



Eich cyf/Your ref
Ein cyf/Our ref MA/DB/0525

Russell George MS
Chair
Health and Social Care Committee
Senedd Cymru

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Dear Russell

Following my recent attendance at the Health and Social Care Committee, and your subsequent letter of 12 June, I am pleased to provide the following information to the Committee relating to clarifying information I agreed to supply.

Please note that this letter relates to the queries arising from our discussions on identified priorities, as well as some broader matters that were discussed throughout the session. I am writing separately to you on the matters relating to the Bill.

Level of social care vacancies

To confirm the number of vacancies currently across social care, including the equivalent percentage of the workforce that number represents.

There are several data sources regarding vacancies in social care:

Welsh Government regularly collects data about the local authority workforce. There are just over 3,100 vacancies reported by local authorities for their own employed staff with their social services departments.

Social Care Wales have an annual data collection with all registered providers of social care. It was reported to them that approximately 5,300 vacancies exist across the whole sector. However, this is according to the collection which took place in 2022.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Lastly, Care Inspectorate Wales undertake an annual review process with all registered settings, and it was estimated that in 2023, there were 3,100 vacancies in care homes (adults and children) and 2,900 vacancies in domiciliary care.

Each of these sources will collect and report data in different ways, and so are not directly comparable. However, they do all provide useful information when considering the landscape of the social care workforce.

Carers

To provide an update on the work being undertaken to support unpaid carers, including young carers.

Pressures and action to support unpaid and young carers

We recognise the enormous and vital contribution made by unpaid carers and the need to include unpaid carers in the strategic planning of health and social care services. Analysis by Carers UK and the University of Sheffield found the value of the contribution made by unpaid carers in Wales is £10.7bn annually¹.

Our [Strategy for Unpaid Carers](#) represents our commitment to improve the support to unpaid carers and is underpinned by a delivery plan and [annual report](#). The Ministerial Advisory Group for Unpaid Carers oversees the delivery of our strategic priorities, and we are reviewing the strategy over the next 12 months to ensure we focus our efforts where improvement is most needed, and where we can have maximum impact on the daily experiences of carers. Examples of our current work is included under our current national priorities:

Identifying and valuing unpaid carers

We fund Carers Wales and Carers Trust Wales to provide carer awareness training to health and social care professionals. It is vital statutory partners identify and support unpaid carers, who are often hesitant to ask for support. We provide funding for Age Cymru to highlight the needs of older carers and to work with GP practices. We established a Young Carers Advisory Board last year. The Board, comprised entirely of young carers, provides scrutiny and informs policy from a young carers' perspective.

Providing information, advice and assistance

We have ring-fenced 5% of the annual Regional Integration Fund for innovative carers' support services and provide an additional £1m to health boards to support unpaid carers when the person they care for is admitted or discharged from hospital.

We commissioned the Association of Directors of Social Services Cymru to undertake a [rapid review](#) on how the rights of unpaid carers are being upheld. Their report, published in November 2023, found issues with delayed access to carers' needs assessments and lack of awareness of carers' rights by some social care workers. We have established a collaborative group of health, local authority and unpaid carer representatives under the auspices of the Ministerial Advisory Group to drive improved practice. The focus is on the provision of information, advice and assistance to unpaid carers and carers' needs assessments.

¹ [valuing-carers-report.pdf \(carersuk.org\)](#)

Local authorities have engaged with a survey of good practice and challenges and workshops in the autumn will agree national best practice. The voice of unpaid carers is central, and a series of engagement events with unpaid carers will bring this perspective. We are also engaging with health boards to identify areas for improvement in the discharge of their responsibilities. We plan to conclude this national workstream in spring 2025.

Supporting life alongside caring

We recognise the importance of carers being able to take a break. Local authorities have the statutory responsibility to provide respite and we have provided an additional £9m to fund our national Short Breaks scheme. This will deliver an additional 30,000 short breaks for carers from 2022 to 2025. Funding can be used for short holidays, day trips and innovative approaches such as weekly keep-fit classes or equipment to pursue a hobby. We want to ensure that respite approaches are dynamic and tailored to carers needs. A third sector grant scheme, Amser, is an additional aspect of the scheme administered by Carers Trust Wales. Short breaks are available to young carers and adults and has engaged those not previously known to services, evidencing additional value in connecting carers with support services.

We are funding the Young Carers Festival in August, for the third year. This is a three-day event that enables young carers to engage in activities with their peers, and to access advice and support services.

Supporting unpaid carers in education and the workplace

We have established a Young Carer ID card as a key tool for young carers to identify themselves within education, GPs and pharmacies. The card was co-produced with all local authorities and Carers Trust Wales and was supported with £600,000 to facilitate rollout. The scheme is now delivered by the local authorities. We know there are schools and colleges that offer excellent support to young carers and we want this to be consistent across all settings. We are working with local authority colleagues in social services and education to refresh awareness of the ID card and raise awareness of young carers in education settings in the autumn term. We are funding updated resources for education staff to promote good practice.

In addition, we are engaging with community pharmacies to establish the current level of recognition of young carers ID cards. These are used for young carers collecting prescriptions for the person they care for. We will determine steps to take to increase awareness in these settings.

We welcome the introduction of the Carer's Leave Act 2023 on 6 April 2024, as a step in the right direction to recognise and support unpaid carers in the workforce. We worked with Carers Wales to support awareness of this UK legislation and will be concerned to review its operation in due course.

We recognise the impact of the cost-of-living crisis on unpaid carers and their families, and we have committed £4.5m (2022-2025) to provide unpaid carers on low incomes with grants to buy essential items such as food or school uniforms or pay an outstanding utility bill. The fund is administered by Carers Trust Wales and in some areas 70% of applicants were previously unknown carers, who now have access to financial advice, which is an additional aspect of the scheme.

In conclusion, we are committed to continuing to work with our partners in the statutory and third sector to ensure unpaid carers across Wales are recognised, valued and supported. Our work to redevelop our strategic priorities will be informed by the voices of unpaid carers.

Additional Supporting Information

In addition to the points in your letter there were a number of other areas that came up in our discussions that I wanted to provide the Committee with further information on:

Clarification on mandatory reporting

The Welsh Government's response to Recommendation 13 of the [final report of the Independent Inquiry into Child Sexual Abuse \(IICSA\)](#) – to introduce a legal duty on 'mandated reporters' to notify local authorities or the police of **child sexual abuse** – has been guided and is broadly supported by the views of our safeguarding partners and stakeholders.

In August 2022, we took the opportunity of a [consultation on legislative change in social care](#) to ask exploratory questions about mandatory reporting, based around [our existing duties on 'relevant partners' of a local authority](#) to report **children and adults at risk of abuse, neglect and (in the case of children) other harms**. Questions were posed in relation to both organisational and individual duty approaches, in anticipation of a recommendation from IICSA which, at that time, had not yet published its final report (October 2022) and therefore the detail of its proposals were unknown.

One hundred responses were received from a wide range of individuals, bodies, sectors and representative organisations, with clear calls for further exploration, engagement and consideration before introducing any new legal duties. [Our analysis of these consultation responses](#) has informed our decisions not to take further primary legislative action at this time and to [agree in principle](#) with the Inquiry's recommendation.

We wholly agree with the Inquiry, that where there has been disclosure, witnessing or observation of other evidence that a child is experiencing or is at risk of sexual abuse, this must be reported without delay. Our existing duties to report, our well-established procedures and our guidance support this for children and adults experiencing or at risk of a wide range of harms, not only sexual abuse.

The Inquiry itself found that mandating the reporting of abuse, alone, is not enough to protect children: that this must be coupled with other measures including real public awareness; access to effective training and tools for practitioners; and organisational arrangements to create safer environments. Our existing systems require organisations such as local authorities, health boards, the Police, Probation and Youth Offending Services to have effective policies, procedures and support in place to ensure that those working on their behalf (staff, contractors, volunteers) know their responsibilities, sufficiently understand them and are enabled to act accordingly.

Whilst some responses to our consultation recognised that introducing duties on individuals could, in principle, strengthen the protection of children and adults at risk; serious concerns were raised about the implications of imposing disproportionate duties and a strong theme emerged, that any new legal duties should not diminish or replace organisations' (employers') safeguarding responsibilities. This is echoed in response to the [UK Government's recent consultation on mandatory reporting of child sexual abuse](#) where a

majority agreed with the concept of organisational duties, as well as individual. There was also significant support for widening the scope of reporting to other forms of abuse, which is the approach we already take here in Wales.

Furthermore, the [IICSA Changemakers' response](#) to the call for evidence in England – coordinated by the NSPCC, representing 65 charities, support services and people with lived and front-line experience of abuse – accords with our position: that mandatory reporting is not a solution in and of itself. They highlight effective and timely reporting as a vital element of child protection systems but warn that absolute duties could have negative consequences, deterring some young people from disclosing what is happening to them.

We continue to listen to a broad spectrum of views and, at present, are confident both in our existing procedures and organisational approach; and that we are taking proportionate and progressive actions by strengthening safeguarding requirements, where necessary, on regulated services like childcare, education, health, and social care; coupled with further exploration of introducing duties more widely. We will include seeking further views about individual duties, as part of this conversation.

Continuing healthcare

The National Framework document for CHC – '*Continuing NHS Healthcare – the National Framework for Implementation in Wales*', was published in 2021 and is operational as of 1 April 2022. The framework sets out the process for the NHS, working together with local authorities and other partners, to assess health needs, decide on eligibility for CHC and provide appropriate care. LHBs and LAs are required to fully implement the requirements of the National Framework.

The framework provides a foundation for assessing, commissioning and providing CHC for adults, over the age of 18 years, across Wales. This is to ensure that there is a consistent, equitable and appropriate application of the process for determining eligibility.

The 2021 framework replaced the 2014 publication (and the previous 2010 publication). A consultation exercise sought stakeholder's views on amendments to the Framework and also the Decision Support Tool (DST), which is used as part of any assessment for eligibility to receive CHC. Representatives from LHBs, LAs, the Public Services Ombudsman for Wales and third sector organisations were involved.

The Welsh Government gives a commitment to review the current Framework (operational as of 1 April 2022) within five years of implementation. The next review is anticipated to take place in 2026/27, at which point there would be an opportunity to consider incorporating additional guidance or clarification around eligibility for CHC, if this was deemed necessary by the review process.

A Complex Care Joint Forum was established in 2023 with the aim of supporting implementation of the revised Continuing NHS Healthcare (CHC) Framework 2021, in particular the interface between social care and healthcare and partnership working between Local Health Boards (LHBs) and Local Authorities (LAs). The Forum, chaired by a senior Welsh Government official, brings together representatives from LAs and LHBs, to share knowledge and good practice and strengthen cross organisational working.

As well as policy updates and issues relating to CHC, the group discuss possible solutions to shared challenges. A recent example of sharing good practice came from a joint presentation by Hywel Dda UHB and Carmarthenshire CC who highlighted their positive collaboration on MDT decision making with the Forum.

It is worth noting that the introduction of direct payments for CHC recipients is anticipated to remove some of the pressure from the CHC system. This in turn should reduce disputes at the margin of LA and LHB care including those around eligibility.

Direct payments: Social Care

For the last two years (up to March 2023), the number of adults receiving a direct payment (DP) has been stable at around 5,600 people – or 11.3% of all adults with a care and support plan.

We have worked with the AGW and local authorities to embed the recommendations in the 2022 [Direct Payments for Adult Social Care](#) report into Statutory Guidance. This includes specific recommendations for local authorities to improve the information provided to people as well as through the workforce. We will be writing to local authorities to confirm their position on this in the Autumn.

We will also be using the information from our new Performance Framework to review take-up of DPs and work with local authorities to strengthen this using best practice, not least around communications. This will inform the potential need and required content for a publicity campaign. This broader evidence is helping us to better understand the current direct payments landscape.

Direct payments: CHC

The proposed all-Wales Hub structure involves much of the management of new administrative and support elements for CHC Direct Payments being organised centrally. The Hub model will prevent the need for seven sets (from the seven local health boards in Wales) of costs for core functions and will prevent differentiations in approach and the potential for a 'postcode lottery' for individuals, depending on where they live in Wales.

Welsh Government proposes to fund the initial three-year transition costs for the Hub which will be a significant support to LHBs at the outset of implementation. After the transition period, when LHBs will collectively become responsible for the costs of the Hub, the anticipated cost savings from the introduction of direct payments will begin to be realised.

These factors should allow demand to be managed and support an effective roll-out process.

Confirmation of the dates/details of the RPB consultation

Last summer, as part of our Rebalancing Care and Support consultation, we consulted on proposals to amend the Partnership Arrangements (Wales) Regulations 2015, and also sought views on a revised version of the Part 9 Statutory Guidance on Partnership Arrangements. The overall aim of these changes is to strengthen the regional partnerships and particularly the role of the Regional Partnership Boards in overseeing the planning and commissioning of health and social care.

Our response to that consultation may be found on here:

<https://www.gov.wales/rebalancing-care-and-support-programme>.

On 16 April this year, we opened a further consultation on the draft Partnership Arrangements (Miscellaneous Amendments) (Wales) Regulations 2024, to put our

proposals into effect. This consultation runs until 9 July, and may be found here: <https://www.gov.wales/draft-partnership-arrangements-miscellaneous-amendments-wales-regulations-2024>.

In summary, the draft regulations will:

- extend the objectives of RPBs to include ensuring that the partnership bodies work effectively together to respond to market stability reports; give due regard to a local authority's duty to promote social enterprises, co-operatives, user-led services and the third sector; and promote the development of integrated health and social care arrangements
- also extend an RPB's objectives to include monitoring the exercise of a local authority's duty under section 12 of the Children and Families (Wales) Measure 2010 in relation to the partnership arrangements; and working with Llais to promote the involvement of service users and carers in the partnership arrangements
- extend RPB membership to include the Wales Ambulance Service Trust and representatives from primary care providers, the health and social care workforce, and the county voluntary councils
- require RPBs to invite Llais to be as an independent observer member
- ensure the partnership bodies each appoint a responsible person for ensuring co-operation in the partnership arrangements
- introduce new administrative requirements on RPBs in relation to roles, recruitment and support for their members
- require RPBs to undertake a biennial self-assessment
- clarify the information RPBs must include in their annual reports
- require RPBs to prepare and publish an annual delivery plan, and undertake an annual review of the five yearly joint area plan
- amend the publication date for the five yearly market stability reports.

Following the consultation we will lay the draft Regulations and the revised Statutory Guidance before the Senedd in the autumn term. It is intended that the new regulations and the statutory guidance will come into force on 31 December 2024.

Yours sincerely



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