Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 3 - Senedd

Dyddiad:
Dydd Mercher, 13 Mai 2015

Amser:
09.15

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

I gael rhagor o wybodaeth, cysylltwch â:
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Agenda

1 Cyflwyniad, ymddiheuriadau a dirprwyon

2 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): sesiwn dystiolaeth 9 (09.15 - 10.00) (Tudalennau 1 - 102)

Sarah Rochira, Comisiynydd Pobl Hŷn Cymru

3 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): sesiwn dystiolaeth 10 (10.00 - 10.45) (Tudalennau 103 - 118)

Rosanne Palmer, Cyngrhair Henoed Cymru
John Moore, Fy Mywyd Mewn Cartref Cymru

Egwyl (10.45 - 10.55)

7 Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod ac o eitem 1 yn y cyfarfod ar 21 Mai 2015 (11.55)

8 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): trafod y dystiolaeth (11.55 - 12.05)

9 Rheoliadau mewn perthynas â chymhwysedd o dan Ddeddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014: trafod y dull o weithredu (12.05 - 12.15) (Tudalennau 168 - 172)

Rheoliadau Gofal a Chymorth (Cymhwystra) (Cymru) 2015

Rheoliadau Gofal a Chymorth (Cymhwystra) (Cymru) 2015 - Memorandwm Esboniadol [Saesneg yn unig]

Code of Practice on the exercise of social services functions in relation to part 4 (Meeting needs) [Saesneg yn unig]

Mae cyfyngiadau ar y ddogfen hon

Older People's Commissioner for Wales
Comisiynydd Pobl Hŷn Cymru

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National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Regulation and Inspection of Social Care (Wales) Bill /
Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru)
Evidence from Older People's Commissioner for Wales – RISC 45 / Tystiolaeth gan Comisiynydd Pobl Hŷ n Cymru– RISC 45

David Rees AM
Chair, Health & Social Care Committee
Legislation Office
National Assembly for Wales
Cardiff Bay
CF99 1NA

28th April 2015

Dear Chair,

Re: Consultation on the Regulation & Inspection of Social Care (Wales) Bill

Thank you for the opportunity to provide initial written evidence to the Health and Social Care Committee on the general principles of the Regulation and Inspection of Social Care (Wales) Bill.

As Commissioner, I have a statutory function, as set out within the Commissioner for Older People (Wales) Act 2006 and the Commissioner for Older People in Wales Regulations 2007, to keep under review the adequacy and effectiveness of the law affecting the interests of older people in Wales.

Due to the importance of changes to social care to older people and the subsequent importance of ensuring the regulation and inspection

framework that surrounds social care effectively addresses the issues raised by older people, I am submitting this evidence as a discharge of this function.

As outlined in my Framework for Action 2013-17, which sets out my priorities as Commissioner, I have a wide interest in the quality of health and social care and the impact this has on the lives of older people. I have a particular interest in care homes following my legal Review[1] into the quality of life and care of older people living in care homes in Wales and this is reflected in my attached detailed comments.

Regulation and inspection of social care matters to older people, and has a clear impact on their experiences of and within the 'system', the quality and impact of care and support they receive, and their overall quality of life. However, they do not talk about it in this context. Instead, they tell me:

1. **It is very difficult to judge the quality of care and support received or planned because of a lack of meaningful, accessible and understandable information. It can often feel like navigating through a maze of different reports that can be opaque and inconsistent. This makes it difficult for individuals to make decisions that are appropriate for them and to raise concerns and complaints.**

   "Finding a suitable care home for my husband was the most soul destroying thing I have ever had to do. The information you were given was not always what you were presented with when you visited the place. Hoping that you had made a good choice was not clear until you had moved in." **Family member**

2. **Action is not taken quickly enough to remedy poor care. Poor care is tolerated and no-one seems to be held to account when it goes wrong.**

   "I've raised this time and time again and nothing is ever done."
   Family member

[1] Older People's Commissioner for Wales, A Place to Call Home, A Review into the Quality of Life and Care of Older People Living in Care Homes, 2014

3. **Staff don't have the skills to meet the needs of people or see the individual. Too often the importance of how things are done is overlooked.**

   "They had no training. I asked and the only training they had received was health and safety and manual handling, they had no idea of how to meet a resident's needs, particularly with dementia." **Family member**

Care Home managers and providers also tell me that their experience of the regulation and inspection system of social care is that they feel there are often differing requirements placed upon them between commissioners and regulatory bodies. Care home managers of residential and nursing care homes stated very clearly throughout my Care Home Review[2] that there is often very little support available to them when they are struggling to provide acceptable care or when they want to change their approach.

From my perspective as Commissioner, there is much in the intent behind the Bill that I welcome:

- **Accountability of care providers** for the quality of care and support provided and the outcomes secured is vital. Those owning care homes as well as those recognised as responsible individuals should be accountable and I welcome the intent in the Bill to progress accountability. However, there are specific omissions and areas for improvement that I expand upon in my attached response. Accountability must also be extended to owners of services and 'fitness to own' should be included within the Bill. Accountability must also be accompanied by potential sanctions and I welcome the proposed indictable offence of failing to comply with any requirement posed by inspectors.

- **More effective powers for the regulator to act quickly and decisively where care is deemed to be 'beyond repair'.** Whilst this is welcomed, there is an important issue that needs to be further explored of how 'beyond repair' is determined and if there will ever be circumstances in which exemptions or exceptions are made.

[2] Older People's Commissioner for Wales, A Place to Call Home, A Review into the Quality of Life and Care of Older People Living in Care Homes, 2014

This goes to the heart of what we are prepared to tolerate and for how long, which was a central message arising from my Care Home Review. The underpinning regulations and codes need to be clear on this, as well as the criteria against which a judgment to act quickly is made, which should be open, transparent and in the public domain.

- **Embedding wellbeing in the regulatory system**. My Care Home Review found that too often there is a focus on the functional aspects of care, with a reliance on a task-based approach. Whilst I welcome the intent to fully embed wellbeing outcomes at the heart of the inspection process, alongside care and support standards, the standards relating to all care and support provided must be aligned to overall quality of life and wellbeing and there must be a consistent approach to this throughout the system, in particular between regulators and commissioners. I would expect to see close alignment between the wellbeing outcomes proposed in the National Outcomes Framework for Social Services and the key aspects of quality of life in my Care Home Review (see Appendix B). I would also expect these outcomes to be reflected strongly in provider annual returns.

- **Better information about the quality of care delivered** is often something that older people tell me they want to see improved. I strongly welcome greater openness and transparency and I expect social care to mirror the approach adopted by health through the production of Annual Quality Statements. Reporting must include information on both the quality of care received and the overall quality of life and outcomes that have been secured through the provision of care and support. The indicators used to measure this must be meaningful, understandable and relevant to older people. Again, I am explicit in my Care Home Review what this should include.

- **Market stability** is a very significant issue. Recent events within Wales have demonstrated the impact that the withdrawal or closure of a provider can have on the individuals who relied on that care and support as well as on the wider social care system. I was very

clear in my Care Home Review about this and Requirement for Action 7.1 sets out that I expect to see a national plan to ensure the future supply of high quality care homes. I therefore welcome the duty to publish a National Market Stability report. However, this must be strengthened through inclusion within the Bill of a subsequent duty on Ministers to act to ensure that action takes place to secure a sustainable, high quality provider base. There should be a requirement on commissioners to incentivise provision of high quality services to enter and remain in the market within Wales and to remove from the market those that consistently provide poor and unacceptable care. It is my view that poor care should not be tolerated because there is no alternative and quality must sit at the heart of market stability. Whilst I welcome the focus on the financial viability of providers, this in and of itself is not sufficient to provide a high quality base.

- **Social Care Wales.** A key issue is how to ensure that people working within the sector have the right skills, know what is expected of them and that those consistently providing poor care are excluded from working within the sector. I welcome the extended powers for the social workforce regulator, but the Bill provides insufficient detail in relation to this. Social Care Wales must have the legal power to lay down national mandatory standards in relation to those working in the social care workforce, ranging from recruitment to assessment of performance. The Bill, as it currently stands, does not extend workforce registration to any addition groups of social care workers. This does not reflect the level of vulnerability of older people in care homes and leads to a lack of parity with other vulnerable groups.

Whilst there is much to be welcomed in the Bill, its intent must be translated into practice so that it has a positive impact on older people and addresses, in a way that can be evaluated, the three key critiques identified at the beginning of this letter. My view is that the Bill in its current drafting, does not sufficiently make the link back to clear outcomes that would have relevance to older people other than in a broader generic sense e.g. greater openness and transparency.

A detailed commentary on the proposed Bill is attached. I would also raise a number of general observations:

I was cognisant of the development of the Bill and as a result my Requirements for Action, identified through my Care Home Review, were written in such a way so that they could be lifted into the Bill and easily reflected within this legislation. To a certain extent this is the case but not to the extent that I wish to see. This is in part because of a lack of detail on the face of the Bill, but I would like greater assurance that my Requirements for Action with be actioned through regulations and supplementary codes of practice if they are not included on the face of the Bill.

It is crucial that the Bill remains focused, as the initial Framework for Sustainable Social Services did, on the impact it will have on the lives of people. Furthermore, a major omission from the Bill is reference to the UN Principles for Older Persons and the need for the regulation and inspection regime to be underpinned by a human rights-based approach. As Commissioner, I want to see due regard for the UN Principles on the face of the Bill to ensure consistency with the intent within the Social Services and Wellbeing (Wales) Act 2014 of delivering strong voice and real control for people and to ensure that the rights of people using services, and the rights of their carers, are upheld.

I have strongly welcomed the Welsh Government's commitment to an integrated approach to health and social care and it is therefore difficult to understand why this does not extend to the Regulation and Inspection of Social Care (Wales) Bill, something that restricts its ability to deliver systemic assurance about the quality of care and meaningful outcomes for older people in Wales, in particular in relation to the care of older people living in nursing homes or the health needs of older people living in residential care homes.

It is crucially important not to forget the outcomes that older people want and expect to see. It is my view that, notwithstanding the desire not to crowd the face of the Bill, too much of this intent is currently left to regulations. This could result in legislation that suits the system rather than what individuals need and have a right to. It is essential that it remains a Bill about people.

As the independent voice of older people in Wales, my interest will lie in how the intent of the Bill is made real for older people. There are a number of significant areas outlined in my response and I will pay close attention to how these are translated into practice. I will also track the progress of the secondary legislation as it is developed.

I look forward to giving further evidence to the Committee to support the Bill's progress through the detailed scrutiny process.

Yours sincerely,

Sarah Rochira

Older People's Commissioner for Wales

C.C. Helen Finlayson, Clerk – Health & Social Care Committee

Appendix A – Feedback from older people, family members and the Commissioner's social care rapporteurs

1. **It is very difficult to judge the quality of care and support received or planned because of a lack of meaningful, accessible and understandable information. It can often feel like navigating through a maze of different reports that can be opaque and inconsistent. This makes it difficult for individuals to make decisions that are appropriate for them and to raise concerns and complaints.**

   "We were not given any help, just told to find a nursing home"

   "The most difficult decision I have ever made (and distressing for both of us) in my life".

   "Someone advising me what a good care home looked and felt like may have stopped me leaving Mum in a home that had staff more focussed on their staff meetings than on active residents having any stimulating conversation or being treated with respect. I've (or rather Mum) learned the hard way that a 5* hotel environment is not often a 5* care environment".

   "I was surprised at the lack of meaningful and accessible information. There was a lot of practical info i.e. the number of beds, but it's disappointing that there are so few indicators of quality of care and quality of life within a care home setting."

2. **Action is not taken quickly enough to remedy poor care. Poor care is tolerated and no-one seems to be held to account when it goes wrong.**

   "My mother's teeth were left to rot in her mouth."

   "For me, she is safe but her life is sad. At least she is not abused."

   "Visiting in the afternoons I often had to ask staff to change my mother's pad as she was leaking. The difficulty getting her from her room to downstairs meant that she did not get her pad changed before

lunch nor even immediately after. The result was always embarrassing, distressing and humiliating to her."

"You are powerless."

"We want to make sure that people are held to account, but it's a long slog for justice and a heavy load we are carrying."

"I wrote 3 different letters about various incidents and never had an outcome I was happy with"

3. **Staff don't have the skills to meet the needs of people or see the individual. Too often the importance of how things are done is overlooked. I have been clear through my Care Home Review,[3] about the importance of an incentivised and professional social care workforce**

"I feel like my grandfather is talked down to. I very much think he is 'still in there' despite not being able to talk. He is a bright man and I wish he was treated like it."

"A care home is as good as its staff'"

"They had no training. I asked and the only training they had received was health and safety and manual handling, they had no idea of how to meet a resident's needs, particularly with dementia."

"It is evident that the majority of those working in care home settings genuinely want to do a meaningful job and give the people they are working with a good quality of life - many of them have hidden wings on their backs. The problem is that often they are not supported within the environment in which they work and appropriate training is not the norm".

[3] Older People's Commissioner for Wales, A Place to Call Home, A Review into the Quality of Life and Care of Older People Living in Care Homes, 2014

Appendix B – Definition of 'Quality of Life' and the domains that should be used in relation to 'Quality of Life'

- Older people tell me that their lives have value, meaning and purpose when they:

    - Feel safe and are listened to, valued and respected;
    - Are able to get the help they need, when they need it, in the way they want it;
    - Live in a place which suits them and their lives;
    - Are able to do the things that matter to them

- Requirement for Action 6.1 of the Care Home Review outlines the following domains that should be used in relation to quality of life.

At present, there is an inconsistent and geographically variable focus on quality of life within commissioning, which is too often seen as a functional task-based process. Although there is action being taken at a local level in Wales to better recognise quality of life and the Welsh Government has published a new Social Services National Outcomes Framework, this has yet to translate into a consistent and systematic approach to the commissioning, regulation and inspection of care that has quality of life at its heart and is reflected in the way that commissioning, regulation and inspection are implemented.

There are competing and inconsistent demands upon providers, both in relation to standards and reporting, as well as an inconsistent approach to joined-up working, information sharing and the use of information to better evaluate quality of life and care.

Requirement for Action 6.1 states:

A single outcomes framework of quality of life and care, and standard specification, is developed for use by all bodies involved in the regulation, provision and commissioning, and inspection of care homes and should flow through to become a defining standard within the future Regulation and Inspection Act. It must include references to the following:

1. *Independence and autonomy*
2. *Control over daily life*
3. *Rights, relationships and positive interactions*
4. *Ambitions (to fulfil, maintain, learn and improve skills)*
5. *Physical health and emotional wellbeing (to maintain and improve)*
6. *Safety and security (freedom from discrimination and harassment)*
7. *Dignity and respect*
8. *Protection from financial abuse*
9. *Receipt of high quality services*

Response from the Older People's Commissioner for Wales

to the

National Assembly for Wales, Health and Social Care Committee consultation on the

Regulation and Inspection of Social Care (Wales) Bill

April 2015

For more information regarding this response please contact:

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About the Commissioner

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales, standing up and speaking out on their behalf. She works to ensure that those who are vulnerable and at risk are kept safe and ensures that all older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services they need. The Commissioner's work is driven by what older people say matters most to them and their voices are at the heart of all that she does. The Commissioner works to make Wales a good place to grow older - not just for some but for everyone.

The Older People's Commissioner:

- Promotes awareness of the rights and interests of older people in Wales.
- Challenges discrimination against older people in Wales.
- Encourages best practice in the treatment of older people in Wales.
- Reviews the law affecting the interests of older people in Wales.

Regulation and Inspection of Social Care (Wales) Bill

The Older People's Commissioner for Wales has a statutory duty, as set out within the Commissioner for Older People (Wales) Act 2006 and The Commissioner for Older People in Wales Regulations 2007 to keep under review the adequacy and effectiveness of law affecting the interests of older people in Wales. As outlined by her Framework for Action 2013-17, the Commissioner has a wide interest in the quality of social care and the impact this has on the lives of older people.

Regulation and inspection of social care matters to older people, and has a clear impact on their experiences of the 'system' and their quality of life. However, they do not talk about it in this context. The Commissioner's critique of the Regulation and Inspection of Social Care (Wales) Bill addresses the concerns raised by older people and those delivering services, as outlined in her accompanying letter.

However, the Commissioner takes a particular interest in care homes following her legal Review into the quality of life and care of older people living in care homes in Wales. Due to the importance of the regulation and inspection framework that surrounds social care, and the need to raise the concerns of older people and whether the Bill makes sufficient provision to fully address them, the Commissioner is submitting this evidence as a discharge of this function.

Executive Summary / Questions from Committee

1. **Do you think the Bill as drafted will deliver the stated aims (to secure well-being for citizens and to improve the quality of care and support in Wales) and objectives set out in Section 3 (paragraph 3.15) of the Explanatory Memorandum? Is there a need for legislation to achieve these aims?**

Whilst there is much to be welcomed in the Bill, its intent must be translated into practice so that it has a positive impact on older people. The Commissioner's view is that the Bill in its current drafting does not sufficiently make the link back to clear outcomes that would have relevance to older people other than in a broader generic sense e.g. greater openness and transparency. Significantly more detail is required for an assessment to be made and for the Commissioner to provide any real assurances in relation to this question.

Please see the detailed response which provides further information on the Commissioner's views on whether the specific sections of the proposed Bill meets its stated aims.

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

The proposed Bill focuses exclusively upon social care and there is little integration with the regulation and inspection of health. There are no duties placed on health boards to ensure quality of healthcare outcomes in complex care cases and it is the Commissioner's view that this is a major omission from the Bill and will severely limit the impact of the Bill.

Additionally, the lack of lay assessors within the inspection process means that people's voices won't be heard, something that would not only weaken inspection processes, but would also undermine the intent of the Social Services and Wellbeing (Wales) Act 2014.

3. Do you think there are any issues relating to equality in protection for different groups of service users with the current provisions in the Bill?

It is the Commissioner's view that the Bill's failure to extend workforce registration to domiciliary and residential care staff puts older people at a disparity with other vulnerable groups. As registration is currently applied

to those working with children, the Commissioner does not see a valid reason as to why registration should not also be used to protect vulnerable older people.

4. Do you think there are any major omissions from the Bill or are there any elements you believe should be strengthened?

Whilst the Commissioner welcomes much of the Bill, there are a number of areas that need to be strengthened:

- The definition 'care' of focuses too heavily on physical activities
- Overview of providers' sustainability should be extended
- There must be an action plan to set out how the National Market Stability Report will be taken forward
- The voices of service users must be reflected within annual returns from service providers and within annual reports from local authorities on their social services functions
- Lay assessors must be part of the inspection process
- Public bodies must be accountable for poor commissioning practices
- Training on the Code of Practice on the standards expected of all staff must be mandatory

Additionally, it is the Commissioner's view that there are a number of omissions from the Bill:

- An integrated approach between health and social care
- 'Fitness to own' a regulated service
- Workforce registration does not extend to domiciliary and residential care workers

5. Do you think that any unintended consequences will arise from the Bill?

It is the Commissioner's view that the Welsh Government's intent to deliver an integrated approach to health and social care will be hindered through a lack of integration between the inspection regime for health and social care.

Changes to the structure of local government in Wales and the development of other legislation, such as the Wellbeing of Future Generations (Wales) Act 2015 need to be taken into account in order to mitigate against any unintended consequences in the delivery of the Bill's intent.

6. What are your views on the provisions in Part 1 of the Bill for the regulation of social care services? For example moving to a service based model of regulation, engaging with the public, and powers to introduce inspection quality ratings and to charge fees.

The Commissioner welcome's the intent to provider better information through the duty on providers to submit an annual return. The annual returns need to clearly link to the wellbeing outcomes contained within the National Outcomes Framework and also reflect the Commissioner's Requirements for Action, which were published as part of her Care Homes Review report, A Place to Call Home?[4].

It is the Commissioner's view that the Bill must set out what must be covered in the annual returns and that this should not be left solely to the regulations that will underpin the Bill. Additionally, the annual reports should be published within 1 month of the inspection report and the regulator must also provide a view on the report's accuracy. The Commissioner is also concerned that the Bill currently doesn't contain any reference to the need for the views of people using a service to be included in the annual report.

The Commissioner welcomes the to power in the Bill to introduce inspection quality ratings as this will help improve openness and transparency, enabling people to make more informed choices about the care and support they receive. Ratings must, however, reflect both wellbeing and service quality indicators and these must be defined and reported on in a way that reflects the issues that matter to older people.

[4] Older People's Commissioner for Wales, A Place to Call Home, A Review into the Quality of Life and Care of Older People Living in Care Homes, 2014

7. **What are your views on the provisions in Part 1 of the Bill for the regulation of local authority social services? For example, the consideration of outcomes for service users in reviews of social services performance, increased public involvement, and a new duty to report on local markets for social care services.**

It is essential to ensure that in any review of social service performance, outcomes for the service users' perspective of care and support received and not the perspective of system quality assurance is captured.

The regulations that underpin the information contained within local authority annual reports and the regulations in relation to the review and investigation of local authority inspection processes must be subject to the super-affirmative procedure to ensure appropriate scrutiny.

Additionally, the regulations prescribing the content of the local market stability reports must also be subject to super-affirmative procedure as they will need to align with the regulations that set out the content of the National market Stability report and must therefore be subject to appropriate scrutiny.

8. **What are your views on the provisions in Part 1 of the Bill for the development of market oversight of the social care sector?**

The Commissioner welcomes the duty on local authorities to assess the financial sustainability of larger providers. However, it is the Commissioner's view that this should be extended to include, at the very minimum, those providers delivering services in areas where market analysis shows that there is no alterative provision should they become unsustainable.

The Commissioner welcomes the duty to introduce a National Market Stability Assessment and the regulations specifying the content of this report must reflect the Requirement for Actions outlined in her Care Home Review.

9. What are your views on the provisions in Part 3 of the Bill to rename and reconstitute the Care Council for Wales as Social Care Wales and extend its remit?

The Commissioner welcomes the proposed extension to the remit of the workforce regulator. This provides an opportunity to drive transformation and improve social care practice for all practitioners and the Commissioner expects SCW's role in providing advice and assistance to reflect Requirement for Action 5.6 of her Care Home Review, which relates to the creation of a national improvement service.

10. What are your views on the provisions in Parts 4 - 8 of the Bill for workforce regulation? For example, the proposals not to extend registration to new categories of staff, the removal of voluntary registration, and the introduction of prohibition orders.

Equality of workforce registration is needed across all sectors working with vulnerable people. It is the Commissioner's view that registration of the social care workforce should be extended to domiciliary and residential care workers. This needs to also be accompanied by a fully enforceable Code of Practice on the standards expected of all social care workers with training on the Code mandatory for all staff.

11. What are your views on the provisions in Part 9 of the Bill for co-operation and joint working by regulatory bodies?

As stated in the Commissioner's Care Home Review, it is absolutely essential for bodies to work together to deliver quality of life outcomes for older people and ensure that they are safeguarded from harm.

12. In your view does the Bill contain a reasonable balance between what is included on the face of the Bill and what is left to subordinate legislation and guidance?

The Commissioner's view is that too much of the intent of the Bill is currently left to regulations. Regulations are not subject to the same degree of scrutiny by the National Assembly for Wales and this could result

in legislation that suits the system rather than what individuals need and have a right to.

Additionally, the insertions into the Social Service and Wellbeing (Wales) Act 2014 in relation to local authority social service must be subject to the super-affirmative procedure.

13. What are your views on the financial implications of the Bill as set out in parts 6 and 7 of the Explanatory Memorandum?

As outlined by her Care Home Review in Requirement for Action 6.3, the Commissioner is concerned that the Impact Assessment in relation to increasing citizen involvement does not cost the use of lay assessors in the inspection process or refer to the role of CHC in this. Whilst it is of course right to properly evaluate the financial implications of legislation, it is important to not forget the cost of poor care both to the individual, commissioners and the reputation of public bodies.

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

Please see detailed response.

Analysis of the Sections of the Bill

Definition of Care The Commissioner is concerned that the definition of 'care' on the face of the Bill focusses too heavily on the physical activities associated with the delivery of care. Good care is not just about feeling safe or having basic physical needs met, essential as these are, it is also about having the best quality of life, in whatever way a person defines this. Within the current system, there is	**Section 3 – Other key terms**

no formal way to recognise or reinforce crucial values such as compassion, friendship and kindness, self-determination, choice and control. These values are key to quality of life and must be placed at the heart of what is defined as 'care' as they will ensure that older people are supported as individuals rather than a homogenous group, and will challenge the depersonalised and objectified approach of task based care that not only disempowers individuals but can all too easily lead to undignified care, emotional neglect and abuse.

An integrated approach to regulation and inspection

Not currently in Bill

In the Commissioner's Review into the quality of life and care of older people living in care homes in Wales, it was clear that many older people receive both health and social care services within residential and nursing settings and that the boundaries are often blurred from both the service user's and the wider health and social care system's perspective. This is a major omission from the Bill. The Review found that there are inconsistencies, and gaps in the health and social care systems, both in the way that older people experience the services and how they're monitored – such as the inspection and regulation of health care services within a care home setting. For example, assumptions are made about the competencies of nurses in nursing care homes which inhibit health boards from taking a proactive approach to ensure that people have access to nursing with specialist skills i.e. diabetic nurses as well as basic primary care e.g. dental services. Without oversight from Healthcare Inspectorate Wales (HIW) these issues may continue to impact on the quality of older people's lives because of a lack of independent assurance from a healthcare perspective.

This issue must be addressed and the Bill must place a duty on both HIW and CSSIW to carry out and publish joint inspections. This will ensure that they work together to speak with one voice on overall wellbeing and the quality of health, social care and support.

This is a serious omission from the Bill and an issue identified in the Commissioner's Care Home Review outlined by Requirement for Action 6.5. HIW do not currently inspect the standard of health care delivery within care homes as it falls outside of their remit and this means that there is not appropriate and effective scrutiny of the delivery of healthcare in nursing care homes. The Commissioner holds the view that CSSIW is best placed to be the lead inspector in relation to nursing homes given the overriding importance of quality of life.

Market Stability

When large providers fail the impact is felt dramatically by individuals. However there is also an impact on the statutory sector, who at short notice may have to find alternative care and support for significant numbers of very vulnerable people. When small or single care homes close, the difficulties faced by the statutory body may not be as significant, particularly in less rural areas, but the impact on the individual in the home can be just as devastating. This can also be the case in when there is a change in home care provider, impacting on the familiarity of staff delivering intimate care.

The Regulation and Inspection of Social Care Bill should protect the individual while also ensuring the accountability of the system. 'Due diligence' should therefore apply to all large providers and, to manage risk,

Sections 58-62 – Market Oversight (Part 1, Chapter 7)

s.58(1) Regs – criteria for determining whether section 60 applies

s.58(4) Regs – extend of application of s.60

those proving services in areas where market analysis shows that there is no alterative provision. The regulations under Section 58 need to apply to all providers of care and support services.

s.60(6) Regs – information to assess financial sustainability

Additionally, the regulations under Section 60 should specify information in relation to a person's 'fitness to own' a care and support service, allowing for the request of information such as whether an owner has had previous care and support services in their ownership fail in the past.

s.62(3) Regs – national market stability report

National market stability report

The Commissioner welcomes the duty to publish a National Market Stability Report. However, it is vital for the report to make recommendations as to how the preferred provider base/market will be delivered and for there to be a duty on Welsh Ministers to present their action plan to the National Assembly for Wales on when and how they will meet the recommendations.

The underpinning regulations that will set out the content of the National Market Stability Report must also reflect Requirements for Action 5.1, 5.8, 7.1 and 7.2, as set out in the Commissioner's Care Home Review, so that the report covers the following information:

- ***a.*** *The availability of skilled and competent Care Home Managers, including the impact of vacancy levels on older people's quality of life and care*
- ***b.*** *A national demographic projection of need, including anticipated trends in and changes to the type of provision required as a result of increasing acuity and dependency*
- ***c.*** *A clear statement on the preferred type of provider base/market*
- ***d.*** *A national analysis of the barriers to market entry*

e. *A clear statement on investment to grow social enterprises and co-operative social care sectors, particularly in areas with a low provider base*

f. *A clear action plan to deliver the preferred provider base/market*

g. *The current and future level of nursing required within the residential and nursing care sector, including the care for older people living with mental health problems, cognitive decline and dementia.*

Additionally, the regulations prescribing the content of the local market stability reports must also be subject to the super-affirmative procedure as they will need to align with the regulations that set out the content for the National market Stability report and must, therefore be subject to the appropriate scrutiny.

Annual Return

Section 8 – Annual Return (Part 1, Chapter 2)

The Commissioner strongly welcomes the proposal that all providers must submit an annual return to the service regulator and that it will be published by the regulator along with their service inspection report. The Commissioner also strongly welcomes the proposals for these reports to clearly link to the wellbeing outcomes contained within the National Outcomes Framework.

s.8 (2) Regs – info within an annual return

However, this will not be sufficient unless:

1. These are published within 1 month of the inspection report being undertaken to ensure that they are an accurate reflection of the quality of care provided;

2. The regulator provides a view on accuracy of the report. If they do not do this, it will not be possible to challenge the new indictable offence of false descriptions or false statements.

3. These reports must be required to contain information in line with Requirement for Action 5.5, 6.2 and 6.10 of the Commissioner's statutory review, A place to Call Home?, which include:
   a) Number of dementia champions[5]
   b) How on-going feedback from older people has been used to drive continues improvement;
   c) Quality of life of older people in relation to the delivery of care and support;
   d) Staff levels, turnover, skills, investment in training and use of agency staff; and,
   e) Number of POVA referrals, complaints and improvement notices, including full details on improvement action

4. The Annual Return has relevance to the service user. The Commissioner is concerned that there doesn't appear to be any reference in the Bill that the service user must be involved in the production of these reports or that they should be written in an accessible format and in plain language for use by the public. The development of the format for the annual reports must be tested with current users or residents of care homes and their families.

The Commissioner is clear that the face of the Bill should set out what **must** be covered in the Annual Returns, what **may** not be covered, albeit in outline, and the way in which these returns must be developed. The Annual Return must have relevance to the service user as intended, and the principle of providing better information about the quality of care delivered must therefore not be left solely to regulations.

[5] Dementia Champion defined in Appendix B

5. The wellbeing outcomes developed have relevance to older people. The Commissioner welcomes the proposed requirement that Annual Returns must make reference to wellbeing outcomes. She is clear, however, of the need for consistency and that these must be the same wellbeing outcomes outlined in the National Outcomes Framework for Social Services[6], as set out in Requirement for Action 6.1 of her Care Home Review.

It is the Commissioner's view that the regulations on Annual Returns must also reflect Requirements for Action 5.5, 6.2 and 6.10 in her Care Home Review so that Annual Returns cover the following information:

- **a.** Number of dementia champions[7]
- **b.** How on-going feedback from older people has been used to drive continuous improvement
- **c.** Quality of life of older people in relation to the delivery of care and support
- **d.** Staff levels, turnover, skills, investment in training and use of agency staff
- **e.** Number of POVA referrals, complaints and improvement notices, including full details on improvement action

Outcomes-based Approach

The Commissioner is a strong supporter of the National Outcomes Framework that underpins the Social Services & Well-being (Wales) Act 2014 and welcomes the fact that this will apply to all providers of care and support

Section 26 – Regulations about regulated services (Part 1, Chapter 2)

[6] The national outcomes framework for people who need care and support and cares who need support, 2014-15

[7] Dementia Champion defined in Appendix B

services.

The Commissioner also welcomes the replacement of Regulations and National Minimum Standards for Adult Services with regulations in relation to wellbeing and operational practice. For consistency, the regulations in relation to wellbeing should be the same as, or closely aligned to the, National Outcomes Framework otherwise the current criticism of an inconsistent approach by different agencies will continue, albeit in a different way.

s. 26(1) Regs – requirements on service providers (wellbeing and operational practice)

In relation to residential care, the Commissioner expects the two sets of regulations and the underpinning Code of Guidance to address Requirement for Action 6.1 of her Care Home Review, which states that:

A single outcomes framework of quality of life and care, and standard specification, is developed for use by all bodies involved in the regulation, provision and commissioning, and inspection of care homes and should flow through to become a defining standard within the future Regulation and Inspection Act. It must include references to the following:

1) *Independence and autonomy*
2) *Control over daily life*
3) *Rights, relationships and positive interactions*
4) *Ambitions (to fulfil, maintain, learn and improve skills)*
5) *Physical health and emotional wellbeing (to maintain and improve)*
6) *Safety and security (freedom from discrimination and harassment)*
7) *Dignity and respect*
8) *Protection from financial abuse*
9) *Receipt of high quality services*

In addition, the Commissioner expects, in line with Requirements for Action 1.1 and 1.3 of her Care Home

Review, that these standards and underpinning codes of service guidance make specific reference to the following:

a) *The full involvement of an older person to ensure that have effective voice, including advocacy support where necessary;*
b) *Ensuring an older person's personal history, social and cultural interests, occupation, achievements, likes, dislikes and aspirations are understood and reflected in their future life. This must include meeting the diverse needs of older people who are Lesbian, Gay, Bisexual or Trans, those who are Black, Asian or Minority Ethnic and those with or without religion of belief;*
c) *Meeting the emotional needs of older people to ensure they feel safe, valued, respected, cared for and cared about;*
d) *Meeting the communication needs of people living with dementia and/or sensory loss;*
e) *The needs of Welsh language speakers and those for whom English is not their first language;*
f) *Active steps are taken to encourage be-friending schemes to support and retain existing friendships.*

Commissioning

The Bill does not make specific reference to the commissioning function of local authorities. This is a significant omission from the Bill as both residential and domiciliary care commissioning in Wales is currently inconsistent and variable in respect of its focus on balance between cost and quality. Quality of care, and quality of life, of those receiving a service must be put at the forefront of all commissioning decisions, in both residential and domiciliary care commissioning. Whilst the Commissioner recognises the challenging environment in which public services operate, cost should never be the primary driver behind commissioning decisions. This was

No specific Section

highlighted as a particular issue in the Commissioner's Care Home Review, as was the negative impact that commissioning without a focus of quality of life outcomes has upon the individual.

The Bill should place a duty on local authorities and health boards to commission against quality of life outcomes, as identified by the Care Home Review Requirement for Action 6.1, through the following domains:

a. *Independence and autonomy*
b. *Control over daily life*
c. *Rights, relationships and positive interactions*
d. *Ambitions (to fulfil, maintain, learn and improve skills)*
e. *Physical health and emotional wellbeing (to maintain and improve)*
f. *Safety and security (freedom from discrimination and harassment)*
g. *Dignity and respect*
h. *Protection from financial abuse*
i. *Receipt of high quality services*

The Bill should place a duty on directors of local authority social services, and their health equivalents, to ensure that commissioning of health and social care is against the single quality of life outcomes framework that is used by all bodies which are involved in the regulation, commissioning, inspection of care provision. This framework aligns with the National Outcomes framework in the Social Services and Wellbeing (Wales) Act 2014, but provides the further detail necessary to prevent failures within the commissioning process that time and again lead to unacceptable levels of care, including emotional neglect, and inconsistent and conflicting requirements on care providers.

This will ensure that local authorities commissioning places for individuals in care homes will not only lay out service specifications and ensure that the care package can be delivered within their fee structure, but will also actively seek on-going assurances that an older person is safe, well cared for and has a good quality of life.

Service Inspections

The Commissioner recognises that a quality rating approach has limitations, particularly where improvements are being implemented. However, she is a strong advocate for the openness and transparency agenda and the importance of clear and meaningful information as a tool to help people make decisions that are appropriate to their needs and to safeguard themselves.

The quality ratings adopted must reflect both wellbeing and service quality indicators and these must be defined and reported on in way that reflect the issues that matter to older people. Again, for consistency in relation to residential care, this should include the issues identified in the Commissioner's Care Home Review, which is clearly laid out in Requirement for Action 1.1:

A national approach to care planning in care homes should be developed and implemented across Wales. This must support:

- *The full involvement of the older person to ensure they have an effective voice, including advocacy support where necessary. This may include independent advocacy or advocacy under the Mental Capacity Act.*
- *Ensuring the older person's personal history, social and cultural interests, occupation, achievements, likes, dislikes and aspirations are understood and reflected in their future life. This must include*

Sections 31-35 – Information and Inspections (Part 1, Chapter 3)

Section 39 – Engagement with the public (Part 1, Chapter 4)

s.32(3) Regs – service inspections

s.32(4) Code – service inspection (manner in which they are carried out)

s.35(1) Regs – inspection

meeting the diverse needs of older people who are lesbian, gay, bisexual or trans, those who are Black, Asian or minority ethnic and those with or without religion or belief. • *Meeting the emotional needs of older people to ensure they feel safe, valued, respected, cared for and cared about.* • *Meeting the communication needs of people living with dementia and/or sensory loss.* • *The needs of Welsh language speakers and those for whom English is not their first language.* • *Entitlements to healthcare and assessment for, and referral to, healthcare services.* • *Individual rights versus risk management.* • *Multidisciplinary assessment (across Health Boards, Local Authorities and including specialist third sector organisations) and specialist clinical assessment.*	ratings
The Commissioner is concerned that the Bill does not build in a requirement for the use of lay inspectors within the inspection process, having made clear in her Care Home Review that the benefit of doing so far outweighs the cost associated with the system and the cost to an individual in respect of poor care. Given the use of lay assessors in other parts of the UK as experts by experience and the commitment from Community Health Councils to play an active role in listening to the voices of service users and ensuring the quality of healthcare provision from a lay perspective, it is disappointing that this is absent from the Bill. The Commissioner has clearly outlined in her Requirement for Action 6.3 that: *Lay assessors are used, on an on-going basis, as a formal and significant part of the inspection process.*	

The Commissioner welcomes the proposal for a Code of Practice in relation to inspection as a general principle alongside relevant qualification requirements but cautions that these should not exclude those with significant experience or lay assessors. The Code of Practice must make clear the issues to be focussed on, which should be consistent with the regulations in respect of wellbeing, and standards of care and support, but also allow for free comment to ensure that people are able to feed in their experiences during the inspection process. Service users must include, in particular for those whose voices are weakest, family members, carers (not paid) and independent advocates (where people do not have someone to speak out on their behalf). The Code of Practice must make clear the principles of effective listening and ensure that the needs of older people across the breadth of protected characteristics are heard, including older people living with dementia and/or sensory loss.

It is also the Commissioner's view that the Code of Practice should place a requirement upon the inspection process to seek the views of the social care workforce. In addition, the formation of the view on the quality of care and support and the overall wellbeing of people receiving care and support should take into account the view of commissioners to ensure that the inspection report upon which the public place value, is clearly triangulated against all known sources of opinion about the care and support provided and the impact upon the individual's wellbeing.

Improving Standards (Social Care Wales)

The Commissioner welcomes the creation of Social Care Wales (SCW) and the extension of its remit. Evidence

received as part of her Care Home Review suggested that the Care Council for Wales does not currently have the powers necessary to drive the relentless and systematic cultural change needed to be a strong champion for the development and professionalisation of the social care workforce.

The Commissioner expects SCW's role in providing advice and assistance to care and support providers to comply with Requirement for Action 5.6 of her Care Home Review and the principles contained within this, which include:

a) *Identifying significant and/or on-going risk factors concerning quality of life or care provided and potential breaches of human rights;*
b) *The skills of experienced practitioners (such as Care Home Managers) are used to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as prevent and mitigate future safeguarding risk;*
c) *The development of a range of resources and training materials to assist services with improvement*

Whilst the Commissioner welcomes the duty on SCW to provide information on its work and to engage with the public, the face of the Bill must be clear that this must be ongoing and meaningful engagement that hears the voices and experiences of older people, including those living with dementia or a sensory loss, as well as the diverse voices of the social care workforce. The Commissioner's best practice principles around engagement are outlined in Appendix A.

Whilst the intent to create a body that can provide practical support is welcomed, without significant

resourcing the impact of this will be limited and insufficient to extend the impact of best practice and remedy the poor care that exists. It must be remembered that alongside the huge detrimental impact of poor care to an individual, there is also a cost to the public purse.

It is the Commissioner's view that the National Improvement Services, as outlined in Requirement for Action 5.6, should be funded by Social Care Wales. Support for a National Improvement Service has been received from local authorities, health boards and independent care providers. Funding for Social Care Wales and a national improvement service to drive up the standards of care will be fundament to its overall success, ensuring that resources of commissioning teams are not unduly diverted.

The provision within the Bill to introduce specific powers for regulators to cooperate and jointly exercise their functions is welcome. Careful consideration needs to be given to confidentiality in order not to deter providers from self-referring, but this will need to be balanced with a duty to report where issues are particularly serious. Notwithstanding this, there should be a clear duty on public bodies to share information and jointly exercise their functions when safeguarding concerns are raised. This should raise awareness of what constitutes poor care, ensuring that poor practice is challenged and that everyone is empowered to report it.

However, in order to ensure that older people are treated with dignity and respect, and to avoid potential human rights breaches, the Commissioner has required CSSIW to take action in line with Requirement for Action 1.5 to develop and publish an explicit list of 'never events' that clearly outline practice that must stop immediately. These 'never events' must be defined in regulations and

used by public bodies to identify and report poor care.

Workforce Registration & Training

A key issue is how to ensure that people working within the sector have the right skills, know what is expected of them and that those providing poor care are excluded from working within the system.

At present there are only mechanisms in place for social workers, temporary EU workers and managers of registered services and this excludes very significant numbers of people, including those working in residential and domiciliary care as paid carers

It is important to recognise that while workers may not enter these sectors with the intention to abuse, or provide poor care, there are clearly individuals who, by virtue of the circumstances they find themselves in or other reasons, should not be working within the sector. The Commissioner's interest lies in the most impactful way of ensuring that older people are adequately safeguarded and protected through preventing people from working in the sector if they do not have the right skills or abilities to provide quality care.

Older people receiving social care and support are in a position of potential vulnerability and it is incumbent on society to ensure that the level of protection and safeguards reflects this. It should therefore have equity to the care of children in residential care homes as older people with complex care issues, dementia or fluctuating capacity are equally dependent on the people who care for them to ensure that their human rights are upheld and

Section 79 – The Register (Part 4)

Section 83 – "Appropriately qualified" (Part 4)

Section 111 – Codes of practice (Part 5)

that they are able to live without fear. There is evidence that our own fear of ageing prevents us from acknowledging this, but an ageist attitude of denial and inequality should not be the standard that we set in legislation.

The Bill as it currently stands does not extend registration to other groups of workers within social care which are regulated, it simply makes provision for a possible extension in the future. This is not sufficient in respect of domiciliary and residential social care.

There is, at present, no mechanism to ensure that those who are unfit to work in the unregulated social care workforce are excluded from working within these sectors. Whilst it is recognised that there may be financial implications to extending workforce registration and a risk that a requirement to register could build additional time into the recruitment process, the cost of unacceptable care outweighs this, in both the cost to individual and the cost to the public purse. The quality of life of individuals receiving social care services should always be placed before logistical barriers to changing the system.

Given the particularly weak mandatory baseline for training of paid carers in care homes, it is even more important that those who are not fit to work in the sector are not able to work in the sector.

It is the Commissioner's view that regulation of the residential and domiciliary care workforce must be addressed as an urgent priority. There are a number of examples of employment within other sectors where staff are subject to a registration process, such as childminders or those working in the private security industry (bouncers).

It is the Commissioner's view that a Code of Practice on the standards expected of all social care workers is not sufficient. The evidence from her commissioned research into Whistleblowing in Wales[8] makes clear that, staff rarely refer back to codes of practice and as a result, poor care often goes unchallenged. In addition, the Bill provides no information about what would happen if a breach of this Code of Practice is proven, the process by which such a challenge would be made and the consequences of a serious breach (such as its link with preventing a person from working in the sector i.e. prohibition orders).

As such, it is the Commissioner's view that this will have little impact, in particular when poor care has been on-going for a period of time. This is further weakened by the lack of duty to report any breach of the Code of Practice. This is not to say that a code of practice does not have a place in respect of outlining what is acceptable and what is unacceptable, but in and of itself it will not reduce poor care.

Codes of practice should be closely aligned to codes of behaviour and the Commissioner's view is that regulation would be the best way forward (see section on regulations), but if prohibition orders are to be used instead of regulation in relation to domiciliary and residential care, they must link to the Code of Practice. Without this, the Code is simply a set of expectations that are not linked to fitness to work within the sector.

The Code of Practice must make reference to Human Rights and the UN Principles and SCW must consult on

[8] Whistleblowing in Wales – a report by Public Concern at Work for the Older People's Commissioner for Wales, February 2012

the Code. The Code needs to clearly set out the expectation on the workforce, so that they are aware that their job is to work with and empower individuals to live the best quality of life possible, ensuring that issues around capacity and risk assessment do not impede the right of an individual to make decisions, even if this could mean taking risks.

It is the Commissioner's view that a better way to drive up quality of care would be through strengthening the mandatory training requirements on the entire workforce and ensuring that those who are not fit to practice can be identified and excluded from the sector. Training in relation to the Code of Practice must be mandatory on providers so that they are compelled to train all staff in relation to the Code.

One of the most effective ways to drive up quality of care is through the use of detailed recruitment competencies, strengthened induction training, and on-going continuous professional development (CPD). As set out in the Commissioner's Care Home Review in Requirements for Action 2.3 and 5.3, 'appropriately qualified' covers the following training requirements:

a) *Staff understand and can minimise the risk factors associated with falls*
b) *Staff understand the balance of risk management against the concept of quality of life*
c) *Staff undertake basic dementia training with Care Home Managers undertaking further dementia training on an ongoing basis as part of their skills and competency development*
d) *The rights and entitlements of older people*
e) *Care, compassion, kindness, dignity and respect.*

The Commissioner would expect the Bill to give powers to SCW to mandate this into the social care system.

Accountability: Registered Individual

The Commissioner welcomes the intention to strengthen corporate accountability and the range of duties that the Registered Individual (RI) will be accountable for. The detail of secondary legislation that will sit underneath these intentions is crucial to its success and there will need to be wide engagement with relevant partners in its development. However, there are a number of questions as to how this intent will translate into practice and what real difference would it make where poor care has taken place. For example, what is stopping another member of the Board from becoming the RI? Whilst this may remove the individual it will not change the culture at the top. Similarly, where an individual owner is a RI, who would replace them if they needed to be removed?

Accountability must also be accompanied by potential sanctions and the Commissioner welcomes the proposed indictable offence of failing to comply with any requirement posed by an inspector. This should sit with the RI and inspectors need to be resourced to be able to enact this. Further clarity is needed on the links to the criminal justice system.

Owners can put pressure on the RI, so it is therefore important that the Bill makes provision for regulations on 'fitness to own' a service, an area that is currently omitted from the Bill. This should be on the face of the Bill to send a strong and clear message about what is acceptable in Wales. The Commissioner holds the view that where a person has owned a care home that has closed because of significant poor care, they should be

Section 19 – Responsible Individual (Part 1, Chapter 2)

s.19(4) Regs – prescribing fitness to be an RI

s.27 (1) Regs – duties imposed on RI

prevented from owning a care home in the future. This must be reflected in regulations, together with the requirement for an owner to demonstrate financial acumen to manage business.

The regulations that set out the duties that the RI will be accountable for and the regulations that that will prescribe 'fitness to practise' will be vital in ensuring that the intent of the Bill is translated into practice. The Commissioner will take a close interest in this as, for example, one of the duties that the RI must be accountable for is ensuring the financial and corporate health of the service.

Accountability: Fitness to practise

Whilst the Bill outlines the criteria for when 'fitness to practise' is impaired, the Commissioner is concerned that there is no definition of 'deficient performance' on the face of the Bill. Ensuring high standards in the workforce is a driving principle of the Bill and should therefore not be specified in regulations.

Additionally, 'fitness to practise' should not just be judged on the evidence of negatives, it should also include positives.

Section 116 – Fitness to practise (Part 6, Chapter 1)

s.116 (6) Regs – Grounds of impairment of fitness to practise

Accountability: Offences

The Commissioner welcomes the proposed creation of two additional offences in relation to the submission of annual returns and a failure to display a registration certificate, as well as the flexibility for current offences to be treated as indictable offences. It is important to note however the Commissioner's view on the insufficiency of the criminal

Section 41-54 – Offences (Part 1, Chapter 5)

law at a UK level, particularly in relation to proving intent in cases of wilful neglect and the current lack of corporate responsibility.

This is a debate that the Welsh Government should engage with in relation to the Criminal Justice and Courts Bill, the Commissioner is happy to provide a separate paper on this issue as whilst it is non-devolved, it has clear reference to people using social care.

Local authority social services: Annual Reports

Section 55 – Reports by local authorities and general duty of the Welsh Ministers (Part 1, Chapter 6)

Whilst accountability for the quality of care provided sits with the providers of care, local authority social services, as commissioners of care, carry a level of accountability both in respect of commissioned support and the duties placed upon them under the Human Rights Act 1998. It is therefore right and proper that they report annually upon their work. At present they are required to publish an annual report on the delivery of their social service functions and the Commissioner welcomes the requirements under the Bill for this report to be scrutinised by the National Assembly for Wales. This is an important step in terms of scrutiny of the performance of social services across Wales. However, this will only be a step forward if the regulations that outline what will be included in these reports identify the right issues to report upon.

Sections 56 – Reviews, investigations and inspections (Part 1, Chapter 6)

s.55(3) – Regs to prescribe the form of the annual report

As this will be subject to a negative resolution due to the enactment of this being through an amendment to the Social Services & Wellbeing (Wales) Act 2014, there will be no opportunity for these requirements to be amended by Assembly Members, with the only option available being to cancel the regulations. It is therefore the Commissioner's view that the regulations containing the information that local authorities should report on should be subject to super-affirmative procedure. This would

allow for debate on the initial proposals as well as the redraft following consultation. It is also the view of the Commissioner that the Chief Inspector of Social Services should provide a clear narrative in respect of each report as to whether she considers the work of the local authority to be acceptable, as well as an overview of the quality of provision of social care across Wales.

In respect of what should be included within the regulations on reporting requirements, the Commissioner sees no reason why the issues identified in her Care Home Review in Requirement for Action 6.7 should not be included:

Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include:

a) the availability of independent advocacy in care homes
b) quality of life and care of older people, including specific reference to older people living with dementia and/or sensory loss
c) how the human rights of older people are upheld in care homes across the local authority the views of older people, advocates and lay assessors about the quality of life and care provided in care homes
d) *geographic location of care homes*

Annual Report from CSSIW (Chief Inspector's Report)

The Commissioner welcomes the intent from CSSIW to extend the use of independent visitors to provide additional perspectives on social care and support services.

The Bill states that the Annual Report from CSSIW may also contain any other information that Welsh Ministers think appropriate. The Commissioner expects the Chief Inspector's report to also include a commentary on the quality of life of older people in care homes, in line with Requirement for Action 6.9, the Bill must state that the report must reflect:

a) *The availability of independent advocacy*
b) *Quality of life and care of older people, including specific reference to older people living with dementia and/or sensory loss*
c) *How the human rights of older people are upheld*
d) *The views of older people, advocates and lay assessors about the quality of life and care provided*

Whilst the Commissioner welcomes the duty on CSSIW to engage with the public when producing their report for the Chief Inspector, the face of the Bill must be clearer that this must be ongoing and meaningful engagement that hears the voices and experiences of older people, including those living with dementia and/or a sensory loss. The Commissioner's best practice principles around engagement are outlined in Appendix A.

Appendix A – Best practice engagement principles

Engagement with older people in Wales Engagement

‘The ongoing involvement of older people, their forums/networks and statutory and voluntary sector organisations that represent their interests, through informal consultation or discussion.’ Engagement is a two-way process that involves active listening. It should be meaningful and the

Local Authority should be seen to be interacting with older people, encouraging their participation, adopting an inclusive approach and demonstrating a willingness to change as a result of learning through engagement.

Practical Engagement

- Local Authorities should engage with a broad range of older people on an on-going basis. This can be achieved through organisations that represent older people, but Local Authorities should also find

ways to engage with individuals who do not attend the immediately obvious groups. Local Authorities should consider where older people are and where they go in the course of their daily lives. Older people should not be thought of as a group apart from the rest of the community. With their knowledge and experience, older people are well placed to gauge the importance and effectiveness of community services.

- Local Authorities should recognise that many older people remain active through continued working, childcare, caring commitments or volunteering and therefore often have little time to voice their concerns and priorities regarding community services. Older people have constraints on their time in the same way that younger people do.
- Local Authorities should also consider those older people who are not so visible in everyday life: it is essential that they are not excluded from engagement on community services.

- Local Authorities should ensure that they include people whose voices are seldom heard. There are also specific requirements under the Equality Act 2010 that Local Authorities must comply with in respect of engagement with people with protected characteristics.

- Local Authorities should use a variety of methods for engagement e.g. public gatherings, face to face meetings, correspondence by letter or email, telephone conversations, intermediaries or advocates where necessary. Venues and information should be accessible for all.

- Invitations to engage should be open and lead to an on-going relationship with older people, rather than be linked to one standalone issue. If an older person identifies a barrier to engagement, then Local Authorities should make genuine efforts to eliminate that barrier

- Engagement should take place at a point when older people will be given a genuine opportunity to contribute their thoughts, voice their

concerns and influence decision-makers. Consideration should also be given to how local forums and individuals that represent older people, such as Older People's Champions, Strategy for Older People Coordinators, and 50+ Forums, can feed into the engagement and consultation process.

- Local Authorities should tell older people how their thoughts and opinions have helped shape proposals for consultation.

- Local Authorities should have particular regard to Principle 7 of the United Nations Principles for Older Persons, which states that older people should remain integrated in society and participate actively in the formulation and implementation of policies that directly affect their wellbeing. The provision of community services, in one form or another, is therefore crucial in this regard.

Appendix B – Dementia Champion definition

What does the Commissioner mean by a Dementia Champion?

A dementia champion is a vehicle for promoting care home ownership of good practice in the quality of life and care of older people living with dementia in care homes.

The Commissioner's review found that where individuals or teams were supported to understand, engage and champion the rights and lived experiences of people with dementia: that residents were happier, 'challenging' behaviour reduced and staff reported higher levels of satisfaction in their work. Most importantly, these homes were found to deliver great outcomes for all residents.

The Commissioner is not wedded to a specific way of implementing a dementia champion or programme within care homes but she will want to see what action you have or will take to ensure the delivery and ongoing improvement of quality of life and care outcomes for older people living with dementia and emotional frailty . This could be through the support of an external or internal change programme or supporting a nominated, enthusiastic and motivated individual who you will empower to drive organisational change, be a model of good practice and challenge poor care outcomes.

Appendix C – Older People's Commissioner for Wales, Care Home Review: Requirements for Action

Key Conclusion 1: Too many older people living in care homes quickly become institutionalised. Their personal identity and individuality rapidly diminishes and they have a lack of choice and control over their lives. **Link to Welsh Government policy and legislative areas**: National Outcomes Framework for the Social Services and Wellbeing Act 2014, Declaration of the Rights of Older People in Wales, A Framework for Delivering Integrated Health and Social Care for Older People with Complex Needs, Integrated Assessment, Planning and Review Arrangements for Older People.			
Required Action	**Outcome**	**Impact of not doing**	**By whom /By when**
1.2 A national approach to care planning in care homes should be developed and implemented across Wales. This must support: • The full involvement of the older person to ensure they have an effective voice, including advocacy support where necessary. This may include independent advocacy or	Older people receive information, advice and practical and emotional support in order for them to settle into their new home beginning as soon as a decision to move into a care home is made (Action 1.1, 1.2). Older people's physical, emotional and communication needs are	Older people are unable to settle into their new home, which has a detrimental impact upon their health and wellbeing. The individual needs, wishes and aspirations of older people are not recognised or understood and as a result their ability to do the things that matter to them is significantly undermined, as is	Welsh Government November 2015

advocacy under the Mental Capacity Act. • Ensuring the older person's personal history, social and cultural interests, occupation, achievements, likes, dislikes and aspirations are understood and reflected in their future life. This must include meeting the diverse needs of older people who are lesbian, gay, bisexual or trans, those who are Black, Asian or minority ethnic and those with or without religion or belief. • Transitional support once a decision has been made to move to a care home to ensure that the care planning process begins prior to moving into the care home. • Meeting the emotional needs of older people to ensure they feel safe, valued, respected,	fully understood, as are the issues that matter most to them, and these are reflected in the services, support and care that they receive. Older people have real control over and choice in their day-to-day lives and are able to do the things that matter to them, including staying in touch with friends and family and their local community.	their quality of life and mental wellbeing. Older people are unable to communicate effectively, which leads to an increased risk of isolation, withdrawal and emotional neglect. Older people are denied their rights to self-determination, autonomy and control over their lives.	

cared for and cared about. • Meeting the communication needs of people living with dementia and/or sensory loss. • The needs of Welsh language speakers and those for whom English is not their first language. • Entitlements to healthcare and assessment for and referral to healthcare services. • Individual rights versus risk management. • Multidisciplinary assessment (across Health Boards, Local Authorities and including specialist third sector organisations) and specialist clinical assessment. This guidance should clearly align to the new National Outcomes Framework, which underpins the			

Social Services and Wellbeing (Wales) Act 2014. National reporting of the quality of care plans and care planning against the national guidance and against the intended outcomes of the national Outcomes Framework should be undertaken annually (see action 6.10).			
1.2 All older people, or their advocates, receive a standard 'Welcome Pack' upon arrival in a care home that states how the care home manager and owner will ensure that their needs are met, their rights are upheld and they have the best possible quality of life. The Welcome Pack will make explicit reference to: • How the care home manager will support the resident as they move into their new home. • Standard information about their human rights in line with the Welsh Declaration	Older people are aware of their rights and entitlements, and what to expect from the home. Older people are clear about how they can raise concerns and receive support to do so.	Older people are unaware of the support that should be available to them while making the transition into their new home, which can lead to low expectations and a lack of accountability for providers. Older people are at risk of neglect and abuse as they are unaware of who to speak to should they need help in making a complaint or need support to stand up for their rights. Older people are at risk of not receiving that to which they	Welsh Government & Care Home Providers March 2016

of the Rights of Older People.* • A Statement of Entitlement to health care support.* • Support to sustain and promote independence, continence, mobility and physical and emotional wellbeing. • Ensuring their communication needs are met, including people with sensory loss. • Maintaining friendship and social contact. • Support to help them maintain their independence and to continue to be able to do the things that matter to them. • The development and maintenance of their care and support plan and		are entitled to, leading to an undermining of their health, wellbeing and quality of life.	

what will be included in it.* • Ensuring a culture of dignity and respect and choice and control over day-to-day life. • The skills and training of staff. • Their right to independent advocacy and how to raise concerns. * (The areas marked with * should be standard in format to ensure consistency across Wales)			
1.3 Specialist care home continence support should be available to all care homes to support best practice in continence care, underpinned by clear national guidelines for the use of continence aids and dignity.	Older people are supported to maintain their continence and independent use of the toilet and have their privacy, dignity and respect accorded to them at all times (Action 1.1, 1.3, 1.5).		Welsh Government Guidance April 2015 Health Boards Implementation December 2015
1.4 National good practice guidance should be developed and implemented in relation to mealtimes and the dining experience, including	Mealtimes are a social and dignified experience with older people offered real choice and variety, both in	Older people do not enjoy mealtimes, are at increased risk of malnutrition and ill health through a lack of	Welsh Government April 2015

for those living with dementia.	respect of what they eat and when they eat (Action 1.1, 1.4).	support at mealtimes and miss out on meaningful and important social interaction. The dignity of older people is significantly undermined.	
1.5 An explicit list of 'never events' should be developed and published that clearly outlines practice that must stop immediately. The list should include use of language, personal care and hygiene, and breaches of human rights.	Older people are treated with dignity and respect and language that dehumanises them is not used and is recognised as a form of abuse (Action 1.1, 1.3, 1.4, 1.5, 4.6).	Unacceptable practice continues and goes unchallenged.	CSSIW March 2015
1.6 Older people are offered independent advocacy in the following circumstances: • when an older person is at risk of, or experiencing, physical, emotional, financial or sexual abuse. • when a care home is closing or an older person is moving because their care needs have changed. • when an older person needs support to help	Older people living in care homes that are closing, as well as older people that are at risk of or are experiencing physical, emotional, sexual or financial abuse, have access to independent or non-instructed advocacy.	Older people are unable to secure their rights or have their concerns addressed, which places them at increased risk of harm. An increased risk of adult practice reviews and civil litigation.	Local Authorities & Care Home Providers & Health Boards April 2015

them leave hospital. For those with fluctuating capacity or communication difficulties, this should be non-instructed advocacy. When a care home is in escalating concerns, residents must have access to non-instructed advocacy.			

Key Conclusion 2: Too often, care homes are seen as places of irreversible decline and too many older people are unable to access specialist services and support that would help them sustain or regain their quality of life.

Link to Welsh Government policy and legislative areas: Social Services and Wellbeing (Wales) Act and National Outcomes Framework , Sustainable Social Services: A Framework for Action, Together for Health – Stroke Delivery Plan 2012-16

Required Action	Outcome	Impact of not doing	By whom /By when
2.1 A National Plan for physical health and mental wellbeing promotion and improvement in care homes is developed and implemented. This draws together wider health promotion priorities, as well as particular risk factors linked to care homes, such as loneliness	Older people benefit from a national and systematic approach to health promotion that enables them to sustain and improve their physical health and mental	Older people are at increased risk of falls and ill health. Older people's physical and mental health will decline more quickly than it needs to and they have an earlier need for more specialist care.	Lead Welsh Government March 2016

and isolation, falls, depression, a loss of physical dexterity and mobility.	wellbeing.	An increase in workload and pressure for the care home workforce. An increase in referrals to NHS services, as well as earlier and longer hospital admissions for older people.	
2.2 Older people in care homes have access to specialist services and, where appropriate, multidisciplinary care that is designed to support rehabilitation after a period of ill health.	Older people receive full support, following a period of significant ill health, for example following a fall, or stroke, to enable them to maximise their independence and quality of life.	Older people have reduced mobility, increased frailty and loss of independence, with an increased risk, due to immobility of significant health problems, such as pressure ulcers, pneumonia and deteriorating mental health.	Health Boards and Local Authorities in partnership July 2015
2.3 A National Falls Prevention Programme for care homes is developed and implemented. This should include: • Enabling people to stay active in a safe way • Up-skilling all care home staff in understanding and minimising the risk factors associated with falls • The balance of risk	Older people's risk of falling is minimised, without their rights to choice and control over their own lives and their ability to do the things that matter to them being undermined.	Older people are at an increased risk of falls leading to reduced mobility, increased frailty and loss of independence, with an increased risk, due to immobility of significant health problems, such as pressure ulcers, pneumonia and deteriorating mental health. Significant financial impact on	Welsh Government November 2015

management against the concept of quality of life and the human rights of older people, to ensure that risk-averse action taken by care staff does not lead to restrictive care. National reporting on falls in care homes is undertaken on an annual basis (see action 6.8).		the NHS due to increased admissions.	
2.4 The development and publication of national best practice guidance about the care home environment and aids to daily living, such as hearing loops and noise management, with which all new homes and refurbishments should comply. This guidance should also include mandatory small changes that can be made to care homes and outdoor spaces to enable older people with sensory loss and/or dementia to maximise their independence and quality of life.	The environment of all care homes, internally and externally, is accessible and dementia and sensory loss supportive.	Older people are unable to move around the care home safely and independently or do the things that they enjoy. Older people struggle to communicate with each other and staff, leading to isolation and withdrawal.	Welsh Government July 2015

Key Conclusion 4: Some of the most basic health care needs of older people living in care homes are not properly recognised or responded to.

Link to Welsh Government policy and legislative areas: Fundamentals of care, National Service Framework for Older People, Together for Health: a Five Year Vision for NHS Wales, Setting The Direction, Together for Health: Eye Health Care Delivery Plan for Wales 2013-2018, NHS Wales Delivery Framework 2013-14 and Future Plans, Rural Health Plan – Improving Integrated Service Delivery across Wales, Together for Health: A National Oral Health Plan for Wales 2013- 18, National Outcomes Framework for the Social Services and Wellbeing (Wales) Act 2014.

Required Action	Outcome	Impact of not doing	By whom /By when
4.1 A clear National Statement of Entitlement to primary and specialist healthcare for older people in care homes is developed and made available to older people, including: • Access to regular eye health, sight and hearing checks • Dietetic advice and support • Access to podiatry and dentistry services	There is a consistent approach across Wales to the provision of accessible primary and specialist health care services to older people living in care homes and older people's healthcare needs are met (Action 4.1, 4.2, 4.5). Older people in nursing care homes have access to specialist nursing services,	Older people are unable to see or hear properly, undermining their ability to communicate and their independence, placing them at greater risk of isolation and falls, emotional withdrawal and poor mental health (Action 4.1, 4.2, 4.3). Older people in nursing homes have preventable physical	Lead Welsh Government March 2015

• Access to specialist nursing services • GP access and medicines support • Specialist mental health support • Health promotion and reablement support This must cover both residential and nursing care. Care home providers ensure older people receive information about their healthcare entitlements as part of their 'Welcome Pack' (see action 1.2).	such as diabetic care, tissue viability, pain management and palliative care (Action 4.1, 4.2). Older people are supported to maintain their sight and hearing, through regular eye health, sight and hearing checks (Action 4.1, 4.2, 4.3). Older people are able to, or supported to, maintain their oral health and retain their teeth (Action 4.1, 4.2, 4.3). Older people have full access to dietetic support to prevent or eliminate malnourishment and to support the management of health conditions (Action 4.1, 4.2, 4.3).	health conditions, unnecessary pain and their overall wellbeing is undermined through on-going poor management of chronic health conditions. Older people lose their teeth unnecessarily and are unable to eat the foods they prefer; individuals' specific dietary needs are not met, which can lead to malnutrition and undermines their overall health. An increase in workload and pressure for the care home workforce. An increase in hospital admissions due to falls and a lack of primary care support to maintain independence. A failure to deliver on the Social Services National Outcomes Framework and the Fundamentals of Care for older people in residential and	

		nursing care homes.	
4.2 A formal agreement is developed and implemented between the care home and local primary care and specialist services based on the Statement of Entitlement. This should include: • Referral pathways, including open access • Waiting times • Referral and discharge information • Advice and information to support the on-going care of the older person in the home • Access to specialist services for older people in nursing homes, in line with the Fundamentals of Care Guidance.			Health Boards & Care Home Providers April 2015

4.3 Care staff are provided with information, advice and, where appropriate, training to ensure they understand and identify the health needs of older people as well as when and how to make a referral.	Care staff understand the health needs of older people, and when and how to access primary care and specialist services (Action 4.3, 5.4).		Health Boards November 2015
4.4 Upon arrival at a care home, older people receive medication reviews by a clinically qualified professional, with regular medicine reviews undertaken in line with published best practice.	Older people receive appropriate medication and the risks associated with polypharmacy are understood and managed.	Older people are at risk of potentially dangerous interactions between multiple medications.	Health Boards Begin April 2015
4.5 Community Health Councils implement a rolling programme of spot checks in residential and nursing care homes to report on compliance with the National Statement of Entitlement and Fundamentals of Care.	Older people are able to challenge, or have challenged on their behalf, failures in meeting their entitlements.	Older people living in care homes are denied access to an independent health watchdog and there is no independent challenge to failures to meet healthcare entitlements.	Welsh Government November 2015

Key Conclusion 5: The vital importance of the role and contribution of the care home workforce is not sufficiently recognised. There is insufficient investment in the sector and a lack of support for the care home workforce.

Link to Welsh Government policy and legislative areas: Social Care Workforce Development Programme,

Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework, Integrated Assessment, Planning and Review Arrangements for Older People.			
Required Action	**Outcome**	**Impact of not doing**	**By whom /By when**
5.1. A national recruitment and leadership programme is developed and implemented to recruit and train future Care Home Managers with the right skills and competencies. The programme should include accredited continuous professional development for current and future care home managers and should support them to be leaders of practice and champions of a positive care home culture. Annual national reporting on the availability of skilled and competent Care Home Managers in care homes across Wales, including the impact of vacancy levels upon older people's quality of life and care.	Care homes have permanent managers who are able to create an enabling and respectful care culture and support paid carers to enable older people to experience the best possible quality of life.	Care homes are without or share managers and care homes are without leadership or overview. Managers do not have the skills, competencies or support required to ensure the delivery of safe and high quality care. An increased risk of unacceptable quality of life and care for older people. There is a lack of information available to support workforce planning. There is a lack of opportunity for the professional development of Care Home Managers.	Care Council for Wales April 2016
5.2 The development and implementation of a national	Older people are cared for by care staff and managers	A lack of time and skills places pressure on care staff	Welsh Government

standard acuity tool to include guidelines on staffing levels and skills required to meet both the physical and emotional needs of older people.	who are trained to understand and meet their physical and emotional needs, including the needs of people with dementia and sensory loss, and who have the competencies needed to provide dignified and compassionate care.	that impacts upon the quality of life of older people and leads to a focus on task-based care, which increases the risk of potential emotional neglect.	& Care Home Providers April 2016
5.3 A standard set of mandatory skills and value based competencies are developed and implemented, on a national basis, for the recruitment of care staff in care homes.	Older people receive compassionate and dignified care that responds to them as an individual (Action 5.3, 5.4, 5.5).	Older people are cared for by people who do not understand and are not able to meet their needs (Action 5.3, 5.4, 5.5).	Care Council for Wales & Care Home Providers From September 2015
5.4 A national mandatory induction and on-going training programme for care staff is developed and implemented. This should be developed within a values framework and should include: • The physical and emotional needs of older people, including older people living		Older people receive care and support from care staff who do not have the skills, values or competencies to work in care homes, which can place older people at risk of harm and/or emotional neglect. Poor practice goes unchallenged due to a lack of	Care Council for Wales December 2015

with dementia. • Adult safeguarding, emotional neglect and ‘never events’. • How to raise concerns. • Good communication and alternative methods of communication for those living with dementia and/or sensory loss. • Supporting without disabling. • The rights and entitlements of older people. Care, compassion, kindness, dignity and respect.		appropriate training and a lack of support for those who want to raise concerns. An increase in workload and pressure on care staff.	
5.5 All care homes must have at least one member of staff who is a dementia champion.			Care Home Providers September 2015
5.6 A National Improvement Service is established to improve care homes where Local Authorities, Health Boards and CSSIW have identified significant and/or on-going	Care homes that want and need to improve the quality of life and care of older people have access to specialist advice, resources	Older people live in care homes where poor practice continues, their quality of life is poor and they are at risk of	Welsh Government Lead in partnership with Local

risk factors concerning the quality of life or care provided to residents and/or potential breaches of their human rights. The national improvement team should utilise the skills of experienced Care Home Managers, as well as other practitioners, to provide intensive and transformational support to drive up the standards of quality of life and care for residents as well as to prevent and mitigate future safeguarding risks. This service should also develop a range of resources and training materials to assist care homes that wish to improve in self-development and on-going improvement.	and support that leads to improved care and reduced risk.	emotional abuse and neglect. The resources of commissioning teams are diverted to supporting failing care homes. An increase in workload and pressure for care staff.	Authorities, Health Boards, Care Home Providers September 2016
5.7 The Regulation and Inspection Bill should strengthen the regulatory framework for care staff to ensure that a robust regulation of the care home workforce is implemented for the protection of older people.	Older people are safeguarded from those who should not work within the sector.	Older people receive care and support from care staff who do not have the skills, values or competencies to work in care homes, placing older people at risk of harm and emotional neglect. Vetting and barring	Welsh Government April 2018

		procedures to prevent employment of unsuitable staff provide only partial protection for older people living in care homes.	
5.8 A cost-benefit analysis is undertaken into the terms and conditions of care staff. This analysis should include the impact of the introduction of a living wage and/or standard employment benefits, such as holiday pay, contracted hours and enhancements.	The true value of delivering care is recognised and understood.	There is a restricted recruitment pool due to continued difficulties in recruiting people with the right skills, values and competencies.	Welsh Government January 2016

Key Conclusion 6: Commissioning, inspection and regulation systems are inconsistent, lack integration, openness and transparency, and do not formally recognise the importance of quality of life **Link to Welsh Government policy and legislative areas:** Sustainable Social Services for Wales: A Framework for Action, Social Services and Wellbeing Act, National Outcomes Framework			
Required Action	**Outcome**	**Impact of not doing**	**By whom /By when**
6.1 A single outcomes framework of quality of life and care, and standard specification, is developed for use by all bodies involved in the	Quality of life sits consistently at the heart of the delivery, regulation, commissioning and	There are unacceptable variations in the standards set for the care of older people, an inconsistent focus on	Welsh Government April 2015

regulation, provision and commissioning, and inspection of care homes and should flow through to become a defining standard within the future Regulation and Inspection Act. It must include references to the following*: 1. Independence and autonomy 2. Control over daily life 3. Rights, relationships and positive interactions 4. Ambitions (to fulfil, maintain, learn and improve skills) 5. Physical health and emotional wellbeing (to maintain and improve) 6. Safety and security (freedom from discrimination and harassment) 7. Dignity and respect 8. Protection from financial abuse 9. Receipt of high quality services *Source: Flintshire Outcomes Framework	inspection of residential and nursing care homes.	quality of life and inconsistent and conflicting requirements upon providers.	

6.2 Care home providers, commissioners and CSSIW should develop informal and systematic ways in which to ensure they better understand the quality of life of older people, through listening to them directly (outside of formal complaints) and ensuring issues they raise are acted upon. Annual reporting should be undertaken of how on-going feedback from older people has been used to drive continuous improvement (see action 6.10).	Commissioners, providers and inspectors have a thorough understanding of the day-to-day quality of life of older people living in care homes (Action 6.2, 6.3). Older people's views about their care and quality of life are captured and shared on a regular basis and used to drive continuous improvement (Action 6.2, 6.3).	Issues are not addressed before they become significant, impactful and costly to remedy (Action 6.2, 6.3). Opportunities to make small changes that can make a significant difference to quality of life and care are missed. Safeguarding issues are not identified at an early stage. Older people feel ignored, powerless and unable to influence issues that affect their lives.	Care Home Providers & Local Authorities & Health Boards & CSSIW April 2015
6.3 Lay assessors are used, on an on- going basis, as a formal and significant part of the inspection process.			CSSIW April 2015
6.4 An integrated system of health and social care inspection must be developed and implemented to provide effective scrutiny in respect of the quality of life and healthcare of older people in nursing homes.	The quality of life and healthcare of older people living in nursing homes is assessed in an effective way with clear and joined up annual reporting (Action 6.4, 6.5, 6.6).	Poor practice is not identified and older people are placed at increased risk of harm or do not receive that to which they are entitled (Action 6.4, 6.5, 6.6).	Welsh Government lead (Action 6.4, 6.5, 6.6) December 2015
6.5 Annual integrated reports should			

be published between inspectorates that provide an assessment of quality of life and care of older people in individual nursing homes.			
6.6 An annual report on the quality of clinical care of older people in nursing homes in Wales should be published, in line with Fundamentals of Care.			
6.7 Annual Quality Statements are published by the Director of Social Services in respect of the quality of life and care of older people living in commissioned and Local Authority run care homes. This should include: • the availability of independent advocacy in care homes • quality of life and care of older people, including specific reference to older people living • with dementia and/or sensory loss • how the human rights of older people are upheld in care	Older people have access to relevant and meaningful information about the quality of life and care provided by or within individual care homes and there is greater openness and transparency in respect of the quality of care homes across Wales and the care they provide (Action 6.7, 6.8, 6.9, 6.10).	A lack of transparency undermines older people's ability to make appropriate decisions, undermines wider public confidence and acts as a barrier to systemic change.	Local Authorities - Outline AQS September 2015

homes across the Local Authority • the views of older people, advocates and lay assessors about the quality of life and care • provided in care homes • geographic location of care homes Further details of reporting requirements should be included as part of the Regulation and Inspection Bill.			
6.8 Health Boards include the following information relating to the quality of life and care of older people in residential and nursing care homes in their existing Annual Quality Statements: • the inappropriate use of anti- • psychotics • access to mental health and wellbeing support			Health Boards September 2015

• number of falls • access to falls prevention • access to reablement services • support to maintain sight and hearing Further areas for inclusion to be developed as part of the AQS guidance published annually.			
6.9 The Chief Inspector of Social Services publishes, as part of her Annual Report, information about the quality of life and care of older people in care homes, which includes the following: • the quality of life of older people in care homes who are bed- bound • the quality of life of older people in care homes living with dementia • the quality of life of older people in care homes living			CSSIW Annual Report

with sensory loss • the implementation of care plans in older people's care homes • the accuracy of external statements from independent providers • how the human rights of older people are upheld in care homes across Wales			
6.10 Care home providers report annually on the delivery of quality of life and care for older people. This will include: • Quality of life of older people against the Standard Quality Framework and Supporting Specification. • Levels and skills of staff including staff turnover, use of agency staff and investment in training • Number of POVA referrals,			Care Home Providers December 2015

complaints and improvement notices, including full details on improvement action when a home is in escalating concerns.			
6.11 A national, competency based, training programme for commissioners is developed, to ensure that they understand and reflect in their commissioning the needs of older people living in care homes, including the needs of people living with dementia.	Older people are placed in care homes that can meet their needs by commissioners who understand the complexities of delivering care and are able to challenge providers about unacceptable care of older people.	Older people are placed in care homes that are unable to meet their needs. Commissioners are unable to challenge poor practice.	Care Council for Wales December 2015

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Regulation and Inspection of Social Care (Wales) Bill / Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru)
Evidence from Age Alliance Wales – RISC 32 / Tystiolaeth gan Gynghrair Henoed Cymru – RISC 32

Age Alliance Wales response to Health and Social Care Committee consultation on the Regulation and Inspection (Wales) Bill

April 2015

Age Alliance Wales
Age Alliance Wales (AAW) is an alliance of 19 national voluntary organisations committed to working together to develop the legislative, policy and resource frameworks that will improve the lives of older people. Collectively AAW member organisations possess service development and service delivery knowledge **and provide extensive direct support to older people across Wales**. The majority of organisations also act at a strategic as well as an operational level and many are membership based.

The following 19 organisations represent Age Alliance Wales: Action on Hearing Loss Cymru; Age Connects; Age Cymru; Alzheimer's Society Wales; Arthritis Care in Wales; The British Red Cross in Wales; Care & Repair Cymru; Carers Wales; Contact the Elderly; Carers Trust; Cruse Cymru; CSV-RSVP Wales; Deafblind Cymru; Disability Wales; NIACE Cymru; PRIME Cymru; RNIB Cymru; Royal Voluntary Service; The Stroke Association Wales.

4. Consultation questions

General

1. Do you think the Bill as drafted will deliver the stated aims (to secure well-being for citizens and to improve the quality of

care and support in Wales) and objectives set out in Section 3 (paragraph 3.15) of the Explanatory Memorandum? Is there a need for legislation to achieve these aims?

Age Alliance Wales (AAW) supports the aims of the Bill and the general principles behind it, however in order to achieve these aims we believe the Bill lacks sufficient reference to the needs of the individual.

We are also concerned that the Bill does not consider the impact of current changes in the way that social care is being delivered to older people in Wales. For example, as the impact of public sector cuts increases dependence on voluntary and private sectors to delivering social care services, clarity is needed on how the quality of such services will be monitored and how people receiving these services will be safeguarded.

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

AAW would like to draw attention to the following barriers:

- Workers in adult care homes not required to register with Social Care Wales (see Q3).
- Lack of investment in the social care sector and the impact of public sector spending cuts.
- The lack of adequate and relevant training for inspectors and the regulatory workforce.
- The low status of social care workforce – low pay, poor working conditions and a lack of training and career progression means that many care homes and domiciliary care providers struggle to retain staff and to provide high quality service.

3. Do you think there are any issues relating to equality in protection for different groups of service users with the current provisions in the Bill?

The Bill lacks any reference to the need to ensure that people with protected characteristics receive high quality care and equality of protection. Age Alliance Wales believes that ensuring that the social care workforce is competent to work with people from a range of backgrounds and with varying levels of need, is key if equality of protection for all is to be achieved. Failure to do so will prevent the Bill from achieving its ambition to secure well-being for citizens and to improve the quality of care and support in Wales. It is also vital that staff carrying out service inspections are able to communicate with service users from a range of backgrounds and with varying levels of need. Section 31, paragraph 6, states that inspectors will be authorised to speak with any person accommodated or receiving care in private. The inability to communicate with certain groups of service users will mean that their experiences are not included in inspection reports and any resulting recommendations will fail to address their needs.

Age Alliance Wales believes that equalities training should be provided to the social care workforce that includes dignity and respect principles, attitudes and values, empathy, equality and human rights, and challenging negative stereotypes.

Age Alliance Wales is concerned that workers in adult care homes are not currently required to register with Social Care Wales. This is in direct contrast to residential child care workers who are legally obliged to register. Age Alliance Wales fails to understand why older people receiving care and support at home or in residential settings are not afforded the same level of protection as children and would request that the Bill addresses this point. Recent reports from Southern Cross, Mid Staffs and Operation Jasmine focus on the abuse and neglect of older people and demonstrate that current legislation is not succeeding in protecting all vulnerable older people.

Age Alliance Wales is seriously concerned by the lack of regard for making reasonable adjustments to meet the needs of residents' with sight loss or hearing loss. We believe that inspection of care homes must include consideration of the accessibility of the environment and also the extent to which care homes are able to

deliver person centred care by catering for people from different cultures religions or sexual orientation.

4. Do you think there are any major omissions from the Bill or are there any elements you believe should be strengthened?

Age Alliance believes that the Bill should include a requirement for equality and diversity training for social care staff. (See above).

We also believe that Bill should require social care services to include in their annual report how they are meeting their requirements under the Equality Act.

5. Do you think that any unintended consequences will arise from the Bill?

There is a lack of continuity in language and the definition of terms between the Bill and the Social Services Act. Age Alliance Wales would expect definitions to correlate and is particularly concerned that the definition of care in the Bill focuses on the completion of physical tasks and does not include reference to well-being or the importance of social interaction.

Provisions in the Bill

The Committee is interested in your views on the provisions within the Bill, and whether they will deliver their stated purposes. For example:

6. What are your views on the provisions in Part 1 of the Bill for the regulation of social care services? For example moving to a service based model of regulation, engaging with the public, and powers to introduce inspection quality ratings and to charge fees.

Age Alliance Wales is supportive of the provisions set out in Part 1 of the Bill, including the move to service based regulatory provision and powers to introduce inspection quality ratings.

We also welcome the move towards greater engagement with the public but want to stress the importance of ensuring that all information is made available in a range of accessible formats and languages. Information should be made available on how services will cater for people with sensory loss, dementia, different cultures and religions and sexual orientation.

Age Alliance Wales is concerned that the Bill makes no note of the importance of engaging with the family and carers of service users. Views should be gathered from all parties involved with the care and well-being of service users. Effective equality and diversity training will be key in ensuring staff are equipped to achieve this.

7. What are your views on the provisions in Part 1 of the Bill for the regulation of local authority social services? For example, the consideration of outcomes for service users in reviews of social services performance, increased public involvement, and a new duty to report on local markets for social care services.

Age Alliance Wales supports the provisions in Part 1 of the Bill on the regulation of local authority social services.

We support the duty to report on local markets for social care services as this should ensure that services are better suited for people from a diverse range of backgrounds and varying levels of need.

Working with service users to identify how to achieve personal outcomes is vital if the Bill is to achieve its aim of securing well-being for citizens and improving the quality of care and support in Wales. Once again we believe the Bill could be strengthened by making note of the range of agencies likely to be involved in supporting people to achieve their outcomes.

8. What are your views on the provisions in Part 1 of the Bill for the development of market oversight of the social care sector? For example, assessment of the financial and corporate sustainability of service providers and provision of a national market stability report.

Age Alliance Wales supports the provisions and the move towards better monitoring of financial and corporate sustainability.

A national market stability report would ensure that the future needs of all older people requiring care and support are planned for. It could also be used to ensure that different groups of older people are made aware of services.

9. What are your views on the provisions in Part 3 of the Bill to rename and reconstitute the Care Council for Wales as Social Care Wales and extend its remit?

Age Alliance Wales agrees that it is sensible to extend the remit of Social Care Wales in order to increase its ability to improve the quality of training and standard of social care in Wales. However, we are do not believe it is sensible to allow this body to have joint responsibility for enforcing training standards and providing training. AAW request further information on how this arrangement would work in the absence of an independent body to monitor the quality of training.

10. What are your views on the provisions in Parts 4 - 8 of the Bill for workforce regulation? For example, the proposals not to extend registration to new categories of staff, the removal of voluntary registration, and the introduction of prohibition orders.

Members of Age Alliance Wales have expressed different opinions on whether registration should be extended to include domiciliary care staff and consequently we are unable to provide a united view. We would value the opportunity to be part of a wider discussion on this point.

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

Age Alliance Wales was led to believe that the Bill would include reference to the current trend for allowing domiciliary workers to

carry out 15 minute visits to service users. We are therefore disappointed that this issue has not been addressed.

Further information

For further information, please contact Rachel Lewis, Age Alliance Wales Manager.

T. [redacted]
E. [redacted]

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Regulation and Inspection of Social Care (Wales) Bill / Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru)
Evidence from My Home Life Cymru and Age Cymru – paper 2 – RISC 46-47 / Tystiolaeth gan My Home Life Cymru and Age Cymru – papur 2 – RISC 46-47

Regulation and Inspection of Social Care (Wales) Bill: Stage 1

April 2015

My Home Life Cymru (MHLC)

The response from Age Cymru to the Bill consultation encapsulates the points that are within the My Home Life agenda. Therefore, this paper will not add to the Age Cymru response but will offer some background information on the MHLC programme in relation to the Bill.

Since its beginning in late 2008, MHLC has been working to influence policy and practice in Wales in regard to the quality of life of those living, dying, visiting and working in care homes for older people in Wales.

As well as working with care providers, MHLC has sought to work at all levels and with all stakeholders to influence policy and practice. In regard to the content of the Bill, this work includes:

- Producing a Regional Quality Framework for the Western Bay Collaboration for use across the region with care homes
- Being a member of CSSIW's Quality Judgement Framework Development Group
- Advising CSSIW on its 'Independent Visitors' pilot scheme
- Being a member of various sub groups of Welsh Assembly Government's Care Homes Group

John Moore

My Home Life Cymru

28 April 2015

Consultation Response

Regulation and Inspection of Social Care (Wales) Bill: Stage 1

April 2015

Introduction

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

We are pleased to respond to the consultation on the future of Regulation and Inspection of Care and Support in Wales.

Headline Issues

With a background of recent scandals in the provision of health and social care, we believe that there is a need for a robust regulation and inspection framework for social care in Wales. It is essential that this is built around the service user and able to challenge organisational cultures that are not delivering the desired outcomes for the individual. Standards relating to quality and dignity should provide a clear marker of what we expect with regard to the provision of care to vulnerable older people.

With regard to this Bill, and its ability to provide this framework, we have particular concerns about:

- The failure to extend registration of social care workforce groups to include domiciliary care workers and care workers employed in providing adult residential care. in a recent (February 2015) survey question by ICM on behalf of Age Cymru, 92% of the 1000 respondents believed that domiciliary care workers should be registered
- A potential conflict of interest in the role and remit of Social Care Wales (SCW) – protection of the public should be paramount and we have doubts as to whether SCW can be both a regulator and an improvement/training agency
- A lack of clarity in the terminology used both within this Bill and in terms of read-across to definitions contained within the Social Services and Well-being (Wales) Act 2014 (SSWA)
- A lack of recognition of carers throughout this Bill, which should recognise and reflect the position that they are accorded by the SSWA

1. **Do you think the Bill as drafted will deliver the stated aims (to secure well-being for citizens and to improve the quality of care and support in Wales) and objectives set out in Section 3 (paragraph 3.15) of the Explanatory Memorandum? Is there a need for legislation to achieve these aims?**

1.1. The protection of vulnerable older people who are in need of care and support, and their carers who need support, is vitally important. It therefore follows that the regulation and inspection system that carries out this role must be robust and fit for purpose. The Explanatory Memorandum demonstrates that there are good grounds why the current situation creates complexity and loopholes that could reasonably be avoided through the use of legislation, as well as the importance of ensuring quality services are delivered. It also recognises that there is a need to learn from serious incidents that have taken place in both health and social care in recent years. Many of these cases involved vulnerable older people. It is essential that we, as a society, provide proper and appropriate protection. On this basis, we welcome the introduction of the Bill.

1.2. It is not always clear from the Bill how its objectives will be achieved. In part, this derives from the situation where regulation and inspection focuses upon the activities of organisations delivering services whereas the new ethos of social service delivery, as set out in the SSWA is person-centred. The Bill needs to ensure that the desired outcomes of the person in need of care and support and the carer in need of support are not lost as a result.

1.3. There is an inequity in Human Rights protection for people who self-fund their care. Currently all residential care services provided or arranged by local authorities in Great Britain are covered by the Human Rights Act (HRA). Previously, a loophole existed which meant that care home services provided by private and third sector organisations under a contract to the local authority were not considered to fall within the scope of the HRA. Following a sustained campaign this loophole was closed by section 145 of the Health and Social Care Act 2008. However, care home residents who are eligible for care but who, due to means testing, have to arrange and pay for their own care (so-called self-funders) lack the full protection of the Act. We note the position that amendment of the HRA and its interpretation lies outside the powers of the National Assembly for Wales but we remain concerned about levels of human rights protection for people who self-fund their care services.

1.4. We hear from our local Age Cymru partners, a frustration at the lack of supervision of the work carried out by care workers in the community, and perhaps more importantly, the lack of time care workers have with each client. We believe that a task-based, rather than outcomes-based, approach to care plans and commissioning has resulted in poor practices in some areas of Wales. Many of our local Age Cymru partners are very concerned about the current quality of domiciliary care in their area. Increasing numbers of older people are reporting that their domiciliary care packages are being cut to 15-20 minute calls.

1.5. For example Age Cymru Swansea Bay report that clients are making choices between going to the toilet and getting something to eat, particularly as at least 5 minutes of the call time is taken by completing admin and call monitoring. Another example was an older person having to have cold baths as there is not enough time to wait for the boiler to heat the water in a 20 minute call. This is clearly unacceptable and it is crucial that urgent improvements are made to the quality of care to maintain dignity. We would like to see outcomes-based commissioning across Wales and an end to 15 minute care visits as standard practice. Consideration should be given to including the type and cost of social care being commissioned in the local

market stability reports, or the local authority annual report, as the commissioning process undoubtedly impacts upon the level and quality of care that is able to be delivered.

1.6. We are concerned that there is a lack of recognition of carers in the Bill as it currently stands. The SSWA is clear on the need to provide support to carers, effectively acknowledging the vital role that they play in providing care to their loved ones. It is therefore essential that this Bill reflects the significance attached to carers in that Act. As the submission by the Wales Carers Alliance demonstrates, this could often be done through quite small amendments on the face of the Bill. Carers should be included, for example, through their involvement in the inspection of service providers.

1.7. With regard to regulation of the workforce, we are concerned that there is a lack of clarity in some Parts of the Bill as to the way in which its provisions relate to different groups of the workforce, some of whom are registered with the regulator, some of whom are regulated with other regulators and some of whom are not registered individually. We would welcome clarity to enable easy identification of which provisions relate to which workforce groups. Whilst in places this is provided by the Welsh Government statement of policy intent previously submitted to the Committee, it is not always reflected on the face of the Bill. It is essential that it should be clear throughout when the remit of the Bill relates to all social care workers and when it relates only to those regulated by SCW.

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

2.1. A significant barrier to the effective operation of this scheme in practice would be the continued lack of funding within the social care sector as a whole. Whilst we recognise that efforts have been made to protect social services' budgets in Wales, further investment is needed if we are to provide quality person-centred care to the most vulnerable in our society.

2.2. A qualified, well-supported social care workforce is also essential in delivering such care. Currently, social care workers are often not regarded highly despite the vital nature of the work that they do. We welcome moves to provide support through the training-related role of SCW. However, it is not clear that it will benefit those key staff, such as domiciliary care workers, who provide what is often intimate personal care to vulnerable people in their own homes.

2.3. There is a lack of clarity relating to the reach and remit of SCW as it would be constituted in this Bill. In part this relates to its joint role as both the regulator and the improvement agency for the workforce. There is a potential for a conflict of interest to emerge here and it is essential that protection of the public through the workforce role is paramount. There is also a lack of clarity in some sections where its remit appears to cover the whole social care workforce, even though some of these are covered by other regulatory bodies such as the Health and Care Professions Council (HCPC). In order for the framework to operate effectively whilst avoiding fragmentation and duplication, it needs to be absolutely clear at every point where its remit covers the whole social care workforce and where it covers only those who are registered with it in its role as regulator.

2.4. As the Explanatory Memorandum rightly recognises, there is a clear need to ensure that there is consistency and accuracy in the reports produced by inspectors and regulatory staff. Whilst subjective impressions are inevitable, there is also a need for objective criteria to ensure reports are consistent and build public confidence in the system. The reports also need to be written in a way that is both accessible and meaningful to the public. However, establishing objective criteria that can be applied to a person-centred social services ethos which should encourage growing variation and flexibility in terms of the services being delivered may prove to be a challenge.

3. Do you think there are any issues relating to equality in protection for different groups of service users with the current provisions in the Bill?

3.1. We are concerned by the intention of the Bill to see compulsory registration for social care staff working in residential homes for children and young people, but not for social care staff working in residential homes for adults, many of whom will be older people. The inference is that different levels of protection are being provided to vulnerable groups as a consequence of these different expectations with regard to registration. However, the recent scandals referenced as a learning point for this Bill revolved around the provision of adult social care, most often care for older people. This suggests that this vulnerable group is in need of equal levels of protection which the Bill as it stands would not provide.

3.2. As noted above, the primary function of Social Care Wales should be the protection of service users.

3.3. Age Cymru also believes that the Bill should require social care services to include in their annual report how they are meeting their requirements under the Equality Act.

4. Do you think there are any major omissions from the Bill or are there any elements you believe should be strengthened?

4.1. The Bill could reasonably be strengthened in ways that both acknowledge and encourage more integrated working. There are issues around cooperation between regulators which would benefit from further clarification, but also useful scope for encouraging integration with regard to conducting inspections and workforce development that is being under-exploited at the moment. This would allow further strengthening of the system, as well as possible opportunities for streamlining, that would help to prevent fragmentation and duplication.

5. Do you think that any unintended consequences will arise from the Bill?

5.1. There are concerns around the definition of care as it is currently laid out in the Bill, especially when it is read across with definitions provided in the SSWA. It is our belief that the definition laid out in the Bill does not take sufficient account of the importance of relationships and the need for quality interaction. Relationships between social care workers and those in need of care and support will inevitably shape the views of the latter in terms of whether they consider their desired outcomes are being met by the service provided. A focus on physical tasks detracts from this important element.

5.2. There is a question mark over whether definitions in this Bill that differ from those used in the SSWA may create different legal expectations, and thereby

cause confusion among service providers about the expectations they have to meet.

5.3. A number of the service providers who will have to produce an annual return will be small organisations, often operating in the third sector. Where possible, the annual return of third sector organisations should align with reporting responsibilities that already exist through their status of charities.

6. What are your views on the provisions in Part 1 of the Bill for the regulation of social care services? For example, moving to a service based model of regulation, engaging with the public, and powers to introduce inspection quality ratings and to charge fees.

6.1. The SSWA intends to introduce person-centred care which may result in a more varied and flexible landscape of service provision than currently exists. It may be challenging to capture this.

6.2. We welcome the commitment to engaging with the public. We would like to see greater clarity in terms of the channels to be used for engagement, and the extent of the engagement to be undertaken. This is one of those points at which it would be useful to reference carers to ensure their involvement in the regulation and inspection processes. It is important to involve service users and their families in the design of the process; ask what matters most to them and what they want to see included in the range of reports that will flow from this framework.

6.3. We would like to see greater inclusion of lay inspectors (with experience of using services) as part of the inspection team, with a role in unannounced inspections and an equal voice in decision-making. Inspection teams must also include professionals with an understanding or experience of the care and/or support service being provided.

6.4. We welcome the introduction of an inspection quality ratings system, which should allow the public to compare the quality and safety of services. The current lack of differentiation makes it very difficult for people using services to effectively compare and judge quality of services. We have heard from people in Wales that choosing a care home can be a difficult process and that CSSIW reports are not very helpful in the process and also vary hugely in the quality of reporting and content. A ratings system would also help to foster a culture in which service providers are encouraged to aim higher rather than simply comply with requirements. Properly done, this system has the potential to allow those in need of care and support, and their loved ones, to make better informed choices about services.

6.5. In some areas, inspection quality ratings may also serve to highlight limited choice or availability, especially where the available services are receiving less good ratings. It would be useful to see this element considered under either the market oversight provision or the population needs assessment of the SSWA. It is essential that any such information is presented in ways that are easily accessible to all. In view of the types of decision that may be influenced by such ratings, it is essential that information covers issues such as service capability to accommodate sensory loss, cognitive impairment and other issues which may affect the decision made by an older person and their loved ones regarding choice of service provision.

7. **What are your views on the provisions in Part 1 of the Bill for the regulation of local authority social services? For example, the consideration of outcomes for service users in reviews of social services performance, increased public involvement, and a new duty to report on local markets for social care services**
   7.1. We strongly support the requirement for local authorities to undertake a risk assessment about continuity of service to help to prevent provider failure. We have been calling for stronger regulations to ensure that inspected care homes can prove that they are financially viable and reduce consequent threats to the safety and wellbeing of residents.
   7.2. As highlighted above, if services become more flexible and varied in response to the shift towards person-centred care, this may be difficult to capture. Nevertheless, it is entirely appropriate that the ability of services to help achieve the desired outcomes of the individual be taken into account as part of reviewing performance.
   7.3. Again, there could be mention in here of the need to involve carers as (well as) service users.

8. **What are your views on the provisions in Part 1 of the Bill for the development of market oversight of the social care sector? For example, assessment of the financial and corporate sustainability of service providers and provision of a national market stability report.**
   8.1. We welcome the intention of these provisions. It is clear from the current situation that insufficient thought has been given to addressing levels of demand that are likely to arise in coming years, especially with regard to the need for services to cope with a growing number of older people with complex conditions. Market oversight should be used to provide an evidence base to make the argument for investment to address these challenges.

9. **What are your views on the provisions in Part 3 of the Bill to rename and reconstitute the Care Council for Wales as Social Care Wales and extend its remit?**
   9.1. As highlighted above, we feel that the Bill currently lacks clarity on when references being made to social care workers relate only to those registered with SCW and when provisions relate to the entire workforce.
   9.2. We are concerned that there is the potential for a conflict of interest between the role of Social Care Wales as a workforce regulator and its role as an improvement and training agency. Protecting the public is of vital importance and should be clearly separated from any other roles under its remit.

10. **What are your views on the provisions in Parts 4-8 of the Bill for workforce regulation? For example, the proposals not to extend registration to new categories of staff, the removal of voluntary registration, and the introduction of prohibition orders.**
    10.1. We are deeply concerned by the decision taken not to extend the registration of workforce groups to include domiciliary care staff. It is currently the case that domiciliary care workers are significantly less regulated than other groups of professionals, such as security workers and gas fitters and in a recent survey question by ICM on behalf of Age Cymru, 92% of the 1000 respondents believed that domiciliary care workers should be registered.

Extending registration to this group would provide better protection on safeguarding grounds by preventing people deemed unsuitable by one care provider being able to get a job at another provider.

10.2. We believe that full registration is needed in order to provide a strong level of protection for vulnerable older people. We note that the Bill contains provisions for the introduction of a 'negative register' (via the use of prohibition orders') at a future point in time for those categories of social care workers not directly registered with Social Care Wales (or presumably any other regulator). However, we are not convinced that this offers a sufficiently strong level of protection to the most vulnerable people in our society.

10.3. Whilst it is true that we have not seen a scandal in the domiciliary care sector on the scale of those that have been uncovered in both residential care and healthcare settings in recent years, the risk exists as a consequence of the fact there is inevitably less opportunity to provide supervision and oversight to a care worker operating alone in the privacy of someone's own home. The lack of oversight, when coupled with a high turnover within the work force, is viewed as a significant factor exacerbating threats to the human rights of older people[1]. We believe that there is a strong case for the registration of social care workers providing personal care in the homes of vulnerable, and often frail, older people.

10.4. Registering individual staff members who provide domiciliary care can also be used to enhance the status of their profession as well as ensuring that there is adequate protection for people receiving those services. In line with the comments made in our response to Question 3, we also believe that social care workers employed within adult residential care should also be registered, otherwise current legislative provisions appear to provide different levels of protection for groups of vulnerable people.

10.5. As the Explanatory Memorandum demonstrates, uptake of the voluntary registration scheme had been very limited. It is therefore reasonable to remove it as it was not serving to enhance public confidence in the system.

11. **What are your views on the provisions in Part 9 of the Bill for cooperation and joint working by regulatory bodies?**

11.1. We would like to see this part of the Bill used to encourage and promote greater cooperation between SCW and other regulatory bodies such as the HCPC.

11.2. We also believe there is room for improving service delivery and minimising duplication by encouraging cooperation to establish mutual recognition of equivalent (or even superior) qualifications to ensure that highly competent and qualified staff do not have to re-take qualifications (sometimes at a lower level than those they hold) before being able to take up a post in social care. This makes no sense from the point of view of workforce development, or in terms of improving integration and joint working between related sectors.

12. **In your view does the Bill contain a reasonable balance between what is included on the face of the Bill and what is left to subordinate legislation and guidance?**

[1] I Koehler (2014): *Key to care. Report of the Burstow Commission on the future of the home care workforce:* p20

12.1. In as far as we are able to distinguish, the balance would appear to be reasonable but it is difficult to comment more fully at this stage.

13. **What are your views on the financial implications of the Bill as set out in parts 6 and 7 of the Explanatory Memorandum?**

13.1. With regard to the financial implications of the Bill, we do not believe that we are in a position to make informed comment. We note, however, that a number of the projections are based upon assumptions concerning the size of the workforce that could be open to challenge. We also note that it is often anticipated in the Explanatory Memorandum that no costs will accrue from the changes made other than transition costs and are concerned that this may be an overly optimistic underlying assumption.

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

14.1. We are concerned in the lack of consistency in definitions and terminology, both within the Bill itself and also between this Bill and the Social Services and Well-being (Wales) Act 2014. In order for the Bill to be able to achieve its objectives, we need to achieve clarity in the use of language and definitions.

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Regulation and Inspection of Social Care (Wales) Bill / Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru)

Evidence from Justice for Jasmine Campaign Group – RISC 49 / Tystiolaeth gan Grŵp Ymgyrch Justice for Jasmine – RISC 49

Consultation on the Regulation and Inspection of Social Care (Wales) Bill

Submission to Health and Social Care Committee from the Justice for Jasmine Campaign Group

This submission reflects the events of a few families whose relatives sadly suffered significant abuse and neglect in [redacted] and [redacted]. Such abuse and neglect was the subject of an investigation known as Operation Jasmine. The police investigation was completed and subsequent criminal proceedings discontinued due to the incapacity of one of the defendants who suffered brain injuries during a burglary at his home.

In the wake of the collapse of the trial a few of the families have formed a group known as Justice for Jasmine. Our group has campaigned to find out and understand what happened to our relatives and to establish how it was possible for abuse and neglect to take place on such a huge scale and also:-

- To obtain justice in respect of the maltreatment of our loved ones.
- To ensure that those responsible are brought to account.
- To help to ensure changes are implemented both locally and nationally and similar tragedies will be avoided in the future.

We outline below just a few of the very many examples of the unbelievably cruel and abusive treatment suffered at the hands of those who ran and worked at these Nursing Homes. We hope that by highlighting the terrible pain and suffering of our loved ones we can provide additional background and impetus to the Bill, and emphasise the real and urgent need for the Bill radically to replace a system of care for the elderly which has failed in all respects, with a new model which places the welfare of its users at its heart. The terrible experiences of our poor relatives show not only what can happen when providers of services are not sufficiently accountable for their actions, but how the failures of the various responsible care services and regulators to monitor, detect and to take steps to prevent such abuse can itself have dire consequences.

[redacted]

[redacted] was diagnosed with Alzheimer's Disease [redacted]. Advised by doctors to place [redacted] in nursing home. [redacted] was admitted to [redacted] in [redacted] because there was a limited choice of nursing homes which accommodated EMI places. There were serious concerns during the weeks following admission.

- Staffing levels were very low and the level of hygiene was very poor. Her clothes were lost her glasses and even dentures. Excrement under nails. Incontinence pads not changed.
- Many failed attempts by family to contact person in charge regarding serious concerns.
- Unexplained injuries. Plaster over eye-brow, five falls not reported to family.
- Difficulty of communication. Many staff unable to speak English. Concerns over weight loss
- Very poor medical care. No disclosure of pressure sore even though family visited daily. Family were not aware of pressure sore until visited by police three years after [redacted]'s death.
- Nursing home who did not have staff qualified to take bloods. [redacted] had to be taken to local health centre for blood tests. When concerns were raised to care manager family were told "That's what you get for complaining".
- Failure by qualified staff to treat [redacted] with the appropriate care a POVA meeting was initiated by the family
- Tried to have [redacted] moved but failed due to availability of suitable homes. Contacted CSIW (as it was known then). Received no contact off this department.

[redacted]

- No disclosure of any bed sores, family were made aware by hospital staff upon [redacted] admission, of multiple pressure sores, one of which was reported by the hospital consultant as "the worst he had ever seen"
- Hideous stench in [redacted] room, family was informed it was diarrhoea but in fact was the stench from the pressure sores
- Lack of basic nursing care, eyes (sticky), nails(filthy) and oral care (dry mouth, black and filthy muck when carer attempted to clean following family request). Delay in care/action and a reluctance to act by qualified when family raised concerns when [redacted] deteriorated suddenly. [redacted] was admitted to hospital 6 days later following family liaising with the GP, POVA was initiated.
- Upon requesting nursing care daughter was told "I wish I was an octopus so that I can do all you want me to do for your mother "
- Lack of nutrition and blocked PEG tube, severe weight loss, loss of false teeth, which further reduced [redacted] ability to consume food.

[redacted]

- Unexplained injuries eg. Dad falling out of bed when he was physically incapable of moving.
- Dehydration and dads urine always cloudy resulting in dad eventually going into go hospital as an emergency admission with a blood sugar of 43 plus !

- Bad communication with the manager there at the time when addressing concerns. Always felt as if we as a family were being fobbed off with non exceptable answers to our concerns.
- Unexceptable staff language ie : family believed that residents dignity was not the utmost at [redacted] when it came to staff communicating with residents .
- Poor food given, very repetitive menus and cheap food .
- All in all a place where looking back I would like to think would not and should not be nowhere near to meeting the ccsiw standards, in my eyes very very low standard of care hence resulting in this investigation.

[redacted]

[redacted] suffered with late stage dementia and EMI care was recommended. No choice of Nursing home was given and a move to [redacted] was arranged in [redacted]. As the dementia progressed [redacted] became less mobile and by [redacted] had to be PEG fed and was more or less confined to her upstairs room with little or no interaction with residents or staff. By [redacted] cleanliness was questioned in particular the PEG feeding machine. [redacted] was hospitalised on the [redacted] with a seriously infected PEG site, described by hospital staff as "the worst they had ever seen". [redacted] did not recover from the infection and died of Septicaemia two weeks later.

- Concerns that the home smelled of waste, was generally very unclean and rundown.
- [redacted] was bedbound and in a room without a view and no means of stimulus.
- [redacted] lost the top of her finger in an accident at the home which was not advised to the family at the time or fully explained.
- Later developed MRSA in the injured finger which was not reported to the family.
- [redacted] was PEG fed and the machine was always grubby and not properly maintained.
- Later developed septicaemia at the PEG site due to inadequate cleaning routines and was not hospitalised early enough. This resulted in a very painful death.
- No palliative care made available.
- The home lost her wedding ring which had been put into safekeeping.

[redacted]

- [redacted] was bedbound and given airbed which had a faulty mechanism and the noise was continuous and very noisy and the bed ineffective. The home did not replace it.
- Family had to request food on many occasions. Staff had forgotten him.
- No disclosure of pressure sore.
- Patient had severe weight loss and family claimed he looked like a skeleton.

[redacted]

- Personal hygiene and simple aids immediately noticed as lacking at the Home.

- Complaints were listened to but not acted upon.
- [redacted] next of kin was fed the right words but was being lied to.
- Despite Social Worker presence at a review there was blatant non adherence to the truth.
- Measures of care required by Social Worker and next of kin not properly acted upon.
- Qualified persons ignored their duty of care by not calling an ambulance themselves, notifying the authorities or reporting to next of kin when seeing the deterioration of wounds.
- Qualified persons left decision to admit [redacted] to hospital to the matron and far too late.
- Governing bodies did not include or properly inform next of kin.
- Relatives and next of kin were not told of their right to be present at meetings.
- Next of kin first hand witness accounts were not taken into account by the NMC when investigating against the matron.
- Initial Police investigation not handled correctly and valuable time lost in interviewing staff.
- Police not giving all evidence to CPS led to the case not being prosecuted in the first investigation prior to Operation Jasmine.

[redacted]

[redacted] entered [redacted], where she was given sedatives without permission by members of staff resulting in her being transferred to [redacted]. She was discharged to [redacted] on [redacted], and further discharged to [redacted] in [redacted]. There were no signs of bed sores at the time she was admitted to [redacted].

- In [redacted] showing signs of distress and pain, could not speak, feed herself or converse by other means, informed by staff it was all down to old age.
- Staff showed no interest in the resident's wellbeing, calls for water ignored, food left at patients side uneaten (no help given by staff to residents to ensure they consumed some of their meals).
- Staff on duty noted to be in their rest area chatting, painting their fingernails or reading, ignoring resident's calls for assistance.

[redacted] was transferred to [redacted] with a chest infection, where she was found to be suffering from Malnutrition, Dehydration, and Severe Bed Sores. Her back was red and angry looking with two very large bedsores. The top B/sore was 15 centimetres long. The lower was 13 centimetre's long ducting into the bowels exposing part of the back bone. The infection of these areas were so bad that it was not possible for the surgeon to operate due to Septosis.

It is impossible to explain the amount of suffering and distress [redacted] felt and endured while in the care of [redacted].

Family observations included:

Insufficient places available in the area for the number of requirements.

[redacted] staff appeared untrained. Clients left sitting in chairs for too long a period without liquid requirements. Calls for help ignored. Staff lying about client's physical condition. No medical dressing or ointments etc to be seen available in [redacted] Bedroom. No pressure sore mattress on her bed. No member of Staff prepared to report the conditions at the home to the relevant authorities for fear of losing their job.

CONCLUSIONS

In light of our experiences, we fully support the principal aims of the Bill and in particular its intention to reform the regulatory regime for care and support services, including reform of the inspection regime. We also agree that the regulatory framework should be focussed on outcomes for service users and the placing of "well-being" at the heart of care and support.

What is most important in our view is that those who are responsible for poor, sub-standard care services, from those at the front- line delivering the care, to those responsible for supervising and regulating those carers, are all fully accountable for their failures, and that there is transparency at all levels. The provisions of the Bill appear to be aimed at delivering these important principles. However, in order to achieve these it is essential that there is sufficient funding to ensure that the quality of services keeps pace with the ever-increasing demands placed on them, and that there is a total shift of culture away from that of minimum standards and box-ticking to one where excellence and compassion are the norm.

Justice for Jasmine Campaign Group

24 April 2015

Eitem 5

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol

Regulation and Inspection of Social Care (Wales) Bill / Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru)
Evidence from British Association of Social Workers Cymru – RISC 47 / Tystiolaeth gan Cymdeithas Gweithwyr Cymdeithasol Prydain Cymru – RISC 47

Consultation on the Regulation and Inspection of Social Care (Wales) Bill: Stage 1

From BASW Cymru (The British Association of Social Workers in Wales)

Introduction

BASW Cymru is the only professional association to represent social workers in Wales. We work independently and collaboratively to promote the highest possible standards in relation to our Code of Ethics (a statement of ethical values and principles that govern our organisation). These values and principles underpin the Code of Practice for Social Care Workers – by which all social workers must be legally registered through the Care Council for Wales. We work very collaboratively with other organisations where our aims coincide. This includes other professional bodies, third sector and associated national and local government bodies e.g. the Health & Social Care Policy Officers Group in Wales, the Social Care and Wellbeing Alliance Wales, the Welsh Reablement Alliance, the Association of Directors of Social Services in Wales (ADSS Cymru), the Care Council for Wales, etc.

BASW Cymru is a membership organisation that is independently funded – mainly through subscriptions and royalties associated with our publications. The strength of our membership in Wales has grown rapidly over the last 4 years i.e. over 60%, and our current total of members is in excess of 1,300. BASW Cymru supports and promotes partnership working but believes that the best outcomes for the vulnerable people we served can be achieved through the utilisation and acknowledgement of the specific professional expertise whilst working alongside service users and their carers.

The association welcomes the aims of the Bill to compliment those of the Social Services and Well-being (Wales) Act. In addition to this, BASW Cymru generally supports the opportunity to improve on current provisions to ensure cohesive and comprehensive regulation, registration and inspection of social care provisions in Wales, whilst having some clear views about what could have/can be included.

Headline issues

- A fundamental function of regulation and inspection is the reduction in both risk to, and breaches of, individuals' human rights. BASW Cymru is concerned that a requirement of due regard to the United Nations Convention on the Rights of the Child, the United Nations Convention on the Rights of Disabled People and the United Nations Principles for Older Persons is not explicit on the face of the Bill as it is in Section 7 of the Social Services and Well-being (Wales) Act.
- BASW Cymru has some concern that the opportunity to regulate local authorities appears to have been overlooked. We are concerned that the quality of management support and the professional standards will be inadequate to meet the demands and expectations in relation to the Social Services and Well-being (Wales) Act. Further to this, we believe this will undermine and potentially jeopardize the desired outcomes for vulnerable people and their carers.
- BASW Cymru has some concern that the Bill is not taking the opportunity to address the required symbiosis of different regulation and inspection regimes that exist within the wider provision of social care services.
- We believe that there could be a more coherent use of language both within this Bill and across legislation but, in particular, with the Social Services and Well-being (Wales) Act.
- We would wish to seek clarity around the potential regulation of care and support services that may be provided to individuals as part of a preventative service. Our concerns in particular are around the status of reablement services and whether these, as preventative services, will also be subject to regulation.

Response to questions

1. Do you think the Bill as drafted will deliver the stated aims (to secure well-being for citizens and to improve the quality of care and support in Wales) and objectives set out in Section 3 (paragraph 3.15) of the Explanatory Memorandum? Is there a need for legislation to achieve these aims?

1.1 The protection of vulnerable people reliant on health and social care services and practitioners is vitally important. This protection is not only vital at times of risk but where there is the potential of risk. The regulatory system in place to provide that protection needs to be robust. It appears from the Explanatory Memorandum that there is a need for the legislation. In particular, paragraph 3.9 identifies the growing potential for complexity and loopholes if new legislation is not provided.

1.2 BASW Cymru notes that the long title of the Bill says regulation of persons, not services, and lists certain specific service types, whereas the aims of the Bill in the explanatory notes (P298; policy background 4) are listed as objectives in Section 3 paragraph 3.15 Explanatory Memorandum.

1.3 BASW Cymru welcomes the aim as stated in section 3; however, it is not always explicit how the Bill will achieve the objectives. For example, it would appear that the person to be placed at the heart of the system will become

clearer through regulations because the Bill, as drafted, focuses on the activities of organisations.

1.4 The objective to improve information sharing and co-operation would be best achieved by a more explicit expectation to work with all other relevant regulatory bodies in Wales and the UK. This includes regulators of members of the social care workforce already regulated by other, often UK-wide, regulators and to expect co-operation with existing health inspectorates and workforce and improvement bodies.

1.5 Achievement of the aim/objective of workforce development and regulation will require co-operation with a range of other bodies and clarity over how the Bill relates to different groups of workforce in different ways. For example, section 1; paragraph 1.3 of the Explanatory Memorandum says the Bill proposes to introduce changes which will reform regulation of the social care workforce. In fact, this is social work and managers of services with a potential to add other groups at a future date. There is no clarity regarding the regulation of employers of social workers/social care workers. We are of the view that unless there is parity of individual and corporate responsibility, there will continue to be cost-cutting and output driven directives that will place all the responsibility on individual professionals when the best outcomes are achieved in a culture of partnership responsibility for outcomes.

1.6 BASW Cymru is clear that the Bill will not achieve its aims unless human rights are a fundamental and explicit principle. The association is concerned that the government appears reluctant to accept its role and responsibility as described in the Vienna Declaration and programme of action; Article 1 - *'Human Rights and fundamental freedoms are the birth right of all human beings; their protection and promotion is the first responsibility of Governments'.*

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

2.1 BASW Cymru believes that the aims of the Bill are at the risk of being undermined as a result of a lack of clarity in relation to the regulation of commissioners and for employers of social workers/social care workers. We are also of the opinionthat a significant barrier is the lack of reference to human rights. Additionally, the lack of due regard to international instruments is a potential barrier.

2.2 BASW Cymru would welcome amendments that clarify the relationship between different regulatory and inspection regimes. Without this, we believe that inconsistency might occur within a provision where the possibility of multiple regulation exists. Situations where multiple regulations might occur could also lead to onerous regulation and inspection burdens for services and individuals. The Bill retains the current model of regulation of the service by one body and regulation of the workforce within that service by another body. There is potential for confusion between the separate accountabilities and a possible missed opportunity for streamlining. This could benefit outcomes for

individuals through removing barriers that impede the use of socisl workers from other countries within the UK.

3. Do you think there are any issues relating to equality in protection for different groups of service users with the current provisions in the Bill?

3.1 BASW Cymru is concerned that the potential for some divergence of protection thresholds between regulated services and registered workforces for children or adults exists. Members of the alliances highlighted that the Equality and Human Rights Commission review of home care services in England found that people with sight loss were involved in some of the most disturbing examples of poor treatment.

3.2 This concern may be addressed through subordinate legislation (Codes of Practice) or developing codes of conduct and registration criteria. However, it does highlight the need to be active in reducing conditions that might increase vulnerability.

3.3 We also have concerns that the Bill does not extend to services purchased through Direct Payments and the Independent Living Fund.

3.4 We believe that there should be a more integrated approach to inspection – particularly where there are services which incorporate health and social care functions e.g. between CSSIW and HIW. This would potentially ensure a more consistent approach. Furthermore, BASW Cymru calls on the validation of inspections of social work services e.g. ensuring caseload management is appropriate to professional training and experience, ensuring staff are properly supported and managed, etc.

3.5 BASW Cymru believes that the primary function of Social Care Wales must be the protection of service users and their experiences of receiving regulated services. Any function which relates to promotion of any professional group should be secondary and separate. Social Care Wales is funded by Welsh Government and does not have the independence or expertise to speak on behalf of social workers. There is a potential conflict of interest between the role of regulator and that of promoting and encouraging improvement. However, they may be instrumental in co-ordinating the development of the profession through their role in regulating training and development in conjunction with partners – including BASW Cymru as the professional body.

4. Do you think there are any major omissions from the Bill or are there any elements you believe should be strengthened?

4.1 The Social Services and Well-being (Wales) Act will transform services and drive greater integration. BASW Cymru would question whether this Bill, as tabled, contributes to that direction. It would be helpful if the Bill explicitly spelt out the expectation and powers to co-operate, jointly act, or to delegate function for integrated infrastructure in, for example, inspections, workforce

development, education and improvement agendas. This relates to our comments at question 11.

4.2 BASW Cymru, as part of the Social Care and Wellbing Alliance Wales and the Welsh REablement Alliance, campaigned for the inclusion of a section on appeals for users of care and support in the Social Services and Well-being (Wales) Act. We would suggest further consideration of an amendment to that Act through this Bill in relation to appeals on Local Authority decisions for individuals, which would contribute greatly to the protection of people using services, their active involvement in service provision and the promotion of effective and efficient services whether regulated or not. Amending the Act in this way should also create greater parity between individuals and social care workers, as workers have the right to appeal decisions about them under this Bill. The alliances would like to bring to your attention section 72 (Part 1) of the Care Act 2014 which addresses appeals for individual users in England.

5. Do you think that any unintended consequences will arise from the Bill?

5.1 BASW Cymru is concerned that the definition of care in Part1; Chapter1; 3(1)(a) solely references physical tasks. While 3(a)(ii) identifies the 'mental' processes related to those tasks; as it stands, it appears to push a focus on task and time rather than quality of the interaction. The definition appears to be very different to the expectation and thrust of the Social Services and Well-being (Wales) Act and does not support the intention to put the citizen at the centre of their services.

5.2 Relationships and the quality of human interaction is a vital element in safeguarding and providing high quality care services, as many recent reports and investigations, such as Southern Cross, Mid Staffs and Operation Jasmine, have shown. The definition appears to be very different to the clear expectation of the Social Services and Well-being (Wales) Act where care and support is required to meet a much wider range of well-being outcomes.

5.3 Part 3, section 68(3) defines a care and support service in a different manner from the Social Services and Well-being (Wales) Act which allows for a wide range and mix of services to provide care and support. BASW Cymru is not clear whether different legal expectations of what constitutes care and support might cause any confusion or difficulties in delivering or providing services. Both legislative frameworks need to be strongly complementary and consistent with each other.

6. What are your views on the provisions in Part 1 of the Bill for the regulation of social care services? For example moving to a service based model of regulation, engaging with the public, and powers to introduce inspection quality ratings and to charge fees.

6.1 BASW Cymru welcomes the intention of the Bill to register and regulate persons providing the services listed in the long title, where they are not already registered, the inspection and regulation of service providers and the creation of a Responsible Individual.

6.2 It is not clear whether 'regulated activity', section 171, is the same as 'regulated services' (Chapter 2; s6). The definition of regulated services in schedule 1 of the Bill appears limited when compared to the apparent breadth of social care services within the Social Services and Well-being (Wales) Act e.g. this does not appear to include commissioning services. Terminology will need to be clearly defined and used consistently.

6.3 The meaning of well-being in section 2 of the Social Services and Well-being (Wales) Act offers the opportunity and promotes the need to develop very person centred and flexible provision to meet individual needs. This will create variable services and the need for a broad social care workforce. The intention of this Bill to prepare for that flexibility is welcome. It will be challenging to capture that variability and flexibility across the social care workforce beyond regulated services while maintaining and ensuring the safeguarding imperative.

6.4 It is not clear how the inspection regime will involve and engage with persons in receipt of care and support. It would be helpful to include a duty to report on how citizens, people and the public have been engaged in the inspection regime. Section 33(3) (i) gives power to the inspectorate to interview persons in receipt of care and support. However, there is no similar power to interview carers or people in need of care and support.

7 What are your views on the provisions in Part 1 of the Bill for the regulation of local authority social services? For example, the consideration of outcomes for service users in reviews of social services performance, increased public involvement, and a new duty to report on local markets for social care services.

7.1 BASW Cymru welcomes the intention to consider outcomes for individuals in reviews of social services and increased public involvement.

7.2 Section 55: insertion to the Social Services and Well-being (Wales) Act, section 144B, presumes that services will be easily definable. It will be more challenging to summarise individualised and person-centred interventions than report on the number and location of residential places or domiciliary care agencies. It will be important that the reporting duty does not become so onerous that vital frontline activity is compromised.

7.3 One aim of the Bill is to clarify and reduce complexity; however, complex, dual regulation of practitioners or the loss of a multi professional workforce may not deliver the intended outcomes. For example, in section 57, the insertion to the Social Services and Well-being (Wales) Act relating to looked after children: Regulations under section 94A (3) can prevent a person working if they are not registered under section 79 of the Regulation and Inspection of Social Care (Wales) Act (registration of social care workers). This presumes any registered staff are registered with Social Care Wales rather than registered with other regulators.

8 What are your views on the provisions in Part 1 of the Bill for the development of market oversight of the social care sector? For example,

assessment of the financial and corporate sustainability of service providers and provision of a national market stability report.

8.1 BASW Cymru welcomes the intention of this. It is important to recognise that the unforeseen can always arise; this activity needs to be proportionate to the other demands of activity for local authorities.

9 What are your views on the provisions in Part 3 of the Bill to rename and reconstitute the Care Council for Wales as Social Care Wales and extend its remit?

9.1 The objective, section 67 (1) for Social Care Wales, does not limit the protection, promotion and maintenance of the safety and well-being of the public to social care matters alone. This should be stated explicitly. This responsibility can only relate to the services and practitioners registered with and regulated by Social Care Wales: however, in section 67(2) the functions do not appear to directly relate to this objective: this section includes all social care workers and a responsibility to maintain high standards.

9.2 Practitioners registered with and regulated by other regulatory bodies, such as occupational therapists and nurses, will remain under the jurisdiction of those regulators. It is not clear how this covers staff who are not regulated at all as individuals, but who work in regulated services. Are the Responsible Individual and Registered Manager accountable for these staff? What is the balance of accountability between individuals and service quality and how will this work in practice?

9.3 BASW Cymru suggest that the Bill should be very clear what references to social care workers means:

a. Those who are registered/regulated and thus affected by parts of the Bill relating to the role of Social Care Wales as a protector of the public (social workers and managers) or,
b. The whole workforce when Social Care Wales is acting as an improvement, education and support agency (all social care workers).

9.4 The wider development roles of Social Care Wales, Part 5, for all registered social care workers are sometimes beyond the remit of public protection. In healthcare many of these are done through the Workforce Education Development Service or by other regulators. Clarity is needed on the groups that Social Care Wales will include in this work. For example, how will occupational therapists be supported in their practice in social care, even though they are not the responsibility of Social Care Wales in its regulatory role? How will the different responsibilities be separated? How will other professionals (such as physiotherapists, speech and language therapists and dietitians) working in integrated health and social care be supported within a social care context? Will Social Care Wales have responsibilities here? There is a missed opportunity here for improving integration in health and social care.

9.5 BASW Cymru considers that there is potential for conflict of interest in placing so many roles in one body. Specifically, we are concerned with the potential

conflict of interest between regulating social care services and promoting and developing a service, with the possibility that this might inhibit honest and frank discussion of issues arising that could be prevented prior to the need for regulatory sanctions. The function of protecting the public should be paramount and separate to other roles.

9.6 Through the inclusion of a duty of due regard to human rights' instruments, BASW Cymru would expect the functions of Social Care Wales described in Part 5 to reflect human rights' principles.

9.7 Protecting the public is a significantly different role from those of a sector skills council, professional body or education provider for example. 'Trust Assurance and Safety –The Regulation of Health Professionals in the 21st Century' (2007 http://www.official-documents.gov.uk/document/cm70/7013/7013.pdf) identifies a number of key principles that should underpin statutory professional regulation. The "overriding interest should be the safety and quality of the care that patients receive from […] professionals" and that "**Regulators need to be independent of government, the professionals themselves, employers, educators and all the other interest groups involved"**(p2). This work came out of the Shipman Inquiry and the Foster review. The proposal for Social Care Wales should be examined against these principles for regulation.

9.8 The role of Social Care Wales needs to be enhanced and extended to fully realise its role as the sector skills council. This should involve responsibility for upskilling and training all social care workers, as well as workers in health and more widely who contribute to care and support provision.

10 What are your views on the provisions in Parts 4 - 8 of the Bill for workforce regulation? For example, the proposals not to extend registration to new categories of staff, the removal of voluntary registration, and the introduction of prohibition orders.

10.1 The description of a social care worker, section 78, includes a far wider group than those considered registered groups. The Bill needs to acknowledge that there are groups of social care workers who are also registered and regulated by other regulators. Clarity is needed on how, or if, Social Care Wales is responsible for those.

10.2 Much of the wording in the Bill implies that all social care workers will be included in sections which specifically relate to regulation and the role of Social Care Wales as a regulator. For example, section78(3)(b) would include occupational therapists. Any regulations made under section 78(2) will need to be clear of any overlap with existing regulator functions. The sections immediately after section 78 refer to the register and continue to refer to issues relating to registered groups, even though "social care workers" are not registered groups. This could usefully be made more explicit to help the Bill achieve its intent and ensure that implementation is effective.

10.3 Section 83(b) refers to an "applicant for registration as a social care worker of any other description". Yet the only groups to be registered are social workers

and registered managers. Section 83(b)(i) requires completion of a course approved by Social Care Wales under section 113 – which cross refers to section 79. Occupational therapists courses, as with other groups registered by other regulators, are not approved by Social Care Wales but by the relevant regulator for each profession and by the professional body, as well as being quality assured by the Higher Education Institution. Clearer wording will help ensure the objectives of the Bill can be achieved. This would helpfully include an expectation that qualifications required by other regulators or employers are recognised when staff move around the sector. It seems inefficient that public money pays for a qualification when working in one sector and then pays for another qualification with similar outcomes but a different title if they move to another part of the sector.

10.4 Also in Section 83, we are concerned that potential dual registration of social workers with other UK countries may deter social workers in working in Wales and consequently have an adverse effect on meeting the needs of service users and their carers.

10.5 Section 110 sub section (1) omits to state those staff who are employed as 'pseudo social workers' i.e. those staff who are paid at a lower rate without the training, expertise and experience who are given a different title but expected to undertake tasks and roles for which qualified social workers are trained to do.

10.6 BASW Cymru suggest that Part 5 (Social Care workers: standards of conduct, education etc.) is also unclear as to which workforce groups are included and which are not. For example, section 111(1)(a) refers to standards of conduct and practice for "social care workers". It is unclear if and how codes are to be applied to unregistered groups of staff or to staff registered with other regulators. Section 111(3) refers to codes for social workers when working as Approved Mental Health Practitioners. However three other professions can be Approved Mental Health Practitioners. BASW Cymru would suggest that the same codes of conduct have to apply to every Approved Mental Health Practitioners regardless of their initial professional background or professional regulator. Furthermore, we are concerned in that SCW's role to produce a Code of Practice for Employers of Social Care Workers that is not regulated (as it isn't at present).

10.7 BASW Cymru support the general principle to improve the education and career opportunities for all social care workers and to improve standards more widely including through monitoring or approval of courses. However, greater clarity is needed in relation to what is the role of a regulator, and thus what are the requirements in order to work in the sector; what is good practice but not required; and what roles could be enhanced by opportunities for integration or joint working with other regulators, such as the Health and Care Professions Council or the Nursing and Midwifery Council, and other employers, such as NHS Wales (supported by Workforce Education Development Service), and the improvement functions of Public Health Wales.

10.8 It is unclear what remit over fitness to practice, Part 6, Social Care Wales has other than for registered groups (social workers and registered managers). Section 116(5) appears to acknowledge this is only for workers registered with Social Care Wales. BASW Cymru suggests that this part should not be titled

to imply it means all social care workers throughout the social care workforce. The reference to the Health and Care Professions Council in section 116(4) is assumed to refer to social workers registered in England and misses the opportunity to consider staff registered in Wales. Section 117 refers to a "registered person": is this only a person registered with Social Care Wales? What about a person registered with another registering body? There is also a lack of recognition that causes of concerns about fitness to practice to registered persons may be partially or totally due to instructing them to disregard parts of the Code of Practice for Social Care Workers or their own professional codes e.g. the Code of Ethics for social workers.

10.9 Although we accept that it is not possible to comment on future developments, BASW Cymru is aware that it is the Government's intention to include advocacy as a regulated service at some time in the future. Consequently, we would recommend early consideration of integrated regulatory processes for advocacy required through different legislations, such as the Social Services and Well-being (Wales) Act and the Mental Health (Wales) Measure.

10.10 BASW Cymru is also concerned that there is no reference or mention of referral of employers to the Care and Social Services Inspectorate for Wales (CSSIW) in relation to their failure to support an individual to comply with the Code of Practice for Social Care Workers or the employers failure to adhere to the Code of Practice for Employers of Social Care Workers.

11 What are your views on the provisions in Part 9 of the Bill for co-operation and joint working by regulatory bodies?

11.1 Whilst BASW Cymru is pleased that this refers to co-operation in relation to social workers, there needs to be explicit reference to interaction in relation to the NHS and other parts of the sector. Section 174 identifies the regulatory bodies as Welsh Ministers and Social Care Wales. It is disappointing there is no reference to co-operation and joint working with the Health and Care Professions Council, the Nursing and Midwifery Council and other regulators. BASW Cymru considers this might be a missed opportunity to deliver increases of efficiency in regulation.

11.2 BASW Cymru is disappointed that there is no reference to co-operation in relation to the wider roles of Social Care Wales given both the policy direction for, and reliance on, greater integration for the delivery of the change desired from the Social Services and Well-being (Wales) Act. For example, workforce development and education commissioning for occupational therapists, nurses and others is undertaken by the Workforce Education Development Service. There seems to be a missed opportunity to consider integrated workforce planning, joint course development and approval and integrated career frameworks for the whole social care workforce. The Bill offers an ideal opportunity to co-operate in recognising qualifications across the sector to allow joint appointments; integrated working and movement of staff between local government and NHS employers and reduce the need for staff to 'redo' similar qualifications to named recognised qualifications by one part of the sector.

12 In your view does the Bill contain a reasonable balance between what is included on the face of the Bill and what is left to subordinate legislation and guidance?

12.1 The balance appears to be right given what is on the face of the Bill. However, without greater indications of what subordinate legislation might be, it is difficult to comment fully at this stage.

Financial implications

13 What are your views on the financial implications of the Bill as set out in parts 6 and 7 of the Explanatory Memorandum?

13.1 BASW Cymru feels ill equipped to pass informed comment on this. However, we have some concerns with the frequency that it is suggested in these parts that there will be no cost incurred with these changes other than those associated with transitional arrangements.

13.2 BASW Cymru recognises that the effects of significant underfunding of the social care sector will not be solved by market oversight and annual reports.

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

14.1 BASW Cymru has some concerns in relation to section 33(3): powers of the Inspector. For example, Inspectors have the power to talk to service users in private, but not carers.

14.2 The Inspector may ... “assess the well-being of any person accommodated or receiving care and support there” (section 33(3)(a)). Does this constitute a professional assessment which meets the requirements of the assessment regulations for the Social Services and Well-being (Wales) Act? If so, will this person be expected to hold the qualifications and registration of that professional such as a Nurse, Occupational Therapist or Social Worker and include consideration of the well-being outcomes? If not, and this is intended to mean a more general consideration of the situation of the person, it may be more useful to use different language given the meanings of well-being already present in two pieces of legislation.

14.3 Language: BASW Cymru considers that the language used in this Bill is inconsistent, using different words for the same concepts or groups and is not always consistent with that of the Social Services and Well-being (Wales) Act.

14.5 BASW Cymru suggests that the Bill will be clearer and achieve its aims more effectively if clarity is achieved in the use of language and definitions.

Conclusion

BASW Cymru welcomes the intention and aim of the Bill to protect the public and ensure a streamlined and effective regulatory system. Many sections appear to continue the Care Standards Act (2000) and the association feels that the Bill could

go further in driving improvements for people by enabling greater integration and more streamlined regulation for integrated services.

Robin Moulster
Country Manager
BASW Cymru
[redacted]
April 2015

Eitem 6.1

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 3 – Senedd**
Dyddiad:	**Dydd Iau, 23 Ebrill 2015**
Amser:	**09.01 – 12.39**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://senedd.tv/cy/3014

Cofnodion Cryno:

Aelodau'r Cynulliad:	**David Rees AC (Cadeirydd)** **Peter Black AC (yn lle Kirsty Williams AC ar gyfer eitem 1)** **Alun Davies AC** **Janet Finch-Saunders AC** **John Griffiths AC** **Elin Jones AC** **Darren Millar AC** **Gwyn R Price AC** **Joyce Watson AC (yn lle Lynne Neagle AC)** **Lindsay Whittle AC**
Tystion:	**Stewart Blythe, Cymdeithas Llywodraeth Leol Cymru** **Phil Evans, Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru** **Sue Evans, Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru** **Imelda Richardson, Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru** **David Francis, Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru** **Christopher Dunn** **Dan Pitt** **Sheila Meadows**

	Gerry Evans, Cyngor Gofal Cymru Rhian Huws Williams, Cyngor Gofal Cymru
Staff y Pwyllgor:	Llinos Madeley (Clerc) Helen Finlayson (Ail Clerc) Sian Giddins (Dirprwy Glerc) Rhys Morgan (Dirprwy Glerc) Stephen Boyce (Ymchwilydd) Sian Thomas (Ymchwilydd) Enrico Carpanini (Cynghorydd Cyfreithiol) Gwyn Griffiths (Cynghorydd Cyfreithiol) Gareth Howells (Cynghorydd Cyfreithiol) Gareth Pembridge (Cynghorydd Cyfreithiol)

Trawsgrifiad
Gweld trawsgrifiad o'r cyfarfod.

1 Y Bil Lefelau Diogel Staff Nyrsio (Cymru): trafod yr adroddiad drafft

1.1 Trafododd y Pwyllgor yr adroddiad drafft Cyfnod 1 ar y Bil Lefelau Diogel Staff Nyrsio (Cymru) a chytunodd arno.

2 Cyflwyniad, ymddiheuriadau a dirprwyon

2.1 Cafwyd ymddiheuriadau gan Lynne Neagle a Kirsty Williams. Dirprwyodd Joyce Watson ar ran Lynne Neagle.
2.2 Dirprwyodd Peter Black ar ran Kirsty Williams ar gyfer yr eitem yn ymwneud â'r Bil Lefelau Diogel Staff Nyrsio (Cymru).

3 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): sesiwn dystiolaeth 2

3.1 Ymatebodd y tystion i gwestiynau gan Aelodau.

4 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): sesiwn dystiolaeth 3

4.1 Ymatebodd y tystion i gwestiynau gan yr Aelodau.

5 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): sesiwn dystiolaeth 4

5.1 Ymatebodd y tystion i gwestiynau gan yr Aelodau.

6 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): sesiwn dystiolaeth 5

6.1 Ymatebodd y tystion i gwestiynau gan Aelodau.

7 Papurau i'w nodi

7.1 Cofnodion y cyfarfodydd ar 19 Mawrth a 25 Mawrth 2015
7.1a Nododd y Pwyllgor gofnodion y cyfarfodydd a gynhaliwyd ar 19 Mawrth a 25 Mawrth.

7.2 Ymchwiliad i berfformiad y Gwasanaethau Ambiwlans yng Nghymru: gwybodaeth ychwanegol gan Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru.
7.2a Nododd y Pwyllgor y wybodaeth ychwanegol a ddarparwyd gan Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru.

7.3 P-04-625 Cefnogaeth i'r Bil Lefelau Diogel Staff Nyrsio (Cymru): gohebiaeth gan y Pwyllgor Deisebau
7.3a Nododd y Pwyllgor yr ohebiaeth gan y Pwyllgor Deisebau.

8 Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod.

8.1 Cytunwyd ar y cynnig.

9 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): trafod y dystiolaeth

9.1 Ystyriodd y Pwyllgor y dystiolaeth a ddaeth i law.

10 Craffu ar waith y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Iechyd: paratoi ar gyfer sesiwn graffu

10.1 Cytunodd y Pwyllgor i ysgrifennu at y Gweinidogion i ofyn am wybodaeth cyn y sesiwn ar 17 Mehefin 2015, a bu'n trafod materion y bydd yr Aelodau o bosibl am eu codi yn ystod y sesiwn honno.

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:	**Ystafell Bwyllgora 1 – Y Senedd**
Dyddiad:	**Dydd Mercher, 29 Ebrill 2015**
Amser:	**09.15 – 11.57**

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Gellir gwylio'r cyfarfod ar Senedd TV yn:
http://senedd.tv/cy/3008

Cofnodion Cryno:

Aelodau'r Cynulliad:	**David Rees AC (Cadeirydd)** **Alun Davies AC** **Janet Finch-Saunders AC** **John Griffiths AC** **Elin Jones AC** **Darren Millar AC** **Gwyn R Price AC** **Lindsay Whittle AC**
Tystion:	**Ruth Crowder, Cynghrair Ail-alluogi Cymru** **Jim Crowe, Grŵp Cyfeirio Anabledd** **Kieron Rees, Cynghrair Cynhalwyr Cymru** **Tim Ruscoe, Cynghrair Gofal a Lles Cymdeithasol Cymru** **Alun Thomas, Cynghrair Iechyd Meddwl Cymru** **Colin Angel, Cymdeithas Gofal Cartref y DU** **Melanie Minty, Fforwm Gofal Cymru** **Kelly Andrews, GMB** **Ruth Crowder, UNSAIN** **Mike Payne, GMB**
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Gareth Pembridge (Cynghorydd Cyfreithiol)
Stephen Boyce (Ymchwilydd)
Amy Clifton (Ymchwilydd)

Trawsgrifiad
Gweld trawsgrifiad o'r cyfarfod.

1 Cyflwyniad, ymddiheuriadau a dirprwyon

1.1 Cafwyd ymddiheuriadau gan Lynne Neagle a Kirsty Williams.

2 Ymchwiliad dilynol i farw-enedigaethau yng Nghymru: ystyried ymateb y Gweinidog

2.1 Trafodwyd ymateb y Gweinidog gan y Pwyllgor a chytunwyd i beidio â gwneud gwaith pellach ar hyn o bryd.

3 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): sesiwn dystiolaeth 6

3.1 Ymatebodd y tystion i gwestiynau'r Aelodau.

4 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): sesiwn dystiolaeth 7

4.1 Ymatebodd y tystion i gwestiynau'r Aelodau.
4.2 Cafwyd ymddiheuriadau gan Gymdeithas Gofal Cartref.

5 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): sesiwn dystiolaeth 8

5.1 Ymatebodd y tystion i gwestiynau'r Aelodau.

6 Papurau i'w nodi

6.1 Ymchwiliad i sylweddau seicoweithredol newydd: gohebiaeth gan y Swyddfa Gartref
6.1a Nododd y Pwyllgor yr ohebiaeth, a nododd y byddai adroddiad y Pwyllgor ar ei ymchwiliad i sylweddau seicoweithredol newydd yn cael ei drafod gan y Cynulliad Cenedlaethol ar 13 Mai 2015.

6.2 P-04-601 Gwaharddiad Arfaethedig ar Ddefnyddio e-sigaréts mewn Mannau Cyhoeddus: gohebiaeth gan y Pwyllgor Deisebau

6.2a Nododd y Pwyllgor yr ohebiaeth.

7 Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o weddill y cyfarfod

7.1 Derbyniwyd y cynnig.

8 Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru): trafod y dystiolaeth

8.1 Trafododd y Pwyllgor y dystiolaeth a ddaeth i law.

Note supplemental to evidence given 29.04.15 to the Health and Social Care Committee in their stage 1 scrutiny of the Regulation and Inspection of Social Care (Wales) Bill.

The Welsh Reablement, Wales Carers and Social Care and Wellbeing Alliances welcome the intent to set clear standards (S26) against which inspections will be undertaken. Whilst the Minister's intention is to ensure that well-being is reflected in the standards delivering that 'care', its omission in the overarching definition suggests it is not fundamental to care and support provided by regulated services compared to all care and support services as set out in the Social Services and Well-being (Wales) Act 2014. This is vital to ensure equitable and objective inspections which provide both a quality judgement and evidence to act where urgent action is needed. The alliances support that intention.

However, on that basis we are unsure what the definition of care is there to achieve. If it is solely to support section 26 it would seem superfluous and potentially distracting. If it is there for other purposes as well, we would continue to recommend that it be removed or altered and replaced with a definition which supports more explicitly the intent of the 2014 Act and which sets the context that care is provided in a dignified power balanced and respectful personal relationship. The definition needs to provide users with a real understanding of what care means and what they can expect. There should be a clear line of sight from standards to the definition.

6th May 2015
Ruth Crowder
Tim Ruscoe
Kieron Rees

Y Pwyllgor Deisebau
Petitions Committee

Cynulliad Cenedlaethol Cymru
National Assembly for Wales

David Rees
Chair of the Health and Social Care Committee
National Assembly for Wales
Tŷ Hywel
Cardiff Bay
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Our ref: P-04-603

23 April 2015

Dear

Petition: P-04 -603 Helping Babies Born at 22 Weeks to Survive

The Committee has been considering the following petition from Emma Jones, which has collected 2,579 signatures.

We call upon the National Assembly for Wales to urge the Welsh Government to:

- *change the guidelines so that babies born after 22 weeks and who show signs of life are given appropriate medical care; and*
- *In changing these guidelines ensure that they include a guarantee that a Paediatrician will review and weigh every baby born after 22 weeks who shows signs of life immediately after their birth so that parents and clinicians can make informed decisions based on the individual baby's chance of survival.*

I attach copies of correspondence that the Committee has received on this matter from the petitioner and from the Minister for Health and Social Services. As you will see the issue revolves around current guidelines, which suggest that babies born before 23 weeks should only receive medical care in exceptional circumstances. In the petitioner's case, her child was born breathing and alive and lived for over an hour and a half. The petitioner claims that despite the fact - and this does not seem to be in dispute - that her son Riley was alive, repeated

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requests for assistance and medical intervention were refused on the basis of the current guidelines.

You will note from the correspondence that the petitioner has now had the chance to meet senior Welsh Government medical advisers and with the Chief Executive and other staff from Cardiff and the Vale UHB. We understand that Ms Roberts has received an apology from the Health Board for the care she and her son Riley received. We have agreed to ask the Minister for Health and Social Services and the Local Health Board to provide an update on any work in hand to ensure that lessons are learned from this case for the future.

However, this case does appear to raise questions about the current guidance within which clinicians work and how that guidance is applied. As the Minister says in his most recent letter, whether medical assistance should be given to babies born alive and breathing before 23 weeks is both difficult and nuanced. He believes that these decisions are best made by clinicians in discussion with parents. We do not disagree with this as a general point. However, that is not to say that the current guidelines strike the right balance or that they should not be subject to public scrutiny to ensure that they remain appropriate.

The Petitions Committee would therefore like to ask your Committee to consider whether it should undertake a scrutiny inquiry into the guidelines on resuscitation and medical intervention for babies born prematurely before 23 weeks. While there is nothing to prevent the Petitions Committee from undertaking this work, the sensitivities involved and the expertise needed to look at this area are ones that seem more appropriate to the lead Scrutiny Committee for health matters. Given the far more limited time that we have available, it would also be unlikely that the Petitions Committee could devote the time necessary to do this sensitive matter the justice it deserves.

Please forward your response to the Clerking Team at:
SeneddPetitions@Assembly.Wales

Yours sincerely

William Powell

William Powell AC / AM
Cadeirydd / Chair

ENCs:

- Minister for Health and Social Services to Committee Chair - 3 November 2014
- Petitioner to Committee - 18 November 2014
- Minister for Health and Social Services to Committee Chair - 31 January November 2015
- Petitioner to Committee Chair - 11 February 2015
- Petitioner to Committee Chair - 25 February 2015

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MD/05424/14

William Powell AM
Assembly Member for Mid & West Wales
Chair Petitions Committee

Petitions@Wales.gov.uk

31 October 2014

Dear William.

Thank you for your letter of 15 October informing me of Emma Jones's petition in relation to the care of babies born after 22 weeks gestation.

As I am sure you are aware, the care of extremely preterm babies is extremely challenging and reviewed regularly as medical advances are made.

Health boards follow guidance from both the Royal College of Paediatrics and the British Association of Perinatal Medicine. Whilst the care of the mother and her baby will always need to be individualised, current guidance suggests that it would be considered in the best interests of the baby, and standard practice, for resuscitation not to be carried out. If the parents wish, they should have the opportunity to discuss outcomes with a second senior member of the perinatal team.

Best wishes,
Mark

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Correspondence.Mark.Drakeford @wales.gsi.gov.uk

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MD/05424/14

William Powell AC
Aelod Cynulliad Canolbarth a Gorllewin Cymru
Cadeirydd y Pwyllgor Deisebau

Petitions@Wales.gov.uk

31 Hydref 2014

Annwyl William,

Diolch am eich llythyr dyddiedig 15 Hydref yn fy hysbysu am ddeiseb Emma Jones mewn perthynas â gofal babanod sy'n cael eu geni ar ôl cyfnod beichiogrwydd o 22 wythnos.

Fel y gwyddoch mae'n siŵr, mae gofal babanod cynnar iawn yn fater heriol iawn sy'n cael ei adolygu'n rheolaidd wrth i feddygaeth symud ymlaen.

Mae byrddau iechyd yn dilyn cyfarwyddyd gan Coleg Brenhinol Pediatreg a Chymdeithas Meddygaeth Amenedigol Prydain. Er bod angen rhoi gofal unigol i'r fam a'i babi bob amser, mae'r cyfarwyddyd presennol yn awgrymu y byddai er budd gorau'r babi, ac yn arfer safonol, i beidio â dadebru. Os yw'r rhieni'n dymuno hynny, dylai fod cyfle iddynt drafod canlyniadau gydag ail uwch-aelod o'r tîm amenedigol.

Yn gywir,
Mark

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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P-04-603 Helping Babies Born Under 22 Weeks to Survive – Correspondence from the Petitioner to the Committee, 18.11.14

Hello,

I sent you an email which is my response. I would like its seen as important and taken into the committee meeting. I also write a response to the health ministers letter which iv underlined. Please take this as important also as i need resuscitation to be clearly understood, as the health minister havent looked into my petition properly as he has an opinion on something im not even asking for it the petition.

Thanks Emma jones

Emma Jones's statement for her petition being considered on Tuesday 25th November.

I will start by noting all the evidence and proof i have gained since starting my petition.

- babies born early should be given a chance to live, i am fighting for change so that babies born with any signs of life are given appropriate care and medical assistance if needed. I am not asking for resuscitation to be carried out, i am asking for assistance to a breathing living baby.
- Resuscitation is not what i am asking, a baby born with signs of life are alive not dead meaning resuscitation is not needing to be carried out.
- A baby is entitled to rights, there right to live. Any baby born and breathing must have help, not be left to die because he/she has been born early.
- There is enough medical help and treatment available to babies born so premature, every baby has the right to be given the chance.
- I know babies been premature can die, but i also know babies can survive. I have proof and success stories from parents who have been able to take their baby home after being born so early.
- It is LAW that each human has rights, when born and living in this world that individual has rights. A baby should never be left to die down to a guideline.
- Babies born before 24 weeks have been seen to do very well in the last 5 years, research and numbers have shown babies can survive and life normal lives when born so early.

- Some babies before 23 weeks have survived with no disabilities at all, other have survived but with minor/ severe difficulties. Unless the baby is given the chance no one will know that babies fate.

Personal experience

After suffering the loss of my first child at 22 weeks gestation, i learnt to cope and deal with my loss. My first son was still born and passed away during labour. Not once and would i ever had asked for resuscitation after my son had died. He was at rest and i would never had know what harm it would have done bringing him back. But, back in December 2012 i gave birth to my second son at the heath hospital wales. Not only was my son born breathing and alive, no one helped! he was said to be incompatible with life. As he was born just before 23 weeks. My son was alive and no assistance was offered even after begging and hoping for help. He was left to die because he was early, he live for 93 minutes with no help, breathed all on his own.

- Can anyone say if my son was helped he would not have survived for sure? NO
- Can any medical professional tell me that my sons death was uncontrollable? NO
- Could my son have lived? YES
- Will we ever know if he would be here today? NO

Many babies have died down to these guidelines being 24 weeks, at 22 weeks gestation a baby can near enough weigh the same or even more than a baby at 24 weeks. At 22 weeks a baby is strong enough to breath on its own for an amount of time, at 22 weeks babies have survived when been given the chance to live.

I am in contact with many parents who elsewhere have been lucky. There babies were chosen to be given the chance, their babies were lucky to have the medical staff that couldn't turn away this helpless little baby.

Lately, a number of stories have been coming out to the public on premature babies. Many families who have suffered a loss down to the guidelines have been speaking out, stories on a baby being helped before 23 weeks has been printed and shared. The numbers of babies surviving at such a low age have been rising and Wales are behind in the success of this.

Because they are not given the chance, i have documents and stories all available to share with you.

Documentaries have also been aired on premature babies, such as "miracle babies" a program behind small babies and how they get on. The number of babies in this series alone has struck the news and social media. In this one series alone 5 babies in total have survived and gone home to family. This is one of the best examples i can give you. This is proof smaller babies are surviving.

I am fighting for guidelines to change from 24 weeks gestation to 22 weeks gestation. I am fighting to change this knowing babies can survive at this age, but must be given the chance.

In response to the Health minister's letter

I am not sure you have looked into my petition properly, as stated on it title i am asking for help and assistance to be given to a baby born at or after 22 weeks if born with any signs of life. If a baby is born breathing it should not be left to die, as you stated resuscitation should not be carried out in the best interests of the baby. I fully agree with you that a baby who is dead should not be resuscitated. What i am asking is nothing to do with resuscitation and its guideline. I am asking for a living human being to have appropriate care and as much fight as possible to be kept alive.

This is as clear as i can be.

Please consider what i am asking in respect of parents and the babies being born into this world before their time.

We can be saving so many more, babies are dying for no reason.

Please look at what the people want, the parents and families who have to deal with losses that would have been prevented.

Thank you

Emma I jones

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-603
Ein cyf/Our ref MD/00088/15

William Powell AM
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31 January 2015

Dear William,

Thank you for your letter of 9 January regarding Emma Jones's petition in relation to the care of babies born after 22 weeks gestation.

This is of course a very sensitive issue, and I am not aware of all the details of Emma Jones's case, beyond those she has provided in her letters. I would like to clarify my earlier comments to explain that clinically speaking resuscitation describes the need to support breathing where a baby is unable to continue breathing unaided. The details provided suggest that her child was unable to continue breathing independently and would therefore have required resuscitation, and that is why I referred to resuscitation in my previous letter.

To expand on my letter of the 31 October, whilst the care of the mother and her baby will always need to be individualised, clinicians are guided in their judgements by current guidance, in this case that would be the British Association of Perinatal Medicine and the Nuffield Council Guidelines. These guidelines are based on extensive evidence and set out current best practice, and they are reviewed and updated to take account of improvements in clinical care. Both guidelines consider that resuscitation of babies below 23 weeks should only be carried out in exceptional circumstances.

An appointment has been offered for Emma to discuss these issues with the Welsh Government Professional Adviser for Maternal and Child Health, Dr Heather Payne, but no response to this offer has so far been received. This offer of course still stands and I would encourage Emma to take up this offer. Of course, the clinicians involved in the delivery of

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Emma's baby would be best placed to discuss the precise issues relating to that birth, and the decisions made subsequently.

In response to your enquiry on behalf of the committee, as to whether "medical assistance should be given to babies born alive and breathing", my view is that for babies born before 23 weeks of gestation the position is both difficult and nuanced. I consider that decisions need to be made by the clinicians involved, in discussion with the parents whilst taking account of the current best guidance practice.

Best wishes,

Mark

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

P-04-603 Helping Babies Born Under 22 Weeks to Survive - Correspondence from the Petitioner to the Chair, 11.02.15.

Chair of the Petitions Committee, William Powell

This is my response to the health minister Mark Drakeford's recent letter dated 31/01/15. I will start with saying I agree that this is a sensitive issue and this is the whole reason why I am asking for change. The guideline as it is set is not in the interest of the baby when the baby is born breathing, it is uncertain to say whether or not any baby born before 23 weeks will or will not survive but when it is born independently breathing it should be given the chance and not immediately left to die because of sadistic or seen as a percentage. There is no fact that that baby wouldn't survive, that baby could be the low percentage but no one will know until each baby is given that chance. If each baby born independently breathing at or after 22 weeks they should be seen as a full term baby, just because that baby has sadly been born early at no fault of its own does not mean it has any less right to be medically helped or have its rights taken away from them.

As the health minister has explained resuscitation is set on the guideline as to been seen by medical professionals as when a baby needs support to continue breathing, meaning the baby will need resuscitation to stay alive. If this is true then how long does a baby need to be independently breathing before given help? As the committee know the reason I began this petition was because of my personal loss, my son was born breathing at 22+3 days and breathing, he breathed independently for 83 minutes with no help. We were told he couldn't have any help because of his gestation, the fact that he was breathing was of no interest to them. No higher medical staffs were called apart from the midwives on that ward, no one came and discussed any options or the outcome with me. The midwives just referred to the guideline as it was set in stone.

What are exceptional circumstances? When is a baby seen as valuable enough to be helped? How long before help is given after a baby is born and struggling to stay alive. My son lasted 83 minutes but he was not seen as an exceptional circumstance for even the paediatricians to come down before he finally gave up!
As the minister states in his letter each mother and baby needs to be individualised. This is not the action taken in these hospitals, I was not individualised and neither was my son.

He says the situation will always need to be individualised by clinicians; they should be guided by current guidance. They are not seeing this guideline as guiding them but as a set guideline, they are not using it to make a decision for a baby but as that's how it is and that's it attitude. I know this from not only my own experience in he hospital but from parents contacting me with their stories on how their baby was treated and left to die. Since starting this petition I have been contacted various ways by families who have lost their baby from not being helped after being born before 23 weeks but breathing independently. I have all these saved and have the support of families for this petition. What is going on? How can all these babies before 23 weeks be left to die because of its age. If the baby is fighting for a chance the baby should be given help each time, it is that babies decision whether or not It'll live not the midwives at that time of labour.

It is frustrating to hear the health minister say the guideline does include 'exceptional circumstances' what do these babies born breathing have to do to be an exceptional circumstance. What qualifies the baby chosen to be helped, to be given the chance that each baby should have. It is as if the guideline is a lucky baby guideline, one lucky baby gets chosen to be given help. My son was not even looked at, so how do we know he wasn't that baby who'd survive out of your percentage! Babies no matter how small should never be seen as a percentage.

For us parents who have suffered the loss of a premature baby in the hands of medical staff are taking a stand and I will not let other parents go through this in the future, our son like many others should not be seen as a possible death but as hope and hope that that baby survives. Until each baby is given that chance is born with signs of life we will not know which baby will pull through or which baby will sadly die but each needs the help to have that chance to be the baby that survives. Leaving a baby breathing to die is not in the best interest of the baby or the mother, the baby fights till the end and is given no hope and the mother will always wish the medical staff there that day helped her baby and why there baby wasn't chosen to be saved. I will be fighting for each baby to be that one baby given the chance of hope and medical assistance he/she needs. Leaving a baby to die is murder and there is no other word the letting a baby day other than that.

Emma Jones

Emma Jones
21 dew crescent
Careau
Cardiff CF55PB

25/02/15
Petition Committee

Following the meeting on 24/2/15 the committee asked for an update on my meeting with Dr. Heather Payne on the 18/2/15. The meeting went well I expressed my own personal situation to Dr. Payne as well as other mothers who have had the same circumstances, which I am in contact with. I showed Mrs. Payne my evidence I have gathered and why I believe the guideline should be changed, she explained that she did not ask for me to meet her regarding changing the guideline as she is unable to do that herself but that is why there is need for the petition. What she wanted to meet me for was to set changes now, while I am fighting the guideline, she wanted to know what we could set in place for situations like my own for other mothers who will have premature babies and a percentage of them will have a baby born breathing before 23 weeks. I expressed my concerns to her about the poor care being received, that the guideline is not being used correctly and only being seen as a set guideline. I showed Mrs. Payne my solicitor files and the investigation report from the health board at heath hospital, she also received a copy of this for her own reading. It was to my understanding agreed that she would go back to meet her colleagues and express my personal case, for them to make arrangements and support for the future situations like my own. Mrs. Payne agreed to keep me informed on what they come with and what they can do, she will then ask my opinion and for me to meet her again to set something in place. I am waiting on contact from her in the meantime I have met chief executive Mr. Adam Caines at his office in headquarters, along with 4 hospital members such as a lead midwife, a doctor from neonatal, premature unit nurse and head of care and social. After a 90 minute meeting we discussed what to do, what can be changed for the care of premature babies born early and breathing. Again, Mr. Caines expressed he could not change the guideline right there and then but that the petition will focus on what I want to change with gestation but with him I could change something's anyway, to start off I was given an official apology on behalf on the health board for the care myself and riley received. This was appreciated and I am pleased to see they understand what happened was wrong. In owning up to this they want to set procedures in place for woman in my position from now on, they want me to help them with this as they said with me being through this I can help midwives understand and see the feels from a mum who has been through a premature loss. To make the midwives prepared for this situation and how they'd deal with it, rather than just go by the guideline as its set but with procedures being made so they contact a head medical professional to see the baby and mother, to go through the possible outcomes with the parents. Over all they asked if I was happy to help the health board with procedures to be set in place and to give my opinion and ideas on these new procedure ideas. This was all recorded on tape and I will be sent my own copy next week.

I feel some success have come from these meeting for the time being and for the care of a baby and mother but I am still not receiving any offer of change in guidelines gestation, I need a procedure for babies born breathing to be given the chance of survival, for medical assistance to be given if after reviewed and agreed with parents

for the baby to be given a chance, the options have to be given firstly and after checking the babies condition and what the possible outcomes can there be medical assistance to try and save that baby and to prepare the parents for the journey ahead once resuscitation is given. (Resuscitation meaning help to continue breathing)
I would like further information on the next steps for the petition and what we will do for the gestation age to be reduced to 22 weeks or an underlined guideline to be placed for when babies are breathing on 23 weeks and what actions should be taken when this occurs. I am happy to meet with Dr Heather. Payne as well as Mr. Adam Caines to take up their offers for procedures to be put in place, but I still need the guidelines to be changed or information to be added for babies after 22 weeks. I still stand by what I asked from the beginning and that is for each baby to born with signs of life to be given appropriate care and to be seen as an human being needing to be saved.

Emma Jones

Vaughan Gething AC / AM
Y Dirprwy Weinidog Iechyd
Deputy Minister for Health

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref : SF/VG/1251/15

6 Mai 2015

David Rees AC
Cadeirydd, y Pwyllgor Iechyd a Gofal Cymdeithasol

Annwyl David,

Y Pwyllgor Iechyd a Gofal Cymdeithasol: Ymchwiliad i berfformiad y gwasanaeth ambiwlans yng Nghymru

Diolch am eich llythyr dyddiedig 31 Mawrth lle rydych yn rhoi manylion am ymchwiliad y Pwyllgor i berfformiad Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru (WAST).

Rwy'n croesawu canfyddiadau'r Pwyllgor a'r gydnabyddiaeth a roddir i'r cynnydd a wnaed gan yr holl randdeiliaid ers i *Adolygiad Strategol o Wasanaethau Ambiwlans Cymru* McClelland (2013) gael ei gyhoeddi. Rwyf hefyd yn cydnabod bod mwy o waith i'w wneud i adeiladu ar y cynnydd cynnar, a chyflymu'r broses o wneud gwasanaethau ambiwlans brys yn rhan allweddol o'r elfen cyn-ysbyty o'r system gofal heb ei drefnu.

Nid yw amseroedd ymateb ambiwlansys wedi bod cystal ag y byddai'r byrddau iechyd, Cyd-bwyllgor Gwasanaethau Ambiwlans Brys (EASC), WAST, Llywodraeth Cymru a'r cyhoedd, am iddo fod, dros y misoedd diwethaf. Fodd bynnag, dylid edrych ar y perfformiad yn erbyn y targed amser ymateb cenedlaethol o wyth munud dros gyfnod diweddar y gaeaf yng nghyd-destun pwysau sylweddol ar y gwasanaeth ambiwlans brys yn arwain at gynnydd o 24% yn y galwadau mwyaf difrifol o gymharu â mis Ionawr 2014.

Mae'r gwelliannau ym mherfformiad categori A a Coch 1 ar lefel genedlaethol ers mis Rhagfyr wedi fy nghalonogi, ond rwy'n cydnabod bod gwahaniaethau annerbyniol o hyd ar lefel leol. Rwy'n nodi pryderon y pwyllgor am gyflymdra'r gwelliannau mewn amseroedd ymateb, ond dylid cydnabod, ac mae wedi cael ei dderbyn yn eang, nad yw mwyafrif y galwadau i'r gwasanaeth ambiwlans angen cael ymateb mewn wyth munud. Dylai ansawdd y gofal i gleifion ar sail eu hangen clinigol fod yn ffactor allweddol bob tro.

Yn hyn o beth, mae'r gwaith moderneiddio clinigol i wasanaethau ambiwlans brys er mwyn gwella'r ffordd y caiff gofal ei ddarparu wedi bod yn elfen allweddol o raglen drawsnewid strategol WAST sy'n llunio ymateb yr Ymddiriedolaeth i adolygiad McClelland. Mae wedi arwain at ddatblygu nifer o fentrau arloesol, fel y 'ddesg glinigol' mewn canolfannau rheoli

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ambiwlansys, sy'n helpu i sicrhau bod cleifion yn cael yr ymateb iawn wrth gysylltu â'r gwasanaeth ambiwlans gan gynnwys cyngor am ofal iechyd a mynediad at ystod o wasanaethau gofal amgen.

Rwy'n croesawu eich sylwadau am y gwaith pwysig sy'n cael ei wneud gan randdeiliaid i sicrhau atebolrwydd cliriach drwy sefydlu EASC a rôl prif gomisiynydd y gwasanaethau ambiwlans. Bydd Llywodraeth Cymru yn parhau i fonitro cynnydd yn agos ac yn gweithio gyda'r Athro McClelland, Stephen Harrhy a WAST i sicrhau bod gwasanaethau ambiwlans brys clinigol prydlon a theg, sy'n perfformio'n dda yn cael eu darparu i bobl Cymru.

Rwyf am droi at y casgliadau a wnaed gan y pwyllgor, ac er hwylustod, fe ymatebaf iddynt yn eu trefn.

Casgliad 1

Rhaid i'r Pwyllgor Gwasanaethau Ambiwlans Brys, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru a'r byrddau iechyd lleol weithio gyda'i gilydd ar frys i wella amseroedd ymateb ambiwlansys brys a gwella canlyniadau i gleifion.

Rhaid i'r mesurau perfformiad fod yn briodol yn glinigol gan roi digon o ystyriaeth i ganlyniadau cleifion. Felly, dylai'r gwaith mae'r Gweinidog Iechyd a Gwasanaethau Cymdeithasol wedi'i gyhoeddi ynghylch adolygu'r mesurau ymateb ambiwlansys ddigwydd yn gyflym, o dan arweiniad clinigol, wedi'i lywio gan arfer gorau ac wedi'i gynllunio i alluogi meincnodi ar draws y DU.

Derbyn

Roedd hwn yn argymhelliad clir yn Adolygiad McClelland, ac rwy'n croesawu'r ffaith fod y pwyllgor yn cefnogi adolygu targedau amser ymateb ambiwlansys. Mae'r targed presennol o wyth munud yn seiliedig ar ddata o astudiaethau a gyhoeddwyd mwy na 40 mlynedd yn ôl a oedd yn canolbwyntio ar drin achosion o ataliadau ar y galon y tu allan i'r ysbyty yn unig. Mae'n bwysig nodi nad oedd yr astudiaethau'n ystyried mathau eraill o gyflyrau brys cyn-ysbyty, ac nid oes llawer o ymchwil empiraidd ar gael ar yr amseroedd ymateb i unrhyw fath arall o alwadau brys. Roedd yn arbennig o galonogol gweld cefnogaeth y pwyllgor i sicrhau bod cleifion yn derbyn gwasanaethau sy'n briodol i'w hangen sy'n cyd-fynd yn uniongyrchol ag egwyddorion gofal iechyd darbodus. Dylai hyn fod yn sbardun allweddol mewn ymatebion clinigol brys.

Mae'n bwysig ein bod yn parhau i ddatblygu perfformiad clinigol a chanlyniadau i gleifion fel y prif safonau ar gyfer asesu perfformiad gwasanaethau ambiwlans brys i fodloni disgwyliadau'r cyhoedd o ran bod yn atebol ac yn dryloyw.

Casgliad 2

I gynnal momentwm ac i weithio tuag at ddull system gyfan ar gyfer gofal heb ei drefnu, rhaid i bob bwrdd iechyd fod wedi ymgysylltu'n llawn â gwaith Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru drwy waith y Pwyllgor Gwasanaethau Ambiwlans Brys yn genedlaethol, ac yn uniongyrchol gyda'r Ymddiriedolaeth yn lleol.

Rhaid i fyrddau iechyd ystyried yr effaith ar Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru wrth ddatblygu gwasanaethau newydd neu ystyried gwneud newidiadau i wasanaethau presennol. Rhaid i fyrddau iechyd hefyd sicrhau bod

Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru yn rhan o'r trafodaethau yn ddigon cynnar er mwyn galluogi rhoi ystyriaeth briodol i'r effaith ar ei wasanaethau.

Derbyn

Mae cynnydd sylweddol wedi'i wneud o ran y lefel o gyfrifoldeb ar gyfer gwasanaethau ambiwlans brys ar lefel leol ymysg byrddau iechyd. Mae hyn yn ganolog i gynnwys y gwasanaethau ambiwlans yn y system gofal heb ei drefnu. Mae'r cytundeb gynnar hwn ar gyllideb WAST ar gyfer 2015/16 yn dystiolaeth glir o'r cynnydd yn y maes hwn, ac mae'n cynrychioli newid sylweddol yn y cydweithio rhwng byrddau iechyd a'r Ymddiriedolaeth.

Mae fframwaith ansawdd a chyflawni comisiynu cydweithredol cenedlaethol y gwasanaeth ambiwlans yn ysgogi atebolrwydd a chyfrifoldeb ymhlith byrddau iechyd drwy amrywiaeth o gamau. Mae hyn yn cynnwys y gofyniad i bob bwrdd iechyd enwebu 'Hyrwyddwr' y Gwasanaeth Ambiwlans Brys i fod yn bwynt cyswllt i'w sefydliad er mwyn sicrhau bod y fframwaith yn rhedeg yn llwyddiannus ac yn parhau i ddatblygu. Mae grŵp cyflawni perfformiad cydweithredol sy'n adrodd yn uniongyrchol i EASC wedi cael ei sefydlu a bydd yn ystyried ac yn cynghori ar y materion rheoli a pherfformio. Bydd hyn yn cynnwys prif swyddogion gweithredu o bob bwrdd iechyd a chaiff ei gadeirio gan y Prif Gomisiynydd Gwasanaethau Ambiwlans.

Mae cadeiryddion ac aelodau annibynnol byrddau iechyd yn cael diweddariadau ac adroddiadau cynnydd rheolaidd gan eu cyfarwyddwyr gweithredol eu hunain, a byddant yn gwahodd WAST i fynychu cyfarfodydd y byrddau neu is-bwyllgorau. Bydd cadeirydd EASC a phrif gomisiynydd y gwasanaethau ambiwlans yn mynychu pob cyfarfod o'r bwrdd iechyd o leiaf unwaith y flwyddyn.

Bydd y fframwaith, sy'n cynnwys nifer o fesurau ar y cyd, hefyd yn galluogi WAST a byrddau iechyd i ddangos sut y byddant yn cefnogi gwelliannau i amseroedd ymateb ambiwlansys ac ansawdd y ddarpariaeth yn eu cynlluniau integredig tymor canol.

Rwyf wedi cael sicrwydd ffurfiol gan Dr CDV Jones, cadeirydd Bwrdd Iechyd Prifysgol Cwm Taf bod pob bwrdd iechyd wedi ymrwymo i gyflawni'r amcan hwn. Gan ystyried argymhelliad y pwyllgor, byddaf yn ceisio sicrwydd pellach gan gadeiryddion byrddau iechyd bod y momentwm hyd yma wedi'u fabwysiadu ar bob lefel. Byddaf hefyd yn ceisio sicrwydd gan bob bwrdd iechyd bod eu prosesau ar gyfer sicrhau bod yr holl randdeiliaid perthnasol, gan gynnwys WAST, yn cymryd rhan mewn trafodaethau am gynigion i newid gwasanaethau yn gynnar.

Casgliad 3

Rhaid dod i gytundeb rhwng Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru, undebau llafur a staff cyn gynted â phosibl o ran yr amserlenni staff diwygiedig ar gyfer y rhannau hynny o Gymru lle nad oes trefniadau diwygiedig ar waith eto.

Rhaid i Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru, gan weithio mewn partneriaeth gydag undebau llafur a'r staff, roi trefniadau ar waith i adolygu'r amserlenni staff ar gyfnodau priodol i osgoi diffyg cyfateb yn y dyfodol rhwng staffio a galw disgwyliedig.

Derbyn

Mae sicrhau bod capasiti staff y rheng y flaen i gyd-fynd â'r lefelau galw disgwyliedig yn ganolog i wella amseroedd ymateb ambiwlansys. Mae trefniadau newydd ar waith yn ardal

Caerdydd a'r Fro, ac mae disgwyl i'r trefniadau diwygiedig gael eu rhoi ar waith yn ardaloedd byrddau iechyd Cwm Taf ac Aneurin Bevan erbyn diwedd mis Mai.

Mae trafodaethau'n mynd rhagddynt mewn perthynas ag amserlenni staff yn ardaloedd Abertawe Bro Morgannwg, Betsi Cadwaladr, Hywel Dda a Phowys. Mae'r fframwaith ansawdd a chyflawni yn ei gwneud yn ofynnol i WAST beidio â bod mor ddibynnol ar staff yn gweithio oriau ychwanegol, a bydd hyn yn ei hun yn sbardun i sicrhau bod amserlenni cadarn yn eu lle ar gyfer staff y rheng flaen a'r ganolfan cyswllt clinigol. Buddsoddodd EASC £7.5m i helpu i recriwtio staff ychwanegol sy'n helpu i hwyluso'r amserlenni diwygiedig.

Mae prif gomisiynydd y gwasanaethau ambiwlans wedi comisiynu datblygu offeryn 'galw a gallu' gan Brifysgol Caerdydd, mewn cydweithrediad ag uned modelau gwelliant parhaus bwrdd iechyd Aneurin Bevan. Bydd hyn yn helpu i ragweld y galw a deall ble i roi adnoddau rheng flaen yn ystod cyfnodau o alw uchel ac isel a ragwelir mewn gweithgarwch i gefnogi defnydd effeithlon.

Bydd y Comisiynydd yn parhau i fonitro'r sefyllfa'n agos a sicrhau bod amserlenni staff yn cael eu hadolygu'n rheolaidd.

Casgliad 4

Rhaid i Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru flaenoriaethu darparu gwasanaethau ambiwlans brys. Mae angen gwneud gwaith i ddod o hyd i fecanweithiau priodol ar gyfer darparu gwasanaethau cludo cleifion nad ydynt yn achosion brys, er mwyn dadgyfuno'r gwasanaethau hynny oddi wrth yr Ymddiriedolaeth yn unol ag argymhelliad 2 Adolygiad McClelland. Rhaid i'r Ymddiriedolaeth gael cynllun clir ar gyfer dadgyfuno'r ddau wasanaeth, gan nodi'r costau a'r amserlen. Mae'r Pwyllgor yn disgwyl cael diweddariad ar y cynllun hwn cyn gwneud y gwaith dilynol ar yr ymchwiliad hwn yn ddiweddarach eleni.

Derbyn

Mewn ymateb i'r argymhellion a amlinellwyd yn Adolygiad McClelland, bydd y GIG yng Nghymru yn cyflwyno cynlluniau i foderneiddio'r ddarpariaeth o wasanaethau gofal cleifion.

Mae cam cyntaf yr agenda moderneiddio wedi cynnwys trosglwyddo gwasanaethau cludwyr iechyd o WAST i Bartneriaeth Cydwasanaethau'r GIG. Mae'r broses drosglwyddo wedi bod yn llwyddiannus a dechreuodd y gwasanaeth newydd ar 1 Ebrill 2015. Roedd gwaith caled pawb a oedd yn rhan o'r broses fanwl o drefnu'r trosglwyddiad wedi sicrhau na amharwyd o gwbl ar y gwasanaeth.

Mae trosglwyddo unrhyw fath o drafnidiaeth i gleifion nad ydynt yn achosion brys o WAST yn fwy cymhleth. Rydym am wneud yn siŵr nad yw unrhyw newidiadau arfaethedig yn ansefydlogi'r ddarpariaeth o wasanaethau ambiwlans brys, nac yn eu rhoi yn y fantol. Yn hyn o beth, mae Llywodraeth Cymru yn gweithio'n agos gyda GIG Cymru a WAST ar gynlluniau i foderneiddio trafnidiaeth i gleifion nad ydynt yn achosion brys.

Mae bwrdd y prosiect yn ystyried nifer o opsiynau ar gyfer moderneiddio trafnidiaeth i gleifion nad ydynt yn achosion brys. Fel rhan o'r gwaith hwn, rwyf wedi egluro fy mod yn disgwyl i'r bwrdd ystyried ffyrdd o weithio mewn partneriaeth gydag awdurdodau lleol a

darparwyr eraill i wella effeithlonrwydd ar draws y sector cyhoeddus, gan gynnwys trafnidiaeth gyhoeddus.

Casgliad 5

Rhaid i'r Pwyllgor Gwasanaethau Ambiwlans Brys, Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru a'r byrddau iechyd lleol weithio gyda'i gilydd i leihau nifer yr oriau coll o ganlyniad i oedi wrth drosglwyddo cleifion. Rhaid gweithredu'r polisi trosglwyddo newydd yn gyson ledled Cymru, a rhaid datrys unrhyw faterion a gaiff eu nodi yn ymweliadau dilynol y prif weithredwr ac arweinydd ar ofal heb ei drefnu yn gyflym.

Derbyn

Mae oedi hir wrth drosglwyddo cleifion yn hollol annerbyniol.

Mae canllawiau cenedlaethol ysbytai ar drosglwyddo cleifion yn ddatganiad clir o fwriad sy'n ei gwneud yn ofynnol i fyrddau iechyd gymryd cyfrifoldeb am sicrhau bod cleifion yn cael eu trosglwyddo'n ddiogel i dimau'r ysbyty o fewn 15 munud. Mae'r canllawiau'n nodi 10 cam allweddol i fyrddau iechyd ac ymddiriedolaethau eu cynnwys yn eu protocolau presennol i sicrhau bod cleifion yn cael eu trosglwyddo'n brydlon. Ymddengys bod y cyfnodau oedi yn dechrau lleihau yn y mwyafrif o adrannau brys. Mae'r wybodaeth ddiweddaraf ar gyfer mis Mawrth yn dangos bod gostyngiad o 23% wedi bod yn nifer y cleifion sy'n aros am dros awr i gael eu trosglwyddo, ers mis Rhagfyr 2014.

Casgliad 6

Dylai Prif Gomisiynydd y Gwasanaethau Ambiwlans, y Pwyllgor Gwasanaethau Ambiwlans Brys ac Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru fynd i'r afael ar frys gyda'r broblem o ambiwlansys yn cael eu tynnu i ffwrdd o'u hardaloedd. Wrth wneud hynny, dylent geisio canfod arfer gorau ledled y DU a dysgu ohono. Dylid blaenoriaethu archwilio'r cynllun peilot 'dychwelyd at ôl-troed' ar sail ehangach a'i werthuso.

Derbyn

Rydym yn disgwyl darpariaeth gwasanaeth ambiwlans brys mor deg â phosibl i bawb yng Nghymru, waeth ble maent yn byw, gyda'r lefelau gofynnol o staff rheng flaen i helpu i ymateb yn effeithiol ac yn amserol bob tro. Rydym hefyd yn disgwyl i'r adnodd clinigol iawn gael ei anfon gan WAST yn seiliedig ar angen y claf.

Gall y targed presennol o wyth munud ysgogi ymddygiad gwrthnysig wrth i sawl criw ac ambiwlans gael eu hanfon er mwyn cyrraedd y targed hwn. Mae gwella'r ffordd y mae adnoddau brys yn cael eu defnyddio i gyflawni'r canlyniad gorau posibl i gleifion yn rhan o gynlluniau y gwasanaeth ar gyfer moderneiddio clinigol.

Mae cynllun peilot 'dychwelyd at ôl-troed' yn mynd rhagddo yn ardal Bwrdd Iechyd Prifysgol Cwm Taf, sydd wedi arwain at gynnydd mewn amseroedd ymateb sy'n cyd-fynd â dechrau'r cyfnod treialu. Mae prif gomisiynydd y gwasanaethau ambiwlans wedi sefydlu panel gwelliannau a sicrhau ansawdd sy'n adrodd i EASC a bydd yn adolygu ac yn gwerthuso mentrau gwella gwasanaethau fel y cynllun peilot yng Nghwm Taf. Mae aelodau'r panel yn cynnwys uwch-arweinwyr clinigol ac academyddion amlwg.

Casgliad 7

Wrth ddarparu gofal heb ei drefnu, rhaid i fyrddau iechyd ac Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru ystyried anghenion unigol y claf. Rhaid i fyrddau iechyd ac Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru sicrhau bod asesiadau, gofal a thriniaeth yn cael eu darparu mewn ffyrdd sy'n diwallu anghenion unigol y claf, ac yn eu helpu i gyflawni'r canlyniad gorau posibl iddynt. Dylai hyn gynnwys defnydd priodol o asesu, gofal a thriniaeth wedi'u darparu yn y gymuned, yn ogystal â darpariaeth mewn ysbyty.

Derbyn

Rwy'n croesawu casgliad y Pwyllgor bod angen gwneud mwy ar y cyd i drin cleifion mor agos i'r cartref â phosibl, gan ganolbwyntio ar anghenion unigol cleifion i osgoi gorfod cael eu cludo yn ddiangen gan ambiwlans brys i'r ysbyty. Rydym wedi cyhoeddi ein cynllun cenedlaethol ar gyfer gwasanaethau gofal sylfaenol i Gymru i helpu i ysgogi hyn.

Yn seiliedig ar egwyddorion gofal iechyd darbodus a'r rheini yn y cynllun gofal sylfaenol, mae'r llwybr gofal cleifion ambiwlans pum cam yn y fframwaith ansawdd a chyflawni yn disgrifio disgwyliadau EASC am sut y dylai'r gwasanaeth ambiwlans ddarparu gwasanaethau i bobl Cymru. Mae disgwyl i WAST fodloni cyfres o ofynion craidd, mesurau ansawdd a dangosyddion clinigol a ddisgrifir o dan pob un o'r pum cam.
Mae'r llwybr gofal cleifion ambiwlans pum cam yn amlinellu'n glir bod gwasanaeth ambiwlans brys WAST yn wasanaeth clinigol o fewn y system gofal iechyd integredig ehangach yng Nghymru, ac mae'n rhan o ddull aml-asiantaethol, cydweithredol rhwng byrddau iechyd a WAST i ddatblygu gwasanaethau clinigol cyn-ysbyty, sy'n perfformio'n dda. Ei ddiben yw sicrhau bod cleifion yn cael y gofal iawn ar yr amser iawn gan y clinigwr iawn i sicrhau'r canlyniad gorau i bob claf.

Mae llawer wedi cael ei wneud fel rhan o'r gwaith moderneiddio clinigol i'r gwasanaethau ambiwlans brys i wella'r broses o asesu cleifion yn y gymuned drwy ddatblygu nifer o fentrau a dulliau. Mae ymgynghorwyr adrannau brys a pharafeddygon yn brysbennu galwadau y gellid ymdrin â nhw yn well yn nes at y cartref o bosibl. Ochr yn ochr â hyn, mae'r *Manchester Triage System* wedi cael ei chyflwyno i ganolfannau cyswllt clinigol i wneud asesiad clinigol gwell o gleifion. Mae WAST hefyd wedi gweithredu offeryn Braenaru Parafeddygon. Mae hyn galluogi amrywiaeth o brosesau brysbennu seiliedig ar dystiolaeth sy'n ddiogel, cyson ac yn glinigol ddiogel i gael eu defnyddio, sy'n galluogi parafeddygon i gynnal asesiadau cywir wyneb yn wyneb o anghenion gofal claf unigol, pan maent yn cyrraedd y lle, gan eu galluogi i gyfeirio at leoliadau gofal iechyd eraill yn y gymuned lle mae'n briodol.

Mae modd trin cleifion sydd wedi dod dros bwl o epilepsi neu hypoglycaemia, neu gleifion sydd wedi cwympo drwy WAST ym mhob ardal bwrdd iechyd, lle mae miloedd o gleifion yn cael eu cyfeirio yn ddiogel at leoliad gofal iechyd priodol ar wahân i ysbyty.

Mae'r rhain, a mentrau tebyg, wedi arwain at gyfraddau WAST ar gyfer cleifion na chafodd eu cludo gan ambiwlans sydd bellach ymhlith yr uchaf yn y DU, gan gadw capasiti gofal brys gwerthfawr i ymateb i gleifion sydd ag angen clinigol am ymateb cyflym, ac ysgafnhau pwysau ar Adrannau Brys.

Casgliad 8

Rhaid i wasanaethau ambiwlans yn y tymor canolig a'r tymor hwy berfformio'n dda gan gyd-fynd â'r galw. Felly, dylai byrddau iechyd, y Pwyllgor Gwasanaethau Ambiwlans Brys ac Ymddiriedolaeth GIG Gwasanaethau Ambiwlans Cymru wneud gwaith blaengynllunio cadarn ac effeithiol sy'n ystyried newidiadau demograffig a ragwelir.

Derbyn

Rwy'n croesawu casgliad y pwyllgor bod cael strategaeth recriwtio effeithiol a chynlluniau cadarn ar gyfer y capasiti sydd ei angen i fodloni'r galw a ragwelir, yn hanfodol ar gyfer gwasanaeth ambiwlans brys sy'n perfformio'n dda. Mae cynllunio ar gyfer y tymor canolig a'r tymor hwy yn hanfodol er mwyn cyflawni hyn.

Mae disgwyl i WAST ddarparu cynllun tymor canolig integredig y mae'n rhaid iddo ystyried newid demograffig, datblygiadau yn y gwasanaeth, anghydraddoldebau iechyd, anghenion gofal sylfaenol ynghyd â gofynion clinigol penodol fel iechyd meddwl ac ystyriaethau iechyd mamolaeth a phlant. Mae'r cynlluniau hyn yn amlinellu bwriad sefydliadau, eu blaenoriaethau a'r ddarpariaeth ddisgwyliedig ar gyfer y tair blynedd nesaf. Mae Llywodraeth Cymru yn defnyddio'r cynlluniau hyn i lywio trafodaethau am ansawdd a rheoli perfformiad drwy gydol y flwyddyn.

Yn gywir

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Deputy Minister for Health

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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Gwasanaethau

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref SF/MD/1129/15

David Rees AC
Cadeirydd
Y Pwyllgor Iechyd a Gofal Cymdeithasol

6 Mai 2015

Annwyl David,

Diolch ichi am eich llythyr 2 Ebrill yn gofyn cyfres o gwestiynau yn sgil fy mhresenoldeb yn sesiwn gyffredinol a chraffu ariannol y Pwyllgor. Atebaf bob un yn ei dro.

Darparu gwybodaeth ystadegol gefndir am nifer yr unigolion yng Nghymru sydd â salwch cronig a'r nifer sy'n cael triniaethau

Mae'r mesur o nifer yr unigolion sydd â chlefyd cronig yn cael ei benderfynu gan y categorïau o glefydau a gynhwysir a'r dull asesu. Mae'r ffynonellau'n cynnwys data a adroddir gan yr unigolyn, cofrestri clefydau cronig Ymarferwyr Cyffredinol ac amcangyfrifon ymchwil. Mae'r gyfran o'r boblogaeth y mae salwch cronig yn effeithio arni yn cael ei phennu gan i ba raddau y mae un neu ragor o gyflyrau'n cydfodoli mewn cleifion unigol.

Data a adroddir gan yr unigolyn - Arolwg Iechyd Cymru (2013)

Dywedodd 33% o oedolion fod eu gweithgareddau o ddydd i ddydd yn gyfyngedig oherwydd problem iechyd/anabledd sy'n para (neu y disgwylir iddo bara) o leiaf 12 mis, gan gynnwys 16% a oedd yn dra chyfyngedig.

Dywedodd yr ymatebwyr i'r arolwg fod:

14% o oedolion yn cael eu trin ar hyn o bryd am glefyd anadlol**;**
12% am salwch meddwl**;**
8% am gyflwr y galon**;**
20% am bwysedd gwaed uchel**;**
7% am diabetes; a,
12% am arthritis.

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Cofrestri clefydau cronig Ymarferwyr Cyffredinol

Mae'r Fframwaith Ansawdd a Chanlyniadau (QOF) yn gwobrwyo Practisau Ymarferwyr Cyffredinol am ddarparu gofal cyson yn seiliedig ar dystiolaeth. Mae gan gofrestri clefydau QOF rôl o bwys wrth ddiffinio'r boblogaeth y mae'r prif glefydau cronig yn effeithio arni fel y gellir mesur i ba raddau y mae arferion a seilir ar dystiolaeth yn cael eu cymhwyso.

Mae nifer yr achosion a gofnodwyd ar gyfer 2013/14 yng nghofrestri clefydau Practisau Ymarferwyr Cyffredinol yn cynnwys:

219,238 (6.9%) o gleifion o unrhyw oedran ag asthma**;**
68,419 (2.2%) o gleifion â chlefyd cronig rhwystrol yr ysgyfaint (COPD)**;**
158,354 (5.0%) o gleifion 18 oed a throsodd sydd â diagnosis newydd o iselder**;**
122,688 (3.9%) o gleifion o unrhyw oedran â chlefyd coronaidd y galon (CHD)**;**
60,348 (1.9%) â ffibriliad atrïaidd**;** a,
177,212 (5.6%) o gleifion 17 oed neu drosodd â diabetes.

Cyfraddau amlder yr achosion o glefydau a hysbyswyd 2013/14

Mae cyfanswm mesurau o amlder cyflyrau cronig yn cael ei chwyddo gan fod ffactorau risg megis pwysedd gwaed uchel yn cael eu cynnwys. Nid clefyd cronig mo hwn, ond gellir ei reoli trwy newid ymddygiadol neu driniaeth feddygol i leihau'r risg o gyflyrau megis strôc neu glefyd cardiofasgwlaidd.

Yng Nghymru**,** nifer yr achosion a gofnodwyd o bwysedd gwaed uchel yw 493,103 (15.6%).

Roedd cofrestr Arthritis Gwynegol QOF am 2013-14 yn cynnwys 21,346 (0.7%) o gleifion 16 oed a throsodd.

Gan fod modd i gleifion gael eu cynnwys ar fwy nag un gofrestr glefydau, mae cyfanswm yr holl gofrestri'n fwy na'r boblogaeth y mae cyflyrau cronig yn effeithio arni.

Y boblogaeth y mae salwch cronig yn effeithio arni

Mae i ba raddau y mae mwy nag un cyflwr (afiachusrwydd lluosog) yn effeithio ar unigolion yn dylanwadu ar gyfanswm y gyfran o'r boblogaeth y mae cyflyrau cronig yn effeithio arni.

Mae amlder cyffredinol afiachusrwydd lluosog, a ddiffinnir fel presenoldeb un neu ragor o gyflyrau, wedi cael ei amcangyfrif yn 27.1% yn achos dynion a 33.3% yn achos menywod.

Mae cysylltiad cryf rhwng afiachusrwydd lluosog a gordewdra ac mae'n fwy cyffredin ymhlith poblogaethau amddifad.

Crynodeb

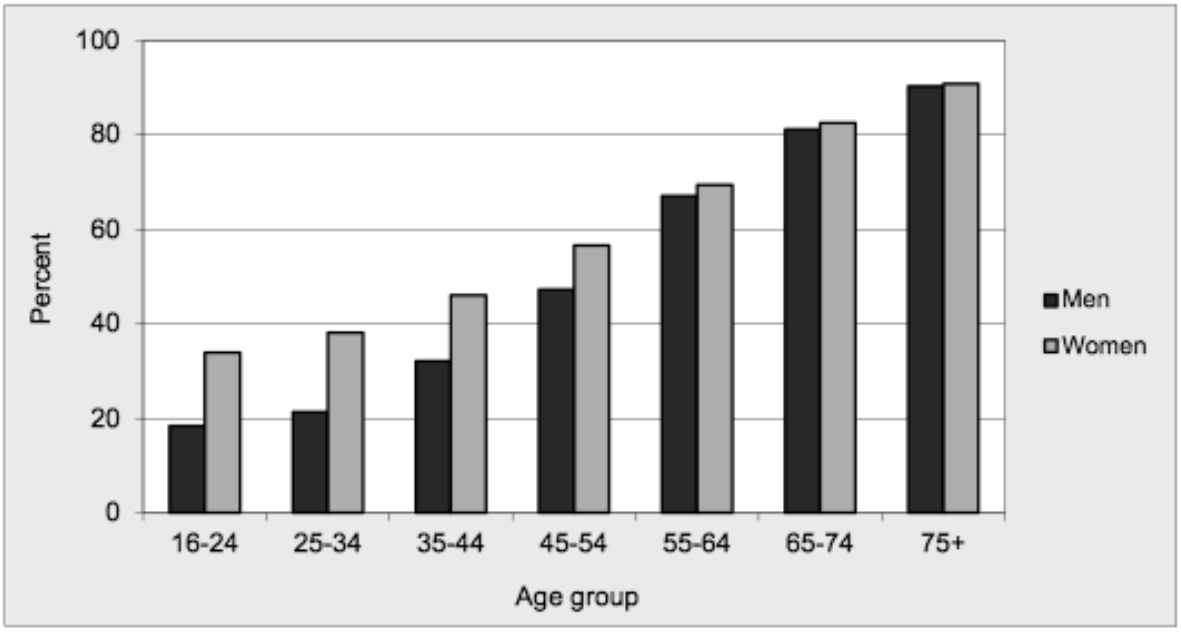
Dywedodd 33% o oedolion fod eu gweithgareddau o ddydd i ddydd yn gyfyngedig oherwydd problem iechyd / anabledd**;**
Pennir y nifer absoliwt gan y cyflyrau a gynhwysir**;**
Y clefydau mwyaf cyffredin a gofnodir mewn cofrestri gofal sylfaenol yw asthma (6.9%), diabetes (5.6%), diagnosis newydd o iselder (5%) a chlefyd coronaidd y galon (3.9%)**;**
Mae ffactorau risg cyffredin, megis pwysedd gwaed uchel, yn cael eu cynnwys yn aml mewn amcangyfrifon o'r boblogaeth a chyfraddau amlder clefydau a adroddir gan gleifion**;** a,

Mae cyd-afiachusrwydd (presenoldeb dau neu ragor o gyflyrau mewn unigolyn) yn fwy cyffredin ymhlith menywod na dynion ac yn cynyddu gydag oedran ac amddifadiad cymdeithasol-economaidd.

Meddyginiaeth

Yn Arolwg Iechyd Cymru (2013), dywedodd 53% o oedolion eu bod yn cymryd meddyginiaeth reolaidd wedi'i rhagnodi.

Canran yr oedolion sy'n adrodd eu bod ar feddyginiaeth reolaidd wedi'i rhagnodi yn ôl grŵp oedran (am flwyddyn neu fwy) - Arolwg Iechyd Cymru 2013



Mae rheolaeth feddygol cyflyrau cronig yn cael ei darparu ym maes gofal sylfaenol yn bennaf.

Mae data rhagnodi'n[1] adrodd ar yr holl bresgripsiynau a weinyddir gan fferyllwyr cymunedol a meddygon fferyllol yng Nghymru. Mae hyn yn darparu mesur o hyd a lled rhagnodi.

Cynyddodd nifer yr eitemau presgripsiwn a weinyddwyd yn y gymuned o 76.2 miliwn yn 2013 i 78.5 miliwn yn 2014 (cynnydd o 3%).
Meddyginiaethau i drin y system gardiofasgwlaidd yw'r grŵp mwyaf o safbwynt eitemau presgripsiwn (23.6 miliwn) ond cyffuriau i drin y system nerfol ganolog yw'r grŵp mwyaf o safbwynt cost (£127.3m)**.**

Nid oes data arferol ar gael ar gyfer nifer y cleifion â chyflyrau cronig sy'n cael triniaeth. Er hynny**,** mae amcangyfrifon o eitemau presgripsiwn y pen yn cael eu cyfrif ar gyfer y prif glefydau cronig.

Penodau yn y llyfr fformiwlâu rhagnodi	Eitemau (miloedd) 2014	Eitemau y pen (2014)[2]
Y System gastroberfeddol	6,997	2.3
Y System gardiofasgwlaidd	23,571	7.6
Y system resbiradol	5,655	1.8

[1] Ffigur dros dro yw ffigur 2014 ac fe'i seilir ar amcangyfrif canol blwyddyn o'r boblogaeth 2013
[2] Ffigur dros dro yw ffigur 2014 gan ei fod yn seiledig ar amcangyfrif canol blwyddyn o'r boblogaeth

Y System nerfol ganolog	15,399	5.0
Y System Endocrin	7,239	2.3
Clefydau cyhyrysgerbydol a'r cymalau	2,442	0.8
Croen	2,657	0.9

Yn 2014**,** nifer yr eitemau presgripsiwn a gafodd eu gweinyddu i bob pen o'r boblogaeth oedd 25.5 (mae hyn yn cynnwys meddyginiaethau ar gyfer rheoli cyflyrau cronig ac ystod o eitemau eraill ar bresgripsiwn megis brechiadau, gorchuddion a chyfarpar).

Rhwng 2004 a 2014, cynyddodd nifer yr eitemau presgripsiwn a gafodd eu gweinyddu i bob pen o'r boblogaeth 7.2 (40%).

Ysgrifennu at y Pwyllgor i ddarparu manylion dyraniadau'r rhaglen gyfalaf yng nghynllun tair blynedd drafft Bwrdd Iechyd Prifysgol Betsi Cadwaladr, gan gyfeirio'n benodol at unrhyw gynlluniau ar gyfer datblygu Adran Argyfwng Ysbyty Gwynedd

Mae Bwrdd Iechyd Prifysgol Betsi Cadwaladr yn datblygu ei gynlluniau ar gyfer cyflunio gwasanaethau felly mae angen i unrhyw ddatblygiadau cyfalaf arfaethedig gael eu hystyried yn y cyd-destun hwn.

O safbwynt arian cyfalaf, mae mwy na £36m yn cael ei ddyrannu i Fwrdd Iechyd Prifysgol Betsi Cadwaladr yn 2015-16 ar gyfer ei raglen ddewisol a chynlluniau unigol sydd wedi'u cymeradwyo, gan gynnwys ailddatblygu Ysbyty Glan Clwyd, Canolfan Gofal Sylfaenol Llangollen, Uned Mân Anafiadau newydd yn Ysbyty Llandudno ac Ysbyty Cymunedol Tywyn. Mae nifer o achosion busnes yn cael eu datblygu a disgwylir iddynt gael eu cyflwyno yn y flwyddyn i ddod, gan gynnwys Canolfannau Adnoddau Gofal Sylfaenol newydd ym Mlaenau Ffestiniog a'r Fflint.

O safbwynt yr Adran Argyfwng yn Ysbyty Gwynedd, mae arian cyfalaf o £7.5miliwn wedi cael ei glustnodi ym Mlaenraglen Gyfalaf y GIG i gefnogi'r datblygiad hwn ond fel yn achos pob datblygiad rhaid i'r arian fod yn destun achos busnes cadarn ac mae'r bwrdd iechyd yn dal i gwblhau'r achos busnes yn gysylltiedig â rhai o'r newidiadau gwasanaeth ehangach sy'n cael eu hystyried.

Adolygu canllawiau Llywodraeth Cymru mewn perthynas â newid gwasanaethau Byrddau Iechyd er mwyn sicrhau ei fod yn darparu'n ddigonol ar gyfer ymgysylltu â staff y gallai hyn effeithio arnynt

Mae fy swyddogion wrthi'n ystyried â rhanddeiliaid allweddol y ffordd orau o gryfhau'r canllawiau cenedlaethol ar newid i'r gwasanaeth i sicrhau ymgysylltiad parhaus effeithiol gan y Byrddau Iechyd â'u staff a chymunedau lleol fel rhan o'r broses o newid gwasanaethau.

Roedd hwn yn un o argymhellion allweddol yr adolygiad gwersi a ddysgwyd gan Ann Lloyd CBE yn sgil cwblhau tri ymarfer ymgysylltu ac ymgynghori a gynhaliwyd gan Fwrdd Iechyd Prifysgol Betsi Cadwaladr, Bwrdd Iechyd Prifysgol Hywel Dda a'r pum Bwrdd Iechyd a oedd yn rhan o Raglen De Cymru. Caiff cynnydd yn erbyn y safonau newydd ar gyfer ymgysylltiad parhaus gan Fyrddau Iechyd â'u staff ac fe gaiff cymunedau lleol eu monitro trwy eu Cynlluniau Tymor Canol Integredig (IMTPs).

Byddai'r Pwyllgor hefyd yn croesawu nodyn yn rhoi manylion y canllawiau sydd ar gael i fyrddau iechyd mewn perthynas â lefelau diogel defnyddio meddygon locwm

Mae'r defnydd o feddygon locwm yn fater gweithredol i fyrddau iechyd unigol ei reoli, sy'n gofyn am ddefnyddio barn broffesiynol. Mae lefel y defnydd o feddygon locwm yn dibynnu ar nifer o ffactorau gan gynnwys cymysgedd o sgiliau lleol, natur y gwasanaeth clinigol o dan sylw ac anghenion y claf, hyd y trefniadau, alefel y cymorth sydd ar gael gan feddyg ymgynghorol ar bob shifft. Mae swyddogion yn archwilio gyda chyflogwyr y GIG a oes angen am ganllawiau gan Lywodraeth Cymru ar ddefnyddio meddygon locwm. Mae'r Bwrdd Cyflawni Dilysu yng Nghymru hefyd wedi cytuno ar ganllawiau i alluogi swyddogion cyfrifol GMC, Byrddau Iechyd, Ymddiriedolaethau ac asiantaethau i rannu gwybodaeth ym maes llywodraethu clinigol a chyflogaeth am feddygon locwm.

Gwnaethoch ymrwymiad yn ystod y trafodaethau ar 19 Mawrth i ddweud wrth y Pwyllgor pan fydd yr adroddiad cenedlaethol ar hapwiriadau Ymddiried mewn Gofal o wardiau iechyd meddwl pobl hŷn Nghymru yn cael ei gyhoeddi. Byddai o gymorth pe gallech roi amcangyfrif o pryd rydych yn meddwl y caiff yr adroddiad ei gyhoeddi.

Disgwylir cyhoeddi'r adroddiadau cenedlaethol a lleol am yr hapwiriadau hyn cyn toriad yr haf. Caiff yr adroddiadau hyn eu cyhoeddi ar wefan Llywodraeth Cymru.

Yn gywir

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Mae cyfyngiadau ar y ddogfen hon