

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Lleoliad:
Ystafell Bwyllgora 1 - Y Senedd

Dyddiad:
Dydd Iau, 20 Hydref 2011

Amser:
09:45

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



I gael rhagor o wybodaeth, cysylltwch a:

Llinos Dafydd
Clerc y Pwyllgor
029 2089 8403
HSCCommittee@wales.gov.uk

Agenda

- 1. Cyflwyniadau, ymddiheuriadau a dirprwyon**
- 2. Ymchwiliad i ofal preswyl ar gyfer pobl hyn - cytuno ar y cylch gorchwyl (09.45 - 10.00)** (Tudalennau 1 - 53)
HSC(4)-08-11 papur 1
- 3. Cyllideb ddrafft 2012 -13: craffu ar y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Plant a Gwasanaethau Cymdeithasol (10.00 - 11.30)** (Tudalennau 54 - 65)
HSC(4)-08-11 papur 2

Lesley Griffiths AC, y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Gwenda Thomas AC, y Dirprwy Weinidog Plant a Gwasanaethau Cymdeithasol
Chris Hurst, Cyfarwyddwr Adnoddau
Steve Milsom, Dirprwy Gyfarwyddwr yr Is-Adran Gwasanaethau Cymdeithasol
Oedolion
- 4. Cynnig o dan Reol Sefydlog 17.42(vi) i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer eitem 5**
- 5. Cyllideb ddrafft 2012-13: trafod y dystiolaeth (11.30 - 12.00)**

Eitem 2

Y Pwyllgor Iechyd a Gofal Cymdeithasol

HSC(4)-08-11 papur 1

Ymchwiliad ar Ofal Preswyl i Bobl Hŷn: Cylch Gorchwyl

Cefndir

1. Cytunodd y Pwyllgor Iechyd a Gofal Cymdeithasol i gynnal ymchwiliad i ofal preswyl i bobl hŷn ar 22 Hydref 2011. Ystyriwyd cylch gorchwyl drafft yr ymchwiliad gan y Pwyllgor yn ei gyfarfod ar 28 Medi 2011, sydd wedi'i gynnwys yn Atodiad A.
2. Nododd y Pwyllgor ei fod yn awyddus i glywed barn rhanddeiliaid ar gylch gorchwyl yr ymchwiliad cyn galw am dystiolaeth ysgrifenedig. Cyhoeddwyd ymgynghoriad ar y cylch gorchwyl drafft ddydd Gwener 30 Medi 2011. Y dyddiad cau ar gyfer ymatebion oedd dydd Gwener 14 Hydref 2011.
3. Ceir gopi llawn o'r ymatebion a gafwyd yn Atodiad A i'r papur hwn. Gellir hefyd gweld yr ymatebion yma:
<http://www.senedd.cynulliadcymru.org/mglIssueHistoryHome.aspx?lId=1635>

Pwyntiau i'w hystyried

Awgrymiadau sy'n dod o fewn cwmpas presennol yr ymchwiliad

4. Mae'n bosibl cynnwys nifer o'r sylwadau a gafwyd fel rhan o'r ymgynghoriad yn ymchwiliad y Pwyllgor heb fod yn rhaid diwygio'r cylch gorchwyl. Mae hyn yn cynnwys materion megis:
 - **Hyfforddi staff a'r amrywiaeth o staff, gan gynnwys rôl gofalwyr nad ydynt yn cael tâl**, a grybwyllwyd gan Gyngor Sir Fynwy, Gofal Croesffyrdd Cymru, Cynghrair Henoed Cymru, ac Age Cymru. Gellir ystyried y materion hyn o dan y pwynt bwled yn y cylch gorchwyl drafft sy'n cyfeirio at allu'r sector gofal preswyl i ateb y gofyn gan bobl hŷn am wasanaethau o ran adnoddau staffio;
 - **Llais defnyddiwr y gwasanaethau** ac i ba raddau mae pobl hŷn mewn gofal preswyl yn teimlo y gallant ddylanwadu ar eu gwasanaethau, fel

y nodwyd gan Reach ac Age Cymru. Gellir ystyried y materion hyn o dan y pwynt bwled yn y cylch gorchwyl drafft sy'n cyfeirio at brofiadau defnyddwyr gwasanaethau a'u teuluoedd.

- **A yw modelau gofal y dyfodol yn cyd-fynd â dyheadau pobl sy'n nesáu at henaint (yn hytrach na'r henoed ei hunain),** fel y nodwyd gan Reach. Byddai modd ystyried hyn o dan y pwynt bwled sy'n ymwneud â modelau gofal newydd sy'n dod i'r amlwg.
5. Fel y'i drafftiwyd ar hyn o bryd, mae'r cylch gorchwyl yn ddigon eang i gynnwys y materion manwl a nodwyd fel rhan o'r ymateb i'r ymgynghoriad ac ni fyddai unrhyw rwystr i'w cynnwys yn yr ymchwiliad. Gallai'r awgrymiadau a wnaed gan randdeiliaid gynorthwyo'r Pwyllgor o ran pa gwestiynau i'w holi yn ystod y sesiynau tystiolaeth lafar yn y flwyddyn newydd.
 6. Os hoffai Aelodau ddarparu gwybodaeth bellach o fewn y cylch gorchwyl a nodi'r manylion yr hoffent eu cynnwys, gallai Gwasanaeth y Pwyllgorau ddarparu cylch gorchwyl diwygiedig i'w ystyried yng nghyfarfod nesaf y Pwyllgor ar 2 Tachwedd. Dylid nodi, fodd bynnag, y byddai hyn yn gorfodi oedi cyn galw am dystiolaeth ysgrifenedig ac yn golygu symud y dyddiad cau ar gyfer derbyn ymatebion i'r ymgynghoriad i ddyddiad ar ôl toriad y Nadolig er mwyn sicrhau bod cyfnod ymgynghori o wyth wythnos.

Awgrymiadau i wella eglurder cylch gorchwyl yr ymchwiliad

7. Mae ambell ymateb i'r ymgynghoriad yn ymwneud a darparu mwy o eglurder o fewn cylch gorchwyl yr ymchwiliad:
 - Nododd Bwrdd Iechyd Aneurin Bevan, Cyngor Sir Fynwy, Fforwm Gofal Cymru, Coleg y Therapyddion Galwedigaethol a Chymdeithas Siartredig Ffisiotherapi yr angen i egluro a yw cartrefi gofal sy'n darparu **gofal nyrsio** yn ogystal â gofal personol wedi'u cynnwys yng nghwmpas yr ymchwiliad. Mae'r mwyafrif, gan gynnwys Coleg Brenhinol y Nyrsys, yn mynegi'r farn y dylai cartrefi preswyl a chartrefi nyrsio gael eu cynnwys o fewn cwmpas yr ymchwiliad hwn;

- Mae Bwrdd yr Iaith Gymraeg yn awgrymu y dylid cynnwys cyfeiriad penodol at **anghenion iaith Gymraeg** pobl hŷn wrth gyfeirio at eu hanghenion amrywiol;
- Noda Parkinson's UK Cymru yr angen i gynnwys cyfeiriad penodol at **gomisiynu**, er ei fod yn edefyn sy'n rhedeg drwy'r cylch gorchwyl, er mwyn sicrhau y caiff ei ystyried fel elfen benodol o'r ymchwiliad.

Awgrymiadau sydd y tu allan i gwmpas presennol yr ymchwiliad

8. Mae ambell ymateb i'r ymgynghoriad yn cyfeirio at faterion y gallai'r Pwyllgor eu hystyried fel rhan o'r ymchwiliad ond nad ydynt, ar hyn o bryd, wedi'u nodi fel materion i ganolbwyntio arnynt fel rhan ohono:

- Awgryma Coleg Brenhinol y Ffisigwyr, Bwrdd Iechyd Prifysgol Caerdydd a'r Fro a Parkinson's UK Cymru y dylid cynnwys y **gwaith cyswllt rhwng y gwasanaethau gofal preswyl ac iechyd** yn y cylch gorchwyl, tra bo Arolygiaeth Gofal Iechyd Cymru a Grŵp Tai Pennaf yn cyfeirio at yr angen i ystyried y materion gofal preswyl sy'n cyfrannu at oedi wrth drosglwyddo gofal o ysbytai;
- Awgryma Cynghrair Ailalluogi Cymru, Coleg y Therapyddion Galwedigaethol a Chymdeithas Siartredig Ffisiotherapi y gallai'r Pwyllgor **ystyried materion yn ymwneud ag ailalluogi**, ond maent yn cydnabod y gellid ystyried y pwnc hwn mewn ymchwiliad ar wahân neu ei drafod mewn perthynas â'r *Bil Gwasanaethau Cymdeithasol* arfaethedig;
- Awgryma Age Cymru a Chynghrair Henoed Cymru y dylai'r ymchwiliad ystyried i ba raddau:
 - y darperir **gweithgareddau i breswylwyr i annog annibyniaeth a lles** ee cyfleoedd dysgu;
 - mae arferion da yn bodoli o ran **annog cysylltiadau ymysg preswylwyr a chyda'r gymdeithas ehangach.**
- Awgryma Cymorth Cymru, Cyngor Sir Fynwy a David a Hilda Smith y dylid cyfeirio at **ofal cartref** yn y cylch gorchwyl;

- Noda Dr Angie Ash, Arolygiaeth Gofal Iechyd Cymru, Grŵp Tai Pennaf, Fforwm Gofal Cymru, Age Cymru a Chyngor Gwynedd yr angen i ystyried **trefniadau ariannu gofal preswyl** yn benodol
- Noda Parkinson's UK Cymru a Chyngor Sir Fynwy yr angen i ystyried materion sy'n wynebu **defnyddwyr sy'n ariannu eu gofal eu hunain** o'u cymharu â'r rheini sy'n cael cymorth gan yr awdurdod lleol.

Awgrymiadau yn ymwneud â chwmpas yr ymchwiliad

9. Rhybuddia Cymdeithas Siartredig Ffisiotherapi a Choleg y Therapyddion Galwedigaethol fod cwmpas yr ymchwiliad yn "enfawr" ac maent yn awgrymu y dylid casglu tystiolaeth mewn "adrannau clir" er mwyn sicrhau y caiff pob agwedd ar yr ymchwiliad ei ystyried yn ddigonol.

Penderfyniad

10. Gwahoddir y Pwyllgor i:

- i. ystyried yr ymatebion a gafwyd i'r ymgynghoriad a nodi unrhyw ddiwygiadau yr hoffai eu gwneud i gylch gorchwyl drafft yr ymchwiliad (paragraffau 4 - 8); ac
- ii. ystyried y sylwadau a wnaed ynglŷn â chwmpas eang yr ymchwiliad a'r posibilrwydd o drefnu'r ymchwiliad ar sail adrannau gwahanol (paragraff 9).

Gwasanaeth y Pwyllgorau

ATODIAD A – Cylch gorchwyl drafft fel y'i cytunwyd gan y Pwyllgor Iechyd a Gofal Cymdeithasol ar 28 Medi 2011 ac yr ymgynghorwyd arno

Ymchwilio i'r ddarpariaeth o ofal preswyl yng Nghymru a'r ffyrdd y gall fodloni anghenion presennol pobl hŷn a'u hanghenion ar gyfer y dyfodol, gan gynnwys:

- Y broses a ddilynir gan bobl hŷn wrth iddynt fynd i ofal preswyl ac argaeledd a hygyrchedd gwasanaethau amgen.
- Gallu'r sector gofal preswyl i fodloni'r gofyn am wasanaethau gan bobl hŷn o ran adnoddau staffio a nifer y lleoedd a'r cyfleusterau.
- Ansawdd gwasanaethau gofal preswyl a phrofiadau defnyddwyr gwasanaethau a'u teuluoedd; effeithiolrwydd gwasanaethau o ran bodloni'r amrywiol anghenion ymhlith pobl hŷn; a rheolaeth ar gau cartrefi gofal.
- Effeithiolrwydd trefniadau rheoleiddio ac archwilio ar gyfer gofal preswyl, gan gynnwys y cwmpas ar gyfer craffu mwy ar hyfywdra ariannol darparwyr gwasanaethau.
- Darpariaeth o fodelau gofal newydd sy'n dod i'r amlwg.
- Y cydbwysedd rhwng darpariaeth yn y sector cyhoeddus a'r sector annibynnol, a modelau ariannu a pherchnogaeth amgen fel y rheini a gynigir gan y sector gydweithredol a chydffuddiannol.

ATODIAD B – Ymatebion a gafwyd i'r ymgynghoriad ar gylch gorchwyl yr ymchwiliad

Cafwyd ymatebion gan y cyrff / unigolion isod ac meant wedi'u hatodi yn y drefn isod:

- UNSAIN
- Cyngor Sir Ddinbych
- Cymorth Cymru
- Bwrdd Iechyd Aneurin Bevan
- Parkinson's UK Cymru
- Barrie W Cooper - Ymddiriedolwr, Age Concern Caerdydd a Bro Morgannwg
- Bwrdd Iechyd Lleol Cwm Taf
- Cynghrair Ailalluogi Cymru
- Grŵp Seren
- Cyngor Sir Fynwy
- Bwrdd yr Iaith Gymraeg – Welsh Language Board
- Cynghrair Henoed Cymru
- Gofal Croesffyrdd
- Cymdeithas Siartredig Ffisiotherapi
- Grŵp Tai Pennaf
- Bwrdd Iechyd Prifysgol Betsi Cadwaladr
- Y Ganolfan Heneiddio Arloesol
- Dr Angie Ash
- Swyddfa Archwilio Cymru
- Coleg Brenhinol y Ffisigwyr
- Arolygiaeth Gofal Iechyd Cymru
- Cymdeithas Gofal Hafod Cyf
- Cyngor Gwynedd – Adran Gwasanaethau Cymdeithasol
- David a Hilda Smith
- Fforwm Gofal Cymru
- Gweithredu ar Golli Clyw
- Coleg y Therapyddion Galwedigaethol
- Age Cymru
- Coleg Brenhinol y Nyrsys
- Bwrdd Iechyd Prifysgol Caerdydd a'r Fro

[Gellir hefyd gweld yr ymatebion yma:

<http://www.senedd.cynulliadcymru.org/mgIssueHistoryHome.aspx?Ild=1635>]

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC1 ToR – UNISON Wales

Mark Drakeford AM
Chair, Health & Social Care Committee

Dear Mark,

In response to your request for comments on the draft Terms of Reference for the above enquiry, UNISON welcomes this timely inquiry into residential care for the elderly and broadly supports the draft terms of reference.

However, UNISON believes that the enquiry should also include in its Terms of Reference:

to explore how we can avoid another Southern Cross type incident occurring by consider the feasibility of risk assessing all future proposed transfers of public services provision to the for profit sector.

I look forward to hearing of the progress of this hopefully valuable inquiry.

Regards,

Dominic

Dominic MacAskill
Regional Manager *Rheolwr Rhanbarthol*
Head of Local Government *Pennaeth Llywodraeth Leol*
UNISON Wales *UNSAIN Cymru*

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC2 ToR – Denbighshire County Council

Would be a good idea to include some of the Financial areas of possible abuse due to sharp practice by the private sector re billing, fees, private fees, third party payments and other area's of the payment systems that are causing concern for the residents and their families .

Ian Ellison MBASW

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC3 ToR – Cymorth Cymru

To the Committee Clerk

Thank you for the opportunity to comment on the Terms of Reference. Feedback from Cymorth members and their service users highlights some real concerns around issues that the Committee's Inquiry will enable policy makers to consider in more detail. Based on the feedback we've received I would like to feed in the following comments:

- **the process by which older people enter residential care and the availability and accessibility of alternative services**

This is a really important question – often our members working with older people find that people are directed towards residential care when they could be more independent in another setting such as sheltered or extra care or by having floating support services delivered to their home. We also find that residential care is sometimes used for younger people with disabilities again when they could, with support, have much more independence within an adapted or supported home of their own. I wonder whether these specific issues could be picked up by the Inquiry as they massively limit the independence and quality of life of some of our most vulnerable citizens.

- **the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.**

We find people delivering/accessing other types of services often feel that there is sometimes a lack of awareness of different options in a given locality within social services that results in people being only offered residential care – leading to the situation described above. We also often have reported to us that an issue with resources is the amount of surplus required to make it viable for some private sector businesses. I don't think that this is always the case but I think it is an issue that the Inquiry could explore – to what extent is WG happy in the current difficult financial climate for high profits or high chief executive salaries to be funded by public money when front line staff salaries in residential care are generally very low. Third sector providers and ethically driven small private sector organisations would value recognition of this issue and a steer from government.

- **the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.**

These are crucial issues and link to the previous concern. Cymorth has run a number of initiatives bringing people using services together with policy makers and elected representatives to have a voice in the policy making process and we would be happy to assist the Committee in this. We also have concerns around the effectiveness of services to meet the diversity of changing needs amongst older people – particularly the most vulnerable and would be happy to discuss this further or assist in eliciting input on this issue.

- **the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.**

This is crucial in today's context and we would suggest that there are two separate issues here – we would urge the Committee to consider how the service users/carers' voice is heard in regulation and inspection – focusing on this in the terms of reference would provide a positive step forward in improving how inspection/regulation is improved in Wales. On the second issue – we need to explore how the right expertise is utilised to adequately analyse the financial viability of a sector/particular organisation delivering services in Wales.

- **new and emerging models of care provision**

We would suggest that this in particular looks at emerging partnerships/practices between local government and the third sector.

- **the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector**

Again, we would suggest that this also explicitly considers the role of the third sector.

I hope these comments are useful – please let me know if there is anything that needs clarifying or if there is anything further Cymorth can do to support the work of the Committee and this Inquiry.

Best wishes

Joy Kent

Director

Cymorth Cymru

www.cymorthcymru.org.uk

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC4 ToR – Aneurin Bevan Health Board

To whom it may concern

Thank you for the opportunity to comment on the Terms of Reference for the forthcoming enquiry relating to residential care for older people. Please find below some comments for consideration from Aneurin Bevan Health Board.

1) We would like to suggest that the term 'residential care' is defined. For example, will this include all care homes with and without nursing or be restricted to those homes who are only registered to provide personal care (i.e. residential homes)?

2) Capacity of residential care sector..... We would suggest that this should include staffing skill mix as well as staff resource. This may enrich the evidence of care homes capacity and capability to meet the needs of older people.

3) Bullet point 3 (quality of residential care services). We would suggest that the last sentence is preceded by the words '**the management of escalating concerns** and the management of home closures' in line with the Welsh Governments Guidance in this respect

4) Bullet point 4- does this refer only to the regulation and inspection by the Care and Social Services Inspectorate for Wales? If so, Aneurin Bevan would have no comment on this point. However, if this inquiry is intended to look at the role and effectiveness of the statutory bodies (i.e. the NHS and Local Authorities) in monitoring care provision and safety within a care home we would suggest that this may need to be reworded as the NHS and Local Authorities do not 'regulate and inspect'. Additionally, all Health Boards are currently engaged in or arranging an internal audit of their processes in respect to safeguarding vulnerable adults who receive care in non NHS facilities such as care homes.

Please do not hesitate to contact me if you wish to discuss this further

Kind regards
Tanya Strange

Tanya Strange
Senior Nurse, Care Home Governance and Contracting
Complex Care

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC5 ToR – Parkinson's UK Cymru

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative services

Parkinson's UK supports the evidence and analysis that indicates people may be entering residential care too soon, particularly at the transition from hospital and for self funded residents who don't get the advice and info they need on alternatives. Therefore, Parkinson's UK in Wales encourages the Welsh Government to ensure that this analysis should **also** look at the **cost effectiveness** of this process and whether there is variation amongst councils in the comparative use of residential/homecare which can't be explained by demography of the area alone). The TOR should include an analysis of **availability of good quality financial advice to help people plan for entry into a residential setting.**

- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities. (Parkinson's UK in Wales agree but need for TOR to analyse commissioning behaviour see below)
- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures. (agree)
- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability. (agree)
- new and emerging models of care provision (agree)
- the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector (agree but could combine with above)
- In addition, Parkinson's UK in Wales calls for an examination of the **distinction between experiences and issues facing self funded care home residents and those of publicly funded residents.** For self funders the process should look at both information and guidance in choosing care,

third party top ups for care and cross subsidising by self funders to sustain low rates of payments for council funded residents. For publicly funded residents there are the issues of choice and control over the care package and also placement, as well as how much LA are prepared to pay for that person's package of care.

- Parkinson's UK in Wales would urge the study to look at **commissioning of care** as authority's approaches to commissioning have a wide ranging impact, from the level of funding in the system, the experiences of individuals, the ability for providers to invest in new service models and the level of pay and training available to staff. It even has a knock on effect on self funders just from the fact the fees they pay are often effectively subsidising publicly funded residents. Commissioning behaviour is a strand that runs through each TOR above but its important that it is analysed in its own right.

Parkinson's UK recommends that the study looks at the relationship **between health services and residential care**, from access to GPs, to therapies, dental care, assessments and funding for nursing care and NHS continuing care. The decision on the latter can be life changing in terms of the older person being able to retain more of their savings/income from the sale of their home but if the person is a self funder there is no incentive on either social services or NHS to alert the person to the possibility of applying for NHS CC.

Aileen Napier

Country Manager, Wales
Parkinson's UK Cymru, Maritime Offices, Woodland Terrace, Maesycoed, Pontypridd
CF37 1DZ

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC6 ToR – Age Concern Cardiff and the Vale of Glamorgan

These seem fine to me

Barrie W Cooper

Trustee, Age Concern Cardiff and the Vale of Glamorgan

www.age-concern-cardiff.org.uk

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC7 ToR – Cwm Tâf Health Board

Dear Sir / Madam

Having had the opportunity to review the Terms of Reference, can confirm that they appear to be comprehensive and reflect what is required.

Kind regards

Claire Northwell on behalf of Lynda Williams, Cwm Taf Health Board

Claire Northwell
Information governance officer
Corporate Development

Cwm Taf Local Health Board

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC8 ToR – Welsh Reablement Alliance

I am writing in my capacity as Chair of the Welsh Reablement Alliance, an umbrella group comprised of nine charities, service providers and professional organisations working on issues around reablement in Wales. We note the current consultation on the terms of reference for the Committee's inquiry into residential care for older people, and we would like to suggest that the issue of reablement is explicitly accommodated within the inquiry's terms of reference. We believe this would sit very comfortably with the stated aims of examining "*the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities*" and also the interest in "*new and emerging models of care provision*".

The Alliance would be only too happy to provide any information necessary to help the Committee explore the issue of reablement as part of its inquiry.

If you require any further details, please do not hesitate to contact me.

Yours faithfully,

Ed Bridges

Public Affairs Manager for Wales

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC9 ToR – Seren group

Dear Sir or Madam,

I am writing with reference to the Health and Social Care Committee: consultation on inquiry terms of reference on behalf of the Seren group.

We would like to propose the following suggested additions to the terms of reference:

Suggested terms of reference

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative services

- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.

- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.

- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.

- new and emerging models of care provision

- the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector

We agree with the proposed terms of reference but would like to add the following:

- + Assess the financial strength of existing residential care providers & their longer term viability in the context of public service cuts – identifying any key risk factors for the future (e.g. small independent care homes).

+ the degree to which residential service models match the aspirations and expectations of people nearing (rather than of) older age (e.g. 50+) in terms of their long term future

+ how well existing residential services are meeting national outcomes standards.

+ the degree to which older people in residential care feel able to influence the services provided to them

Judith North

Corporate Director **reach**



Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC10 ToR – Monmouthshire County Council

Dear Sir

Monmouthshire County Council welcomes the inquiry into residential care for older people and look forward to receiving the findings.

Please find below comments regarding the Terms of Reference for The National Assembly for Wales's Health and Social Care Committee inquiry into residential care for older people.

- 1) Definition of 'residential' needs clarifying. Will the inquiry investigate whether routes to entry for nursing or residential are different depending on a persons need and ability to pay, and how does this affect a person's ability to choose.
- 2) Could the terms of reference include an investigation into whether there is a wide difference in care and support in care homes for older people for self funders compared to local authority placements?
- 3) Can the scope of the inquiry include benefits/disadvantages to a residential home to staying in a person's own home. What makes someone choose a care home over staying where they've always lived?
- 4) The changing face of care home provision should also be considered. Are homes in Wales fit for purpose for the next 20/30 years? What do new developments (last ten years) look like and are they models of care older people aspire to live in.

Kind regards

Jo Green
Joint Commissioning Manager
Monmouthshire County Council



14/10/2011

Clerc y Pwyllgor
Pwyllgor Iechyd a Gofal Cymdeithasol
Cynulliad Cenedlaethol Cymru
Bae Caerdydd
CAERDYDD
CF99 1NA

YMCHWILIAD I OFAL PRESWYL I BOBL HŷN – YMGYNGHORI AR GYLCH GORCHWYL

Diolch i chi am y gwahoddiad i gynnig sylwadau ar gylch gorchwyl y Pwyllgor Iechyd a Gofal Cymdeithasol ar gyfer yr ymchwiliad uchod.

Mae iaith yn ran holl bwysig o ran sicrhau gofal o'r radd flaenaf i bob hŷn yng Nghymru. Mae nifer o ddogfennau strategol Llywodraeth Cymru'n cyfeirio at bwysigrwydd darparu gwasanaethau dwyieithog i bobl hŷn a dylid cadw'r nodau strategol rheiny a sut y maent yn trosglwyddo i brofiad defnyddwyr mewn cof wrth gynnal yr ymchwiliad.

Er bod iaith ymhlyg sawl un o'r pwyntiau yn y cylch gorchwyl byddai sicrhau cyfeiriad tuag at yr iaith Gymraeg yn sicrhau nad yw'n mynd ar goll yn unman. Byddwn felly'n eich argymhell i addasu'r trydydd pwynt bwled i ddarllen;

Ansawdd gwasanaethau gofal preswyl a phrofiadau defnyddwyr gwasanaethau a'u teuluoedd; effeithiolrwydd gwasanaethau o ran bodloni'r amrywiol anghenion ymhlith pobl hŷn gan gynnwys anghenion iaith Gymraeg; a rheolaeth ar gau cartrefi gofal.

Unwaith eto diolch am y cyfle i gynnig sylwadau ac edrychwn ymlaen at gael y cyfle i gynnig tystiolaeth manylach maes o law.

Yr eiddoch yn gywir,

HELEDD THOMAS

Swyddog Datblygu, Uned Iechyd, Gofal a'r Trydydd Sector

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC12 ToR – Age Alliance Wales

Dear Mr Drakeford

I am submitting a response to the terms of reference on behalf of Age Alliance Wales.

Our members agree with the scope and content of the terms listed, but have suggested the following additions;

- Point two should be expanded to include an analysis of training needs of staff particularly in light of the Welsh Government's commitment to progressing the dignity in care programme. The training of care staff around the needs of older people should become an integral part of the dignity and respect agenda
- Access to information and advice for residents and carers linking to the Older People's Commissioner's review on advocacy in care homes
- Sustaining the independence of residents including the availability and quality of learning opportunities and activities that promote wellbeing
- Good practice on promoting links with the wider community and encouraging interaction between residents.

Thank you for the opportunity to comment

Kind regards

Rachel

Rachel Lewis
Age Alliance Wales Officer
Swyddog Cynghrair Henoed Cymru
Age Cymru

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC13 ToR – Crossroads Care

I believe that there is scope within the draft terms of reference to examine the skills mix of the workforce, including language. Also, the significance of the role that the unpaid carer plays with the delivery of care in such settings, including inspection, new and developing new models. The accessibility to all groups and the equitable nature of them pan Wales.

Martyn

Martyn Pengilley

External Affairs and Policy Analyst
Materion Allanol a Dadansoddwr Polisi



Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC14 ToR – Chartered Society of Physiotherapy

CSP Wales Office
1 cathedral Road
Cardiff CF11 9SD
029 2038 2429
www.csp.org.uk

Committee Clerk
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

October 2011

Dear Chair and Committee Members

Inquiry on residential care for older people – consultation on the terms of reference – Key points from the Chartered Society of Physiotherapy

The Chartered Society of Physiotherapy (CSP) in Wales is pleased to play an active part in this consultation on the terms of reference for the future inquiry into residential care for older people.

The profession considers that the areas identified will open this up to a wide range of possible avenues for scrutiny leading to recommendations by the committee. At present, the range appears huge and the CSP considers the committee may need to organise how it takes evidence to ensure all aspects are covered adequately. It may need to be done in clear sections.

There is a real danger that some areas may get overlooked or not afforded adequate time within the inquiry. The CSP is keen that the committee should scrutinise reablement services across Wales and are therefore pleased that there is an opportunity to discuss reablement as part of the 'new and emerging models of care provision'. However, the profession does hope there will be further opportunities to scrutinise reablement, during the progress of the Social Care Bill as these services cut across the health and social care sectors and will be crucial to delivery of services in the future.

The CSP suggests that some explanation may be needed within the terms of reference around the difference between nursing and residential care. From the terms of reference it is clear that 'residential care' is the focus but nursing homes are a form of residential provision, with some homes being dual residential/nursing and residents making a

seamless transition from one to the other as their needs require it. Is it clear to the public exactly what is to be scrutinised? The CSP suggests further clarity will be needed here in order to focus the inquiry.

Concluding Comment

The CSP hopes the committee finds this contribution useful and looks forward to playing an active part in the inquiry.

In association with:

The CSP Welsh Board
The All Wales Physiotherapy Service Managers Committee

About the CSP and Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 50,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents 2,000 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

Philippa Ford MCSP
CSP Policy Officer for Wales

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC15 ToR – Pennaf Housing Group

Further to your request for comments on the proposed terms of reference in respect of the proposed terms of reference for the inquiry concerning residential care I wish to submit the following comments on behalf of the Pennaf Housing Group:

Suggested terms of reference

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- *the process by which older people enter residential care and the availability and accessibility of alternative services.*

There should be a specific mention of evidence of bed blocking, the cost and full exploration of the reasons.

- *The capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.*

The review should also consider fees payable, against the actual costs of provision, the disparity of top up payments and a review of any evidence that the state actually agrees to top up payment, i.e. when the residents ability to continue to meet top up requirements diminishes with reducing income.

- *the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.*

The inquiry should also consider issues associated with the possible transfer of care homes that are in danger of closure.

- *the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.*

The review also consider any accreditation passports to lighter touch inspections, effectiveness is not always about more regulation it should be based on a risk approach. The review should also look at the interface between the regulator and the commissioners as often recommendations

made by the regulator, no matter how minor, are increasingly being referred to the commissioner promoting unnecessary contractual reviews.

- *new and emerging models of care provision,*

In particular the emergence of extra care as a new model that provided, and the way that housing management, housing support and care are provided by the same provider.

□ *the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector*

The provision made by Registered Social Landlords should also be taken into consideration.

Graham Worthington
Prif Weithredwr y Grŵp
Group Chief Executive

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC16 ToR – Betsi Cadwaladr University Health Board

Many thanks for the opportunity to review and comment on the draft terms of reference for the inquiry into residential care for older people. I can confirm that these have been reviewed by relevant colleagues within BCUHB and we have no further comments to make

If you have any queries, please do not hesitate to contact us

Regards

Claire Brennan

Swyddog Gwasanaethau Corfforaethol / Corporate Services Officer
Uwch Ysgrifennydd Grace Lewis-Parry, Cyfarwyddwr Llywodraethau a Chyfathrebu
Senior Secretary to Grace Lewis-Parry, Director of Governance & Communications

Bwrdd Iechyd Prifysgol
Betsi Cadwaladr
University Health Board
Ysbyty Gwynedd, Bangor, LL57 2PW

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC17 ToR – Centre for Innovative Ageing

Dear Llinos

I (and member of the Centre for Innovative Ageing) have reviewed the ToR and have no additional comments to make. With think the aims are wide-ranging and cover suitable breadth regarding the types of issues that are likely to be of concern in residential care facilities.

All the best
Vanessa Burholt

Professor Vanessa Burholt
Director: Centre for Innovative Ageing
School of Human Sciences
Swansea University

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC18 ToR – Dr Angie Ash

Dear colleagues

Thank you for the opportunity to comment on the draft terms of reference for the inquiry into residential care for older people.

In making these comments I draw on a range of professional and personal experience that includes:

Working with health and social care services in Wales and the UK as a consultant on projects that have included: setting quality standards for residential care [pre Care Standards Act]; drafting the national social care regulator's induction framework for staff working in care homes; undertaking serious case reviews of the care of individual older people; staff training and development programmes for care staff; engaging older people in the design and delivery of the services they receive from a local authority.

Long distance, long-term care, over a number of years, of my late mother, who lived in a nursing home prior to her death.

Published doctorate research on safeguarding older people from abuse.

Turning to your draft Terms of Reference, I suggest the following:

ToR bullet 2 – I suggest this para includes a statement about the demand – or rather expectation – of the **quality of care**. There may well be a defined number of staff and beds, but if the quality of care delivered is poor, the staff numbers are unlikely to be of any consequence to the older person.

I suggest this bullet point is rewritten to state: ...'*the capacity of residential care to meet the demand for services of **quality** from older people in terms of staffing resources...*

ToR bullet 3 – I suggest issues of quality and experience from the point of view of the older person are separated out from market and money matters in your ToR.

Hence, this bullet should **exclude** 'and the management of care home closures'. This should instead be placed in a discrete bullet point that is concerned with money and the market.

ToR bullet 4 – in the same way, I suggest the last phrase '*including the scope for increased scrutiny of service providers' financial viability*' is **removed** from this bullet point, again to separate the matter of money and the market.

In that way, the point about 'effectiveness of regulation..' etc will not be lost in market considerations.

In addition, I suggest this bullet point is rewritten to emphasise the quality and life experience of the elders who use the residential sector, with market and money matters being the means by which that end can be secured.

I suggest the bullet point reads: '*the effectiveness of the regulation and inspection arrangements **in the delivery of high quality residential care to older people*** '

ToR bullet 5 – to include diversity, so that it reads '*new and emerging models of care provision for the diversity of needs of older people*'

Last Tor bullet point: add here '*the funding of residential care*'. It would be faint-hearted of the Committee to duck the opportunity to consider the overall funding of residential care in this inquiry.

This bullet point, which is concerned with the market and cash, could include also issues I suggest earlier are not tacked onto quality of care issues: ie, care home closures and financial viability of providers.

In summary, I would urge the committee to be bolder in including quality of life and the experience of the older person in its ToR and subsequent deliberations, and allow regulation and funding to follow, and not drive, that primary purpose.

I hope these points are helpful.

Kind regards

Dr Angie Ash
Angela Ash Associates

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC19 ToR – Wales Audit Office

Dear Llinos

Thank you for sharing the Committee's draft terms of reference for its inquiry into residential care for older people. I am responding on behalf of the Wales Audit Office.

We do not have any specific comments to make about the draft terms of reference, which appear to be quite comprehensive. However, the Committee should be interested to know that the Wales Audit Office has been undertaking some audit work on the Care and Social Services Inspectorate Wales's (CSSIW) response to concerns raised in late 2009 about the effectiveness of its regulation of care homes. Our work has been quite limited in scope and we intend to share our findings with the Public Accounts Committee by the end of the calendar year. The Health and Social Care Committee may care to consider taking forward any or all of the issues raised by this work as part of its inquiry.

We would also be happy to make available to the Committee any other relevant audit intelligence from our ongoing programmes of audit work in the NHS and in local government.

Regards.

Paul Dimblebee

Group Director

Wales Audit Office

Paul Dimblebee

Cyfarwyddwr Grŵp

Swyddfa Archwilio Cymru



Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC20 ToR – Royal College of Physicians

Committee Clerk
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA
HSCCommittee@wales.gov.uk

From The Registrar
Patrick Cadigan MD FRCP

14 October 2011

Dear Sir or Madam

Re: Inquiry into Residential Care for Older People

The Royal College of Physicians (RCP) plays a leading role in the delivery of high quality patient care by setting standards of medical practice and promoting clinical excellence. We provide physicians in the United Kingdom and overseas with education, training and support throughout their careers. As an independent body representing over 25,000 Fellows and Members worldwide, we advise and work with government, the public, patients and other professions to improve health and healthcare.

The RCP is grateful for the opportunity to respond to the above Inquiry. We would like to make the following comments.

General comments

It will be important to observe whether inequities in access occur at present on a geographical basis.

Is the legislative framework specifically excluded? If not, it should be mentioned.

The interface between the NHS in Wales and residential care is very important. This is particularly true with regard to the transfer of patients from inpatient care in hospitals and the processes by which people in care can move back to their own home or family support if their health or circumstances change. There might be a case for trial periods of admission to residential care perhaps accompanied by specialist medical management.

Specific comments

Suggested terms of reference

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:





- the process by which older people enter residential care and the availability and accessibility of alternative services

It will be important to clarify the nature of any assessment process and to make sure such has taken place before any admission to a residential home.

- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.

It would be appropriate to ascertain whether enforcement of stringent bureaucratic minutiae are discouraging perfectly reasonable organisations from contributing to expansion of residential care facilities.

- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.

Patient and carer 'stories' are often helpful in evaluating quality.

- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.

Inspectors will need relevant contemporary experience and background.

- new and emerging models of care provision

There is a need to clarify interaction with intermediate care arrangements in each area

- the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector

Is it a level playing field?

Yours faithfully

Dr Patrick Cadigan
Registrar

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC21 ToR – Healthcare Inspectorate Wales

On behalf of Healthcare Inspectorate Wales, I can confirm that we have no specific comments to make but we hope that the terms of reference will allow for examination of residential care issues that contribute to delayed transfers of care from hospital, such as :

- partnership working between health and social care to identify and address issues that cause these
- whether local provision of residential care meets the needs of the local population and
- financing of placements, including the continuing NHS healthcare funding process .

Regards

Angharad Rogers

Rheolwraig i Swyddfa'r Prif Weithredwr a'r Cyfarwyddwyr | Manager to the Chief Executive and Directors Office

Arolygiaeth Gofal Iechyd Cymru | Healthcare Inspectorate Wales

Llywodraeth Cymru | Welsh Government

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC22 ToR – Hafod Care Association

Dear Colleague,

Thank you for the opportunity to comment on the terms of reference that are suggested to inform the inquiry into residential care for older people in Wales.

The suggestions made appear to cover a broad spectrum of matters; from the choices people make to enter a residential care setting; the effectiveness of this type of service at meeting diversity of need; to the confidence and public trust in the viability of these service models.

As an organisation with a proportionate stake in current models of residential care, but with the drive and enthusiasm to develop viable alternatives we are pleased that you will be acknowledging the work being undertaken by organisations such as ourselves in “new and emerging models of care provision”. We would be pleased to see this area of inquiry highlighted to demonstrate the work being undertaken outside of extra care models to support national policy objectives in supporting the independence agenda, prevention or escalation of declining health and well-being amongst older people, and enabling and rehabilitation options.

The cost of caring for an ageing population in Wales and the reduction in public funding should form a significant part of your investigations to determine the link between cost and quality of care within the sector.

Current models of residential care provision are very well regulated with both Local Authority and Civil bodies duplicating scrutiny. Whilst we would champion the work done to ensure practice and standards of care are maintained, improved and developed to support vulnerable people we would comment on the cost and effectiveness of these roles and ask if the funding for this scrutiny be better directed.

It would be our pleasure to extend to you the opportunity of directly accessing our residential care provision, the people who are served by what we do (subject to their agreement) and the people who provide these service on the frontline. We would also be happy to discuss further with you our vision and models for sustainable care settings.

Kind regards
Andrew

Andrew Derrick
Hafod Care Association Ltd
Head of Business & Service Development

Y Pwyllgor Iechyd a Gofal Cymdeithasol

Ymgynghoriad ar gylch gorchwyl ar gyfer ymchwiliad i ofal preswyl i bobl hŷn

RC23 ToR – Cyngor Gwynedd

Gweler isod rhai pwyntiau sydd wedi codi gan Swyddogion o fewn Gwasanaethau Cymdeithasol a Gwasanaeth Darparu Cyngor Gwynedd. Dyma rhai sylwadau i feddwl a'u cynnwys yn ystod yr ymgynghoriad.

- Effaith ansicrwydd ynglŷn â dyfodol darpariaeth ar breswylwyr heddiw a'r cwestiwn o beth yw ymarfer gorau wrth symud o un model o ofal i fodel arall gan gofio am y bobl hynny sydd eisoes mewn gofal preswyl. Mae angen bod yn sicr o'r modelau newydd rydym yn ei gyflwyno
- Effaith cau neu drosglwyddo cartref preswyl ar breswylwyr ac ar gymunedau. Oes tystiolaeth yn cefnogi fod cau cartrefi yn cael effaith niweidiol ar gymunedau? Mae trigolion yn cael ymwelydd yno i'w gweld o bryd, arwahan i hyn lle mae'r cartref yn eistedd o fewn y gymuned?
- Trafodaeth am Dai Gofal Ychwanegol (cael eu hyrwyddo'n arw ar draws Cymru) yng nghyd-destun yr angen i greu cymunedau cynhwysol, cefnogol ac amrywiol eu natur. A oes perygl i Gymru ddilyn model Americanaidd o "Gated Communities" gyda'r canlyniad mai lleihau bydd y cysylltiad gyda phobl hyn yn ein cymunedau? Angen arbed hyn a sicrhau fod Tai Gofal Ychwanegol yn cael eu lleoli mewn cymunedau ac yn gadarn yng nghyd destun cymuned a diwylliant.
- Beth ydi'r disgwyliadau o ymgynghori?
- Mae angen meddwl am Bolisi Codi Tal yn ystod y cyfnod ymgynghori

Arwahan i'r uchod, rydym yn hapus gyda'r cynnwys sydd wedi ei gyflwyno yn barod.

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC24 ToR – David and Hilda Smith

Committee Clerk,
Health and Social Care Committee,
National Assembly for Wales,
Cardiff Bay,
CF99 1NA

13th October 2011

Dear Ms Dafydd,

Inquiry into Residential Care for Older People

Herewith our comments on the Committee's draft terms of reference, which concern your last two paragraphs:

(5) **Tenant ownership and control issues.** May we suggest you amend the bullet point to include tenant ownership and control issues? A possible form of words could be: "New and emerging models of care, including those that incorporate mutual and co-operative values and principles in their governance structures". This would ensure that residents are able to own and manage the homes that they live in. You may also wish to make a connection between residential provision and home care, eg, offering maintenance, assistance to the person and health care.

(6) **Management.** On line two, after 'funding' insert '**management**'. Not only funding and ownership, but also management is important to open the door to the notion of multi-stakeholders co-operatives (empowerment of diverse stakeholders, users, employees, other support) and the concept of public / co-op partnership. We intend pointing to a few successful examples in terms of: residency for older people offering a continuum of services depending of the degree of autonomy enjoyed by the service user, bearing in mind the fact that co-operatives will use their surplus in order to improve services NOT to benefit shareholders.

In UN Year of Co-operatives 2012, it would be helpful if the Committee could signal its willingness to invite and consider excellent relevant international evidence. We hope the Inquiry can use relevant material, which can be found at

SPRU (<http://www.york.ac.uk/inst/spru/>) and PSSRU (<http://www.pssru.ac.uk/>), as they do a fair bit of modelling work in these areas so their websites might prove useful.

We are sure Committee members are aware that the terms 'co-operative' and 'mutual' are not the same, and be alert to the fact that the Co-operative Movement is independent of, and not just an adjunct to government aims and ambitions.

Yours sincerely,

David and Hilda Smith
Welsh Progressive Co-operators

Inquiry into Residential Care for Older People

Suggested terms of reference

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative services
- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.
- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.
- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.
- 5. new and emerging models of care provision
- 6. the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector



Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC25 ToR – Care Forum Wales

Committee Clerk
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA
By email: HSCCommittee@wales.gov.uk

Friday 14 October 2011

Dear Sir / Madam

Terms of Reference for Enquiry into Residential Care for Older People

We would like to thank you for drawing our attention to the draft terms of reference for the Health and Social Care Committee's inquiry into Residential Care for Older People. Care Forum Wales is the leading professional association for independent sector care providers in Wales with our membership including care home and domiciliary care providers from the private and voluntary sectors. We aim to engage and professionally support independent providers, and to spread good practice and help members provide a high quality service.

We are pleased that the committee will be enquiring into the sustainability of the sector, which has concerned us for some time, and have two comments on the draft terms of reference:

- We assume that the enquiry covers both types of care homes: residential homes providing personal care only and nursing homes providing personal and nursing care. It would seem impossible to separate the two given that many homes cater for both types of residents, but we noticed that the focus of the discussion in the committee was on places commissioned by local authorities rather than nursing care commissioned by the NHS. In terms of taking a view about the sustainability of the sector we believe both residential and nursing homes should both be considered by the enquiry and would like confirmation that this is the case.
- We also note that the terms of reference include regulation and inspection arrangements with regard to the financial viability of providers. Since the majority of residents in care homes are publicly funded, homes cannot be viable and deliver quality care without sustainable fees being paid by Local Authorities and Health Boards. We note that the process for setting fees by public authorities, who are effectively in a monopsony position, was discussed by members of the committee during its consideration of this

Fforum Gofal Cymru . Ty Hillbury . 2 Ffordd Hillbury . Wrexham . LL13 7ET
Care Forum Wales . Hillbury House . 2 Hillbury Road . Wrexham LL13 7ET

A Company Limited by Guarantee No 3750314. Registered in England and Wales. Registered Office Hillbury House . 2 Hillbury Road . Wrexham LL13 7ET



enquiry. We understand why an enquiry focussed solely on fees was considered too narrow, but we would not want to see this significant issue lost from the proceedings.

We are keen to give both written and oral evidence to the enquiry when it commences and look forward to hearing from you further.

Yours faithfully

Mary Wimbury

Mary Wimbury
Senior Policy Advisor
Care Forum Wales

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC26 ToR – Action on Hearing Loss Cymru



**Health and Social Care Committee
National Assembly for Wales
13 October 2011**

Dear Chair,

Re. Proposed terms of reference for the committee inquiry into residential care for older people

About us

Action on Hearing Loss Cymru is the new name for RNID Cymru. We're the charity working for a Wales where hearing loss doesn't limit or label people, where tinnitus is silenced – and where people value and look after their hearing.

The terms of reference

Action on Hearing Loss welcomes the Committee's commitment to undertake an Inquiry into residential care for older people in Wales and the ways in which it can meet the current and future needs of older people.

We believe that the proposed terms of reference will provide us with the opportunity to provide details of the experience of people with hearing loss in residential care, outlining some of the current problems. We particularly welcome the explicit reference to “the effectiveness of services at meeting the diversity of need amongst older people” and believe we can use this to provide extensive evidence to the Inquiry.

We look forward to providing written evidence to this Inquiry and would welcome the opportunity to give oral evidence.

Contact details:

Mary van den Heuvel, Policy and Research Officer
Action on Hearing Loss Cymru, 16 Cathedral Rd, Cardiff CF11
1LJ

ANNEX A

Suggested terms of reference

To examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative services
- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.
- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.
- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.
- new and emerging models of care provision
- the balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector



Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC27 ToR – College of Occupational Therapists

College of Occupational Therapists response to invitation to comment on the Terms of Reference of the Health and Social Care Inquiry into Residential Care.

General comments:

Thank you for the opportunity to comment on these terms of reference. Overall, the College finds the terms of reference broad and inclusive, showing good opportunity to really consider the issues impacting on residential care provision. This is a complex and intricate area and draws in a number of other considerations and types of service and the committee may need to exercise great care in keeping this inquiry manageable. Each of the individual statements could stand for an individual inquiry on their own.

Specific comment of the terms of reference

‘Examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:’

This is vitally important and a good scope. The committee is aware that the needs of older people change over time and will also be very different for individuals. It will be important to ensure that while keeping this manageable there is acknowledgement that solutions to older people’s care needs will be as varied as the people themselves. People with dementia or other cognitive needs will require very different solutions to those with physical needs: many people as they age, experience both. Will the inquiry include nursing needs or the complexity of continuing care or only focus on residential care?

‘The process by which older people enter residential care and the availability and accessibility of alternative services’

This might include many issues. The committee may wish to consider whether it includes all of them as presented by witnesses or focuses on particular situations. For example, for some this is at a time of crisis following hospital admission and may include issues of good service and care planning, effective integration between services, finance, availability and choice as well as issues such as separation from life partners. For others it is a planned step in a long process and the committee may be in discussion about choice and control, extra care and other housing alternatives, continuing care, reablement alternatives and nursing homes. There are many alternatives to residential care and again the inquiry may need to include, rurality, family and social networks, finance, as well as the variability of statutory services. Service ethos is also vital and an enabling service, based on an intention to ensure people achieve their best rather than seeking a risk averse of easy solution will also influence routes.



Occupational therapists are leading reablement services and these can truly slow down entry to residential services. This could be a major area of the inquiry, one we would not want overlooked as it is so central to many decisions about moving home for care need reasons. The importance of wide ranging primary care services is also vital.

‘The capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources and the number of places and facilities.’

We would anticipate this would need to include availability and funding routes, long term sustainability and how flexible accommodation can support keeping families together. Many people with more complex needs are being sustained at home and thus those entering residential or nursing care really do have significant needs. This places high demands on care homes which need to be profitable to remain in business. You may need to consider business models as well. A major area for the inquiry might be around size, quality of facilities and maintaining skills and capacity for residents. This will be considered further below.

‘The quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.’

The inquiry may need to include issues of staff mix and availability of activity and how homes continue to enable independence is vital to ensuring a good quality of life. There are issues around how homes participate in their communities or if they sit as separate entities with residents never going out. The enabling ethos is also important- how do homes ensure that people retain their skills and roles, control and decision making? For example can people make their own drinks and snacks? Is there a means of allowing people to control the menu, activity or excursion choices?

Staff recruitment, training and development also influence quality. Also the environment in terms of having good design that enable interaction, such as loops on TVs, seating that people can get in and out of, and fire doors which pin people to certain rooms unless they have a carer to open doors for them. The committee may wish to decide the level of consideration to be included.

In relation to closures, this is complex and emotive for people. This is someone’s home but where services need closing or changing how can that best be managed. That issue could take significant investigating to be meaningful.

It will be important to not focus on older physically frail people, but ensure that those who have lifelong needs, such as those with learning disabilities, lifelong mental ill-health or physical disabilities are considered as they age as well as those with age related needs, such as Dementia.



‘The effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers’ financial viability.’

Again, this could be a large area; the committee may need to consider all the Care and Social Services Inspectorate Wales processes. It might be useful to consider the similarity or otherwise of the regulations across different types of care home, and link between different regulators, burden of regulation versus proportionality to protect people. Where people have communication, cognitive or other difficulties which inhibit their ability to voice concerns how are people protected? Presumably this will include a significant discussion about the balance between ensuring a proprietor is financially and professionally a ‘fit’ person, alongside the burden and complexity which might keep really good providers out of the market.

‘New and emerging models of care provision’

This offers an opportunity to explore potential new options which may be more suited to a 21st century care system. This is a really useful area to explore and should include what care should look like as an alternative to residential care. Reablement and a focus on maintaining people in their own communities is vital so the inquiry might want to really investigate where and how people can be kept independent as long as possible. This may lead the committee to considering housing design, adaptations, extra care, the role of other housing providers and the integrated working of hospital admission and discharge with community care and reablement services. Benefits are key but not devolved, yet finance, poverty, home maintenance and community support, access to care services and the impact of differing charging regimes for different components adds another layer that might be included.

‘The balance of public and independent sector provision, and alternative funding and ownership models, such as those offered by the cooperative and mutual sector’

This could lead to major investigation in terms of the model for care services in Wales. Issues such as affordability, profitability, sustainability and complex charging schemes will need to be considered. We would also suggest that you could consider how people prepare for their long term home and care needs. This might include financial means but could also include other options. Issues of rurality and attractiveness of the sector for employees also arise.

Currently the sectorisation of provision impacts on provision, yet as people live longer with more complex needs and the acceptance that they may move in and out of continuing care for example, may mean future models have to build in more flexibility to allow long term support. So the committee may wish to consider the relevance of separation in definitions of nursing and residential home, homes for those with different types of needs or whether more flexible provision would allow people whose needs are complex or change to remain in their home rather than having to move to another home. Would the committee report seek to define what integrated services look like at a local level, for example?

Conclusion.



We welcome the decision of the committee to investigate this important topic. The terms of reference appear excellent, but we are concerned that they could lead to a very wide ranging inquiry which could impact on the quality of scrutiny. It would be a shame if the inquiry spread too widely to allow depth of study. We have tried to identify for you many of the areas we think you are including in with these terms of reference in the hope it helps the committee identify whether they draw out what the committee wishes them to. We hope this approach is useful

The committee may wish to direct the inquiry to include or exclude certain areas, or allow sufficient time to really investigate such an important topic and do it justice in making recommendations.

The College looks forward to participating in the inquiry in due course. Please do not hesitate to ask if you require anything further.

Ruth Crowder

Policy Officer Wales/ Swyddog Polisi Cymru

College of Occupational Therapists/ Coleg Therapyddion Galwedigaethol

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC28 ToR – Age Cymru



Consultation Response

Inquiry into residential care for older people – draft terms of reference

October 2011

Introduction

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

We are pleased to provide our views on the draft terms of reference for the Health and Social Care Committee's inquiry into residential care for older people in Wales.

Comments

We welcome this Inquiry and broadly agree with the suggested terms of reference. We are particularly pleased to see the inclusion of:

- the process by which older people enter residential care and the availability and accessibility of alternative services;
- the quality of residential care services and the experiences of service users and their families; we are encouraged that the Committee recognises the need to consider families and we believe carers should be included as a specific addition.
- the effectiveness of services at meeting the diversity of need amongst older people; we strongly support this and note that it is important to consider the specific needs of minority groups such as BME and LGBT older people.

We also approve of the inclusion of the management of care home closures, and the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of

1

Y grym newydd sy'n cyfuno
The new force combining

AGE Cymru
Concern

HELPTHEAGED WE WILL
Help the Aged yng Nghymru
Help the Aged in Wales

service providers' financial viability – this is something Age Cymru have been calling for, particularly in light of the Southern Cross care home closures.

We believe it would be beneficial to also include the follow items in the terms of reference:

- **Staff training**

The second item on the terms of reference mentions staffing in regards to resources. We believe that levels of staff training and identified training needs are also crucial issues which should be covered by the inquiry.

Training on issues such as basic values, dementia awareness and equality and human rights need to be assessed and prioritised by residential care homes.

NB: Item 2 of the terms of reference should also mention 'appropriate equipment' after number of places and facilities.

- **Access to information and advice**

We believe it is important to examine the availability of, and access to, information and advice for residents, as well as their families and carers. The inquiry will also need to link up with the forthcoming Older People's Commissioner's review on advocacy in care homes.

- **Activities provided in care homes**

It would be valuable for the inquiry to look into activities for stimulation and learning opportunities provided for residents in care homes. Also whether the residential care home has links with the community and provides opportunities for mutual interaction and engagement between residents and the wider community.

The final issue we feel it is important for the Committee to consider is how we pay for care. The Inquiry will need to be mindful of the recommendations of the Commission of Funding of Care and Support in England (Dilnot Commission), the UK Government's response (if it emerges during the lifetime of the Inquiry), and the impact this may have on Government policy and care funding in Wales.

Furthermore, additional items which could be considered during the inquiry are:

- **Care plans** - quality and consistency of care plans for residents
- **Engagement and consultation with residents** - the extent that residents are empowered to have choice and control over their lives and consulted over changes in their residential homes
- **Continence management** - how continence and incontinence needs are assessed and managed.

- **Dementia awareness and planning** - the extent that the care home reviews the environment to identify improvements to stimulate residents with dementia and take their needs into account.
- **Monitoring and recording** - the accuracy of monitoring and recording key activities (such as medication, meals, etc) within the residential homes.

Conclusion

We hope these comments are useful to the Health and Social Care Committee. We would be more than happy to provide further information as required. We look forward to contributing to the Inquiry in the future.

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC29 ToR – Royal College of Nursing

Royal College of Nursing
Ty Maeth
King George V Drive East
Cardiff
CF14 4XZ

Tina Donnelly TD, DL, MSc (ECON), BSc (Hons), RGN, RM, RNT, RCNT, Dip N, PGCE
Director, RCN Wales

14 October 2011

Mark Drakeford AM
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff
CF99 1NA

Dear Mark

The Royal College of Nursing in Wales welcomes the decision of the National Assembly Health and Social Care Committee to conduct an Inquiry into Residential Care for Older People.

We also appreciate the opportunity to comment on the draft terms of reference.

Our suggestion, which we urge in the strongest possible manner is to explicitly extend the scope of the Inquiry to residential and nursing care. We make this suggestion for the following reasons:

The healthcare of older people in residential care is a significant concern. There is reason to fear that preventative health care from primary services are not prioritised and that admittance and discharge from secondary care with all of the attendant delays and disadvantages is too prevalent.

The relationship of this situation to nursing care is inextricable. Older people in residential care may require or benefit from nursing care on a temporary basis. Furthermore if an older person has been resident in a home for a long period of time and their health deteriorates it is not always appropriate for that individual to be moved to another facility when nursing care could be provided in situ.

There is also the complex issue of whether an Older Person is assessed as requiring nursing or residential care. This assessment can not only produce significant delays in patient care it can also result in the patient receiving inappropriate care or care in an inappropriate environment. This is an important factor in residential care. Nursing care beds are in extremely short supply in certain areas of Wales which can add to the pressure on residential care.

Finally the draft terms of reference currently reference the need to examine regulatory frameworks for residential care. We welcome this scrutiny and believe it would benefit from examination of the broader vista of regulation covering nursing and residential care. It will be extremely important that this Inquiry consults with a wide range of expert advisers and stakeholders making sure to include professionals from the health as well as social care field.

Kind regards

Yours sincerely

A handwritten signature in blue ink that reads "Tina Donnelly". The signature is written in a cursive style with a long, sweeping underline.

TINA DONNELLY
DIRECTOR, RCN WALES

Health and Social Care Committee

Consultation on terms of reference for inquiry into residential care for older people

RC30 ToR – Cardiff and Vale University Health Board

Good afternoon

Thank you for the opportunity to comment on the Terms of Reference for the inquiry into residential care for older people. The comments within this email are submitted on behalf of Cardiff & Vale University Health Board.

I apologise for the late response, and hope the delay will not prevent the comments from being considered.

The view is that it would be helpful if the Terms of Reference could be expanded to include:

1. How care is provided to people with dementia in residential settings
2. How care is provided to people who have multiple needs, one of which happens to be cognitive impairment
3. To explore the interface between residential settings and core NHS/specialist (e.g. Older People with Mental Health) provision. As there is a risk that people in care homes don't access the same provision that someone in their own home would.

If you have any queries regarding the suggested inclusions, or would like further detail, then please do not hesitate to contact me.

Regards
Gaynor

Gaynor Williams

National Programme Director: Continuing NHS Health Care

Y Pwyllgor Iechyd a Gofal Cymdeithasol

HSC(4)-08-11 papur 2

Cyllideb Ddrafft 2012-13: Papur gan y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol

Diben

Ysgrifennodd Cadeirydd y Pwyllgor at y Gweinidog Iechyd a Gwasanaethau Cymdeithasol ar 28 Gorffennaf yn ei gwahodd i roi tystiolaeth ar ei chynigion ar gyfer y Gyllideb Ddrafft ac yn gofyn iddi ddarparu papur mewn perthynas â'r Gyllideb Ddrafft.

Cyflwyniad

Cyhoeddwyd y Gyllideb Ddrafft ar 4 Hydref 2011. Mae'r papur hwn yn rhoi gwybodaeth i'r Pwyllgor Iechyd a Gofal Cymdeithasol am gynigion cyllideb Prif Grŵp Gwariant Iechyd, Gwasanaethau Cymdeithasol a Phlant yn y dyfodol ar gyfer 2012-13 hyd at 2014-15.

Trosolwg o'r Gyllideb

Mae cyfanswm y gyllideb Iechyd, Gwasanaethau Cymdeithasol a Phlant wedi cynyddu swm net o £92.5 miliwn yn 2012-13 gyda chynnydd dangosol pellach o £108.7 miliwn a £109.1 miliwn yn 2013-14 a 2014-15 yn y drefn honno. Mae hyn yn cynnwys cyllideb refeniw ychwanegol o £103.3 miliwn yn 2012-13, £119.6 miliwn yn 2013-14 a £119.9 miliwn yn 2014-15, wedi'i wrthbwyso gan drosglwyddiadau o £10.8 miliwn i Brif Grwpiau Gwariant eraill ymhob un o'r tair blynedd.

Mae'r tabl ariannol cryno canlynol yn dangos yr effaith gyffredinol ar Brif Grŵp Gwariant Iechyd, Gwasanaethau Cymdeithasol a Phlant:

Tabl Ariannol Cryno:

	2012-13	2013-14	2014-15
Refeniw	£m	£m	£m
Llinell Sylfaen y Terfyn Gwariant Adrannol	5954.1	5970.5	5970.5
Dyraniad y Prif Grŵp Gwariant	103.3	119.6	119.9
Trosglwyddiadau rhwng Prif Grwpiau Gwariant	(10.8)	(10.8)	(10.8)
Terfyn Gwariant Adrannol Diwygiedig	6046.6	6079.3	6079.6
Cyfalaf			
Llinell Sylfaen y Terfyn Gwariant Adrannol	240.6	214.5	214.5

Cyfanswm Cyffredinol Prif Grŵp Gwariant Iechyd, Gwasanaethau Cymdeithasol a Phlant	6287.2	6293.8	6294.1
---	---------------	---------------	---------------

Nid yw'r tabl yn cynnwys Gwariant a Reolir yn Flynyddol (AME) sydd y tu allan i Derfyn Gwariant Adrannol Llywodraeth Cymru.

Mae'r arian adnoddau ychwanegol yn gysylltiedig â'r rhaglenni gwariant canlynol:

- **Cymorth ychwanegol i'r Byrddau Iechyd Lleol** - £83 miliwn ychwanegol yn 2012-13, £83 miliwn yn 2013-14 a £73 miliwn yn 2014-15 i sicrhau bod y Byrddau Iechyd Lleol mewn sefyllfa ariannol gynaliadwy yn y dyfodol.
- **Orthopedeg** - £15.3 miliwn ychwanegol yn 2012-13 gan godi i £16.6 miliwn yn 2014-15 i wella capasiti ac ailfodelu llwybrau gwasanaeth mewn ymateb i'r cynnydd sylweddol yn y galw am driniaeth Orthopedeg.
- **Rhaglen Dechrau'n Deg i Blant** - £5 miliwn ychwanegol yn 2012-13 gan godi i £30 miliwn yn 2014-15 i ehangu'r rhaglen yn unol ag ymrwymiad y Llywodraeth i ddyblu nifer y Plant sy'n cael budd ohoni.
- **Presgripsiynau am Ddim** - £0.4 miliwn ychwanegol yn 2014-15 i gadw'r budd cyffredinol hwn, gan sicrhau na fydd pobl ar incwm isel yn rhoi'r gorau i gymryd meddyginiaeth reolaidd a fyddai'n eu helpu i fyw bywydau iachach.

Yn ogystal â'r cynnydd mewn arian ar gyfer y rhaglenni penodol a ddyfynnwyd uchod, caiff yr holl ddyraniadau cyllid ar gyfer rhaglenni eraill yn y tablau cyllideb 'Camau gweithredu' yn atodiad 1 eu blaenoriaethu a'u hailgyfeirio er mwyn sicrhau y caiff pob un o ymrwymadau Maniffesto rhaglen y Llywodraeth eu cyflawni.

Ceir trosglwyddiadau hefyd rhwng y Prif Grwpiau Gwariant, fel y manylir yn y tabl isod:

	2012-13	2013-14	2014-15
	£m	£m	£m
Grant Codi Tâl Tecach i'r Grant Cynnal Refeniw	(10.1)	(10.1)	(10.1)
Grant Pobl Hŷn i'r Grant Cynnal Refeniw	(1.0)	(1.0)	(1.0)
Costau rhedeg Pwyllgor	0.3	0.3	0.3

Gwasanaethau Iechyd Arbenigol Cymru o'r Gwasanaethau Canolog a Gweinyddu			
Trosglwyddiad Net o Iechyd, Gwasanaethau Cymdeithasol a Phlant	(10.8)	(10.8)	(10.8)

Blaenoriaethau Gwariant

Nod cyffredinol yr Adran yw darparu gwasanaeth iechyd a gofal cymdeithasol o'r radd flaenaf i ddinasyddion Cymru gan arwain at well iechyd i bawb a llai o anghydraddoldebau. Mae'r Fframwaith Gwasanaeth, Gweithlu a Chyllid pum mlynedd ar gyfer y GIG, a luniwyd yn 2009, yn llywio'r agenda ddiwygio sydd ei hangen i gyflawni'r weledigaeth hon. Bydd yr Adran yn parhau ar y trywydd hwn tra'n parhau i ganolbwyntio ar gyflawni'r blaenoriaethau a nodwyd yn y Rhaglen Lywodraethu.

Er gwaethaf y buddsoddiad ychwanegol a gyhoeddwyd yn y gyllideb hon, mae'r amgylchedd ariannol yn heriol a bydd llwyddiant yn dibynnu ar drefniadau effeithlon ac effeithiol ar gyfer gweithio mewn partneriaeth ar draws Adrannau'r Llywodraeth, yn y GIG, gyda Llywodraeth Leol a chyda sefydliadau partner eraill.

Mae'r angen parhaus i reoli a lleihau costau wrth i'r galw am wasanaethau barhau i gynyddu yn atgyfnerthu'r angen i gynyddu momentwm a chyflymu'r gwaith i drawsnewid y ffordd mae'r GIG yn darparu ein gwasanaethau ac integreiddio pob agwedd ar y system ofal. Bydd rheoli'r galw am wasanaethau iechyd a lleihau'r straen ar wasanaethau aciwt yn allweddol o ran cynnal gwasanaethau cynaliadwy o ansawdd uchel ac felly bydd ffocws cryf ar wella iechyd a hunanofal yn parhau yn flaenoriaeth allweddol.

O ran Gwasanaethau Cymdeithasol, mae gwaith Comisiwn annibynnol wedi llywio'r broses ddiweddar o lunio dogfen strategol bwysig ym mis Chwefror 2011 o'r enw 'Gwasanaethau Cymdeithasol Cynaliadwy i Gymru: Fframwaith Gweithredu. Bydd y Bil Gwasanaethau Cymdeithasol, a fydd yn darparu fframwaith cyfreithiol cydlynus i Gymru i drawsnewid Gwasanaethau Cymdeithasol, yn greiddiol yn hyn o beth.

Ymrwymadau'r Maniffesto

Mae'r Rhaglen Lywodraethu yn nodi'n benodol ymrwymadau'r maniffesto y gellir eu priodoli'n uniongyrchol i Iechyd, Gwasanaethau Cymdeithasol a Phlant a gaiff eu cyflawni yn ystod y pedair blynedd nesaf a dyma fydd ein prif flaenoriaethau ar gyfer cyfnod y Llywodraeth hon. Bydd yr ymrwymadau hyn yn rhoi ffocws llawer

cliriach ar wella canlyniadau iechyd a lleihau anghydraddoldebau. Mae'r ymrwymadau hyn yn cynnwys gwaith i: wella mynediad i feddygon teulu, cychwyn trefn o archwiliadau iechyd blynyddol i bobl dros 50 oed, gwella gwasanaethau canser, gwasanaethau cardiac a gwasanaethau strôc ac iechyd plant, gwella amseroedd ymateb ambiwlansys a lleihau nifer y bobl sy'n mynd i adrannau achosion brys yn ddiangen.

Yn fwy penodol, mae'r Llywodraeth wedi amlygu pum addewid benodol sy'n arbennig o bwysig, sef 'Pump am Ddyfodol Tecach'. Mae Iechyd, Gwasanaethau Cymdeithasol a Phlant yn uniongyrchol gyfrifol am gyflawni dwy o'r addewidion hyn;

- Gwell mynediad i feddygfeydd meddygon teulu gyda'r nos ac ar fore dydd Sadwrn;
- Ehangu'r Rhaglen Dechrau'n Deg

Crynodeb o'r Newidiadau i 'linellau'r gyllideb Camau Gweithredu' yn 2012-13

1. Cyflenwi'r GIG

Yn 2012-13 a blynyddoedd yn y dyfodol mae'r Cam Gweithredu hwn wedi'i rannu yn ddau Gam Gweithredu fel y nodir isod:

- Cyflenwi Gwasanaethau GIG Craidd
- Cyflenwi Gwasanaethau GIG wedi'u Targedu

(a) Cyflenwi Gwasanaethau GIG Craidd

Cyflenwi Gwasanaethau GIG Craidd yw'r Cam Gweithredu mwyaf yn y Prif Grŵp Gwariant o bell ffordd, gyda chyllideb refeniw flynyddol o £5 biliwn. Mae'r cam gweithredu yn darparu'r prif gyllid ar gyfer gofal y GIG (gwasanaethau ysbyty a gwasanaethau cymunedol). Dyrennir yr arian hwn i fyrddau iechyd lleol (BILI) ac Ymddiriedolaethau'r GIG. Mae'n cynnwys arian ar gyfer gofal sylfaenol (meddygon teulu, deintyddion a fferyllwyr). Y **cynnydd net** i'r cam gweithredu hwn yw £138.7 miliwn yn 2012-13. Mae'r swm hwn yn cynnwys:

- i. Dyraniadau Ychwanegol:

- **£98.3 miliwn** o'r Cronfeydd Canolog Wrth Gefn o ran cyllid ychwanegol mewn perthynas â chymorth strwythurol iechyd a thriniaeth orthopedeg.

ii. Trosglwyddiadau rhwng Camau Gweithredu:

- **£32.3 miliwn** o Cyflenwi Gwasanaethau GIG wedi'u Targedu i'r dyraniad refeniw BILL, mewn perthynas â chyllid seilwaith SIFT
- **£7.7 miliwn** o Cefnogi Polisiâu a Deddfwriaeth Iechyd Meddwl i'r dyraniad refeniw BILL, mewn perthynas â chyllid ar gyfer gwasanaethau iechyd meddwl
- **£1.6 miliwn** o Mynd i'r Afael ag Anghydraddoldebau Iechyd a Datblygu Gweithio mewn Partneriaeth, mewn perthynas ag ymgyrch Cynllun Gwên
- **£1.2 miliwn** o Gwasanaethau Cymdeithasol i Blant i'r dyraniad refeniw BILL, mewn perthynas â chyllid ar gyfer CAMHS
- **£0.5 miliwn** o Cyflenwi Gwasanaethau GIG wedi'u Targedu, mewn perthynas ag Ymwelwyr o Dramor
- **£2.2 miliwn** i Noddi Cyrff Iechyd Cyhoeddus, mewn perthynas ag ailalinio cyllid ar gyfer Iechyd Cyhoeddus Cymru
- **£0.9 miliwn** i Hybu Gwella Iechyd a Gweithio Iach, mewn perthynas â chyllid ar gyfer camddefnyddio alcohol

iii. Trosglwyddiadau rhwng Prif Grwpiau Gwariant

- **£0.2 miliwn** o'r Prif Grŵp Gwariant Gwasanaethau Canolog a Gweinyddu, mewn perthynas â chostau rhedeg Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru

2. Cyflenwi Gwasanaethau GIG wedi'u Targedu

Mae'r Cam Gweithredu hwn yn cynnwys cyllid ar gyfer gwasanaethau gofal sylfaenol penodol (gan gynnwys Mentrau Gofal Llygaid), yn ogystal â chyllid ar gyfer amrywiaeth o ddatblygiadau eraill gan gynnwys: darparu gwybodaeth a thechnoleg, datrysiadau i'r GIG yng Nghymru a chymorth i Addysg Feddygol ar gyfer israddedigion. Ceir **gostyngiad net** o £32.8 miliwn i'r cam gweithredu hwn yn 2012-13 o ganlyniad i'r trosglwyddiadau canlynol rhwng Camau Gweithredu:

- **£32.3 miliwn** i Cyflenwi Gwasanaethau GIG Craidd mewn perthynas â chyllid seilwaith SIFT Cymru Gyfan i'r dyraniad refeniw BILL
- **£0.5 miliwn** i Cyflenwi Gwasanaethau GIG Craidd mewn perthynas ag Ymwelwyr o Dramor

3. Cefnogi Addysg a Hyfforddiant yng Ngweithlu'r GIG

Mae'r Cam Gweithredu hwn yn cefnogi rhaglenni addysg a hyfforddiant mewn swydd i ddatblygu gweithlu'r GIG. **Nid oes unrhyw newid** yn y ffordd yr ariennir y Cam Gweithredu hwn

4. Cefnogi Polisiâu a Deddfwriaeth Iechyd Meddwl

Darperir arian craidd ar gyfer gwasanaethau iechyd meddwl drwy'r Cam Gweithredu Cyflenwi Gwasanaethau GIG Craidd. Yn ogystal, mae'r Cam Gweithredu hwn yn darparu arian ar gyfer datblygu a gwella gwasanaethau iechyd meddwl i blant a phobl ifanc yn eu harddegau, oedolion a phobl hŷn yng Nghymru yn unol â'r Strategaeth Iechyd Meddwl, y Fframwaith Gwasanaethau Cenedlaethol a deddfwriaeth. Er enghraifft, mae'n darparu cymorth ar gyfer gwasanaethau dementia, anhwylderau bwyta a'r Gwasanaeth ar gyfer Cyn-filwyr ledled Cymru. Ceir **gostyngiad net** o £6.8 miliwn yn 2012-13 o ganlyniad i'r trosglwyddiadau canlynol rhwng Camau Gweithredu:

- **£7.7 miliwn** wedi'i drosglwyddo allan i'r Cam Gweithredu Cyflenwi Gwasanaethau GIG Craidd. Mae hyn o ran arian ar gyfer gwasanaethau Iechyd Meddwl sy'n trosglwyddo i'r dyraniad refeniw BILL.
- **£0.9 miliwn** wedi'i drosglwyddo i mewn o'r Cam Gweithredu Gwasanaethau Cymdeithasol i Blant. Mae hyn o ran arian ar gyfer CAMHS. (Noder - mae £1.2 miliwn pellach o arian ar gyfer CAMHS hefyd wedi cael ei drosglwyddo i Cyflenwi Gwasanaethau GIG Craidd.)

5. Cymorth Hosbis

Mae'r Cam Gweithredu hwn yn darparu arian ar gyfer mentrau gofal lliniarol Cymru gyfan ac hefyd arian rheolaidd ar gyfer hosbisau gwirfoddol. **Nid oes unrhyw newid** yn y ffordd yr ariennir y Cam Gweithredu hwn.

6. Noddi Cyrff Iechyd Cyhoeddus

Mae'r Cam Gweithredu hwn yn darparu arian i Ymddiriedolaeth GIG Iechyd Cyhoeddus Cymru, sy'n darparu: gwasanaethau iechyd cyhoeddus sy'n cynnwys gwella a diogelu iechyd, gwybodaeth a gwaith

ymchwil ym maes iechyd cyhoeddus, a rhaglenni sgrinio cenedlaethol ar gyfer pobl Cymru.

Ceir **cynnydd** o £3.4 miliwn yn 2012-13. Mae hyn o ganlyniad i drosglwyddiadau o amrywiol Gamau Gweithredu mewn perthynas ag arian i Iechyd Cyhoeddus Cymru.

7. Yr Asiantaeth Safonau Bwyd

Defnyddir hwn i ariannu Asiantaeth Safonau Bwyd Cymru, un o adrannau annibynnol y Llywodraeth a sefydlwyd i ddiogelu iechyd y cyhoedd a buddiannau defnyddwyr mewn perthynas â bwyd.

Ceir **gostyngiad** o £0.209 miliwn sy'n cynrychioli arian mewn perthynas â'r Arolwg Bwyd a Maeth sy'n cael ei drosglwyddo i'r Cam Gweithredu Hybu Gwella Iechyd a Gweithio Iach.

8. Cyflawni Gweithgareddau Diogelu Iechyd ac Imiwneiddio Pwrpasol

Mae hwn yn darparu arian ar gyfer brechlynnau ar gyfer y rhaglen clefydau y gellir eu hatal. Mae hefyd yn ariannu amrywiaeth o ymgyrchoedd gwybodaeth i'r cyhoedd, yn ogystal â mentrau i fynd i'r afael â heintiau sy'n gysylltiedig â gofal iechyd. **Nid oes unrhyw newid** yn y ffordd yr ariennir y Cam Gweithredu hwn.

9. Hybu Gwella Iechyd a Gweithio Iach

Mae hwn yn cefnogi mentrau a chamau gweithredu sy'n cael eu datblygu i gefnogi *Ein Dyfodol Iach* gan gynnwys y strategaeth rheoli tybaco a darparu nyrsys mewn ysgolion uwchradd. Ceir **cynnydd net** o £0.541 miliwn yn 2012-13 o ganlyniad i'r trosglwyddiadau canlynol rhwng Camau Gweithredu:

- **£0.9 miliwn** o'r Cam Gweithredu Cyflenwi Gwasanaethau GIG Craidd, mewn perthynas ag arian ar gyfer camddefnyddio alcohol.
- **£0.2 miliwn** o Gam Gweithredu yr Asiantaeth Safonau Bwyd, mewn perthynas â'r Arolwg Bwyd a Maeth
- **£0.5 miliwn** i Noddi Cyrff Iechyd Cyhoeddus, mewn perthynas ag arian i Iechyd Cyhoeddus Cymru

10. Mynd i'r Afael ag Anghydraddoldebau Iechyd a Datblygu Gweithio mewn Partneriaeth

Mae hwn yn cefnogi'r Gronfa Anghydraddoldebau Iechyd a'r rhaglen Cychwyn Iach. Ceir **gostyngiad** o £1.7 miliwn yn 2012-13 o ganlyniad i'r trosglwyddiadau canlynol rhwng Camau Gweithredu:

- **£1.6 miliwn** i Cyflenwi Gwasanaethau GIG Craidd sy'n trosglwyddo i'r Dyraniad Refeniw BILL, mewn perthynas ag arian ar gyfer rhaglen 'Cynllun Gwên'
- **£0.1 miliwn** i'r Cam Gweithredu Noddi Cyrff Iechyd Cyhoeddus, mewn perthynas ag arian Iechyd Cyhoeddus Cymru.

11. Trefniadau Effeithiol ar gyfer Parodrwydd am Argyfyngau

Mae'r arian yn y Cam Gweithredu hwn wedi'i gyfeirio at sefydlu a chynnal cronfeydd strategol o frechlynnau cyn-bandemig, cyffuriau gwrthfeirysol, gwrthfotigau, mygydau wyneb, anadlwyr a nwyddau traul. Darperir arian hefyd i ddatblygu a chynnal cronfeydd o wrthfesurau iechyd eraill er mwyn ymateb i achosion damweiniol neu fwriadol o ryddhau sylweddau cemegol, biolegol, radiolegol, niwclear a ffrwydrol.

Mae'r gyllideb hon hefyd yn ariannu'r Tîm Ymateb mewn Lleoedd Peryglus (HART), sy'n galluogi'r gwasanaeth ambiwlans i ddarparu triniaethau mewn amgylcheddau halogedig neu lle mae'n anodd cael mynediad. **Nid oes unrhyw newid** yn y ffordd yr ariennir y Cam Gweithredu hwn.

12. Datblygu a Gweithredu Ymchwil a Datblygiad er budd Cleifion a'r Cyhoedd

Mae'r Cam Gweithredu hwn yn ariannu gwaith y Sefydliad Cenedlaethol ar gyfer Ymchwil Gofal Cymdeithasol ac Iechyd (NISCHR) sy'n anelu at helpu i greu tystiolaeth o ansawdd uchel i lywio polisiau ac i fod o fudd i gleifion a'r cyhoedd. **Nid oes unrhyw newid** yn y ffordd yr ariennir y Cam Gweithredu hwn.

13. Gwasanaethau Cymdeithasol Plant

Mae hwn yn ariannu amrywiaeth o raglenni a datblygiadau polisi i gefnogi plant sy'n agored i niwed a gwasanaethau iechyd i blant, gan gynnwys rhoi Deddf Plant a Phobl Ifanc 2008 ar waith, ffioedd llysoedd i deuluoedd a phlant a Gwasanaethau Integredig Cymorth i Deuluoedd. Ceir **gostyngiad net** o £4.3 miliwn yn 2012-13 o ganlyniad i'r trosglwyddiadau canlynol rhwng Camau Gweithredu:

- **£1.0 miliwn** o'r Cam Gweithredu Strategaeth Gwasanaethau Cymdeithasol, mewn perthynas ag arian ar gyfer Plant sy'n Agored i Niwed

- **£1.2 miliwn** i Cyflenwi Gwasanaethau GIG Craidd sy'n trosglwyddo i'r Dyraniad Refeniw BILL, mewn perthynas ag arian ar gyfer CAMHS.
- **£0.9 miliwn** i'r Cam Gweithredu Cefnogi Polisiâu a Deddfwriaeth Iechyd Meddwl, mewn perthynas ag arian CAMHS
- **£1.4 miliwn** i'r Cam Gweithredu Oedolion a Phobl Hŷn, mewn perthynas ag arian ar gyfer Awtistiaeth
- **£0.5 miliwn** i'r Cam Gweithredu Noddi Cyrff Iechyd Cyhoeddus, mewn perthynas ag arian ar gyfer Sgrinio Smotiau Gwaed Babanod Newyddanedig
- **£1.3 miliwn** i'r Cam Gweithredu Plant, Pobl Ifanc a Theuluoedd, i atgyfnerthu Cyllidebau Plant mewn Angen y Grant Mudiadau Plant a Theuluoedd

14. Plant, Pobl Ifanc a Theuluoedd

Mae'r Cam Gweithredu hwn yn darparu amrywiaeth o gymorth i blant, pobl ifanc a theuluoedd i'w helpu i gyflawni eu potensial. Mae rhaglenni wedi'u targedu fel Teuluoedd yn Gyntaf a Dechrau'n Deg wedi'u cyfeirio at ein teuluoedd mwyaf difreintiedig er mwyn helpu i godi pobl o dlodi a rhoi gwell canlyniadau addysg, iechyd ac economaidd iddynt, ac mae rhaglenni ehangach yn cefnogi gofal plant a chwarae.

Mae'r Cam Gweithredu hefyd yn ategu dull gweithredu Llywodraeth Cymru o ran cynnwys Confensiwn y Cenhedloedd Unedig ar Hawliau'r Plentyn wrth ddatblygu polisiâu a rhaglenni sy'n rhoi hawliau'r plentyn wrth wraidd yr hyn a wnawn. Ceir **cynnydd net** o £6.3 miliwn yn 2012-13 sy'n cynnwys:

- i. Dyraniadau Ychwanegol:
 - **£5.0 miliwn** o'r Cronfeydd Canolog Wrth Gefn mewn perthynas â Dechrau'n Deg
- ii. Trosglwyddiadau rhwng Camau Gweithredu:
 - **£1.3 miliwn** o'r Cam Gweithredu Gwasanaethau Cymdeithasol i Blant i atgyfnerthu Cyllidebau Plant mewn Angen y Grant Mudiadau Plant a Theuluoedd.

15. Oedolion a Phobl Hŷn

Mae'r Cam Gweithredu hwn yn darparu arian ar gyfer rhoi'r Strategaeth ar gyfer Pobl Hŷn a'r strategaeth Anableddau Dysgu ar waith, gan gynnwys y rhaglen adsefydlu yn dilyn cyfnodau hir yn yr ysbyty. Mae hefyd yn ariannu ymrwymadau'r Cynllun Gweithredu Strategol i Ofalwyr a'r Mesur Gofalwyr. Ceir **gostyngiad net** o £7.8 miliwn yn 2012-13 sy'n cynnwys:

- i. Trosglwyddiadau rhwng Camau Gweithredu:
 - **£1.4 miliwn** o'r Cam Gweithredu Gwasanaethau Cymdeithasol i Blant, mewn perthynas ag arian ar gyfer Awtistiaeth
 - **£1.9 miliwn** o'r Cam Gweithredu Strategaeth Gwasanaethau Cymdeithasol, mewn perthynas â Grantiau i Awdurdodau Lleol
- ii. Trosglwyddiadau rhwng Prif Grwpiau Gwariant
 - Trosglwyddiad o **£11.1 miliwn** i Brif Grŵp Gwariant Llywodraeth Leol a Chymunedau ac i mewn i'r setliad Grant Cynnal Refeniw, mewn perthynas ag arian ar gyfer pecyn Camau Cyntaf a'r Strategaeth ar gyfer Pobl Hŷn

16. Strategaeth Gwasanaethau Cymdeithasol

Mae hwn yn ategu'r broses o roi'r Strategaeth Gwasanaethau Cymdeithasol i Gymru ar waith. Bydd yr arian hwn yn chwarae rhan bwysig wrth ddatblygu modelau gofal newydd ac ategu'r broses o drawsnewid gwasanaethau. Mae'r Cam Gweithredu hwn hefyd yn cynnwys yr arian ar gyfer cyllideb rhaglen yr Arolygiaeth Gofal a Gwasanaethau Cymdeithasol (AGGCC) ac mae'n cynnwys arian cynlluniau grant a chymorth i Gymdeithas y Cyfarwyddwyr (ADSS) a'r Sefydliad Gofal Cymdeithasol er Rhagoriaeth (SCIE). Ceir **gostyngiad net** o £2.9 miliwn yn 2012-13 o ganlyniad i'r trosglwyddiadau canlynol rhwng Camau Gweithredu:

- **£1.0 miliwn** i'r Cam Gweithredu Gwasanaethau Cymdeithasol i Blant mewn perthynas â Phlant sy'n Agored i Niwed
- **£1.9 miliwn** i'r Cam Gweithredu Oedolion a Phobl Hŷn mewn perthynas â Grantiau i Awdurdodau Lleol

17. Cyngor Gofal Cymru

Cyngor Gofal Cymru sy'n rheoleiddio'r gweithlu gofal cymdeithasol yng Nghymru ac mae'n gyfrifol am hyrwyddo a sicrhau safonau uchel drwy'r gweithlu gwasanaethau cymdeithasol a gofal cymdeithasol cyfan. Nid yw'r gyllideb ddrafft a gyhoeddwyd ar 4 Hydref wedi newid ers 2011-12. Fodd bynnag disgwylir y bydd y Cyngor yn nodi arbedion

effeithlonrwydd o tua 3% y flwyddyn nesaf, gyda'r gyllideb yn lleihau o'r ffigur presennol o £10.1 miliwn i £9.8 miliwn.

18. Comisiynydd Pobl Hŷn

Mae hwn yn darparu arian i'r Comisiynydd Pobl Hŷn. Mae'r swydd hon yn annibynnol - y swydd gyntaf o'i bath yn y byd - ac fe'i sefydlwyd i sicrhau bod buddiannau pobl hŷn yng Nghymru, sy'n 60 oed neu drosodd, yn cael eu diogelu a'u hyrwyddo. Nid yw'r gyllideb ddrafft a gyhoeddwyd ar 4 Hydref wedi newid ers 2011-12. Fodd bynnag, unwaith eto disgwylir y gellir sicrhau arbedion effeithlonrwydd o tua 3% y flwyddyn nesaf, gyda'r gyllideb yn lleihau £53k o'i lefel bresennol o £1.747m

19. Rhaglenni CAFCASS Cymru

Mae CAFCASS CYMRU yn sefydliad gwaith cymdeithasol sy'n canolbwyntio ar blant ac mae'n darparu cyngor arbenigol o safbwynt gwaith cymdeithasol i lysoedd achosion teuluol, y Llysoedd Sirol a'r Uchel Lys. Mae'r arian hwn yn cefnogi dyletswyddau craidd y sefydliad, yn ogystal â rhwymedigaethau o dan Ddeddf Plant a Mabwysiadu 2006 gan gynnwys darparu canolfannau cyswllt a gweithgareddau cyswllt. Mae trafodaethau manwl yn mynd rhagddynt o hyd ynghylch dyraniad y gyllideb derfynol a disgwylir y dyrennir mwy o arian i CAFCASS Cymru yn 2012-13, y tu hwnt i'r hyn sydd yng nghynigion y gyllideb ddrafft, a fydd yn arwain at arbedion effeithlonrwydd o tua 2% o gymharu â dyraniad y flwyddyn gyfredol.

20. Cyfalaf

Mae Rhaglen Gyfalaf Cymru Gyfan, sy'n cynnwys arian ar gyfer y Strategaeth Gwasanaethau Cymdeithasol a Pharodrwydd am Argyfyngau Iechyd, yn seiliedig ar gynlluniau cyfredol ag ymrwymadau cytundebol a chynlluniau y mae'r Gweinidog Iechyd blaenorol a'r BILLau wedi'u hamlygu fel blaenoriaethau ar gyfer y blynyddoedd ariannol nesaf.

Mae'r Rhaglen yn ystyried dyraniadau'r gyllideb ddangosol a bennwyd yn ystod Ymarfer Asesu Ymchwil y llynedd, ac sy'n cynrychioli **gostyngiad sylweddol** mewn arian.

HEALTH, SOCIAL SERVICES AND CHILDREN MAIN EXPENDITURE GROUP (MEG)

REVENUE BUDGET - Departmental Expenditure Limit										£000's	
SPA	Actions	2011-12 Supplementary Budget June 2011	2012/13 Indicative Plans Supplementary Budget June 2011	2012-13 Changes	2012-13 Draft Budget New Plans	2013-14 Indicative Plans Supplementary Budget June 2011	2013-14 Changes	2013-14 Draft Budget New Plans	2014-15 Indicative Plans Supplementary Budget June 2011	2014-15 Changes	2014-15 Draft Budget New Plans
NHS Delivery	Delivery of Core NHS Services	4,964,545	4,923,046	138,734	5,061,780	4,923,046	140,034	5,063,080	4,923,046	130,422	5,053,468
	Delivery of Targeted NHS Services	442,958	462,958	-32,776	430,182	476,726	-32,776	443,950	476,726	-32,776	443,950
	Total NHS Delivery	5,407,503	5,386,004	105,958	5,491,962	5,399,772	107,298	5,507,030	5,399,772	97,646	5,497,418
	Support Education & Training of the NHS Workforce	188,826	188,826	0	188,826	188,826	0	188,826	188,826	0	188,826
	Support Mental Health Policies & Legislation	16,331	16,331	-6,811	9,520	16,331	-6,811	9,520	16,331	-6,811	9,520
	Hospice Support	7,028	7,028	0	7,028	7,028	0	7,028	7,028	0	7,028
	Total Health Central Budgets	212,185	212,185	-6,811	205,374	212,185	-6,811	205,374	212,185	-6,811	205,374
	Sponsorship of Public Health Bodies	63,785	63,785	3,361	67,146	63,785	3,361	67,146	63,785	3,361	67,146
	Food Standards Agency	3,651	3,651	-209	3,442	3,651	-209	3,442	3,651	-209	3,442
	Deliver Targeted Health Protection & Immunisation Activity	11,720	11,720	0	11,720	11,720	0	11,720	11,720	0	11,720
	Promote Healthy Improvement & Healthy Working	15,219	15,218	541	15,759	15,218	541	15,759	15,218	541	15,759
	Tackle Health Inequalities & Develop Partnership Working	11,497	11,497	-1,736	9,761	11,497	-1,736	9,761	11,497	-1,736	9,761
	Effective Health Emergency Preparedness Arrangements	5,921	5,921	0	5,921	5,921	0	5,921	5,921	0	5,921
	Develop & Implement Research and Development for Patient & Public Benefit	43,799	43,799	0	43,799	43,799	0	43,799	43,799	0	43,799
	Total Public Health & Prevention	155,592	155,591	1,957	157,548	155,591	1,957	157,548	155,591	1,957	157,548
	Children's Social Services	12,308	12,308	-4,297	8,011	12,308	-4,297	8,011	12,308	-4,297	8,011
	Children, Young People and Families	94,294	96,341	6,340	102,681	99,398	21,340	120,738	99,398	31,340	130,738
	Adult & Older People	51,484	51,484	-7,746	43,738	51,484	-7,746	43,738	51,484	-7,746	43,738
	Social Services Strategy	18,747	18,747	-2,961	15,786	18,747	-2,961	15,786	18,747	-2,961	15,786
	Care Council for Wales	10,141	10,141	0	10,141	10,141	0	10,141	10,141	0	10,141
	Other People Commissioner	1,747	1,747	0	1,747	1,747	0	1,747	1,747	0	1,747
	Total Social Services	188,721	190,768	-8,664	182,104	193,825	6,336	200,161	193,825	16,336	210,161
	CAFCASS Cymru Programmes	10,138	9,635	0	9,635	9,167	0	9,167	9,167	0	9,167
	Total CAFCASS Cymru	10,138	9,635	0	9,635	9,167	0	9,167	9,167	0	9,167
	Total Revenue - Health, Social Services and Children	5,974,139	5,954,133	92,440	6,046,623	5,970,540	108,740	6,079,280	5,970,540	109,128	6,079,668

CAPITAL BUDGET - Departmental Expenditure Limit										£000's		
SPA	Actions									2013-14 Indicative Plans Supplementary Budget June 2011	2013-14 Draft Budget New Plans	2014-15 Draft Budget New Plans
	2011-12 Supplementary Budget June 2011	2012-13 Indicative Plans Supplementary Budget June 2011	2012-13 Changes	2012-13 Draft Budget New Plans	2013-14 Indicative Plans Supplementary Budget June 2011	2013-14 Changes	2013-14 Draft Budget New Plans	2013-14 Draft Budget New Plans	2014-15 Indicative Plans Supplementary Budget June 2011	2014-15 Changes	2014-15 Draft Budget New Plans	
NHS Delivery	247,573	230,279	0	230,279	205,275	0	205,275	205,275	205,275	0	205,275	
Total NHS Delivery	247,573	230,279	0	230,279	205,275	0	205,275	205,275	205,275	0	205,275	
Public Health & Prevention	5,418	5,039	0	5,039	4,492	0	4,492	4,492	4,492	0	4,492	
Effective Health Emergency Preparedness Arrangements	5,418	5,039	0	5,039	4,492	0	4,492	4,492	4,492	0	4,492	
Total Public Health & Prevention	5,418	5,039	0	5,039	4,492	0	4,492	4,492	4,492	0	4,492	
Social Services	6,659	5,263	0	5,263	4,691	0	4,691	4,691	4,691	0	4,691	
General Capital Funding	6,659	5,263	0	5,263	4,691	0	4,691	4,691	4,691	0	4,691	
Care Council for Wales	23	22	0	22	20	0	20	20	20	0	20	
Children, Young People and Families	3,430	0	0	0	0	0	0	0	0	0	0	
Total Social Services	9,112	5,285	0	5,285	4,711	0	4,711	4,711	4,711	0	4,711	
Total Capital - Health, Social Services and Children	262,103	240,603	0	240,603	214,478	0	214,478	214,478	214,478	0	214,478	

REVENUE BUDGET - Annually Managed Expenditure										£000's		
SPA	Actions									2013-14 Indicative Plans Supplementary Budget June 2011	2013-14 Draft Budget New Plans	2014-15 Draft Budget New Plans
	2011-12 Supplementary Budget June 2011	2012-13 Indicative Plans Supplementary Budget June 2011	2012-13 Changes	2012-13 Draft Budget New Plans	2013-14 Indicative Plans Supplementary Budget June 2011	2013-14 Changes	2013-14 Draft Budget New Plans	2013-14 Draft Budget New Plans	2014-15 Indicative Plans Supplementary Budget June 2011	2014-15 Changes	2014-15 Draft Budget New Plans	
NHS Impairments	184,699	129,764	52,016	181,780	89,827	-9,313	80,514	80,514	89,827	109,565	199,392	
NHS Impairments and Provisions	184,699	129,764	52,016	181,780	89,827	-9,313	80,514	80,514	89,827	109,565	199,392	
Total NHS Impairments and Provisions	184,699	129,764	52,016	181,780	89,827	-9,313	80,514	80,514	89,827	109,565	199,392	
Total AME - Health, Social Services and Children	184,699	129,764	52,016	181,780	89,827	-9,313	80,514	80,514	89,827	109,565	199,392	

Tudalen 66

Health, Social Services and Children - Summary										£000's	
	2011-12 Supplementary Budget June 2011	2012-13 Indicative Plans Supplementary Budget June 2011	2012-13 Changes	2012-13 Draft Budget New Plans	2013-14 Indicative Plans Supplementary Budget June 2011	2013-14 Changes	2013-14 Draft Budget New Plans	2013-14 Draft Budget New Plans	2014-15 Indicative Plans Supplementary Budget June 2011	2014-15 Changes	2014-15 Draft Budget New Plans
Revenue DEL	5,974,139	5,954,183	92,440	6,046,623	5,970,540	108,740	6,079,280	6,079,280	5,970,540	109,128	6,079,668
Capital DEL	262,103	240,603	0	240,603	214,478	0	214,478	214,478	214,478	0	214,478
Total DEL	6,236,242	6,194,786	92,440	6,287,226	6,185,018	108,740	6,293,758	6,293,758	6,185,018	109,128	6,294,146
Annually Managed Expenditure	184,699	129,764	52,016	181,780	89,827	-9,313	80,514	80,514	89,827	109,565	199,392
Total - Health, Social Services and Children	6,420,941	6,324,550	144,456	6,469,006	6,274,845	99,427	6,374,272	6,374,272	6,274,845	218,693	6,493,538