Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Cofnod y Trafodion
The Record of Proceedings

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

The Health, Social Care and Sport Committee

19/10/2016

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Angela Burns	Ceidwadwyr Cymreig
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Dai Lloyd	Plaid Cymru (Cadeirydd y Pwyllgor)
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Julie Morgan	Llafur
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Lynne Neagle	Llafur
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Eraill yn bresennol
Others in attendance

Mario Kreft	Cadeirydd, Fforwm Gofal Cymru Chair, Care Forum Wales
Mary Wimbury	Uwch-gynghorwr Polisi, Fforwm Gofal Cymru Senior Policy Adviser, Care Forum Wales

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Sarah Beasley	Clerc Clerk
Sarah Sargent	Dirprwy Glerc Deputy Clerk
Paul Worthington	Y Gwasanaeth Ymchwil Research Service

Dechreuodd y cyfarfod am 09:30.
The meeting began at 09:30.

Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau
Introduction, Apologies, Substitutions and Declarations of Interest

[1] **Dai Lloyd**: Croeso i gyfarfod diweddaraf yn y Cynulliad o'r Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon. Bore da i chi i gyd. O dan eitem 1, nid oes gyda ni ymddiheuriadau, ond mi fydd Lynne Neagle ychydig yn hwyr: mae yna broblemau technegol efo'i char. A oes unrhyw un eisiau datgan unrhyw fuddiannau? Nid wy'n credu bod. Reit. A allaf i jest egluro i bawb, a'n gwesteion, gan groesawu ein gwesteion y bore yma, Mario Kreft a Mary Wimbury—croeso i chi'ch dau—yn naturiol ac yn amlwg, bod y cyfarfod yma'n ddwyieithog? Gellir defnyddio'r clustffonau i glywed cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar sianel 1, neu i glywed cyfraniadau yn yr iaith wreiddiol yn well ar sianel 2.

Dai Lloyd: Welcome to the latest meeting in the Assembly of the Health, Social Care and Sport Committee. Good morning to you all. Under item 1, we don't have any apologies, but Lynne Neagle will be slightly late: there are technical problems with her car. Does anybody want to declare an interest? No, I don't think so. Could I just explain to everybody, including our guests, and I welcome our guests this morning, Mario Kreft and Mary Wimbury—welcome to you both—that, naturally and obviously, this is a bilingual meeting? You can use headphones for simultaneous translation from Welsh to English on channel 1, or for amplification to hear original contributions better on channel 2.

[2] A allaf i atgoffa pobl y dylid diffodd eu ffonau symudol—gan gynnwys y Cadeirydd—neu eu rhoi nhw ar dawel achos gall y fath offer ymyrryd â'r offer darlledu? Nid ydym ni'n disgwyl tân y bore yma, felly, os bydd yna larwm yn canu, dylid dilyn cyfarwyddiadau'r tywyswyr os bydd yna fath larwm tân yn canu.

May I remind people to turn off their mobile phones—that includes the Chair—or to place them on silent because such equipment may interfere with the broadcasting equipment? We're not expecting a fire this morning, therefore, in the event of a fire alarm, we should follow the directions from the ushers if such a fire alarm goes off.

09:31

Ymchwiliad i Barodrwydd ar gyfer y Gaeaf 2016/17—Sesiwn Dystiolaeth gyda Fforwm Gofal Cymru
Inquiry into Winter Preparedness 2016/17—Evidence Session with Care Forum Wales

[3] **Dai Lloyd:** Felly, gyda hynny o ragymadrodd, fe wnawn ni symud ymlaen. Fel rydych chi'n gwybod, rydym ni'n parhau efo'n tystiolaeth i mewn i'n hymchwiliad i barodrwydd ar gyfer y gaeaf. Heddiw, rwy'n falch iawn o groesawu'n ffurfiol, felly, Mario Kreft, cadeirydd Care Forum Wales, a Mary Wimbury, uwch-gynghorwr polisi. Rydym ni wedi derbyn eich papur ac, yn ôl ein harfer nawr—yn sylfaenol, mae gyda ni ychydig yn llai nag awr—awn ni yn syth i mewn i gwestiynau, gyda'ch caniatâd. Ac, fel sydd hefyd yn draddodiadol erbyn rŵan, mi wnaf i ofyn y cwestiwn cyntaf o'r gadair. Felly, cwestiwn cyffredinol ynglŷn â'r ymchwiliad: pa mor barod ydych chi'n credu ydy gwasanaethau cartrefi nyrsio a chartrefi gofal preswyl i ymdopi efo gaeaf 2016-17? Nid wy'n gwybod pwy sydd eisiau dechrau. Mary.

Dai Lloyd: So, with that introduction, we'll move on. As you know, we are continuing with our evidence in our inquiry into winter preparedness. Today, I'm very pleased to welcome formally Mario Kreft, the chair of Care Forum Wales, and Mary Wimbury, senior policy adviser. We have received your paper and, as usual—we have just under an hour—we'll go straight into questions, with your permission. And, as is traditional, I'll ask the first question from the chair, and it's a general question about the inquiry: how prepared do you think are nursing and residential care home services to deal with winter 2016-17? I don't know who wants to start. Mary.

[4] **Ms Wimbury:** Diolch yn fawr—thank you very much. I think it's fair to say that we can speak for members in both the residential and nursing care home sector and also the domiciliary care, care at home sector, to say that we have the capacity that we currently have in the system. Within care homes, we've obviously seen—. Just in the last couple of weeks, we've seen three care homes in north Wales close. Obviously, those that are still there have the beds that they have and the staff that they have, and are ready to do what they can to support any additional pressures during the winter. What we also have in terms of capacity in the care at home sector are issues in terms

of the recruitment of staff, a lot of which relates to the way those services are commissioned. So, I think it's fair to say we're there to do what we can do to alleviate pressure, but the more co-ordination, the more planning, the more joint work with statutory services, the more we can achieve, frankly.

[5] **Dai Lloyd**: Diolch yn fawr. Bydd yna ragor o gwestiynau i fynd i mewn i fanylder, rŵan, gan ddechrau gyda Rhun.

Dai Lloyd: Thank you very much. There will be more questions to go into more detail, now, and we'll start with Rhun.

[6] **Rhun ap Iorwerth**: Bore da iawn i'r ddau ohonoch chi. Tybed a allwch chi fynd â ni drwy rai o'r meysydd sy'n achosi'r mwyaf o bryder wrth inni edrych ymlaen at y gaeaf, o ran gallu'r sector iechyd a gofal cymdeithasol i ymdopi?

Rhun ap Iorwerth: A very good morning to both of you. Could you take us through the areas that cause greatest concern as we look forward to the winter, as regards the ability of the health and social care sector to cope?

[7] **Ms Wimbury**: I think it's fairly clear, from what I've already said, that staffing's an issue. The recruitment of nurses within the sector is a significant issue, as it is for the NHS as well. Nursing homes are not in a position where they can often offer quite the same terms and conditions that the NHS offers, so we do lose nurses. We're also, in particular, concerned that the temporary exemption in terms of the ability to recruit non-EU nurses will continue, because, obviously, that has enabled us to lift a bit of the pressure on the sector, and there are obviously ongoing issues there as well, in terms of the status of EU nurses who we currently have. There are also issues, and they vary geographically across Wales, in terms of the recruitment of social care workers as well. There are different issues in different parts of Wales. So, in more rural areas, it is about the ability to travel, and either travel and do the care at home, or travel into the care home. In other areas of Wales, where we've seen more expansion in other areas of work, we do see people moving. So, in north-east Wales, for example, at the moment, we've got expansion of shopping facilities in Broughton, we've got the creation of the prison in Wrexham, and all of those are starting to create pressure on the recruitment of the workforce.

[8] **Rhun ap Iorwerth**: Can I just stop you there? That's very useful. Just a reminder that we're looking at winter pressures in particular. And if I could just ask you to relate that, which is clearly a big concern, to the winter in particular? Why, for example, are nursing shortages a more acute problem in

winter, as opposed to in the middle of summer?

[9] **Ms Wimbury:** I think, over the past few years, we've actually seen relatively mild winters. So, although we've seen some ebb and flow, it hasn't necessarily been around winter. I think the key issue will be if we have protracted, long, bad weather, effectively. And in terms of the nursing shortage, it is part of the general pressures on the sector, but what it also means is that there isn't capacity there to expand and create more beds to meet winter pressures at the moment.

[10] **Rhun ap Iorwerth:** And we'll talk about capacity shortly, I know. One of the issues that you outlined, or highlighted in your submission, was a problem with a lack of collaboration across sectors. If you could give an explanation, or just a little bit more on that, and, again, relating to why that becomes a particular problem in winter.

[11] **Ms Wimbury:** I think what we see is the majority of social care, including nursing homes, is commissioned through local authorities, but some of it is paid for by health boards. There are issues around both the assessment of people and decision making, in order to, in the first place, sometimes get people out of hospital and receiving social care, but also it's a pressurised time for individuals and their families as well. The confusion of the system makes that even harder in terms of, kind of, knowing who you need to be talking to, who's going to potentially fund. For example, in north Wales at the moment, we have a scheme to get people to discharge to assess, effectively, which is, in principle, a very good scheme, because, actually, hospital isn't the best place to assess people. People will quite often improve in a different environment, and their care needs may change or decrease. But what we're finding sometimes happening is people are being discharged from hospital, told they've got six weeks in the nursing home, which is paid for by the NHS to discharge them, but there isn't an understanding—it's being left to providers to explain to the family, if they're not then assessed as needing continuing healthcare, that there will have to be funding contributions from themselves or their families, effectively.

[12] In terms of how that relates to winter, I think it's all—. Any increased pressure on an already fragile sector is just increasing the pressure. So, the worst we see in terms of weather and pressure on hospital beds, pressure to get people out quickly, the more difficulties we'll see in terms of ensuring people are assessed for the right sort of care, in the right place for them, but also how that's funded and how that works, and how that relates to

themselves and their families and their own situation.

[13] **Rhun ap Iorwerth:** Mario Kreft, any further comments?

[14] **Mr Kreft:** I think it's exactly the point really about the dysfunction, really, in the system. As Mary points out, if you imagine a car, it gets very, very cold sometimes, you see the AA out a great deal, and we've got that pressure in the system. The point of view about nurses, the NHS, quite naturally, uses more agency nurses in the winter. Those nurses are not, therefore, in the pot—they're not available. So, we're seeing a sector that really isn't being treated as a sector of national strategic importance, although everybody would agree, I'm sure, that it is. So, it's almost the invisible sector that isn't really connected into what you might think would be a complete system. And we're very much with the Joseph Rowntree report on this on this in their inquiry. They were specifically looking at winter pressures because it was a case of, 'Why are we in this constant state of crisis?' They came to the view, and I think that Care Forum Wales would share it, that it's actually not a crisis, but simply dysfunction. Because the independent sector is now so important and so large, but not connected, then anything that happens in that chain of events causes a major issue.

[15] We're only one significant nursing home failure from complete calamity in any part of Wales. There isn't anywhere, in any of the health boards in Wales, where they could sustain, as I believe, 60 people quickly. There isn't any significant business continuity, so where do people go? So, you've got to open wards. We've had it already last winter, where people had to find means in days because people were having to be placed in England, as well you know from discussions we've had. So, we have a very fragile system and while you can't suddenly wish your way out of this, we're all hoping for the best, but planning for the worst. Surely, this has got to be about doing what we can, and what we can do is work much better in partnership. We can really put some effort into these regional collaborations, which, quite frankly, are very good in principle, but are just talking shops—they're not going anywhere.

[16] **Rhun ap Iorwerth:** Are you happy that that's just because they're still a relatively new idea and haven't had time to bed down?

[17] **Mr Kreft:** No. You can trace this, if we had the time to go through a historical lesson, back to 1990 with the National Health Service and Community Care Act 1990. There has never been a real engagement, as the

independent care sector in Wales—right through domiciliary care and all the care homes—as being fundamentally part of the health and social care service in Wales. It has always been seen as something on the side—it's almost like a business. The fact that you have different standards when people transfer between a hospital and a care home—. I mean, today is not the time for that, but there are regulatory issues coming down the tracks, which, although everyone would agree with, are going to cause further pressure.

[18] We have members who are being held back from being able to develop because they simply can't get the plans approved from the Government inspectors so that they can go to the bank to borrow the money. The result of that is what? Well, they're not going to be sustainable. This is actually, fundamentally, about sustainably and resilience. It is about winter pressures, but winter is only that time of the year when the pressure becomes greatest.

[19] **Dai Lloyd**: Julie had an issue before we go to Caroline.

[20] **Julie Morgan**: Just to pick up on something that Mary said earlier, which was the issue about your concern about non-EU staff and EU staff as well. I just wondered if you could give us a quick overview of how dependent the sector is on staff from those two sectors.

[21] **Ms Wimbury**: I don't have accurate data, but we know that there has been significant recruitment from areas like the Philippines, but also from areas within the EU as well, in the same way as there has been within the NHS. When the salary limit was increased to enable people from outside the EU to stay,[1] we know that people lost care workers in that process, and so all we can see is that any reduction will put increased pressure on an already, as we've said, fragile sector.

[22] **Julie Morgan**: Thank you. Caroline.

[23] **Caroline Jones**: Diolch, Chair. Good morning. Could you tell me, please, if the level of demand on services is seasonal or is it becoming all-year-round and, if any, where the peaks and troughs are?

[24] **Mr Kreft**: The anecdotal evidence on that, and I can be more specific in

[1] Cywiriad/Correction: 'When the salary limit was increased to restrict people from outside the EU staying,'

certain parts of Wales, but anecdotally there has never been as much pressure. It's certainly year-round and, yes, you will find those areas where there will be a capacity at certain times, but you can see now the pressure on the system. We referred to this recently: some of you may have seen our press release about the triple whammy, which, again, was talking about the greater need in the society that we live in. It's great news that people are living longer, but obviously that's bringing a whole raft of challenges itself. There are issues around recruitment and, obviously, resources. It was very interesting that, with that, it was played back very much from places, including from Government, that, really, things weren't quite as we were saying, but, within two days, the head of the NHS in Wales, Andrew Goodall, was talking about the pressures on critical care beds, which, as I understand it, are significantly lower in Wales than in other European countries. I believe we only have some 20 per cent of the Germans' by population. Now, I don't know whether that's actually true or not, but the fact is that there is huge pressure right through the system, right through the year, and we've got to take it right the way back. We know about prevention, but once you start needing care—so, good domiciliary care, robust, resilient organisations. I mean, how sensible is it for local authorities to be changing contracts at this time? I can tell you for a fact there are local authorities in Wales, today, about to, having made decisions on tenders—totally against the wishes of the people, by the way, who might actually be receiving the service—. But why would you change a system in October, November, in the winter, when we're having evidence on winter pressures. You just wouldn't. It's bringing in change, and change brings risk. And it is, to us, quite extraordinary, and it's all part of this 'disconnectivity', if that's the right word.

09:45

[25] It is dysfunctional, because, everyone is trying to do their best; this has got nothing to do with blaming anybody. We have huge pressures in our country, huge challenges, and we in Care Forum Wales believe that these can only be addressed by really respecting each other and working collaboratively. And for a sector with, what, 5 per cent of the workforce, where you've predominately got people in low pay—not because anybody wants them to be low paid, but that's the way the system works, sadly. You know, how else can you make that function, unless you're really going to actually work collaboratively?

[26] **Caroline Jones:** So, do you think that the local authorities are not communicating well, and not listening to their wishes?

[27] **Mr Kreft:** Well, we find it quite bizarre, to be honest, that health boards and local authorities in Wales are going to the Supreme Court next April, not because they don't believe, either of them, that the extra £20 a week should be paid to providers, but actually who should pay it. Now, I don't think, and I don't think anybody in Care Forum Wales, believes that the Supreme Court in London is the place for those discussions to be had. One minute we're talking about pooled budgets, and the next minute we're talking about QCs and barristers, and, I mean, this has already been through a judicial review, through a court of appeal—you know, some very brave, independent sector providers just felt that it was wrong, as we do. And I think this is an example of the lack of partnership, the lack of respect. And if we don't respect the providers, and particularly the people who do the job, you know, those 70,000 people this morning in all weathers—it's a lovely day today—actually doing the job at the front line, a lot of them for £7 and £8 an hour, then, if we're not respecting and recognising that—.On Friday we'll be hosting the fourteenth Wales Care Awards, precisely as a small step in recognising this wonderful national treasure of social care workers, and they have to be, and they should be, round the table. They are the people who should be respected, and they're not. So, on your question about working collaboratively, local authorities and health authorities appear to us to be too busy fighting each other to be really sitting down and doing the sort of business on the sort of committees that Mary represents us on.

[28] **Dai Lloyd:** Okay. Moving on to capacity issues and Angela.

[29] **Angela Burns:** Yes, thank you. I want to just explore capacity a little bit more. Mary, you started to say that there wasn't capacity in the system. So, could you please give us a little bit more detail on that? One of the things I'm really interested in understanding in relation to winter pressures is whether the winter pressures more severe on the different types of care homes within the sector. Because, obviously, you have care homes that deal with the chronically—you know, the EMIs, as they used to be called; I don't know if that's the current terminology—as opposed to a care home that's dealing with somebody who simply needs some assisted living.

[30] **Ms Wimbury:** To put that into context, in a sense, I think one of the things that is also worth saying is that what we've seen is increased dependency over the last at least 10 years within the sector, and, actually, it's almost been a hidden efficiency saving, if you want to look at it like that. So, the sorts of residents that are now in nursing homes are much more

dependent. We're seeing a lot more palliative care cases, for example, and in terms of the input that's needed, the pressure is greater. Equally, that has an effect on residential care homes, where—you know, people will talk about that, 20 years ago, they had residents who could drive, for example, and people had just booked themselves in as a sort of, 'This is the hotel I am spending my last however many years in'. Now, we see people either with significant needs in terms of dementia or significant needs in terms of physical support. Equally, because, understandably, we are trying to keep people in their own homes when they want to be as long as possible, the dependency of people who need care in the community is much greater. So, I think the pressure points are, in particular, in nursing homes, and partly that's about recruitment in terms of getting people out of hospital, and also in dementia care. Obviously, those pressure points vary geographically in different areas as well. Just one provision closing can have a significant effect on that. What the winter pressures do is just increase the pressure there. I think a particular pinch point is likely to be in terms of discharge from hospitals into nursing homes.

[31] **Angela Burns:** When trying to build service capacity, what are the tensions between local authorities that may have their own care homes and then—? Is there a reluctance at all to then go out into the private sector, or is it all now pretty equal?

[32] **Ms Wimbury:** The vast majority—over 80 per cent now—of care homes in Wales are in the private sector. Obviously, people legally have a choice about social care provision and, through choice of accommodation, where they choose to go. There have been issues around the costs that are put into local authority care homes, and therefore what they can offer staff, effectively, versus what can be offered to those that are commissioned. But I think the pressure on the sector is such at the moment that any beds out there are wanting to be used, effectively—that are available.

[33] **Mr Kreft:** If I could just come back on that point of capacity, I would say two things, really. One, I think we need to really cherish what we have. I say that simply because, in a time of austerity, the beds that are existing—whether they're recently opened and £100,000 a bed or they have been around for 30 years—are very, very expensive to replace. So, I think we have to be very clear that we shouldn't lose the baby with the bath water. As for capacity building, you could count on both hands the number of new, high-end nursing care facilities that have been built in Wales in the last four or five years. In Camberley in Surrey, there are 10 care homes being built out of the

ground today, as I speak—in one town. That is all driven by the private market. So, don't let anybody come to this committee and say that people do not choose to need greater care, and, when they have the funds, they like this. This notion that we have had that care homes are somehow failure and they are not needed and there's going to be extra care—. You know, be very mindful about these messages because we don't believe they're correct. We have got people with very high needs, typically in latter stages of life—80, 90 years old or more—often in communities served by very small provision. I can think of one on the Denbigh moors, as it happens: 20 beds, a completely Welsh-speaking care home, fantastic, always full, hugely valued by the community. You lose those sorts of facilities at your peril, because nobody will replace them.

[34] **Angela Burns:** But Mario, earlier on, you started to talk about the barriers to capacity building, and you mentioned planning. I think that also, Mary, earlier on you talked about the lack of being able to get hold of nursing staff. So, perhaps, just very briefly, a make-up of the staff elements that you need, because I'm interested to understand if there are any ways of being able to move that around, but, more importantly, the barriers, because, whether it's winter pressures or not, if we don't have the beds for these poor people to come back out of hospital, in particular, then they are going to remain in hospital, and that creates enormous pressures on the hospital sector. Whilst I appreciate that we are unlikely to be able to make any amazing changes for this particular winter, this is a 'lessons learned' exercise that we may be able to take forward.

[35] **Mr Kreft:** In terms of the barriers in terms of staffing, I think that's a really important thing—there's a barrier I want to talk about on regulation that I'll share with you, because I think it's important, but on staffing particularly, if you're talking of the high-end care needs, they are typically social care practitioners. They are typically vocationally qualified. The nursing element, after all, is actually only £20 per 24 hours. When people talk about nursing homes, and you kind of strip it all away, 90 per cent of the people in care homes registered for nursing in Wales today are actually having their funding paid for by the taxpayer, whichever way we look at it and for whatever—rightly or wrongly, the nursing element is £148 a week. When you take off the 'continence', as they call it, and so forth, it actually works out at £20 a day. So, what I'm getting to is that, whichever way you take this, without agency costs, it would only be somewhere in the region of 45 to 50 minutes of a nurse per individual per 24-hour period. So, the bulk of the care is being delivered by the organisations through social care practitioners.

Now, the great advantage of those in the communities that they serve in, and obviously there are issues around it's a largely female workforce, is that it very much keeps people in those communities, and it stimulates the economy in those communities. They're all very positive things, but the barrier is actually the planning, because, to sustain these services, let alone provide new ones, you have to know that you've got your market correct, you've got your staffing levels correct, and you can get nurses. If I tell you that nursing agencies—because you know from the NHS—can be £50 an hour, and you look back to my £20, you'll see how—. Well, two of the homes in north Wales recently have closed because of that: they can't get nurses; agencies are making it unsustainable.

[36] There is another important barrier, and that's regulation. Talking about someone in hospital: Mary is actually, on our behalf, looking at a case at the moment, where an individual—a lady who happens to be in her 80s—is about to start her seventh month in a district general hospital in Wales. That is because seven—no, actually, eight—care homes now have assessed her, and her needs and the risk are too great because the regulatory regime that's come in now to—. What, typically, people have done is they've accepted that they will do their best, but they will not be able to cover every eventuality. I would say to you that, for the £700 a week—which is, let's be honest, an awful lot of money, it's about £35,000 a year, but there is only so much care you can give for that. I think anybody who understands the sector would agree. So, when you have individuals—and, if you think, in this particular case, and I can give you the details and others after this meeting, we are now into month 7. She's been ready for discharge after three weeks of the hospital admission. Now, however much you work out a bed cost or the capacity, you think, 'Why have we got a system where somebody, where the daughter wants her to go to a care home, the care homes want to take that person, but they're absolutely terrified by the regulatory regime by the commissioning, because we've got a blame culture?' The moment that that person crosses the threshold of that door from the statutory sector into the independent sector, people are then saying, 'Right, you've agreed to take that person. That's the deal. Anything goes wrong—'. When you've got somebody who's very prone to falling, whose condition can't be managed, where without almost one-to-one care couldn't protect that person from harm, then you've naturally got a case where people are living in fear because they don't want to be on the front page of the local press, they don't want to have an embargo. And that's another thing, really, in terms of barriers. What we've seen, typically, across the sector are individual cases being treated as something like, 'Oh, well, we're not sure. If those needs

can't be met, maybe we need to put an embargo on a facility'. Well, it's the wrong way of doing this. It's the opposite of what they do in environmental health. So, our scores on the doors in Wales are all about support, actually making you the best you can be. We need an open, transparent sector where fellow professionals are working together for the public good and recognising that there is risk. When you become so risk averse, you end up with even more hospital discharges being delayed.

[37] **Dai Lloyd:** Okay. We need to be moving on. Dawn's got an issue on this.

[38] **Dawn Bowden:** Just on that last point about regulation, are you suggesting that regulation should be relaxed?

10:00

[39] **Mr Kreft:** No. I'm suggesting that we need a—. The partnership that's lacking, which we so desire, is where, around that table—. If you take the case I've just explained to you, what we would like to see is a conversation where commissioners—which in this case would be health and local authorities—where regulators and providers would, together, say, 'Right, this is what we need to achieve. The well-being of this one individual who's in that hospital bed, who wants to go to a care home, the well-being of that individual would be much better if the transfer was made, and all of the other reasons that you're here today debating, would be better if she wasn't blocking that bed, or occupying that bed.' So what I'm suggesting is not about relaxing rules. I'm suggesting an adult conversation on the level of risk that you are prepared to accept for, in this particular case, something less than £90 per 24 hours. You know, for £4.12 an hour, there is a limit to what any decent person running a good organisation can offer. That is all we're saying.

[40] **Dawn Bowden:** I'll come back to the staffing bits in a moment, because I'm going to come on to workforce later on. But can I just take you back to the point you made earlier on about—? There was a town in Surrey, did you say? Or in Sussex? Where they were building—.

[41] **Mr Kreft:** Camberley.

[42] **Dawn Bowden:** Where is it?

[43] **Mr Kreft**: Camberley.

[44] **Dawn Bowden**: There we are. They were building 10 homes. Then you went on to tell us all the reasons why that wouldn't happen here because, presumably, it's not a very good business opportunity because it's so difficult to recruit people, and so on. So, if it's happening in one town—10 residential homes being built in one town—clearly somebody there thinks that's a really good business opportunity. And you clearly have a market, because we're already talking about the capacity, and the capacity is about saying, 'We need more beds.' So, what is it in Wales that is preventing people taking up these business opportunities?

[45] **Mr Kreft**: As you say, it isn't a business opportunity to spend—. Typically, a new care home—. Because these care homes now, to the latest standards, they're more like a spa. What the public is demanding today is more like a five-star spa hotel almost, with treatment rooms and cinemas and that sort of thing. And that is naturally the way you would go, so you're talking about a £100,000 a bed cost. You need a sustainable number of beds, so we're talking at least £5 million, and there is simply no way that the current situation in Wales, with the fees, is going to sustain that.

[46] Now, what we're saying is not that suddenly we should throw in lots more public money and we should build more homes. What we're saying is how important for winter pressures it is that we sustain what we have and use what we have to the very best that we can. We're not sustaining those beds, we've lost three in three weeks, announced closure in one county—the last one on Monday—and we are losing beds, and we are seeing greater pressures knocking back through the system. We are seeing—. Domiciliary care is just the same—the cap that we have on the market with the 15-minute calls, we are not sustaining people in their own homes, we're having difficulties with the workforce. This is all symptomatic of a system that isn't working, and it needs to change.

[47] The elements that need to make it change are not just about the finance that you need to put in from the top—because if you haven't got it you can't put it in anyway—it's about how we change the culture of how people work. When you have, you know, senior people in health boards, in local authorities, that—. Yes, they've got a lot on their plate, but they've got to get down and work through with providers. It is not the fault of the independent sector that it is made up of hundreds of small, independent providers in towns and communities right across the country. That is just a

statement of fact.

[48] What we need is a clever way to engage that group of people, so we don't have people that are so terrified that that person can't be taken from the hospital after six months, that we are able to understand, because a government regulator will give them the assurance that they can spend that money to make that few extra beds in a very rural community. This is about being sustainable, and it has to be about a culture change, and sometimes that is even harder to bring in than actually finding the money.

[49] **Dai Lloyd**: Okay, we have lots of questions and a diminishing amount of time, and we're about to explore some of these issues further. Lynne, next two questions.

[50] **Lynne Neagle**: Thank you. Your contribution then was very interesting because these things are always a balance, aren't they? You talked about managing risk, but you could equally talk about safeguarding and the reasons local authorities put embargos in place are to protect vulnerable people. Can I just look at one area specifically, which is around falls? I have dealt with quite a few cases where older people have fallen in care homes and have been left on the floor for several hours. One was a dementia patient who was left there for four hours, because the care home wouldn't pick her up, they were waiting for an ambulance to come, and that caused a lot of distress to the family and to the lady herself, but also it involved a call-out to the ambulance service. Can you just talk a bit about how you're managing that kind of thing? You've alluded to risk management; it seems to me there are some lessons for care homes in that as well.

[51] **Ms Wimbury**: If I could just pick up on that. I noticed in a previous evidence session as well that, I think, the Welsh ambulance trust had said there was an issue about care homes calling people to go in—

[52] **Angela Burns**: They certainly did.

[53] **Ms Wimbury**: —but equally, I could tell you of cases where care homes have done their own due diligence, effectively, and perhaps thought, 'I've got a nurse on the premises—do we want to send someone elderly and frail to accident and emergency on a Friday night?', for example, in one particular case, or, you know, 'Shall we keep checking on them after the fall? We've got three nurses on the premises, shall we check on them and see if they're okay?' Actually, they were okay—and I could give you some cases from

residential care as well—but the fact that they didn't send them into A&E was later picked up on, either by Care and Social Services Inspectorate Wales when they came in to inspect, or by local authority monitoring and safeguarding teams. The problem is, if you're then criticised—and in the case of CSSIW reports, it can be publicly criticised—for something that is presented as having neglected someone by not calling an ambulance, then, the next time, you call an ambulance and you wait. So, it is about that joined-up system, effectively, and making it work.

[54] **Dai Lloyd**: Lynne.

[55] **Lynne Neagle**: I know that, in Gwent, they've put some measures in place to try to assist care homes. There's help available now for care homes to manage those kinds of situations more readily on the ground. Is that something that's happening generally in Wales, and are there any good examples of that with primary care?

[56] **Ms Wimbury**: It's a bit patchy, to be honest. We had some discussions a couple of years ago now with the Welsh ambulance trust about trying to create a protocol so that care homes could then say, 'Well, actually, this is what we did. We followed this protocol that's been agreed and this is why we did it'. And, unfortunately, we didn't get to a conclusion on that and I suspect that's because there were lots of pressures on them and lots of pressures on us, effectively. But I think that's certainly something that would be very helpful to have, because we all know there are risks when you're talking about elderly and frail people, but it's about having systems to manage that effectively that make the system work as best it can.

[57] **Lynne Neagle**: What about general practitioners, then? I know that older people are often admitted by care homes because they're not well and maybe the GP won't come out. Are there any issues there we should be aware of?

[58] **Ms Wimbury**: Again, it's patchy. Some care homes have very good relationships with GPs, some, as you say, have difficulties. We've had particular issues in the past around out-of-hours services as well, and I think there's sometimes been an attitude that, if the out-of-hours services are stretched, well, the person in the care home, at least there's someone there. And then it reaches the point where, because of concerns you've got, your only alternative, if you can't get medical attention, is to take someone into A&E or call an ambulance, effectively. So, I think any pressure on the system

creates pressures elsewhere, effectively.

[59] We can also see issues around discharge relating to GPs as well, and it's in particular why people might be loath to take someone discharged on a Friday, for example, because the notes don't come to the care home. The person isn't able to carry and keep their own notes on the transfer from hospital, and if there's then a GP call-out, the GP hasn't necessarily got the notes when they're called out on Saturday for someone who was discharged on Friday, effectively.

[60] **Mr Kreft**: Could I just come back on that point of embargo, because I think it's very relevant to this? Safeguarding and the safe care of vulnerable people has to be the priority for everybody. We all accept that. But I think, surely, we can also accept that there aren't many people who want to see harm. If you actually come along to the Wales Care Awards, and actually go to these homes, as I'm sure you all do, and go and talk or go out with domiciliary care providers across the country—these are decent, hardworking people. I go back to this point of a dysfunctional system, because the notion of leaving somebody on the floor for four hours would be a—. There is a rationale, and the rationale will almost certainly be—and as a provider I understand this very well—driven by some other action that is going to be taken against that person.[2]

[61] One of the biggest risks we have in Wales is the lack of very high-quality managers in care settings, and the reason for that is that people are finding that the pressures on them individually and the challenges are just too much to bear. A lot of people are leaving the sector. You mentioned safeguarding, which I totally sign up to. We have worked diligently through this for years, but safeguarding in itself actually can also be a challenge to the care of people. And with things like embargoes, if you take, for example, an individual case where an individual has made a bad call—it might be a nurse who has just made a judgment that maybe others don't think was correct, but they did it in all honesty and integrity at that moment—if that leads to an embargo on a 60-bed care home, and if that then stops people coming in, you could actually lose the whole thing. And I ask you this: do people consider embargoes in Wales at this time of the year? They need to be

[2] Cywiriad/Correction: 'I go back to this point of a dysfunctional system; if someone is left on the floor for four hours, there would be a rationale, and the rationale will almost certainly be—and as a provider I understand this very well—driven by some other action that is going to be taken against that person.'

thought about very carefully, because there's a direct knock-on. It's not enough just to say, 'Oh, well, it's safeguarding, we'll just protect people', it's actually got to be looked at individually in a far more sophisticated way.

[62] I go back to my point about environmental health. We have nearly 500 members. I never remember any problem with any local authority environmental health officers in care homes. Most care homes you visit will be fours and fives, and it's a given. Even a one wouldn't close them down, so this idea that a registered setting where something goes wrong suddenly has to have 12 people around a table, including a policeman, is bizarre. And it's actually leading to fear; it's actually leading to people leaving the sector. If it continues, the only thing you'll be talking about next year and the year after are even more winter pressures.

[63] **Dai Lloyd**: Okay. Caroline, with the next question.

[64] **Caroline Jones**: Diolch, Chair. I wonder, please, if you could tell me if there are robust and effective health and social care arrangements in place to help reduce unnecessary admissions and readmissions over the winter period.

[65] **Ms Wimbury**: I think we've already talked about calling ambulances, for example. Now, I think that is about confidence within the care sector and having the confidence and ability to make those judgments, effectively. Also, in some areas, there have been developments where we've looked at what additional support can be provided, and there've been some pilots to enable different procedures to take place so that someone doesn't have to go into hospital, say, just because they need subcutaneous fluids, for example, because those can be provided and supported within a nursing home, and the nurses can be supported by the local health board to do that. But I think what we have are patchy pilots and working arrangements, and there isn't a systematic approach across Wales.

[66] **Dai Lloyd**: Ocê. Mae'r cwestiwn nesaf gan Julie Morgan. **Dai Lloyd**: Okay. Julie Morgan has the next question.

[67] **Julie Morgan**: Diolch. We've already discussed, to a certain extent, delayed transfers of care, and you've given the example, I think, of the lady who was seven months in an acute bed.

[68] **Mr Kreft**: She's still there.

[69] **Julie Morgan:** Still there, blocking the admittance of other people, but obviously with needs of her own that must be very distressing for her in that situation. What I wanted to know, really, was: in terms of the general system, the administrative system, to what extent are independent care homes involved in discussions and debate about moving people on from hospital? How routine is it, and how satisfactory are the discussions and the debate?

[70] **Ms Wimbury:** The discussions tend to centre around individual cases, rather than, in general, a systematic approach, effectively. So, there might be a particular initiative where we talk about a systematic approach, but it would tend to be that we've got an individual in a bed, they're ready for discharge from hospital, but they're going to need a level of support either in a care home or in the community, and then there are detailed discussions with providers or potential providers about how that support might be provided, often facilitated by social services. But that's the level of involvement rather than a system approach.

10:15

[71] **Julie Morgan:** So, there is no planned system. Is there any forum where discussions take place not on an individual basis?

[72] **Mr Kreft:** The regional partnerships?

[73] **Ms Wimbury:** Well, I was going to say that the regional partnership board ought to provide that, but at the moment, although we've got guaranteed provider representatives on those, we're still at a stage where we're very much discussing governance arrangements and how those systems are going to work. There are also individual local authority forums that meet with varying degrees of regularity with their providers to discuss any particular issues and how they iron those out. I think the discussions with health are even more patchy, effectively, and so part of it comes down to this lack of integration within the system.

[74] **Mr Kreft:** If I may, that's exactly what we're calling for—that level of innovation—because we want to have people involved in that process, because, obviously, it's not just about people going into care homes, but actually getting people back into their own homes wherever possible. So sustaining that cannot happen unless we have these serious discussions.

[75] **Dai Lloyd**: Diolch yn fawr—

[76] **Julie Morgan**: Can I just ask one more thing about the winter? We certainly see that it goes up and down, the number of people who are waiting for discharge. Is that linked to the winter? Would you say there were a higher number of people waiting to go home or—?

[77] **Ms Wimbury**: I think there are a number of pressures on the number of people waiting for discharge, and winter, or bad winter weather, is one of those. It's a contributory factor, but it's not the only one.

[78] **Dai Lloyd**: Ocê. Mae'r cwestiynau nesaf gan Dawn, ac wedyn Jayne i orffen.

Dai Lloyd: Okay. The next questions are from Dawn, and then Jayne to finish.

[79] **Dawn Bowden**: Thank you, Chair. I'll try and keep these brief, because I just wanted to ask some questions around workforce, some of which you've already covered, and in particular the difficulties you've highlighted around regulations and so on. But what I wanted to ask you was specifically around your workforce planning and how you manage that to deal with the kind of peaks and troughs that we've talked about and whether you are experiencing particular difficulties of recruitment in relation to almost competitor organisations—local authorities, the health services and so on—and what you think you can do about that.

[80] **Ms Wimbury**: Just to give an example, I was in a meeting with a local authority and providers yesterday. One of the providers was saying, backed up by others, 'I've just lost two members of staff because you're recruiting, and you're commissioning me based on a toolkit that looks at the minimum wage, and you're paying'—I think it was £8.90 an hour—'plus car allowance, plus other benefits. Of course I can't compete with that.' The local authority in turn was saying, 'We're losing people to health because they can offer greater benefits.' But also, the sector is losing people to supermarkets because they can pay a higher basic rate for their staff.

[81] **Dawn Bowden**: So, would there be a case, do you think, when we're talking about integration in particular, for actually integrating terms and conditions and pay as well?

[82] **Ms Wimbury**: Most providers, all providers, want to retain and recruit good staff. They know that enhanced terms and conditions will enable them

to do that, and, actually, if we had a level playing field on payments for commissioned services that enabled similar terms and conditions, then I think that would help the sector work as a whole.

[83] **Dawn Bowden**: And just one very brief question on training: do you do joint training with NHS and local authority providers, or do you provide all your own training?

[84] **Ms Wimbury**: Both the NHS and local authorities provide some training. Some care providers—and it depends on the size, nature and geographical location of the provider—also provide their own, and there are companies that work specifically in the sector. I think the experience is that NHS training is less likely to be opened up to independent providers than local authority training, but also there can be issues about access to local authority training just in terms of the amount of training and the number of places that are available, effectively.

[85] **Dawn Bowden**: Thank you.

[86] **Dai Lloyd**: Mae'r adran olaf o dan ofal Jayne Bryant.

Dai Lloyd: The final section is with Jayne Bryant.

[87] **Jayne Bryant**: Thank you, Chair. We know that one of the winter pressures is the seasonal flu. I was just wondering what you're doing as both providers and independent care homes. What are people doing to make sure that the uptake of staff and patients is improved year on year?

[88] **Mr Kreft**: Well, most providers are encouraging their staff to take up the flu vaccines, and many of them are paying for them, because in most places now in Wales—I think I'm right, Mary—it's very difficult to get funding. I think—what were you telling me yesterday? There was a lovely story yesterday, which Mary might allude to, but most providers are actually just going out and paying, because, obviously, it's a huge risk area. I would have thought, in a joined-up system, the social care workforce would have been seen as that nationally strategic important group of people who really should have the same benefits, and that flu immunisation should be available to social care workers as it is available to people who work in local government and the NHS.

[89] **Ms Wimbury**: The story is yesterday, at the provider meeting I was at, the local authority said, 'Oh, we've got 60 vouchers for flu jabs—', I think it

was from Public Health Wales, '—for the independent sector. We don't really know how to distribute them. We'll just put an e-mail out and it can be on a first-come, first-served basis.' It just seems a sort of slightly random and unjoined-up way of doing things.

[90] **Jayne Bryant:** Do you think there's a role for perhaps pharmacists—or GPs, perhaps, but mainly pharmacists, I was thinking—of going into care homes to immunise residents and staff, really? Because, to me, it seems that, if everybody's in that one place, that would be a good idea, to make sure that they're done.

[91] **Mr Kreft:** Again, there are elements of good practice, where that is—but I go back to our central theme in today's discussion, which is about how do you reduce pressure in the system. That only comes through collaborating, working in partnership, and that's the sort of thing that really should be right across Wales, where people are looking at best practice, and not saying, 'Well, there's best practice in Carmarthen or in Colwyn Bay,' but, actually, 'How do we get that across Wales? What are we actually doing to ensure that the usage of hospital beds is appropriate and not being, you know—is not inappropriate?', I'll put it that way.

[92] **Jayne Bryant:** Thank you.

[93] **Dai Lloyd:** Dyna ddiwedd y cwestiynau, rwy'n credu. Rwy'n credu ein bod ni wedi cyfro popeth a oeddem ni eisiau gwybod. A oes yna rywbeth rŷch chi eisiau ei ddweud ar y diwedd nawr cyn i chi fynd, i wneud yn siŵr eich bod chi'n teimlo eich bod chi wedi cael chwarae teg hefyd yn y sesiwn cymryd tystiolaeth yma ynglŷn â pharodrwydd gogyfer y gaeaf? Mae gennych chi funud i gloi.

Dai Lloyd: That is the end of the questions, I think. I think we've covered everything that we wanted to know. Is there anything that you'd like to say at the end before you leave, to ensure that you feel you've had fair play in this session of taking evidence on winter preparedness? You have a minute to close.

[94] **Mr Kreft:** Can I just say we appreciate the opportunity, as always, on behalf of not just our members, but, obviously, everybody who works in social care? As you will see, there are only two of us here, but we are representing literally tens of thousands of people. I think there is a huge reservoir of talented people out there doing a fantastic job for Wales across our country.

[95] I think what we would call for, above all, if I may, through this committee and, indeed, through the whole purpose and process of government, is just to recognise that there is a fundamental flaw in our system. We are not simply going to solve this by tinkering at the edges. We've really got to work a new strategy. There are some marvellous things that have been happening over the last 15 or so years. We could name what Wales has been doing—the recent Act, the Regulation and Inspection of Social Care (Wales) Act 2016, is only a step in the right direction. But for these things to be implemented in a way that is actually going to get to the coalface, where it's really going to make a difference to people's lives, we can't keep forever talking about working collaboratively. We do not understand why we cannot make more progress than we do. This isn't just about money, Chair. This is actually about people not being prejudiced about working with the sector, finding innovative ways—we are a very, very small sector, and we really do—. When I say a small sector, we're a small group of people in a small country. We could do a lot better than we're doing, and I really hope—

[96] **Dai Lloyd**: Angela wants to come in at this point, Mario.

[97] **Mr Kreft**: Sorry.

[98] **Angela Burns**: It was because of what you said, because I've been sitting here thinking about why is it that collaboration is so difficult, and I can't think of any other area where public services have to rely so heavily on private business. I wonder if that is the tension, that there's this element of—. Because you think about hospitals and you think about other areas, the health service is pretty much a ball in their own right and they do everything internally, but this is the one area where we're asking the public sector to come out and lean on the private sector, and I just wanted your view on whether that actually is the nub of the tension.

[99] **Mr Kreft**: It's a very important element of it and the fact that the National Health Service and Community Care Act 1990 gave the then benefits system across to local government. So, we have 22 local authorities in Wales. That's another issue for another committee, but the reality is that it is dysfunctional. They're working with seven health boards. You've got all of these small providers. Simple things like, as I said earlier, why would you tender domiciliary care services at this time of the year? And what sort of system have we dreamt up in our country? Very, very insightful questions, if I

may, about training: domiciliary care providers can have people trained and working with them for years. And I have to say that the real trade and the real qualities of a social care practitioner are not an ology, they're not just about training; they're what's actually within, they're about kindness and compassion and really wanting to make a difference to people's lives. So, when you get to that sort of position where you're expecting a tender to change hands, and it's only predicated on a whole group of people who work for this company tomorrow to now, 'Oh you're going to move to that company under TUPE arrangements', I mean, how many people in this room are just going to be told who they're going to work for? It is absolutely bizarre.

[100] And I have to say, if I can, in conclusion, at the top of Government, I think we're doing a lot of great things in Wales, but what we're not doing is really getting hold of the difficulty that you describe. There has been a huge degree of prejudice for many, many years about being an independent sector provider. I know it, because I am one. And what I'm saying is: we've got a lot of very decent people in Wales trying to do a damn good job, and what they need is support and encouragement, and we need ways to get people like Mary, as a professional adviser, to care for them, around these tables, to try and come through with the sorts of initiatives we need. We don't have to carry on doing it like this, and I just think, this winter, let's hope for the best, but I think we need to plan for the worst.

[101] **Dai Lloyd:** Diolch yn fawr. Diolch yn fawr iawn i chi'ch dau am safon arbennig o dystiolaeth ar lafar y bore yma, a hefyd a allaf i ddiolch am eich tystiolaeth ysgrifenedig ymlaen llaw? Diolch yn fawr iawn i chi'ch dau. Gallaf i hefyd ddweud wrthych chi y byddwch chi'n derbyn trawsgrifiad o'r cyfarfod yma i gadarnhau ei fod yn ffeithiol gywir. Ni allwch newid eich meddwl ynglŷn ag unrhyw agwedd ohono, ond, o leiaf, medrwch chi wirio'r ffeithiau. Diolch yn fawr iawn i chi'ch dau unwaith eto.

Dai Lloyd: Thank you very much. Thank you to you both for an excellent standard of evidence this morning, and may I thank you for your written evidence beforehand? Thank you very much to both of you. I can also tell you that you will receive a transcript of this meeting to check for factual accuracy. You can't change your mind about any aspect of it, but you can check the facts. Thank you very much.

[102] **Ms Wimbury:** Diolch yn fawr.

Ms Wimbury: Thank you.

[103] **Mr Kreft**: Diolch yn fawr.

Mr Kreft: Thank you.

10:27

Papurau i'w Nodi
Papers to Note

[104] **Dai Lloyd**: Wrth i ni symud ymlaen i eitem 3, a phapurau i'w nodi, bydd Aelodau wedi darllen y llythyr sydd wedi dod oddi wrth Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon, a hefyd wrth y Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol, oedd yn cynnwys yr atebion i'r cwestiynau hynny na wnaethon ni lwyddo gofyn iddyn nhw ar lafar yn y cyfarfod lle roeddem ni'n craffu ar berfformiad y ddau ohonyn nhw. Unrhyw beth i'w ddweud ynglŷn â'r llythyrau? Pawb yn hapus.

Dai Lloyd: As we move on to item 3, and papers to note, Members will have read the letter from the Cabinet Secretary for Health, Well-being and Sport, and also from the Minister for Social Services and Public Health, which included answers to those questions we didn't manage to ask them orally in the meeting where we were scrutinising the performance of both of them. Has anybody got anything to say on those letters? Everybody's content.

10:28

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd
Motion under Standing Order 17.42 to Resolve to Exclude the Public

Cynnig:

bod y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod ac o eitem 1 y cyfarfod ar 3 Tachwedd 2016 yn unol â Rheol Sefydlog 17.42(vi).

Motion:

that the committee resolves to exclude the public from the remainder of the meeting and from item 1 of the meeting on 3 November 2016 in accordance with Standing Order 17.42(vi).

Cynigiwyd y cynnig.
Motion moved.

[105] **Dai Lloyd**: Reit, eitem 4. Rydym ni yn cynnig rŵan, o dan Reol Sefydlog 17.42, i benderfynu gwahardd y cyhoedd o weddill y cyfarfod. Rydym ni yn mynd i fewn i drafodaethau preifat ynglŷn â'r ffordd ymlaen ynglŷn â'r ymchwiliad. Felly, a yw pawb yn gytûn efo mynd i fewn i sesiwn breifat? Mae pawb yn gytûn. Awn ni fewn i'r sesiwn breifat felly. Diolch yn fawr iawn i chi.

Dai Lloyd: Item 4. We move now, under Standing Order 17.42, to resolve to exclude the public from the remainder of the meeting. We go into private discussions now on the way forward for the inquiry. Is everyone content to enter private session? Yes, everybody's content. We now enter private session. Thank you very much.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10:28.
The public part of the meeting ended at 10:28.