

Health and Social Care Committee

Meeting Venue:

Committee Room 1 – Senedd

Meeting date:

Wednesday, 25 February 2015

Meeting time:

09.30

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

Llinos Madeley

Committee Clerk

0300 200 6565

SeneddHealth@Assembly.Wales

Agenda

1 Introductions, apologies and substitutions (09.30)

2 Safe Nurse Staffing Levels (Wales) Bill: evidence session 11 (09.30 – 10.15) (Pages 1 – 4)

Professor Gillian Leng, the National Institute for Health and Care Excellence (NICE)

3 Papers to note (10.15) (Pages 5 – 11)

Scrutiny of the Older People's Commissioner for Wales: correspondence from the Minister for Health and Social Services (Pages 12 – 17)

Correspondence from the Petitions Committee: P-04-501 Day Centres for the elderly in Wales to be made statutory (Pages 18 – 21)

- 4 Motion under Standing Orders 17.42(vi) and (ix) to resolve to exclude the public from the remainder of the meeting and for item 1 of the meeting on 5 March 2015 (10.15)**
- 5 Safe Nurse Staffing Levels (Wales) Bill: consideration of evidence received (10.15 – 10.30)**
- 6 Regulation and Inspection of Social Care (Wales) Bill: consideration of approach to Stage 1 scrutiny (10.30 – 11.00) (Pages 22 – 59)**
- 7 Follow up on the one-day inquiry into stillbirths in Wales: consideration of draft output (11.00 – 11.10) (Pages 60 – 66)**
- 8 Inquiry into new psychoactive substances (“legal highs”): approach to report launch (11.10 – 11.20)**

National Assembly for Wales / Cynulliad Cenedlaethol Cymru

[Health and Social Care Committee](#) / [Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[Safe Nurse Staffing Levels \(Wales\) Bill](#) / [Bil Lefelau Diogel Staff Nyrsio \(Cymru\)](#)

Evidence from National Institute for Health and Care Excellence – SNSL(Org)

27 / Tystiolaeth gan Y Sefydliad Cenedlaethol dros Ragoriaeth mewn Iechyd a Gofal – SNSL(Org) 27

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE Safe Staffing Programme

Introduction

1. NICE was identified as a lead organisation in the development of advice on NHS staffing levels in the Francis report¹ on Mid Staffordshire, and in the Berwick report², *Improving the safety of patients in England*. The Berwick report stated:

'NICE should interrogate the available evidence for establishing what all types of NHS services require in terms of staff numbers and skill mix to assure safe, high quality care for patients'.

2. Following these reports, the National Quality Board (NQB) set out the immediate expectations of NHS providers in providing safe staffing levels. Their document, *Expectations relating to Nursing, Midwifery and Care Staffing Levels*³, brings together the best of all the currently available material as a practical guide to help NHS providers.
3. To build on this work, in 2013 NICE was asked by the Department of Health (DH) to conduct a comprehensive review of the evidence relating to staffing levels, and to produce definitive guidelines on safe and effective staffing in a range of settings.

Scope of NICE safe staffing programme

4. NICE was asked by the DH to develop evidence-based guidelines setting out safe staffing levels for the NHS, and to review and endorse any associated tools (for example, software or other decision-support tools that aid decision-making and setting staffing levels). NICE was not asked to set minimum staffing levels. The guidelines developed for the programme are primarily for use within NHS provider organisations, but are also relevant to non-NHS bodies that provide care for NHS patients.
5. The main focus of the NICE safe staffing programme is on nursing and midwifery staffing levels, including nursing support staff, to ensure an appropriate balance of skill-mix across the whole team on wards and in other settings. Other elements

¹ <http://www.midstaffspublicinquiry.com/report>

² <https://www.gov.uk/government/publications/berwick-review-into-patient-safety>

³ <http://www.england.nhs.uk/wp-content/uploads/2013/11/nqb-how-to-guid.pdf>

of the healthcare team may also need to be included, particularly in future areas of work such as in mental health.

6. The topic areas for our safe staffing programme have been prioritised according to areas covered by existing tools, which is where the most research is already available.
7. The first guideline topic we worked on was safe staffing in adult inpatient wards⁴, which was published in July 2014.
8. Work is well underway to develop and publish guidelines for the following topics.
 - Accident and emergency settings, including medical, children and surgical assessment units
 - High dependency and intensive care
 - Maternity wards
 - Care of the older people ward
 - Acute in-patient paediatric and neonatal wards
 - Neonatal intensive care and special care baby unit
 - Mental health in-patient settings
 - Learning disabilities in-patient setting
 - Mental health community setting
 - Learning disabilities in the community
 - Community nursing care settings
 - Operating theatres
9. The principal output for our safe staffing programme is evidence-based guidelines⁵ on cost-effective, safe staffing levels to support local decisions at ward and team level. These guidelines are also used to help third parties update any tools they have produced to support safe staffing levels.
10. As part of the safe staffing programme NICE also provides formal quality assurance of existing safe staffing tools to confirm that they are compliant with the relevant NICE guideline. This assurance process covers commercial and non-commercial tools. Where no tools are available, NICE engages with third party organisations to determine whether existing tools could be adapted for new settings. In cases where this approach may not work, NHS England or the Department of Health could decide to directly commission a new tool.

Methodology

11. The overall approach NICE uses to develop safe staffing guidance is in line with established NICE processes and methods for guideline development. In brief, this entails setting out an initial scope that defines the parameters of the work, carrying out a comprehensive evidence review for consideration by an independent advisory committee, and the development of recommendations that are subject to open consultation.

⁴ <https://www.nice.org.uk/guidance/sg1>

⁵ <https://www.nice.org.uk/guidance/published?type=sg>

12. We also undertake targeted engagement with key stakeholder organisations for each topic area before we start evidence reviews. This helps to inform stakeholders of the process, confirm the scope of work is appropriate, and to understand the breadth of evidence that might need to be considered.
13. A comprehensive search of published literature in the field is undertaken and all sources identified in the search are systematically reviewed. The evidence review considers which measures of safety are most closely linked to staffing levels, and any evidence comparing the role of nurses with support staff is taken into account. The exact questions to be considered by the literature review are discussed and agreed with the independent advisory committee.
14. We identified early on that the evidence base for safe staffing in adult inpatient wards is unlikely to be complete; therefore scenario modelling was an important part of our assessment work. This helped the NICE team and the independent advisory committee to model different staffing levels, and types of staff, against agreed safety outcomes to provide an impact analysis, which included resulting costs.
15. During the consultation phase for the first guideline, NICE employed a field testing approach to obtain more practical feedback on the product. This is a useful method in relation to staffing guidance, to test assumptions prior to publication, subject to time constraints.

Independent Staffing Levels Advisory Committee

16. To help us with the evidence review and to develop the guidance we established an independent staffing levels advisory committee (SLAC). SLAC's role is to consider the evidence and draft guidance, and provide general advice on the evidence base. The committee may also signal the need for changes to existing tools, where the evidence clearly indicates that there is an urgent need for them to be updated. The SLAC comprises of:

• Chair (NHS Trust Chief Executive)	1
• Directors of nursing	2
• Senior nurses	3
• Nursing assistant/ assistance advocate	1
• Lay members/patients	2
• Local commissioner	1
• Allied Health Professional	1
• Medical director	1
• Hospital consultant	1
• Operations director	1
• Health economist	1
• External workforce experts	3

17. The membership of SLAC reflects the skills and expertise in core areas relevant to effective and safe staffing, as well as representatives from patients and carers. The Committee also has capacity for expert advisors to be co-opted for specific topics such as maternity care and mental health services.

Further information:

NICE guideline: Safe staffing for nursing in adult inpatient wards in acute hospitals

Guideline: www.nice.org.uk/guidance/SG1

Example scenario to illustrate the process of setting ward nursing staff requirements:

<https://www.nice.org.uk/guidance/sg1/resources/sg1-safe-staffing-for-nursing-in-adult-inpatient-wards-in-acute-hospitals6>

Frequently asked questions about SG1:

<https://www.nice.org.uk/guidance/sg1/resources/sg1-safe-staffing-for-nursing-in-adult-inpatient-wards-in-acute-hospitals8>

NICE safe staffing guidelines currently in development:

<https://www.nice.org.uk/guidance/indevelopment?type=sg>

February 2015

Health and Social Care Committee

Meeting Venue: **Committee Room 3 – Senedd**

Meeting date: **Thursday, 12 February 2015**

Meeting time: **09.04 – 15.02**

This meeting can be viewed on [Senedd TV](http://senedd.tv/en/2669) at:
<http://senedd.tv/en/2669>

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Concise Minutes:

Assembly Members:

Mike Hedges AM (In place of David Rees AM)
Alun Davies AM
Janet Finch-Saunders AM
John Griffiths AM
Ann Jones AM (In place of Alun Davies AM for items 6 to 9)
Elin Jones AM
Darren Millar AM
Lynne Neagle AM (Temporary Chair)
Gwyn R Price AM
Lindsay Whittle AM
Peter Black AM

Witnesses:

Professor Dame June Clark
Professor Peter Griffiths
Professor Anne Marie Rafferty
Peter Meredith Smith, Board of Community Health Councils in Wales
Kate Chamberlain, Healthcare Inspectorate Wales
Alun Jones, Healthcare Inspectorate Wales
Dawn Bowden, Unison Wales
Tanya Bull, Unison Wales
Paul Roberts, Abertawe Bro Morgannwg University Health Board

Committee Staff:

Llinos Madeley (Clerk)
Sian Giddins (Deputy Clerk)
Rhys Morgan (Deputy Clerk)
Enrico Carpanini (Legal Adviser)
Amy Clifton (Researcher)
Philippa Watkins (Researcher)
Sian Thomas (Researcher)
Gwyn Griffiths (Legal Adviser)
Christopher Warner (Clerk)

Transcript

View the [meeting transcript](#).

1 Introductions, apologies and substitutions

1.1 As apologies were received from the Chair of the Committee, David Rees, the Clerk called for nominations for the election of a Temporary Chair in accordance with Standing Order 17.22. Gwyn Price nominated Lynne Neagle, who was duly elected.

1.2 Mike Hedges substituted for David Rees.

1.3 Apologies were received from Kirsty Williams. Peter Black substituted.

1.4 For items 6 to 9, Ann Jones substituted for Alun Davies.

2 Safe Nurse Staffing Levels (Wales) Bill: evidence session 6

2.1 The witnesses responded to questions from Members.

3 Safe Nurse Staffing Levels (Wales) Bill: evidence session 7

3.1 The witnesses responded to questions from Members.

4 Safe Nurse Staffing Levels (Wales) Bill: evidence session 8

4.1 The witnesses responded to questions from Members.

5 Safe Nurse Staffing Levels (Wales) Bill: evidence session 9

5.1 The witnesses responded to questions from Members.

The Temporary Chair proposed at 11:43 that the Committee resolve to exclude the public from the meeting until the Committee reconvened at 13:30. The motion was agreed. During the private session the Committee disposed of items 11 and 12.

The motion was agreed.

6 Safe Nurse Staffing Levels (Wales) Bill: evidence session 10

6.1 The witnesses responded to questions from Members.

7 Papers to note

7.0a The Committee noted the minutes of the meeting on 29 January.

7.0b The Committee noted the correspondence from the Royal College of Nursing which referred to the Committee's inquiry on the GP workforce in Wales.

7.1 Safe Nurse Staffing Levels (Wales) Bill: consultation responses

7.1a The Committee noted the consultation responses.

7.2 Safe Nurse Staffing Levels (Wales) Bill: correspondence from the Member in Charge, Kirsty Williams AM

7.2a The Committee noted the correspondence.

7.3 Legislative Consent Memorandum on the Serious Crime Bill: correspondence from the Minister for Health and Social Services

7.3a The Committee noted the correspondence.

7.4 Financial scrutiny: correspondence from the Minister for Health and Social Services

7.4a The Committee noted the correspondence.

8 Motion under Standing Order 17.42(vi) to resolve to exclude the public from the remainder of the meeting

8.1 The motion was agreed.

9 Safe Nurse Staffing Levels (Wales) Bill: consideration of evidence received

9.1 The Committee considered the evidence received.

10 Inquiry into new psychoactive substances ("legal highs"): consideration of draft report

10.1 The Committee considered and agreed the draft report, subject to minor changes, for its inquiry into new psychoactive substances ("legal highs").

10.2 The Committee considered its approach to launching the report.

11 Inquiry into the Ambulance Services' performance in Wales: consideration of approach to scrutiny

11.1a The Committee considered and agreed its approach for an inquiry into the performance of the Ambulance Services in Wales.

12 Inquiry into the GP workforce in Wales: consideration of draft output

12.1a The Committee considered and agreed a draft letter to the Minister for Health and Social Services, subject to minor changes.

Health and Social Care Committee

Meeting Venue: **Committee Room 1 – Senedd**

Meeting date: **Wednesday, 4 February 2015**

Meeting time: **09.16 – 12.01**

This meeting can be viewed on [Senedd TV](http://senedd.tv/en/2645) at:
<http://senedd.tv/en/2645>

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Concise Minutes:

Assembly Members:

David Rees AM (Chair)
Alun Davies AM
Janet Finch-Saunders AM
John Griffiths AM
Elin Jones AM
Darren Millar AM
Lynne Neagle AM
Gwyn R Price AM
Lindsay Whittle AM
Kirsty Williams AM

Witnesses:

Andrew Misell, Alcohol Concern Cymru
Dr Raman Sakhuja, Royal College of Psychiatrists
Nathan David, Drugaid Cymru
Rowan Williams, Drugaid Cymru

Committee Staff:

Llinos Madeley (Clerk)
Christopher Warner (Clerk)
Sian Giddins (Deputy Clerk)
Rhys Morgan (Deputy Clerk)
Amy Clifton (Researcher)
Elfyn Henderson (Researcher)

Transcript

View the [meeting transcript](#).

1 Consultation on future care and support arrangements for Independent Living Fund recipients: consideration of draft letter

1.1 The Committee considered and agreed a draft letter to the Minister for Health and Social Services, subject to minor amendments.

2 Introductions, apologies and substitutions

2.1 There were no apologies.

3 Inquiry into alcohol and substance misuse: evidence session 1

3.1 The witness responded to questions from Members.

4 Inquiry into alcohol and substance misuse: evidence session 2

4.1 The witness responded to questions from Members.

4.2 The witness agreed to provide the Committee with additional information regarding: statistics on the success rates (in terms of numbers of patients being rehabilitated) of treatments identified during the session (such as in-patient detox treatment).

5 Inquiry into alcohol and substance misuse: evidence session 3

5.1 The witness responded to questions from Members.

6 Papers to note

6.0a The Committee noted the minutes of the meeting on 21 January 2015.

6.1 Inquiry into alcohol and substance misuse: Note from the reference group event held on 21 January 2015

6.1a The Committee noted the note from the reference group event held on 21 January 2015.

6.2 Inquiry into alcohol and substance misuse: summary of survey responses

6.2a The Committee noted the summary of survey responses.

6.3 Inquiry into alcohol and substance misuse: consultation responses

6.3a The Committee noted the consultation responses.

6.4 Consultation on future care and support arrangements for Independent Living Fund recipients: additional information from the Welsh Government

6.4a The Committee noted the additional information from the Welsh Government.

6.5 Safe Nurse Staffing Levels (Wales) Bill: correspondence from the Finance Committee

6.5a The Committee noted the correspondence.

7 Motion under Standing Order 17.42(vi) to resolve to exclude the public from the remainder of the meeting

7.1 The motion was agreed.

8 Inquiry into alcohol and substance misuse: consideration of evidence

8.1 The Committee considered the evidence received.

8.2 The Committee agreed to write to universities in Wales to seek more information about:

- what alcohol and substance misuse policies they have in place; and
- the support available to people at university who may be affected by alcohol and substance misuse.

9 Update on the European Commission's Work Programme 2015

9.1 The Committee considered the European Commission's Work Programme 2015.

9.2 The Committee agreed to seek more information from the European Office regarding arrangements for sharing Committee reports with European institutions.

Agenda Item 3.1

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
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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

Agenda Item 3.2

Y Pwyllgor Deisebau Petitions Committee



David Rees, AM
Chair of Health and Social Services
Committee
Ty Hwel
Cardiff Bay
Cardiff
CF99 1NA

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Our ref: P-04-501

February 2015

Dear *David*

The Petitions Committee considered the following petition submitted by Pamela Hughes on 26 November 2013:

We call on the Welsh Government to make Day Care Centres for older people a statutory requirement for the whole of Wales.

Unfortunately, an administrative error has meant that the action agreed by the Committee back in 2013 was not followed up and I have recently received correspondence from the petitioner asking for clarification on the current situation and seeking assurances that the matter will be pursued as soon as possible.

When the Committee last discussed the petition, Members considered correspondence from the then Deputy Minister for Social Services, Gwenda Thomas AM. The Minister's letter is enclosed for information and sets out some of the issues around the purpose of day care centres and the needs they are designed to address.

The Committee agreed that these matters should be looked at in more detail and that I should write to you to ask whether this is something your Committee has the capacity to look at as part of its forward work programme.

Bae Caerdydd / Cardiff Bay
Caerdydd / Cardiff
CF99 1NA

Ffôn / Tel: 0300 200 6375

E-bost / Email: SeneddDeisebau@Cynulliad.Cymru / SeneddPetitions@Assembly.Wales



Given the significant delay on our part in relation to this petition, I would very much appreciate your early consideration of this request.

I look forward to hearing from you.

Yours sincerely

A handwritten signature in cursive script that reads "William".

William Powell
Committee Chair

Gwenda Thomas AC / AM
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-501
Ein cyf/Our ref GT/00643/13

William Powell AM
National Assembly for Wales
Ty Hywel
Cardiff Bay
Cardiff
CF99 1NA

17 October 2013

Dear William,

Thank you for your letter of 3 October addressed to the Minister for Health and Social Services in relation to the petition to make day centres for older people a statutory requirement for the whole of Wales. As I have responsibility for this matter, I have been asked to respond.

Whilst I can appreciate the intention behind this, it is also important to take account of the needs of individuals and whether this is something that all older people would want. The Social Services and Wellbeing (Wales) Bill places a duty on local authorities to assess the needs of people requiring care and support. In carrying out this assessment the local authority must identify the outcomes the individual wishes to achieve in day to day life and to what extent the provision of care and support could contribute to the achievement of those outcomes.

The Bill aims to ensure that the needs and outcomes identified as being important to the individual are met. This may involve support from family or friends, the use of community resources, the use of direct payments where the individual can manage their own care and support or the allocation of specific services. In some cases, for example, an older person who has become isolated may benefit more from help to enable them to use community transport to visit friends, go shopping or attend church, rather than attend a day centre.

The Commissioning Guidance issued in 2010 requires local authorities to develop commissioning plans which should specify the services required to meet the needs of their residents. These plans must be based on an understanding of the needs of citizens and must develop clear service development priorities to meet these needs.

The development of services will therefore depend upon an analysis of both the needs of individuals and groups of service users and therefore should be a matter for local decision making.

I would suggest the Petitions' Committee explores the purpose of day centres and the needs they are designed to address. If day centres are focused on addressing loneliness and isolation there may be other more effective options. If the purpose is to provide respite care for carers, again there may be more effective options. Local communities may also want to explore potential developments with third sector partners.

Yours Sincerely

A handwritten signature in black ink, appearing to read 'Gwenda'.

Gwenda Thomas AC / AM

Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Agenda Item 6

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Agenda Item 7

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