



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

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

**Dydd Iau, 23 Ebrill 2015**  
**Thursday, 23 April 2015**

**Cynnwys**  
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Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynnddi 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**

Peter Black	Democratiaid Rhyddfrydol Cymru (yn dirprwyo ar ran Kirsty Williams) Welsh Liberal Democrats (substitute for Kirsty Williams)
Alun Davies	Llafur Labour
Janet Finch-Saunders	Ceidwadwyr Cymreig Welsh Conservatives
John Griffiths	Llafur Labour
Elin Jones	Plaid Cymru The Party of Wales
Darren Millar	Ceidwadwyr Cymreig Welsh Conservatives
Gwyn R. Price	Llafur Labour
David Rees	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Joyce Watson	Llafur (yn dirprwyo ar ran Lynne Neagle) Labour (substitute for Lynne Neagle)
Lindsay Whittle	Plaid Cymru The Party of Wales

**Eraill yn bresennol**  
**Others in attendance**

Stewart Blythe	Cymdeithas Llywodraeth Leol Cymru Welsh Local Government Association
Christopher Dunn	Arolygydd Lleyg Lay Inspector
Gerry Evans	Cyngor Gofal Cymru Care Council for Wales
Phil Evans	Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru Association of Directors for Social Services Cymru
Sue Evans	Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Cymru Association of Directors for Social Services Cymru
David Francis	Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru Care and Social Services Inspectorate Wales
Sheila Meadows	Arolygydd Lleyg Lay Inspector
Dan Pitt	Arolygydd Lleyg Lay Inspector

Imelda Richardson	Arolygiaeth Gofal a Gwasanaethau Cymdeithasol Cymru Care and Social Services Inspectorate Wales
Rhian Huws Williams	Cyngor Gofal Cymru Care Council for Wales

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

Stephen Boyce	Ymchwilydd Researcher
Helen Finlayson	Clerc Clerk
Gareth Howells	Cyfreithiwr Lawyer
Rhys Morgan	Dirprwy Glerc Deputy Clerk

*Dechreuodd y cyfarfod am 09:59.*

*The meeting began at 09:59.*

**Cyflwyniadau, Ymddiheuriadau a Dirprwyon**  
**Introductions, Apologies and Substitutions**

[1] **David Rees:** Good morning. Can I welcome Members to this morning's session of the Health and Social Care Committee of the National Assembly? The meeting is bilingual and headphones are available for simultaneous translation from Welsh to English, if you require it, on channel 1, or for amplification on channel 2, if you require that. Can people please turn off their mobile phones or any other electronic equipment that may interfere with the broadcasting equipment? There is no scheduled fire alarm this morning, so if one occurs, please follow the directions of the ushers. We have apologies for absence from Lynne Neagle this morning, and Joyce Watson is substituting. Can I welcome Joyce Watson this morning? We've also had apologies from Kirsty Williams this morning. With that said, I'd like to move now straight into the sessions.

10:00

**Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru):**  
**Sesiwn Dystiolaeth 2**  
**Regulation and Inspection of Social Care (Wales) Bill: Evidence Session 2**

[2] **David Rees:** This morning, we will be continuing our evidence sessions on the Regulation and Inspection of Social Care (Wales) Bill. Can I welcome Stuart Blythe from the Welsh Local Government Association, Phil Evans from the Association of Directors for Social Services Cymru, and Sue Evans from the Association of Directors for Social Services Cymru? You're both very welcome, and thank you for your written evidence, which has also been received. We've got a tight schedule, if that's okay with yourselves, and Members, we have a tight schedule, so if we can focus our questions, and if we can focus the answers, it would be very helpful for us.

[3] **Mr P. Evans:** We'll certainly try to help.

[4] **David Rees:** So, if we go into questions straight away, Gwyn Price, you're to start, please.

[5] **Gwyn R. Price:** Thank you, Chair. Good morning, everybody. What are your views on the new approach to regulations in the Bill, which moves away from the regulation of individual establishments and agencies to a service-based model?

[6] **Mr P. Evans:** Shall I start? We're confident that it will introduce greater accountability into the system of provision of social care. I think shifting the focus to service providers across all the settings they operate will increase efficiency. I think, for us, it will also enable us to provide some early warning signs in terms of intelligence. If a service provider is struggling in one area, and in one setting, then we will automatically look at the other settings then to see whether we need to learn anything from that. So, certainly I think it will help us to understand the capacity for improvement of individual providers and their willingness to invest in quality. So, flexibility, avoiding duplication—lots of positives, I think. It's consistent with the administrations in England and in Scotland, so it's a system that's understood.

[7] I think there are some areas of concern, which, for me, would be about the integration with health, and therefore service providers. I think health service providers often also provide elements of social care as well, and we're not quite sure how they would fit into this new system. I just think we probably need to be realistic about the way in which that will transform the current system, because so many of our service providers in Wales actually only operate in one or two settings anyway, so they are very familiar to us. I think some of this is designed for the large companies, often from England, who provide in a range of settings.

[8] **Ms Evans:** Just the other thing to add to that is where we're trying to move provision from institutional settings into care at home, if somebody is registered to provide a whole range of services, it makes it much easier to support them with their business modelling, where they can transfer some of that care from the institutional back into a home setting and a different range of things like extra care. So, with other service areas, it makes it much easier. They haven't got to register in a range of different ways. So, I think it will help with that flexibility.

[9] **Mr Blythe:** Just to build on what Phil said, really, about streamlining the system. If you look at the Social Services and Well-being (Wales) Act 2014, part of that is about reducing some of the administration roles and responsibilities. So, something that supports the reduction of some of that administration should be a positive sign. I think, just to build on Phil's point around the number of independent service providers that are out there, I think it's just worth noting that there is a transitional cost that's associated with it. So, I think it's just worth, I suppose, looking at what the benefits of investing that money are compared to what the ability is within the current regulatory system.

[10] **Gwyn R. Price:** Thank you, Chair.

[11] **David Rees:** Okay. Lindsay Whittle?

[12] **Lindsay Whittle:** Good morning. You'll know that the Social Services and Well-being Act 2014 will hope to have new social enterprises, co-operatives and user-led services. Do you think this Bill will provide for effective regulation of these newly emerging modules, please?

[13] **Ms Evans:** I think it has got potential as long as you have that flexibility. At the moment, the way it's written describes traditional service models, but there is a recognition in there that the Bill allows for that additional expansion of a different range of services. If we're talking about user-led services—a sort of bottom-up approach—potentially, they're going to be very different to the kind of services we have now. So, it's important that that flexibility in this Bill is built in to accommodate the non-traditional service types.

[14] **Mr P. Evans:** For me, it feels as though it's in line with the current menu of services. Obviously, we need to wait to see what the impact of the Act will be in generating new types of provision and new types of providers. I'm not sure it's yet fit for purpose in that regard, and already we're experiencing problems around services like extra care and day care services, which are being transformed already. Some consideration needs to be given, I think, to whether, in terms of reshaped services, this will be fit for purpose.

[15] Again, the point you make around the degree to which services—. Certainly, adult social care services are almost entirely now integrated with healthcare. There aren't very many discrete services that are only used by social services. Therefore, the definition as it stands, I think, is usable, but I'm glad to see that there are powers to change that, if the Minister decides that's needed subsequently. Because of the Act, we are in a period of transition, and we've yet to see what impact the Act will have in the longer term. Therefore, to some extent, we are moving forward in a period where there are limited certainties.

[16] **Lindsay Whittle:** Okay. I don't know whether you want to respond, Stuart?

[17] **Mr Blythe:** Just to say that I suppose it's one of the challenges of having two pieces of legislation that need to work in tandem: we're relying on designing a regulation and inspection Bill based on an Act for which we are yet to see all of the regulations and codes of practice being developed. We know that there are new models of service delivery that will be coming out, but we're not quite sure what the future holds. So, we're trying to design a regulation and inspection Bill based on what we think might happen, without having the actual happenings yet.

[18] **Lindsay Whittle:** Just a small question, Chair. From your experience, how would we, for example, regulate and inspect the advocacy services?

[19] **David Rees:** I think advocacy—[*Inaudible.*]—if you want to expand on other services as well—

[20] **Mr P. Evans:** I think that advocacy is a good example in many respects, because we are not clear yet in terms of the current Act that we have what will be the offer that needs to be made to citizens. As you'll know, there's a whole range of advocacy, from professional and independent advocacy by organisations all the way through to the advocacy that teachers, social workers and doctors undertake on behalf of individuals. We need to be much clearer about the offer that needs to be made as part of the statute, and only then can we really look to decide how it would be regulated. Are we talking about regulating individual providers of advocacy? Most of those providers provide a wide range of other services, as well. I think there are some problems with our trying to pinpoint exactly what that would mean.

[21] **Lindsay Whittle:** Can I just thank you for that, because I'm a great believer in advocacy, and that is helping me already to formulate my opinions on the registration of advocates? So, thank you for that.

[22] **David Rees:** Elin.

[23] **Elin Jones:** I just wanted to ask you to elaborate on some of the issues you've already touched on as to the appropriateness of the Bill and this legislation, given the changing nature of your services and the integration of services between social and health. Does it feel to you that this Bill is almost already out of date, because it is so focused just on part of that integrated package, and, really, legislation now should really look at the issues around integration of care and services? This one, again, similar slightly to the social services Act as well, has come from that silo of social care, and isn't really meeting the needs that

you're actually delivering in some parts now, which is about integrated care. Some of the people who deliver the care for you as local authorities are also involved in both health and social. We're in danger with this legislation of institutionalising and creating compartments again. The Minister himself has, I think, touched on this very issue, that he wants to look at integration, of regulation and inspection especially, at some point in the future, but somehow it feels as if we're missing the chance in this legislation.

[24] **Mr P. Evans:** I think the timing is problematic, but I think it would've been problematic anyway. I think we understand some of the imperative around the need to help the Care and Social Services Inspectorate Wales and the Care Council for Wales to actually embed some of their innovative practice and get a statutory basis for that. So, I think we understand the need for legislation currently. The timing does make it problematic. In many ways, it would've been useful to know what's happening around the review of evaluators, inspectors and regulators as a whole, certainly the relationship with Healthcare Inspectorate Wales, for example, if there could've been greater clarity around, I suppose, the issues around the architecture and the structures that we have for regulation. It would've helped us to identify, then, where the duplication is and how we can work most effectively. I understand why the legislation was needed at this point, but it does create additional problems for you, I think, in terms of scrutinising the Bill.

[25] **David Rees:** Sue, do you want to comment on that?

[26] **Ms Evans:** Yes, I would add to what Phil is saying. If the timing were a few years later, we would've had an opportunity to see the impact of the Social Services and Well-being (Wales) Act 2014 as it's actually implemented, but I guess there are enough potential safeguards in there that enable this particular Bill to be expanded for those new models. If you look, similarly, to children's services, making sure there is synergy and sign-up with Estyn and other inspection regimes is as important. If you think about the Well-being of Future Generations (Wales) Bill, where we're being pushed to work more as a public service in an area, it would seem beneficial if some of the regulation and inspection were aligned with that public service footprint: so the whole range of public services delivering services to people in their community. At the minute, it still feels like there's a risk of that silo inspection regime, which will only add potential duplication and confusion for citizens. We're trying to make this clearer for citizens, but the more different parts of regulation and inspection we have, I guess, there is a potential risk that the aims of this Bill to make it clearer and more transparent about the quality of services may not achieve those aspirations.

[27] **David Rees:** Okay, Elin?

[28] **Elin Jones:** Yes.

[29] **Mr P. Evans:** Very, very briefly, I think there are examples of good joined-up inspection, but it's like examples of good integrated services: the more you can create the organisational bedrock for that, then the better, from our point of view.

[30] **David Rees:** John.

[31] **John Griffiths:** In terms of these issues, I think it is important that this Bill gets it right in terms of assessment and evaluation, and how the regulation, inspection and reporting produces an outcomes-based approach, which I think we're trying to move to, generally: results-based accountability and making sure that it's outcomes that are measured, which really matter to people and their wellbeing. That does call into question some of the issues that Elin raised about how you link across the public sector with the NHS and local authorities, for example, in terms of the different regimes and the different systems. I'd like to know, I think, really, whether you're content that this Bill as currently drafted takes all of that

into account sufficiently and will move us on to this outcomes-based approach that I think there's quite a strong consensus is necessary.

[32] **Mr P. Evans:** We certainly welcome the move away from compliance to a better understanding of quality and the impact of services upon people. I think that's exactly right. It's very much in keeping with the Act that's already been passed. It should encourage change and innovation, and not just conformity, because I think that's been the problem with the system to date. We do have to learn from failures. We know Operation Jasmine will tell us that the system didn't work effectively enough on behalf of individuals, and I think minimum standards have become quite burdensome and process driven. There's a lot of bureaucracy associated with them—a considerable amount of bureaucracy. Because they're overly prescriptive, they're almost too easy to evade.

10:15

[33] So, I think some fundamental change was needed, and this is certainly in the right direction, and it ties in with our moves towards changes to assessment in terms of planning, and planning and review, for individuals. We are looking at it so that those should be much more outcome-based as well, and based on wellbeing. CSSIW have already embarked on that programme quite considerably, it feels to me, and the programme overseen by their board I think has been very effective in that regard.

[34] I suppose the only anxiety we just have is: would it reduce significantly the scale of regulation? Qualitative methods are right; they do encourage engaging in conversations with service users, and I think that's probably the best approach to regulation that we can have, but it can be much more expensive than just a quantitative tick-box approach, can't it? And I think the dual approach that the Bill encourages, to use both quantitative and qualitative approaches, is right, but I do worry a bit that they could generate considerable increased costs and effort on behalf of CSSIW. I think that, to some extent, they've acknowledged that, haven't they, in terms of the transition costs but they've already identified.

[35] **David Rees:** Sue, do you have anything additional to add?

[36] **Ms Evans:** I would just echo what Phil has said: it's the right thing to do, how you do it in a proportionate way so that that regulation in itself is not too burdensome. It has to add value, doesn't it? This whole regulation and inspection has to demonstrate that the effort we're putting into monitoring and inspecting actually does make the improvement and is not disproportionate to the costs for providers or local authorities in making sure those systems are in place. So, there will be a transition from what we have now and how we are monitoring to what the future needs to be, but it is the right direction, certainly. The other thing I think about outcomes is, it's very difficult to assess how you can aggregate up. My outcomes are very subjective; they'll be very individual, and trying to assess the impact on an aggregate basis for a whole service, that's going to be challenging, I think, for us, but speaking to real people about what matters to them and the impact of a service or support they're receiving is absolutely the right thing to do, underpinned by activity data so you get some of that quantitative analysis. So, it is the right way, but it's making sure it's proportionate to what we get out of it, I think.

[37] **David Rees:** John?

[38] **John Griffiths:** I'm fine, Chair.

[39] **David Rees:** Okay. Alun.

[40] **Mr Blythe:** Sorry, just to add a couple of points, I think we recognise that, I suppose,

social care has moved to outcomes-focused—so, away from needs-led—so, the regulations, I suppose, need to fit in with that. Sue mentioned aggregating personal outcomes, and I think one of the challenges we are seeing from a social care perspective is measuring people's outcomes on a personal level and aggregating that up to have something measurable and tangible, and that's going to be the same challenge that the inspectorate is going to have, coming in to see that social care has kind of shifted its focus to outcomes-focused, but how do you then regulate on that as well. I think there have been moves in other countries; I think Scotland have led the way on outcomes-focused approaches, but they've done it in a way that the regulator hasn't really been involved. So, you've got countries that are leading on this, and yet the regulator isn't involved. So, I think that just highlights the challenge that faces Wales to actually put this in place and get something that's really effective and does actually regulate the work that's happening.

[41] **David Rees:** On that point, can I ask—you say that Scotland hasn't got the regulator involved—in your view, is that a good thing or a bad thing?

[42] **Mr Blythe:** Good question. I think what you end up with is almost two systems working then: you've got social care practice, which is focusing on an outcomes-based approach, but you've got a regulator which is then looking at almost some of the other issues that aren't being focused on by the social workers or social care. So, you end up with local authorities and social care having to demonstrate two different practices: one to appease the regulators and one to say, 'This is the approach that we are taking and this is why we're doing it'.

[43] **David Rees:** So, the commonality actually is more beneficial, because those service providers know exactly what the regulators will be looking at.

[44] **Mr Blythe:** Hopefully.

[45] **Ms Evans:** I think so.

[46] **David Rees:** Thank you. Alun.

[47] **Alun Davies:** Thank you. Committee discussed the report of the older persons' commissioner before Christmas, 'A Place to Call Home?'. That was a pretty sober assessment of current standards in the sector, and a pretty sober assessment of what is being delivered by your selves and by others. I understand the points that you're making about outcomes focus and the rest of it, but the key issue that you are making about outcomes focus and the rest of it, but the key issue, I think, which was brought up in that report, was the impersonal and sometimes cruel approach that is delivered to individuals, some very vulnerable people, as a consequence of the policies, systems, and regulation that we have in place at the moment. Do you believe that this Bill provides us with the opportunity to move away from that system, if you accept—and I presume that you do accept—the findings of that report? Do we create the systemic and cultural change that we must do so if we accept the criticisms, and do you believe that that Bill provides us with the tools in order to do so?

[48] **Ms Evans:** I think it does, and I think it's complementary to the Social Services and Well-being (Wales) Act 2014 as well. So, that Act enables us to change what we have now, and this Bill will be part of that monitoring and inspecting the new regime and that focus on outcomes and what it means for individuals, which is far more important than some of the tick-box mentality the system has forced all of us into. Yes, to move away from just keeping a regulator satisfied that the fire extinguishers are in the right place or are not, rather than the quality of care given to an individual, is absolutely the right thing to do. It does need to be all of us moving in that same direction all at the same time. There's no point in providers trying to change if local authorities are still asking for the old, and then inspectors and regulators



come in looking for something different. Each part of the system has to move to that new culture, that new way of working, which would include inspection and regulation as part of it.

[49] **Mr P. Evans:** We have to learn from failure, don't we? It's not acceptable, and therefore it's a spur to all of us to achieve the changes that are necessary. I think perhaps it also indicates as well just how complex the system is in terms of it's about changing behaviour on the part of commissioners of services, on the part of providers of services, and then the role that regulators—workforce regulators and service regulators—play in that. What strikes me is that we don't have a lot of empirical evidence about how you achieve that sort of whole-system innovative change. We are embarked on it and we are seeing some very good early signs of improvement, but nevertheless the scale of change that's needed, I think, must cause all of us just to hold back a little without making categorical promises that this will transform the way in which the system works. We are dealing with a very complex market and, in our experience, a very fragile market. Therefore, the potential for unintended consequences is very great if we're not careful. We have to be careful that we don't drive providers away or undermine the current service provision that is acceptable but still needs to improve because that also will cause immense distress to people who have to move from one provision to another in an emergency because a service has failed. We really do have to hold that in balance.

[50] **Alun Davies:** 'Complex' and 'fragile' are not words that are overly positive in many ways. Do you think that the current structures that we have are overly complex? In terms of 'fragile', I presume that your meaning there is that the economics of the marketplace are fragile.

[51] **Mr P. Evans:** We will come on, I'm sure, to talk about market assessment, and, having engaged in the market for a long period of time now, we do understand its strengths and the areas that need to develop. We do have a considerable volume of small providers. I think that there have also been some fairly unscrupulous large providers that have come into the market just in order to make money. That's caused immense problems as well. How you avoid unexpected and other failures, given the fact that we still haven't resolved the issues around paying for care, this is a market—. There are market factors in play in terms of wage levels that are offered to our workforce—

[52] **Alun Davies:** Okay, but can I—?

[53] **Mr P. Evans:** [*Continues.*]—in terms of their qualifications and the professionalisation of that workforce. So, these are immense challenges that face us all.

[54] **Alun Davies:** Sure, but can I ask you to answer the question, please? You said that it was potentially overly complex, yes? You said it's a very complex environment. Do you believe it's too complex? If you do believe it's too complex—and you've said before that complexity and fragility are not the hallmarks of a strong, effective delivery system—I'd be grateful if you could confirm that. Then, how do you believe that this Bill provides us with the tools in order to deal with those two issues? If you do not believe that, can you perhaps give us examples of the sort of regulatory tools that we need to employ?

[55] **Mr P. Evans:** The direct answer to that, I think, is that the role of regulation is one where they will have to work alongside providers, they will have to work alongside commissioners, to make a difference to those systems. There is evidence that providing increased support to providers in terms of enabling them to carry out their role properly will be effective, but we still have fundamental issues around the state of the social care market. It's not just in Wales; it's far beyond that. We do have issues around paying for care that this Bill will not be able to address, unless the Assembly wants to take on issues around how you regulate the market—not just regulate the providers and not just regulate the commissioners,

but how you actually regulate a market in social care. I don't know anywhere else that's undertaken that task.

[56] **Alun Davies:** Well, of course, you can do that through imposing very significant regulatory tools and regulatory demands, which will influence and shape the delivery of that market, but my question, which I really would be grateful if you could answer, was about complexity and fragility. Is it 'yes' or 'no'?

[57] **Mr P. Evans:** Is it complex? Is it fragile? Yes—

[58] **Alun Davies:** Is it overly complex?

[59] **Mr P. Evans:** Overly complex? I think it's the market that we have. If you wanted to devise a system of 'Ofcare' or something along those lines, then we would be having a different debate today.

[60] **David Rees:** Okay, I think you've given the answer to that one, and I'm sure the Member will come back if he feels he wishes to pursue to it, but I want to move on because Lindsay and John have follow-up questions on this. Lindsay.

[61] **Lindsay Whittle:** It's just a small one. Surely, you must accept that strong regulations and regular inspections will bring stability to the market, because we have witnessed in the past some terrible scenes in some of our care homes. We've seen them on television. But, with regular inspections, that will certainly bring stability, because there will be no danger, I hope, of any homes, at least in Wales, falling into the trap that others have done in England.

[62] **Mr P. Evans:** I think, for me, it's a whole-system approach that is necessary, and I would place as much emphasis on the support that local authorities can offer to providers in terms of escalating concerns, the use of—. We have a lot of intelligence about individual care homes, for example, because our practitioners are there, we are reviewing those cases, we have protection of vulnerable adult referrals from the settings that we have to investigate, we have contract compliance systems in place. So, these safeguards are already there. They work best when the local authorities and the regulators operate very closely together in terms of sharing that intelligence. I would be worried if the shift was towards relying completely on regulation in order to achieve those improvements.

[63] **Ms S. Evans:** I would echo what Phil has just said. I mean, some of the evidence in our region has been about much closer links with providers on a mutual support benefit, both as a commissioner and as a provider, rather than just using a stick, that you actually offer practical support and help and guidance. You can improve that provision without needing to get the stick out, and I think that is a better, mature approach to commissioning and not a top-down, we-know-best. Speaking to individuals in those settings, particularly institutional settings, you get a much stronger feel for what the quality is actually like, rather than an inspection report. So, you know, if you triangulate that information—. What are people saying? What are social workers saying? What are the inspector and regulator saying? You have to use that triangulation. It can't be either/or.

[64] **Lindsay Whittle:** I do so agree. Person-centred care is important as opposed to—as I think one of you mentioned—the tick-box approach, which has really got to be thrown out of the window. Thank you.

[65] **David Rees:** John.

[66] **John Griffiths:** In terms of when things go wrong, obviously, there are issues about

the system—the whole system, as you describe it, Phil—but, very often, as well, there is largely perhaps a media-driven almost frenzy to establish which individuals have failed and where the buck stops.

10:30

[67] I think we've seen that played out over a number of years with all sorts of consequences in terms of, you know, the standing of professionals and how attractive a profession is for people to enter and to work within. So, in that sort of context, I just wonder what your views are on section 19 of the Bill, which is about a responsible individual at a senior level within a caring organisation having designated responsibilities and, you know, being held to account, basically, for the quality of service provision and compliance. Do you think that the sort of balance that needs to be achieved would be achieved if section 19 was enacted?

[68] **Mr P. Evans:** I think this is a really positive move. There may be a distinction between public sector organisations and private organisations. I have no doubts about who is accountable for the quality of services in the Vale of Glamorgan, and I don't think my executive member would have any doubts either in that regard. I wouldn't want to delegate that responsibility any further, it feels to me. We have a system of hierarchy; we have systems of accountability that are in place that actually operate very effectively. But extending that idea, I think, into the commercial sector is entirely the right thing to do.

[69] **Mr Blythe:** I think that it's certainly something that we'd look to support. I suppose it's worth bearing in mind the need to develop the workforce and the workforce capacity to be able to undertake this role. There may not be a mass of staff who are able to fulfil this role, so we'd just need to allow the time for that to develop. But certainly I think the role as set out certainly should add merit to it.

[70] **Mr P. Evans:** It may be possible to strengthen that, I think, in terms of ensuring that effective whistleblowing facilities are available within organisations so that people at the front line do feel that quality is everybody's concern, and if they have doubts they can make representations and not be victimised in the process.

[71] **John Griffiths:** Is that something that you think this legislation should address?

[72] **Mr P. Evans:** I think it's demonstrably the case. If you look at Mid Staffs and elsewhere, the crucial parties—the people at the front line—feel secure in their own practice, and if they feel that somebody else's practice is suspect, they can make that known without fear of losing their job or being victimised.

[73] **David Rees:** Okay. Thank you for that.

[74] **Lindsay Whittle:** But there's no mention in the Bill of whistleblowing.

[75] **David Rees:** No. That's what I was pointing out. Darren.

[76] **Darren Millar:** I just want to explore this issue of market stability a bit more, if I can. Obviously, there's going to be a duty on local authorities to produce market stability reports. That's going to mean that you are going to have to develop some sort of expertise in being able to analyse the accounts, practically, of service providers. Some of those service providers will effectively have bases, perhaps, elsewhere. They may have multiple sites. I mean, how well equipped do you think local authorities are to deliver on this particular part of the Bill in section 55?

[77] **Ms Evans:** I think there's certainly a capacity gap and a capability gap. So, I think we have it in pockets. This is where I think the benefits of working regionally will help us. So, if you can aggregate some of that skill and that capacity to do some of that detailed analysis, forecasting, looking at demand, and looking at the different range of models, once you've agreed what it is you need for a population, you can start looking at who is out there now, who are the best providers, what is their quality, and what is their cost-effectiveness. Trying to do that in each individual local authority probably isn't an efficient way of doing it, but there are pockets of good practice. I mean, many local authorities have already developed market position statements and commissioning strategies, sometimes jointly with the NHS for particular client groups—older people or people with dementia. So, I think there are pockets of good practice, but it's about doing it systematically. Possibly, on a regional basis, we'll get more effective and efficient at doing it at that level.

[78] **Darren Millar:** Do you think there ought to be a requirement for you to work on a regional basis with other local authorities? I mean, there isn't one at the moment on the face of the Bill. Do you think that would be helpful?

[79] **Ms Evans:** I think it would be helpful, yes, but as for whether it needs to be a requirement, I think it's almost common sense. The difficulty in enforcing it is that you may force the wrong partners. You may have different needs in neighbouring authorities, and there's no point trying to aggregate that if the needs are completely different. So, I think it is about enabling that to happen, where it makes sense for different services. You may have some services where, for a market position statement, it would be sensible to do it Wales-wide, because it's so specialist you don't even want it done regionally. So, it is about the size of the need and the market you'll need to respond to that. Some of it will be best at a south Wales level, some of it will be best based at a health board footprint level, but for some very regular general services, you probably do need to do that at a local authority level. So, I think it depends on the specialism, the numbers of people involved, and your market position statements ought to reflect those different levels of population.

[80] **Mr P. Evans:** I think we do have a concern about capacity. These are quite specialist roles, aren't they—understanding complex finance issues? We depend very heavily on our corporate centre in terms of that sort of financial advice and assistance, and these are all posts that are disappearing because of the savings that have to be made by local authorities now and for the foreseeable future. So, I think there is a—. I would expect that the regulators would have the same concern about capacity. We're talking about some quite specialist skills that are valuable in the market, and therefore the people who would undertake those roles are likely to be in fairly short supply as well. So, if we're not careful, we'll all be competing for the same resource there.

[81] **Darren Millar:** How, practically, do you think you can go about undertaking these market assessments? I'm just thinking particularly, for example, if you've got a UK-wide provider that's got a number of care home facilities within your local authority areas, how on earth are you going to disaggregate the information from their public limited company accounts to be able to determine how stable those particular homes are in your own patch?

[82] **Ms Evans:** What we're doing is trying, through ADSS in particular, to work nationally where it makes sense to do so. So, we've already got a national commissioning board that is trying to start understanding some of those risks we have going forward, and that's where you can aggregate that intelligence. So, you won't try and do it 22 times; we'll agree which is the authority or who is the person in that authority who is going to do that particular piece of work, or we may pool our resources and commission somebody to do it for us. So, I think we've got quite a good track record of pooling our resources when we need to. We wouldn't be trying to do it 22 times.

[83] **Darren Millar:** Do you think that the bigger problem here is the paying-for-care issue? You mentioned this earlier on, Mr Evans. That is what determines the stability of the market, isn't it: paying an appropriate rate for the quality care that you want providers to be able to give to service users? And at the moment, unfortunately, whilst we're aiming to pay an appropriate rate, it's not always the case. In my experience, on the ground across Wales, local authorities do respond to pressures in the market. They'll work with other providers if the private sector are unable to provide the care. They'll create independent living schemes, perhaps, and housing-related schemes in order to prevent people from going into residential care. Isn't this a bit of a sledgehammer to crack a nut?

[84] **Mr P. Evans:** I think it's really an interesting point. What strikes me as having happened a bit is that I'm not sure that officials necessarily understand the commissioning role of local authorities. We already have statutory guidance in relation to that, although, when I read the explanatory memorandum, it said there was none, but there is; there is very tight statutory guidance. The commissioning role is much broader than market position statements. It really is having an understanding of need, an understanding of supply, but actually negotiating between those two areas on a constant basis, so in terms of fee-setting, for example, we're always having this dialogue with the commercial sector about having to establish a really good understanding of their costs, and then responding to that in terms of the sort of fees that are set. Where that's done well, and done in proper dialogue, I think the relationship between the commercial sector and local authorities has in fact been very sound. The problem is, of course, maintaining those fee levels in the face of austerity and increasing demand and increasing cost.

[85] **Darren Millar:** So rather than, perhaps, focusing on market stability in the way that the Bill suggests should be the case, would you welcome, rather, a better framework for the agreement of fee levels to be on the face of the Bill so that there is some consistency across Wales and a bit more prescription about how to do that in order to ensure that the market is paid a rate that is appropriate for the level of care that we all want to provide?

[86] **David Rees:** Time is going on, so a simple 'yes' or 'no' would do.

[87] **Mr P. Evans:** Yes. *[Laughter.]* I just wouldn't want to downplay the level of expertise that's been developed in commissioning within social care. We had an endless number of judicial reviews, for example, around fee setting; it was almost an annual occurrence. Actually, we've improved considerably our ability to engage with care providers, not only in providing support, but also in having an understanding of what their concerns are. I think that's a really important element of the local authority's job and it's one that we do well, but it does need to be done on a local authority level, and a regional and a national level, because markets are no respecters of local authority boundaries.

[88] **Darren Millar:** I think Sue would like to answer.

[89] **Ms Evans:** No, no. I was agreeing with Phil.

[90] **Darren Millar:** She's nodding away, for the record.

[91] **David Rees:** Joyce.

[92] **Joyce Watson:** A brief answer will be sufficient. I want to ask for your view on, or agreement with, the Minister possibly introducing quality ratings for social care services and for local authority social services functions. I want to bring us back to what we're trying to do here. We're trying to give confidence to the market, to the people who receive the care and to the people who deliver the care. There's been an imbalance, in some respects, with the people who are delivering the care taking a significant hit—justified in some cases, but not in most.

Do you think that that system would re-establish some workplace confidence, both for staff who might enter it, and for families who are on the receiving end?

[93] **Ms Evans:** I think it's got the potential to be positive, but there are also limitations, and I think quality is such a subjective issue, to have confidence that the consistency of approach in scoring, if you like, for want of a better word, that quality judgment, needs to really be thought through carefully. The other risk, I think, is that, if suddenly a provision is deemed to be poor quality, how do we manage that sudden panic, potentially, for those individuals who are receiving support from that particular provider, and for their families? So, I think, on the face of it, it sounds like it's a good idea, but it's about a proportionate approach, and making sure there is consistency in how that quality is measured and who is judging—a triangulation of evidence, not a snapshot decision, because quality changes almost on a weekly basis depending on who are the staff who are providing that support, and if that is fragile, it's very difficult to sustain that quality. Having a quality judgment framework sounds like it's a positive way forward, but there's a little concern about whether there will be consistency, will we have assurance, and how do we ensure that individual citizens don't misinterpret judgments, because there will only be a snapshot at a point in time, and it doesn't mean that if something is poor quality in one particular facility that there's an automatic read-across that that provider is delivering poor quality everywhere. So, I think we just need to think carefully about how that is applied and how it's approached.

[94] **Mr Blythe:** I think, absolutely, we need to be providing citizens with information about the services that they're going to be accessing, and making it as easy to access as possible. Sue has highlighted some of the challenges of doing that in a single point score, or one word that doesn't really describe anything about that service, what the positives are and what perhaps some of the negatives of that service are. So, I think we need to find a way that almost has an easy to understand narrative to actually inform the citizen rather than having decisions made just on the focus of purely one score. Again, I think Sue mentioned that the market changes so quickly that you can have a good performing provider one month that could have changes to its service and is then deemed a bad service provider the next month. How do you keep that real and how do you keep that information up to date so that people are actually making accurate and timely decisions?

10:45

[95] **Joyce Watson:** Could I just put it to you that if we had this system, and it was underpinned by all the things you said you need this morning—adequate training and all the rest of it—would it not then put some confidence back into the market for people to work in that market and also to receive the care from the workforce? That was really my question.

[96] **Ms Evans:** I think, ultimately, if all those other things are in place, yes, you would have more confidence, but I guess we're probably in a transition phase, aren't we, at the moment? We've got the new Act, and once we see what that brings forward, the regulation and inspection part of that should be enhancing that. So, yes, the potential is there, but there are concerns, I guess, from a professional point of view about whether that evidence is being triangulated rather than being a simple statement of 'poor quality' or 'high quality'. It's about us all having confidence in the way that quality is measured and reported so that the public do have that confidence and that staff can be proud of working in that environment.

[97] **Joyce Watson:** Chair, if I turn that the other way around: we have to give something to the public that tells them that they can make a choice. The things you're talking about lie underneath that and they're for you really, as professionals, to sort out. What makes a good service? What should be expected of a good service? When you go in to inspect it and give it a score rating—and we all know about scores on the doors in eating places at the moment and we understand them—I don't think the public would fail to understand a system that was

underpinned, and I think, personally, we owe it to the public to give that confidence back and we certainly owe it to the staff to give that confidence back.

[98] **David Rees:** On that point, I'll draw this session to a close—we've come to the end of our time. Can I thank you very much for your evidence this morning? You'll receive a copy of the transcript for any factual inaccuracies. Please let us know if there are any. So, once again, thank you very much for attending this morning.

[99] **Mr P. Evans:** Thank you, Chair, for your invitation; it's been very thought provoking for us as well.

[100] **David Rees:** The committee will now have a five-minute break and will recommence at 10:50.

*Gohiriwyd y cyfarfod rhwng 10:47 a 10:53.  
The meeting adjourned between 10:47 and 10:53.*

**Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru):  
Sesiwn Dystiolaeth 3  
Regulation and Inspection of Social Care (Wales) Bill: Evidence Session 3**

[101] **David Rees:** Can I welcome the public and Members back to this morning's session and our next evidence session on the Regulation and Inspection of Social Care (Wales) Bill? Can I welcome Imelda Richardson of the Care and Social Services Inspectorate Wales, and David Francis, also of the Care and Social Services Inspectorate Wales?

[102] **Ms Richardson:** Good morning.

[103] **David Rees:** Good morning, and thank you very much.

[104] **Mr Francis:** Bore da.

[105] **David Rees:** Can I thank you for the evidence we've received from your organisation? We have finite time, and again I remind Members to keep questions as much as possible succinct. Similarly, to the witnesses, succinct answers would be very much appreciated. If we start now with questions, I will go to Gwyn Price for the first question.

[106] **Gwyn R. Price:** Good morning, both.

[107] **Ms Richardson:** Good morning.

[108] **Gwyn R. Price:** Could I ask you why you believe the Bill is needed and how it could be used to rebalance the application of regulations to give primacy to the wellbeing of people using the services?

[109] **Ms Richardson:** I think it's really important that the Bill does exactly that. I think it's really important that the focus is on people and their wellbeing. We have been working on outcomes for people since 2012 in our methodology. I think it's very important to understand that the quality and safety of services is protected, promoted and maintained throughout a service, and I think it's really important to focus on the impact of those services for the people who receive them. You'll be hearing later from members of our national advisory board who are service users. I think, underneath all of that, accountability for both the Care and Social Services Inspectorate Wales, for the Care Council for Wales, and for all providers, and for local authority commissioners and, I would say also, health commissioners, is equally

important, to make sure that we are working systemically together.

[110] **Mr Francis:** I think, in our evidence, we explained that there have been some issues for us in terms of holding providers to account and having a clear line of sight on providers. We welcome the opportunity to identify responsible individuals. Too often, at the moment, the registered manager is the person that is caught in the middle. Looking at them being registered professionally with the care council only is both a simplification, but it puts accountability directly where it should be. So, that's positive. We also welcome a problem on which we have to respond quickly, but I can promise you that it's very complicated when we take enforcement action to close services in terms of how the law is applied. At the present time, as we explained, we've got a problem in that the law is either instant or protracted. What the Bill does is that it provides us with a stronger, timely response. In line with what Imelda was saying is that there is strong alignment between the wellbeing, the delivery and the construction of social services, and then the outcomes that are being delivered in regulated services. At the present time, we have a problem because the current national minimum standards don't easily align with the regulations, and they don't easily align with the expectations and outcomes of people. So, this actually creates a framework that will drive improvement.

[111] **Gwyn R. Price:** Thank you, both.

[112] **David Rees:** The evidence that you submitted was in support of the change to a service-based model approach to the Bill, but you also indicated that there will be some providers who will find it challenging to meet some of the new registration requirements. Do you want to expand upon that a little bit?

[113] **Ms Richardson:** I think we were talking there about providers. Seventy per cent of the providers in care services in Wales actually only have one home. At 2 per cent, the providers have more than that. So, 70 per cent of providers are going to go through the whole new process of transition and may find it more challenging than others, particularly if they are coming to retirement. If they have a home that's not working very well, and also if they are finding it challenging to have sufficient staff to actually make the improvements that are required, they may want to retire at this point and transfer or sell their business. There is quite a turnover always of businesses, and this may just be a point at which people make that decision.

[114] **Mr Francis:** So, in terms of the raised expectations that Imelda was mentioning then, this transition for some people will be an additional burden. I think, in terms of our evidence, what we were clear about is that the structure of businesses are not as simple in this world as we might assume them to be. They are very complex, and they're often arranged for tax purposes. Even small businesses will organise themselves for tax purposes. We have lots of instances. It was a feature in Operation Jasmine, and a huge feature in the Southern Cross situation, where the property side of business was factored out and the local service delivery arm made a loss in order that the money could be then exported offshore, where the profits could be declared—in terms of tracking this stuff down. So, what we've identified in our evidence to you is that some businesses deliberately structure themselves not around the service model but around a tax-based model. So, they may not easily want to come into the umbrella architecture that has been identified in the Bill. This is something that we are going to need to talk to businesses about, and we're going to need to encourage a system by which people come across and see the advantages of having a more flexible approach to registration.

[115] **Ms Richardson:** The current position is that if your accountant tells you that it would be better for you to form another company, that happens now. You then technically have to come to re-register with us, and many providers fail to understand that they have to do that. The Bill will make it very different.



11:00

[116] **David Rees:** Alun.

[117] **Alun Davies:** You're describing a market that doesn't exist to provide high-quality care. You're describing a market that is structured and organised in order to enable the accumulation of profit, and sometimes those two objectives can be in conflict. You seem to be saying that some of these providers may well say—a small proportion, potentially—'Actually, Wales, if you're going to have regulation that means that I have to prioritise care over profit, then I might not be interested in operating in that market'. Is that your concern?

[118] **Ms Richardson:** That is a concern, but if we could just give an example from a workshop that we ran yesterday—that David ran—

[119] **Mr Francis:** We've been running workshops on the potential quality judgment framework and working with providers, and what's interesting is that the providers that we're meeting at these workshops—we've been oversubscribed massively—are all very much committed to improvement. There was a very good programme on by Gerry Robinson, 'Can Gerry Robinson Fix Dementia Care Homes?' and it's worth watching if you can find the programme. But what he says is there's no business sense in not putting the customer at the centre of your service. There's no business sense in not providing good-quality care. We have found in our work that there are many very good private providers who are putting people absolutely at the centre. Some of the very best quality of care is being provided in private provision. In order to develop new services in Wales, our accommodation compared with the rest of the UK is weak, there's a lack of investment, particularly, historically, by a number of local authorities which have very outdated care-service facilities. We've got providers who are coming in, raising money with banks, taking risks and developing new services. Their commitment is to achieve high levels of occupancy. Their commitment is to actually provide good-quality care. The reason that the people are very interested in the quality judgment framework is they get recognition and reward for the investment and improvement they are making, and in terms of incentivising quality and driving quality beyond minimum standards, we believe there's an opportunity for us to do that.

[120] **Alun Davies:** My point was about business ethos. You described, in answer to an earlier question, a complex web—

[121] **Ms Richardson:** Of interrelationships.

[122] **Alun Davies:** A web, I would say, rather than interrelationships, because you were looking at structuring businesses in order to practise tax avoidance or tax minimisation, possibly. I would suggest that the business ethos that says, 'I don't want to shoulder my responsibilities to society in terms of payment of tax' wouldn't be a business ethos that would then say, 'However, here I want to maximise the provision of excellence in terms of care'. It is about another ethos. My question is: would it not be a good thing if we created a structure of regulation that drove excellence in care and business models that are less complex, but, I would suggest, a bit more honest?

[123] **Ms Richardson:** I don't disagree with what you're saying, no. I think we've been working very hard to actually drive improvement and place improvement at the beginning of the priority list. We've also got examples throughout our work throughout the years—you've seen the chief inspector's report from last year and we'll be producing another one—that shows that the majority of services actually in Wales didn't require any enforcement action and were meeting the standards. That doesn't mean to say that they're at the point of excellence, but that the good will and the purpose and the drive to provide a good service for

people is there, but could be better supported. It could be better supported through good commissioning, it could be better supported through good training opportunities, real support for managers, and some of those issues are addressed in this Bill.

[124] **Alun Davies:** Mrs Richardson, we saw the chief inspector's report, but we also saw the report from the older people's commissioner, which painted a very different picture. To me, that painted a picture of a sector that isn't delivering the excellence in care that you seem to believe it is, and a very different picture. When I read that report, and we debated it in this committee last November, what I got out of that was a sector that, one, wasn't delivering what it should be delivering, and secondly, a systemic failure of regulation.

[125] **Ms Richardson:** I don't believe that we have failed in regulation. We were—

[126] **Alun Davies:** Do you think that the older people's commissioner is wrong?

[127] **Ms Richardson:** We are absolutely transparent and open in how we register, how we inspect and with the methodology that we use. Every inspector goes out and speaks to people who use services, to their carers, to the staff, to the professionals, and we triangulate our evidence and we write our reports and put them into the public domain. And when things are wrong, we take action. Now, all the way through, you can evidence that. The methodology is clear and the actions that we take are clear. We have opportunities for people, as we say, to be our eyes and ears, and to send us their concerns, and you know that concerns have been received. We are absolutely open about our work, and everything that we have actually reported on is accurate.

[128] **David Rees:** Can I remind Members that we're here to focus on the Bill, and not to scrutinise CSSIW.

[129] **Ms Richardson:** I agree. But I was trying to answer—

[130] **David Rees:** And, therefore, the question that was asked was: do you believe that the Bill will strengthen the opportunity to do that?

[131] **Ms Richardson:** I do.

[132] **David Rees:** Thank you.

[133] **Mr Francis:** In answer to that, I think that the opportunity to move beyond minimum standards—. I would challenge some of the findings of the older people's commissioner. That certainly wasn't the evidence that we supplied to the older people's commissioner. That wasn't the evidence—

[134] **David Rees:** I don't want to open that argument. Joyce.

[135] **Joyce Watson:** Quality ratings, you've already mentioned them briefly. Section 35 of the Bill does give provision to give some power to the Welsh Minister to have quality ratings. And, again, it's about focusing on service delivery and the outcome for the individual. I would like to ask whether you think that's a positive, with everything being in place, and whether it might give an opportunity for the staff who work there, as well as the individuals who receive the care, to at least have some acknowledgement of this being a good place to be or a good service to receive.

[136] **Ms Richardson:** I definitely believe that the quality judgment ratings that we are currently piloting and discussing with the sector, as well as with service users, staff and providers, provide an opportunity to have a transparent and open account of every part of the

business. That's the wellbeing of people, the quality of the leadership and management, the quality of the care and support and the quality of the environment. And it isn't one rating, it's a rating on each of those, so that you can see very clearly where things are good and you can also see where things need to improve. David can say more, because he's been running the project.

[137] **Mr Francis:** We moved to an outcomes-based approach to inspection in 2012 to provide a platform in the longer term for reporting on quality ratings. It's always been our intention to promote this and to look towards this. Both Imelda and I had significant experience of introducing ratings in England with the Commission for Social Care Inspection, and we saw a marked change in the market; we saw the level of poor providers drop consistently from 22 per cent originally down to 3 to 5 per cent. The problem with the England rating, when it was evaluated, is that it was good at the basic aspects of people's lives, in terms of safety and security, and not the higher domains in terms of emotional wellbeing.

[138] In Wales, we are committed to moving beyond that and we want to look at people's experience of life. We piloted this with early years, with some considerable success, and we're now developing that with Estyn to have a joint framework; we have a single inspection framework. We're now moving ahead into social care, and we've done is that we have tried to look to the future and we've taken the Social Services and Well-being (Wales) Act 2014 and looked at the national outcomes framework and we've deconstructed a lot of the statements from that in terms of, 'I am healthy', 'I am safe' and 'I get the right care at the right time and the way I wish'. We've created an architecture that we are currently discussing with providers in order that we would report on supporting wellbeing, quality of care and support, quality of leadership management and quality environment, and the appetite for this is really strong. The model that we've got for evidencing this, and for putting in a consistent framework against evidence-gathering inspecting, looks very promising. So, we're going to be piloting this. When we began to publish our outcome-based inspections, we had one particular provider, I remember, who came to you, Imelda, in north Wales. He published our reports for his staff to motivate them. It meant so much to them. This is happening a lot. So, yes, it can impact on the morale of the staff.

[139] **Joyce Watson:** And in terms of commissioning—. I cover Powys, and we've seen some big questions about commissioning care in a reduced budget setting. How useful do you think it will be for those who have to commission care to be assured that what they're commissioning is what they hope they're going to receive?

[140] **Mr Francis:** The other aspect in terms of the fact that we know some of the work that's been done elsewhere in the UK, without naming names, is that there is a disjuncture between what the regulator is saying and what the commissioners are experiencing. We want to work very closely, and are working closely, with some of the projects in Monmouthshire and in the western bay to look at how we draw across information from commissioning to actually inform a single framework. We think that it would be very helpful for commissioners; but more importantly, from our point of view, it helps us hold commissioners to account and we will be able to say, 'Well, actually, you are choosing to commission weaker services', and we can actually compare how commissioning is being delivered by different authorities and different organisations in Wales.

[141] **Joyce Watson:** Thank you.

[142] **David Rees:** Elin.

[143] **Elin Jones:** Do you think that the Bill is a lost opportunity, missing some of the chances that there could be to better integrate regulation and inspection across health and

social care? Do you think that it provides the opportunity to ensure seamless regulation and inspection for services that are now delivered in an integrated way? We heard local authorities tell us earlier that many of the same providers now provide services that were traditionally health or traditionally social, but provide them in an integrated way, and that this Bill and what it proposes possibly loses an opportunity to regulate and inspect in that integrated form.

[144] On top of that, then, is the regulation and inspection of care at home—in the community, but at an individual’s home—which is increasingly the case both for health and social care and care of foster children as well. Do you think that there is sufficient flexibility and powers for you, or for the regulation and inspection regime, to ensure that the care that’s delivered in people’s homes is to standards that we would all hope they would be?

[145] **Ms Richardson:** Okay. I think that the Bill offers opportunity in terms of its flexibility in terms of integration of health and social care. That’s obviously now down to the Green Paper and the opportunities that that brings about in terms of whatever models are being suggested. What I think is really important is that integration has to take account of the fact that we, as a regulator and as an inspectorate, deal with children’s services right the way through to adult services. Some of those are community-based services—they’re not all involving health—and I think that’s an important area to consider: that we do cradle to grave. The integration of health and social care is mostly talked about in terms of adult social care and of care of the elderly in particular, but it also could include mental health and mental health for children and the settings in which that care is provided. So I think there are opportunities there that do need to be discussed and do need to be considered.

11:15

[146] There are many opportunities to look at improvement because of working together more closely. We do obviously work together with Healthcare Inspectorate Wales, particularly around the deprivation of liberty safeguards for older people. We also are working jointly with Estyn. So, we do integrate our work within inspectorates, but I think the Bill takes it a step forward—the Green Paper will. I think David might want to talk about domiciliary care, because we’re actually focusing our thematic inspections on that at the moment.

[147] **Mr Francis:** Just to underline what Imelda was saying, we think that there is sufficient flexibility, and the beauty of a service-based approach to regulation is that, in future, new types of service can be added. So, for example, one domiciliary care agency is now looking across the UK at supplying nursing services in place of traditional district nursing services, overseen by their own clinical supervision. So, we’re now seeing nursing services being delivered in new formats, in new ways. So, there are opportunities down the line, and I agree with Imelda that the Green Paper is an opportunity to look at how this scope may be widened and people can offer more flexible care.

[148] I also think that we, in our work, have discovered that the boundary between traditional NHS nursing care in what is seen as personal care has shifted massively in recent years, particularly with new types of medication and opportunities in terms of new technology. So, this whole notion of what we see as nursing care and personal care, all this is shifting. So, there will be new service models coming through. We think the Bill actually has that framework.

[149] In terms of domiciliary care, what we have picked up because of some of the issues across Wales, not just in my area but across Wales, is that we need to look at it in much more detail, because there are clearly issues about the hand-off from the local authority and then the scheduling arrangements that happen within agencies. This is an area that currently isn’t

really captured in current regulations under the Care Standards Act 2000 So, we're doing a domiciliary care review to properly understand what is happening and what's happening within domiciliary care. It's a thematic review, which will do an end-to-end view from the point at which someone's care is assessed to the point at which it's brokered to the point at which it's handed over to the domiciliary care agent and then delivered and monitored. We think the whole system needs a fundamental look at and consideration. That will be ongoing now.

[150] **Elin Jones:** But this legislation, in your view, would allow enough flexibility to meet, possibly, some of the issues that arise as a result of that review?

[151] **Mr Francis:** Yes. The strength of the legislation is that we've got a strengthened focus with the local authorities, as we have with the regulator services. So, that is positive. In our evidence, we have indicated that the area we have not got sight on is health commissioning. This is something that we think, in the longer term, with the Green Paper, could be considered.

[152] **Ms Richardson:** It does all have to work through the local authority, through commissioning and through other regulations that we have. We don't have a right of entry into somebody's home unless they wish us to come into their home.

[153] **David Rees:** Okay, Elin?

[154] **Elin Jones:** Yes.

[155] **David Rees:** John.

[156] **John Griffiths:** In terms of the definition of care in section 3 of the Bill, there is some concern that it might lead to a tendency to focus on physical needs and tasks associated with physical needs rather than more general wellbeing, including emotional and mental wellbeing, for example. I know that, in the review that the older people's commissioner—to get back to the commissioner—did of residential homes, she was concerned that, again, there was perhaps, in some settings, relative neglect of those emotional and wider needs. I think many of us would be familiar with visiting homes and, unfortunately, at times, there isn't the sort of fostering of emotional and mental wellbeing and the wider wellbeing that is necessary. People need stimulation, they need conversation, they need activities—they need stimuli much more widely than just seeing to their physical needs. So, I just wonder whether, in terms of the definition in the Bill, you share some of the concerns that have been expressed—that it might lead to that tendency to focus unduly on physical tasks and physical needs.

[157] **Ms Richardson:** I think that everything you've said is absolutely right. Everybody needs to be treated as individuals and that they're part of a home that is a home and sees them as individuals, as well as having the stimulation and so on. I do think that the regulations around wellbeing have to be well-balanced.

[158] **David Rees:** For clarification, as regards the definition in the Bill, does it give you sufficient confidence that all of the wellbeing will be taken care of?

[159] **Mr Francis:** We've had discussions with policy in the formulation of the definitions and we've asked the same questions. We were satisfied that you've got to start somewhere in defining what it is that you're trying to regulate. There are additional categories under section 3 that are included in there. The way that it's phrased does give that tendency, but I think that the quality standards, or the codes that will then be developed in line with the regulation, provide the opportunity to set the marker in terms of the quality of definition. So, the definition is about saying, 'This is what's being regulated'. The actual quality of how that's

being regulated will be set out in the codes.

[160] **David Rees:** Okay, John?

[161] **John Griffiths:** Well, it's an interesting answer, but I think certainly some organisations feel that what is in section 3 and goes on the face of the Bill needs to be strengthened in terms of a wider approach beyond the physical tasks.

[162] **David Rees:** Darren, and then Lindsay.

[163] **Darren Millar:** Can I just talk for a few moments about market oversight? You raise some concerns in your written submission to the committee's work just about market oversight and the practical implications or the ability, if you like, to be able to undertake that. Do you want to just expand on those for us?

[164] **Ms Richardson:** I think that, in terms of market oversight, it's a complex interrelationship of roles and responsibilities. Obviously, they're being set out in terms of our responsibility, the provider's responsibility, but slightly less so for the commissioners. And, as we've already said, health commissioners also commission in the social care market, so it's important to remember them. The provider can set out their report and we can then analyse the report and put together regional and national themes on those reports. What's more important is how we actually check, through the inspection route, whether a home is viable. We check, obviously, registration, which is your licence to trade. We check, through inspection and the frequency of inspection, about the quality of what is provided. The responsibility is always around—. The key points of running a good care home will, of course, be about having sufficiency of staff who are properly supervised, properly qualified, properly trained and properly supported. That is critical to the work that we do. When we get into the bigger picture on market oversight in terms of—as we touched on it before—homes and organised providers changing companies and becoming other companies, we spend quite a lot of our time speaking to Companies House, checking things out, following the trails. We are not forensic accountants. We can't be forensic accountants. We can account for whether sufficient moneys are being spent on the business to run the business properly. I don't know whether you want to say more, David.

[165] **Mr Francis:** The Southern Cross experience, for which I was our delegated person to actually lead on the project from our point of view in managing the risks in relation to Southern Cross, was very enlightening in terms of the complexity of how companies are structured. We brought in two business consultants to help us analyse all of the data and look at all of the figures for the companies, and the companies that then took them over. Even though these people were much more expert in business than I was, they couldn't make head nor tail of anything, and the reality was that, at a service level, the individual service levels actually were all very profitable. The problem was the way that the whole company underneath that was then geared and the structure that it had taken on board. It was based on factors that were—actually, the failure of Southern Cross was about how they offshored and got into lease arrangements with their businesses. When you looked at NHP, who were the landlords, these were people who were facing financial problems because of the downturn in the housing market in Ireland and Spain. It had nothing to do with frail, elderly people being cared for across the UK. So, following these traceable lines actually proved to be quite daunting. We have been very engaged in the development of market oversight with the Care Quality Commission. We've been attending their workshops and discussing things with them, and, for the pan-UK providers, we are in contact with CQC and we're taking a pan-UK approach, which we did during the issue with Southern Cross. So, the first lesson is that, with these big multinational providers that are operating across the UK, it's important that the Bill gives us the power to share information across the regulators and to use that as the system.

[166] The next question for us, in terms of the feedback that they had in England from the local authorities, is that they were just as concerned about very local market failure as they were about big companies failing. We would suggest that, actually, that's the situation in Wales. We know of certain areas, certain communities, where there are only two or three large nursing homes, two of which are financially distressed, and the impact for that local community could be just as significant. So, I think there is an opportunity, or we think there's an opportunity, for us to look at what would be the arrangements for Wales.

[167] The last factor that we report in our evidence is that there is always a significant time lag between company records and the filing of records in the local accounts. There is evidence to say that you get a heads-up very early on if there's a problem, which won't be reflected in any accounts. Cost-cutting measures by reducing staffing, cheaper food, taking away of activities: these are often indicators early on in terms of things being financially distressed. What we're saying is that we are already sighted on that with local authorities for escalating concerns, but we can provide a basic level of financial assurance about services and watch for these indicators and watch for things, but could we anticipate another Southern Cross around the corner? That would be very difficult, even without a major investment by the Welsh Government. CQC will be reviewing their market oversight model and, if there are lessons to learn once that's been embedded, then clearly we can look at them. Hence our submission.

[168] **Darren Millar:** You seem to be suggesting that, even with the provisions on the face of this Bill, it's going to be very difficult to predict the failure of a significant player in the market—

[169] **Mr Francis:** Yes.

[170] **Darren Millar:** —because of the complexities in being able to analyse their financial data, et cetera, and because it may be out of date, and that the Welsh market is quite different than the market elsewhere in the UK, particularly in England, because it isn't so reliant on those large providers with multiple numbers of care homes, for example; it's much more the smaller providers that are acutely important, and it's the local marketplace that really is where the action is at. Commissioners, obviously, then have to engage in ensuring that there's something to commission in the locality, and if there isn't, to work with someone to develop some provision.

[171] **Mr Francis:** One of the strengths of the Bill, and a very positive thing that we welcome, is the ability for the regulator to actually insist on a financial due-diligence test to be undertaken independently by the provider. So, rather than us spending all our time with our resources, we can actually demand that a provider provides us assurance and undertakes an independent audit, which we can then scrutinise.

[172] **Darren Millar:** Does the Bill over-egg this issue? Is it too burdensome in terms of the regulation around the market oversight? Would you rather see it simplified simply around being able to require some assurances from providers—an independent source of assurance? Should it be more sophisticated perhaps in terms of the requirements of local authorities to up their game on commissioning, which appears to be a bit loose, to be honest?

11:30

[173] **Ms Richardson:** Okay. I think it's all systemic. I don't want to make this more complicated, and I always believe in having the right checks and balances in systems. So, whilst it's absolutely correct, as David has said, that there are some good opportunities there, particularly about the due diligence, and also, better due diligence in terms of when we go into new registrations, because everybody's going to have to be re-registered when it becomes

an Act, also, within this Bill, there's a fixed penalty notice. Now, this is part of checks and balances. That could be used, for example, in order to make sure that a provider always has a registered manager, and I think the fixed penalty notices will be set at a certain rate. So, if you have the right checks and balances, and you allow the regulator to work these through, then you can get a better hold on the issues around local markets particularly, but the bigger picture, on a multinational-type level is very difficult.

[174] **Mr Francis:** I think there is a very positive opportunity—it's something that we could be doing, but it will be strengthened in terms of our powers under the Bill—for us to provide a comprehensive view of the market, the way it's shaping, who the key providers are, and actually feeding that intelligence in, and to identify the hotspots. So, as currently constructed in the Bill, I think we feel it is quite reasonable. What we are trying to signal to the committee is the limitations of some of this stuff, and the opportunity in terms of the three criteria that have been identified—the number of service users, the number of beds and whatever—actually for us to look at those criteria to see what are the best criteria to support and identify risks in the market in Wales.

[175] **Darren Millar:** Just a very simple question. On commissioning, does the Bill do what it needs to in terms of being able to improve commissioning by local authorities—in order to improve the state of the market, if you like, to make sure that they take consideration of the market in their commissioning arrangements?

[176] **Ms Richardson:** I think it's a start, but it has to include health commissioning. Also, just to come back to Elin Jones's question about domiciliary care, that is a growing market. It is a growing market that needs the same sort of oversight in terms of market shaping as any other.

[177] **David Rees:** Alun, a quick one.

[178] **Alun Davies:** Thank you. Listening to the exchange between yourselves and Darren, I'm left thinking that there are two distinct areas of regulation that we're debating here. There is, first of all, the regulation of service provision, and then there's a regulation of understanding of the market and how the market operates. Notwithstanding our earlier conversation about the older persons' commissioner's report, it appears to me that your expertise lies in the former and not the latter. Do you believe you have the ability or the resources and the capacity to provide the market oversight and intelligent regulation of the market, as it is currently, for future operation?

[179] **Ms Richardson:** I think we do, in the sense, as David explained, that we're doing a thematic inspection of domiciliary care throughout Wales, which will provide a full picture of how things are, set out by the local authority how the market is commissioned, how the service is overseen by commissioners within the local authority, how it's delivered, and what impact it has on people. Now, that in itself is a significant piece of foundation work, and we are happily working our way through those sorts of pieces of work in order to inform what is coming through in the Bill. So, yes, we're able to change; that's the intelligence we can gain from the work that we do on the former part of regulation, which is all the detail.

[180] **Alun Davies:** You—

[181] **David Rees:** I did say a very quick question. We're coming now to the last question, but before I ask Lindsay, you say you believe you have the capacity, effectively, and the expertise to undertake the work. Is there a cost implication to this for the Welsh Government, and you, to ensure that you are able to deliver the extra work you're talking about?

[182] **Mr Francis:** Yes. In terms of our impact assessment, you'll have seen the costs that



we've identified. I think we've identified two account managers to actually oversee some of these major providers and keep tabs on them to focus on this. So, yes, there is a cost and we've had to pay in.

[183] **David Rees:** I'm conscious of time and that we need to finish shortly. Lindsay.

[184] **Lindsay Whittle:** I'll try to be brief, Chair. The administration and definition of social workers need to be kept under review. I think this Bill agrees with that, but sections 79 and 89 of the Bill refer to maintaining a register of visiting social workers from relevant European states—and I think it's good that they come here. Will they be subject to the same levels of inspection as other social workers or do you think they should be?

[185] **Ms Richardson:** I think professional registration, oversight of that registration, and accountability for the workforce is really important. We obviously have social workers who work as inspectors, as well—and we also have nurses and occupational therapists and teachers and so on. What we've tried to do in terms of being an employer, as well as a regulator, is make sure that we have got professional accreditation training for our staff, which we would like to see then go forward at some point in the future.

[186] **Mr Francis:** I think that there are two definitions really: there are social workers, as we know them, and social care workers, which I mention, of course, because social care workers at the moment are not being brought within the ambit of registration. It's something I know the care council has submitted some ideas to the committee on.

[187] **Lindsay Whittle:** We're seeing them later.

[188] **Mr Francis:** Yes. So, that is something for that consideration. I think one of the strengths of regulation in Wales is that we have developed a set of codes and we have a common narrative about what's expected of people. If we're able to control those standards, then all those people who are registered and regulated in Wales should conform to those standards and it should be consistent.

[189] **Lindsay Whittle:** Thank you.

[190] **David Rees:** Thank you very much for your evidence this morning. You will receive a copy of the transcript for any factual inaccuracies you wish to identify. Please let us know if there are any. Once again, thank you very much.

11:37

**Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru):  
Sesiwn Dystiolaeth 4  
Regulation and Inspection of Social Care (Wales) Bill: Evidence Session 4**

[191] **David Rees:** We're going to move straight on to our next evidence session, which will include a panel of lay members who have been involved in inspection. Can I, therefore, remind Members that the panel are not necessarily experts in the field, but are lay members?

[192] **Gwyn R. Price:** Chair, are two of them on the advisory board?

[193] **David Rees:** We've got one: Christopher Dunn, representing Voices from Care Cymru. [*Interruption.*] Ah, two of them are on the advisory board, yes. You've had the e-mail from the clerking team about the advisory board, from CSSIW. You should have had it through yesterday. It's in the papers.

[194] Welcome. Can I welcome you to this morning's session, and thank you very much for giving up your time? It's very much appreciated. I hope that you've had a chance to see what's going on, so you're quite comfortable with it. Just to remind you that the microphones will come on automatically, so you haven't got to touch anything. If there is a need for translation or amplification, the headphones are there for you. Amplification will be on channel 2 and translation on channel 1.

[195] Can I welcome, therefore, Christopher Dunn, who is representing Voices from Care Cymru and Sheila Meadows who is a carer and a member of the CSSIW's citizen's panel?

[196] **Ms Meadows:** No, the advisory board.

[197] **David Rees:** Advisory board. Thank you. And Dan Pitt, who is also representing Voices from Care Cymru, and you are also a member of the advisory group.

[198] **Mr Pitt:** Yes.

[199] **David Rees:** If it's okay with you, we'll go straight into the questions. Feel free, but I will need to have succinct answers, if possible, so that we can move on fast. Gwyn has indicated he wants to ask the first question.

[200] **Gwyn R. Price:** Yes. Good morning, everybody. I was just wondering about the pilot of lay inspectors in children's homes. How is that going, and how do you feel you can contribute to that rather than there being a professional approach?

[201] **Mr Dunn:** Do you want to start?

[202] **Mr Pitt:** Thanks. Throw me in at the deep end straight away. [*Laughter.*] My experience of the project was extremely positive. Lots of young people wanted to talk to us about something that I had very little experience of. I was brought up in foster care, and I had no idea what children's homes were like, to be honest with you. I'd heard a lot of things about them that were negative and they've not turned out to be true. I think it's really good that we can actually have lay inspectors there to oversee and ensure that there is accountability to the inspections process. I think that we need to look at ways of engaging with young people better through speaking to people with similar experiences.

[203] **Gwyn R. Price:** Thank you very much.

[204] **Mr Dunn:** I think, from my point of view, and from that of the organisation, because I was part of the project board but equally supporting the young people, what was fantastic was the kind of additional skills that were gained by the young people who took part from our end, around giving them a lot more confidence. It was about gaining new skills that can be applied to CVs and further development. Also, as Dan highlighted as well, they were gaining an understanding a bit more of, not just their own experiences of the looked-after system—because a lot of the young people had experienced residential care as well—but the experiences of others who've been in the same system as them but at different times. I think one quite important aspect, or one real positive I felt from the project came around the information that the young people who were living in homes gave us, and gave the lay inspectors as well. It wasn't just related to their life living in that children's home. They gave information around their experiences of the care system within Wales on the whole. I think it's really important that that information isn't lost somehow, because some of it may not have necessarily been right for the actual inspection process, but that information is still really key. I found that the young people were quite open with the lay inspectors as well, and I think that kind of worked.

[205] **Gwyn R. Price:** Thank you very much. Yes, because they can open up sometimes to you, rather than the official way of talking to an inspector officially. Thank you very much for the work you're doing. Excellent.

[206] **Mr Dunn:** Thank you.

[207] **David Rees:** Lindsay.

[208] **Lindsay Whittle:** Thank you, Chair. I'm not sure I have to declare an interest but Dan Pitt and I are friends on Facebook and, like many friends on Facebook, we've never actually met, so it's very good to meet you, and thanks for coming. I know, from following Dan on Facebook, how passionately he feels about the services provided to young people, and I'd like to take this opportunity to thank him for all his voluntary work. I think it's really positive, and it shows the interaction between the public and Assembly Members that we can talk to each other, not just here and outside but on our computers as well. I wonder whether any members of the panel could tell us what they believe service users and carers need in terms of any special skills or experience. We've heard about how young people perhaps will open up more to people like Dan, I would expect. I'm not friends with Christopher and Sheila, but I don't know whether your experiences are different in any way.

[209] **Ms Meadows:** I haven't been part of the inspection, but I have really valued the involvement in the national advisory board because, obviously, it is our view from the ground—you know, our experiences—that we can give to that level of inspection and expect that to be the experiences they have and discuss. So, I think you need it from all ways. I would like to think that I could be involved in my local area if there was an inspection of the services that my son used. There, I would really have knowledge, and I could be that citizen's voice on the ground there. But I think we've got to be very clear that, in society, we want to drive up standards and we want to really listen to what people are saying about the services they receive, and value the voice that they give.

[210] **David Rees:** Dan, do you want to add anything?

11:45

[211] **Mr Pitt:** No, not really. I think—

[212] **David Rees:** Have you ever been on an inspection, because a pilot scheme is slightly different to inspection?

[213] **Mr Pitt:** Yes. Just the pilot scheme.

[214] **David Rees:** Just the pilot scheme. Did you have support when you actually went towards it? Did someone give you sort of support and training at all?

[215] **Mr Pitt:** Yes, I was given support and training by Voices From Care and CSSIW.

[216] **Mr Dunn:** Yes, and I think, just to add on from that bit about the support, it is absolutely really important that the people who take part in that process are thoroughly supported by a multitude of agencies, I think, as well. I think that what's beneficial is that, as Voices we can support on the kind of levels because we know the young people. We know the kind of situations that could—and luckily, this has never happened—potentially trigger emotions that they had when they were looked after themselves, because it can be quite a scary situation. But, I think, as well, it's about—. What was important—and CSSIW did fantastically—was allowing the young people in this inspection process to kind of shape their

own involvement. There were parameters they had, but in terms of the information and the support they got, and the questions that they would have liked to ask or, in the other case, have been asked, were all shaped by the service users themselves. I certainly think that inspecting the adult situation as well would be greatly appreciated, I suppose.

[217] **Lindsay Whittle:** Thank you very much.

[218] **David Rees:** In that sense, one of the concerns that have been expressed to the committee is that we shouldn't professionalise the lay person. Do you agree with that? It's actually about having as wide a mix as possible so that they continue to act as citizens, effectively, involved.

[219] **Mr Dunn:** Yes. Absolutely. I'd certainly say that. That can be a danger: that it becomes quite a professional situation. I think that's why it's important to have that, I suppose, independence from CSSIW from this. It's quite nice that, obviously, with a lot of the inspections, the young people would go through Voices and Voices would go through CSSIW, but we'd all meet together as well. So, absolutely: I think it's critical that they've got that independence.

[220] **David Rees:** Thank you. John.

[221] **John Griffiths:** One thing that this legislation would do is to require service providers to publish an annual report, which would be available to the public. It would have information on how services are provided, numbers of staff, any complaints received, and that sort of information. So, it's about improving information to the public about the services. Do you think that that would be useful and valuable—that provision of such an annual report?

[222] **Ms Meadows:** I think it's very valuable. I think anything, where everything is open and transparent—. I think that, if you do an annual report, you're looking at what you do really well, what you don't perhaps do so well, and how you work towards your action plan to address what isn't working so well. I think it should be open to everybody. What is the need to hide? I really do feel that: that we need to have everything available. Yes, there always will be complaints; it's how you deal with them and address them that is really important.

[223] **John Griffiths:** Just on the same subject as well, the Bill would also allow Ministers to introduce service quality ratings, if that was what the Ministers decided was appropriate, and that would be about allowing people to compare, really, the quality of different services by giving these ratings of inadequate, good or outstanding. In the same vein, I think, as the provision of information through an annual report. Is that again something that you would welcome, in terms of allowing people to form a view of the quality of a particular service and the pressure that that would exert in terms of improving standards?

[224] **Mr Pitt:** I was going to say that, personally, I think it's a really good idea. The only problem that I would have is that, if standards are failing, there should be more focus on trying to rehabilitate the situation without having to focus on sanctions, or punitive action, because most of the time, it's been proven that punitive action doesn't actually work. What we need to have is a creative and positive outlook in helping services to become consistent, wherever they are in Wales.

[225] **Alun Davies:** Right; I see. Okay.

[226] **Ms Meadows:** I do think that inspection and regulation drives up quality. Rating it is often a hard, blank number or a statement. What I would like to see, and to make absolutely sure, is that, when that's done, we look at what was good, why a service got the rating it did and what they're going to do about driving it up. If you take a local authority—if a school

gets a poor rating, you can move your children to another school. You can't up and move your whole family to another local authority, really. You want to be involved in driving up the services there, either the commissioning or what they're doing. You really need to have day services. They all need to be regulated and we need to use that and work with services and local authorities to drive up the standards of care.

[227] **Mr Dunn:** I think I'd totally agree with what has been said. The other point I'd add to the first part of that, about the reports, is about making sure that they are young-person friendly—that they're translated so a young person who is living there might be able to look at this report but, equally, say, a young person, and I've had this, are quite interested to go back and see what their residential home, after they've left, is still doing, because they're still, a lot of the time, incredibly positive about their experience of residential care. I think the particular point, and my added point, I suppose, about the ratings is making sure that service users, or ex-service users and current services users, are involved in what those ratings look like. I think that's quite an important point as well, because then it will add that extra validity to these weightings if they can say, not necessarily to each home, 'This is why you meet this'—it wouldn't necessarily be that, but 'This is what we think "good" looks like. This is what we think "excellent" looks like. This is what we think "poor" looks like.' I think that as long as they've got an active contribution within that process, it will add that extra weight behind the—

[228] **David Rees:** You were asked about that particular point. Clearly, there has to be some form of nationalised rating system so that consistency is—. Are you therefore asking whether service users should be involved in that aspect, or whether they should be involved when a rating is coming out for a particular service or particular site—at that level—and understand what it means, and whether they accept the rating allocation given?

[229] **Mr Dunn:** Yes, I think the kind of consistency across and that national—. I mean, for me, one of my bugbears about the system in general is that consistency for young people, but, equally, the consistency of ratings—being able to not necessarily go on to each individual case, but there is that consistency across the whole board.

[230] **Ms Meadows:** It's about what wellbeing looks like—

[231] **Mr Dunn:** Yes; absolutely.

[232] **Ms Meadows:** —to give you a really high standard and not just be looking for services to be satisfied with compliance.

[233] **David Rees:** Joyce.

[234] **Joyce Watson:** Following on from what you've just said, Sheila, the whole thrust of this Bill is outcome-based rather than system-based. So, following on from what John has just asked, do you think being outcome-based—in other words, 'What do people really think of this; what are they really getting from it?'—is a positive move, rather than being system-based, which is, you know, that you have the toilets working, or whatever might be put in the system to be measured? Where do you think—if you do think it's good; that's the first thing—or at which point, and I think this is leading on from David's question, would you like, as laypeople, to be involved?

[235] **Ms Meadows:** Well, I absolutely think that the outcome-based is right, because there's little point providing services if they don't give you the outcome you need. I mean, my son has learning disabilities and the care he gets provides the outcome that he needs, which is a very healthy, fulfilled life, having the ability to go out and to remain in his community. So, his outcome is really good. So, how could we be involved in that? Well, I know that I can

actually grow old a little more gracefully, perhaps, than I was doing when I was providing his day-to-day care. So, we can be involved in monitoring that service; we always are, because we monitor for our parents, don't we, if they need care? And, in a position when you have a disabled child, you monitor that for them. You're really involved and want to be involved in the outcomes for them, but we need a regulated service and we need to trust our regulators and trust our inspectors to uphold the standards and to continually drive and to change with society's expectations.

[236] I, as you can see, have been around for quite a long time and, you know, things have changed and are changing and that's quite scary. So, we need to be involved in how it's feeling for all sections of society. But, outcomes; it's got to be—. You can't provide a service that doesn't give the outcome that's required.

[237] **David Rees:** Christopher, do you want to add anything extra?

[238] **Mr Dunn:** Yes, apart from agreeing, I think, as well, we're in a good place at the moment with the national advisory board. We felt, as well, with the pilot project that that was a really good start to be able to have that national say on things, but also that really localised level. It's a really complex system, but it's important that that shouldn't stop participation. I think, as well, it's making sure that you are involved within the inspection process at some level and that any, I suppose, scheme, project or group is given time to develop with itself, and the national advisory board is a great start. I think, speaking to Dan and other young people who represent on that, it's really positive. It's new and it's giving that time and that system process time to bed in and give its own identity to be able to feed the views through on a longer term level than something that's quite a short-term project, I suppose.

[239] **Mr Pitt:** Just another point I'd like to make is that, when we were doing the inspection scheme, we were given cards or little pieces of paper to say that if there were any questions we didn't know how to ask, there were suggestions such as, 'Okay. What's it like? Do you have freedom? Do you have security? Do you have a choice of what you can eat? Do you have a choice of when you can go out?' and so on and so forth. But, eventually, we became so comfortable with talking to other young people that we just discarded them in the end, because we were so good at talking to other young people that it was natural; it was just a real natural rapport. I think that really is testament to how wonderful the scheme actually was.

[240] **David Rees:** Just out of curiosity, the choice we've also got then is the Bill gives the voice to people, particularly as lay inspectors in one sense, and we have the national advisory board. Are there any other aspects you believe that the Bill could address to encourage more involvement of service users, citizens, or lay people, effectively? Have you thought about that?

[241] **Mr Dunn:** That's a good question.

[242] **David Rees:** You see it from the ground level and that's why your view is important to us, to understand how your involvement could be part and parcel of the Bill.

[243] **Mr Dunn:** Yes. That certainly is a very good start, to have the board there and the structures that are in place at the moment. I think it is allowing service users or ex-service users a multitude of avenues. I don't necessarily know what those avenues can look like now, but giving them options, because sometimes, sitting around in board meetings isn't the best way for them to be able to articulate their true feelings. Sometimes, one-on-one might be better, or sometimes even that may not be appropriate, but they're given chances to feed in. Equally, I suppose—I might be answering and I might not—having that feedback, to me, is critical; not necessarily just on the meetings you're involved with, but making sure that if you

ask a question or you have an idea, and you express it to whoever that may be within the decision-making process, that that information is relayed somehow to them, because that itself gives such a confidence boost to that individual and it makes the process more meaningful, I think, as well.

12:00

[244] **Ms Meadows:** Can I just add that, when you're a recipient of services, there is a sort of societal view that, you know, you should be grateful for them? I'm not saying that we're not grateful for the services; I'm very grateful for the services that support my son, but, I think, as a society, we must, actually, get away from being afraid to actually have views on things and express those views. I think that the more that we raise standards, the more open our inspectors are and the more they look for the outcomes for people, and the more open and honest we are about reports and how we're driving up services and what we're doing in getting people involved—. We're looking now to the responsible individual to be there. That person needs to be available to everybody—to the people who are receiving the service. I don't know exactly how it will work, but the national advisory board is brilliant in really allowing us to have a voice, really allowing us to meet with providers, all as equals. It is breaking down that kind of power level to be able to give a view and really, truly be listened to. I think we've got to get that everywhere in social care. The view is not necessarily a criticism; it can often be a real view of how it can be better and what is really good.

[245] **David Rees:** Are there any other Members who have any other questions? I'll finish off with one, my final question, then. The Bill actually identifies regulation of the workforce and is now requiring the workforce to be—all those who are already registered to be registered to a certain body, but it has the opportunity to expand that to ensure others are actually registered, so we have a more registered, more regulated workforce. Now, do you think we should be putting that in place as soon as possible, or leaving it to the Minister's position, where he, actually, is able to do that when he wants, as and when he identifies? Linked to that is the ability in the Bill to, effectively, strike someone off, to prohibit someone from acting in that social care environment. Do you think that's also a good thing in the Bill—to be able to both ensure people are regulated, whatever they are delivering, but also ensure that people who are basically failing and inappropriate and could cause harm are, therefore, not allowed to practise? Just so we come to some answers.

[246] **Mr Pitt:** I think that we would all agree that anyone who is found to be abusing their power should be struck off—no excuses whatsoever. But, when we're talking about introducing this Bill, obviously, we wouldn't want it rushed through, because a rushed-through law is often a bad law, because there aren't any safeguards in place. We need to make sure that we get it right the first time, rather than introducing it and then going, 'Oh, well, we'll add this caveat and we'll add this caveat' so that, within 10 years of the law being passed, it would be something completely different. I think that, of course, there are going to be people who say that there are bits of the law that need to be improved and need to be developed better, but that is public opinion for you. I think it's good for people to have an honest, open debate about how we want regulation, how we want inspections in this country and how we can make it better for a lot of people. I think this Bill, when it's worked on a little more, will definitely deliver that.

[247] **David Rees:** Thank you. Sheila.

[248] **Ms Meadows:** Well, I do think that professionalism amongst carers is really vital. I think the service needs to have that—with the care council world we need to have training. We want a really quality workforce here. But one of the problems that I see, and one of the things that really disturbs me, is that—I know I value the people who care for my son hugely, and I want to see that the organisation, the company that provides that care, who's

commissioned by the local authority, really values them too. Yet, as a society, we pay those who provide the most valuable care to maybe all of you in your old age, and perhaps to me in my old age—they barely get paid minimum wage. And yet that care is—. We have a responsibility to make sure that people who provide the care are treated as professionals, have a career structure and can be rewarded financially for what they do and work very hard to do.

[249] **David Rees:** Thank you for that comment. No other Members have any other questions. Can I therefore thank you for your time this morning and thank you for the evidence you've given; it's been very much appreciated? You'll receive a copy of the transcript, so, if you see anything which is inaccurate, please let us know as soon as possible so that we can get it corrected. Once again, thank you very much for attending; you've helped us a lot this morning with your perspective.

[250] **Mr Dunn:** Thank you very much.

[251] **David Rees:** I intend for Members to move on to the next item and the next panel. Is everyone satisfied with that? Yes. The next panel will be representatives from the Care Council for Wales.

12:07

**Y Bil Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru):  
Sesiwn Dystiolaeth 5  
Regulation and Inspection of Social Care (Wales) Bill: Evidence Session 5**

[252] **Ms Williams:** Bore da—prynhawn **Ms Williams:** Good morning—good afternoon, sorry.

[253] **David Rees:** Yes, just about. May I welcome Rhian Huws Williams and Gerry Evans from the Care Council for Wales? Good afternoon and welcome. Thank you for the written evidence we've received from the care council. We have a very tight schedule, as I'm sure you appreciate, so we'll go straight to the questions. I once again remind Members to ask succinct questions, and I'd be grateful for as succinct answers as possible. Thank you. Gwyn, do you want to start off?

[254] **Gwyn R. Price:** Yes. Thank you, Chair. Good afternoon.

[255] **Ms Williams:** Prynawn da. **Ms Williams:** Good afternoon.

[256] **Gwyn R. Price:** Could I ask you about the extent to which the provision in part 1 of the Bill, such as the requirements to publish an annual report and appoint a responsible individual, and powers to introduce the quality ratings, will improve service transparency and public engagement.

[257] **Ms Williams:** Wyt ti eisiau i mi gychwyn? Byddaf yn siarad yn Gymraeg. Rydym yn croesawu'r cyflwyniad o'r elfennau newydd yma er mwyn cryfhau atebolrwydd, a hefyd i sicrhau bod atebolrwydd ar bob lefel yn y system. Ac mae'r camau rydych yn cyfeirio atynt yn gamau pwysig iawn i gryfhau'r wybodaeth sydd yn gyhoeddus, yn benodol ynglŷn â thryloywder yr holl system, ac i sicrhau bod **Ms Williams:** Do you want me to start? I will be speaking in Welsh. We welcome the introduction of these new elements in order to strengthen accountability, and also to ensure that there is accountability at all levels in the system. And the steps that you refer to are very important steps to strengthen the information in the public domain, particularly in relation to the transparency of the whole system, and to ensure that we, at all levels,



gennym ni, ar bob lefel, yr wybodaeth angenrheidiol i wneud penderfyniadau da, ar lefel gwasanaethau ac ar lefel rhanbarthol a chenedlaethol hefyd. Wyt ti eisiau ychwanegu at hynny?

have the necessary information to make good decisions, at a service level, and at a regional and national level also. I don't know if you have anything to add to that.

[258] **Mr G. Evans:** I'll just add that, yes, transparency is critical in all of this. Regulations and regulators can only go so far. We need the broadest possible transparency and the widest possible involvement across the whole of the sector, because it is everybody's business to make sure that the most vulnerable are safely looked after.

[259] **Gwyn R. Price:** So do you agree with appointing a responsible individual so that we can go straight to that person?

[260] **Mr G. Evans:** Yes. We've been registering managers of social care services now for about three or four years, and it's become very apparent the weight of the load and burden that's actually put on the managers; everything seems to focus on that individual. So, recognising, identifying people at a more strategic level within organisations is certainly, I think, a major move forward and probably long overdue.

[261] **Gwyn R. Price:** Thank you, Chair.

[262] **David Rees:** Darren, do you have a question on market oversight?

[263] **Darren Millar:** Yes, we've heard evidence from other witnesses just that market oversight is quite a complex matter, and it would be quite difficult, really, to be able to establish, sometimes very quickly, whether a service provider is vulnerable or not, particularly from the financial data that they might be providing. What are your thoughts on market oversight? Do you think that the provisions in the Bill are sufficiently robust? Do you think that they are necessary? Also, what role do you see for local authorities in supporting that, particularly given that they are supposed to be commissioning services in their areas?

[264] **Mr G. Evans:** We think it's a welcome move forward. The experience of Southern Cross and others has highlighted the complexity of this whole area. It's by no means going to be easy to address. Because we're focused on the workforce, a number of the early signs of instability come from difficulties in recruiting, staff turnover; therefore I think an attempt to try and dig into these issues is going to be critical. Working alongside CSSIW we're already sharing information where we're picking up trends, for example around staffing, and comparing with them are they also picking up trends around a particular service or an organisation. Clearly, bringing local authorities into that, and bringing another dimension into it with other sets of information, is critical. I think, as we've all acknowledged, the complexities of financing the sector are going to make it a very tricky situation, but the only way forward will be by sharing information, working in a concerted fashion to try and ensure that the services are, and that sector is, as stable as possible.

[265] **Darren Millar:** But those requirements on sharing, are they on the face of the Bill?

[266] **Mr G. Evans:** Yes, there's a duty for Social Care Wales and CSSIW to share information, and for Social Care Wales and CSSIW to annually provide a report on the state of the nation in the social care sector in Wales.

[267] **Darren Millar:** We've also heard, of course, that most of the providers in Wales—I think it was 70%, we were told by CSSIW—are individual service providers. They're not part of a larger organisation. To what extent might the provisions in the Bill be over-egging the problem that may or may not be out there because we don't have the sort of environment,

with large chains generally, that they do in England, do we?

[268] **Mr G. Evans:** There is a danger that you're setting up some regulations and legislation to deal with a small proportion, but I think it's also critical, actually, for the small providers to be able to demonstrate their stability. It would be a shame if, actually, that level of requirement destabilised that end of the market, because they are a critical part of the market. In fact, when the larger providers go under is where the real problems arise. But I think being able to demonstrate their own financial viability is something that is critical even for the small providers.

[269] **Ms Williams:** I just wanted to add to that, that the ethos of regulation—I know that the Minister wants it to be a regulation for improvement, for success, as opposed to regulation that defines and focuses on failure—becomes an important component of that to create that culture of transparency and openness from the point of determining the services that are required, and the move to working together across boundaries with a co-production model right through to evidencing whether something continues to be viable. So, I think that is part of a cultural approach to it as well.

[270] **Darren Millar:** Okay. Diolch yn fawr.

[271] **David Rees:** John.

[272] **John Griffiths:** Yes, I just wondered whether—what the Bill would do in terms of extending your role in terms of service improvement—whether you welcome that.

[273] **Ms Williams:** I'll answer this in English, John. I think the commitment to pulling together the various streams of funding that are available in Wales to the sector for improvement and development to one place in order to be able to target that more strategically towards the determined priority areas for improvement is a really good thing.

12:15

[274] So, where we need to get to is to be better, as Gerry has indicated, at turning data into intelligence that tells us where we've been and where we need to get to, to be able to work more intelligently and with greater joint working with research in order for us to use research more systematically to understand and to evaluate, as well as using research to help us forecast and horizon scan. So, I think that all of that will help. The challenge, in terms of the remit, is to ensure that the resources match the vision and the expectations. I think, and this will not be new to you, that the definition of improvement in terms of the role of Social Care Wales will become hugely important. So, whether it's the 'innovation development' interpretation of improvement as opposed to 'sending the cavalry in' interpretation of improvement, that is something that the WLGA has, in the past, taken on.

[275] **John Griffiths:** Okay. On the rebranding to Social Care Wales, is that something that you think is justified in terms of the cost?

[276] **Ms Williams:** There is the emotional thing of, 'We love the care council brand; it's a tried and tested brand and it would be a shame to lose it', against the opportunity to create a different vision and a new brand for the future. The issue for us is about the cost associated with rebranding and the need to balance that carefully at a period where a lot is changing all at once for the organisation and for the sector and to think about where there are pragmatic approaches to continuing with the brand for the areas of business that it has been associated with today.

[277] **John Griffiths:** Just one quick follow up, Chair, if I may: in terms of the new

responsibilities, do you see any potential conflict of interest between regulation and service improvement?

[278] **Mr G. Evans:** In essence, it's the way we've worked from the very beginning of establishing the care council—there has always been that regulatory role and the workforce development functions running side by side. Bringing service improvement into that as well brings a new dimension. I guess our line is that it has worked to date in the functions we've had and, in fact, we feel that it's strengthened the role of the council in terms of achieving change and driving up improvement, particularly around the workforce. Issues that emerge from our regulatory work inform our developmental work around the workforce. Bringing the service improvement element into that as well clearly brings a new dimension to it. Ultimately, I think, it does come down to being clear about the potential for conflicts and addressing those, which is what we've done from the beginning really in terms of the way we've structured our work in terms of the developmental and the regulatory. There was a fine line there that we do not cross. We drum that home to our staff.

[279] Personally, I think that the benefits of bringing those dimensions together in one place, using the regulatory function alongside the developmental function, outweigh the potential dangers. Actually, it feels like it's the way that regulation, particularly professional regulation, is moving these days: that you address issues rather than wait for people to come in front of a conduct panel.

[280] **Ms Williams:** A allaf jest ychwanegu un peth, sef y pwynt ynglŷn â *governance*? Y peth hanfodol ydy sicrhau bod y model *governance* hefyd, yn ogystal â'r ochr gweithredu, yn saff.

**Ms Williams:** Can I just add one thing, and that is the point on governance? The crucial thing is to ensure that the governance model, as well as the operational model, is robust.

[281] **David Rees:** Can I ask a question on workforce issues? Clearly, your evidence indicated a licensing-model approach to workforce regulation. I just wondered if you could expand on that and how different would that approach actually be from what's being discussed in the Bill? Because you also mention clearly that there will be a responsibility on the employer to take certain actions and then to inform the regulator. So, how do you see that working and the differences in the Bill?

[282] **Ms Williams:** A allaf ddweud jest un peth cyn i Gerry ateb y cwestiwn mewn manylder? Yr hyn rydym yn ei deimlo ydy ei fod yn bwysig bod rheoleiddio'r gweithlu ddim yn cael ei weld fel model biwrocraataidd sydd yn rhywbeth negyddol, ond, yn hytrach, y dystiolaeth sydd gennym ni o weithio efo'r gweithlu sydd yn cael ei reoleiddio ydy ei fod yn gallu bod yn arf da ar gyfer datblygiad a chefnogaeth barhaus i'r gweithlu. Felly, rydym yn awyddus bod y gweithlu i gyd yn cael ei reoleiddio. Rydym hefyd yn ystyried model arall, sef y model trwyddedu mae Gerry'n sôn amdano fo.

**Ms Williams:** Could I just say one thing before Gerry responds in detail? What we feel is that it is important that the regulation of the workforce isn't seen as a bureaucratic model that is perceived as being negative, but rather, the evidence that we have from working with the workforce that is regulated is that it can be an effective tool for development and continuing support for the workforce. Therefore, we are eager for the whole workforce to be regulated. We are also considering an alternative model, which is the licensing model that Gerry will cover.

[283] **Mr G. Evans:** In essence, we've inherited the health professionals' model and applied it across the board in terms of social care workers. I think our experience of establishing a voluntary register for domiciliary care workers and care home workers has highlighted that perhaps it's a disproportionate approach to people who are working in situations where the pay isn't great—their role is not exactly comparable to that of a Harley

Street surgeon, which is the GMC model. So, we looked around at different models and came up with a number of different, more vocational-type approaches, and it's really a matter of ethos. We looked at the Gas Safe model and the security industry, and the fundamental point of the regulator there is to try and make sure that everybody has the opportunity to practise safely, has access to the best resources in terms of advice, guidance, information and support, to enable them to practise effectively, and that it is a last resort—and an unwanted last resort—to take somebody off a list who then may go and work in the hidden economy. So, we think that, as a model, it is something that is worthy of further examination. As we've indicated in our evidence, we have some concerns about the level of detail in the Bill and whether that is restrictive in terms of our ability to apply different models or pursue different models. So, in essence, we think there are alternatives that can be sought and, again, going back to the earlier question about the links with improvement, some of those models are better aligned with some of the improvement agenda as well.

[284] **David Rees:** Darren, and then Lindsay.

[285] **Darren Millar:** Yes, it was on this particular issue, because of course you make clear that you're not keen on the provisions in the Bill with the negative register as you've just set out. I wonder whether your approach could be hung on anything that's already in the Bill, or whether there'll need to be an amendment to the Bill in order to get this sort of licensing framework as something of a runner for the future.

[286] **Mr G. Evans:** We've had lengthy discussions with officials about this and trying to see how you can actually integrate the two models, and there is a way of doing it, but the proposed model from the Law Commission is quite legalistic and, as a result, quite expensive, and our experience is that care workers are rarely represented by lawyers. It can go so far, but our concern is that perhaps it doesn't enable us to go the whole distance, and what we've suggested is there may be provision for alternative models in there that can be introduced at a later date.

[287] **Darren Millar:** So, would the Bill require an amendment in order to allow for that?

[288] **Mr G. Evans:** We think so, because, currently, there is a requirement that the decision to impose any sanction on a worker goes through a panel of some form. We believe that, with the right appeals processes, that may not be necessary.

[289] **Darren Millar:** You wanted to come in.

[290] **Ms Williams:** Efallai'r consyrn sydd gennym ni ydy bod lefel manylder yn yr adran yma o'r Ddeddf yn ormodol er mwyn creu'r hyblygrwydd rydym yn chwilio amdano fo. Byddai rhywbeth mwy cyffredinol er mwyn creu'r hyblygrwydd yn y dyfodol yn fwy buddiol mewn cyfnod o newidiadau mawr.

**Ms Williams:** The concern that we have, perhaps, is that the level of detail in this part of the Bill is too stringent to create the flexibility that we are seeking. Something more general in nature in order to create flexibility in the future would be more beneficial in a period of great change.

[291] **Darren Millar:** And can I just ask you one question about the costs, because you've estimated the costs of this at about £25 to £30 per licensed individual? How confident are you that those are an accurate reflection of the true cost?

[292] **Mr G. Evans:** They're based on our experience to date of the voluntary registration of care workers. There are variables that would need to be taken forward, as we've said. The disciplinary issues remain with the employer, and employers would need to carry those out in an agreed fashion, with then a transfer of information to ourselves. They are a reasonable

estimate, we believe, of those costs, and we've looked at the costs of other models. So, we are reasonably confident, assuming that we can get some of those other variables in place.

[293] **David Rees:** Lindsay?

[294] **Lindsay Whittle:** Thank you, Chair. Members of the public will be able to access the register of care workers and managers, to check whose name is on the register or has been removed from the register. But, currently, the Care Council for Wales, you cannot prohibit unregistered social workers from working, can you? So, how could we get over that with this Bill, do you think?

[295] **Mr G. Evans:** Social workers we can. There is a requirement that they do—. You have to be registered, either with us or in other parts of the UK, in order to practise in Wales. Managers are the same, but social care workers, primarily at the moment—domiciliary care workers and care home workers—aren't required to be registered.

[296] **Lindsay Whittle:** Thank you for that. I asked the CSSIW the same question. Visiting social workers from relevant European states, would they be subject to perhaps the same level of inspection as well?

[297] **Mr G. Evans:** There is an EU provision that requires temporary workers from other parts of the EU, they can come to work in Wales without the requirement to register. Anybody working here on a full-time basis, on a longer term basis, would be required to register.

[298] **Lindsay Whittle:** Okay, thank you very much. Thank you for that.

[299] **David Rees:** You've talked about that there may be amendments in the Bill in relation to some of the aspects raised by Darren. Can I ask a question about the collaboration situation and fitness-to-practise scenario, which may be across different regulators in that sense? Is the Bill able to handle that now, or is there a need again to look at the Bill to see how we can work within the collaboration agenda?

[300] **Mr G. Evans:** From our understanding, the Bill addresses, as far as possible, the key bodies that we would work with would be bodies like the Nursing and Midwifery Council or some of the health professional regulators. There would have to be a requirement coming through the Westminster Parliament to place those sorts of duties onto those bodies. It can't be imposed from a Welsh Assembly perspective. As far as possible, we think the provisions are there to enable us to certainly work closely with those bodies in Wales.

[301] **David Rees:** Any other questions from Members? I'll ask one final question. On the resources available to SCW, or Social Care Wales, what's your view? There seems to be limited evidence in the impact assessment on it. Do you think there are sufficient resources to be able to ensure SCW is able to operate effectively as soon as possible, particularly considering the breadth that you are now being asked to look at?

[302] **Ms Williams:** Rwyf wedi cyfeirio'n rhannol at hynny, ynglŷn â'r angen i fod yn sicr bod yr adnoddau'n gyson efo sgôp y corff newydd. Rwy'n meddwl mai'r peth arall fydd yn bwysig, a'r gwaith fydd angen inni fwrw i mewn iddo efo'r Llywodraeth a'r partneriaid, ydy sicrhau beth yw'r blaenoriaethau. Achos, mae'r rhestr yn hir, a bydd yn bosibl edrych ar beth o'r

**Ms Williams:** I have referred partially to that, with regard to the need to have certainty that the resources are consistent with the scope of the new body. I think that the other thing that will be important, and the work that we will need to focus on with the Government and the partners, is to ensure what the priorities are. Because there is a long list and we should look at what the

dyletswyddau ychwanegol yw'r additional duties are and what the priorities  
blaenoriaethau, ac felly sut mae'r adnoddau'n are within those, and how resources are  
cael eu targedu, ac adolygu ar ôl hynny. allocated, and then review after that.

[303] **David Rees:** Have you had discussions with the Welsh Government in preparation?

[304] **Ms Williams:** Sori? **Ms Williams:** Sorry?

[305] **David Rees:** Have you had discussions with the Welsh Government in preparation?

[306] **Ms Williams:** Mae trafodaethau yn mynd i gychwyn o fewn y misoedd nesaf. Wrth gwrs, mae darn o waith wedi bod yn cael ei wneud, gan grŵp sy'n cael ei gadeirio gan Sally Ellis, ar ddatblygiad y corff newydd. Yn y misoedd nesaf, byddwn yn cael trafodaethau mwy manwl efo partneriaid eraill hefyd ynglŷn â'r weledigaeth a disgwiliadau'r corff newydd.

**Ms Williams:** Discussions are going to start in the coming months. A piece of work has been done, with a group chaired by Sally Ellis, on developing the new body. In the next few months, we will have discussions in greater detail with other partners also in relation to the vision and the expectations of the new body.

[307] **David Rees:** If there's no other questions from Members, thank you very much for your time and thank you for the evidence. We are very appreciative of that. You will receive a copy of the transcript to check for any errors and factual inaccuracies. Please let us know if there are. Thank you once again very much.

12:28

### **Papurau i'w Nodi Papers to Note**

[308] **David Rees:** Members, before we move on, we've got some papers to note: item 7 of the agenda. Are we happy to note the minutes from the meetings on 19 and 25 March 2015? Papers 1 and 2. Additional information from the Welsh ambulance service—

[309] **Darren Millar:** Can I just check, with this additional information on the duplicate calls, are they included within the figures in terms of the total number of calls or not?

[310] **David Rees:** We'll let you know. We'll find out and double check to make sure, because we don't want to say, in case we're incorrect.

[311] **Darren Millar:** Thank you.

[312] **David Rees:** We've received correspondence from the Petitions Committee regarding the support for the Safe Nurse Staffing Levels (Wales) Bill. I'd like to note that we have discussed this and it will be reflected in the report. Happy to note?

### **Cynnig o dan Reol Sefydlog 17.42(vi) i Benderfynu Gwahardd y Cyhoedd o Weddill y Cyfarfod Motion under Standing Order 17.42(vi) to Resolve to Exclude the Public from the Remainder of the Meeting**

*Cynnig:*

*Motion:*

*bod y pwyllgor yn penderfynu gwahardd y that the committee resolves to exclude the*

*cyhoedd o weddill y cyfarfod yn unol â Rheol Sefydlog 17.42(vi).*      *public from the remainder of the meeting in accordance with Standing Order 17.42(vi).*

*Cynigiwyd y cynnig.*  
*Motion moved.*

[313] **David Rees:** With that in mind, I now propose, under Standing Order 17.42(vi), that the committee resolves to meet in private for the remainder of this morning's session. Are you all content with that? Okay, thank you very much. Therefore, we meet now in private.

*Derbyniwyd y cynnig.*  
*Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 12:29.*  
*The public part of the meeting ended at 12:29.*