

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



Llywodraeth Cymru
Welsh Government

Ein cyf./Our ref.: MB/MD/0437/15

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

6 February 2015

Dear David,

You will recall that I wrote to you on 8 December 2014 regarding the Older People's Commissioner report 'A Place to Call Home?'

Please find enclosed a letter I have written to the Commissioner which outlines the Welsh Government's response. I will be making an oral statement on the matter in the National Assembly on 10 February 2015.

Best wishes,

Mark.

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1NA

*Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)
paper*

English Enquiry Line 0845 010 3300
Llinell Ymholiadau Cymraeg 0845 010 4400
Correspondence.Mark.Drakeford@wales.gsi.gov.uk
Printed on 100% recycled

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/0437/15

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

ask@olderpeoplewales.com

4 February 2015

Dear Sarah,

A place to call home?

I am writing to thank you for your report 'A place to call home?' and to inform you that I intend to present the Welsh Government's response to your report in an oral statement to the National Assembly for Wales on 10 February.

Your report makes an important contribution to ensuring there is quality of care available to all people in residential care in Wales. It contributes to, and reinforces Welsh Government's key policies of prudent healthcare and sustainable social services.

The Welsh Government is committed to the principle that residential care must deliver people the same sense of 'home' that we all value in our daily lives – somewhere we feel safe and secure, somewhere that offers us privacy and a sense of personal space. But our sense of home is always in the context of a community, and that should be the same for those in residential care. There is a shared responsibility to ensure that residential care is fully integrated within the community in which it exists offering residents, as far as possible, the same opportunities and choices that are open to others. In this way I believe we can, as a society, recognise that residential care for older people is the responsibility of us all.

Legislating and planning for quality in residential care (your recommendations 1.1, 1.2, 1.3, 1.4, 2.1, 2.3, 2.4, 5.7, 6.1, 6.4, 7.1)

The Welsh Government recognises its leadership role in this field. We are committed to working with you and the wider sector to consider how best to build on your recommendations as part of our ongoing ambition for an integrated health and social care system. Sustainable Social Services and our recent primary care plan for Wales set much of the foundation for this.

We are giving careful consideration to how your proposals and recommendations can be accommodated within the wider improvement work underway. For example, we are seeking to strengthen the standards and requirements applicable to residential care through the forthcoming Regulation and Inspection of Social Care Bill. We will also consider your suggestions for a strengthened inspection and regulatory regime alongside the recommendations by Ruth Marks in her independent review of Healthcare Inspectorate Wales. She too advocates a more integrated approach to inspection across health and social care. We will set out our proposals for how best to achieve this in a Green Paper to be published later this year.

The Social Services and Well-being (Wales) Act 2014 sets out our approach to sustainable social services in law. The implementation of this landmark legislation will bring a new focus of providing people the services that they need and enhance individuals' roles in shaping the services they want. The outcome-focussed approach to delivering well-being for people is central to ensuring a consistent quality of care and good quality of life for all. We need to embed achieving quality of care for all, including those in residential care settings as core business across the health and social care system. Through this new legislative foundation, the Welsh Government will establish the framework for the regulation of residential care. Many of the ambitions set out in your report will be enabled by this new statute and I look forward to working closely with you during the passage of the Bill.

The duty to provide social care, and to ensure a good quality of care, is a core function of local authorities. It is important that local authorities, together with local health boards and other partners work together to ensure a good quality of life as well as high quality of care across all homes. The Social Services and Well-being (Wales) Act introduces a duty for Local Health Boards and Local Authorities to plan for population needs assessment. In order to ensure a consistent approach across Wales, the National Commissioning Board – which brings together local government, NHS and CSSIW leaders - will take forward a coherent all-Wales approach for the planning and design of residential care services, ensuring that quality is central to that planning. The National Commissioning Board will also develop a standard approach for terms and conditions across social care. I agree with you that there needs to be a national approach to improvement in residential care – this needs to coordinate and mobilise the core parts of the social system to work effectively together and develop a consistent approach to supporting residential homes in need of improvement. An urgent task for the National Commissioning Board will be to develop an improvement protocol that sets out the roles and responsibilities for commissioning partners in a national approach to supporting residential homes in that position. The Regulation and Inspection of Social Care Bill will propose a duty on Local Authorities to report on the quality of provision in their area and it will reform and enhance the role of the Care Council for Wales to strengthen our approach to social care service development and improvement. It will play a central role in supporting local authorities and others in the sector to deliver high quality care.

Supporting residential homes as part of their communities

Achieving high quality care for older people in Wales is everybody's business. This is something that requires each of us as citizens, and as a society, to think about the responsibilities that we are prepared to shoulder—not what local authorities should do, or providers, or even the Welsh Government, but what each one of us, collectively and individually, as a society, are prepared to do in this field. We cannot delegate our shared responsibility to care, rather we need to raise the level of engagement between residential care homes and the communities of which they are a part. There are excellent examples of strong links between residential care homes and residents' relatives, carers, friends and neighbours. I want to see all communities actively engaged and supporting their residential care homes, through ideas such as residential care home councils – bringing people together in the same way that school councils do. Local councillors play a vital role across Wales regularly visiting residential care homes, not just in homes directly provided by the local authority, but in all homes in their neighbourhood. This role can be usefully extended across Wales.

Meeting basic health needs (your recommendations 3.1, 3.6, 4.1, 4.5, 5.6)

People whose home is a care home can expect the same access to and quality of healthcare as everyone else.

Planning care locally is the key to effective care. Both the primary care plan and the NHS planning framework reinforce evidence that assessing local population need and planning care to meet that need is most effective when done for communities of around 25,000 to 100,000. Health boards are rapidly developing their local community level planning structures – primary care clusters - to support this. Clusters provide a means of drawing in all those who can help identify and meet the needs of the local population, not just the NHS but also social services, housing, environment, transport, education, leisure, the third sector and independent sector care home providers

Cluster working supports and encourages local solutions through collaboration and partnerships. Health boards are supporting their primary care clusters to develop rapidly over the coming months and this will help foster improved joint working between those working in care homes and those working in the wider local primary care services their residents can access. This will help avoid inappropriate demand on hospital based services, such as Accident and Emergency services and promote the concept of the local primary care team organised around promoting independence and meeting the needs of the individual at or close to home, whether they live on their own or in a care home.

As well as ensuring full access to GP services for people whose home is in a care home, we want to ensure access to the services of the wider primary care team, including the community nurse who has a vital role to play in complementing GP services and delivering care at or close to home and avoiding unnecessary unplanned admission to hospital.

While your report set out examples of excellent primary care in residential care, it also gave examples where people had less access to services than if they had been living independently. Health and social care services should be provided on the basis of an individual's need regardless of where they live with professionals working together as a coordinated team around the person. That is a central principle of our national plan for a primary care service for Wales and the refreshed NHS Planning Framework. When I refer to access to primary care, I do not just mean services from GPs and their teams, dental teams and optometric services but also the wide range of community services provided by community nurses, physiotherapists, occupational therapists, podiatrists, healthcare support workers and others, including those who volunteer through the third sector.

Building on the additional £3.5m I provided for primary care services in 2014-15, I have announced significant new investment to drive the reform of these key services from next financial year. In addition, a review of the enhanced service specification which allows general practitioners to take a proactive approach to caring for people registered with their practice currently living in care homes will be undertaken during 2015/16. Discussions are also underway with Community Pharmacy Wales to explore the possibility of expanding the Discharge Medicines Review service to the care setting.

'A Place to Call Home?' recognised the importance of oral hygiene and the need for timely and appropriate dental care for older people in care homes. This month, I will be launching new policy guidelines and associated funding to improve oral health for older people living in care homes in Wales.

Community Mental Health Teams already have links and offer advice and support to care homes when required. The Welsh Government will explore formalising these links so staff in residential care homes have a key contact within those teams with whom they can discuss issues. I also note your recommendations in relation to dementia training for care home staff, and will have more to say on this in the coming months.

When someone whose home is a care home is admitted to hospital, community based services need to be better organised to 'pull' that person out of hospital back home as soon as this is appropriate to help preserve that person's independence. Equally, community based services must be organised to avoid unnecessary admission to a care home where an individual wants to remain living on their own.

For a range of professionals to plan and deliver coordinated health, social and third sector care, they need to have shared access to the right information about the people they are caring for. Health boards and local authorities are planning and securing the roll out of a shared IT system to support this.

In terms of improving the quality of primary care for all, our national plan for a primary care service includes a range of action. For example, we want a coordinated and integrated approach to the inspection and regulation of care and this will be especially important for care homes. Our aim is for the continuous improvement of the quality of primary care and clinical audit and peer review are two excellent tools for driving this. Health boards need to ensure the widespread use of these tools in improving primary care for all.

Your report gives some excellent examples of commissioning processes that put the quality of care at the centre of what is contracted. The National Commissioning Board will take forward this practice to a national approach for embedding quality within the planning and contracting for residential care across local authorities and the NHS.

Social care workforce (your recommendations 5.2, 5.8, 7.2)

Finally, I want to reiterate my belief that the people who work in social care are the sector's principal asset. It is their dedication that can turn indifferent care into excellent care. It is a sector with real challenges too—in turnover, in pay, access to training and development, and establishing career pathways within social care. There is a 25% to 30% turnover every year of staff in residential care. When I visit examples of excellent care, I find an engaged and motivated workforce. The best care providers are good employers who support their workforce and take a long term view. There are challenges in terms of budget pressures and increasing service demand, but I agree with you that we must consider the social care workforce as an integral part of our planning and designing of services to ensure high quality of care in sustainable social services. We continue to support the investment in

social care training and development with our Social Care Workforce Development Programme, which will include a national training programme to support the implementation of the Social Services and Wellbeing (Wales) Act in 2015-16 and 2016-17.

My thanks once more for your report which has made an important contribution towards raising the quality of residential care across Wales. I will be making an oral statement in the National Assembly for Wales on 10 February that builds on your report. I am keen to continue working closely with you to ensure that the health and social care system delivers on the outcomes for older people you have identified.

All best wishes,

Mark.

Mark Drakeford AC / AM

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