centuries old tradition which in our research we have traced its history back to 936; and has no place in advanced societies.

We believe what is needed is not a refinement of care home commissioning, but planned disruptive innovation to pivot new models, frameworks, and cultures for future generations of older adults in Wales. We have the evidence and the will to provide solutions which we outline later in our paper.

The imperative for this Enquiry is that "Our society must make it right and possible for old people not to fear the young or be deserted by them, for the test of a civilization is the way that it cares for its helpless members." (Buck 1932)

We challenge the Care Home Commissioning Enquiry to begin the process of dismantling the institutional care model as it represents a complete systems failure, and to pave the way for ways of living out advanced years with dignity, personhood, citizen power, and choice.

We believe priority should be given to finding new and alternative ways to deliver home-based, community-led, people-powered, Human Rights-based lifestyles with support in people's own homes.

We wish to present the evidence and imperatives in support of this view.

Jackie's Revolution – Who we are

In April 2020 Jackie Marshall-Cyrus FRSA, former lead specialist for the Assistive Living Platform at Innovate UK convened a group of seven experts in the ageing and social care domains from across the UK (including 3 from Wales) who would stand with her to openly challenge the status quo and dare to declare the uncomfortable truths about the institutionalisation of citizens under the guise of care. This led to the founding of Jackie's Revolution in April 2021. Its operations are delivered by a core team of four (4) domain experts, three (3) of whom are Welsh and reside in Wales. Their backgrounds are based in policy development, gerontology, nursing, disruptive innovation, entrepreneurship, and collaborative programme delivery. We operate on the basis of "6-ship principles", i.e. Leadership, Partnership, Companionship, Kinship, Relationships, and Ownership. The team stands ready to ensure as a generation we live and die where we want and is befitting to us in late adulthood.

Our agreed Vision is:

"By 2030 growing older must not cost anyone what it means to be Human." (J R 2020)

Our Mission is:

"To catalyse the creation of affordable, sustainable, community-based, citizen powered alternative models to institutional care befitting of life in the 21st Century" Human rights are at the heart of this mission" (see Declaration of Rights for Older People WG 2014)

We have decided that Wales with its citizenship, rights and social justice policies is the best place to pilot a concrete solution. We have now shared our vision further in Wales with partners in Housing Associations,(Pobl for any accommodation for events, Melin Homes in direct partnership for proposals, Swansea University (Centre for Innovative Ageing and Arwen Institute) for community development/co-productive research, follow-on participative research with older adults including Cymru Older Peoples' Alliance (COPA) and facilitation of "Sandpit/Ideation" events. An Energy and Digital organisation and others are eager to join us and start the process of our 5-year strategic plan. We have agreed and shared the key components of a new eco-system within a proposed demonstration site to provide and support older adults in partnership and collaboration.

Our Objective

We are citizens who will model an innovative eco-system that harnesses key components which will deliver our vision. These components include environmental sustainability and circular economy principles, affordable adaptive carbon-neutral housing, advanced materials, architecture, town planning and urban design, workforce re-modelling and re-deployment, modern transport systems, waste management systems (industrial, domestic, and clinical), artificial intelligence and machine learning, robotics and autonomous systems, systems thinking and simulation, big data, design, technology transfer and re-application, entrepreneurship and social innovation. We welcome anyone willing to support us to realise our vision. This list is not exhaustive.

We would like the opportunity to share the evidence we have collated through our work over the past year and the possible solutions and their source. This is based on robust research evidence, consultation with high level supporters and experience from Innovate UK work. There is an historical, social, and economic imperative to use this work and share our thoughts and evidence with the Committee.

The Historical Imperative

On 5th July 1948, son of the soil Aneurin Bevan gave us a legacy built on the long held ideal that good healthcare should be available to us all, regardless of wealth. **Our goal** is to start to build a legacy in Wales, based on an unshakeable ideal that people deserve to live out their lives in their own homes and communities regardless of age and physical/mental need.

The history of institutionalisation as a way of looking after older adults in Britain began in 936 and we have traced the changes since 936 in a further paper (Marshall-Cyrus J & Morgan L 2022). It is disappointing and shocking how little the actual organisational culture and use of private, for-profit model has changed. A serious question has to be asked about why the NHS and Social Care sectors, who currently commission the majority of long-term care, have been so slow to develop a culture which promotes innovation. Market shaping exercises seem to assume the status quo will continue indefinitely which is confirmed by the number of care providers now building new larger care homes.

Commissioning more care home places is not the answer for future generations and neither is it at all cost-effective using precious public money. None of us want to live to the end of our days in a Care Home.

We would like to challenge the idea that improving the market mechanisms is the priority when what we actually need is **disruption** to the existing model of long-term care.

The institutionalisation of older adults under the guise of care is a societal problem we choose to ignore. The system is archaic, dysfunctional, unsustainable, not fit for purpose, a drain on local government budgets, unwanted by many, and in many instances breaches people's Human Rights. It no longer represents a judicious use of taxpayers' money or reflects 21st century living.

Leadership, innovation, political will, and appetite for risk are critical drivers for systems change.

The Social Imperative

Research shows that people do not want to be institutionalised in advanced years. The spectre of institutionalisation in later life fills most people with fear and trepidation. John Kennedy from the Joseph Rowntree Foundation said in 2012 "One day I may end up in a care home. Does it scare me? Does the idea fill me with dread? Does it you? The issues affecting care homes never seem to change. Why not?".

The present nature of institutional care, its organisational model and the status quo which sees almost the automatic presumption that when a person's needs become complex, or too expensive to support in the community, then the only option is to 'be put in' or 'admitted' or be 'placed' into a Care Home. For older adults and or their families who do not want this there is very little in the way of choice or a coherent integrated ecosystem to support them to live out their lives where they wish. Most people want to remain in their own homes and there is evidence to support this in Wales (Osmond 2018 (Gwent RPB), Welsh Government AGenda 2017) as well as over many years. The adage "remain independent in their own homes for longer" is a clear indication of the apathy that pervades the subject. Is it a stretch too far for people to remain in their own homes with the support they need to live their best lives until the end? It is an indictment to society and to the powers that be that we continue to strip people of their homes, their finances, their children's inheritances, their power, their sexuality, their identity, and ultimately their humanity at scale. It has become an accepted practice that has been

normalised through the centuries, and despite the technological and social advancements we have made, we choose to remain blind to this dark stain on the fabric of our society.

We believe that the 21st century, in our time, is the right time to lay a new foundation for enabling older adults to retain their rightful places in society and not on its fringes. We believe that tinkering around the edges of what is a systems failure with initiatives focused on improvement will not move us forward. Historically none has, and we are where we are today. Successive UK governments continue to kick the tin down the road as they believe adult social care is in the “too difficult to do” box, and so a plethora of policy, regulations, “low hanging fruit” initiatives, and reports that bring us back to square one decade after decade with no end in sight. Wales now has a huge opportunity.

Being put into a Care Home when your needs are complex is a ‘fait accompli’ where an older person’s right to a family life and to a private life is ignored. For many carers and families residential care becomes the only option. There is very little consideration of a service culture which would include ‘options’ ‘choice’ and ‘self-determination’ (Innovate UK LTC provocation paper – Ayres S (2012)). So many older people and their family/unpaid carers go through this agonizing and very stressful situation.

It is time to openly declare the uncomfortable truths about the institutionalisation of citizens in structures called care homes under the guise of care, and to accede that the old ways are no longer working. We need reinvention, not refurbishment or renovation. The current institutional model of long-term care is not working. It will not stand up to the socio-political, socio-economic, and socio-technological dynamics of the world we live in today. There is a need to be intent on providing a new vision, exploring new ways, and stimulating new drivers of innovation (social, economic, technological, and humanistic) for real change. It is entirely possible for people to live out their lives and die in their own homes, or place of their choosing. We trust that we have found the political leaders, organisations, and people who dare to take the risk to make it so.

The Economic Imperative

The institutional provision of long-term care is undeniably a lucrative market. The people who reside in such settings are undeniably commodities, not customers. The broad problem market areas in the sector are:

- (1) those requiring care need greater support in choosing a setting and greater protections when they become residents,
- (2) the current model of service provision cannot be sustained without additional and significant amounts of public funding and the parts of the industry that supply primarily Local Authority (LA) funded residents are unlikely to be sustainable at the current rates the LAs pay.
- (3) significant reforms are needed to enable the sector to grow to meet the expected increase in care needs. They are unable to meet it today and the framework for delivery ensures that they will not be able to meet it in the future,
- (4) greater protection of residents' Human Rights and compliance with Consumer Law are needed.
- (5) uncertainty around how much "leakage" is occurring from for profit Care Homes' public funding (and individual older adults' private savings) into shareholders pockets outside Wales – UK Group organisations, and outside UK – Hedge funds. (Kotecha 2019)

Real Economic Cost to Citizens - The costs of the existing model of provision to the citizen is phenomenal. In Wales in 2021 between 25 - 26,000 older people lived in 1,077 Care Homes. (Bolton 2022) This represents about 4% of the total population aged 65 years and over but there is then a threefold increase to 15% of people aged 85 and more. However, we see little development of any options, either housing models or health and social care increased packages of care to support people in their own homes. The majority (75%) of care homes for older people in Wales are owned by a single owner or an owner who has less than five homes. A much smaller percentage of homes are owned by larger group providers (8%) or by local authorities (17%)². 29% of care homes in Wales for older people are run by organisations based in England.(Bolton 2022). Health Boards are having to support struggling care homes, using extra resources when fees, such as a minimum of £801 per person per week (Laing Buisson 2019) have already been paid. It is suspected that there will be little interest in new single owner managed homes in the sector because of costs and staffing, and there is therefore a significant risk that the large for-profit groups may "snap up" failing care homes or build new ones where the profits will then exist outside Wales and outside UK.

The unit costs of health and social care are evident in the yearly regular figures from PSSI Kent (Jones & Burn 2021). Home care (with or without health care (community nursing input) versus Care Home costs are also available. What is absent is the cost

benefit analysis which includes the proportion of public and individual family's funding paid into Care Home dividends, a considerably amount of which are held outside Wales in group organisations and outside the UK in hedge funds.

A key fact from Kotecha (2019) showed that "Out of a total annual income of £15bn, an estimated £1.5bn (10%) leaks out of the UK care home industry annually in the form of rent, dividend payments, net interest payments out, directors' fees, and profits before tax, money not going to front line care. This is equivalent to the £1.5bn of additional funding for social care promised by the government in the September 2019 Spending Review." According to Kotecha the "leakage" is extremely difficult to identify in terms of clear profit.

Also add the cost to the public purse of this huge industry of NHS and Local Government health and social care assessors constantly reassessing for residential dementia care and continuing health care.

Lack of Control of Costs. While the idea that private companies may play a bigger role in the future provision of health care is highly contentious in UK, particularly in England, the transformation of the residential and nursing home care (labelled as Social Care) from a public service direct provision to a mainly private provision has attracted little comment. And yet it had been foreseen, by evidence from past research (Drakeford 2006) which showed these worries, and which have now been realised. These risks were not acted on, and various Care Home market analysis by Regional Partnership Boards (Gwent RPB 2019) show that it is difficult to discover the real owners of some corporate/company managed homes as hedge funds are involved. The marketization of nursing home care has posed new challenges to governments in collecting and reporting information to control costs as well as to ensure quality and public accountability. (Harrington & Jacobsen 2017). Arguably changes in regulation and inspection have made no difference to the lives of older residents as there is little research evidence to prove either way.

Commodification of Care.

The organisational culture in Care Homes continues to be a concern and whilst there have been some initiatives such as My Home Life Cymru (2008 – 2014) to transform that culture it is still based on the medical model of ageing. There is evidence of some good owner managed Care Homes identified through the work of My Home Life Cymru, but this programme no longer exists and recent findings in England from a longitudinal study show

that despite new Acts, regulation, registration, inspection and standards Care home residents experience a loss of autonomy and a lack of agency; they are often excluded from decision-making. Also, older care home residents have few choices with regard to care at the end of life. Care provision in a Care Home is a commodity as are older adults. In Wales we see this disruption and a new model for later lives as a huge contribution to the foundation economy where not for profit care and support provision would remove the focus on care as a commodity. The commodification of care means that within the commissioning cost using public money there always has to be a contribution towards the profit and dividends received by shareholders.

Health need impacts upon need for social care.

We should always note that a health need impacts on the need for social care. The removal of personal care in 2000 from the nursing role – whereby community nurses were no longer allowed to provide a bath – where the holistic assessment could take place – was removed despite presentations to Welsh Government – in 2000 with the implementation of the Care Standards Act (2000 Wales). This was the ultimate in ageism as it labelled and punished many older adults to a life of reduced access to quality community nursing and being “put into a care home”, so increasing the incidence of separation from partners, family and friends, which was not their choice. During the pandemic we have seen older peoples’ rights, particularly in Care Homes trampled over and thousands of older people have died. The rights of relatives and loved ones to access their families continue to be trampled upon today. People are powerless to see, speak, or be with their loved ones. It is unimaginable that we may find ourselves in such a situation, yet we sit by and see it fit to explore how market mechanisms should be a priority to delivering “improvement” for an outdated, unsustainable, and unfit health care model.

Quality of Care impacting on Health and NHS services

Concerns about the quality of care do make it into the public domain from time to time, often stimulated by high profile media investigations, scandals or criminal prosecutions. However, there is little or no evidence about whether or not the transformation of the sector from largely public to private provision has had a beneficial effect on those who need the service. (Barron & West, 2017). There is also little evidence to show that residential care is preferable in terms of health and well-being benefit to losing one’s family home. Why is the profit to be made from an older adult’s care included in the costs of long-term care?

We can only imagine the savings in terms of better lives (health and well-being) and not for profit costs by providing all long-term care in a person's home.

Anecdotal evidence from members of our Expert Group, nurses, carers, relatives, and a variety of support networks in the sector point to a level of secrecy and concealment that is shocking and well established. Care quality has been one of the intractable challenges that has plagued the institutional model from the outset. In the 1920s conditions caused so much concern to nurses and medical officers of health that it paved the way for the appointment of the Select Committee on nursing homes (Abel-Smith, 1964). Evidence to the Committee reported on the terrible circumstances of some patients. Should the cloak of concealment be lifted the picture is not that far removed from circumstances today as seen in Dr Margaret Flynn's inquiry for Welsh Government 2015.

The Policy Imperative

The long-standing approach to dealing with the challenges plaguing the system has been policy and regulation, as well as best-practice tool kits. The Re-Balancing Care policy, The Well Being of Future Generations Act 2015 and Social Services and Well Being Act 2014 create an ideal opportunity to innovate radically by disrupting the whole system and creating a new eco-system of care and support for present and future generations.

The Innovation Imperative

In 2013, Innovate UK (now UKRI/Innovate UK) undertook a radical programme of innovation to explore the potential to disrupt the institutional model of long-term care in the UK. The aim was to fund project ideas innovation that would disrupt the status quo of long-term care between now and 2020, with a vision for 2040 in order to transform long term care in the UK from an economic liability to a dynamic engine of economic growth.

The three (3) year programme was funded for £8m. It was delivered in two (2) phases, the first being a National SBRI Challenge for entry into a 'Sandpit' and the second phase being an SBRI Grand National Challenge co-funded with the Economic and Social research Council, and the Engineering and Physical Sciences Research Council. To date, this programme has been the only national innovation challenge to turn its eye to the institutional model of long-term care. It highlighted the dearth of innovative thinking in the domain, the level of risk that needed to be calculated and taken to deliver real change, and power of engaging "the unusual suspects" to generate new ideas.

The innovation agenda continues apace with the Industrial Strategy Challenge Fund's (ISCF) Health Ageing Challenge valued at £96m. The Healthy Ageing agenda now however stops short of people living in the institutional care, preferring to fly the banner of "independent living in one's own home for longer". This is a tacit admission that institutionalisation is accepted, expected, and normalised. Anyone in the ageing innovation field will report that the projects funded by the ISCF's Healthy Ageing Challenge amount to more of the same.

What Wales now has is an opportunity to do something special, something no one else is prepared to take the risk to do, but which has the potential to bring untold rewards to its economy, its society, and to the quality of life of its people.

The goal of innovation is to make positive change, to tackle complex problems to create something new or to make things better for people. Innovation is risky. There is no getting away from it. Yet we forget that risk underpins every major social, economic, and technological milestone in the history of mankind. Leadership, innovation, political will, and appetite for risk are critical drivers for systems change.

We would like the opportunity to share the evidence we have collated through our work over the past year and the possible solutions and their source.

We have already submitted two sets of evidence to the Health and Social Care Committee and the Housing and Local Government Committee on our views for the Sixth Senedd programme.

Evidence for Change

As we have stated right at the beginning, this is not just in commissioning care home placements but in reducing commissioning to care homes.

The alternative, and much more rights-based option is care at all levels in the home of an individual's choosing, whether that be a flat, house, housing supported flat, bungalow or a small family styled unit (McKee S Evermore Living Well model).

Action needs to happen now, as Housing Lin's Report in 2019 for Welsh Government indicated that their assessment estimated that there would be a significant shortfall across Wales in specialist housing and accommodation for older people by 2035.

We begin on a strong positive. This is what good will look like:

Good is when growing older does not cost the individual what it means to be a whole human being.

Good is when people are no longer “put” or “placed or “admitted” to institutions due to the lack of provisions by an archaic broken adult health and social care system.

Good is when communities across Wales are supported by agile eco-systems, innovative, cutting-edge products, services, and systems, and vibrant internal marketplaces which assure people they can sustain their lifestyles, autonomy, and dignity to the end of their lives, in their own homes, or in wherever they choose.

In 2006 the Long-term Care Revolution at Innovate UK brought together all the research and information that was needed to change the System.

Also, Karlsson in 2007 outlined the costs and future use, based on the current system, long term care and the use of Care Homes.

That evidence and thinking as well as the learning and reflection on what was tried in 2006 onwards has been available to our group as we discussed our vision and objectives this past year.

Our Key Points relevant for Wales:

- **The evidence from Innovate UK** Long term Care revolution showed that many elements of how we live our lives have been transformed by the rhetoric of choice and control in determining the care needed to live independent and fulfilling lives. But this is not being reflected in how services are being delivered. Older citizens show a strong preference to receive long-term care in their home rather than moving into a nursing or care home and their expectations of autonomy and choice in later life are not currently being realised. These preferences were again itemised in the Welsh Government AGEnda Housing Aspirations for an Ageing Population in 2017 but have not been realised. They have also been stated in the consultation Rebalancing Care as well as public comments to the new Strategy on Ageing.
- It is a serious issue that while there has been a substantial investment in ageing better; it has involved disconnected thinking and short-term pilots not embedded in community services. Today people want tailored and personal care which is coordinated via one key contact. (Katz S & Peace S 2014) (Blood I et al 2017)

- We argue that the institutional mindset is still prevalent in social care for the older adult and our health system with a medical rather than the social model of ageing and support. Services are not being tailored to meet the personal needs, hopes and aspirations of older citizens. There appears to be a focus on medicalising later life care which ignores the health risks associated with loneliness, social exclusion and a lack of autonomy amongst older citizens.
- So, “for 20 years successive Governments, think-tanks, charities, public and private sector providers have grappled with one of this country’s biggest challenges – how to make the NHS and social care both fair and sustainable. While it’s funding that has captured the headlines, examining how two siloed services could work better together to maximise the health and wellbeing of our growing population has been at the heart of this decades- long conversation. We still don’t have a solution.” (McKee S 2020)

Now is the time to change the “System”. The pandemic has made existing models in this present System unsustainable. There is opportunity to build something better, or older people will fall through the net again, creating a huge pile up in NHS services as we can now see in some Health Boards already. During the pandemic the lack of easy access to GP surgeries will now present a new tsunami of increasing and more complicated need. This can still be provided in a person’s home. According to a medical discussion at an Ageing 2.0 webinar in 2021 – there is relatively little clinical treatment that cannot be provided in one’s home. We understand that the Royal College of Physicians is now focusing on a new “offer” of a higher level of domiciliary referral, treatment and advice.

Rebalancing Care, Integration and Prevention - There are now more opportunities, particularly from Regional Partnership work, for an increase in low level preventative services from the third sector, provided in local communities and in supported housing. The evidence emerging from these already shows that these new innovative services improve health and well-being. Digital Platforms that upend the economics of care, (Action for Elders Balanced Lives programme and Impact Report 2021), (The Circle in Roddam’s Radical Help 2019), the Evermore Well-being Co-operative model (McKee 2020) being developed in Manchester soon.

How we can contribute and offer Solutions

We have a strategic plan for the next five years with a focus on the evidence to underpin our mission of developing with significant and industry relevant partners a demonstration site to show what good looks like for people requiring support to live their lives in their own home to the end.

We feel that we must focus on Housing as being the vehicle to drive this innovative and tested model and in Wales because of its innovative new legislation and Senedd programme of work for citizens and communities for the future. Our decision is based on previous experience and learning of long-term care modelling.

The Demonstration site we want to plan for with relevant partners and in consultation with local citizens will contain the key components for a new eco-system of long-term care.

These are :-

Innovation policy - It is widely acknowledged that such complex systems cannot be created by government, but it is also increasingly accepted that innovation policies can play a part in nurturing their development and sustaining their vitality. The Welsh Government has plenty to consider when it comes to developing a future-oriented innovation strategy that can help Wales move up the league tables of economic and innovation performance. Nurturing an innovation ecosystem that is fit for the future will require radical, rather than incremental, developments that embrace both institutional and cultural change (Delbridge et al 2021)

Housing and architecture - Innovative, affordable, adaptable construction models, and low-cost creative retro fit, communities with dynamic and agile living environments adapt to people's changing needs.

Energy efficient systems - Integrated existing, new, and emerging supporting frameworks underpinned by zero carbon, the circular economy, and environmental sustainability goals.

Waste management systems - Domestic and clinical systems designed for easy access, affordability, and efficiency.

Advanced materials - Innovative and creative applications of existing and new materials to support activities of daily living (ADLs) and health conditions management.

Robotics and autonomous systems - A major cultural, attitudinal, and technological shift in government policy, society, and the sector, embracing the next generation of theoretical systems such as AI and machine learning, 5G, the Internet of Things (IOT), biometrics, Augmented Reality and Virtual reality, as well as quantum computing.

Health service models redesign – Upending the paternalistic medically dominant healthcare professional driven service-led models with a shift to a comprehensive consumer driven model, ranging from private, public, agency, sole trader, or any combination in any area of health care delivery. There are holistic relational models such as the “Circle” in Radical Help by Hillary Cottam (2019) and Balanced Lives (Action for Elders 2020) which show how integrated encouragement and support and self-help can improve health and well-being and support existing community health and social services.

Innovative financial models - Including models/frameworks of financial services including banks, insurance companies, large retailers, investor angels, corporates, local authorities, or any combination.

Workforce redesign – A re-design and a cultural shift in the workforce for system change, with a paradigm shift from vocational and altruistic, to entrepreneurial and disruptive social innovation. This demands new thinking, roles, quality assurance and regulatory frameworks.

Education redesign - Re-design of educational models and frameworks based on current and emerging societal trends.

To undertake this work, we are confident that this will contribute significantly to the new foundational economy in Wales.

We trust that our evidence shows that we want to take the opportunity of stimulating real action on long term care, rather than just focus on Care Home Commissioning.

We want to show that there are much better ways of supporting older adults to spend their final years.

These years would be autonomous, supported, reflective on a life lived with achievements, learning new things, enjoying activities which promote a sense of belonging, significance, security, continuity, purpose and achievement in their own home.

According to our evidence, older adults' views and our rationale we must "pivot" to change the system and one significant way which will support our action to set up and demonstrate a new eco-system is to reduce is to address commissioning for Care Homes.

As Hilary Cottam says in her book *Radical Help* "A pivot is not just another word for change. The pivot is a special kind of change that involves a new vision, a different solution and a new business model."

She argues the case saying that "it is no longer appropriate to continue with our existing systems, to persevere with programmes of efficiency or to tinker with new methods of payment that might, for a time, prop up the NHS. We must embrace the challenge because we cannot continue along the same path."

In our new reality things have changed, society has changed – we must "Pivot".

Reference List

Action for Elders Impact Report (2021) "Balanced Lives at Home Impact Report." Internal report. Unpublished. <http://www.actionforelders.org.uk/>

Ayres S (2012) *The Long-Term Care Revolution: A Provocation Paper*. Commissioned by Innovate UK Technology Strategy Board. Unpublished.

Barron D & West E (2017) The quasi-market for adult residential care in the UK: Do for-profit, not-for-profit or public sector residential care and nursing homes provide better quality care? *Vol 179, April 2017, Pages 137-146 Social Science & Medicine*. Elsevier.

Blood I et al (2015) *The Anatomy of Resilience: helps and hindrances as we age*. A review of the literature. Social Services Improvement Agency Wales.

Bolton J (2021) *Rapid Review for Care Homes in Relation to Covid-19 in Wales*. Commissioned Welsh Government.

Buck P.S (1932) *The Good Earth*. AbeBooks.

Chappell N L et al (2004) Comparative Costs of Home Care and Residential Care. *The Gerontologist* Vol. 44, No. 3, 389–400. The Gerontological Society of America

Cottam H (2019) *Radical Help : How We Can Remake the Relationships Between Us and Revolutionise the Welfare State*. Virago publ.

Delbridge R, Henderson D, Morgan K (2021) *Scoping the future of innovation policy in Wales*. Centre for Innovation Policy Research. Cardiff University.

Drakeford M (2006) "Ownership, Regulation and the Public Interest: The Case of Residential Care for Older People". *Critical Social Policy*. Nov 2006. 26(4). pp 932-934.

Flynn M (2015) *In Search of Accountability: A review of the neglect of older people living in care homes investigated as Operation Jasmine*. Welsh Government

Gwent Regional Partnership Board (2019) “The Appropriate and Rightsizing Approach: Housing aspirations of older adults in Gwent.” Dr Julia Osmond, Public Health Wales.

Harrington C et al (2017) Marketization in Long-Term Care: A Cross-Country Comparison of Large For-Profit Nursing Home Chains. Health Services Insights. SAGE.

Hastings R, Reubens I, Porteous J (2019) Assessment of the demand for specialist housing and accommodation for older people in Wales. Housing Lin/Welsh Government

Tinker A et al (2012) Assisted Living Innovation Platform Scoping report for the Long-Term Care Revolution SBRI Challenge . Kings College. London. Innovate UK

Jones KC, A Burns (2021) Unit Costs of Health and Social Care. PSSl Kent.

Jackie’s Revolution (JR) (2020) <http://www.jackiesrevolution.life/>

Katz, J. et al. (2011). A Better Life – what older people with high support needs value.

Kennedy J (2012) JRF website [www.jrf.org.uk /careinquiry](http://www.jrf.org.uk/careinquiry)

Karlsson M et al (2007) Future costs for long-term care : Cost projections for long-term care for older people in the United Kingdom. City, London. Health Policy 75 187–213.

Kotecha V(2019) Plugging the leaks in the UK care home industry . CHPI. London.

Laing Buisson (2019) Care Homes for Older People UK Market Report.

McKee S (2020) Evermore Wellbeing model. www.evermorewellbeing.com

Office of the High Commissioner United Nations (1991) United Nations Principles for Older Persons <https://www.ohchr.org/EN/ProfessionalInterest/Pages/OlderPersons.aspx>

Office of the Wales Older People Commissioner (2019) The State of the Nation. Cardiff.

Osmond J (2018) The Appropriate and Right Sized Study. Housing ABUHB/RPB.

Pocock L.V; MacKichan F; Deibel F; Mills A and Wye L (2020) “ Stories from the fourth age: autonomy and the lives of older care home residents.” Bristol Medical School, University of Bristol. Ageing & Society (2021), 41, 1637-1650.

Tinker A (2020)The Long-Term Care Revolution. Housing Lin/Kings College London

Welsh Government (2017) AGEnda: Housing Aspirations for an Ageing Population. Commissioned Report chaired by Professor Judith Phillips OBE.

Welsh Government (2014) Declaration of the Rights of Older People in Wales <https://gov.wales/written-statement-launch-declaration-rights-older-people-wales>

Welsh Government (2020) “Assessment of the demand for specialist housing and accommodation for older people in Wales . Housing Learning Improvement Network.