

Written Response by the Welsh Government to the Report of the Health and Social Care Committee entitled – Residential Care for Older People in Wales

February 2013

The Welsh Government welcomes the report produced by the Committee following its year long inquiry into residential care for older people in Wales. The Committee's findings, together with its set of recommendations and conclusions, are generally in line with the Welsh Government's current policy and forthcoming legislation in this area. The report will, therefore, help give focus and direction in addressing a number of key issues and concerns faced by individuals living, or considering living, in residential care. The report will also help in our overall aim of ensuring older people, their families and carers, have greater voice and control over their care needs and have access to the information, advice and support they need to make informed decisions over this.

Social services are at the heart of Welsh public life supporting around 150,000 people every year to achieve their potential and help them to remain independent, safe and secure. The demographic changes across the Welsh population, and the needs, desires and expectations of older people, are also changing and we need to keep pace with this. Older people themselves wish to live independent and fulfilled lives within their own communities for as long as possible. The Welsh Government supports this desire by encouraging commissioners of services and service providers to develop and evolve a care sector that is fit for purpose, flexible, diverse and responsive to the needs of our changing population.

We have in recent years taken forward a number of strategic developments that aim to support more older people to live in the community through initiatives and preventative measures that can be provided locally. These include the development of reablement, telecare and community services and equipment.

Residential care will, of course, continue to form an integral role in providing safe and supportive care and accommodation for many older people who are no longer able, or no longer wish, to live independently. However, the nature of residential care today is far removed from that which existed a decade or so ago, or that which will be needed in ten years time and beyond. We are already seeing new and more novel forms of residential accommodation and facilities emerging.

Our White Paper - *Sustainable Social Services for Wales: A Framework for Action* - sets out the Welsh Government's long term agenda for change. Our response to many of the recommendations and conclusions contained within the Committee's report highlight the various initiatives and programmes already being developed and implemented as part of this. These not only recognise and

help respond to the needs of older people in care, but also address issues around advice and accessing care, together with addressing the needs of carers and workforce development. Of course, change cannot be achieved in full without the commitment of our social services and NHS partners and so legislation and policies are being developed in partnership with these and other stakeholders.

Our Social Services and Well-being (Wales) Bill gives effect to the policy intentions set out within *Sustainable Social Services* and sets out the Welsh Government's response to the significant challenges that face social services as a result of demographic and other changes. At the core of the Bill is to improve the well-being outcomes for people who need care and support, and for carers who need support, together with an extensive reform of the current social services legal framework. These reforms will put people at the heart of the services they require and give them better control over their lives. There will be a stronger emphasis on early intervention and prevention and on independence rather than dependence. The Bill will, therefore, form the platform upon which many of the recommendations and conclusions in the Committee's Report can be achieved.

Of additional significant importance will be the development of a Regulation and Inspection White Paper, which we have made a commitment to publish later this year.

Detailed responses to the report's recommendations and conclusions are set out on the following pages.

Key recommendation 1: The Welsh Government should take action to ensure that older people in Wales have access to effective advocacy. We believe that this is particularly important for those older people who are:

- in hospital and likely to require on-going social care; or
- residing in a care home that is at risk of closure.

Response: Accept

Sustainable Social Services for Wales: A Framework for Action gave a commitment to develop a business case for extending and formalising of advocacy provision specifically for older people. There have been a number of reports by Age Cymru, and most recently by the Commissioner for Older People, that have looked at advocacy provision for older people in Wales.

The opportunity to develop such a service will be informed by the outcome of other aligned ambitions within *Sustainable Social Services*, including issues such as availability of advice and information and the threshold national criteria that are set for assessment of need and access to social care support.

Sustainable Social Services and the Social Services and Well-being (Wales) Bill both herald reforms to give service users greater voice and control over the services they receive. Extending access to advocacy is one of a number of important ways of achieving that objective and will build upon our model for advocacy for children and young people.

Financial Implications: The Bill is about increasing the quality and effectiveness of social services in Wales and is not expected to increase costs for service provision. It is not about doing the same things differently; but about doing different things if we are to provide services which are sustainable in the long term.

The Regulatory Impact Assessment published alongside the draft Bill sets out a number of the anticipated costs associated with its implementation and identifies potential areas of cost in relation to workforce training, dissemination of information and transition costs for Welsh Government.

The draft Bill and associated documentation can be accessed as follows:
<http://www.senedd.assemblywales.org/mglIssueHistoryHome.aspx?lId=5664>

Key recommendation 2: More should be done to provide advice and information to support older people, their families and carers in making decisions about their long-term care. We believe the Welsh Government should consider re-aligning existing budgets to create a simple information service. This service

should offer simple, timely and accessible information in a way that older people, their families and carers find easy to use. All professionals and others providing support to older people should be made aware of this advice and information service to enable them to signpost older people to it when it is most needed.

Response: Accept

The Social Services and Well-Being (Wales) Bill introduces a duty on local authorities, facilitated by health boards, to provide information, advice and assistance to help people understand how the care and support system works, what services are available locally, and how to access the services they need now and in the future. In certain cases local authorities must also assist people in accessing / securing care and support.

This new duty extends to information, advice and assistance in relation to support for carers. It has always been a key policy objective that there is information readily available to carers. This policy was expressed in the Carers Strategies (Wales) Measure 2010 but the provisions in the Bill will build on and go further than the provisions in the Measure.

Financial Implications: See financial implications under recommendation 1.

Key recommendation 3: The Welsh Government should ensure that local authorities offer an assessment of need to all older people who are considering admission to residential care. This should specifically include those with sufficient resources to fund themselves. A requirement to offer a needs assessment prior to undertaking a financial assessment would ensure that those with resources in excess of the current threshold for support are not denied sufficient information and advice to make appropriate long-term care decisions.

Response: Accept

Central to the heart of the Social Services and Well-Being (Wales) Bill is the intent to ensure that people are empowered to retain control of their situation and achieve outcomes that matter to them. The core processes envisioned in the Bill will provide a right of assessment that is proportionate to each person's needs. From the first point of contact all discussions with people will empower them to discuss the outcomes they wish to achieve and how the services available can help them to do so. In particular those who need extra support, including self-funders, will be assisted to understand the range of service options available and to decide what forms of care and support would best meet their needs and aspirations for well-being.

Financial Implications: See financial implications under recommendation 1.

Key Recommendation 4: The NHS in Wales must do more to ensure that

common disabling conditions experienced by older people – such as incontinence, stroke recovery, falls and dementia – are managed and treated more effectively in the community. We believe that this will reduce their impact and the likelihood that they will trigger the need for older people to require long-term care.

Response: Accept

Our key policy documents, *Together for Health* and *Sustainable Social Services for Wales: A Framework for Action*, both reflect the Welsh Government's vision and the outcomes it wants for the health and independence of each person in Wales, whatever their circumstances or wherever they live in Wales. This includes ensuring older people have the right care and support.

We have also issued a range of more detailed Delivery Plans for a range of conditions, setting out what the NHS and its partners are expected to have accomplished by 2016.

The Local Integrated Care Plan, currently being developed, will focus on the role of primary care and community services within the wider health and social care system. This again will encompass the need to ensure care and support is provided to all people at a local level, particularly those who are frail and vulnerable.

Together for Mental Health reinforces the *National Dementia Vision for Wales*. This promotes that people with dementia and their carers should live in dementia supportive communities and have the right treatment, in the right place for their needs. We have invested in a range of measures in recent years that are designed to raise awareness, improve standards of care in all settings and push forward our understanding of the causes and effects of dementia.

Under the 'People Model' which underpins the Social Services and Well-Being (Wales) Bill the intention is to ensure local authorities, working with other partners, provide 'Information, Advice and Assistance hubs' (IAA). These will act as a resource to professionals and the public in identifying and actively signposting those in need of care and support to a range of preventative services.

IAA would be the first point of contact where individuals could access a range of information and advice on services provided locally across the breadth of providers: local authorities, health boards and the third sector. Staffed by skilled professionals, the IAA service will seek to provide a tailored response to clients: both members of the public and to professionals. Through a one-stop-shop approach, practitioners operating the IAA will seek to help clients to understand how the care and support system works and help them to articulate their problems and what outcomes they wish to achieve, in order to act proportionally with a range of responses. IAA will also act as advice and consultancy service for

professionals seeking guidance and advice.

Financial Implications: The Local Integrated Care Plan is currently being developed and discussions on financial implications are ongoing. The focus however is on using existing resources more effectively.

£1.5 million has been made available annually to extend dementia services in the community and for young onset dementia.

The IAA proposals fit within the financial implications under recommendation 1.

Key recommendation 5: The Welsh Government should ensure that older people are always offered a period of reablement or intermediate care following a period of illness, particularly when this has involved hospital treatment. Care decisions should take full account of a person's potential for maintaining and increasing their independence. Entry to permanent residential care straight from hospital should not occur. Furthermore, the Welsh Government should produce guidance to improve the clarity and consistency of local authority and health board definitions of reablement. We believe this will help ensure that meaningful data is collected to measure outcomes and drive improvements.

Response: Accept

Sustainable Social Services for Wales: A Framework for Action has at its core the maintenance of independence. One of its key commitments is that local authorities ensure reablement forms part of their social services implementation plans. Low level services based on an individual at risk, their needs and aspirations form a significant part of our commitment to develop citizen centred approaches to care and support. We will also be agreeing what reablement should look like on an all Wales basis and placing the requirement to deliver reablement as a key part of the Social Care and Well Being (Wales) Bill.

The Welsh Government has already issued supplementary guidance to the *Choice of Accommodation Directions 1993*, which deals specifically with procedures to follow when discharging patients from hospital to a care setting. The guidance does set a fundamental principle that people should not be discharged directly from an acute episode of hospital care to a permanent care home placement and that other care options should be considered first.

Financial Implications: The transformational programme of change that is captured within *Sustainable Social Services Wales: A Framework for Action* will be met from within existing budgets. The funding will be released through a refocus of priority for spending with investment being targeted at preventative and reablement service provision. We are looking at a variety of delivery models including social enterprise to achieve this ambition.

Key recommendation 6: The Welsh Government should work with partners to develop new initiatives that give residents, their families and carers greater voice and control. The aim of this should be to influence the shape and direction of services and exert continual pressure on service quality. Once an individual care home reaches a certain size (to be determined by the Welsh Government in consultation with the sector), it should be obligatory to have resident and family/carer forums within the home. Such an arrangement could be built into contracts with providers by service commissioners.

Response: Accept in Principle

Sustainable Social Services for Wales: A Framework for Action and the Social Services and Well-Being (Wales) Bill both herald reforms to give service users greater voice and control over the services they receive. In particular the Bill will provide the environment to accelerate improvements to enable citizens of Wales to have a strong voice and greater control over their lives, to enable them to maximise their well-being. *Sustainable Social Services* places a requirement on local government to develop a National Contract Framework with its partners, including the NHS.

The forthcoming Regulation & Inspection White Paper will provide an opportunity to review and reshape service provision and this will include residential care. This again will support greater voice and control for individuals in long term care and ensure their families and carers are better engaged in their care and support needs.

Financial Implications: See financial implications under recommendation 1.

Key recommendation 7: Residential care should not be viewed simply as an option where irreversible decline is the only outcome. We believe that the Welsh Government should work with the sector to ensure that residents are enabled to experience a more stimulating and purposeful life that encompasses their spiritual needs. This would help prevent or delay the negative aspects of institutionalisation as well as improving quality of life. Greater involvement of carers in an individual's residential home life and stronger links with local communities would help achieve this.

Response: Accept

One of the main themes of the public health strategy, *Our Healthy Future*, is health and wellbeing through the life course. One of the actions within this theme is *Older people will have the knowledge, skills or support to make informed choices about living independent and fulfilled lives*. Implementing the actions of *Our Healthy Future* is one of the commitments within *Programme for Government*.

The work being done by *My Home Life Cymru* supports this recommendation. The *My Home Life Cymru* programme aims to deliver practical, accessible tools to assist the care home sector in supporting older residents, staff and visitors to optimise their quality of life. The programme provides activities for care home residents and opportunities for practitioners to share and promote best practice. It also provides staff working in this area with knowledge for learning and professional development. The programme has proved successful and is supported by the Welsh Government.

We are focusing on the well-being of people who need care and support and carers who need support through the Social Services and Well Being (Wales) Bill. The Bill makes it clear that we believe well-being is what services should be supporting and that well being includes dimensions such as emotional well being.

Financial Implications: Age Cymru was awarded a grant to deliver *My Home Life Cymru* through the Voluntary Sector Grant Scheme in 2008. The initial funding was for three years. In December 2010 Age Cymru was given a two year extension to the grant until 31 March 2013. In 2012-2013 Age Cymru received £103,744 to run *My Home Life Cymru*. We have recently approved £50,000 matched funding for *My Home Life Cymru* until 31 March 2014.

Key recommendation 8: Given the Welsh Government's significant contribution to the costs of staff training in social care, it should require that a greater proportion of funding is devoted to enhancing levels of skills and awareness of specialist conditions, particularly dementia, amongst care staff. There is scope for an enhanced role for third sector bodies with particular expertise, such as the Alzheimer's Society, Parkinson's UK Cymru and those representing people with sensory loss and learning disabilities, in supporting this.

Response: Accept in Principle

The Welsh Government supports training for social care staff in a range of specialist areas. Some of this is funded directly by the Welsh Government, including use of the Social Care Workforce Development Grant, and some is provided through other bodies such as the Care Council for Wales (as the workforce development body for social care). We accept that the range of training needs to be kept under review to ensure it is sufficient and relevant to the needs that exist. We also accept the value of contributions to this training by third sector bodies that have developed expertise in particular fields.

The Care Council for Wales is undertaking a series of work training programmes and provides a range of resources that support the social care workforce in the care of older people with specific health conditions, including dementia. For example in response to priorities set out in *Sustainable Social Services for Wales: A Framework for Action*, the Care Council has embarked on a Social Care Managers Development Programme. In addition, there are knowledge and

competency units in a range of specialist conditions within the Qualification and Credit Framework (QCF) for the social care workforce. These include autism, diabetes and stroke.

However, there is a case for further action to develop the social care workforce, particularly in the context dementia. Possible future actions for consideration include:

- promote / raise awareness of existing resources and QCF units in dementia care in the residential care sector;
- provide support and funding for workers to complete specific dementia care units as part of their Continuing Professional Development and on-going learning;
- consider introducing mandatory training in dementia care;
- prioritise staff development and training in dementia care in funding, for example, the Welsh Government Social Care Workforce Development Programme grant to local authorities. This would allow for a local / regional assessment of training needs and bring together the statutory, voluntary and independent sectors;
- provide resources for Social Care Partnerships to develop regional plans for quality assured training in dementia care, based on local / regional needs;
- ensure monitoring and review of the Welsh Government National Dementia Stakeholder Plan on improving training across social care and health.

Other organisations such as local authorities, voluntary sector bodies, social care partnerships, the Dementia Services Development Centre and the Social Care Institute for Excellence have also produced resources and strategies for workforce development.

In addition the Welsh Government funded the Dementia Services Development Centre with £250K last year to develop and promote training across the NHS and social care and specifically in care homes, as well as training for carers. The Alzheimer's Society was also provided with funding to develop local information packs for all newly diagnosed individuals with dementia. Such organisations continue to provide much needed expertise into all settings across Wales.

In terms of monitoring standards, inspection reports on registered care homes are made available online, and inspection methods are being modernised to consider four themes concerning quality of life. In addition, Healthcare Inspectorate Wales is undertaking unannounced dignity spot checks in hospital settings.

Financial Implications: Training for social care staff is supported by on-going

Welsh Government funding together with funding from other bodies involved with workforce development, including the Care Council for Wales. The use to which this funding is put is kept under review in line with this recommendation.

Key recommendation 9: In order to better reflect changing patterns of service provision:

- care home registration categories should be reformed to increase flexibility and reduce the need for older people to move when their needs change. This reform should retain the important safeguards the current system provides for individuals to have their changing needs assessed and met. Specifically, the separate category of provision for people diagnosed with dementia should be discontinued.
- the arrangements for the regulation and inspection of new and emerging models of care, including Extra care housing schemes should be re-examined and clarified.

Response: Accept

The Care and Social Services Inspectorate Wales (CSSIW) is part of the Welsh Government and we recognise that care should be person centred and flexible, reflecting people's individual and changing needs. It has been proposed in principle that the use of registration categories should be phased out and CSSIW has published an advance notice of these intentions, inviting comment in order that the impact can be fully understood and anticipated. We believe that care services need to become more resilient, especially in supporting the needs of people with dementia, and will be looking for services to develop greater competence and capacity to meet the wide range of needs of older people. We note the increasing dependency of older people living in care homes and the consequent blurring of the boundary between personal and nursing care. The Social Services and Well-Being (Wales) Bill and the Regulation & Inspection White Paper provide opportunities to review the distinction between nursing and personal care.

We recognised that the development of innovative, less traditional types of care poses questions about what should be regulated and how, especially in the fields of domiciliary care and extra care provision. The White Paper also provides an opportunity to ask where regulation can add assurance and value for the people using care services.

Financial Implications: From a regulatory perspective this is cost neutral. We believe we can meet the challenges with the existing resources. Within the broader care sector, increased flexibility should create increased efficiencies and better use of resources.

Key recommendation 10: The Welsh Government should take action to reduce

the incidence and impact of a breakdown of services by:

- working with CSSIW to ensure that arrangements for the financial scrutiny of independent providers are strengthened. This should be done by requiring providers to submit annual accounts to CSSIW for individual care settings.
- re-visiting and re-assessing current 'fit and proper person' arrangements in cases of care home acquisition to ensure that they include consideration of financial sustainability and are applicable to corporations as well as individual managers / owners.

Response: Accept in Principle

The problems arising with big corporate care providers extend beyond the profitability of individual care settings, and indeed may relate to corporate solvency issues in other, sometimes unrelated, areas of business activity. The Regulation & Inspection White Paper will provide an opportunity to consider whether there could be strengthened arrangements for the registration of large corporate providers.

The overriding concern of the Welsh Government is to safeguard the wellbeing of those receiving care services. The lessons learned following the collapse of the former care home provider Southern Cross, underlined the necessity to demonstrate services' financial and operational viability to provide services.

More broadly, while social care is a devolved matter, the nature of the social care market is that providers often operate on a UK-basis across borders. Oversight of the care market is a new and developing policy area, both for Welsh Government and other UK administrations. The Welsh Government is, therefore, working across the UK to develop an approach to address this issue in the context of the unique issues facing the care sector in Wales. The Department of Health is currently undertaking a consultation on its proposals for the future oversight of the care market in England. These can be found at:

<http://caringforourfuture.dh.gov.uk/2012/12/03/provider-failure>

The submission of annual accounts to a prescribed format would strengthen our oversight on provider viability. We have introduced three yearly baseline inspections which provide an opportunity to undertake a thorough review of the registration of care services. It would require additional inspection resources to do this annually and without these it would diminish inspectors' capacity to focus on outcomes at inspection. This matter will be considered further in the context of the Regulation & Inspection White Paper.

Financial Implications: Additional business and forensic accounting expertise would need to be resourced from within the Welsh Government. There are no costs associated with the oversight proposals.

Key recommendation 11: The Welsh Government should strengthen the -

Escalating Concerns With, and Closures of, Care Homes Providing Services for Adults - guidance to local authorities on care home closure in a way which clarifies the arrangements and responsibility for informing residents and their families regarding the impending closure. A fixed point in the process, at which residents and families have a right to be informed about such an event, should be established.

Response: Accept

The Commissioner for Older People has established a strategic reference group to advise the Welsh Government as to how *Escalating Concerns* can be revised and made more responsive to the issues older people face about a change in living arrangements; not just at times of emergency closure but to also consider issues due to changed local policy on service provision or funding regimes. The terms of reference for this group have been agreed and work is progressing.

Financial Implication: It is envisaged that this will be cost neutral.

Key recommendation 12: The Welsh Government has already done much to promote Extra care schemes. As a consequence of the public money already invested in this area, it has become clear that Extra care is an effective and workable model. More now needs to be done by the Welsh Government to scale up the role of Extra care in Wales. This will require a more flexible deployment of public funds across more than one ministerial portfolio. This will allow Extra care providers to maximise their own capacity to raise funds and develop a substantial programme for the future jointly with the Government.

Response: Accept in Principle

We recognise the important contribution that extra care housing makes to the supply of accommodation for older people. The majority of extra care housing to date in Wales has been provided by Registered Social Landlords. Since 2002, 24 extra care schemes have been completed providing over 1,124 homes where people can maintain their independence. The Welsh Government will be evaluating extra care housing in 2013 and also discussing with local authorities future requirements for extra care provision.

Financial Implications: Funding is critical to future provision and new models of financing will need to be explored as capital budgets are constrained. Grant funded extra care schemes generally require between £3 and £5 million depending on size and location. This has a significant impact on budgets, hence the requirement to explore alternative funding options.

Key recommendation 13: The Welsh Government needs to move from being simply an enabler in the field of social care to taking an active role in shaping and delivering a model that is fit for purpose for future generations. The Government

must move more urgently from its current analysis and idea development to a position where it is implementing policy and delivering action on the ground. To enable this, the not for profit and co-operative sector should be given a stronger and separate voice in discussions with the Welsh Government. We believe that this will help ensure that the sector can make a full contribution to the provision of care services for older people in Wales.

Response: Accept in Principle

Sustainable Social Services for Wales: A Framework for Action sets out the Welsh Government's commitment to ensuring that a broader range of social care services should be available to service users and carers; and the expectation that a greater range would be organised and delivered by citizens themselves. The White Paper noted that social care was ripe for the development of social enterprises and related models of service delivery. Welsh Ministers have met with leading Canadian experts on co-operative models of social care and concluded that such models have the capacity to create quality, community based services.

Provision has been made within the Social Services and Well-being (Wales) Bill which places a duty on local authorities to promote the development of social enterprises and co-operatives in their area. We will shortly be engaging with stakeholders in the delivery of workshops to promote a shared understanding and raise awareness of social enterprises as a viable delivery model for social care services.

Financial Implications: Funding of the initial development work can be met from within existing programme budgets.

The following conclusions support the recommendations made by the Committee and outline a number of issues which it feels the Welsh Government should give further consideration to. The Welsh Government's response to these is as follows:

Conclusion 1: The Welsh Government's current direction of policy focuses on enabling older people to remain independent for as long as possible and receive care and support at home. We fully support this direction of travel but believe that more could and should be done to reduce our reliance on residential care in Wales. The use of residential care ought to be less important in the future as alternative care models in both residential and community settings are developed further.

Response: In response to *Sustainable Social Services: A Framework for Action* Local Government Wales has developed an implementation plan which places an emphasis on prevention services which assist a person's recovery and restoration and reduces the need for ongoing care. The transformation over time

of existing service arrangements, into new integrated models which are focused on improving outcomes, will embrace reablement, promote independence and help give control to individuals in needs of such care and support.

Conclusion 2: The role of carers and families is crucial to the care of older people in Wales. Their work is often undertaken at their own financial and emotional expense; yet their dedication is maintained, in the majority of cases, over a period of many years. Although the views of the older person will always remain paramount, we must improve our support for the carers and families of older people to ensure that their valuable contribution is at the centre of any short or long term care decisions.

Response: As a society we owe a huge debt to the large number of people who provide unpaid care and support to relatives, friends or neighbours who are disabled, frail or otherwise vulnerable. It is vitally important that these many unpaid carers are themselves supported and are not disadvantaged as a result of their caring role. Whilst much has been achieved in terms of policy, legislation and service development for carers in recent years the Welsh Government recognises that there is still more that can be done and is taking action in the following areas:

Carers Strategies (Wales) Measure 2010

The Carers Strategies (Wales) Measure placed a new requirement on the NHS and local authorities in Wales to work in partnership to prepare, publish and implement local Carers Information and Consultation Strategies. The Measure particularly recognised the vital role of the NHS in identifying carers, offering them information and signposting them to sources of advice and support.

The Welsh Government has made £5.8 million available over the three years 2012-13 to 2014-2015 to support the development and implementation of the Strategies.

Social Services and Well-being (Wales) Bill

The framework of support for carers will be significantly enhanced by the Bill. For the first time, carers will have equivalent rights to those people that they care for.

The Carers Strategy for Wales

In line with our *Programme for Government* commitment, we have recently consulted on a refresh of the Welsh Government's Carers Strategy. The Strategy was originally published in 2000 and an updated Action Plan published in 2007. Now is an opportune time to refresh the Strategy in the context of our commitment to transforming public services in Wales. The key focus of the Strategy will be on enabling and supporting regional and local partners to deliver

services and support to carers. This will include promoting best practice and finding innovative and sustainable ways of supporting carers more effectively. It identifies the five priority areas where we want to make a real difference to carers' lives, and sets out actions for achieving this. The refreshed Strategy will be published in April 2013.

Conclusion 3: We believe that earlier diagnosis of dementia would better equip older people, their families and carers to plan for and manage the condition and reduce or delay the need for long term care, including residential care. Investment in better community health services can therefore produce savings in other service areas, an approach that is consistent with the Welsh Government's Policy of refocusing health services away from acute settings towards community based services.

Response: The Welsh Government has asked the National Leadership and Innovation Agency for Health (NLIAH) to do some work on diagnosis of dementia. In addition NLIAH are working with Public Health Wales on developing a training module for GP practices, including the whole primary care team. We have developed intelligent targets to improve early identification and set improvement targets.

We also anticipate that Part One of the Mental Health (Wales) Measure will improve this by supporting both diagnosis and referral on to memory clinics for those affected by dementia.

A bilingual Wales Dementia Helpline and website is now available 24 hours a day, 365 days a year, and our Book Prescription Scheme has been expanded to include four books that focus specifically on dementia.

In excess of £250k has been provided for the Dementia Services Developmental Centre to review, develop and deliver training to staff in care homes, those working in the hospital, community and mental health service settings, and primary care staff, including GPs.

Conclusion 4: We support the Welsh Government's approach to prevention and early intervention. We believe this is an area in which the further development of policy and services would produce long term benefits both for older people and for the more effective use of public funds. We acknowledge that the capacity of local authorities to provide preventative services for older people is limited in the current financial climate. We believe, however, that local government has the potential to:

- Use its influence to encourage older people to consider and seek preventative services; and
- Work with partners in the third sector to help people identify trustworthy and

reliable providers.

We believe that will increase people's awareness of such services and increase their confidence in purchasing them.

Response: The Social Services & Well-Being (Wales) Bill will place duties on local authorities and health boards to introduce prevention, early intervention and well-being services. The third sector already play a substantial role in delivering low level facilitative and preventative programmes, such as befriending and handy man services. There is, however, considerable scope to increase the provision that already exists. We are looking at the role that social enterprise can play in developing this provision. We are particularly taken with models of social enterprise as the philosophy of user/worker ownership and control supports the prevention/ low level service provision flexibly and positively. We know that control over what services an individual receives and how they are delivered has a positive impact in itself for the individual. Additionally, in looking at these models where they already exist, evidence suggests them to be cost effective ways of service delivery.

Conclusion 5: Whilst we are encouraged by the direction of travel of local authorities in terms of planning residential care provision and engaging more actively with the market, we believe more could be done. The development of market position statements will provide important information to providers about what is required and allow them to plan. These statements should be finalised and published as soon as possible.

Response: It will be up to local authorities to decide which areas they want to use to pioneer the use of market position statements. The Social Services Improvement Agency (SSIA) commissioned the Institute of Public Care to run seven regional workshops for local authorities on market facilitation and the contribution of market position statements. These were completed last autumn and will be followed up with written guidance, produced by SSIA, which should be published in April 2013. Local government's implementation plan in response to *Sustainable Social Services for Wales: A Framework for Action* includes a commitment to establish a national commissioning board with health board representation, together with a national provider forum. This could provide an opportunity for further discussion of the Committee's report and this conclusion on the potential use of market position statements.

Conclusion 6: How we pay for care is crucial to its quality. Funding of social care in Wales is closely linked to broader policy issues such as welfare benefits and taxation, responsibility for which remains with the UK Government. As such, we urge the Welsh Government to work with its UK counterpart on this urgent issue with a view to finding a suitable funding resolution for social care in Wales

as soon as possible. We believe the Welsh Government's Ministerial Task and Finish Group for Welfare Reform, which is assessing the impact of the current UK Government's welfare reforms in Wales and responding to them, should be aware of the issue of paying for care and the potential impact of any changes in Wales.

Response: The Welsh Government is committed to building a system of paying for care that is sustainable, affordable and fair to all. Extensive consultation with stakeholders in Wales has been undertaken on what kind of future system would command broad public and political support here.

The Dilnot Commission's report in 2011 on the future funding of care and support in England contained a number of proposals for taking this agenda forward. The UK Government has agreed in principle to the key findings of Dilnot, though details of how and when it would implement such measures will be announced following the autumn spending review this year. This lack of clarity limits our ability for reform in Wales given the links to UK taxation and welfare benefits. That said, the substantial costs involved in any reform makes reform in Wales dependent on the transfer to the Welsh Government of consequential funding being provided in England. We estimate implementing the key Dilnot recommendations in Wales, should we wish to do so, would cost around £100 million per annum which makes funding this without consequential funding unsustainable. The Welsh Government continues to urge UK Ministers to resolve this matter as soon as possible and have requested an update meeting with the UK Care Services Minister.

The Welsh Government's Ministerial Task and Finish Group for Welfare Reform is assessing the impact of the current UK Government's welfare reforms in Wales and as such, does not have a role in considering the future of paying for care in Wales.

Conclusion 7: We believe that action is needed to ensure that older people in residential care have access to the same standards of healthcare services as the wider community.

Response: Our healthcare policies are developed to ensure that all people in Wales, wherever they live and whatever their circumstances, are provided with high quality services, care and support.

The Local Integrated Care Plan, currently being developed, aims to ensure the provision of more care and support within the primary and community setting, to better meet the needs of people and patients across Wales. The focus is on ensuring high quality services, care and support for all people, at home, or close to home, which includes those within residential care. It also recognises the need to support all people but particularly the frail and elderly. The Plan seeks to

ensure the NHS and its partners work together to ensure local services can respond to the needs of all people within the local community.

The Plan will also clarify the outcomes and level of performance expected from health and social services, by publishing National Outcome Frameworks. Progress will be monitored against these measures.

Conclusion 8: There is a need to ensure that staff recruitment and training helps to ensure that good communication between care staff and care home residents is facilitated, both in terms of language and sensitivity to the particular communication needs of people with conditions such as dementia, Parkinson's disease, sensory loss or autism.

Response: The Welsh Government agree that effective communication between staff and those they care for is fundamental to the quality of their relationship and the care provided. Recruitment and training is sensitive to this need in a variety of ways, including those itemised below, being led by the Care Council for Wales:

- Employer Investment Fund UK project 'Recruiting a World Class Workforce'. This includes development of the Care Ambassador role which is outreach to encourage high quality candidates to join the social care workforce. This project will also include tools for assessing skills, including communication skills, at recruitment;
- the existing Care Ambassador Recruitment Scheme in Wales, led by the Social Care Partnerships;
- the Social Care Induction Framework includes communication skills;
- Development of Qualification and Credit Framework (QCF) qualifications - Communication Skills is a mandatory element of QCF qualifications for social care staff. Knowledge of sensory loss is a mandatory unit at levels 2 and 3;
- developing a workforce action plan based on the recommendations in the Welsh Government document *Mwy Na Geiriau*, the Welsh Language Strategy for Health and Social Care;
- revised National Occupational Standards in Leadership and Management of Care Services and in Social Work – both of which highlight communication skills;
- development of practice guidance for managers registered with the Care Council, which has a specific section on good communication with sub-sections on communication with individuals; supporting staff; working with others and records and reports;
- development of tools and practice guidance for social care staff, which include emphasis on communication skills, e.g dementia practice guidance, knowledge and skills sets.

Conclusion 9: Given the increased care needs of those within residential care, such as dementia or sensory loss, and the need for a continuum of care to minimise disruptive moves, we are encouraged by the development of innovative approaches to design and believe the sector should promote the sharing of good practice.

Response: It is essential to share good practice and to take a learning approach across the sector. We have made it clear in *Sustainable Social Services for Wales: A Framework for Action* that we are taking a new approach to improvement and we will be developing that approach as part of our work to develop a new improvement framework. We currently provide grant funding to support improvement agencies who share good practice – the Social Services Improvement Agency and the Social Care Institute for Excellence. The Care Council for Wales and the Care and Social Services Inspectorate Wales have a key role to play in identifying and sharing good practice.

Conclusion 10: There is a need to improve the safeguarding and protection of older people in residential care through improvements to inspection around care quality, staffing levels and improvements to the training of care staff. We welcome the Welsh Government’s plan to provide a legislative footing for this in the forthcoming Social Services Bill.

Response: To demonstrate the importance that Wales attaches to adult protection, the Social Services and Well-Being (Wales) Bill will introduce a coherent legal framework for adult protection. It will seek to ensure that there is the same consistent, co-ordinated and robust multi-agency response to adult protection cases, including abuse of the elderly, which already exists for child protection cases. Furthermore, the White Paper on Regulation & Inspection will provide an opportunity to ensure that care and support are of good quality and are delivered by appropriately trained and managed staff.

Conclusion 11: There is a need to increase awareness of care staff, though better training, of statutory duties under the *Mental Capacity Act 2005* and Deprivation of Liberty Safeguards. We welcome the proposals in the forthcoming Social Services and Well-Being (Wales) Bill to put adult safeguarding on a statutory footing. However, we are concerned that the new arrangements eventually enacted through the Bill should be closely monitored and assessed to ensure they are fully effective in improving adult safeguarding.

Response: The Social Services and Well-being (Wales) Bill will seek to improve leadership and collaboration through multi-agency working and introduce a more coherent approach to protecting adults at risk. To provide strategic leadership the Bill will establish a National Independent Safeguarding Board. Its role will be to advise Welsh Ministers on the adequacy and effectiveness of safeguarding

arrangements and on action to strengthen policy and improve practice. In addition, Safeguarding Adult Boards will be established with a specific focus on adults at risk, including those that may have care and support needs due to mental health issues, to provide for effective collaboration and multi-agency working and ensuring the effectiveness of arrangements in their area.

Health Inspectorate Wales monitor the implementation of the *Deprivation of Liberty Safeguards (DoLS)* by the NHS and registered independent hospitals when caring for such patients and the role played by health boards in organising assessments and authorising applications. Care and Social Services Inspectorate Wales under take a similar role with registered care settings and social service departments of local authorities.

Grant funding for the *Mental Capacity Act (MCA) 2005* and DoLS duties were formally incorporated into health boards' and local authorities' main discretionary allocation as of April 2012, along with the responsibility for internal monitoring and training of staff. Certain groups of people are legally required to have regard to the MCA and DoLS Codes of Practice when acting or making decisions on behalf of people who lack capacity. This includes:

- a variety of healthcare staff (doctors, dentists, nurses, therapists, radiologists, paramedics etc);
- social care staff (social workers, care managers, etc).

We would expect that responsible organisations would ensure that all such staff are appropriately trained

Conclusion 12: Improving the status of care workers and promoting their professionalisation are key considerations for improving services for older people in residential care. These should be priorities for the Welsh Government and should include work to further develop career pathways for social care staff. To this end the Committee welcomes the re-establishment of the Academy of Care Practitioners.

Response: Improving the status of social care workers and promoting their professionalisation are key features of Welsh Government policy, elaborated in *Sustainable Social Services for Wales: A Framework for Action*. Career pathways and continuing professional education and learning for social care workers are being developed, beginning with the registration of managers of care services with the Care Council for Wales.

Conclusion 13: In light of the strong views expressed to us about registration during our evidence gathering, we believe that the Welsh Government should keep the case for registration of all care staff under active consideration.

Response: Current Welsh Government policy is to be clearer about our

expectations of organisations to exercise responsibility for the quality of staff that they employ. In the light of this we are not pursuing plans at present to register groups of workers beyond social workers and managers of care services but will review existing workforce regulation arrangements to ensure registration focuses on the leadership and improvement role of managers. The Regulation & Inspection White Paper will provide a further opportunity to consider our policy on this matter.

Conclusion 14: Care homes are required by regulations to provide up-to-date information on staffing numbers, relevant qualifications and experience. This information should be made more easily available to prospective residents and their families. Greater efforts should also be made by residential care homes and relevant bodies to encourage prospective residents and their families to seek this information when making decisions about an older person's future care.

Response: Regulations stemming from the Care Standards Act 2000 already set out very clear requirements in relation to a care home's Statement of Purpose and the information this should contain. The Care and Social Services Inspectorate Wales (CSSIW) plan to produce additional guidance on writing a Statement of Purpose.

CSSIW has introduced "Quality of Staffing" as an inspection theme, which is reported upon in inspection reports. The outcomes for people using services in relation to staffing provision will be made clear in reports.

Conclusion 15: There is a need to raise the level of knowledge and skills of care staff to meet the increasing demands placed on them. Given the pivotal role of registered managers we believe future training strategies should prioritise training for them. The Welsh Government and the Care Council for Wales need to be confident that they regularly consider and refresh their approach to training to ensure that the best outcomes are achieved for both staff and residents. We would emphasise the importance of ensuring comprehensive recording of training activity undertaken by staff to encourage progress in this area.

Response: Welsh Government policy identifies the critical value and importance of well trained managers of social care services. Consequently, a strategic approach is being taken to ensuring that appropriate training is required and available. Much of this work is being taken forward by the Care Council for Wales through the Social Care Manager Development Programme Board. This includes:

- revised National Occupational Standards for the leadership and management of care services;
- development of the 'Leading in Practice' programme for social care

managers;

- development of a Continuing Professional Education and Learning Framework for social care managers;
- development of practice guidance for social care managers.

In relation to the recording of training, registered managers are required to demonstrate that they have met the post registration training and learning requirements required for re-registration every three years.

Conclusion 16: We acknowledge the importance of trade union representation for staff working in residential care and the valuable work they undertake in promoting the interests of their members and highlighting their concerns about the quality of services provided in the sector. We also note the potential value to care home providers of formally recognising the role of trade unions.

Response: The Welsh Government believes that good workforce well-being is conducive to good outcomes for people using services and that trade unions have a significant role to play in this. It is for employers to decide who they recognise to represent their staff and the small size of many social care providers makes this more challenging.

Conclusion 17: We welcome the improvements outlined by CSSIW to the inspection process to focus on the quality of care and to capture the views and experiences of older people, their families and carers, and care staff. We are particularly pleased to learn that lay assessors will be recruited to undertake inspections and urge the Welsh Government and CSSIW to ensure that they are adequately trained and equipped to undertake their work. We believe there will be a need for on-going monitoring and evaluation to ensure that these improvements achieve the required changes. We are concerned that the reforms are progressed and not delayed by the announcement of a separate Welsh Government Bill on the regulations of social care services and staff. We welcome the reassurances from the Deputy Minister for Children and Social Services on this matter.

Response: The Care and Social Services Inspectorate Wales (CSSIW) is making strong progress in changing inspection practice and providing reports which are increasingly clear and which reflect the outcomes and experiences for people receiving care. The decision to publish a separate White Paper on Regulation and Inspection, rather than include provisions on this within the Social Services and Well-Being (Wales) Bill, has in no way impeded CSSIW's progress on this. Indeed, it provides a useful opportunity to reflect and build on the changes CSSIW is making.

CSSIW has placed importance on inspectors talking to people using services and

the use of observational methods to understand the experience of people using services. As a result there is clear evidence of positive changes in inspection practice and an increased impetus to drive up standards.

CSSIW has received very positive feedback from people using and choosing services, commissioners and providers about its new methods and reports. However, providers of poor and inadequate care services are less enthusiastic as their reports are highlighting failures which make the poor outcomes for people in poor care settings very clear.

CSSIW is now piloting the use of independent visitors, including people with learning disabilities and older people, in inspecting those respective services. Their assessments provide an additional appraisal of the quality of life experiences by people living in care settings. Training has been provided and after initial evaluation in March 2013, a wider roll out is planned during 2013. CSSIW recognises that ongoing evaluation of the effectiveness of these processes is important and that it needs to demonstrate the added value of the use of independent visitors. An experienced regulator has been engaged for three days a week until April 2014 to lead a programme of evaluation and review to ensure that new processes are embedded and their effectiveness is evaluated.

Conclusion 18: The Committee agrees that, as a key method for gaining information, inspection reports need to be easily accessible both in terms of how they are drafted and where they are located. Consideration should be given to where inspection reports are made available. In addition to internet access, reports should be available in public places and at each home to allow older people and their carers and families to easily access them. Reports needs to be drafted in a manner which is easily understood and clear about the services provided at the home. Given the prevalence of visual impairment amongst older people it is important to ensure that reports are published in a range of formats.

Response: The Care and Social Services Inspectorate Wales (CSSIW) introduced a simplified format for writing inspection reports in April 2012 based on four themes. These shorter reports are a marked improvement on what had been in place previously. Inspectors have been instructed to write reports for the public and given clear guidance and training on how the reports should be written. In addition to internal quality assurance arrangements, CSSIW will be introducing regional quality assurance panels with representation from people using services and their relatives during 2013-14. This is to ensure reports are clear and helpful to people requiring information.

A significant improvement in the clarity of reports has been achieved. However, in 2013 CSSIW will be taking this a further step forward by developing and introducing a quality judgement framework which will enable people reading reports to see a simple, single word judgements in relation to the themes

included in the report. CSSIW is also restructuring its website with a view to introducing a simple search function which from 2014 will allow people to find particular types of service by quality ratings. The Committee's comments in relation to widening access to reports is noted and CSSIW is now considering how the latest version of reports can be made available in public places, in care homes and in a range of formats.

Conclusion 19: A mixed economy of ownership can help to foster a more diverse and innovative sector and provide a stronger foundation for providing choice and high quality services for the growing number of older people who will need them. As a key part of that the not for profit sector can make a valuable contribution to care provision in terms of innovation, value for money, and stability of provision. We therefore welcome the Minister work with relevant organisations to develop options for future models of residential care provision.

Response: The Welsh Government is aware that there are barriers which may be discouraging the growth of social enterprises, such as governance structures, finance and risk, but is keen to explore ways to overcome them and to encourage the real alternatives that social enterprises can offer to improve capacity and choice in the residential care market.