Vaughan Gething AC/AM Ysgrifennydd y Cabinet dros lechyd a Gwasanaethau Cymdeithasol Cabinet Secretary for Health and Social Services



Ein cyf/Our ref: MA(P)VG/2330/18

Dai Lloyd AM Chair Health, Social Care and Sport Committee National Assembly for Wales Cardiff Bay CF99 1NA

9 July 2018

Dear Dai,

Having reviewed the evidence provided to you and committee members in response to the recommendations produced by the committee during its inquiry into the 'use of antipsychotic medication in care homes' report, I felt further evidence would be useful to aid understanding.

In relation to recommendation 3 I would like to reinforce our support for the broad approach of tailoring the care a person with dementia receives to a person-centred assessment of their needs. This is a core theme of the Dementia Action Plan which was published in February. However, we feel that the use of a single standardised tool cannot accurately reflect every person's individual needs and circumstances. This is why within my response I outlined that our priority will be to develop a common understanding of principles with our stakeholders. This will look at how person centred plans, that support positive approaches to behavioural distress, are developed.

In my earlier response to you I indicated that I would reject recommendation 9 however I thought it would be useful to provide additional rationale to this rejection. The care home sector is complex and it is felt that a range of methods to determine the appropriate health and social care workforce matched to client need rather than a single prescribed method is better.

Within my original response I reference the Regulation and Inspection of Social Care (Wales) Act 2016 providing some detail on the Regulations and accompanying guidance. It is also noted that all care homes are required to have a formal statement of purpose. This describes the scope of the residents in terms of numbers and type of service. The statement also defines level of acuity and should, for example, account for instances where people living with dementia might require enhanced input. Sensitivity to such variation in acuity

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could not be achieved thorough a single approach. Through the development of this statement of purpose a consideration of skill mix should follow.

I should also make reference to the Nurse Staffing Levels (Wales) Act 2016. Section 25A of the Nurse Staffing Levels (Wales) Act 2016 sets out the NHS health boards and trusts' duty to have regard to providing sufficient nurse staffing levels to allow time to care for patients sensitively. It also clarifies that this applies both where nursing services are directly provided and where they are contracted or commissioned as with nursing in care homes.

The inter-relationship between the two acts, with the duty upon health boards and trusts to have regard to nurses staffing levels when commissioning care homes and the requirement for care homes to demonstrate and publish their staffing, gives a strong legal framework to ensure appropriate nurse staffing in care homes.

I would also like to take this opportunity to highlight some of our ongoing work. A baseline assessment commissioned by the Chief Nursing Officer, in the form of an extensive literature review, has been completed, supervised by Bangor University. Its findings concluded that there is no single evidence based tool that would identify the numbers and types of staff that should be employed in the care home sector. The Chief Nursing Officer is commissioning further work to set guidance to support commissioners of placements within the sector. This work will draw on the learning to date from the implementation of the Nurse Staffing Levels (Wales) Act and from the NHS National Collaborative Commissioning Unit work on care homes.

Yours sincerely,

Vaughan Gething AC/AM

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