

Agenda – Health, Social Care and Sport Committee – Fifth Senedd

Meeting Venue:

Video Conference via Zoom

Meeting date: 27 March 2019

Meeting time: 09.15

For further information contact:

Claire Morris

Committee Clerk

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Informal pre-meeting (9.15 – 09.30)

- 1 Introductions, apologies, substitutions and declarations of interest**
(09.30)
- 2 Provision of health and social care in the adult prison estate:
Evidence session with Dr Robert Jones**
(09.30 – 11.00) (Pages 1 – 37)
Dr Robert Jones, Wales Governance Centre, Cardiff University

Research Brief
Paper 1: Dr Robert Jones
- 3 Paper(s) to note**
(11.00)
 - 3.1 Letter from the Chair of the Constitutional Legislative Affairs Committee
regarding Inter-Institutional relations agreement**
(Pages 38 – 39)
 - 3.2 Letter from Carers Trust Wales and the Carers Officer Learning and
Improvement Network**
(Pages 40 – 43)
 - 3.3 Older People's Commissioner for Wales: Guidance on Care Homes in Wales**
(Pages 44 – 67)



- 4 Motion under Standing Order 17.42 (vi) to resolve to exclude the public from the remainder of this meeting**
(11.00)
- 5 Provision of health and social care in the adult prison estate:
Consideration of evidence**
(11.00 – 11.10)
- 6 Dentistry in Wales: Consideration of draft report**
(11.10 – 11.30) (Pages 68 – 103)
- 7 Endoscopy Services in Wales: Consideration of draft report**
(11.30 – 11.40) (Pages 104 – 135)

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WRITTEN EVIDENCE

THE PROVISION OF HEALTH AND SOCIAL CARE IN THE ADULT PRISON ESTATE

DR ROBERT JONES

WALES GOVERNANCE CENTRE AT CARDIFF UNIVERSITY

MARCH 2019

ABOUT THE WALES GOVERNANCE CENTRE

The Wales Governance Centre is a research centre that forms part of Cardiff University's School of Law and Politics undertaking innovative research into all aspects of the law, politics, government and political economy of Wales, as well the wider UK and European contexts of territorial governance. A key objective of the Centre is to facilitate and encourage informed public debate of key developments in Welsh governance not only through its research, but also through events and postgraduate teaching.

The Wales Governance Centre launched the Justice and Jurisdiction project in July 2018. It brings together an interdisciplinary group of academic researchers consisting of political scientists, criminologists, constitutional law experts and political economists to investigate the operation of the legal and justice system in Wales. The project is funded by a combination of the Economic and Social Research Council, the Welsh Government and Cardiff University.

ABOUT THE AUTHOR

Robert Jones is a Research Associate at the Wales Governance Centre at Cardiff University.

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INTRODUCTION

1.1 The author welcomes the opportunity to submit evidence to the National Assembly's Health, Social Care and Sport Committee's inquiry into the provision of health and social care in the adult prison estate in Wales. This evidence paper will present some of the latest available data on healthcare funding, deaths in prison, self-harm incidents and substance misuse. This paper will also be used to draw the Committee's attention to a number of issues that have emerged from a recent study into criminal justice in Wales. Crucially, the topics explored here will be discussed further when I appear before the Committee on 27 March.

FUNDING FOR PRISON HEALTH CARE

1.2 Research carried out by the Wales Governance Centre in 2014 found that prison healthcare in Wales was underfunded by the UK Government (e.g. BBC News, 2015). A follow up study in 2018 revealed that this underfund has continued. In 2017/18, the UK Government transferred £2.544 million to the Welsh Government for prison healthcare in Wales. The total cost of providing healthcare at HMP Cardiff, HMP Swansea and HMP Usk/Prescoed totalled £3,879,794.

1.3 Between 2003-04 and 2013-14 the UK Government transferred £28.35 million to the Welsh Government for prisoner healthcare in Wales. An annual breakdown of this information is presented in Annex I.

Figure 1 – The cost of prison healthcare at public sector prisons in Wales (excluding HMP Berwyn) in 2017/18

HMP	Health Board	Cost (£)
Cardiff	Cardiff and Vale	2,140,108
Swansea	Abertawe Bro Morgannwg	1,152,270
Usk/ Prescoed	Aneurin Bevan	587,416
Total		3,879,794

Source: Cardiff and Vale University Health Board, Abertawe Bro Morgannwg University Health Board and Aneurin Bevan University Health Board

I.4 Prison healthcare at HMP Berwyn is fully funded by HM Prison and Probation Service (HMPPS). In 2017/18, Betsi Cadwaladr University Health Board received £10,066,230 from HMPPS for the provision of healthcare at HMP Berwyn.

I.5 During recent fieldwork it was claimed by service providers that the funding arrangements for prison healthcare in Wales are different to those in England. It was suggested that these differences are largely explained by the fact that there are no “service specifications” for prison healthcare in Wales (excluding HMP Berwyn).¹

SUBSTANCE MISUSE

I.6 The number of drug finds in prison in England and Wales increased by 210% between 2010 and 2018.² There were a record 656 drug finds in Welsh prisons (excluding HMP Berwyn) in the year ending March 2018.³ There were 46 drug finds at HMP Berwyn in the year ending March 2018.

I.7 While the number of prisoners held in Wales (excluding HMP Berwyn) increased by 9% since 2013⁴, there was a 475% increase in the number of drug finds in Welsh prisons during this period.⁵

I.8 During 2018, HMP Swansea (26) had the highest number of drug finds in Wales per 100 prisoners. HMP Parc (22 per 100) recorded the second highest rate followed by HMP Cardiff (21 per 100) and HMP Berwyn (6 per 100).⁶

I.9 The number of drug finds in English prisons increased by 200% between 2013 and 2018.⁷

¹ It was suggested to the researcher that they should explore this issue further by considering the costs of prison health care in England.

² From 4,227 in 2010 to 13,119 in 2018.

³ Annual HM Prison and Probation Service digest: 2017 to 2018 (Chapter 9) –

<https://www.gov.uk/government/statistics/annual-hm-prison-and-probation-service-digest-2017-to-2018>

⁴ The average prison population in Wales was 3,114 in the year ending March 2013 and 3,408 in the year ending March 2018 (excluding HMP Berwyn). See - <https://www.gov.uk/government/statistics/prison-population-figures>

⁵ This figure excludes HMP Berwyn.

⁶ The average populations were worked out using population levels from March, June, September and December 2017 – HMP Berwyn (521), HMP Cardiff (745), HMP Parc (1,726) and HMP Swansea (442). The Ministry of Justice do not provide a separate population breakdown for HMP Prescoed and HMP Usk. The combined rate, however, is 2 per 100 prisoners at HMP Usk/Prescoed.

⁷ From 4,137 in 2013 to 12,408 in 2018. Annual HM Prison and Probation Service digest: 2017 to 2018 –

Figure 2 – The number of incidents where drugs were found in prison, years ending March 2013 to 2018

HMP	2013	2014	2015	2016	2017	2018
Berwyn	-	-	-	-	1	46
Cardiff	21	37	67	137	111	151
Parc	92	79	169	275	333	383
Prescoed	0	0	1	11	10	11
Swansea	1	21	7	23	55	110
Usk	0	0	0	2	1	1
Total	114	137	244	448	511	702

Source: The Ministry of Justice

1.10 There were 227 alcohol finds in Welsh prisons in 2016 and 2017.⁸ Despite holding just 48% of the total prison population in Wales, 84% of all alcohol finds in Wales were at HMP Parc in 2017. There were more alcohol finds at HMP Parc in 2017 (191) than at HMP Altcourse (22), HMP Birmingham (45), HMP Oakwood (110) and HMP Rye Hill (10) combined.⁹

1.11 HMP Parc (11 per 100 prisoners) recorded the highest rate of alcohol finds in Wales in 2017. The second highest rate was at HMP Swansea (3 per 100 prisoners) followed by HMP Cardiff (1 per 100 prisoners).¹⁰

<https://www.gov.uk/government/statistics/annual-hm-prison-and-probation-service-digest-2017-to-2018>

⁸ HMP Berwyn was not operational in 2016.

⁹ This was the same in 2016: HMP Parc (187), HMP Altcourse (28), HMP Birmingham (23), HMP Oakwood (49) and HMP Rye Hill (11). All of these establishments were operated by G4S in 2016 and 2017.

¹⁰ The average populations were worked out using population levels from March, June, September and December 2017 – HMP Cardiff (745), HMP Parc (1,726) and HMP Swansea (442). The Ministry of Justice does not provide a separate population breakdown for HMP Prescoed and HMP Usk. HMP Berwyn was excluded because the prison was only fully operational from February 2017.

Figure 3 – The number of incidents where alcohol was found in prisons in Wales, 2016 to 2017¹¹

HMP	2016	2017
Berwyn	-	10
Cardiff	20	10
Parc	187	191
Prescoed	7	1
Swansea	13	15
Total	227	227

Source: The Ministry of Justice

1.12 In 2017, 156 prisoners arriving at HMP Berwyn were offered intervention or advice following a high score on the alcohol use disorders identification test (AUDIT). According to Abertawe Bro Morgannwg University Health Board, 2,600 prisoners were identified as alcohol dependent at reception to HMP Swansea in 2017.¹²

1.13 The Aneurin Bevan University Health Board confirmed that there were no prisoners identified as alcohol dependent during the reception process with healthcare at HMP Usk or HMP Prescoed. According to the Health Board, all prisoners who arrive at HMP Usk and Prescoed “are transferred from other prisons, usually from a higher category prison, and will have been assessed for alcohol dependency, and treated as required, prior to their transfer”.

1.14 Cardiff and Vale University Health Board does not hold information on the number of prisoners identified as alcohol dependent upon reception to HMP Cardiff.

1.15 90 prisoners disclosed that they had used drugs in the last month on reception at HMP Berwyn in 2017. Abertawe Bro Morgannwg University Health Board reported that 1,053 prisoners were drug dependent on reception at HMP Swansea in 2017.¹³

¹¹ There were no figures provided by the Ministry of Justice for HMP Usk.

¹² The figure was 2,011 in 2015 and 2,039 in 2016. Data were obtained via the Freedom of the Information Act 2000.

¹³ This figure was 886 in 2015 and 840 in 2016. Data were obtained via the Freedom of the Information Act 2000.

DEATHS AND SELF-HARM INCIDENTS

I.16 The total number of deaths recorded at prisons in England and Wales increased by 64.1% between 2010 and 2018.¹⁴ In Wales, the number increased by 71.4% during the same period (excluding HMP Berwyn).

I.17 The death rate at prisons in England and Wales increased from 2.34 per 1,000 prisoners in 2010 to 3.95 per 1,000 prisoners in 2018.

Figure 4 – The number of deaths recorded at Welsh prisons 2010 to 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Berwyn	-	-	-	-	-	-	-	0	1
Cardiff	3	4	5	2	3	1	4	3	1
Parc	1	2	6	7	5	4	9	2	8
Swansea	2	0	1	0	1	1	3	0	1
Usk\Prescoed	1	1	0	2	3	1	2	1	2
Total	7	7	12	11	12	7	18	6	13

Source: Ministry of Justice

I.18 The number of self-inflicted deaths recorded at prisons in Wales was 58.6% higher in 2018 than in 2010.¹⁵

I.19 There were 26 self-inflicted deaths at prisons in Wales between 2010 and 2018. On average, a self-inflicted death is recorded at a prison in Wales every four months.

¹⁴ From 198 in 2010 to 325 in 2018.

¹⁵ From 58 in 2010 to 92 in 2018.

Figure 5 – The number of self-inflicted deaths recorded at Welsh prisons 2010 to 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018
Berwyn	-	-	-	-	-	-	-	0	0
Cardiff	1	0	4	1	1	1	1	1	0
Parc	1	0	0	0	2	0	3	0	1
Swansea	2	0	1	0	1	1	3	0	1
Usk\Prescoed	0	0	0	0	0	0	0	0	0
Total	4	0	5	1	4	2	7	1	2

Source: Ministry of Justice

I.20 The number of self-harm incidents recorded at prisons in England and Wales increased by 65.5% between 2010 and 2017.¹⁶

I.21 The rate of self-harm also increased from 318 incidents per 1,000 prisoners in 2010 to 521 per 1,000 prisoners in 2017.

Figure 6 – The number of self-harm incidents recorded at Welsh prisoners 2010 to September 2018

	2010	2011	2012	2013	2014	2015	2016	2017	2018 (to Sept)
Berwyn	-	-	-	-	-	-	-	231	419
Cardiff	24	30	34	43	41	116	201	243	375
Parc	387	546	550	440	534	890	1,452	1,576	1,181
Swansea	53	42	15	34	42	92	149	300	333
Usk\Prescoed	-	0	0	0	0	-	29	13	32
Total	464	618	599	517	617	1,098	1,831	2,363	2,340

Source: Ministry of Justice

¹⁶ From 26,979 in 2010 to 44,651 in 2017.

I.22 The number of self-harm incidents recorded at prisons in Wales (excluding HMP Berwyn) increased by 358% between 2010 and 2017. There were five incidents of self-harm taking place in Welsh prisons every day in 2017.

I.23 There were more self-harm incidents recorded at HMP Cardiff, HMP Swansea and HMP Usk/Prescoed in the first nine months of 2018 than in the whole of 2017.

MENTAL HEALTH AND RESTRICTED PATIENTS

I.24 HM Chief Inspector of Prisons concluded in 2007 that prison settings have, to a large extent, become “the default setting for those with a wide range of mental and emotional disorders” (HMIP, 2007: 7).

I.25 Figures recently obtained by the Wales Governance Centre show that there were 25 people transferred from prisons in Wales to hospital under section 48 of the Mental Health Act 1983 in 2017. 11 people were transferred while unsentenced or untired and 14 were transferred from a Prison Service establishment in Wales after sentence. In total, there were 213 restricted patients detained in Wales in 2017.¹⁷

OLDER PRISONERS

I.26 Older prisoners are the fastest growing demographic group in prison in England and Wales. The proportion of older people in prison has risen dramatically over the last two decades. Research recently published by Public Health England found that the number of prisoners aged 50 or older has increased by 150% in England and Wales since 2002 (Public Health England, 2017). In September 2011, 10.4% of the prison population in England and Wales were aged 50 or above. By September 2018, this number had increased to 22.5% of the population.

I.27 The ageing prison population in England and Wales has led to growing concerns over the distinct health and social care needs of older people in custody. A report recently published

¹⁷ Data were obtained via the Freedom of the Information Act 2000.

following an inquiry into prison healthcare in England found that older prisoners are often held in establishments unable to meet their needs and many will be released into the community without any social care support in place (House of Commons Health and Social Care Committee, 2018).

1.28 A report by the Prison and Probation Ombudsman in 2012 found that the average life expectancy of a prisoner in England and Wales is 56. (Prison and Probation Ombudsman, 2012).

1.29 17.2% of all Welsh prisoners were aged 50 or above at the end of September 2018.¹⁸ At the end of June 2018, 1 in 5 prisoners held at HMP Usk was aged 60 or above and 40% were over the age of 50.

POLICY DIVERGENCE IN WALES

1.30 In 2015, HM Inspectorate of Prisons (HMIP) published a review of substance misuse in adult prisons in England and Wales. Within its recommendations HMIP highlighted that a different approach in Wales was leading to “poorer outcomes for some prisoners” and that it was responsible for “inconsistency in substance misuse treatment between prisons in England and Wales” (HMIP, 2015: 14). An updated report published in July 2018 concluded that services in Wales continued to provide a “considerably less safe service” which persisted in creating “poorer outcomes” for prisoners held in Wales (HMIP, 2018: 22). The Welsh approach to opioid treatment was described as being “much harsher” than England’s within an article published by *The Economist* in July 2018.¹⁹

1.31 A recent study carried out by the Wales Governance Centre found that differences also exist *between* health boards in Wales. Those interviewed claimed that the absence of a national framework for prison healthcare has contributed to this trend.²⁰ These accounts fed into a

¹⁸ 511 were aged 50-59 and 309 were 60 and over.

¹⁹ See – <https://www.economist.com/britain/2018/07/12/welsh-prisons-are-much-harsher-than-englands-on-opioid-treatment>

²⁰ A national framework was developed in England in 2015. See - https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/440516/National_Framework_-_England.pdf

It is the author’s understanding that the Welsh Government are currently preparing a national strategy or framework for Wales.

much broader theme around the unclear nature of the criminal justice system in Wales including the commissioning arrangements for healthcare in a range of criminal justice settings.

CONCLUSION

I.32 The data presented here have been gathered through research carried out by the Wales Governance Centre since 2013.²¹ It is hoped that this information included in this paper can assist Members and will help to inform the scope of the Committee's inquiry. I look forward to expanding upon many of the issues raised in this evidence paper when providing oral evidence on 27 March.

²¹ Some of this information has already been made publicly available. See Jones (2018a), Jones (2018b) and Jones (2019).

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APPENDIX I

Funding received by the Welsh Government from the Ministry of Justice for prison healthcare in Wales (£m)

2003/04	2004/05	2005/06	2006/07	2007/08	2008/09	2009/10	2010/11	2011/12	2012/13	2013/14	Total
2.195	2.544	2.602	2.544	2.785	2.544	2.752	2.752	2.544	2.544	2.544	28.35

Source: Welsh Government

The following explanatory note was also provided:

It is important to note that once a recurrent transfer has been received from the UK government it is subsumed into the overall Welsh block grant and is no longer separately identifiable as Prison Healthcare funding on an annual basis. Therefore, the figures provided are based on the assumption that the original value of the transfer has continued for each following year. The table also highlights that there have been some minor subsequent adjustments made by the Ministry of Justice, which we have been able to separately identify.

THE PROVISION OF HEALTH AND SOCIAL CARE IN THE ADULT PRISON ESTATE

Dr Robert Jones

Wales Governance Centre at Cardiff University

WALES GOVERNANCE CENTRE RESEARCH

- HMP Berwyn.
- The Hybrid System: Imprisonment and Devolution in Wales.
- Imprisonment in Wales: A Factfile.
- Imprisonment in Wales: A Local Authority Breakdown.
- Sentencing and Immediate Custody in Wales.

- Justice and Jurisdiction project.

OVERVIEW

- 'Problem raising' and 'problem solving' (Christie, 1971).
- Prison population in Wales.
- Complexity.
- Funding.
- Substance misuse.
- Deaths and self-harm incidents.
- Mental health and restricted patients.
- Older prisoners.
- Policy divergence.

PRISON POPULATION IN WALES

PRISON	COUNT
HMP BERWYN	1,293
HMP CARDIFF	704
HMP PARC	1,627
HMP SWANSEA	380
HMP USK/PRESCOED	526
TOTAL	4,530
RATE	145 per 100,000

COMPLEXITY

- ‘Complexity and confusion’.
- The (current) absence of a ‘national’ structure or framework.
- Mapping exercise required.
- Commissioning arrangements.
- The role of many sectors and different organisations.
- HMP Parc and the role of G4S.
- Differences between criminal justice settings (e.g. police custody, court custody and prison).
- English prisons (comparator groups).

FUNDING

- Prison healthcare in Wales is underfunded by the UK Government.
- Welsh Government 'top up'.
- Welsh Government in 2014:
- The devolved settlement in relation to healthcare in the public sector and prison estate was agreed with the UK Government in 2003. Inflation and some additional increases in staff costs has resulted in the need for us to provide additional healthcare resources for the prison estate to assure quality services are provided to prisoners.

FUNDING

PRISON	HEALTH BOARD	COST (£)
HMP CARDIFF	CARDIFF AND VALE	2,140,108
HMP SWANSEA	ABERTAWE BRO MORGANNWG	1,152,270
HMP USK/ PRESCOED	ANEURIN BEVAN	587,416
TOTAL		3,879,794

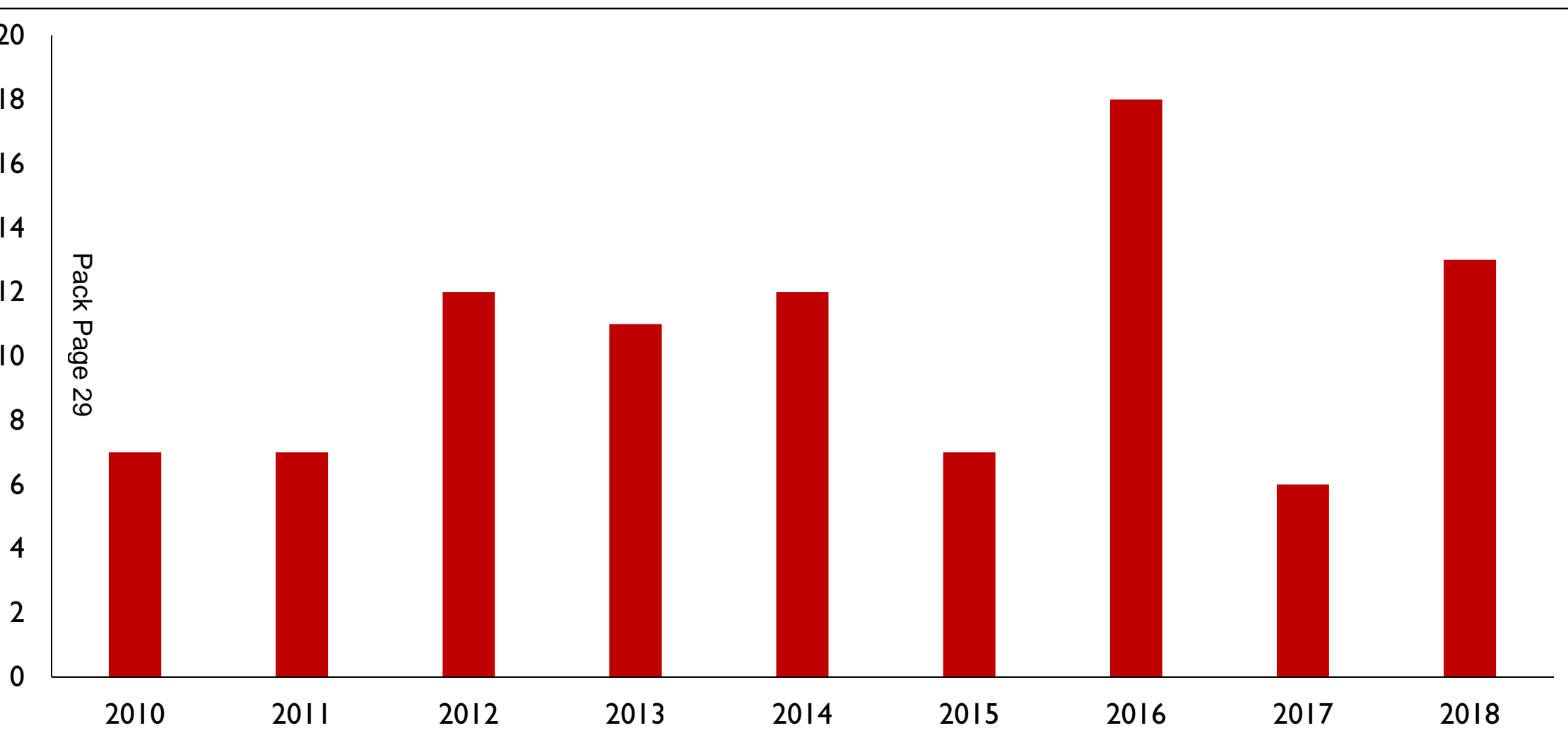
SUBSTANCE MISUSE

- 475% increase in the number of drug finds in Welsh prisons between 2013 and 2017.
- HMP Swansea (26) had the highest number of drug finds in Wales per 100 prisoners, followed by HMP Parc (22 per 100), HMP Cardiff (21 per 100) and HMP Berwyn (6 per 100).
- 227 alcohol finds in 2017.
- Despite holding just 48% of the total prison population in Wales, 84% of all alcohol finds in Wales were at HMP Parc in 2017. There were more alcohol finds at HMP Parc in 2017 (191) than at HMP Altcourse (22), HMP Birmingham (45), HMP Oakwood (110) and HMP Rye Hill (10) combined.

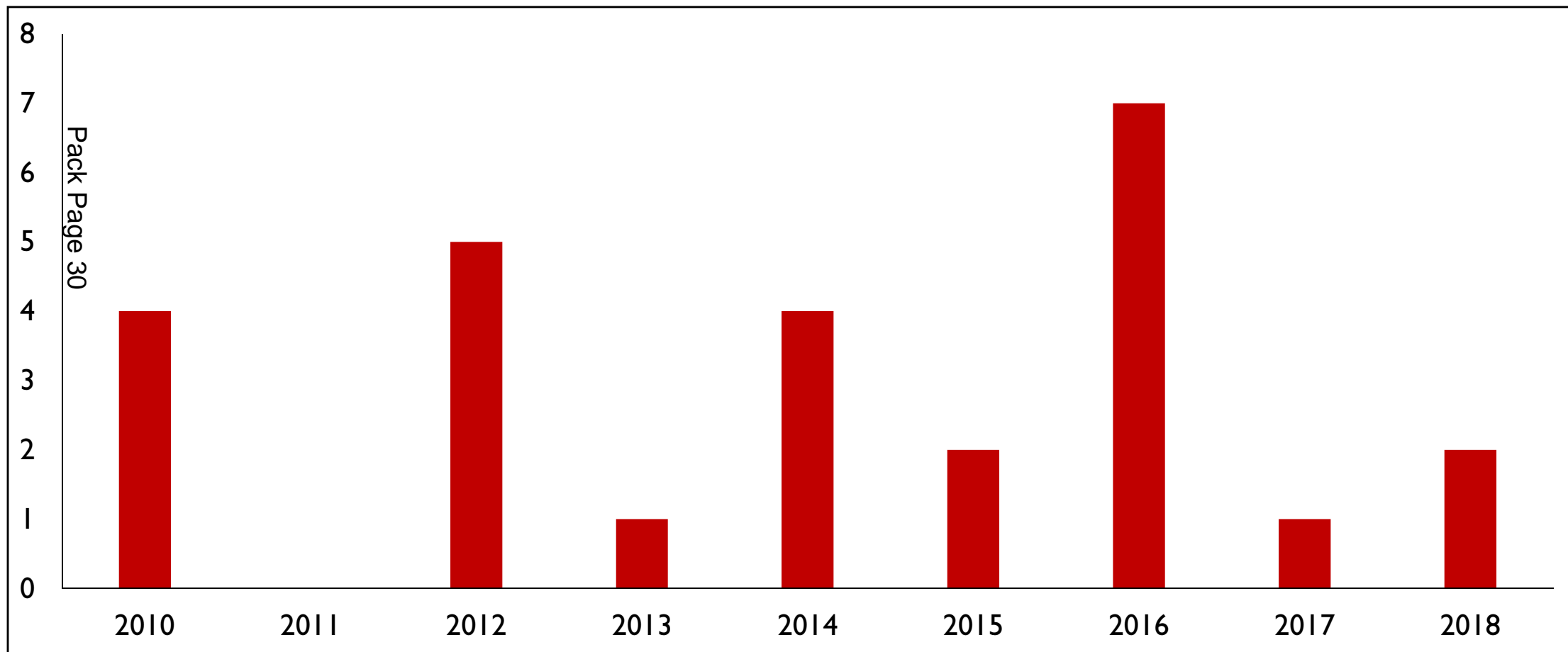
SUBSTANCE MISUSE

- Alcohol and drug dependency at prison reception.
- An example of inconsistency.
- A different approach from each health board.
- Cardiff and Vale UHB – HMP Cardiff.
- Abertawe Bro Morgannwg UHB– HMP Swansea.
- Betsi Cadwaladr UHB – HMP Berwyn.
- Anuerin Bevan UHB – HMP Usk/Prescoed.

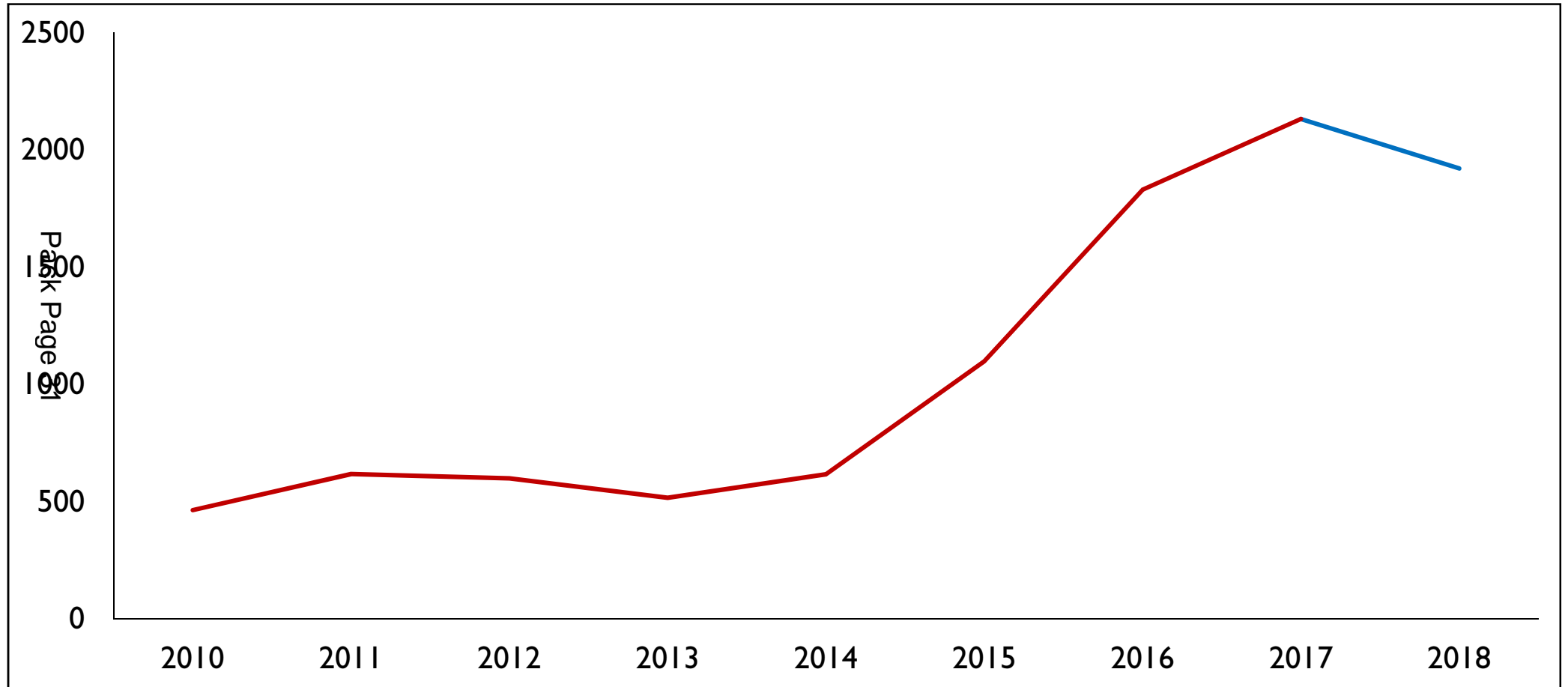
DEATHS IN CUSTODY



SELF-INFLICTED DEATHS



SELF-HARM INCIDENTS*



MENTAL HEALTH

- Prisons as the the “default setting for those with a wide range of mental and emotional disorders” (HMIP, 2007: 7).
- 25 people transferred from prisons in Wales to hospital under section 48 of the Mental Health act 1983 in 2017.
- 11 people were transferred while unsentenced or untired
- 14 were transferred from a Prison Service establishment in Wales after sentence.
- In total, there were 213 restricted patients detained in Wales in 2017

OLDER PRISONERS

- Distinct health care needs.
- Average life expectancy of a prisoner is 56 years.
- 17.2% of all Welsh prisoners were aged 50 or above at the end of September 2018.
- 1 in 5 Welsh prisoners held at HMP Usk was aged 60 or above and 44% were over the age of 50.
- 60 and over: Berwyn (<5), Cardiff (9), Parc (88), Prescoed (10), Swansea (9) and Usk (39).

POLICY DIVERGENCE

- Welsh approach to opioid treatment.
- According to HM Inspectorate of Prisons (2015: 14) the Welsh Government's policy is responsible for “poorer outcomes for some prisoners”.
- Welsh approach to opioid treatment described as being “much harsher” and putting lives at risk (The Economist, 2018).
- There is an “inconsistency” between prisons in England and Wales. (HMIP, 2015: 14).
- Other examples?

Ian: Some prisons in England are actually doing this re-toxing [IDTS] which really complicates matters for us and makes something that is fairly complex in the first place, [even more] difficult.

Scott: They have got different rules in England to Wales. They will put people on medication [in England] and will maintain a prisoner on medication, but if they come [back] to Wales they will take them off medication. So a client could be happy to go to England because they can go back onto medication, but he comes back to Wales then [and they] start to take them off medication... That is the issue, different ethos and different rules and regulations between England [and Wales].

Scott: There is no consistency is there? You are fighting structures and what people are forgetting in all of this is that the prison population are losing out because they don't know what structure they are coming out to.

CONCLUSION

- 'Problem raising' and 'problem solving' role played by criminologists and researchers (Christie, 1971).
- Separate research projects since 2013 have uncovered a range of different problems and issues.
- Importance of data and mapping.
- A way through the uncertainty?
- Importance of service provider and practitioner views.

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<https://www.economist.com/britain/2018/07/12/welsh-prisons-are-much-harsher-than-englands-on-opioid-treatment>

Committee Chairs

15 March 2019

Dear Chairs

Inter-Institutional relations agreement between the National Assembly for Wales and the Welsh Government

In February 2018 we issued our report ***UK governance post-Brexit***. Its purpose was to examine existing inter-governmental relationships to determine whether they are fit for purpose and to assess whether they need to change.

The final recommendation of our report was that the Welsh Government enters into an agreement with the Constitutional and Legislative Affairs Committee to support its scrutiny of Welsh Government activity in this area.

The Committee reached an agreement with the Welsh Government and in January this year, laid a **report** before the Assembly, which incorporated the agreement.

Following the debate held on the report and agreement last week, I thought it would be appropriate to write to all Chairs, drawing attention to the agreement, so that committees can assess how they may wish to use it in scrutinising the Welsh Government.

The agreement is available on our website and I will ensure it is made available to committee clerks.

Yours sincerely





Mick Antoniw

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.
We welcome correspondence in Welsh or English.



Agenda Item 3.2



**Carers Trust Wales
33 - 35 Cathedral Road
Cardiff
CF11 9HB**

18 March 2019

Dear Dai Lloyd AM,

We are writing to you as part of providing evidence to the Health Social Care and Sport Committee's Inquiry into the impact of the Social Services and Wellbeing (Wales) Act 2014 in relation to carers.

Following on from recent oral evidence sessions with the Committee we have written out to members of the Carers Officers Learning and Improvement Network, Wales (COLIN) to gather their views. This exercise has reinforced that Young Carers Services have historically been developed, and continue to be commissioned and maintained, through a mixture of funding streams including:

- Families First
- Adult Social Services
- Children's Services
- Welsh Government Carers Respite Grant
- Youth Services
- Integrated Care Fund
- Regional Funding
- Health Board Funding

To an extent, the diversity of funding has allowed a level of flexibility to the support provided. One Carers Lead Commented:

"The fact that more than one different strand comes in to fund the service provides some flexibility and protection when one or other of the income strands is under threat."

However, piecemeal and sometimes restrictive funding can mean that certain needs of young carers are more difficult to meet and that sustainability of specific services is an on-going concern.

The main and most consistent funding across Local Authorities for Young Carers Services is Families First. In many areas this funding enables the core of a Young Carers Service to exist and operate.

Families First service provision is based on time limited support for each young carer and is tailored to the individual outcome(s) for each young carer. For those young carers who may not reach the Families First threshold the supplementary funding stream(s) allows the Young Carers Service to offer support to them.

Many Young Carers Services could not continue to exist without the co-dependency of varying funding streams. Core Families First funding allows many young carers to have a constant touchstone with their Young Carers Service which may have other non-Families First funded activities and support streams that can benefit young carers. For those young carers who have been supported through the Families First criteria, they can continue to keep in touch with their young carers network which may support them after their Families First funded support has come to an end.

The mixture of funding streams also presents challenges. Different commissioning and reporting requirements for each funding stream can be at odds with each other and can hinder the creation of a seamless and consistent service for young carers.

One Carers Lead comments:

“There is a mismatch with regards to outcomes reporting on the different funding streams. Families First funding provides the core funding in order for the Young Carers Service to operate and provide time limited one to one support for young carers. The Carers Team provides funding for events, young carers’ forum, and activities and to support young carers through ongoing support for all young carers. Without either of these funding streams neither could operate effectively.”

Many Carers Officers within Local Authorities recognise that the provision and investment for Young Carers Services is not proportionally representative of the needs of young carers. There is also agreement that there is disproportionate funding between Young Carers Services and Adult Services.

One Carers Lead commented:

“Young Carers Services historically appear to have suffered from a lack of commitment and value demonstrated towards this group of vulnerable children and young people from the highest level. This is clearly evidenced when considering the clear disproportionate investment into young carers provided from central government across Wales. The funding committed to young carers when compared with that provided to adult carers is significantly less, as is the strategic focus.”

Many young carers continue to be hidden either not recognising themselves as a young carer or being recognised by a range of professionals. A young carer is most likely to attend school and the person they are supporting is likely to come into contact with a health or social care professional. Therefore, it's important that there is an overarching approach to identifying and supporting young carers. To achieve this, more needs to be done to ensure that education, health and social care services work together to improve their identification and support of young carers. To achieve this, services have to be developed and commissioned in a collaborative and sustainable way.

One Carers Lead Officer commented:

“At the moment the different funding streams do not allow for joined up working, and sustainability of Young Carers support.”

Another commented:

“I would like to see specific funding provided from Welsh Government for Young Carers service with a supporting outcomes focused reporting mechanism for Local Authorities and Health Boards to work with.

“I believe our data will demonstrate both the numbers of carers receiving services has continued to rise year on year, whereas resources continue to diminish and budgets available to Local Authorities are limited, hindering their ability to invest in young carers services to deal with the increases in demand and to further develop services to adapt to the changing needs of young carers.”

Evidence shows us that once a young carer is in touch with their young carers service, they value having someone they can talk to about their caring life and being able to have regular opportunities to meet with their young carer peer networks. Beyond this, they often value time away from the caring role to have fun, training to gain skills, and someone to be their advocate when they might need it. Many of the key support mechanisms young carers need are predictable and long-term. Therefore, it would be helpful if funding streams recognised the core services that will always need to be funded to deliver the preventative, information, advice and assistance elements of the Social Services and Wellbeing (Wales) Act 2014 for young carers.

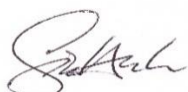
It is important that funding streams enable the creation of Young Carers Services that are sustainable and able to meet the needs of young carers without the need for re-referrals or other additional bureaucracy that can come with some elements of Families First Funding. It is our shared view that there needs to be a greater amount and consistency of funding to enable the creation of Young Carers Services without

the need to creatively negotiate between funding pots to deliver the support young carers need.

There are many excellent examples of Local Authorities and Carers Services delivering high quality support to young carers. However, service provision remains inconsistent across Local Authority areas and it continues to be a challenge for Local Authorities to find funding / utilise appropriate funding pots to sustain services that are clearly instrumental to the delivery of the Act.

We believe that there is a need to ensure that young carers have a greater strategic focus, and a consistency of funding investment in order to provide the flexible and responsive support that they need. Without these services young carers will be unable to achieve their full potential.

Yours sincerely,



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Carers Trust Wales
SHatch@carers.org



Kim Sparrey, Chair, Carers Officers
Learning and Improvement Network
KimSparrey@monmouthshire.gov.uk

Care Homes in Wales

Your questions answered



The Older People's Commissioner for Wales

The Older People's Commissioner for Wales is an independent voice and champion for older people across Wales. The Commissioner and her team work to ensure that older people have a voice that is heard, that they have choice and control, that they don't feel isolated or discriminated against and that they receive the support and services that they need.

The Commissioner wants Wales to be the best place in the world to grow older.

How to contact the Commissioner:

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

Phone: 03442 640 670
Email: ask@olderpeoplewales.com
Twitter: [@talkolderpeople](https://twitter.com/talkolderpeople)

www.olderpeoplewales.com

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Introduction

Care homes provide accommodation and care for people who need additional support in their daily lives. This includes a room, a shared living environment, meals and personal care, such as washing and dressing. Some care homes are also able to provide nursing care for people with more complex health-related needs.

People can worry about moving into a care home, so we have produced this booklet to give simple answers to common questions that you, or your loved ones, might have if you are looking for, moving into or living in a care home.

Whilst moving into a care home can be an emotional time, there are many positive benefits such as a sense of community, companionship and good quality care.

If you feel you need care, you have a right to an assessment of your care and support needs from your local authority. This is not affected by the level of financial resources you have. An assessment may be a useful way to understand your needs and identify that a care home is the best option.

If you need further information on any of the topics raised, there is a list of useful contacts at the back of this booklet.

How do I find a care home?

Choosing a care home can be difficult, but it is important to remember that you have a right to choose which care home you live in regardless of who is paying for your care.

The first step is to request a list of care homes from your local authority, which they must give you. If you want to move to another local authority area, information must still be provided to you.

To help you make a decision, you can also read inspection reports, which are published by Care Inspectorate Wales. These reports provide a summary of the quality and safety of a care home.

You can ask your local authority to arrange your care home placement for you even if you have not been assessed by your local authority or if you are fully funding living in a care home.

However, they may require an assessment before arranging your care home placement for you. Your local authority may charge for making arrangements on your behalf.

Alongside the type of care provided by a care home, you may want to think about whether the care home is close to family and friends and what facilities and activities are on offer. Factsheets, checklists and advice lines, provided by charities such as Age Cymru, could also help you to identify

suitable care homes. You might also want to consider visiting a shortlist of care homes and asking the questions that matter to you to help make your decision.

Each care home must produce a written guide in accessible language which provides information on areas such as key staff, fees and costs, terms and conditions, family/carer involvement, making a complaint, advocacy support and accessing healthcare.

Before moving into your care home, an assessment must be carried out to ensure that your chosen care home can meet your needs and you can ask your chosen care home about a trial period before you make a final decision.

There may be situations where your preferred care home is not available, or the urgency of a situation prevents you from planning your move in the ways outlined above. If you are unable to move into your preferred care home and the arrangements are being made through your local authority, they must provide you with a written statement setting out the specific reasons why.

Some care homes may have a waiting list and it is worth bearing this in mind when planning your move to your preferred care home.

In most cases, a person will decide to move into a care home because they need a certain level of care. If you have a partner, you may want to speak to the care home and your local authority about any options for remaining together.

You may need to move to a different care home if your care and support needs change and the care home is unable to meet your needs.

You may therefore also want to ask your care home whether they can accommodate your care needs if they change in the future.

How will living in a care home be paid for?

Depending on your financial circumstances, you may be asked to pay the full or partial costs of living in a care home or be fully funded by your local authority.

Your local authority will only contribute to the cost of your care home if it has been assessed as the best way to meet your needs. To determine your needs, you can request a care and support assessment from your local authority.

To determine how much you will need to pay, you will need to have a financial assessment. This will be undertaken by your local authority, who must then provide you with a statement setting out the amount you are being asked to pay.

If you own your own home and/or have savings that add up to more than £50,000 (from 1 April 2019)¹, and you do not have a dependent or spouse living in your house, then you may need to sell your home, or use your savings to fund living in a care home. If you are paying for your own care home, you should be able to continue receiving benefits such as Attendance Allowance.

If you have health needs, you may also be eligible for part funding through 'Funded Nursing Care' or full funding

¹ £40,000 until 1 April 2019

through 'Continuing NHS Healthcare'. More information about these kinds of funding will be available from your health board.

After you have contributed towards the cost of living in a care home, local authorities must ensure that you are left with a minimum amount of £29.50² each week to spend as you wish.

If you are recovering from illness or injury, you will not be charged for up to six weeks of a period of reablement.

If you choose a care home that is more expensive than your local authority would usually pay, and they have offered suitable alternatives, you will need to arrange for the difference to be paid, usually through a family member or friend.

If, however, you have been accommodated in a more expensive care home because your local authority has been unable to find a care home at its usual cost, it is your local authority that must pay the additional cost. The care home contract must specify the fees payable for standard services and any additional services they charge for.

It is important to remember that if there are any changes to your financial situation, or that of the person who is contributing to the cost of your care home, you may need to move to a different care home.

² From April 1 2019

What information should I receive?

If your local authority has carried out a care and support assessment and/or a financial assessment, they must provide you with a written copy of these. Following an assessment, you must also be involved in the development of your care and support plan, and your local authority must provide you with a copy of this.

Your care home must then work with you to create a plan to outline how you will be supported on a day to day basis. This is called a Personal Plan and is separate from a Care and Support Plan.

Your Personal Plan must include details of your personal preferences and outline how your day-to-day care will be provided, including how your wishes, aspirations, language needs and religious beliefs will be supported.

An initial Personal Plan must be written before you move into the care home and it must be reviewed and updated during the first seven days after you move in.

A copy of your Personal Plan must be provided to you and/or your representative. It must be reviewed and amended as and when required (but at least every three months) to reflect any changes needed to your care and support, or changes regarding what you would like to do or achieve.

You must be given a signed copy of any agreement or contract relating to your care and support, any other

services provided to you, the costs you and/or your local authority will pay and the terms and conditions of the service.

Your care home must produce a clear written guide with information about key staff, fees and costs, terms and conditions, family/carer involvement, making a complaint, advocacy services and accessing healthcare. This should be given to you and copies should be available in the care home. This important information must be clearly and prominently provided and kept up-to-date (including on websites and in response to telephone enquiries).

Can I have a say in decisions that affect me?

You have the right to be involved in decisions that affect you in relation to your care and support, as well as the things that matter to you.

Your local authority must work with you and listen to your views, wishes and feelings during a care and support assessment or financial assessment, or when a Care and Support Plan is being created. This does not necessarily mean that you will get everything you want, but it means that all decisions about your social care must be developed in genuine partnership with you. If this does not happen, you can make a complaint to social services.

You may need support to help you have your say. Local authorities have a legal duty to consider whether you need advocacy support to put forward your views and wishes, which can be provided by a family member, carer, friend or an independent advocacy service. In some circumstances, you may have a right to an Independent Professional Advocate (IPA). You can ask your local authority about independent advocacy and whether you are entitled to IPA.

Your care home must involve you in the discussions about how your care is delivered, including the creation of your Personal Plan. Your Personal Plan must include enough information to allow staff to meet your care and support needs and help you do what matters most to you.

Pack Page 55

Examples of this could include what and when you like to eat, or what you enjoy doing.

Your care home must set out in its written guide how it will involve people living there in the day to day running of the care home.

In some cases, a person may lack the capacity to make certain decisions. Where a person lacks capacity, family, friends, carers and other professionals should be involved in the decision-making process and every effort should be made to help people to make decisions for themselves. An Independent Mental Capacity Advocate may be appointed in certain situations to help a person who lacks capacity to have their views and wishes listened to. In other situations, an Independent Professional Advocate may be appointed to this role.

What activities will I be able to do?

You should be able to continue enjoying activities and hobbies when you have moved into a care home, including getting out and about (with support if needed).

When you have an assessment from your local authority, they should identify the things that matter most to you and work with you to develop a Care and Support Plan. This could include activities, hobbies and interests that are important to you.

This information should then be shared with the care home, so they can plan how to meet your day-to-day care needs and how they can help you do the things you enjoy.

If you move into a care home without an assessment from your local authority, the care home should create a Personal Plan with you when you move in.

Each care home should discuss with residents what they enjoy then organise their own activities, which could include activities such as keeping fit, arts & crafts, musical entertainment and film showings. You can join the activities you choose when you please.

There is no reason why you shouldn't have access to a television, radio or internet in your own room, and your own books or personal items can move in with you.

Some care homes support people to bring their own furniture or pets, and additional services, such as hairdressing, may be also be available. You may wish to talk to the care home about these things when considering moving in.

Can family and friends visit, and can I come and go as I please?

Living in a care home should be no different to living in your own home.

Your care home must have space for you to meet visitors privately which is separate from your own room (you can refuse visitors if you wish). Care homes must keep a record of all visitors, including their names and who they are visiting.

You should be able to come and go as often as you please, visit friends, go shopping or attend events/social activities, as long as your health allows this.

If you need support to help you to do these things, this should be stated in your Personal Plan, which should set out how your care home will support you to achieve these personal outcomes.

In some cases, a person may lack capacity to make certain decisions and restrictions may need to be put in place to ensure that the person is safeguarded. This could include measures that restrict movement both outside of and within a care home. In these circumstances, there are strict legal procedures that must be followed, known as the Deprivation of Liberty Safeguards (DoLS).³

³ Deprivation of Liberty Safeguards (DoLS) is undergoing change and may be known by a different name in the future.

Where the person lacks capacity, family, friends, carers and other professionals (such as an independent advocate) should be involved in the decision-making process and every effort should be made to help people to make decisions for themselves.

How will I access health care?

Living in a care home means that you will have exactly the same rights to access appropriate and high quality health and care services as you did before you moved.

For example, if you have moved into a care home in the same GP catchment area, you should be able to remain with the same practice. If your care home is outside of your GP catchment area, it is likely that you will need to re-register with another service. Most care homes will have a GP service that they work well with.

If you are able to get out and about independently, there is no reason why you can't continue to use the dentist, optician and other health and care services. If this is no longer possible, care homes and the bodies responsible for delivering health services (Health Boards) should ensure that you have access to appropriate, high-quality healthcare services.

Information provided in the care home's written guide must include how the care home supports you to access healthcare services.

What quality of care can I expect?

You have a right to be treated with dignity and respect at all times by your care home and your local authority.

Staff at your care home must respect your privacy, dignity and confidentiality, and promote your autonomy and independence.

Your care home must also listen to and communicate respectfully with you. Your care and support must be the main focus of staff's attention. You have to be treated with respect and should feel valued.

If you require intimate personal care, your care home must provide this in a dignified way and respect your personal preferences. This should be agreed with you and recorded in your Personal Plan, which should also include information about any use of special aids and/or products. You must be supported to wash and use the toilet as independently as possible.

You should be encouraged to take part in everyday tasks and to contribute your views to help with the running of the service if you choose. Technology and specialist equipment must be accessible so you can call for assistance where required and manage your own needs where possible.

Your care home must ensure that care and support is delivered in a positive and caring way and staff should take time to get to know you. Staff must be trained to

understand and respond appropriately to those who have complex needs and must be able to recognise when a person is in pain and know how to manage this. They must also be trained to communicate with, and respond appropriately to, people living with dementia and/or sensory loss.

There should be consistency in care and support staff, and you must be told about staff changes which affect you.

What should I do if I am unhappy?

If you want to provide positive feedback or constructive comments to your care home you can do this directly to the staff or manager.

You can also raise concerns or complaints directly with your care home - details of how to do this must be set out in the care home's written guide.

Your care home must have effective arrangements in place for identifying, investigating and acting on complaints, including providing a written report to you. Your care home must act in an open and transparent way with residents and their representatives.

If you are concerned about the quality of care provided at your care home, you can also raise these concerns with your local authority.

Providing feedback, raising a concern or making a complaint should not impact upon the care you receive at a care home, or the way that you are treated by your local authority.

When dealing with your local authority, if you feel that your rights have not been upheld or that the local authority has not listened to your views, wishes and feelings, you can make a complaint through their complaints procedure.

Your local authority must follow specific processes and timescales when dealing with your complaint and will need to consider what support it can offer you, including advice, assistance and advocacy.

If you have pursued the internal complaints processes of the organisations involved and are still unhappy, you have the right to escalate your complaint to the Public Services Ombudsman for Wales.

Useful Contacts

Find your local authority:

<https://www.gov.uk/find-local-council>

Find your health board:

<http://www.wales.nhs.uk/ourservices/directory>

Age Cymru

Mariners House
Trident Court
East Moors Road
Cardiff
CF24 5TD

08000 223 444

advice@agecymru.org.uk

<https://www.ageuk.org.uk/cymru/>

Alzheimer's Society Wales

16 Columbus Walk
Atlantic Wharf
Cardiff
CF10 4BY

0300 222 1122

<https://www.alzheimers.org.uk/about-us/wales>

Care Inspectorate Wales

Responsible for registering, inspecting and taking action to improve the quality and safety of care services.

Welsh Government office
Rhydycar Business Park
Merthyr Tydfil
CF48 1UZ

0300 7900 126

ciw@gov.wales

<https://careinspectorate.wales/>

Carers Wales

Unit 5
Ynys Bridge Court
Cardiff CF15 9SS

0808 808 7777

advice@carersuk.org

<https://www.carersuk.org/wales>

Citizens Advice Wales

03444 77 20 20

Find your local Citizens Advice Bureau:

<https://www.citizensadvice.org.uk/wales/>

Agenda Item 6

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Agenda Item 7

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted