



Cynulliad Cenedlaethol Cymru **The National Assembly for Wales**

Y Pwyllgor Iechyd a Gofal Cymdeithasol **The Health and Social Care Committee**

Dydd Iau, 16 Mai 2013
Thursday, 16 May 2013

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Cynnig o dan Reol Sefydlog Rhif 17.42 i Benderfynu Gwahardd y Cyhoedd
Motion under Standing Order No. 17.42 to Resolve to Exclude the Public

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

The proceedings are reported in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Rebecca Evans	Llafur Labour
Vaughan Gething	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
William Graham	Ceidwadwyr Cymreig Welsh Conservatives
Elin Jones	Plaid Cymru The Party of Wales
Darren Millar	Ceidwadwyr Cymreig Welsh Conservatives
Lynne Neagle	Llafur Labour
Gwyn R. Price	Llafur Labour
Kenneth Skates	Llafur Labour
Lindsay Whittle	Plaid Cymru The Party of Wales
Kirsty Williams	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats

Eraill yn bresennol
Others in attendance

Anna-Leigh Boyle	Person ifanc sydd â phrofiad o wasanaethau pontio (Barnardo's Cymru) Young person who has experience of transition services (Barnardo's Cymru)
Helen Birtwhistle	Cyfarwyddwr Conffederasiwn GIG Cymru Director, Welsh NHS Confederation
Gerry Evans	Cyfarwyddwr Safonau a Rheoleiddio, Cyngor Gofal Cymru Director of Standards and Regulation, Care Council for Wales
Urtha Felda	Aelod o Banel Dinasyddion ar gyfer Gwasanaethau Cymdeithasol y Gogledd Member of the North Wales Citizen Panel for Social Services
Rachel Jones	Person ifanc sydd â phrofiad o wasanaethau pontio (Barnardo's Cymru) Young person who has experience of transition services (Barnardo's Cymru)
Carol Lamyman-Davies	Cyfarwyddwr Bwrdd Cyngorau Iechyd Cymuned Cymru Director, Board of Community Health Councils in Wales

Jennie Lewis	Aelod o Banel Dinasyddion ar gyfer Gwasanaethau Cymdeithasol y Gogledd
Sandra Morgan	Member of the North Wales Citizen Panel for Social Services Pennaeth Therapi Galwedigaethol, Bwrdd Iechyd Lleol Hywel Dda
Kyle Parry	Head of Occupational Therapy, Hywel Dda Local Health Board Person ifanc sydd â phrofiad o wasanaethau pontio (Gweithredu dros Blant) Young person who has experience of transition services (Action for Children)
Eirian Rees	Aelod o Banel Dinasyddion ar gyfer Gwasanaethau Cymdeithasol y De-orllewin
Carol Shillabeer	Member of the South West Wales Citizen Panel for Social Services Cyfarwyddwr Nyrsio, Bwrdd Iechyd Lleol Addysgu Powys
Rob Surrey	Director of Nursing, Powys Teaching Local Health Board Person ifanc anabl sydd â phrofiad o wasanaethau pontio (Annibynnol) Disabled young person with experience of transition services (Independent)
Luke Sweet	Person ifanc anabl sydd â phrofiad o wasanaethau pontio (Barnardo's Cymru) Disabled young person with experience of transition services (Barnardo's Cymru)
Ieuan Swithin	Person ifanc anabl sydd â phrofiad o wasanaethau pontio (Gweithredu dros Blant) Disabled young person with experience of transition services (Action for Children)
Tomas Weaver	Person ifanc anabl sydd â phrofiad o wasanaethau pontio (Gweithredu dros Blant) Disabled young person with experience of transition services (Action for Children)
Graham Williams	Aelod o Banel Dinasyddion ar gyfer Gwasanaethau Cymdeithasol y De-ddwyrain
Rhian Huws Williams	Member of the South East Wales Citizen Panel for Social Service Prif Weithredwr, Cyngor Gofal Cymru
Richard Williams	Chief Executive, Care Council for Wales Person ifanc sydd â phrofiad o wasanaethau pontio (Barnardo's Cymru) Young person who has experience of transition services (Barnardo's Cymru)

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

Stephen Boyce	Y Gwasanaeth Ymchwil Research Service
Fay Buckle	Clerc Clerk
Claire Griffiths	Dirprwy Glerc Deputy Clerk
Lisa Salkeld	Cynghorydd Cyfreithiol Legal Adviser

*Dechreuodd y cyfarfod am 9.01 a.m.
The meeting began at 9.01 a.m.*

Cyflwyniad, Ymddiheuriadau a Dirprwyon Introductions, Apologies and Substitutions

[1] **Vaughan Gething:** Good morning, everyone. Welcome to Members, to our first group of witnesses and to the public, who might be watching this meeting of the Health and Social Care Committee remotely. We continue our scrutiny of the Social Services and Well-being (Wales) Bill today. The meeting is being held bilingually. A number of our witnesses will have been here before, so will hopefully remember that they do not need to switch on the microphones in front of them; they will come on automatically. Anyone may speak or answer questions in Welsh; if you do not speak the language, translation is provided on channel 1 of the headphones. May I remind Members and witnesses to please turn off their mobile phones if possible, as they interfere with the electronic and broadcasting equipment? We have received apologies from Darren Millar and there will be no substitute for him today.

9.02 a.m.

Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru): Sesiwn Dystiolaeth 4 The Social Services and Well-being (Wales) Bill: Evidence Session 4

[2] **Vaughan Gething:** On our first panel, we have representatives of the Welsh NHS Confederation, local health boards and the Board of Community Health Councils in Wales. I will ask you to introduce yourselves very briefly, then we will move straight into questions. Members will have questions on a variety of things in the Bill. Would you like to introduce yourself and say which organisation you represent?

[3] **Ms Lamyman-Davies:** Bore da, good morning everyone. My name is Carol Lamyman-Davies, and I am director of the Board of Community Health Councils in Wales.

[4] **Ms Morgan:** I am Sandra Morgan, head of occupational therapy in Hywel Dda Local Health Board.

[5] **Ms Shillabeer:** Good morning, I am Carol Shillabeer, director of nursing in Powys Teaching Local Health Board.

[6] **Ms Birtwhistle:** Bore da, good morning, I am Helen Birtwhistle, director of the Welsh NHS Confederation.

[7] **Vaughan Gething:** Thank you all for your written evidence, which we have had an opportunity to read. I would like to start with a general question about the second part of the title of the Bill, which is the wellbeing element. It is defined within the Bill, and there has been a statement from the Deputy Minister to try to give more shape to the wellbeing duty. With that statement and the definition on the face of the Bill, are you happy that the duty is sufficiently clear for you to be able to implement it with partners in practice?

[8] **Ms Birtwhistle:** Perhaps I could start. We welcome an overarching duty to improve wellbeing for people who need care and support, especially carers who need support.

[9] Promoting wellbeing is a core part of NHS services, so the general proposal to base the legislation on the concept of promoting the wellbeing of people in need builds on work already under way. If we have any issue with the concept of wellbeing and the wellbeing duty, it is to ensure consistency. We know that the concept of wellbeing is also included in

other forthcoming pieces of Welsh Government legislation—the public health Bill, the violence against women Bill and the sustainable development Bill. We think that there is a need to ensure a consistent interpretation, definition and approach from Welsh Government regarding wellbeing. At the moment, we would not like that opportunity to be lost.

[10] **Vaughan Gething:** In terms of how you feel the content of the Bill will impact on health services, and your responsibility in implementing a wellbeing duty, are you saying that it is not sufficiently clear? If it is not, how would you like to see the Bill, or secondary legislation, make it clearer, so that you can undertake and implement that duty with other partners?

[11] **Ms Birtwhistle:** I do not know whether Carol would like to pick up on that.

[12] **Ms Shillabeer:** Wellbeing is part of what the NHS does. It is very clear; it is in the Children Act 2004 and it is coming through in a number of other pieces of legislation. The key challenge is to make sure that our understanding of wellbeing is consistent across all of the legislative frameworks. That is particularly important.

[13] The other key issue—I might be jumping ahead a little bit, so forgive me—is how is wellbeing being measured? How will we know that wellbeing has been achieved, or improved? Its inclusion is welcome, and if you take this Bill alone, the definition of wellbeing is pretty clear, but the issue will be if there are different definitions of wellbeing across the different legislative pieces that are coming through.

[14] **Ms Morgan:** The issue is that the responsibility for wellbeing in the Bill is for vulnerable people. Within the NHS, it is a much broader responsibility.

[15] **Ms Lamyman-Davies:** I would agree with what colleagues have said. There needs to be a clear understanding of the role that all partners need to play within this; at present, that is not quite as clear as it could be.

[16] **Vaughan Gething:** We have Rebecca Evans on this and then new subjects from Kirsty Williams and Gwyn Price.

[17] **Rebecca Evans:** We have heard some suggestions that the definition of wellbeing should be extended to include a safe home and accommodation. Would you welcome that in the Bill?

[18] **Ms Shillabeer:** That is quite a specific issue, and is already accounted for within the Bill, with looked-after children. That is a pretty broad challenge in terms of the whole population. As Sandra said, our focus on wellbeing is for the whole population rather than just vulnerable people. In support of the evidence that you have heard, it may well be that it needs to be very clear as to which part of the population it would apply to—whether it is about vulnerable people, or the whole breadth of it, if you understand what I mean.

[19] **Ms Birtwhistle:** If I may add to that, it is important to relate wellbeing to outcomes for individuals, and therefore to have those very specific areas that may be important to particular agencies. That is one of the issues that we have—that it is so broad. So many agencies are involved in wellbeing, however that is interpreted, that what we are calling for is a clear definition that we can work to, rather than something that is so broad that we might fall between two stools in meeting outcomes for particular groups of vulnerable people, or for the population as a whole.

[20] **Ms Morgan:** If you start talking about accommodation—[*Inaudible.*]*—*housing as well, and looking for a relationship with housing responsibilities would be needed to achieve

clarity to do with social care responsibilities.

[21] **Kirsty Williams:** One way in which we could improve wellbeing for people in Wales would be greater integration between health and social care to stop individuals falling through any gaps in those services. A great deal of attention is being paid to this in Scotland, where they have a new Bill, and of course there have been announcements this week in England. The explanatory memorandum lists one of the purposes of the Bill as strengthening collaboration and providing a framework for integration of key services. All witnesses to date feel that, because of how the Bill is currently drafted, it will not achieve those aims unless there is significant strengthening of the current drafting. However, the confederation's evidence takes an opposite view. Could you explain to us more fully why you feel that the current drafting is sufficient? Could you outline your concerns about sections 147 and 150, which you say in your evidence are unclear?

[22] **Ms Birtwhistle:** I will have a look at those sections, if I may. I do not know whether anybody else wants to come in in the meantime. Talking about outcomes and the outcomes framework, given that there is still so much detailed work to be done through the drafting of regulations—that includes the development of the national eligibility framework, the outcomes framework, codes of practice and all those things—we think that it is difficult to assess at this stage whether the Bill can deliver its intended objectives. It is absolutely crucial that any outcomes framework is drafted with the close involvement of the health service, and that is the point that we were making. To date, that is rather lacking. There needs to be a common approach, operationally, for performance indicators, and implementation needs to be on a joint basis. The whole integration agenda is very close to our hearts. One of the issues that we would raise in relation to the Bill as currently drafted comes back to what I said a moment ago in relation to wellbeing, in that we would not like to see the integration agenda watered down in any way, or any opportunities lost because the Bill is so broad.

[23] **Vaughan Gething:** Carol from the CHCs is next, then Sandra, then Carol Shillabeer.

[24] **Ms Lamyman-Davies:** I agree with you, Kirsty; at this present time, community health councils in Wales speak on a regular basis to patients and members of the public, who find great difficulty in understanding why we are able to support them, through our unique complaints advocacy service, in health but are unable to do so in social care. So, because patients currently do not understand the transition between health and social care, I think that greater and more effective collaboration and discussion need to happen.

[25] **Ms Morgan:** The issue of performance indicators is a huge one, because we are collecting data about the same activity, but quite differently. However, we also need to take a common approach to the objectives that are set between the organisations, and the directives coming from the Welsh Government really need to be partnership objectives, rather than objectives that are established separately.

[26] The other issue is one that we have certainly been discussing, and it is the possibility that we can look at the delegation of powers or responsibilities. One of the things that we talked about was duplication in the assessment process. The Bill does not support the delegation of assessment between agencies. So, it may well be that two people will go in and do exactly the same assessment, because one is not allowed to fill in a certain pro forma. It could therefore go a lot further in allowing us flexibility.

[27] **Ms Shillabeer:** I think that the whole aim for integration is an enormous opportunity for us in Wales. My sense of it is that Scotland has taken an approach that will focus on integration and give that a thorough airing, to then have a very clear mandate in moving forward. This Bill presents an opportunity, so it is welcome, for sure. My question is whether it goes far enough, or whether the Bill is so broad that we do not make the most of this

opportunity.

[28] In particular, I think that there is real benefit in shared vision, shared objectives and shared outcomes. If we cannot kick off with that as a core part of the Bill, the chances are that citizens who receive services and support will not see things in a joined-up way.

[29] Pooled budgets are an enabler to help that to happen; they are not the end prize in and of themselves. Without the shared vision, et cetera, pooled budgets will probably not be as effective a tool as they could be.

[30] The other thing that I would say is that, for me, the Bill has not grasped the opportunity to deal with health organisations in different sectors. For example, the NHS and a local authority will work together on governance arrangements—there is the role of elected members, the role of appointed members on boards et cetera—and this will link to some extent, I am pretty sure, into the new commission that is looking at public services, governance, deliverability and delivery. So, there is perhaps more emerging work happening here.

[31] The other two quick points that I would make are that there is a need to ensure reciprocity—I knew that I would slip on that word. So, this is not about partners supporting social services functions; it is about partners working together for people. It is about making sure that the balance in that is right, and it might be just a matter of wording. Then there are some issues to do with integration, which, for me, are about making sure that the repeal of any legislation does not weaken integration. For example, on the arrangements to promote co-operation around children, we have a pretty strong Children Act, with a lead director for children. That is being modified in the Bill, and some of the anxiety is around whether, particularly in the NHS, we will be able to keep children at the top of our agenda, particularly in line with things like the United Nations Convention on the Rights of the Child. There is yet more evidence from Kennedy, who looked at the Bristol heart issues, that special attention needs to be given to children. So, there are some issues in here around partnership and integration, and placing a priority on key aspects. Sorry, that answer was a bit long.

9.15 a.m.

[32] **Vaughan Gething:** No, this is an area that the committee will want to look at in some detail, so we are going to spend some time on this. Helen, you said that you would come back on the specific questions that Kirsty had on sections 147 to 150 on partnership.

[33] **Ms Birtwhistle:** As Carol said, the development of integrated services does not necessarily depend on formal partnerships and pooled budgets. We are very clear on that. We are talking about shared vision, agreed priorities, trust, and open and accountable partnership working, which Carol has just alluded to. Very clear outcomes are also part of the vision.

[34] We need to avoid a nationally prescribed approach to partnership and integration to ensure that there is still enough local flexibility to meet local needs. We know that those needs will differ across Wales. From a local health board perspective, that diversity of local approach among local authority partners is not without challenge. We are already seeing that in areas where health boards are working with a number of local authority partners. It goes back to the governance arrangements and those sorts of things.

[35] So, variations in approach may be helpful at a local level, and we do not think that there should be conformity across a range of delivery methods. However, we think that there should be common principles regarding partnership. That goes back to having a vision and agreed outcomes. The clue is in the title—this is a social services Bill—and the health service in relation to this Bill is very much a partner among other partners. We would be looking at

that reciprocity that Carol talked about, where it is not simply a case of partners contributing to social services, but looking at ways of reshaping services for individuals across the whole health and social care spectrum and sector.

[36] **Kirsty Williams:** I think that we are all agreed that greater integration is desirable and necessary for everyone. The question then is how that is best achieved—can you legislate for it? The NHS confederation’s paper seems to say that we have the statutory basis, but that it does not seem to happen consistently or successfully across Wales, therefore the Government seems to be trying to legislate for that. How do we achieve it? Your evidence today seems to suggest a divergence of opinion that the Bill is not strong enough to make it happen, but the NHS confederation’s paper seems to suggest, ‘Don’t make it any stronger—we need the local flexibility to do things differently on the ground’. However, the experience to date is that if you do not legislate for it, it does not necessarily happen.

[37] **Vaughan Gething:** We will go to Helen, then Sandra, because I know that you have both commented on this in your written evidence.

[38] **Ms Birtwhistle:** We are not saying, ‘Don’t make it stronger’; what we are saying is, ‘Don’t throw out the baby with the bathwater’. We are also asking: what is the element of good integration and good partnership working? It is not necessarily legislation and regulation. That has to be underpinned by other things. It is our fault if we have not expressed that sufficiently clearly.

[39] We think that integration, as it stands in this Bill, is potentially a missed opportunity. We would urge for ways of making it work, but we are not clear about the best way that that could happen. We are throwing out ideas and points for discussion in the scrutiny that you are giving to the Bill.

[40] **Ms Morgan:** The major issue is common objectives, because if we are delivering services in partnership but have different objectives and are measuring our performance differently, it causes tension when delivering services. Whatever is joined together, the objectives need to be the same.

[41] **Ms Shillabeer:** My comments are much along the same lines. For me, this is about hearts and minds wanting to work together and then ensuring that common objectives, common goals and the supporting framework enable that to happen. The critical opportunity is a joint outcomes framework, making sure that the rules and regulations around pooled budgets are easy to use and easy to navigate. I think that it would be unfair to practitioners who are working on the ground to say that integration is not happening already. People are working together pretty well, and there are many examples of that. It is at the more senior levels between organisational boundaries that you cannot see the integration as much.

[42] **Vaughan Gething:** I know that Elin Jones has questions on this area. I will ask other Members who have questions on integration and partnership to ask those now. We will then move on to another subject. I know that William and Lindsay also have questions in this area.

[43] **Elin Jones:** I think that we got to a point towards the end of the questions from Kirsty where you were all of the mind that there should be greater direction and clarity on integration of services in the Bill. Some of you were clear at the start, while others developed that argument as you went along. I want to ask the NHS confederation about something that you said in your response to Kirsty Williams, which is your request for flexibility at a local level for integration of services, because needs are different in different parts of Wales. Why do you say that? Why are the needs different in parts of Wales when it comes to adult social care and the NHS working in a more integrated way to meet the needs of individuals who are vulnerable and in need? Why could they be different in different parts of Wales? I will ask the

NHS confederation to respond first and then others can answer.

[44] **Ms Birtwhistle:** They are different because of all the factors that we have discussed before in relation to the services that are available. It is sometimes about rurality; the issues in a city like Cardiff can be very different in terms of navigating services, systems and what is available from what they might be in a rural area. For instance, the types of services that are available—

[45] **Elin Jones:** So, they could be required to be separate in some areas and to be working from an integrated, pooled budget in another area?

[46] **Ms Birtwhistle:** No, we are not saying that. We are recognising that circumstances are different according to different individuals in different area. I guess that one of the other issues that we are not focusing on sufficiently is the needs of the individual. At the moment, we tend to look—we are looking at this in many ways through the Bill—at services and how social services are delivered. What we want to be looking at is how those services can be integrated and work together to deliver agreed outcomes for the population and for particular individuals in that population. That is what I mean about flexibility.

[47] **Ms Morgan:** I wanted to make a comment about the diversity of need. Working from west Wales, we have a range of people who function very differently, culturally, in a rural area, compared with Cardiff. They make different types of demands on services. What we are finding in developing integrated structures is that there is a risk, in being too prescriptive, that you exclude relationships with housing and other agencies that you might find you work more effectively with in one county than another. So, having a clear formula for integration could be quite restrictive and narrow the range of models that we can apply.

[48] **Ms Lamyman-Davies:** I do not disagree with anything that has been said, but I agree with what Elin Jones was saying about services being mirrored across Wales. We talk about organisations and integration, but what we need to ensure is that we remember that we must be patient and person centred in all of this and look at quality, consistent, services across Wales. This Bill is an opportunity to get it right, because we have not in the past. In developing discussion around this important topic, let us include patients and carers in that, but, obviously, I would say that.

[49] **Elin Jones:** In this committee, we are fed up of hearing about the Gwent frailty project or the Torbay experience talked about all of the time, because they are the only two examples that we can think of. We want to see good practices happening throughout Wales. That is not to say that you do not do good work in other parts of Wales, so do not feel that you have to defend your area. [*Laughter.*] I will ask two more detailed questions on integration and the Bill. The first question is on the issue that Sandra Morgan raised earlier, and it is in the Hywel Dda LHB response as well. It is about the opportunity that is lost in the Bill, as drafted, to integrate the delegation of responsibility for assessment, in that there could be an opportunity in this Bill to allow that assessment to happen by one organisation, or to be a joint assessment. However, at the moment, that is not allowed for in the Bill. Could you comment on how we could change the Bill to allow that to happen?

[50] My second question is on pooled budgets and on an area that is raised quite often in that context. Are there any tensions or problems that can arise, given the fact that the NHS is free at the point of need and that adult social care is not necessarily. In looking to see whether budgets can be pooled and in looking at the enabling powers that are here and exist already, is that an issue that is surmountable, in the way that budgets could be pooled? Is there anything that should be in this Bill to make that more possible?

[51] **Ms Morgan:** The Bill suggests that people need to look at new creative ways of

working, changing the way roles work. We are having the same discussion in health, but we are still not talking about how to change roles across the agencies. As head of occupational therapy across the agencies, personally, I am hugely frustrated with the regulation of social care, which sometimes restricts what the scope of practice can be. We have talked about some of the issues to do with supporting discharge and social workers having to attend discharge in hospitals in the county where somebody lives in order to do the assessment and to plan a package of care, rather than staff who are not employed by social care being able to recommend creatively. So, there is this duplication of effort.

[52] **Elin Jones:** So, there is something that you could perhaps suggest to us that could be put in this legislation to stop that from happening.

[53] **Ms Morgan:** It is about enabling people to delegate responsibility, in that it would not be reasonable for health to assume responsibility, and there would have to be a framework to achieve that with clear parameters. Staff may well need training to support that, but it is certainly possible.

[54] **Elin Jones:** You say in your evidence that current legislation prevents that from happening.

[55] **Ms Morgan:** That is because it is a social care responsibility.

[56] **Elin Jones:** Could you clarify for us in writing, after today, how this legislation could be used to overcome what is in current legislation?

[57] **Ms Morgan:** Yes, that is fine.

[58] **Ms Shillabeer:** I wonder if I can help, because I have a live example that I hope will demonstrate the point that Sandra has been making. It is a Powys example. In terms of the care that we provide to people in Powys, they access their district general hospital care outside of Powys. A couple of years ago, we put into place a role called the care transfer co-ordinator. This is usually a nurse or an occupational therapist who goes into the district general hospital, finds Powys people and says, 'Right, I'm going to help you to get back home or to get back into a Powys community hospital.' As this person works for the NHS, they can undertake NHS nursing assessments and basic assessments in relation to that, but they cannot, at this stage, undertake even relatively low-level social care assessments to assess for social need for homecare or some other sort of intervention that would support their ongoing care after hospital. That means that social workers will then need to travel outside of Powys into a district general hospital to undertake that assessment.

9.30 a.m.

[59] From a public resourcing perspective, you think, 'Goodness me; that does not really quite make sense here', but, if a care transfer co-ordinator could undertake an assessment, and if they are competent and trained to do so—and we need the framework in place—that would surely enable the person receiving the care to have a quicker assessment, and for resources and care packages to be put in place pretty quickly. I think that the services on the ground are pushing for that all of time. Making it clear in legislation that those things can happen without fear of being frowned upon, if you like, in terms of inspection and regulation, would enable people to provide better, timelier care. So, I hope that that example lifts off the page for you in terms of the reality of this.

[60] **Vaughan Gething:** Yes. Some of this looks like sections 17 and 18 in terms of needs assessments, and the fact that a local authority can delegate, but it cannot go the other way around. Is that sort of area that you are talking about in ensuring that partner authorities,

partners involved in this area, could actually undertake assessments for each other?

[61] **Ms Shillabeer:** Yes, cross-delegation.

[62] **Vaughan Gething:** That is helpful. Helen, briefly, and then I have Lindsay and Rebecca wishing to come in on this area.

[63] **Ms Birtwhistle:** Just to add to that—I do not think that it is off the point, but I do not want to forget it—in relation to what Carol has been saying about the delegation and being able to undertake those new or different roles, the explanatory memorandum gives significant consideration to the financial implications and training requirements for social services, but no consideration seems to have been given to the training and resources needs of the health service and of other partners. We would urge urgent consideration to be given to those areas to allow the health service to do exactly what Carol and Sandra have just been explaining.

[64] **Elin Jones:** May I have a response on the pooled budgets and the NHS being free at the point of need?

[65] **Vaughan Gething:** Would you like to start, Carol Shillabeer?

[66] **Ms Shillabeer:** I would like to say that I have a really good answer, but it is a difficult area. What is clear is that there are a number of pooled budgets already in place and working well. Particular examples that come to my mind are around such things as equipment stores—community equipment—and even what we would term back-office functions, around IT systems and support, although, if you do not have those, they cannot support the front line. I think that there is likely to be a tension, particularly as teams become integrated. If we were to put a community nursing team and a homecare team together, what would be the funding formula around that? I think that that needs some care and attention. In my heart, of course, I would like to be able to think that even social care could be free, but we have to live in reality, do we not? I wish that I could offer a really sensible solution to put on the table, but it is a difficult area that would need working through. However, there are examples where we have done this successfully already. So, it is a matter of making sure that we learn from what has worked well and then roll that out.

[67] **Vaughan Gething:** Lindsay is next, and then Rebecca on this area. I will then move to Gwyn Price and William Graham on different subjects.

[68] **Lindsay Whittle:** You will forgive me, because I come to this meeting in the wrong frame of mind and in a bad mood, because—

[69] **Kirsty Williams:** That is not like you.

[70] **Lindsay Whittle:** No, it is not like me. Only two days ago, I received a case from a family with a 92-year-old mother stuck in hospital for the past seven weeks. The family had to leave the case conference, or whatever it is called, because the professionals were arguing so much about who was going to pay, they felt embarrassed and actually excused themselves—and I represent Gwent, with this much maligned Gwent frailty programme.

[71] **Elin Jones:** It is not maligned.

[72] **Lindsay Whittle:** Well, that is what it is becoming, in my opinion. With respect, I do not think that we can hold up these so-called areas of good practice in Wales. The whole of Wales should have good practice. What is good enough for Gwent, Wrexham or parts of Carmarthen should be good enough for Ynys Môn, Clwyd, Aberystwyth and so on. I find that this idea of borders between counties and departments is now becoming, in my opinion,

lamentably weak, and, quite frankly, pathetic. I think that it was Carol Shillabeer who said that, at the end of the day, in the middle of all of this is the customer—the person who is stuck. This 92-year-old has been stuck in the Heath hospital—this is perhaps down to borders, because she is from Gwent—for six weeks. That is not acceptable. I would certainly welcome your opinion. No-one, with respect, is telling us that pooled budgets are the answer, so what is the answer? You are the professionals—I am not—so tell me so that we can perhaps ask the Minister.

[73] **Vaughan Gething:** It would be helpful, when answering, to think about cultural barriers and things that the Bill does or does not say, and, if it does not say it, whether it should.

[74] **Ms Birtwhistle:** First of all, yes, we have examples of good practice and we talk about them, but, time and again, we hear stories like that of your constituent and it is unacceptable. We would all agree with that. It should not happen and it must not happen, and we must use things like this Bill to make sure that we are futureproofing so that it cannot and does not happen. That is the first thing I would say. I will say something else, if I may, which picks up on an answer I gave to Elin Jones earlier about the difference between different areas and borders. It is about equity of services. In talking about differences in localities, we should nonetheless remember that we are talking about people and the services for them, and, wherever you live, and whoever you are, you should have access to good services that are geared to you as a person.

[75] We are not saying that we should not have pooled budgets and that they are not the answer. What we are saying is that they are not a panacea. There is a view that, if we wave a magic wand and have pooled budgets, suddenly all these issues to which you have just alluded will disappear. We do not think that that is the case. So, we would oppose any moves to have mandatory pooled budgets on the face of the Bill and we think that formally imposed partnerships can undermine locally developed joint solutions—such as the Gwent frailty programme, although you say that it has not worked in the case that you mentioned—and meeting the needs of individuals. I go back to that all the time, because we must not talk about amorphous services; we are talking about enabling individuals to lead better lives, be more independent and have their needs met, and we need effective collaboration.

[76] Pooled budgets and formal partnerships are tools to support the joint governance of joint working, but they are not the route to better integrated services. We go back—and I am sorry if I sound a bit like a stuck record—to the root, which is having agreed joint outcomes and gearing all services to the individual and to their carers. We are not saying, ‘Don’t have pooled budgets’; we need to share money and we need to break down those barriers. For instance, that is one of the things that the health service and social care have been asked to do in relation to unscheduled care: allowing people who are in hospital and who really do not need to be there anymore to get back home with the right support. Yes, that lady or gentleman should be back in their own community and arguing the toss about who pays for it should be left for later; the family should not be involved in that. That is unacceptable, and I would be very firm on that.

[77] **Ms Shillabeer:** I absolutely support much of what Helen has said. I want to add a little more about children, if I may. The first thing for me is good governance, which goes back to very clear aims, objectives and outcomes that health, social care and other agencies that need to be part of this, sign up to, so we are all after the same thing. The issue then is about money—pooled budgets help that—and a recognition that movement of money and resources between sectors may be necessary to deliver the outcomes. Those are the fundamental principles to which we need to be working. We have examples of where that happens now. I am assuming that your constituent is an older person. However, in terms of children’s services, particularly as part of children and young people’s partnerships, there is

example after example of where different parts of the system—education, health and social services—have put money into a certain piece of work to achieve an outcome. There may be different percentages: so, health might put in 20%, children’s social services 30%, et cetera. However, the agreement is that the outcome is that that child will receive the service, and they will all contribute to that. That has not been delivered because there has been a pooled budget; it has been delivered because there has been agreement on a common goal and the outcome that is needed. Dealing with the money has followed that. So, if you do not have good governance and an absolutely clear joint aim, you will struggle with sorting out the money. That goes back to the original question that Kirsty asked, which was about how we strengthen the integration section on this. I hope that that helps.

[78] **Vaughan Gething:** Could we have a response from Sandra, and, again, could you think not just about cultural barriers and things that already exist, but what is in the Bill and what you would like to see changed in order to help to achieve what appears to be an agreed desired outcome?

[79] **Ms Morgan:** Within the NHS, we have been progressively redesigning our services to reflect the way in which people move and how people live, such as looking at patient flow to do with the counties that people would be discharged to—Carol gave a very good example to do with Powys trying to get people back from hospitals in neighbouring health board areas. In real terms, historically, social care has seen hospitals as a place of safety for people and has not always prioritised those people returning to their homes, because it has prioritised people in the community who are at significant risk. So, it is about shifting the balance so that there is a responsibility to look at the whole client journey and to acknowledge that hospitals are not safe places to be. With hospital-acquired infections, they are probably one of the most dangerous places to be.

[80] **Vaughan Gething:** Carol, before you answer, I will bring in Rebecca on integration and co-operation or partnership, and we will start with you then.

[81] **Rebecca Evans:** In the Welsh NHS Confederation paper, you state that:

[82] ‘For integrated services, even minor changes in social services eligibility criteria can have a significant impact on the balance of care available.’

[83] What impact do you think the national eligibility criteria might have on the demand for services within the NHS, and what role do you see for the NHS in developing the criteria?

[84] **Ms Shillabeer:** I will pick that one up. With the current financial constraints, the challenge will be about what the threshold is for eligibility. If it becomes too high—and, of course, the issue of means testing and payment becomes an issue for people—the risk is that people, including vulnerable people in need, possibly, will access services through the NHS. Therefore, the ability of social services to truly deliver to a wide enough population number, because of financial means, might mean that they access the services that are free at the point of delivery. That is the concern. This goes back to what the outcome is—I am sorry, but this is a recurrent theme—for the individual and how we all work together to reach that outcome. So, I would anticipate, expect and hope that the NHS would have a key partnership role in developing eligibility, or giving a view on that, in terms of seeing the whole-system impact.

[85] **Ms Morgan:** There are tensions, as well, to do with working in partnership, if we are looking at such things as providing information in an integrated way, because the NHS would not charge for that type of service, but there is a possibility that there would be eligibility criteria for the information component as well as the preventative component. Wherever the bar is set, the NHS has to be aware of what that gap is and whether we have a responsibility to fill it.

9.45 a.m.

[86] The other issue is that within the Bill there is no mention of access to adaptation or to equipment provision specifically. So, I am not sure whether the eligibility criteria would apply to that, or whether there is an intent for social care not to have a responsibility for providing equipment, because it is not explicit.

[87] **Rebecca Evans:** I think that this raises some financial questions, which we might come on to later, but I have one more question on integration—

[88] **Vaughan Gething:** Okay; one more on integration and then we will move on to some other subjects.

[89] **Rebecca Evans:** Okay. We have not mentioned the third or independent sectors thus far. Do you see that the Bill offers the potential to improve integrated and collaborative working with those partners?

[90] **Ms Birtwhistle:** We have not mentioned them yet, but we think that they are important. For instance, housing is an area that we need to look at, and third sector collaboration, particularly in the area of mental health provision, is imperative. As I alluded to earlier, the health service is seen as a partner alongside a number of these other types of organisations in terms of the social services Bill. We are saying that, again, we must not miss the opportunity, through this Bill, to maximise the potential of collaboration and partnership working through a range of sectors.

[91] **Vaughan Gething:** Carol from the board of community health councils, would you like to come in on this? Then Carol Shillabeer is next. We will then try to move on to another area, as we are pretty much halfway through our allotted time.

[92] **Ms Lamyman-Davies:** One of the key cornerstones of this Bill is effective collaboration. We must all agree that the third sector is a very effective key partner in ensuring that there is equity across Wales for the individuals who will benefit from this Bill. So, there must be further discussion with carers, third sector organisations and others before a definitive role for the third sector is brought about in terms of the Bill. So, I would agree with you that it is vital that the third sector is around the table to discuss this matter.

[93] **Ms Shillabeer:** If I was here representing some of my colleagues from the third sector, they would want me to say that there is a difference between the third sector as a provider of services—where there is often a commissioning relationship from the local authority—and the third sector being part of the design as well as the delivery. So, it is important that that is strengthened here; that would be welcome. I am pretty sure that they would be pushing hard to be part of the planning and not just the delivery of services.

[94] **Vaughan Gething:** Ken is next with a brief question on integration.

[95] **Kenneth Skates:** Yes. Going back to the pooled budgets, from your evidence today, and from the strong evidence given by Age Cymru in particular, my reading of the situation is that you believe that pooled budgets can inhibit integration when they are enforced, whereas pooled budgets can enhance integration where they have developed through the mutual agreement of the health boards and local authorities. Is that correct?

[96] **Ms Birtwhistle:** I think that they can become another layer of bureaucracy and that we have to be very careful to guard against that. That is what we are saying. The ethos of sharing pooled budgets and not having the sort of terrible circumstances that we heard about

earlier is vital, but if it becomes an end in itself, it could stifle some of the things that are as important, if not more so. Pooled budgets are a useful tool, but they are not an end in themselves. That is what we are saying.

[97] **Vaughan Gething:** We are going to try to move on to some different areas, because we are over halfway through. I have Gwyn, then William, and then I will go to Kirsty on eligibility, and I suspect that other Members will want to come back on eligibility as well. So, I do not think that it will just be one set of questions on that. So, Gwyn Price, then William Graham, then Kirsty Williams.

[98] **Gwyn R. Price:** Good morning. I want to touch on user voice and control. What are your views on whether the provisions in the Bill will realise the aims of the Welsh Government to enhance the user voice and control? We have been to seminars and meetings where people are really concerned that their voice is not being heard. I would like your views on that, please.

[99] **Ms Lamyman-Davies:** Fundamentally, this Bill does go some way towards ensuring that the voice of the patient, the citizen, the client—however you wish to term the individual—is heard and is part of the development of services also. I think that it is vital that individuals are able to have a say. I am sorry to have to go back to our learned gentleman here, but I have to say that I think that what Lindsay Whittle was saying about the lamentable situation in which that individual was found is important. I am sorry to go back to pooled budgets, but I believe that if you do not have pooled budgets, there will be reticence, which was seen with delayed transfers of care and individuals being stuck in bed for weeks upon weeks. Until there is better integration, better discussion and better leadership in terms of how services are delivered, we are not going to get a better understanding and situation for individuals. So, it is about the voice of the individual, as well as the voice of all these key people—and leaders in particular have to be strong and ensure that the voice of the individual is central to the development of services. Otherwise, I think that we will miss a trick. So, I am sorry to come back to you, sir.

[100] **Lindsay Whittle:** I was about to applaud you.

[101] **Kirsty Williams:** He is in a much better mood now. [*Laughter.*]

[102] **Lindsay Whittle:** I am.

[103] **Vaughan Gething:** He has never been called a learned gentleman before.

[104] **Ms Lamyman-Davies:** At the end of the day, we as community health councils hear week after week the emphasis that is given—‘It is the fault of the NHS’, and then, ‘Oh, no; it is actually the fault of social services’. This is only a personal opinion, but until we get pooled budgets, I do not believe that you will see that senior service that is so essential, because the bottom line is that we are not talking about organisations; we are talking about people, clients and patients. That is where I come from on this.

[105] **Ms Morgan:** I just wanted to comment on choice, because autonomy is about more than choice. Personal autonomy is the capacity to manage your own life and to make your own choices within that. Certainly, the impression given in the Bill is that social care still has a slightly patriarchal function, rather than allowing people to self-manage. We did have some debate about at what point it was, but it is the flavour.

[106] **Gwyn R. Price:** Astonishing.

[107] **Ms Morgan:** In the NHS, we are encouraging people, particularly those who have

long-term conditions, to look at how they can manage their own conditions in order to have more autonomy over their lives.

[108] **Gwyn R. Price:** You touched on the issue of adaptations. We went to a seminar on adaptations the other day, and they were talking about their voice—do you know what I mean? I wonder: do you think it is all covered in this Bill?

[109] **Ms Morgan:** At the moment, as I said, the feeling about personal autonomy is not clearly there. It is about being able to pick what you want, as opposed to—

[110] **Gwyn R. Price:** [*Inaudible.*]

[111] **Ms Morgan:** Yes.

[112] **Vaughan Gething:** Okay, we have Lynne Neagle on this point and Rebecca Evans also on this point.

[113] **Lynne Neagle:** This is just in relation to the whole issue of voice and control. Of course, there is no specific commitment to offer independent advocacy in the Bill. Do you have any comments on that, and would you like to see the Bill strengthened in relation to that?

[114] **Ms Birtwistle:** Yes.

[115] **Ms Lamyman-Davies:** Part 10 of the legislation, as you know, refers to the role of independent advocacy, and it is something that is very close to my heart. You will be aware that community health councils in Wales already provide a very well established and highly regarded independent advocacy service. I am pleased to say that the Minister very recently, in terms of the review of community health councils, has agreed to strengthen the role of complaints advocacy. So, basically, what I would like to say is that the board of CHCs and I would be keen to be involved in any further discussion of the proposals to amend section 187, I think, of the National Health Service (Wales) Act 2006 to extend the duty to provide advocacy to support complaints to the ombudsman about independent palliative care services. I think that we can offer that direction and input, and we would be very enthused by being involved in that discussion.

[116] **Vaughan Gething:** Before I go to Carol and Helen, advocacy is not just about complaints—

[117] **Ms Lamyman-Davies:** No.

[118] **Vaughan Gething:** It is also about the design of service. We were talking about needs assessments earlier on, and about integration. Perhaps you could deal with that, and also how the Bill, at present, does not appear to envisage a role for that and for independent advocacy. I will go to Carol, then Helen.

[119] **Ms Shillabeer:** I think that you have made my point for me. The issue about advocacy is not just about complaints, but about how we support people to make decisions about their care or to influence on a wider basis the care that is provided in their locality et cetera. The Bill, although it has some encouraging messages, needs to be strengthened considerably with regard to putting a duty on the core provision of advocacy across the board. There are some areas where advocacy is very well established and very clear under some other mental health Act or mental capacity Act, for example. However, for people going into residential or nursing care or people accessing care in their own homes, the level of advocacy is pretty patchy, and there has not been a duty on organisations to make sure that there is a

core provision.

[120] **Ms Birtwhistle:** I would make exactly that point. We would like this to be strengthened, so that advocacy is not just talked about in relation to complaints but is also referred to as a key element in core provision.

[121] **Vaughan Gething:** Okay. Rebecca, is your question on this point?

[122] **Rebecca Evans:** Yes. You talked about people having a say and a choice in their own lives and so on. You will be aware of the Government's framework for action on independent living. Will you join the disability charities that we have heard from in suggesting that the Bill should make an explicit reference to independent living and the framework?

[123] **Ms Morgan:** Yes. *[Laughter.]*

[124] **Vaughan Gething:** That is a nice, simple answer, and it is helpful and clear.

[125] **Ms Morgan:** Yes, it would be excellent. Supporting independent living should be a fundamental responsibility within social care.

[126] **Vaughan Gething:** That is helpful.

[127] **William Graham:** The Bill talks a lot about 'may', but for preventative services it says that a local authority or local health board 'must' do something. The evidence from the Welsh NHS Confederation says that

[128] 'Delivering preventative services in the context of eligibility and means testing may be challenging'.

[129] Would you like to enlarge on that?

[130] **Ms Morgan:** From what I understand from reading the Bill, a preventative service would be the type of service that is currently delivered by reablement services, where there is no charge. Those services are broadly integrated services, where there are health and social care components. If you are delivering an integrated package, it is very difficult to start charging for elements of it. The model is different in every county in Wales. Some people would be charged and some would not.

[131] **Ms Shillabeer:** I want to make a point about the definition of 'preventative services'. I will not do a survey, but I could potentially ask how many of you are on statins to manage your cholesterol and blood pressure, and in the NHS that is a preventative service. The NHS sees prevention in a much broader way, and wellbeing in a much more focused way, given that there is an increasing emphasis on wellbeing. However, just to put this on the table, prevention means different things between social services and health. Where it says that the NHS must provide preventative services, we already do. There is a whole host of other National Institute for Health and Clinical Excellence and royal college guidance that talks about the whole pathway of care, of which a core component is the prevention of ill health. So, that is already part of our core business. It is just about seeing the language slightly differently in the sector that you generally come from.

[132] **Vaughan Gething:** William, do you have questions on this?

[133] **William Graham:** Do you have any particular comments on preventative services for children? The Bill is pretty specific about that.

[134] **Ms Shillabeer:** Preventative services for children are a bit topical, but the biggest preventative service for children, from a health perspective, is immunisation. It is cheap and really effective, and it is something that we do as part of our core business. If we think back to half an hour ago when we were talking about joint objectives and joint outcomes, we will see that one of the key things that we would want to see at a high level is that we are preventing significant illness in children by ensuring that there is a comprehensive immunisation programme. That is just an example.

10.00 a.m.

[135] **Elin Jones:** I want to go back to the initial question raised by William Graham on the duties on local authorities and local health boards around preventative services, because it does differentiate. The Bill says that

[136] ‘a local authority must provide or arrange for the provision of a range and level of services’,

[137] but the duty on a local health board is that it must

[138] ‘have regard to the importance of achieving the purposes’.

[139] So, it differentiates between almost giving the local authority the lead role in preventative services and the role of the NHS being more supportive. Do you think that there is a need for those duties to be different, or should the NHS have the same duties as local authorities, which is that they must provide and arrange for preventative services?

[140] **Ms Morgan:** What is difficult is the difference in the definitions. Within the Bill, ‘preventative’ means reducing the risk of people deteriorating who are in a vulnerable group. In the NHS, that would probably be classified as community rehabilitation or community support. It is part of the NHS move to strengthening community services, to reduce dependency on hospital services. So, it is a shift that the NHS is already making. What is challenging is that, unless people take a significant amount of time going through the detail of the Bill, they will not understand what the preventative partnership is in the NHS, because we are already doing it.

[141] **Elin Jones:** That section on the local health board power could be changed, to make it the same as the local authority’s duty, so that there is parity of responsibility between both organisations to arrange the prevention services, as outlined in section 2.

[142] **Ms Morgan:** The tension is on prevention, because we have a preventative duty in other areas where it means something different.

[143] **Ms Shillabeer:** Having parity means that we are all working to the same duty. It also aids collaboration. We are very clear about common objective.

[144] **Ms Birtwhistle:** We are clear about common objective. It hinges on the definitions and the need for clarity. We also need to bear in mind the linking with other legislation; public health, for instance.

[145] **Vaughan Gething:** We will move to Kirsty Williams on eligibility, then I will look to other Members on different subjects. We have just under half an hour left, so we can still get through a number of the subjects that we have not touched on.

[146] **Kirsty Williams:** I will go back to the issue of the eligibility criteria. Where those criteria are drawn potentially has a greater or lesser impact on NHS services. As the

Government draws up its eligibility criteria, is the NHS involved in those discussions as to what the eligibility criteria will look like? Secondly, in the past, when looking at other pieces of legislation, this committee has been resolute that it needs to see further details, codes of practice, secondary legislation and regulations before it is agreed to move this process on. Do you feel that it would be advisable for this committee and the Assembly to see the eligibility criteria before this legislation is passed? Are you involved in the discussions?

[147] **Ms Morgan:** No. Certainly, the NHS colleagues that I have spoken to are not aware of discussions taking place. There is a strong suggestion that we should be developing the eligibility in partnership, because of the reciprocal responsibilities. So, yes, we should be.

[148] **Kirsty Williams:** What about when we should see the eligibility criteria? I take the point that it is probably not appropriate for it to be on the face of the Bill, but do you think that this committee should make a strong recommendation to the Government that we see it before this Bill completes its passage through the Assembly?

[149] **Ms Morgan:** Yes. That is fundamental.

[150] **Kirsty Williams:** We have spent a lot of time talking about voice and control and co-production, yet, that voice and control seems to be limited to social care, rather than being significant voice and control in the development of health services, as the Bill is currently drafted. Is there scope in this legislation, and is it desirable, to extend the principles of voice and control into the NHS? There is also promotion of direct payments in this legislation, but, again, direct payments only for somebody's social care. One could have, for instance, a mental health patient who has voice and control, co-production and direct payments to pay for social care parts of their care, but little or no voice and control in the development of NHS services and certainly no direct payment to purchase the kind of mental health services that they feel would be appropriate to support them. Is there scope in this legislation to extend the principle of voice and control into the NHS?

[151] **Ms Shillabeer:** I will deal with the scope of the Bill, just for a moment. I have a simple line diagram in my mind to help me to explain this. At one end, the Bill is quite focused on the functions and operations of social services. Sandra alluded to this. It can, in part, be a pretty tricky read if you are from the NHS, in terms of understanding what it is. At the other end of this spectrum is a real potential and opportunity around integration. The issue for me is that the scope of the Bill seems to be so wide that there is a risk that we will not realise the opportunities on the integration side of the spectrum. Therefore, there is a decision to be made about whether the Bill goes far enough, or about whether there should be a separate Bill to deal with integration. On the issue of voice and control, the question, therefore, is not whether this should be replicated in the NHS, but whether it should be about a core principle of integration? Then, you get into the legalities of direct payments, et cetera. So, while I do not have very much to offer on the whole issue of direct payments, the principle of this is the scope of the Bill and what it is trying to achieve.

[152] **Kirsty Williams:** That is very helpful.

[153] **Elin Jones:** My question was going to be on the NHS and direct payments.

[154] **Kirsty Williams:** I am sorry.

[155] **Elin Jones:** No, it is alright.

[156] Do any of you, other than Carol, as she has already answered the question to an extent, have anything to offer on whether this Bill would be an opportunity to provide the NHS with the ability to offer direct payments? In your work and experience, has there been a

tension between the ability of local authorities to offer direct payments for social care and individuals not being able to access direct payments for any NHS care that they need?

[157] **Ms Shillabeer:** I know of a case where the NHS got provision for direct payments. An eyebrow was raised, and the legality was checked on it. It is legal, but it is not a common practice. So, it is an area for further exploration. It is not an easy area, because frameworks need to be in place around safeguarding and competence and the whole nine yards in relation to that. So, it is not an easy area at all. Further work would be required on the benefit that people would find from that.

[158] **Elin Jones:** My understanding is that it is available in England in the NHS. I think that I have come across the fact that it is.

[159] **Ms Shillabeer:** I know of a case in Wales where a direct payment has been made to enable care. It is in relation to a child and it is funded from the NHS as part of a joint arrangement with the local authority. So, it may be that they are using a different route to achieve that. However, it seems to me that that is a lot of work to get through.

[160] **Lindsay Whittle:** It is all about money today, is it not? We are told that this Bill will be cost-neutral for the health service in Wales, yet we have heard numerous witnesses give evidence that they doubt that very much. Have you had any discussions with Welsh Government on the financial implications? I also have a bit of a sneaky question: do you think that this Bill is too big?

[161] **Ms Birtwhistle:** Cost and financial issues are bound to be a key consideration. We, too, would question whether this can be cost-neutral. I know that there is a lot of background work taking place, and colleagues at the WLGA are looking at costs, finances, financial implications and the assessments of that. That will be a very important piece of work. It goes without saying that, in the current economic climate, costs continue to be a challenge for public services, whether health services, social care or, indeed, the third sector. The challenge is particularly acute for us in the health service in the context of limited financial flexibility, when service change is required, because at the same time that this is going on we are involved in a major change of health services, with a shift from hospital services into the community, which is why integration with social care is one of our key priorities. We have already said that, where service change is required, that may also require up-front capital investment and double running of services, to be able to do that and to be able to disinvest in other services. We know that, in terms of looking forward 10 or 15 years, rather than short-term, there are opportunities that are presented through this Bill that will allow a refocusing of where money is spent and where money is diverted from where resources are shifted across.

[162] It is not clear to us, from the explanatory memorandum, how transformational change will be funded. We just put that on the table. Concerns remain about the financial implications for all partners. As I say, we have concerns about whether this can be cost-neutral. Clearly, it offers us an opportunity to really consolidate the partnership working that we have talked about, to protect the vulnerable and those at risk, to ensure that the public can achieve the best value for money, and that, by looking at some of the issues that we have talked about today, including pooled budgets, for instance, we are making sure that we are not duplicating. However, cost is a big issue, and the Bill is very broad. For us—

[163] **Lindsay Whittle:** Is it too big?

[164] **Ms Birtwhistle:** Again, that is for discussion. We feel that, because the Bill is so broad, for integration, for instance, which is our big thing—our key priority—some of the opportunities are getting lost or have the potential to get lost. In general terms, as I said at the beginning, we welcome this Bill—we think that it is an absolute step in the right direction—

but we would hate for opportunities to be lost because we are trying to do too many things in one piece of legislation.

[165] **Vaughan Gething:** I have Gwyn, William, Rebecca and Ken all wishing to come in on finance. We will then have Lynne, on a different subject, to finish.

[166] **Gwyn R. Price:** My question has been answered, really, by Helen. You touched on the double running. Are you confident that the double running will be funded?

[167] **Ms Birtwhistle:** I think that what we are saying about finance is that we are aware, certainly in the health service, that we have to look at how we make the changes that are needed within the financial resources and other resources that we have. We know that work is ongoing on how we fund transformational changes in services, and health boards are very clued up to the fact that in order to make certain changes, they need support, whether or not that is from within their own resources at the moment. However, in terms of this Bill and the cost-neutrality of it, we think that that needs to be looked at again. We know that work is ongoing, and input into that work is appropriate.

10.15 a.m.

[168] **Gwyn R. Price:** It does need to be looked at again because if double-running is coming into it and funding is obviously required, it has to come from somewhere and we do not want services to be diluted in other places. I am glad that you are going to look into that further.

[169] **Ms Birtwhistle:** Absolutely. It is an absolute challenge for us at the moment. Again, it goes back to what is a very topical issue of unscheduled care and the pressure on our hospitals and emergency departments. Part of what we are getting at through integration, and through some of the opportunities that are offered through this Bill, is being able to head some of that off and help people to support themselves, and for us to support vulnerable people at a much earlier stage so that we do not have the backing up at the front door, which is what we are seeing in our accident and emergency departments at the moment.

[170] **William Graham:** The explanatory memorandum explains where some extra money will be found for training for social services, but there is nothing for the health service. This must be a major concern.

[171] **Ms Birtwhistle:** It is a huge concern for us and we ask that urgent consideration be given to that.

[172] **Rebecca Evans:** My question is similar to William Graham's. You mentioned that you are unhappy about the level of detail in the explanatory memorandum. Could you give us an outline of what further information you think this committee should be seeking if we were to require a revised explanatory memorandum?

[173] **Ms Birtwhistle:** A very obvious one for us, as highlighted in William Graham's question, is that it looks at the financial implications for training and education for social services, but it does not allude to it at all for the health service. So, we would ask particularly that that is included. On some of the issues that are raised in the explanatory memorandum, it is quite difficult for us to be able to say whether it necessarily meets the objectives that are set out because there is such a lot of additional work to be done on things like the drafting of regulations, national eligibility, which we have talked about, the outcomes framework and codes of practice. They clearly have not been forgotten—it is in the consciousness—but there is a lot more detailed work that needs to be done for us and for you, I would suggest, to be able to say whether the objectives in the explanatory memorandum will be achieved.

[174] **Kenneth Skates:** I recognise that funding transformational change is a very serious consideration, but surely the NHS would be able to draw down invest-to-save funding.

[175] **Ms Birtwhistle:** Invest-to-save is a facility and it is a welcome one and a very useful one. We tend sometimes to put the emphasis on the 'invest' bit, and what we have to remember is that we have to pay it back and that it is an investment in order to save. What we have seen through experience, not in invest-to-save necessarily, but certainly in changing services, is that we can create capacity. For instance, there is a very good programme, the title of which I cannot remember, in the Hywel Dda area, which is designed to support older people in their own homes and allow them to be discharged from hospital much more quickly or not to go into hospital in the first place. That is a hugely successful programme, but it has not saved any money, because that capacity is then being used for other elements of the service. So, we welcome invest-to-save, but we have to always remember that it has two parts. We like the investment bit, but the saving bit is sometimes a lot more difficult.

[176] **Ms Morgan:** One of the things that we have discussed is that, because the financial situation has been challenging and savings have to be made in order to retain the status quo, it is difficult to find additional savings to pay back the invest-to-save investments.

[177] **Lynne Neagle:** The Bill removes section 17 of the Children Act 1989, and we have heard concerns, in particular, about the impact that this will have on disabled children, as it will remove the automatic definition of a disabled child as a child in need. Do you have any concerns about that?

[178] **Ms Shillabeer:** Thank you very much for the question. There is a whole area relating to which Acts, and which sections of which Acts, are being repealed by this Bill. On a broad basis, I agree with the point around the definition of disability in children. I have concern about diluting some of the key aspects of the Children Act, in terms of replacement, to try to get equity across age groups. There is a duty to co-operate within the Children Act. As you are aware, there is a detailed definition of 'children in need'. We would not want the attempt to have parity with adults to mean that we are restricting or removing some groups from the 'children in need' category. I would not want the emphasis on children to be any less than it is now. So, we are looking for betterment rather than any detriment. I do not know whether this is just because the issue is not completely clear, but I would want to seek assurances that this is not going to be of detriment to children.

[179] **Ms Lamyman-Davies:** I just wanted to say that there are real advantages to bringing together children, adults and carers within a single legislative framework. However, there is a need to look at consistency, quality and person-centred delivery. At the same time, we do not want to find that the distinctive needs of a particular group are lost. So, more discussion is needed around that.

[180] **Vaughan Gething:** I would like to return to one aspect of repeals. We were talking about repeals relating to aids and assistance, in terms of the repeal of the Chronically Sick and Disabled Persons Act 1970. I am interested in whether you have had discussion, either internally or with colleagues within local government social care, about whether you can identify where the power or responsibility to provide that form of assistance is captured in the Bill as drafted. Alternatively, is your evidence to us that you cannot see where that is, which is why you are raising this as a concern?

[181] **Ms Morgan:** There is one point where that may be the case, but that is a question of interpretation. As soon as it is open to interpretation, it means that there may be a range of ways in which to interpret it. There are comments to do with resources being made available. However, what those resources are is not explicit. I could send you something in writing to

confirm which bit of the Bill I am referring to.

[182] **Vaughan Gething:** That would be helpful. Before I turn to Kirsty, one area that we have not covered is safeguarding. Do you wish to ask a question on safeguarding, Kirsty? I see that you do. Carry on.

[183] **Kirsty Williams:** Absolutely. Local health boards and the health service have a role in safeguarding and safeguarding boards. I think that it is section 117 that allows for the creation of a single safeguarding board, if the Minister chooses to do that. Do you have concerns about section 117, and do you have any other general comments about the adequacy of the safeguarding provisions within this legislation, as proposed?

[184] **Ms Shillabeer:** I will take this one first. Safeguarding is an enormous area. Scotland has a whole Bill just on safeguarding. From my perspective, that is really important. I would not want safeguarding to become lost among this. I hold some specific views—and I am being transparent here—in relation to the Powys situation. I am the nursing director in Powys, so you need to take these views in that context. There are a couple of key points. Regarding safeguarding generally, I very much welcome putting adult safeguarding on a statutory and firm footing. It is well overdue and is welcomed. A lot of work has gone into that and a strong emphasis has been placed on it, which is great. I would make the same comment as I made earlier about children, which is that any new arrangements coming in should have evidence of being for the betterment and not to the detriment. The seeking of the evidence to confirm that this is going to be better and not worse is something that I would strongly urge.

[185] The issues that are challenging, particularly to me as the lead director both for children and safeguarding, relate to some of the footprint issues for Powys. Powys, in terms of its landmass, is a quarter of Wales and it has 4% of the population. So, there is a challenge around rurality and the logistics of getting from one side of Powys to another. From top to bottom, it is three hours. Importantly, one of the big issues around safeguarding is our relationship with England. We need to be clear that cross-border working and any subsequent regulation are adequately accounted for within the Bill. In particular, the vast majority of our safeguarding work has a contact with England for one reason or another. Our contact is less with west Wales. However, we are being asked to be part of the mid and west Wales footprint. I have nothing against west Wales—there is plenty on which we can work collaboratively—but my issue of concern is to ensure that the governance, scrutiny and accountability to sovereign bodies are really clear and not lost through a wider footprint of regionalised working. There needs to be an ability to ensure that the local issues are being dealt with and are not diluted by regional working. For example, we have a really good junior safeguarding board in Powys. It consists of children aged between 11 and 17, and they really help us with our work. It may be challenging for them to think about things as part of a mid and west Wales region, particularly when they have contact with England. So, some of the working arrangements just need to be on a footing of betterment rather than one of detriment.

[186] Another thing that I want to mention in this regard is the national independent board. That sort of focus at a national level with experts would be welcome. What I am less clear about from the Bill is the interaction that the board would have with regulatory and inspectorate bodies and being clear about roles and responsibilities. Accountability and scrutiny in the sovereign bodies, whether they are local authorities or health boards, need to be a bit clearer as well.

[187] The issues relating to the funding of safeguarding boards are appropriate and welcome. For example, how we fund arrangements should be placed on a firmer footing. It is so important that they are not funded inappropriately. There are some challenges around that as it currently stands. This is such a big area that we must make sure that we have the opportunity to nail down all the critical parts, either within this Bill or, if it is felt that the Bill

is too big, through proper consideration within a different piece of legislation if it is necessary.

[188] **Ms Morgan:** I want to make a point on safeguarding boards in relation to coterminosity with the health board boundaries, so that there is not a risk of them being grouped as counties and for there to be a duplication of effort. That is not explicit currently.

[189] **Vaughan Gething:** Kirsty, did you want to add anything?

[190] **Kirsty Williams:** No, that is fine.

[191] **Vaughan Gething:** Carol, I do not know whether you were indicating in agreement or whether you had anything to say.

[192] **Ms Lamyman-Davies:** I was concurring with what my colleagues were saying.

[193] **Vaughan Gething:** Unless any Member has a short final question, that brings this session to an end. Thank you for coming in this morning for a long and useful evidence session. We will, as usual, write to you with a transcript of the evidence. You can correct any factual errors. There may be, on reflection, areas that we have not covered in the evidence and if so, we will write you with some follow-up questions. Obviously, at some point in July we will produce our report. No doubt, you will have comments for us then. Thank you once more. We will now take a short, 10-minute break.

*Gohiriwyd y cyfarfod rhwng 10.29 a.m. a 10.44 a.m.
The meeting adjourned between 10.29 a.m. and 10.44 a.m.*

Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru): Sesiwn Dystiolaeth 4 The Social Services and Well-being (Wales) Bill: Evidence Session 4

[194] **Vaughan Gething:** Welcome back to this next session. We have with us Rhian Huws Williams, who is the chief executive of the Care Council for Wales, and Gerry Evans, who is also from the Care Council for Wales. Welcome and thank you for your written evidence, which we have had a chance to read. I will ask the opening question and then we will move to Members. In case you have not appeared here before, I will tell you that this will be a bilingual meeting. If questions are asked in Welsh, there is translation available through the headsets on channel 1. There is no need to turn the microphones on and off; they will come on automatically. I make a plea to Members and anyone in the public gallery to turn off mobile phones, because they interfere with the recording equipment; there was a bit of interference in the first session.

[195] This is a Bill that has ‘well-being’ in the title, so I am interested in your view on whether the wellbeing duty, together with the wellbeing statement that the Deputy Minister has issued, sufficiently clarifies the nature of that duty. So, the real question is: is it clear? Is it in a state in which you think it could be implemented consistently across health and social care and across the country?

[196] **Mr Evans:** First, I think that we just need to say that we welcome that there is that emphasis on wellbeing and all that that seeks to achieve. The critical bit, as you say, is seeing how that will be implemented in practice. From our point of view, with an emphasis on the workforce, the critical bit is whether it will be clear for the workforce how to implement the wellbeing element of the Bill—not just the social care workforce, but the wider workforce—and whether it will have the time and the space to achieve some of those duties in relation to wellbeing and the preventative services that will be needed in order to address the needs of

the public. So, while I think that the general duties and the areas included in wellbeing seem clear, the critical issue is how they are implemented in practice, particularly from the individual practitioner point of view, and whether there is a context, a culture and a leadership there to enable them to put those elements into practice.

[197] **Ms Williams:** Mae gennyf bwynt ychwanegol am hynny. Mae cyfrifoldeb dros les yn mynd yn ehangach na gwasanaethau cymdeithasol yn unig. Un o'r heriau i'r Bil—nid wyf yn cynnig ateb yn hyn o beth—fydd sicrhau bod y ddyletswydd honno'n glir ar gyfer y gwasanaethau cyhoeddus yn fwy cyffredinol ac edrych arni yn benodol o safbwynt y gweithlu.

Ms Williams: I have an additional point on that. The responsibility for wellbeing is not just for social services alone. One of the challenges in this Bill—I am not offering a solution in this regard—will be to ensure that that duty is clear for public services more generally and to look at it specifically from the point of view of the workforce.

[198] **Vaughan Gething:** I am interested in the duty as drafted. If you wanted it to be clear for practitioners how they implement the duty, would you see that being on the face of the Bill or outside it? How would you see that working? Secondly, a number of other witnesses have suggested that there should be a consistent wellbeing duty, as wellbeing is already mentioned in the Mental Health (Wales) Measure 2010 and other pieces of legislation that are travelling through this Assembly. So, would you like to see a consistent duty that matches other pieces of legislation, and is that possible? What would you like to see to make it clear how the duty is to be implemented by staff, and how does that affect what is in the Bill or what may come in secondary legislation?

[199] **Mr Evans:** Consistency across any existing legislation will be very important, particularly for that clarity for practitioners in how they implement those elements. Whether that is possible in terms of other definitions, I am not sure at the moment. I think that there should be a significant attempt to make that alignment possible. In terms of how much around the implementation in practice of the wellbeing duties for practitioners can be in the Bill, you can see that the Bill is very broad in nature and that it covers a very broad range of duties, powers and activities. It would potentially be overwhelming to put anything further in there around how practitioners would be expected to put the wellbeing duties into practice.

[200] **Ms Williams:** Mae'n hanfodol o safbwynt ymarferwyr a defnyddwyr gwasanaeth fod y diffiniad yn gyson ar draws y darnau o ddeddfwriaeth. Mae hynny yn bwysig. A bod yn onest, nid wyf wedi edrych ar gysondeb y diffiniad fel mae ar hyn o bryd. Byddwn yn gorfod mynd yn ôl ac edrych ar hynny. Nid wyf yn siŵr pa mor bosibl fyddai i fynd i fanylder yn y ddeddfwriaeth, sydd eisoes yn ddeddfwriaeth fawr. Byddwn yn argymhell bod yr eglurder ynglŷn â beth mae hynny'n ei olygu i ymarferwyr yn mynd yn y darnau sy'n dilyn.

Ms Williams: It is crucial from the point of view of practitioners and service users that the definition is consistent across the pieces of legislation. That is important. To be honest, I have not looked at the consistency of the definition as it stands at present. I would have to go back and look at that. I am not entirely sure how possible it would be to go into detail in the legislation, which is already wide-ranging legislation. I would suggest that the clarity in relation to what that means to practitioners should go into the following sections.

[201] **Vaughan Gething:** That is helpful. We will start with—

[202] **Ms Williams:** Sori, hoffwn ychwanegu ar y pwynt hwnnw mai'r hyn fydd yn bwysig wrth ddrafftio'r ddeddfwriaeth sy'n dilyn—y rheoliadau a'r canllawiau—yw ei bod yn cael ei datblygu

Ms Williams: Sorry, I would like to add on that point that the important thing in drafting the consequent legislation—the regulations and the guidance—is that it is developed in partnership with external bodies, service

mewn partneriaeth â chyrff allanol, users and citizens more generally. defnyddwyr a dinasyddion yn fwy cyffredinol.

[203] **Gwyn R. Price:** Could you give me your view on how user voice and control is realised in the Bill and whether that will enhance individual participation in service development and provision? Do you think that it will enhance provision? When we have been going around, people have given us evidence that user voice and control is necessary in the Bill.

[204] **Ms Williams:** Mae'r Bil yn gosod disgwyliadau uchel o safbwynt y bobl sydd eisoes yn defnyddio gwasanaethau neu sy'n debygol o'u defnyddio. Bydd angen sicrhau bod y Bil yn adlewyrchu'r *shift* o nid yn unig trafod â nhw, fel sydd wastad wedi digwydd, ond galluogi pobl sy'n defnyddio gwasanaethau i gynllunio a darparu ar y cyd. Mae geiriad hynny'n mynd i fod yn reit allweddol. Mae'r dystiolaeth yr ydym wedi'i rhoi i chi, ar bapur, yn canolbwyntio ar ein rôl greiddiol ni fel corff rheoleiddio sy'n gyfrifol am y gweithlu. Y tu ôl i hynny, mae gennym dystiolaeth ychwanegol o sylwadau gan aelodau'n bwrdd sy'n ddefnyddwyr gwasanaeth, yn gynhalwyr ac yn aelodau o'r cyhoedd. Byddwn yn gallu rhannu'r dystiolaeth honno â chi ar ôl y cyfarfod heddiw os byddai'n ddefnyddiol i chi. Maent yn gwneud sylwadau eithaf creiddiol am beth y maent yn credu yw'r *shift* anghenrheidiol sydd ei angen o fewn y Bil i gyflawni'r hyn yr ydych yn gofyn amdano.

Ms Williams: The Bill sets high expectations from the point of view of the people who are already using services or are likely to use them. There is a need to ensure that the Bill reflects the shift from not just discussing with them, as has always happened, but enabling service users to plan and provide jointly. The wording of that is going to be key. The evidence that we have presented to you, on paper, concentrates on our core role as a regulatory body responsible for the workforce. Behind that, we have additional evidence of comments by board members who are service users, carers and members of the public. We could share that evidence with you after today's meeting if that would be useful to you. They make quite fundamental comments about what they believe is the necessary shift required in the Bill to achieve what you are asking for.

[205] **Mr Evans:** I would just add that I am not sure how much more you can have in the legislation; ultimately, it will come down to the practice of the workforce. We are already putting some elements of that into place. There is a code of practice for social workers, which now needs to be adjusted to have that much more of a co-working emphasis in it, rather than, as Rhian said, listening to people and then taking action. We are already in there and guidance for work is in situ around how they work in this new way. I think that will be very welcome for practitioners generally. They would like that shift—if they have the time and resources to be able to work properly in that way. I am not sure how much more you can have in legislation, but it will ultimately come down to face-to-face contact between workers and those people who require support and care.

[206] **William Graham:** In your evidence about financial issues, particularly funding, you say:

[207] 'The main barrier in implementing the scale of change required by the Bill is the resources required to do so.'

[208] We have heard substantial evidence on that already. You go on to say:

[209] 'There is total support for the vision; the big challenge is how to secure there is capacity to turn the vision into reality.'

[210] That is again a challenge of finance. I will quote a sentence from the Deputy Minister's written evidence to the Finance Committee. I suspect a lack of realism here and I would be grateful for your response:

[211] 'Repayments will be met through the release of efficiencies generated by the new delivery approach.'

[212] What is your reaction to that?

[213] **Ms Williams:** I would want to open by saying that there may be efficiencies but, in order for those to be realised, there will need to be investment in the process of change. I think that that is reasonable to expect in such a transformational change as the one outlined in the Bill, which we, of course, welcome. In particular, securing and investing in the transformation of the workforce will be central to that. Work is in train already with the workforce and much more will need to be done. We look forward to working with Government—we are already beginning that conversation—around the implementation plan for the transformation of the workforce. I am sure that you will want to add something on the investment, Gerry.

[214] **Mr Evans:** Critical to the Bill, as you say, is being able to put resources into that wellbeing and preventive end. Given the resource position that is facing local government at the moment, the pressure will be to go towards the heavier end of delivery. As we have seen from health examples, the balance between the acute sector and health promotion is a difficult one to manage. I guess that the concern has to be about whether those preventative services will be appropriately resourced and, again, that staff are given the time to do that preventative work in order to release the resources to achieve that wider change.

[215] As Rhian has mentioned, in terms of the workforce, we are already doing work to prepare it for this change. Again, to restate, this very much goes with the grain of where social workers and others would want to go in terms of their practice, with less emphasis on the bureaucracy and form-filling and much more on having time to work with families and individuals to resolve their problems. I do not know whether you want to cover the specific elements around the funding of staff training at this point.

[216] **Vaughan Gething:** It is up to you.

[217] **Mr Evans:** The impact assessments make reference to that, and I think that they cite a figure of around £2 million to achieve that change. There are two things to say about that. First, that budget—the social care workforce development grant—covers training for the breadth of the workforce in social care. To take a significant amount of money out of that budget would potentially be difficult in terms of the availability of training for homecare workers and others, which we know providers are already experiencing difficulty in delivering. We have quite a number of homecare workers registered with the council, and some have reported difficulty in achieving the training that they require currently. So, that will be a real challenge.

[218] In terms of addressing the needs of the workforce in relation to training and delivery, there are ways of doing that, and we look forward to working with the Welsh Government on that. We have just announced that we are putting in £1.8 million over five years to provide training for social workers, which will be very much in line with the Bill. We are also looking at online development so that training is accessible to every social worker in Wales, whether in their workplace, in their home, or wherever they choose. Given that all social workers are registered with us, we can send that material directly to them online. So, I think that a combination of all of those approaches could prove very fruitful, and possibly ameliorate the

effects of taking money out of other parts of the workforce to cover these costs.

[219] **William Graham:** So, your clear evidence is that the Deputy Minister could perhaps re-focus. If there is any money at all to go particularly into training, particularly for the wider social care workforce, you would include those within that.

[220] **Mr Evans:** I think that there is probably a sequential approach. Social workers will be at the front end of this, and they will set a pattern. However, subsequently, down the line, there will be a need to make sure that managers of care services, with whom we are already working, similarly understand the need to work with people and implement preventative approaches. Then, the individual care worker—the homecare carer that goes into someone’s home—needs to know about this new ethos and the ability to look for other resource within those local communities. So, I think that there is probably a sequential approach. Social workers are clearly high on the list, if not at the top of that list, initially, but that then needs to be filtered down.

[221] **Lindsay Whittle:** My question is along similar lines, Mr Evans, and thank you for raising that. I think that it is important. I have written down ‘TRI’. It is not the Welsh word for ‘three’, but stands for training, regulation and inspection, and you can tell me about that. It is critical for a good skilled workforce in Wales to help deliver the service. Social workers, I think, are fairly well catered for. I am not so sure about care workers, and I would like to hear your views not so much on training perhaps, but on greater regulation and inspection of care workers. The Bill is looking at advocacy, and, personally, I am in favour of independent advocacy. However, I am also in favour of good training for those independent advocates. I would certainly be interested to hear your views on regulation and inspection of those independent advocates, please.

11.00 a.m.

[222] **Ms Williams:** To start with, there is the existing workforce, so as you rightly say, we have a programme in place for the professionalisation of social workers. As Gerry said, we started with the managers of social care—the leaders of residential and care-at-homes services. We also have a programme of work, and this is the crucial point that Gerry was making: we need to continue to invest in the minimum training of care workers while at the same time investing in the training for new ways of working. There is almost a dual approach that we have to adopt, and that will be hugely important. Our interest is always in skilling up the care workers. There are interesting initiatives around reaching them through mobile solutions and e-learning, as Gerry was suggesting.

[223] There will be new types of workers, and one of the issues for the Bill is the definition of the workforce. It is the social services and wellbeing Bill, but we are talking about the wider workforce, and there will be a need to be clear about the breadth of the workforce that we are talking about in relation to the delivery of the ambition of the Bill. There will be new types of workers, and by that I mean workers who will be employed directly by service users—personal assistants and people like that. This does raise a significant issue for attention in the White Paper on regulation, inspection and improvement—that is, what public assurance issues will flow from this transformation that we are outlining here? What will be different? What additional public assurance can and should be expected? How will that be achieved? There is evidence of concern from the people who are using services that not all the workforce is currently regulated. If we are moving to more people being employed directly, we will have to address that issue in the White Paper. I am not sure whether it can be addressed in this Bill. It is something for the regulatory consequences of this Bill.

[224] Also, I am interested in your point about advocacy, because advocacy is a role, a skill and a competence. There will be new roles, and there needs to be consistency about the

regulated workforce. The question of public assurance in relation to accountability and advocacy is something that needs to be explored and addressed in the White Paper. Also, advocacy should be seen as a core responsibility and a skill for other roles, particularly in relation to the new ways of working here. I would not want that to be a completely new profession without it being understood as part of the responsibility.

[225] In relation to regulation, inspection and training, the other thing that I would add is that I hope that the White Paper will build on what has been achieved, and that there will be no distraction from the work that we, as an arm's-length body, have been doing on regulation and development. We cannot afford to be distracted from the delivery of the workforce development and regulation agenda. That would have catastrophic consequences for the development programme that we are doing in partnership with the sector, workers and service users.

[226] **Mr Evans:** I will just add one very brief point to that. I acknowledge your point about needing to make sure that these people are skilled and safe in the work that they are doing. I think that in general around the regulation of the workforce, we may need to be looking at different models of regulation that hold people to account. However, do we want the full-blown professional regulatory model for these groups? In relation to the work that we are currently doing with CSSIW on developing its focus on the agencies, it could focus on the agencies that are co-ordinating the advocacy provision while we could find some form of accreditation or something similar for advocates who are delivering those sorts of services.

[227] **Lindsay Whittle:** I have just a quick follow-up: I appreciate that many carers are perhaps parents of young children, and would probably take exception to being inspected, regulated and trained. However, it is important that these parents are providing the right service. In their minds and their hearts, they probably think that they are providing it—well, they probably are providing it—but we have to be sure that they are, do we not? It is a real tight wire to walk, is it not?

[228] **Mr Evans:** It is. Possibly, a lighter touch approach or something like that may be appropriate under those sorts of circumstances.

[229] **Lindsay Whittle:** Thank you for that.

[230] **Ms Williams:** Out of interest—and not to take the debate away from the Bill—we have worked with carers on a demonstrator project for them to train themselves to be confident carers. So, there is something there about doing it in collaboration with them in that way. That seems to have been a successful pilot and something that we can tell you more about at another time.

[231] **Lindsay Whittle:** Was that part of the development programme?

[232] **Ms Williams:** Yes.

[233] **Lindsay Whittle:** It would be interesting to include that.

[234] **Ms Williams:** We can provide you with more information on that.

[235] **Vaughan Gething:** I have questions from Lynne Neagle and then Rebecca Evans.

[236] **Lynne Neagle:** I want to ask about information and advice. Your written evidence states that that is fundamental to the success of the Bill, yet the Bill also introduces the power to charge for information and advice. Do you feel that there is the potential for problems to arise?

[237] **Mr Evans:** Information is critical, as we have said, and to achieve the real aims of this Bill and sustainable social services, that has to be got right. We are very aware that there is an absolute thirst for information about social care among the general public, most of whom do not understand social care until they need to access it. There is probably a gradation with regard to the level of information required. It notes that written information may be a response on certain occasions, and you can see that that might be the case. There are people who are very able to organise their own care, they just need some advice and information about where they access other services.

[238] The issue of charging for information is one that, personally and as a council, I think that we would probably not support, because it will be such a critical part of achieving the change that is required. Going back to the carers, charging them for information to help them to deliver care for their relative feels inappropriate and feels as though it goes against the grain of what this Bill is trying to achieve.

[239] **Ms Williams:** Byddwn yn cytuno â hynny. Roeddwn yn aelod o'r comisiwn annibynnol ar gyfer gwasanaethau cymdeithasol oedd yn fan cychwyn i'r trafodaethau ar gyfer peth o'r syniadaeth yn y ddeddfwriaeth. Un o'r darnau cyson o dystiolaeth a ddaeth drwyddo i'r comisiwn oedd pa mor gymhleth ac annealladwy yw'r wybodaeth sydd ar gael i bobl ynglŷn â'r pethau y gallent fod yn eu gwneud drostyn nhw eu hunain i wneud synnwyr o'r newidiadau yn eu hamgylchiadau. Felly, mae cyfrifoldeb sector gyhoeddus ynglŷn â sicrhau bod y wybodaeth ynglŷn â beth sydd ar gael i ddinasyddion wedi ei hysgrifennu nid mewn iaith gwasanaethau ond mewn iaith pobl, a bod y wybodaeth honno ar gael am ddim. Mae yno wybodaeth bellach efallai y gellid codi tâl amdani, ond mae'n teimlo fel tensiwn yn yr egwyddor.

Ms Williams: I would agree with that. I was a member of the independent commission for social services that was the starting point for the discussions on some of the thinking behind this legislation. One of the consistent pieces of evidence that came through to that commission was the complex and incomprehensible nature of the information available to people about the things that they could be doing for themselves to make sense of changes in their circumstances. So, there is a responsibility on the public sector to ensure that information on what is available to citizens is not written in the language of services or jargon, but in the language of the people, and that it is available free of charge. There should then be further information that could be charged for, but it does feel as if there is a tension in the principle.

[240] **Lynne Neagle:** On the issue of further information, are you able to illustrate that, so that we have a better understanding of how you would see that working?

[241] **Ms Williams:** Roeddwn yn dehongli 'gwybodaeth ychwanegol' fel gwybodaeth lle y byddech efallai yn cael perthynas bellach gyda rhywun i'ch helpu chi i wneud synnwyr o'ch amgylchiadau, yn hytrach na gwybodaeth y byddech yn ei chael ar-lein neu'n ysgrifenedig—hynny yw, gwybodaeth a fyddai'n rhan o'r rôl ddehongli. Ond, mae'n mynd i faes eithaf anodd, rwy'n meddwl, ynglŷn â pha wasanaethau y bydd yn rhaid i chi dalu amdanynt wrth barhau eich annibyniaeth.

Ms Williams: I interpreted 'further information' as information where you would perhaps have a further relationship with someone to help you to make sense of your circumstances, rather than information that would be available online or in written form—that is, information that would be a part of an interpretive role. However, it goes into an area that is quite difficult, I believe, in relation to which services you have to pay for as you continue to live independently.

[242] **Rebecca Evans:** Staying on this subject, you state in your written evidence that the provision of user-friendly, clear and accessible information will be integral to the success of

the Bill, but the Bill does not specifically mention the provision of information in an accessible format. We have had some suggestions that that should be included as a provision in the Bill. Do you support that, or are you satisfied that accessible information would be catered for under existing legislation such as equalities legislation?

[243] **Ms Williams:** That is an interesting question. One of the areas that struck me was that there was no specific reference to the Welsh language, for example, in this Bill. I know that citizens have said that they felt that that was an omission. I understand that there is legal advice that suggests that it is better not to refer to anything, rather than to start specifying. That is probably a legal tension that I cannot give an answer on. To state 'accessible' would be quite important and in a Bill that is in Wales currently, given that we have the health and social care Welsh language strategy, a specific reference to the Welsh language would also be important. However, I understand the legal difficulties of doing that. So, it is a bit of a 'yes, but' answer.

[244] **Mr Evans:** It is interesting that the thought had not occurred to me about that accessibility issue, because one would have hoped that it would be so integral to delivery these days and to the need to use a range of formats that you would not need to put it in the Bill. However, given what Rhian is saying about the complexity of some of that information, maybe that is not the case. Yes, it should be accessible and the interpretation of 'accessible' could probably be provided in some form of guidance or whatever comes subsequent to the Bill.

[245] **Vaughan Gething:** Ken's point arises from this.

[246] **Kenneth Skates:** With regard to the Welsh language, you made reference to the legal tensions there. Your evidence suggests that you would like to see an explicit statement in the Bill relating to the Welsh language, but from what you said just now, you appreciate that that may not be legally required. Are you confident that Welsh language considerations are covered by existing legislation, and therefore there would not need to be that statement on the face of the Bill?

[247] **Ms Williams:** Rwy'n credu ei bod hi'n siom os nad oes cyfeiriad penodol at yr iaith Gymraeg yn y ddeddfwriaeth hon, gan mai hon yw'r ddeddfwriaeth gyntaf ar gyfer gwasanaethau cymdeithasol yn dilyn y strategaeth, sy'n rhoi cymaint o bwyslais ar bwysigrwydd yr iaith Gymraeg ar gyfer gwasanaethau cymdeithasol ac iechyd sy'n fwy agored ac *accessible* i bobl. Byddai cyfeiriad penodol at yr iaith Gymraeg, hyd yn oed os nad ydym am ddechrau rhestru'r holl ddeddfwriaeth, yn bwysig. Os nad yw deddfwriaeth sy'n cael ei gwneud yng Nghymru yn cyfeirio at y cyfrifoldebau, mae cyfle yn cael ei gollu ac mae'n rhoi'r iaith Gymraeg yn ôl i fod yn rhywbeth sydd ddim ond yn perthyn i Ddeddf yr Iaith Gymraeg 1993, yn hytrach nag i'r disgwyliadau ar gyfer gwasanaethau. Leiciwn i feddwl bod ffordd o wneud hyn, ond rwy'n deall bod tensiwn. Os nad oes cyfeiriad at y ddeddfwriaeth, dylid bod cyfeiriad at bwysigrwydd yr iaith Gymraeg ynteu ar

Ms Williams: I think that it is disappointing if there is no specific reference to the Welsh language in this legislation, given that this is the first legislation for social services following the strategy, which places such an emphasis on the importance of the Welsh language for health and social services that are more open and accessible to people. A specific reference to the Welsh language, even if we do not want to start listing all the legislation, would be important. If legislation made in Wales does not refer to the responsibilities, it is a missed opportunity, and it puts the Welsh language back to being something that relates only to the Welsh Language Act 1993, rather than expectations on services. I would like to think that there is a way of doing this, but I understand that there is a tension. If there is no reference to the legislation, there should be reference to the importance of the Welsh language either at the beginning of the Bill in the general section, or in the sections that mention

ddechrau'r Bil yn yr adran gyffredinol, neu yn yr adrannau sy'n sôn yn benodol am bethau hanfodol fel gwybodaeth ac asesu. specifically essential aspects such as information and assessment.

[248] **Kenneth Skates:** Does the Welsh language Act not apply to all of those services?

[249] **Ms Williams:** Yes, of course it does, but the reason that we have the Welsh language strategy is because there is still not enough emphasis placed on the implementation of the Welsh language Act in those services. If we just leave it to that general duty, given the new strategy, there is a missed opportunity. Citizens would expect there to be some reference. I am not a drafting expert, but I understand that there is a drafting issue in terms of the law.

[250] **Kenneth Skates:** What about widening that to other forms of communication, such as sign language?

[251] **Ms Williams:** That is probably the reason why there is an issue about how specifically you start listing everything. That is the judgment to make, I guess.

[252] **Kenneth Skates:** Thank you.

[253] 11.15 a.m.

[254] **Elin Jones:** O ran integreiddio gwasanaethau, mae'r ddeddfwriaeth fel y cafodd ei drafftio yn caniatáu integreiddio gwasanaethau drwy reoliadau mewn ambell ardal, os bydd y Gweinidog eisiau gwneud hynny drwy reoliadau. Nid oes cyfeiriad at integreiddio yn y ddeddfwriaeth. Rydym wedi clywed y rhan fwyaf o dystion yn dweud y byddent am weld mwy o gyfeiriad cenedlaethol ar integreiddio gwasanaethau a chronni cyllidebau rhwng gwasanaethau cymdeithasol a byrddau iechyd yn y ddeddfwriaeth. Er hynny, clywsom y bore yma, confederasiwn y GIG, ar ran y byrddau iechyd, yn dweud nad oedd eisiau gweld mwy o gyfeiriad cenedlaethol ar wyneb y Bil. A oes gennych chi unrhyw sylwadau ar beth fydddech chi eisiau ei weld yn y ddeddfwriaeth hon?

Elin Jones: In terms of the integration of services, the legislation as drafted does allow for the integration of services through regulations in some areas, if the Minister wishes to do so through regulation. There is no reference to integration in the legislation. We have heard the majority of witnesses say that they would like more of a national direction on integration of services and pooling of budgets between social services and health boards in this legislation. However, this morning, we heard the NHS confederation, on behalf of the health boards, saying that it did not want to see more national direction on the face of the Bill. Do you have any comments on what you would like to see within this legislation?

[255] Rwyf hefyd am dynnu'ch sylw chi at bwynt penodol a godwyd gan y byrddau iechyd y bore yma o ran y gweithlu. Maent yn sôn yn eu tystiolaeth, o ran asesiadau a thimau integredig a sut maent yn gweithio, fod gwendid ar hyn o bryd yn y gyfundrefn gan fod gweithwyr cymdeithasol yn methu dirprwyo cyfrifoldeb asesu i weithwyr y GIG o dan y ddeddfwriaeth bresennol, ac y bydden nhw fel byrddau iechyd eisiau gweld yr hawl i ddirprwyo asesiadau yn cael ei chynnwys yn y ddeddfwriaeth yma. Rhoddodd y byrddau yr enghraifft o asesiad

I want to also draw your attention to a point raised by the health boards this morning with regard to the workforce. They say in their evidence, in terms of assessments and integrated teams and how they work, that there is a weakness in the current regime given that social workers cannot delegate responsibility for assessments to NHS workers under the current legislation, and that they as health boards would wish to see the right to delegate assessments being included in this legislation. They gave the example of an assessment in hospital where a

mewn ysbyty lle mae gweithiwr cymdeithasol o ardal yr awdurdod lleol y mae'r unigolyn yn byw ynddo yn gorfod bod yn bresennol, a bod hynny yn gallu creu problemau ymarferol wrth ryddhau claf o'r ysbyty. A oes gennych chi sylw am hynny?

social worker from an individual's local authority area has to be present, which creates practical problems in discharging a patient from hospital. Do you have any comments on that?

[256] **Mr Evans:** On integration, we have had this conversation, and, yes, it does feel like a missed opportunity if there is not something stronger there. However, I guess there is also the concern of what integration means—because there are a range of possibilities—and that the integration issue comes to dominate the whole of the Bill in terms of taking the wider agenda forward. There is also a danger of the primary purpose of the Bill around prevention, wellbeing and those sorts of issues perhaps being overshadowed by discussions around integration. The delegation of assessment is an example of where the fundamental problem lies, which is about funding and the ability of local authority workers to delegate budgetary implications to workers in other sectors. All this debate about integration seems to revolve around the budgetary position of social care and that of health, and most of the tension seems to lie around that border.

[257] I wonder if we move to those integrated services whether those borders would disappear or whether, in fact, they would just move to another place. So, I guess that where we are is that it does feel like a missed opportunity; much closer working needs to happen, but there appear to be such fundamental problems around funding of social care that even just introducing the concept of integration, other than perhaps through pooled budgets or whatever, may just shift the debate to another place and that may overshadow some of the other aims of the Bill. However, it does feel like a missed opportunity at this stage.

[258] **Ms Williams:** I ychwanegu at y pwynt ynglŷn â *delegation*, rydym wedi cychwyn darn o waith gyda ieched ynglŷn â *governance* y gwaith ar y cyd ar draws y sector ieched a gofal, gan mai rheoleiddio fydd un o'r elfennau pwysig o'r busnes hwn o bwy sy'n gallu rhoi gwaith i bwy, a lle mae'r atebolrwydd. Rydym wedi cychwyn y drafodaeth honno. Fodd bynnag, fel mae Gerry yn dweud, o ddarllen y Bil am y tro cyntaf, teimlais ei bod yn biti nad oedd y Bil yn dweud rhywbeth cryfach ynglŷn ag integreiddio. Fodd bynnag, y risg yw y byddai popeth arall yn cael ei eclipsio pe bai gormod o ffocws ar integreiddio yn y Bil.

Ms Williams: To add to the point regarding the delegation, we have started a piece of work with health with regard to the governance of the joint work across the health and care sector, because regulation will be one of the important elements of this business of who is able to give work to whom, and where the accountability lies. We have started that discussion. However, as Gerry says, having read the Bill for the first time, my response was that it is a pity that the Bill does not say something stronger about integration. However, the risk is that everything else would be eclipsed should there be too great a focus on integration.

[259] **Elin Jones:** Diolch am y sylwadau hynny. I fod yn glir felly, o ran y dirprwyo cyfrifoldeb rhwng gweithwyr o feysydd gwahanol er mwyn symleiddio a chyflymu'r broses o asesu pobl a'u rhyddhau o'r ysbyty, a fyddai gennych unrhyw wrthwynebiad, felly, i ymdrechion i wneud y ddeddfwriaeth yn fwy eglur, pe bai angen gwneud hynny, o ran rhoi'r hawl i ddirprwyo cyfrifoldeb rhwng y gweithwyr gwahanol yn yr NHS a'r sector gwasanaethau cymdeithasol? Dyna'r hyn yr oedd y byrddau ieched am ei weld—

Elin Jones: Thank you for those comments. Just to be clear therefore, in relation to the delegation of responsibility between workers from different fields in order to simplify and accelerate the process of assessing people and discharging them from hospital, would you have any opposition, therefore, to efforts to make the legislation clearer, if that were necessary, in order to give the right to delegate responsibility between the different workers in the NHS and in the social services sector? That is what the health boards wanted

rhywbeth penodol yn y ddeddfwriaeth i ganiatáu i hynny ddigwydd.

to see—something specific in this legislation to allow that to happen.

[260] **Ms Williams:** Nid wyf yn siŵr mai'r ddeddfwriaeth yw'r lle gorau i wneud hynny; efallai ddylai hynny ddigwydd fel rhan o'r gwaith a fydd yn dod yn sgîl y ddeddfwriaeth.

Ms Williams: I am not sure that the legislation is the best place for that to be done; perhaps that should happen as part of the work that will follow in the wake of the legislation.

[261] **Elin Jones:** Y pwynt a wnaed gan y byrddau iechyd oedd bod y ddeddfwriaeth bresennol—ni ddwedon nhw pa ddeddfwriaeth—yn gwrthod caniatáu i'r dirprwyo hynny i ddigwydd. Felly, byddai angen rhywbeth yn y ddeddfwriaeth i newid y sefyllfa honno. Efallai nad yw hwn yn fater y gallwch ymateb iddo yn y cyfarfod hwn, ond efallai gallwch feddwl amdano.

Elin Jones: The point made by the health boards was that the current legislation—they did not say which piece of legislation—prevented that delegation from happening. Therefore, something would be needed in legislation to change that situation. Perhaps this is not an issue that you can respond to in this meeting, but perhaps you can think about it.

[262] **Ms Williams:** Gallaf. Y risg yw'r risg o *unintended consequences* o wneud penderfyniad heb feddwl y peth drwyddo. Hoffwn gael cyfle i wneud rhagor o waith ar y mater hwnnw, pe bai hynny'n bosibl.

Ms Williams: I can. The risk is the risk of unintended consequences from making a decision without thinking it through. I would like to have an opportunity to do some more work on this issue, if possible.

[263] **Vaughan Gething:** Sections 17 and 18 of the Bill, for example, refer to local authorities being able to delegate areas of assessment, but there is not that ability in relation to health. That seems to be an example of the exact point that Elin Jones is talking about. It may be helpful if you have specific comments on those sections, and if you could comment more broadly.

[264] Your written evidence seems pretty clear about integration. You say that it is important that the Bill includes a duty for health boards to provide similar integration. You say that, unless that happens, this will not be robust enough to make any difference. I wish to be clear about what is meant when you talk about what is and what is not a missed opportunity. This comes back to the evidence that we heard this morning from the health boards. Their written evidence appeared to suggest that they are a little more defensive on this subject, and yet, they then said, in relation to all evidence, this would be a missed opportunity not to deliver greater integration. I want to be clear whether you are saying that it is a missed opportunity to not require integration, and how far you see the requirement reaching. Part of the concern voiced this morning was that we do not need to impose a framework for how we have to operate, and that what we really want is a shared commitment to agreed outcomes for the citizen.

[265] **Ms Williams:** The whole thing hangs on the definition of integration, does it not? Integration means a lot of different things to different people. I suppose that I would be very strong on the legislation needing to not locate all of the responsibility for partnership integration on social services without there being a similar duty on health. I would have some reluctance as to whether I would want the Bill to specify integration without being very clear on the definition. That is why you are having this consistent ambivalence in the evidence, I suspect. It is because of the definition of integration. It is so big and complex that a lot of work is needed before a simple statement can be made on the face of the Bill.

[266] **Vaughan Gething:** I wish to address one other point before I turn to Kirsty Williams for the final run of questions. In terms of driving what integration does and does not look like

in respect of outcomes, witnesses from the health sector were pretty clear on the point—to which they returned time and again—about the national outcomes framework and the related codes of practice, which the Government has a duty to provide. I would like to be clear about the relative importance of the frameworks and the codes of practice, and whether you think that they are a vehicle to drive integration, in themselves. Also, is that where you would see joint outcomes and agreed outcomes that require people to effectively provide joint services or not? Alternatively, would the Bill, as drafted, still allow some of those arrangements to fall through and not be consistent, which appears to be the position at present?

[267] **Mr Evans:** We are very supportive of the notion of a national outcomes framework. We are also conscious of how difficult it is, particularly within social care, to define meaningful outcomes. It is somewhat easier in healthcare in terms of the health needs of populations. Defining those for the social care sector has been a notorious area for decades. Therefore, if achieving those outcomes becomes a joint responsibility and it is easier to define them in one sector than the other, I guess there is a danger that some of those community needs and those outcomes that are somewhat vague and less difficult to quantify, may get lost. So, if you bring the health component into that debate as well, the danger potentially is that those hard-to-define outcomes disappear. However, they are going to be the critical ones in achieving the aims of this Bill in terms of the wellbeing of individuals within their communities. So, the notion of both sectors and all the other elements, such as housing and so on, working together towards those outcomes is attractive. Putting it into practice, I think, is going to be a complex task.

[268] **Ms Williams:** I have nothing to add to that.

[269] **Kirsty Williams:** In paragraph 6 of the evidence that you supplied to the committee, you talk about a lack of detail with regard to the regulations, namely that balance between what is on the face of the Bill and what is left to regulations. Yet, you have commented a number of times this morning on the fact that the Bill is large enough and, if you put any more into it, it is in danger of collapsing in on itself. Do you have any advice to the committee on what you would regard to be the most important bits of secondary legislation or regulation that, perhaps, we would like to see before the passage of this Bill is complete? This morning's evidence has been very much along the lines of, 'You need to see the eligibility criteria, before this becomes law'. Are there any aspects of secondary legislation or regulation that you feel would be important for this committee to see before we get to Stage 3 and final voting on this Bill? I ask this because, when the regulations come, either we will have no say in them at all or it will be an option for Assembly Members to take it or leave it—we will have to vote for it all or vote to kick it all out. Is there anything that you would recommend that we would need to see before we get to the end of this Bill?

[270] **Ms Williams:** I had not thought about it in that way.

[271] **Kirsty Williams:** For instance, when we were looking at the Food Hygiene Rating (Wales) Bill, we were so concerned about what that would look like in reality that we said to the Minister, 'We want to see this before we say 'yes' to this legislation. Bring forward the regulations, otherwise we would have concerns about passing this'. If we can be that concerned about food hygiene regulation, which is very important, what about something like this that affects a huge part of the service and a lot of it is left to regulation?

[272] **Ms Williams:** The issue is not a case of 'whether' but which bits would be the top two or three issues.

[273] **Kirsty Williams:** Yes, what would be the priorities for you?

[274] **Mr Evans:** I would fall back on the workforce implications. As we said at the

beginning, it would be about clarity for the workforce around priorities and their face-to-face contact with potential users of services. These would be issues such as eligibility and where prevention and wellbeing duties relate to wider duties around safeguarding. That whole area is going to be the one that workers are going to face daily, probably. They will need to be clear about what the priorities are for social care in Wales. These will be the areas or needs that are at the top of the list, and we will have to look at what that means for ones that may not be seen to be as immediate, such as information, advice and working with families to resolve their issues. I think that I would support the notion that it is those sorts of areas that seem critical.

[275] **Ms Williams:** The one that is a big game changer is the definition of preventative and the scope of preventative work, is it not? There is a lot of commitment already to the preventative agenda. However, being clear about that as soon as possible in terms of definition and shift is going to be important. Eligibility would certainly be another one. We are not talking about safeguarding today, but I guess that safeguarding would be the other one for me.

11.30 a.m.

[276] **William Graham:** The Deputy Minister has indicated that regulations will not be published until next year and the code of practice the year after that, probably. It makes the point that Kirsty has raised, that we need to see these regulations, at least in draft, as soon as possible.

[277] **Ms Williams:** Yes.

[278] **Vaughan Gething:** Thank you for your evidence this morning and for the written evidence that we have received. You will receive a transcript of the evidence from the clerk, to see if there are any corrections for accuracy that you wish to make. It is possible that, on reflection, we may not have reached all our questions for you this morning. If that is the case, we will write to you with some written follow-up questions. Thank you. We look forward to seeing you in the future when we get to another Bill on regulation.

[279] **Ms Williams:** Thank you very much.

11.32 a.m.

Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru): Sesiwn Dystiolaeth 4 The Social Services and Well-being (Wales) Bill: Evidence Session 4

[280] **Vaughan Gething:** I welcome our next panel of witnesses. I will ask you to introduce yourselves and state which organisation you represent and the role that you have. I will ask the first question, and then we will move around for questions from other Members.

[281] **Mr G. Williams:** I am Graham Williams, a member of the south-east Wales citizen panel for social services.

[282] **Ms Rees:** I am Eirian Rees, from the west Wales panel.

[283] **Ms Felda:** I am Urtha Felda, from the north Wales citizen panel.

[284] **Ms Lewis:** I am Jennie Lewis; I am also from the north Wales citizen panel.

[285] **Vaughan Gething:** Welcome to the meeting. We are grateful for your time this morning and for the written evidence that we have received and had an opportunity to look at.

It had some specific points in it, which is helpful to us. There is no need to turn the microphones in front of you on and off; they will come on automatically. This is a bilingual meeting, so should you wish to speak in Welsh, you can do. If people speak in Welsh and you do not speak Welsh yourself, there will be translation available on the headsets in front of you, on channel 1.

[286] We understand that the citizen panels have been involved in assisting and advising the Deputy Minister on the policy framework that supported and led to this Bill. I am interested, at the start, in the area that I have asked other witnesses about this morning, which is wellbeing, because it is a wellbeing Bill as well. I am interested in whether you think that the definition in the Bill, and the statement that the Deputy Minister has recently made, help to meet the ambitions in the wellbeing duty and whether you think the wellbeing duty, as drafted, is sufficiently clear to be adequately and consistently implemented.

[287] **Ms Felda:** It is great that wellbeing is being recognised statutorily. That is a really good move forward. Looking at the definition, going down the different categories, they are all quite clear. Some of them still seem to be very managerial and geared to enabling a definition of performance indicators, which can forget what should be a driving force, which is engagement and relationship with individuals. In terms of transformation, I suppose that the key element will be to remember that, at the end of the day, achieving any of those factors is about the conversation and the relationship with the individual. So, it is important that we look at how we understand independence and independent living. I know that many people have quite strong feelings around how important that is as a concept. To really get over it, independent living is much more than living without support; it is about making our own choices and being enabled to put those choices into practice. For me, it is about trying to get the relationship factors—the conversation, and remembering the independence side of it—relayed to the person making their own choices and being enabled to put them into practice.

[288] **Vaughan Gething:** So, would you like to see the wellbeing duty in the Bill, as drafted, amended? For example, would you like to see independent living included in the Bill?

[289] **Ms Felda:** Absolutely.

[290] **Ms Lewis:** Yes.

[291] **Ms Felda:** It is a key factor.

[292] **Ms Lewis:** There has been a big piece of work in terms of the framework for action on independent living. It is difficult to see how that has fed into this Bill. There is insufficient note made of the need to promote independent living through the Bill.

[293] **Vaughan Gething:** That is helpful.

[294] **Ms Rees:** Independent living can work as long as all of the facilities and the financial side are in to help that person to stay in their own home and live in the correct way.

[295] **Mr G. Williams:** I agree with what they said.

[296] **Vaughan Gething:** That is helpful. We will start with Gwyn Price, and then I will come around to the other side of the table.

[297] **Gwyn R. Price:** Good morning to you all. I am over here. You are all right. With voice and control, there have been expressions brought to our attention that people are not getting heard—that their voices are not being heard. I would like to ask you all whether you

think there is sufficient scope in the Bill to take account of the voice and control of the patient, individuals et cetera, which I know you have expressed before.

[298] **Ms Rees:** The voice of the child is not being heard at all. I have very strong things to say, because I feel that the child is left out of it altogether. The child is not being looked after properly. In case conferences, people who should be there are not even invited. It is a closed case with social services, where they think, ‘We know everything’, but they do not. They do not even get the immediate families to come into cases. I have my own instances but I will not go into them today. However, I feel very strongly that with the child, particularly in my case, they were going down the road of mental cruelty in terms of the way that they were being treated for around four years. No-one had contacted us to help out. Since then, things are going fine. They are going extremely well. Before that, it was very sad.

[299] **Mr G. Williams:** I feel that the child is not given the opportunity to express himself or herself. The term ‘child’ itself is not really adequate. For instance, if they were 15 to 17 years of age, they are still regarded as a child. They are not children. They are young people. They are not heard at all, but they should be. They should have a right to speak.

[300] **Ms Felda:** Perhaps I could add something. We were at a panel meeting yesterday, and one of our members said that, unfortunately, social services do not do anything unless it is a statutory must. So, if you put in the words ‘ought’ or ‘should’ it is likely to be impossible for us to get that performance performed. So, you really need to look at the areas where the word ‘must’ is included. I also think that there is a huge difference between the word ‘voice’, which is about being heard—and we are being heard today—and the word ‘choice’, which implies that I am making a decision. So, if I choose that this Bill should include independent living as part of the definition of wellbeing, that is different to me just speaking here today. So, I think that the word ‘voice’ should be ‘choice’. We also need to look at where we use the words ‘must’, ‘should’, ‘ought’, ‘require’ and ‘need’. There needs to be real clarity on those issues, because that is where performance does not happen.

[301] **Ms Lewis:** I speak out of personal experience. I have a 23-year-old daughter with a learning disability, and I work quite a lot with groups representing adults with learning disabilities. I feel that they fall through a gap in the Bill as it stands. They are clearly not children; they are adults, yet it is very difficult for them to have their voice heard. Many of them are able to speak for themselves, but if a social worker comes to my house, it is so much easier for that social worker to talk to me about my daughter, rather than talk to my daughter, who actually is quite articulate. She is also quite shy. It takes time, patience and effort to find out from her directly what she wants and needs.

[302] I think that I am a good mother, and I think that I always act in the best interests of my child, but I do not think that any social worker should ever assume that that is the case. They should not assume that what a parent says on behalf of an adult son or daughter with a learning disability actually reflects what the person themselves would say, would want, or would express as a need. There are also cases, not just of people having different opinions—the parents and the adult son or daughter—but of situations where families do not act in the best interests of their adult son or daughter. They act in their own best interests. I know of situations where an adult with a learning disability has been offered open employment, and for many people with a learning disability, that is the ultimate goal: ‘If I could just have a job’—that would mean the world to them. I know of instances where they have been offered jobs and families have refused to allow them to take up employment because, actually, it is much more convenient for the family to have their son or daughter collected by taxi at 8 a.m., taken to a day centre and brought home at 6 p.m. Once open employment comes into the mix, there is much more responsibility on the family to support them to get from A to B—the routine is different. It takes more effort. It is also much easier for social services if people stay in day provision rather than going into open employment.

[303] There are financial implications for people with learning disabilities, moving out of the family home to live independently. The household income drops dramatically if you have a disabled person in your home who moves out, because the money follows that person. Obviously, this does not apply to every family, but where in the Bill is there provision for hearing the voice of the adult with a learning disability, distinct from and sometimes over and above what the family would say, supposedly on their behalf? I know that there is reference to advocacy, but, particularly in relation to adults with learning disabilities, it is difficult to have access to advocacy without the support and co-operation of their family.

[304] **Rebecca Evans:** In terms of having a choice and having a say, lots of people have told us that direct payments are really important in that regard. Some people have asked for direct payments to be made the default option for people accessing social care, whereas others say that direct payment should be one of a range of options that people can choose from. I was wondering if the panel had a view on how they would like to see direct payments taken forward in the Bill.

[305] **Ms Felda:** Giving direct payments a large view is very important along with citizen-directed support. It is very much about choice, control and who makes the decisions. I know that, in north Wales, citizen-directed support is available in Flintshire, but not in Gwynedd. There are many people who would be very glad to be able to take control of any moneys allocated to them and use them in perhaps a more imaginative fashion, but, first, it is not available in every county, and secondly, it is not promoted, even in the counties where it is available. I do not know what the reluctance is, or why, because surely it would be a money-saving thing if I actually control and manage my care throughout the month within my own local area. I really do not understand what the barrier is, but it very much links with independent living and how I hope wellbeing would be achieved. It means that I can take control of using the money for what I see I need. It absolutely requires that real conversation and relationship, rather than a bog-standard form that needs to be filled in and then some tick boxes at the end of it. Citizen-directed support, or direct payment, requires a real conversation. I think that having that real conversation is the key.

11.45 a.m.

[306] **Vaughan Gething:** How does that affect what is in the Bill, or what you would like to see in the Bill? There is a difference sometimes between what the Bill says and the culture and practice. Are you talking about the need to change culture and practice, or are you talking about what is in the Bill? Alternatively, are you talking about both? I just want to be clear on that.

[307] **Ms Felda:** I think it is both. At the moment, it is defaulted so that you need to request direct payment. Putting the default the other way would shift the emphasis on the conversation around how my care is agreed. The promotion does relate to cultural practice, however, and I think that the social model of disability is possibly a vision that can drive the change that would help the promotion, because it again absolutely focuses on that real conversation. The social model of disability emphasises the fact that it is social, environmental and institutional barriers that prevent my being independent and achieving my goals, and if that is clearly linked to wellbeing, direct payments and citizen-directed support, then I think that it would perhaps help practitioners to change how the conversation takes place. I think that it is both, yes.

[308] **Vaughan Gething:** I have Kirsty Williams on this point, then William Graham, then Lindsay Whittle.

[309] **Kirsty Williams:** On this point, what the Bill actually says about direct payments in

section 34 is that regulations ‘may require or allow’ a local authority to make payments. So, actually, the Bill itself does not even get this a step further until the regulations are made. Are you concerned about that?

[310] Section 34 goes on to give a long list of ways in which the local authority could stop a direct payment from being made. So, again, the final say is with the local authority, because it has to decide whether it is an appropriate way of meeting someone’s needs, rather than the person deciding that it is an appropriate way to meet their needs. So, do you have concerns about how section 34 is currently drafted in the Bill, with this vision of direct payments being the norm, rather than a system that, in my experience, is often something that people have to fight for before local authorities finally give in? Do you have any concerns about how section 34 is currently drafted?

[311] **Ms Lewis:** I have, because if it says ‘may require or allow’, it does not say anything at all, really, does it? Until the regulations are written, we do not know what you are proposing.

[312] **Kirsty Williams:** Well, we do not know what the Government is proposing either, if that is any consolation. You are not the only ones.

[313] **William Graham:** I want to ask you about assessments, because, from your evidence so far, it is absolutely fundamental to what happens to the individual, whether an adult or a child. We have heard previous evidence that says that

[314] ‘services should be provided to individuals rather than trying to match people to services that already exist.’

[315] What is your experience?

[316] **Ms Rees:** I cannot comment on that.

[317] **William Graham:** So, your child had no assessment.

[318] **Ms Rees:** Very slowly. Eventually, a carer was put on it—we were foster parents, being grandparents. It took 20 months to get a special guardianship, because nobody was available to do it. In the end, however, we had a very good, educated social worker who had a degree in law to do it, and she did an excellent job. However, it took a long time, and to have the child’s surname changed took 20 months or so, and that was very hard for the child, who was changing school and wanted to have the new surname in order to start a new life, which the child has now done, and done extremely well in these past nine months. We hope that the child will carry on that way. I can tell you, the mental cruelty that this child went through before coming to us was horrendous, and I would not like any child to go through it. It could have ended up that we would not have been able to keep and look after the child. However, within six months, the two of us turned the child’s life around for the better.

[319] **William Graham:** Jennie, did the assessment for your daughter go well? Did you feel that your voice was heard?

[320] **Ms Lewis:** My voice is very often heard. [*Laughter.*]

[321] **William Graham:** How about your daughter’s, then?

[322] **Ms Lewis:** My daughter transferred to adult services more than five years ago and, I am sorry to say that, in five years, my local authority has failed to provide a unified assessment for her. There has been no unified assessment, and there has therefore been no

annual review—understandably, as there is nothing to review. There is no care plan in place and no support is currently provided by social services, apart from a small amount through direct payments. There is a problem with the assessment process. It has to be done on specific forms that have specific headings, so you are not really starting with the person, what the person needs and what the person says they need; you are starting with the headings on the form. The assessment that is produced is really based on what the local authority thinks it can provide. I have asked for my daughter's assessment to include all of the things that I do for her, because, if I suddenly was not here, someone else would have to do those things, but I have been told that those things cannot go into the assessment, because it is only an assessment of the needs that social services currently meet.

[323] **Ms Felda:** May I add something to that? I am aware of individuals who have been assessed and given a service, but their needs are no longer reviewed. If they live with cognitive issues, and are older and have no family, they have no way of making their needs heard. If they are not reviewed, they are just left in that situation. I have a particular person in mind, who is put to bed at 7 p.m. and is taken out of bed at 10 a.m. He tells me that he would just like to be able to go to a barbeque, but there is no way that he can communicate to whoever makes the decisions about when the carers call that he would like a variance in the time. Maybe he has to be put to bed at 7 p.m. one night of the week, but why is this always the case for him, every night of the week? However, he does not have anybody to make that conversation happen, and there is no review or reassessment of his needs or situation so that he can have any opportunity to make that need heard. So, what he has is absolutely just what is available and he has never been able to tell anyone, 'I want to be able to go to the barbeque that I can smell outside'.

[324] **Mr G. Williams:** The assessment takes too long; the time it takes has to be shortened. Sometimes, it can go on for years. I have not had experience of that myself, but I know people who have had that experience.

[325] **Ms Lewis:** Sometimes, by the time you reach the end of the assessment process, the person's needs have changed a lot from when the process began. That is ludicrous, is it not?

[326] **Vaughan Gething:** While we are talking about the assessment of need—and Rebecca has a question on this point—is there a section in the Bill that you would like to see changed specifically in this area? There is a whole section on needs assessment; would you like to see a change made there, or would you like to see a more general change being made for the individuals involved? I am not sure whether what you are describing is a need to have advocacy, whether it is a need to have a specific requirement to assess the role of the individual, for the individual to have a direct role in their own assessment of need, or whether you are talking about something else. I understand the problem that you are describing, but I am not sure that I understand yet what you are describing with regard to how you would like to see the Bill changed.

[327] **Ms Felda:** There are two sides to the problem. The first is definitely independent advocacy. If I have a problem with housing, I can get a legal advocate to help me, and if I have a problem with benefits, I can still get a legal advocate to help me—although that is disappearing. However, if I have a problem with social care, I cannot, in north Wales, get a legal advocate to help me to have that conversation. So, that is one side of it. If I cannot use the telephone or if I cannot have a full conversation and retain information, I need somebody to assist me to do that. However, the other side of that is the need for a proactive review from social services to go back to check whether the needs of a person have or have not changed. That is a failing that I see where I live at the moment. Does that help?

[328] **Vaughan Gething:** Yes, I think that that is helpful in terms of where we are. Rebecca Evans has a question on this point, then we will move on to Lindsay Whittle and Elin Jones.

[329] **Rebecca Evans:** The Bill makes a provision for assessments and the care and support plans that follow them to be portable across local authorities. Have any of you had any experience of moving from one local authority to another? Is it realistic that your care plan would be delivered in one local authority and that a very similar care plan would be delivered in the next?

[330] **Ms Rees:** It does not happen in all cases. It does not happen when a child moves from one county to another. It does not happen when carers move from, say, Carmarthenshire to Swansea. We mentioned that in our meeting this week. It does not happen. They do not consult on anything. They do not find out where the person has gone, which is very important. If someone is moving and they do not know, there are ways and means of finding out, which I would have done when I worked in education years ago. I knew where every child was in Wales, and in England if it came to that. It can be done. However, what happens if no-one is interested and if there are not enough staff? Within Wales, it should work.

[331] **Rebecca Evans:** So, if this is delivered as we all hope that it will be delivered, this should be a significant improvement. However, it does not include carers. Do you have a view on that?

[332] **Ms Felda:** I am aware of a person who had real difficulty on leaving hospital outside of her local authority area. This person needed care and support when she got home, but because it was different local authority areas, it was impossible for that to be co-ordinated. So, I do not think that it is just a question of it being between local authorities—it is a real question of it being between health authorities and local authorities. A conversation needs to take place that is not happening at the moment.

[333] **Ms Rees:** It is also for hospital staff and social workers to get their acts together, because it takes about 10 weeks to get someone to even go from hospital to a care home, or to have a meeting with the family, because some social workers only work part-time. They need to be there all the time. The computer systems of the health board and social services are not compatible. If they have a social worker, that social worker should know that the person is in hospital and should visit them there. That does not happen—they are in the community, and they do not visit. All this needs to be updated.

[334] **Ms Lewis:** The historical problem with moving a care plan from one authority to another has been the fact that the plan is based on what is provided, rather than on what is needed. That is why there has been a reluctance to transfer plans, because services vary from one area to another. If a person is relocating, their needs do not change that much—they may change slightly because of a different geographical location—but if the assessment is truly based on what a person needs rather than on what a local authority is willing and able to provide, it should be more portable by definition.

[335] I have no idea why carers' assessments are not included in that portability. I have asked the question of people who are involved in writing the legislation. I have not had an answer.

[336] **Vaughan Gething:** Kirsty Williams, on this point, and then I will move on to Lindsay Whittle.

[337] **Kirsty Williams:** The point on carers is well made, but section 40(2)(d) of the Bill says that if a person is moving, the receiving authority has to

[338] 'assess whether the person has needs for care and support and, if the person does, what those needs are'.

[339] If the plans are portable, why would the receiving authority under this legislation have to carry out another assessment to assess whether someone has needs and what those needs are? It does not sound very portable to me if another assessment has to be undertaken by the receiving authority under section 40(2)(d) of the Bill.

[340] **Ms Lewis:** I would agree with you.

[341] **Ms Felda:** It sounds as though they are re-checking eligibility when that should have already been decided.

[342] **Kirsty Williams:** Yes, pretty much; it does not sound particularly portable.

12.00 p.m.

[343] **Ms Felda:** It is to cover for the fact that there is this huge variation between different counties and different authorities in terms of what they are willing to provide and what services are available.

[344] **Vaughan Gething:** Can you see circumstances in which a person's needs may change with a change in location from one part of the country to another?

[345] **Ms Felda:** For north Wales, yes, partly because rural issues can have a huge impact, not only on services, but on transport and where the shops are. So, for example, if a person has needs that require physiotherapy or exercise and they were living in Meirionnydd or Dwyfor, there would be a huge difference compared with, say, if they were living in Wrexham, because everything is more on the doorstep there.

[346] **Kirsty Williams:** They would still have the need, would they not?

[347] **Ms Felda:** They would have the need—

[348] **Kirsty Williams:** How that need is met will differ if you are in Meirionnydd or in Wrexham, but if you need physiotherapy, you need physiotherapy wherever you live.

[349] **Ms Felda:** You do, Kirsty, but the transport issues would impact on that and that would change that need.

[350] **Kirsty Williams:** How you would meet the need would change, but the need would not change, would it?

[351] **Ms Felda:** If you are in Wrexham, there is a bus service; if you are in Pen Llŷn, there is not. So, that would be an extra need: you would have a need for transport there to access physiotherapy. I know it is not really referred to in the Bill, but it is about that integration again.

[352] **Lindsay Whittle:** It strikes me that if you take your car for an MOT, it is the same inspection wherever you live in Wales, but for people it seems to be different. Are we valuing cars more than people? I do not know, but I will get off my soapbox now.

[353] I want to come back to the training, regulation and inspection of social workers and carers in particular. We know that social workers are trained, regulated and inspected and some carers—not all—are trained and regulated and some are inspected. With regard to carers or parents who look after their own children, in particular vulnerable adults, whom Jennie just mentioned, how do you think that they would feel about regulation and inspection, as I am

sure that people would welcome training? How do you think that parents would feel about that?

[354] You rightly asked who was listening to the voice of the person with learning difficulties, and it is important that people do listen to them. I am particularly concerned about advocacy and independent advocacy. There is talk of including this in the Bill, but to what extent? I believe that independent advocates should also be trained, regulated and inspected. I could set myself up as an independent advocate, but I might have no knowledge at all; therefore, I need training, regulation and inspection. I am interested in that.

[355] **Ms Rees:** We would like to give you this document, which is on advocacy. It has just been published and we discussed it in our planning meeting. I would like to have known about advocacy when I was going through things as well, which I did not. I could have done with help from somebody like that.

[356] **Lindsay Whittle:** That is interesting. I am glad the question was apt because the more you speak passionately—and it is quite clear that all four of you are very caring individuals—the more questions that we as Members have to ask. I have been dying to come in on every topic. It is important, because it is not what we think; it comes from the heart. It is what we feel in the heart and how we care for these individuals.

[357] **Ms Rees:** It is about the sharing of information and I say ‘sharing’ meaning that social workers need to come down from their pedestal of confidentiality, lower it and share information with other agencies. Without that, we are going to lose people, no matter what age they are. Sharing is not happening at the moment, as far as I am aware.

[358] **Lindsay Whittle:** These are people we are talking about, not Vauxhall Vivas or Morris Marinas.

[359] **Kirsty Williams:** What?

[360] **Lindsay Whittle:** They are old cars, sorry. That was old fashioned. Sorry. *[Laughter.]*

[361] **Ms Rees:** We are talking about ordinary people from birth to death; you are talking about from the start of life to the end of life. Every agency that needs to get involved should be there and give their point of view, not just social services. What I find is that they think that they know it all, but they do not. There are other agencies that can help. What you have to remember is that every client is a hot potato: you share the information and you do not keep it to yourself; there is someone out there who knows better than you.

[362] **Mr G. Williams:** There is a need to integrate all the services, so that all the information can be collected.

[363] **Ms Felda:** I would just like to mention something about regulation, and Jennie and I have had a conversation about this. I agree that independent advocates should be regulated. I was involved with one at one time, and I asked her where her power of action came from, and she had no idea. There needs to be a link to other things that are happening, but independence must be maintained as well. I know that Jennie has something that she needs to say on this.

[364] **Ms Lewis:** I feel that this is another gap that people with learning disabilities sadly fall through. The relevant facilities are called different things. You might know of them as day centres. They sometimes come under the heading of social enterprise sheltered workplaces for people with learning disabilities. Currently, these are not independently monitored, regulated or inspected at all. They are not covered by care legislation because they

are not deemed to be delivering care. This is not education or training, and it is not employment. Sometimes it is called sheltered employment, but ‘sheltered’ is the key word there, not ‘employment’—they are not covered by or paid under employment law. There is no independent monitoring. The responsibility for monitoring these organisations—day services, and so on—lies with the local authority that commissioned their services. There is no formal requirement on the local authority to carry that out.

[365] I have been trying, for the last six months, to find out what happens in my area: how the local authority inspects these places, how it maintains standards, and how it can guarantee that some of the most vulnerable adults in our communities are safe when they are there, that they are treated with respect and dignity and are not being financially exploited. I am sure that, across this range of services, there are good services and there are less-good services. However, if there is no regulation or monitoring, how do we know? I have personal experience of a place that my daughter was at for a time. I had significant cause for concern. The local authority has been unable to give me any information on how it carries out its own monitoring or inspection of these places. I have been promised information, but I have not been given it; I am still in pursuit of it. It is a gap in the legislation, as it has been proposed, that these organisations and services are not covered by any of the codes in terms of regulation and monitoring.

[366] **Elin Jones:** You have all started to mention your frustration at different times with the lack of integration of services, joint working and collaboration between the various authorities. The Bill looks at this and allows integration to happen, and the pooling of budgets. However, it is one of those sections that is a ‘may’, so integration may happen by regulation, in some parts of Wales, where one local authority or local health board would want to integrate services. Is this an area in the Bill that would benefit from becoming a ‘must’, so that the authorities or boards must integrate their services or pool their budgets? In respect of that, do you think that the lack of integration at present affects the outcomes for individuals whom you know, and that the outcomes for individuals could be improved by better integration of services?

[367] **Ms Felda:** Only a couple of weeks ago, I was in a situation where a social worker and a health professional were discussing, over the head of the person concerned, how continuing healthcare would work for that person. The person was completely excluded, but the conversation was basically an argument about where the cost would lie. That happened fully in front of somebody. So, the division regarding continuing healthcare, about what is free and what is not and where the health service picks up the bill, were real barriers to that person receiving people’s attention and to the complete focus of that conversation being on what that person needed. I do not know how to stress it enough that that integration of health and social care is really important. I think that it has always been a false division. Outcomes are not divided into health or social care. They are all part of one mix. Unless there is a ‘must’ in there, it will not happen. I cannot emphasise that enough.

[368] **Vaughan Gething:** I just want to pick up on one point that I am still not clear about and I would be interested in your view. We have got around some of the points relating to eligibility. Of course, we do not have a draft national framework. One of the points that Kirsty was making was about elements that we do not have information on. What the Deputy Minister told us in earlier evidence was that the current four existing levels for access to care—low, moderate, substantial and crucial—will disappear and be replaced. Have you had any discussion about what a new framework might look like and in terms of how that care is provided, because we understand the concern that those criteria are used to prevent access? Do you have a view on what you would like to see in that framework and when you would like to see it in draft or final form, to give us a view on whether you think it is adequate or appropriate?

[369] **Ms Felda:** Bills and legislation are full of lots of words. You can almost interpret them in different ways. I think that the culture and the kind of vision that is going to transform how social services is delivered are key to link in with any definitions of eligibility that we come up with. Coming back to the social model of disability, that emphasis on putting the person at the centre links with any eligibility issue. It is more of a continuum of different needs that people may have, from information right through to full support maybe in a nursing home. You could define that in different ways, but the key factor is still where you have that conversation. Unless the eligibility criteria clearly link with how that conversation takes place and who is going to be in control of that conversation, you are always going to have that screening as an approach to how eligibility is applied.

[370] **Kirsty Williams:** Have your fora been engaged in any work with the Welsh Government about what the eligibility criteria would be? I see that you are all shaking your heads. The big concern that I have is that we will vote on this legislation without knowing who it will affect. Do you think that it would be advisable for us, before we finally pass this legislation, to know who under this legislation or the secondary legislation will be eligible for social care and who would not?

[371] **Ms Felda:** It is crucial. It is like going shopping without knowing whether you can get in the door, is it not?

[372] **Mr G. Williams:** Exactly.

[373] **Kirsty Williams:** Yes.

[374] **Vaughan Gething:** Another area in which we would be interested in hearing your views are the proposals around safeguarding. The Bill proposes regional safeguarding boards where adult and children boards are separate and there would be a national independent board. Do you think that the structure the Bill sets out is something that will be a positive step forward or is it something that you have concerns about in relation to how it may or may not work in practice?

[375] **Ms Felda:** I do not think that is something that we want to comment on.

[376] **Vaughan Gething:** Okay, that is fair enough. I call Lynne Neagle and then Ken Skates.

[377] **Lynne Neagle:** I want to ask about children with disabilities. Do you have any concerns about the changes that the Bill will make to the definition of disabled children as children in need? Are you worried that it might lead to a watering down of their entitlements?

[378] **Ms Felda:** We are aware that, as it stands at the moment, the Bill is trying to address transition and remove that barrier that means that suddenly things stop just because somebody has reached 18 years of age. For me, if the Bill addresses that need appropriately and with enough of a 'must' behind it, I feel that the services would be addressed within that scope. However, I would need to be certain that there was a 'must' there on that transition, to be sure that the needs of the disabled child were protected.

12.15 p.m.

[379] **Lynne Neagle:** Do you think that there is any risk that we might get transition right, but then find that there are disabled children who would have been automatically entitled to support under the existing arrangements who then find themselves battling even more than they do already for services?

[380] **Ms Felda:** Is that not a hard question to answer until we have seen the eligibility criteria? That is how I feel about that.

[381] **Kenneth Skates:** To go back to safeguarding, do you have any view with regard to the definition of an adult at risk? What about powers of entry and powers to remove an adult at risk?

[382] **Ms Felda:** We are all aware that social services have a risk-averse approach. In principle, one should be able to work to a practice of intervening with the least intrusive solution. We would all support that. In the case of a person that I was recently was involved with, an occupational therapy assessment was undertaken at the house. Unfortunately, the person fell during the OT assessment. It was about standing. One of the important things, especially for people living with a long-term condition, is maintaining standards. I guess this relates to how the outcomes are defined. A point that I want to make is that if outcomes focus solely on improvement, then, for a lot of people who are trying to keep what they have and will never get any better, that, by definition, is just not going to happen. The outcomes will not cover those people as there will not be improvement. There will be maintenance and there will be a lessening of deterioration, but there will never be improvement.

[383] This OT assessment was about standing and maintaining as much as possible that ability to bear weight. This person fell and then the occupational therapist decided, 'We can't do that anymore'. There was no reference back to health or to do another assessment about another piece of adaptation. That risk-averse approach cut off the barrier altogether. So, it does relate to safeguarding, because there was a shutdown rather than an exploration of continuing options or opportunities. Everyone takes risks, as we know—I am sure that you have heard this argument before—but my main concern would be what it meant for this person, because, however long it is going to be until we can get a health OT out, she is not going to be able to stand. There will be no option to stand for six months or more. That is the reality of that overapplication.

[384] **Ms Lewis:** There is a balance to be found between safeguarding and promoting independence.

[385] **Kirsty Williams:** The fundamental aim of this Bill is to improve social services. The Government has decided that it is necessary because, under the existing legislation, you cannot drive things forward. As people who have extensive experience, personally and with others, of using social services, are there things in this Bill that will better that service and which cannot happen now because of a lack of legislation? A lot of work has gone into this and there are a lot of new words here, but is it going to achieve something that cannot be achieved under existing law?

[386] **Ms Felda:** There is a lot in this Bill, but the key factor for me is the drive, the passion and the vision. We need to focus on the social model of disability and try to energise practitioners to look at enabling and removing barriers. That needs to be the focus, rather than saying, 'This person's leg doesn't work, let's just do this'. Without that, whatever you put in this Bill—we like the 'must' as well—is going to be difficult to achieve.

[387] **Ms Lewis:** I have said already that my daughter has still has not received a unified assessment from the local authority, in over five years. If the local authority is not delivering on its statutory obligations under current legislation, what is there in this Bill that is going to cause that to change? When you have a disabled child, you live with the question of who is going to look after your child when you are no longer there—my daughter was diagnosed when she was two days' old, so I have lived with this all her life. I work quite a lot with other parents who are in a similar situation to me, and some have adult sons and daughters who have profound learning disabilities as well. It is a fear as we get older and approach the later

stages of our own lives: who is going to care for our son or daughter when we are no longer here. I know people who have said to me that they would prefer that their son or daughter died before they do, rather than leaving them dependent on social services.

[388] My daughter has three sisters, so it is unlikely that she is going to be left on her own when I am no longer here. However, if you were to ask me whether I have confidence in social services to meet my daughter's needs, to support her in the way that she chooses to live her life when I am no longer here, and to ensure that that happens, I do not have that confidence. I have received social services for my daughter in Wales for nearly 20 years. Services have been very poor. I have not seen anything in the Bill that leads me to believe that that situation is going to change. I cannot see a point in the future when I will have confidence in social services to care for my daughter and to ensure that her needs are met in accordance with her wishes and aspirations and to a standard that I would want.

[389] **Rebecca Evans:** We are coming to the end of our scrutiny of this Bill and we have heard a lot of evidence on a huge range of topics, as you can imagine given the size of the Bill. Could we go along the panel and hear whether there is one thing that you want this Bill to make better? Could we hear what that is in order to focus our priorities as we consider the Bill?

[390] **Ms Lewis:** Adopt the social model for disability.

[391] **Ms Felda:** I would have to agree. I am aware of a lot of older people with no family who are severely disabled and live in a completely isolated way. There is nobody looking out for them. Without that different conversation being a driver, I cannot see change.

[392] **Ms Rees:** Sharing of information with other agencies to get the best for the person that they are dealing with, not keeping it to themselves, and giving what is there and what is needed.

[393] **Mr G. Williams:** Safeguarding children and adults in care homes would be a priority.

[394] **Vaughan Gething:** I think that that is an appropriate point at which to end. Thank you very much for your written evidence and for attending the committee today to give evidence in person. We will send you a transcript of today's evidence, so if there are points of accuracy that you wish to correct, you can do so. Equally, if there are points that occur to the committee afterwards, which we do not think that we have covered with you, we may send a short letter with some extra questions. Many thanks for your time and assistance today.

*Gohiriwyd y cyfarfod rhwng 12.24 p.m. a 1.42 p.m.
The meeting adjourned between 12.24 p.m. and 1.42 p.m.*

Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru): Sesiwn Dystiolaeth 4 The Social Services and Well-being (Wales) Bill: Evidence Session 4

[395] **Vaughan Gething:** Welcome back to this, the latest session of the Health and Social Care Committee, in which we shall continue our scrutiny of the Social Services and Well-being (Wales) Bill. This session is with a group of young people who have some experience of care and have been through the transition from children's services to adult services. We have not yet been joined by people in Cardiff; we understand that their vehicle has broken down and are stranded somewhere in transit, but they are on their way, so we shall welcome them when they get here.

[396] I welcome our guests from north Wales. Thank you very much for giving up some

time to talk to us and to answer questions. We do appreciate it; we think it is important that we hear directly from people who have experience of the services that we are talking about, particularly on the issue of transition from children's services to adult services. I cannot quite read the nameplates, but I am reliably informed that we have Richard, Rachel, Anna and Kyle. Could I ask you to introduce yourselves and to outline briefly any formal experience you have had of interacting with social or care services, both in children's services and in adult services, and where you live now?

[397] **Mr R. Williams:** My name is Richard Williams. I am 21 years old, and I have been in foster care since I was six months old, so I have been through the care system for quite some time. My first dealings with social services, which basically means social workers, is that, in essence, they were there, but they did not really listen, possibly because I was young. As time went on, however, there were different social workers, and it was quite hard to have a relationship with them, to build up trust and to tell them things about foster parents. That reduced my trust in social services. Throughout the process of being in care and of being put into different placements, which I have had only three of, they told us where we were going, but it was just a few days before we had to leave, so we did not have any time to get in touch with the new foster parents that we were going to have. That made it hard to build a relationship with the new foster parents, as well as leaving the foster parents I was with. It was difficult for me to build up trust again with the new foster parents, which decreased my stability within that new foster placement.

1.45 p.m.

[398] In my last foster placement, it was basically a day—I was told I was moving and moved that day—which I think is a bit unprofessional. From 16 onwards, when I was at the point of leaving care, they told us about the services that were available but did not tell us what would happen from that point onwards, which made me a bit nervous about the future. I was uncertain about what was going to happen in the future, which annoyed me, in a sense, for that reason.

[399] The personal advisers at Barnardo's have been excellent in helping me to move on. They helped me with my bills, worked out accommodation—my flat—and helped me to build on my skills and to develop as a person.

[400] **Vaughan Gething:** That is really helpful. Thank you, Richard.

[401] It is my fault: I should have reminded Members to turn off their phones, because they interfere with the recording and broadcasting equipment. If you have a phone on in north Wales, apparently it could interfere with the equipment there. That is what I have been told by our techie people here, and I am not going to argue with them.

[402] Rachel, do you want to tell us about your experience of interacting with care services?

[403] **Ms Jones:** I was put into care when I was 16; I am still there, in supported lodgings. I do not really know what else to say.

[404] **Vaughan Gething:** Anna, do you want to tell us about yourself?

[405] **Ms Boyle:** I was put into care when I was 15.

[406] **Vaughan Gething:** Kyle, do you want to tell us about your experience and about how you found the transition from child to adult services?

[407] **Mr Parry:** I have been in care for about 16 years of my life. I was with a family for 14 years of that, so I got lucky with that. Social services were not around too much and I swapped social workers quite often, which was not helpful, because I could not get hold of them. When I moved to Drws y Nant in Caernarfon, I saw my social worker far less but I got more help from Drws y Nant itself, which helped me to move on to supported lodgings and to living on my own. I am doing well at the moment.

[408] **Vaughan Gething:** We have questions from Gwyn Price and Ken Skates, and then I will move to another couple of Assembly Members on the other side of the table. Gwyn Price, do you want to ask your question first?

[409] **Gwyn R. Price:** Good afternoon to you all and welcome to the link-up. Based on your statements, did you really understand what was available to you all along? I was listening to Richard's comments that you knew where you were going but that you did not really know the reasons behind a lot of the things that were going on. I have a question for the four of you: do you understand everything that is going on from the social side of it, so that you can see where you are going in the future? At the end of the day, could we improve that here? Could we put something in the Bill that could improve your lives, based on the understanding of social services? Any one of you could answer, or answer one at a time if you want to.

[410] **Mr R. Williams:** If they set it out in detail, saying what was going to happen and why, in black and white so that we could see it in front of us, rather than someone basically telling us, 'This is what will happen', and not knowing the reasons, we would be able to adjust more to the circumstances, rather than basically just being told what to do, which is what social services have been doing for most of my life. They have been telling me what to do. Just being told what to do does not really promote my self-confidence or develop my own personal things.

[411] **Mr Parry:** With the choices that they make, they speed up with them and, instead of making the choices for us, they could give us a bit more of an option. If they take you from one care home to another, they just come to your door at the last minute and say, 'Right; we have a place for you; you are coming with us now'. They do not give you any time to get anything ready, to say goodbye or anything. That is not helpful. That gives you no time to prepare for anything.

[412] **Gwyn R. Price:** So, to round up, Kyle, would you say that your voice was not heard enough?

[413] **Mr Parry:** No. They do not listen too much.

[414] **Vaughan Gething:** Is that the same for you, Rachel and Anna? Was that your experience?

[415] **Ms Jones:** I found it really hard coming into care, because no-one would listen.

[416] **Vaughan Gething:** Okay. That is fair enough.

[417] **Kenneth Skates:** Good afternoon. Thanks for joining us today. First, I was just wondering: did any of you—those who have left the care system—feel that, at the age of 18, you were ready for independent living?

[418] **Mr Parry:** When I moved from Drws y Nant, it was because I was ready. I am not 18 yet, so I cannot say anything about age. It was Drws y Nant itself that provided the services to help me to prepare myself to move on. When I was in foster care, social services did not help

me enough. They just never turned up, really.

[419] **Kenneth Skates:** Have you heard of the When I am Ready scheme? I took a lot of evidence over the months of the development of the scheme, which suggested that there was a very painful transition from care to independent living, and that, without the likes of Barnardo's, many 18-year-olds found it very difficult moving from care to independent living. One of the aims of the When I am Ready scheme is to offer an alternative to supported lodgings in that you could, if you so wished, remain with your foster carers. Is that something that those of you who are in supported lodgings would consider?

[420] **Mr Parry:** Yes, to help me to move on in my life. I have no reason why I should not consider things like that.

[421] **Kenneth Skates:** Okay. Does anyone else have any ideas about this, and about how we can improve that transition from care to independent living?

[422] **Mr R. Williams:** Perhaps social services could get more involved by asking the foster parents that you are with, or, if you are in a care home, perhaps they could become more supportive by trying to promote independence by teaching some skills, such as how to cook, how to wash clothes, how to pay the bills, and how to go about picking food, for instance, to get a healthy diet, which I found to be a bit difficult when I left my foster placement. I did not really know what to eat, for instance. If that was put in place from 16 onwards, there would be an understanding of what to expect when you leave care.

[423] **Kenneth Skates:** So, perhaps build into the pathways plan some element of life skills to prepare you for independence. Also, perhaps lengthen the period that you can stay with your foster carer.

[424] **Mr R. Williams:** Yes, I think that that would be in the best interests of the child, trying to support them and make them feel more confident in moving on, in a sense.

[425] **Vaughan Gething:** I have a question from William Graham and then Lindsay Whittle.

[426] **William Graham:** From your own experiences, would your life have been better if, throughout the period that you were in care, you had had somebody that you could go to, particularly for you, perhaps in the same way that some of you have been supported by Barnardo's and Action for Children?

[427] **Mr R. Williams:** Yes, I think that it would have been better, because you only see your social worker every three to six months, whereas if someone came along every week or so, that way you would be able to build up a relationship with them. You would be able to trust them and they would be a major part in your life, in a sense. Being in care is quite hard and there are things that you cannot talk to your foster parents or your social worker about. You need an independent person to come in so that you can talk to them about it. That would be a good idea.

[428] **William Graham:** Is that the experience of you all?

[429] **Vaughan Gething:** Does anyone have anything that they want to add to what Richard said, or do you mostly agree with what Richard said?

[430] **Ms Jones:** Yes.

[431] **Ms Boyle:** Yes.

[432] **Lindsay Whittle:** Hi, my name is Lindsay Whittle, and I am from Caerphilly. Thanks for sparing us the time. I was quite sad to hear what some of you were saying about being suddenly moved to new foster carers with very little notice, and certainly no introduction. I appreciate that not all foster homes are permanent—sometimes they are just temporary—but I hope that social workers are listening to this evidence and that they will have the decency, in future, to introduce young people to the foster carers, so that you know that you will all, hopefully, get along. Do you think that your voice could have been better heard? My colleague Bill Graham has mentioned independent advocates; is there anyone else you can turn to for advice? With respect, you are still fairly young, and none of us are too old to learn. I used to go to my parents when I was in my 40s and 50s for advice, and my father did all the odd jobs around my house; it was marvellous. Is there anyone else who you think could help you—anyone that you could go to?

[433] **Mr Parry:** I know that, on the Action for Children side, there is the national youth advocacy service. If you talk to NYAS, it will go straight to the source, whereas sometimes, if you talk to staff, they have to go through a staff meeting, which can take a bit longer. We have NYAS; I am not sure if the others have anything like that.

[434] **Mr R. Williams:** Yes, we have NYAS.

[435] **Lindsay Whittle:** What about any health issues? If you have problems with your health, you just confide in your doctor, do you? Sometimes, depending on the health issue, you might not want to speak to your doctor. Is there an adult you can turn to for help, advice and assistance?

[436] **Ms Boyle:** I speak to my social worker and personal adviser about my health issues, apart from the doctor.

[437] **Mr Parry:** A doctor is the last person I will go to, unless it is an extreme case. Otherwise, I have my old foster mum and foster dad; they are the ones who always seem to help me with everything.

2.00 p.m.

[438] **Lindsay Whittle:** That is a very good, positive experience, Kyle; thanks.

[439] **Kirsty Williams:** Last week, when we spoke to some young people, they talked about the difficulties in getting the help that they needed for their education—sometimes because they were moving around a lot or because, sometimes, the school did not particularly understand what they were going through and therefore the help that they needed to get on in school was not there for them. How did you find your time at school or college? Were there things that could have been done to make your educational experience a more positive one—or, perhaps it was positive, and it worked out really well. I am just wondering how social services and your schools worked together to support you.

[440] **Mr Parry:** My school tended to leave me alone, because I told it that I wanted to try to have as normal a life as I could, without having teachers pulling me to one side for things. So, I was not bothered that much and I tended to get on with my life in school.

[441] **Mr R. Williams:** There was an educational social worker in Denbighshire, who was quite helpful in getting me extra tuition, if I needed it, for certain subjects in order to bump up my grades for GCSEs. That was very helpful. However, I think that I lived a normal life in high school. No teacher asked me how things were going at home, or anything like that, which I appreciated, but it was still hard for me, in a sense, because the other students did not

really have any problems to deal with and I did not feel as if I could talk to my tutors or my schoolteachers about those issues, because they would not really understand what I was going through. So, it was quite hard.

[442] **Kirsty Williams:** Rachel and Anna, are you still in school or college, and do you get the help you need?

[443] **Ms Boyle:** I am in college at the moment and yes, I get help; I get all the support that I need.

[444] **Kirsty Williams:** Thank you very much.

[445] **Ms Jones:** I have just finished my course in college and I will be going to another college in September. I did get some support.

[446] **Kirsty Williams:** Thank you; that is very clear.

[447] **Rebecca Evans:** This Bill will allow young people to say 'no' if social services want to do an assessment of their needs. Do you agree that young people should be allowed to say 'no' to an assessment of their needs, even if social services think that they should have one?

[448] **Mr R. Williams:** I think that it should be to do with someone's age and mental capacity. Some people who are in care might have some lack of capacity that means that they cannot make choices for themselves. So, there should be a clause in the Act to act in the best interests of that child, rather than giving the individual the right to say 'no'. It should be done on an individual basis, rather than the system being overhauled for everyone else.

[449] **Rebecca Evans:** What does everyone else think?

[450] **Mr Parry:** As a young person with a care order, you should have the right to say 'no' to an assessment, because at certain ages, you will not understand what it is about and, secondly, you might be asked a question that you might not want to answer, but they try to get you to answer it. Assessments should be a bit more informal and should just get the person's basics, and let nature take its course, so that they can see what sort of person they are so that they can help with their needs, instead of having a full assessment. By the time the next assessment comes, things have changed a lot in that time, but the help that they get stays the same. However, they might not need as much help, or they might need more, but they do not know because they have not properly watched them. They have just made one basic assessment, and left it at that.

[451] **Vaughan Gething:** What about you, Rachel? Do you have a view on Rebecca's question about whether young people should be able to refuse an assessment by social services?

[452] **Ms Jones:** Yes, I think that they should be able to.

[453] **Vaughan Gething:** Anna, do you have a view?

[454] **Ms Boyle:** Yes, I think that they should have the right to say 'yes' or 'no' to an assessment.

[455] **Rebecca Evans:** Do any of you think that it is ever okay to charge 16 and 17-year-olds for social services?

[456] **Mr Parry:** No, that is not right. It is not fair that you get stuff such as school

uniforms, certain school trips and certain things for the household, but then, all of a sudden, you turn 16 and you do not get that. It is not fair because a lot of people might need that help, so it is not fair just to take it away and make us pay for the things.

[457] **Mr R. Williams:** Education is one of the things that the Welsh Government is trying to promote, so that young people further their knowledge base and can move into better jobs, which takes away the stigma of people who are looked after. If we had to pay for things ourselves, would that not mean that we would have to look for work, which would take us away from our studies?

[458] **Vaughan Gething:** Going back slightly, when you turned 16, there was a change in the services that you had and who dealt with you, but what information were you given? This goes back to some of the points that Gwyn raised earlier. Potentially, the Bill could allow people to be charged for receiving information on advice and support that they are entitled to when they go into using adult services. What information did you get, was it helpful and when did you get it? Did the conversation start on your sixteenth birthday, or did it start a few weeks or months before then, so that you were given information so that you could understand the change that would take place in your services? Did you find that information useful when or if you got it?

[459] **Mr R. Williams:** Six months after I turned 15, my social worker came along and told me about the new services, but did not explain what that meant for me and my future. I was just basically told about the services that I would be entitled to, not what they would do for me when I turned 16, and what I would be entitled to after that age.

[460] **Vaughan Gething:** Rachel, I know that you have just finished one course and that you are going back to college again. How did you find the information that you got, and was it helpful to you or not?

[461] **Ms Jones:** Given that I only went into care when I was 16, I was not aware of what goes on before that age. I was 16 and a half, so I was not sure of what—

[462] **Vaughan Gething:** Since going into care, have you been given information that helps you to understand the support that you should get, or the opportunity you have to help decide the sort of support that you do get?

[463] **Ms Jones:** I am not sure.

[464] **Vaughan Gething:** Okay, that is fair enough. Anna, could I ask you the same sort of question? When you reached 16, did the information that you got help you to make decisions, or were you just told, 'This is what is going to happen to you'? Were you given some sort of choice?

[465] **Ms Boyle:** I did not really get a choice because I was in a children's home at the time. Just before my sixteenth birthday—about two or three weeks before—I was put into care, so I did not know what was happening.

[466] **Vaughan Gething:** That is interesting. To finish, Kyle, do you want to tell us about the sort of information that you were given? Was the information helpful and when did you get it?

[467] **Mr Parry:** I did not really get information from them. If I needed information, I had to ask directly, and only then was it helpful.

[468] **Vaughan Gething:** That is really helpful. Thank you all for giving us your time and

for being so honest with us. It really is very helpful for us to have a better understanding of the reality of services as they are delivered at present as we try to hopefully pass a law that will improve them. We will send you all a copy of the evidence that you have given, so that you can see the transcript, and if there are points that you do not think are accurate, please say so in order for us to change it so that it is accurate and reflects what you said. From all of us here, we are very grateful for your time. Thank you very much for helping us this afternoon.

2.12 p.m.

**Bil Gwasanaethau Cymdeithasol a Llesiant (Cymru): Sesiwn Dystiolaeth 4
The Social Services and Well-being (Wales) Bill: Evidence Session 4**

[469] **Vaughan Gething:** We now move to our second panel for the afternoon. The more observant members of the committee may have spotted that we have been joined by a new series of guests—some young people who have had experiences of the transition from children’s services to adult services. I would be grateful if you could tell us who you are and where you are from, and we will ask some questions about your own experiences of moving through and around support from the care service system. Ieuan, do you want to start?

[470] **Mr Swithin:** I am Ieuan and I live in Cwmbran.

[471] **Mr Weaver:** I am Tom and I live in Pontypool.

[472] **Mr Sweet:** I am Luke and I live in Llandovery.

[473] **Mr Surrey:** My name is Rob and I come from Wrexham, but I now live in Cheltenham.

[474] **Vaughan Gething:** Okay; thank you. Ken Skates will start with his questions.

[475] **Kenneth Skates:** Good afternoon; it is good to see you all here. Some young people who change from children’s services to adult services tell us that the change is very difficult and that they sometimes lose some of the support that they had. Is this an experience that any of you have had?

[476] **Mr Swithin:** I am still in children’s services at the moment; I am just going into adult services.

[477] **Mr Weaver:** I am like Ieuan; I am 14 and I am just going into the whole change now.

[478] **Mr Sweet:** I am like Ieuan and Tomas. I am still in children’s services.

[479] **Mr Surrey:** I did not have a social worker when I was young. It was only really from the age of 18 that I had a social worker.

[480] **Kenneth Skates:** That moment when you reach 18 is quite difficult and you go from children’s services to adult services. Are you receiving good advice on what you expect to have once you go to adult services?

2.15 p.m.

[481] **Mr Weaver:** I do not know a great deal about it. I am in year 10 now, so I am close to finishing secondary school. As far as moving on from there is concerned, I have had several meetings to plan, with the Welsh baccalaureate, what I want to do and whether I want to go to sixth form college and what courses I will take. But, as far as any specific needs are

concerned, I have not had any one-on-one support or information about that as yet.

[482] **Kenneth Skates:** How old are you?

[483] **Mr Weaver:** I am 14 years old.

[484] **Kenneth Skates:** Okay. How about you, Ieuan, have you had any advice or information about what will happen when you go from being a child to an adult at 18 years of age?

[485] **Mr Swithin:** I do not think that I have.

[486] **Support Worker:** Has anybody mentioned anything to you about when you leave school or college or anything like that?

[487] **Mr Swithin:** Nobody has mentioned anything at the moment. I have not really had much information on that.

[488] **Kenneth Skates:** How old are you, Ieuan?

[489] **Mr Swithin:** I am 14 years old.

[490] **Kenneth Skates:** You are 14 years old, as well. Excellent. Luke, how old are you?

[491] **Mr Sweet:** I am 16 years old.

[492] **Kenneth Skates:** Have people had a chat with you about what to expect?

[493] **Mr Sweet:** Yes, I have just finished school and I am going to college in August.

[494] **Kenneth Skates:** Great; okay. So, have they told you about the difference in services when you reach 18 years of age and what will happen?

[495] **Mr Sweet:** Yes.

[496] **Kenneth Skates:** Great. I have a question for all of you. What would you like to see us improve in terms of when you go from being a child to an adult at the age of 18 and the support to make that transition from childhood to adulthood easier? What would you like to see us do to ease that?

[497] **Mr Swithin:** I would like to have more say in what happens and things like that.

[498] **Mr Weaver:** I think, especially if you have more trouble coping with change, you should have, perhaps not 24-hour access, but as much access as possible to someone to talk to. Like Ieuan said, you should have more say. If you are going to college or university and you are given one-to-one support, you should have more say about who that is with. There might be times when you do not want them with you and times when you feel that they should be with you more. So, I would like more say generally in what goes on with regard to that.

[499] **Mr Sweet:** I would not have any change.

[500] **Mr Surrey:** Before I got a social worker, I had to have a meeting with another social worker, so she could get to know me. I got to know her and she got to know me really well. Then I would pass on to a new social worker. I get on with her now. I get on with her, but

why did someone step in between the move to adult services? Is there any need for it?

[501] **Kenneth Skates:** Thank you. Was it Wrexham social services?

[502] **Mr Surrey:** Yes.

[503] **Vaughan Gething:** Thank you. I have questions from Kirsty Williams, Gwyn Price, William Graham and Lindsay Whittle. Over to you, Kirsty.

[504] **Kirsty Williams:** Sometimes, children and adults need extra help to live their lives, and this Bill that the Assembly is looking at gives a long list of things involving the type of help that people might need. So, we could help people find somewhere to live, give them help in the home and give them services or goods. For example, we could arrange breaks so that you could get away from mum and dad and the people who look after you for a time, or get out in the evenings or on weekends and do different things. We could give you information, a social worker—or not in Rob’s case—and perhaps some money so that you could buy the services that you would like. Can you think of other things that you would like that the Government and the council could give you to help to make your life better? Can you tell us a bit about the services that you have had so far, the ones that have been good and other things where you think, ‘The council wants me to have this, and I don’t want that’? Maybe you do not want a break from your mum and dad or your carers. Can you think of things that the council has given you that have been good or things that the social workers tried to give you that you did not want?

[505] **Mr Surrey:** I need to tell them, because there was no independent living for people with learning difficulties, to make plenty of independent living available for people with learning difficulties. I have done a lot on equality, diversity and stuff like that. I just want to know how that works alongside equality and diversity. When I moved here the people my age were all treated the same, but obviously, somewhere along the line, we are not treated the same.

[506] **Kirsty Williams:** That is very clear, and that is a clear message about housing; thank you.

[507] **Vaughan Gething:** Does anyone else have an answer for Kirsty’s question? Luke, do you want to go first, then Tomas and then Ieuan?

[508] **Mr Sweet:** I would like someone to help me. If I go to a club, I would like a support worker to help me at the club, and my social worker is looking into that as well.

[509] **Kirsty Williams:** So, you would like some support workers to help you to go out and do stuff in the evenings and on weekends?

[510] **Mr Sweet:** Yes.

[511] **Mr Weaver:** I have completely forgotten what I was going to say.

[512] **Vaughan Gething:** It happens to me all the time.

[513] **Mr Weaver:** The third Sunday of every month, I spend the day with Suzanne, but that is only once a month. Other than that, I rely on my mum and dad to ferry me around to do things. They think that, maybe, it would be good to have help with that and to have not just more social interaction in general, but things like public transport and meeting new people in quite alien situations. They are things that would generally improve anybody’s social skills—learning what is socially acceptable and unacceptable.

[514] **Mr Swithin:** I have good help in school. My learning support assistant does a lot for me, but, outside school, I have no help, except from my mum. There is no-one to take me to any clubs or anything, except for my mum.

[515] **Gwyn R. Price:** Do you all feel that you get enough help from school? Ieuan, you said that, outside school, you would like to go to some clubs, but that there is nobody to take you to the clubs or you do not know where the clubs are. Have you all had experience in school of somebody helping you to go out and doing something in the evenings with them?

[516] **Mr Weaver:** Not after school, but in school, I have a one-to-one and she is amazing, but there is not much support to do things after school. My school has lots of after-school clubs, but because of other responsibilities, she cannot be with me—she has to go off and do whatever. It is quite strange, because now I have her only three days a week during the school week. I am getting used to doing things without her, but it is still nice to have her there.

[517] **Gwyn R. Price:** As a little bit of help.

[518] **Mr Weaver:** Yes.

[519] **Gwyn R. Price:** Is that the same with you, Ieuan? Do you need to go to social clubs in the evening?

[520] **Mr Swithin:** I go to a karate club. I know where they are, but mum prefers me to go with someone, so that it is safer.

[521] **Gwyn R. Price:** Yes; the same as Tomas, you need a little bit of support to go to these places. Are you the same?

[522] **Mr Sweet:** I go to a youth club but because I am in care my foster brother takes me.

[523] **Gwyn R. Price:** Rob, do you do anything after school or college? Do you go anywhere?

[524] **Mr Surrey:** I went to school in Chester, which is across the border. For years, I could not get into the after-school club because I live in Wales, and I am from Wales. I got so fed up, and said, 'Right, I am leaving', and they offered me everything, and offered me the chance to get into the after-school club. I would like to know whether anyone from the Welsh Government is keeping an eye on people in school who are crossing the border every day, because I think we need that.

[525] **Vaughan Gething:** Thank you very much, that is very interesting. We may all take that up. William Graham is next and then Lindsay Whittle.

[526] **William Graham:** When people offered you advice, was it presented in a form that you could easily understand?

[527] **Mr Weaver:** Whenever I have been advised about anything it has either been through a staff member I know well in school, and therefore knows how to communicate with me, or it has been through my one-to-one. So far, I have understood a lot of the stuff quite well, but, as I said, I have had several meetings about further education, college and university, and I will admit that some of that stuff has got me a bit confused. Other than that it has been dealt with quite well.

[528] **Vaughan Gething:** Luke, do you want to answer the question?

[529] **Mr Sweet:** Could you explain the question more clearly, because I do not understand?

[530] **William Graham:** When people were talking to you and giving you various options, perhaps, on what was going to happen next, was it explained to you so you were encouraged to ask questions and knew exactly what was going to happen?

[531] **Mr Sweet:** Yes.

[532] **William Graham:** So, you were quite happy when they told you things that you could ask questions and you knew what was going to happen.

[533] **Mr Sweet:** I do not know.

[534] **William Graham:** Do not worry. So, really, in your own situation, you were quite happy with what they told you.

[535] **Mr Sweet:** Yes.

[536] **Vaughan Gething:** Ieuan, how have you found this in terms of the information that you have been getting? You are getting ready to turn 16, so you need information about what will change in your services. Has that been explained to you in a way that you can understand, and so that you can ask questions?

[537] **Mr Swithin:** I do not think that I have had any advice, have I?

[538] **Support Worker:** No, you have had no advice, so—

[539] **Vaughan Gething:** That in itself is interesting.

[540] **William Graham:** So, no-one has really explained to you the rights that you have when you enter education.

2.30 p.m.

[541] **Vaughan Gething:** Rob, what was your experience?

[542] **Mr Surrey:** At the moment, I am looking for work, but I understand that, with the way the economy and jobs are going at the moment, it is difficult for everyone. I go to a meeting once a week to try to help me to get work—it is called Forward, which is a part of JobCentre Plus. Half the time, I am just sitting there, watching the time pass. If there is nothing out there, why do we need to go and waste an hour, two hours, doing nothing, basically?

[543] **William Graham:** So, you have not found the job centre very helpful.

[544] **Mr Surrey:** No. I am just frightened that, if I do not go, I will lose my benefits.

[545] **William Graham:** Quite so. Thank you.

[546] **Lindsay Whittle:** Hi, guys, all right? As part of this Bill, we want to make sure that any assessment of your needs is met throughout all of Wales, no matter where you live. Have any of you had any experience of moving in Wales? Have you, Ieuan, always lived in Cwmbran? Tomas, have you always lived in Pontypool? Luke, was it Llanidloes, did you

say? [ASSEMBLY MEMBERS: ‘Llandovery.’] Oh, gosh; I had better not get those two mixed up, had I? Rob, you have clearly moved from Wrexham to Cheltenham. You do not have to tell us why, if you do not want to, because that is your business. However, I would be extremely interested in knowing whether any of you have moved around Wales. Rob, you have mentioned this cross-border issue, and I think that that is a very important issue that you have raised today.

[547] **Mr Swithin:** I moved from England when I was about two and a half or so—around that age. I was too young to remember, but the reason was that it was so violent; so many things happened there. My mum just decided that she did not want to stay there. There were people with guns next door, and people with drugs opposite us. There were prostitutes over the other side of the street. It was a really rough street. Not long after we moved, we heard that there had been a murder in that area. This kid had a marble shoved down his throat after being beaten up.

[548] **Lindsay Whittle:** So, you feel safer in Wales, then.

[549] **Mr Swithin:** Yes.

[550] **Lindsay Whittle:** That is good. Thank you.

[551] **Vaughan Gething:** Thomas, have you moved?

[552] **Mr Weaver:** No. I have always lived around Pontypool. I have always lived there. Apart from a few exceptions, it is very nice. It gets a bit noisy on Friday and Saturday nights, but other than that—

[553] **Lindsay Whittle:** But your care package in Pontypool is fine, you believe.

[554] **Mr Weaver:** Yes, it is.

[555] **Lindsay Whittle:** Is your voice being heard?

[556] **Mr Weaver:** Yes, I am being listened to.

[557] **Lindsay Whittle:** That is the word: listened to. Well done.

[558] **Mr Sweet:** I have always stayed in Wales. I used to live in Saron with my previous foster carers; now I am over in Llandovery.

[559] **Lindsay Whittle:** Is your care package the same? Did you notice things improving or not improving?

[560] **Mr Sweet:** Improving.

[561] **Lindsay Whittle:** You noticed an improvement.

[562] **Mr Sweet:** When I first came to Llandovery, I weighed 13 stone, and now I am 10 stone.

[563] **Kirsty Williams:** Wow.

[564] **Mr Sweet:** Yeah.

[565] **Kirsty Williams:** How did you do that?

- [566] **Lindsay Whittle:** You will have to teach us how to do that, Luke.
- [567] **Mr Sweet:** Exercise and eating healthy, home-made cooking.
- [568] **Vaughan Gething:** There you go, see. [*Laughter.*]
- [569] **Lindsay Whittle:** Well done, Luke.
- [570] **Vaughan Gething:** Oh dear, I am just thinking about what I ate for lunch now. [*Laughter.*]
- [571] **Lindsay Whittle:** Rob, you mentioned moving from Wrexham to Cheltenham. You do not have to tell us, obviously.
- [572] **Mr Surrey:** I think that Wrexham is a good place, apart from the football team. [*Laughter.*]
- [573] **Vaughan Gething:** Do not let Lesley Griffiths hear you say that. [*Laughter.*]
- [574] **Mr Surrey:** In Wrexham, and throughout Wales, there is a lot of independent living provision for people with learning difficulties. I am all for that, do not get me wrong, but why just one part of disability, when disability is wider than that? Is that the right way to look at it or should people be looking at the wider picture and not only that aspect? I was given the opportunity to volunteer at a garden centre. Do not get me wrong, I like gardening, but day in, day out, for the next 30-odd years, is that going to challenge me? I do not know whether this is the right time to mention this, or later on, but my carer at the moment comes from Wrexham, but, in about six months' time, it changes over to Gloucester. I think that should be got rid of altogether and the money for care put into a separate pot and, wherever you live throughout the UK, you should be entitled to your hours from the central pot so that you do not have to rely on local authorities or local government to support you with your care.
- [575] **Lindsay Whittle:** Rob, you will have to stand for election to the Assembly. We need people like you here to tell us this. Well done; you are a good advocate.
- [576] **Vaughan Gething:** Do any other Members have any final questions? I see that no-one does. That draws to a close the four sessions that we have conducted with a range of young people to help to inform our work of looking at the Bill. I would like to thank Tim Ruscoe from Barnardo's and Rhea Stevens from Action for Children for helping to organise the sessions. However, above all, I would like to thank the young people who have given up their time to come here to speak to us and answer questions, because it really does help us in the work that we are trying to do to make this the best piece of legislation possible. So, thank you all very much for making the time to come in to speak to us and for being so honest with us. It has been very interesting and very helpful. Thank you.

2.40 p.m.

Papurau i'w Nodi Papers to Note

- [577] **Vaughan Gething:** We have papers to note before I move that we meet in private session. We have the minutes of the previous meeting. On Stage 2 of the Human Transplantation (Wales) Bill, we have a letter from the Minister for Health and Social Services with the evaluation strategy. You will recall that we asked for an evaluation strategy, and he has already provided a draft; perhaps he had an idea of what we might ask him for—

who knows? That was circulated by e-mail on 3 May, but it is a paper to note for today's meeting.

[578] You should also have the letter from Gwenda to me dated 14 May. That sets out some more detail on the 'When I am Ready' scheme.

2.40 p.m.

Cynnig o dan Reol Sefydlog Rhif 17.42 i Benderfynu Gwahardd y Cyhoedd
Motion under Standing Order No. 17.42 to Resolve to Exclude the Public

[579] **Vaughan Gething:** I move that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 17.42(vi).

[580] I see that Members are content.

Derbyniwyd y cynnig.
Motion agreed.

Daeth y cyfarfod i ben am 2.41 p.m.
The meeting ended at 2.41 p.m.