



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

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

Dydd Iau, 11 Mehefin 2015
Thursday, 11 June 2015

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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

Alun Davies	Llafur Labour
Janet Finch-Saunders	Ceidwadwyr Cymreig (yn dirprwyo ar ran Darren Millar) Welsh Conservatives (substituting for Darren Millar)
John Griffiths	Llafur Labour
Altaf Hussain	Ceidwadwyr Cymreig Welsh Conservatives
Elin Jones	Plaid Cymru The Party of Wales
Gwyn R. Price	Llafur Labour
David Rees	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Lindsay Whittle	Plaid Cymru The Party of Wales

Eraill yn bresennol

Others in attendance

Keith Bowen	Cynghrair Cynhalwyr Cymru Wales Carers Alliance
Tracey Breheny	Dirprwy Gyfarwyddwr, Polisi Camddefnyddio Sylweddau, Llywodraeth Cymru Deputy Director, Substance Misuse Policy, Welsh Government
Simon Burch	Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Association of Directors of Social Services
Dr Sam Clutton	Barnardo's Cymru
Jim Crowe	Grŵp Cyfeirio Anabledd Disability Reference Group
Parry Davies	Cymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol Association of Directors of Social Services
Vaughan Gething	Aelod Cynulliad (Llafur), y Dirprwy Weinidog Iechyd Assembly Member (Labour), Deputy Minister for Health
Emma Sands	Cynghrair Henoed Cymru Age Alliance Wales
Meleri Thomas	Cynghrair Gofal Cymdeithasol a Llesiant Cymru Social Care and Wellbeing Alliance Wales
Dr Sarah Watkins	Uwch Swyddog Meddygol Senior Medical Officer
Rick Wilson	Cynghrair Cymru ar gyfer Cymorth a Gyfarwyddir gan Ddinasyddion Wales Alliance for Citizen Directed Support

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol

National Assembly for Wales officials in attendance

Amy Clifton	Ymchwilydd Researcher
Sian Giddins	Dirprwy Glerc Deputy Clerk
Elfyn Henderson	Ymchwilydd Researcher
Catherine Hunt	Ail Glerc Second Clerk
Rhys Morgan	Dirprwy Glerc Deputy Clerk
Joanest Varney-Jackson	Uwch-gynghorydd Cyfreithiol Senior Legal Adviser
Chris Warner	Clerc Clerk

*Dechreuodd y cyfarfod am 11:03.
The meeting began at 11:03.*

Cyflwyniad, Ymddiheuriadau a Dirprwyon Introductions, Apologies and Substitutions

[1] **David Rees:** Good morning, and can I welcome Members to this morning's session of the Health and Social Care Committee of the National Assembly for Wales? This morning, we'll be continuing our evidence into an inquiry we started earlier in the year, into alcohol and substance misuse.

[2] Before we get on with that, can I just do the normal housekeeping? Can I remind Members, please, to turn their mobile phones off or on silent, and similarly, any other equipment that may interfere with the broadcasting equipment? There is no scheduled fire alarm this morning, so, if one does occur, please follow the directions of the ushers. There is simultaneous translation available from Welsh to English, if you so require. That's on channel 1 on the headphones. If you prefer to have amplification, that's on channel 2.

[3] We've received apologies this morning from Alun Davies, Elin Jones, Darren Millar, Lynne Neagle and Kirsty Williams. Jenny Rathbone's here to substitute for Lynne Neagle. Can we welcome Jenny? Can we also, on behalf of the committee, express our condolences to Lynne Neagle following a family bereavement? I'm sure that Members will agree with me on that. That's it.

11:04

Ymchwiliad i Gamddefnyddio Alcohol a Sylweddau: Sesiwn Dystiolaeth 10 Inquiry into Alcohol and Substance Misuse: Evidence Session 10

[4] **David Rees:** Therefore, we'll now go to the next item on the agenda, which is our final evidence session on our inquiry into alcohol and substance misuse. Can I welcome the Deputy Minister, Vaughan Gething, to the meeting? Would you like to introduce your officials?

[5] **The Deputy Minister for Health (Vaughan Gething):** Yes, thank you, Chair. I have Dr Sarah Watkins with me, and Tracey Breheny, officials involved in the production of the alcohol and substance misuse strategy and taking forward the next delivery plan.

[6] **David Rees:** Thank you, Deputy Minister. We'll go straight into questions, if that's

okay with you. Thank you for the written evidence we've received already for the session. We start with Gwyn Price.

[7] **Gwyn R. Price:** Yes, good morning. Could I just ask you whether any of the funding announced in March is additional funding, or whether it's funding previously committed to tackling alcohol and substance misuse? If there is any new money, where did that money come from?

[8] **Vaughan Gething:** Thank you for the question, and good morning, Gwyn. The money that we've announced, the £50 million, is a continued investment, so we're rolling forward the money we've previously had. To be fair, maintaining £50 million in this area, given the pressure that all budgets are under, I think is a real marker of the continued importance that we place upon this area.

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

[10] **David Rees:** Lindsay, do you want to come in on that?

[11] **Lindsay Whittle:** Yes, thank you for that, Chair. Good morning, Minister. The £50 million is clearly very welcome money for this extremely important subject. I'm just wondering on the logic of how you've divided these moneys to the various subjects. We have £22 million to support the alcohol and substance misuse strategy. Will that be used for educating the general public as to the dangers of alcohol and substance misuse? There is £17 million for health board budgets. I'd like to ask how much of that is for training for GPs, because we've heard some evidence today that not all general practitioners are particularly on board with this subject. We've also heard evidence this morning that existing organisations, which have funding, are being told that they're going to face a 10 per cent cut next year. So, how does that fit in with what seems on the face of it a very good announcement—but is it?

[12] **David Rees:** Obviously, there's three different questions there.

[13] **Lindsay Whittle:** Sorry about that.

[14] **Vaughan Gething:** Yes, I noted there were three different questions. Again, thank you for the questions, and good morning, Lindsay. On the point about education, as I say in my evidence paper, prevention is a significant strand of what we do. That's both primary prevention, so population-based approaches—and you'll be aware of the DAN 24/7 helpline, and of the work we do in schools, with the police, which I think is very constructive. Even with people who have a substance misuse problem, there's a point there about secondary prevention, afterwards—there's the treatment and the secondary prevention—because our approach is based on harm reduction and then recovery. So, there's a significant strand of work that goes into education, and, to be fair, it's a point that this committee highlighted in its previous inquiry and recommendations into new psychoactive substance. Again, there was a recognition there needs to be education for a range of professionals and people, to educate the general public, but also parents and professionals who can meet people who are actually taking those substances. I think that's utterly consistent with our approach here. You'll be aware of the Change4Life social marketing information we have available, from the evidence paper as well, and the range of other approaches that we take.

[15] On your second point about training for GPs, I'll ask Sarah Watkins to come in briefly, but we do recognise that there's an area here for additional training. We've worked with the Royal College of General Practitioners. There's a constructive relationship there. They have certificates to actually demonstrate the additional training and proficiency the GPs can have, but we recognise this is an uneven picture. You know, the British Medical Association or the Royal College of GPs won't pretend that all their members are in exactly

the same place, and there isn't a need to look at this. I think it is really important to recognise this is not a marginal area, because, on every GP practitioner's list, there will be patients they have, whom they have a duty to serve, who are in this space with a substance misuse issue, so it's something that the GP community does need to commit to constantly look at and examine its own practice. Part of our challenge is not just the training, but there are attitudes as well. Let's not pretend that medical professionals are going to be completely free from some of the prejudice that exists in broader society. So, there is a challenge there about who's on the list, what the attitude of the practitioners are, and to make sure that that's dealt with properly. I think that we'd be foolish to try and pretend that that doesn't exist. Perhaps Sarah Watkins can give you some more detail on the training for GPs, and we'll come back to your third question.

[16] **Dr Watkins:** Yes, there's a range of training available. For those GPs who are enthusiastic and want to share care, then there's a very specific programme, because they get additional money for doing that. It's really important for substance misuse services, particularly, that more patients can have shared care with their GPs, because it means then that more new patients can be taken in by substance misuse specialist services. So, across Wales, there's a substance misuse programme that has been rolled out, run by the Royal College of General Practitioners, where you get a formal certificate.

[17] Then, in terms of alcohol, what we know is that GPs are particularly important in that all the evidence is that patients respond best to individual practitioners—trusted individuals—to give them that advice. So, getting the GPs to do motivational interviewing with their patients, getting them to identify it, is critical. I think that there are not many GPs, with alcohol, that would argue about that. I think that they would be engaged; they would be looking out for that in, particularly, probably, their middle-aged population. I think older people, as has been identified, has been an area where we do need to get more awareness across all health professionals that, actually, with alcohol now, we mustn't be age blind—older people also have issues with alcohol misuse—and get that more into primary care.

[18] **David Rees:** Before you answer the third question, I just wanted to remind that there are other Members who want to speak on the GP issues. So, I'll be coming back to that. Okay. On the third question on 10 per cent cuts—

[19] **Vaughan Gething:** I'd need to know which organisations in which area, because I can't really respond to a general 'there are some organisations'. If there are specifics then we can happily try and deal with them, but, if not, then we can write back, but—

[20] **David Rees:** I understand that the Supporting People programme has been cut, and, as such, there are existing programmes that appear to be working. I think there's concern that the funding for some existing programmes that appear to be working may be suffering as part of the cuts coming down from the Welsh Government, understandably, because of the budget restraints upon the Welsh Government.

[21] **Vaughan Gething:** Well, if you're talking about Supporting People, then that isn't part of the £50 million that we are talking about.

[22] **Lindsay Whittle:** It is—

[23] **Vaughan Gething:** No, it isn't. That's a separate programme—an additional programme run through the communities and housing department, but we recognise it's part of the landscape. Earlier this week I was with the Salvation Army, which perhaps isn't my normal group of people to see, but they were celebrating 10 years of their Bridge Programme. That specifically recognises the link between street homelessness and alcohol and substance misuse. So, you know, there's a very clear and explicit link between a whole range of

different policy areas, but Supporting People has been a pretty successful programme. It shows the reality of the incredibly difficult choices that we face with the budget. It's a programme that we would want to see continue—we would not wish to see that budget cut—but it's the reality of where we are. But it is still a significant sum of money. I know that points about housing will come up later, but we do recognise that there's a really clear link between trying to sustain people in independent living, trying to maintain where they live as a safe space for them with support to try and actually get over and through a range of the issues that we know arise with substance and alcohol misuse. So, it's not something that we avoid, but it's a simple choice about having a set sum of money and not being able to do everything that we would wish to see. I'm just being as honest as I can be.

[24] **Lindsay Whittle:** I would be interested if, later on—Dr Watkins particularly referred to shared care—you could, when you're answering—because I understand that other Members want to ask about GPs—bring something in to fully explain that, because that's something that we were fairly clear, in the group that I was in this morning, talking to people, wasn't happening. That's all. Thank you.

[25] **David Rees:** If it's okay, I'll go straight on to the GP issue, and I'll start with Altaf Hussain and then Jenny Rathbone.

[26] **Altaf Hussain:** Thanks very much. I just want to know about—you know, this has not been today's problem. It has been a problem all the years, all the time. Have there been any audits done? Because the funding that you have raised—putting in £50 million—that's a lot of money. How have you identified these areas? That's No. 1. Number 2: regarding the education of the GPs, they usually get two or three days' education—training—to deal with substance misuse and alcohol. Now, shouldn't we be putting it into the curriculum, when they're being trained, that they should be well versed so that no GP says, 'I'm not trained in this'? Every GP should be there to treat these patients. Thirdly, which is important in this, with dementia, as you pointed out, in the elderly population—when they have this alcohol-related dementia, is it reversible? Thank you very much.

11:15

[27] **Vaughan Gething:** If I just talk broadly on identifying priorities, and then I'll ask Dr Sarah Watkins to come back again on GP training. We'll then come back to the issue about dementia. On identifying priorities, well, we have an overarching strategy that identifies a range of priority areas from a national level. We then have area planning boards that deliver and respond to their local needs. That's what they're there for. They're supposed to bring together people across different parts of the public sector. They're supposed to bring together the third sector and service users as well, because one of the things I think we are rightly proud of is the fact that the voice of the user is an important part of where we are, and it has to be part of the strategy going forward. I know that the committee have engaged directly with a range of service users in this inquiry, which I think is a very positive thing, and we certainly expect that to happen in the construction of the next delivery plan as well. I don't know, Tracey, if you want to speak more about some of the headline national priorities we have, and then I'll ask Sarah to deal with the specific issues about GP training.

[28] **Ms Breheny:** Of course. The £50 million investment, as the Deputy Minister has said, is to support the strategy as a whole. So, we break that down into kind of broad themes, which are around education and prevention, tackling availability, support for substance misusers and their families and in those areas. Then what we have is an underpinning delivery plan for 2013-15 at the moment, which sets out a range of specific actions that we in Welsh Government are taking, as well as those that area planning boards are expected to take for this period. The Deputy Minister has just mentioned that we are developing our final substance misuse delivery plan for 2016-18, which supports the overarching strategy. And, as has been

said, in terms of what the money is being spent on, as part of that, we're just in the process of holding a series of stakeholder workshops to work out, really, what the best use of that investment will be for the last three years of the strategy, so that we can make the most of that money in front-line services. So, that's the way—. The money we talked about earlier—£23 million of that £50 million—goes directly to the area planning boards, who are then responsible for commissioning services in their area based on their quite robust needs-based strategies that they have in place. So, that's the way in which the money flows and works.

[29] **Vaughan Gething:** To be fair, the committee's inquiry is timely because we can take account of it when we're drawing up that final three-year delivery plan, so I think it's very helpful with the timing of the inquiry you're undertaking. On GP training—

[30] **David Rees:** Can I clarify one point?

[31] **Vaughan Gething:** Yes.

[32] **David Rees:** The £50 million is obviously for next year.

[33] **Vaughan Gething:** Yes.

[34] **David Rees:** Is that also committed for the following two years? You talk about a three-year plan, so is that £50 million committed per year for three years?

[35] **Vaughan Gething:** Well, you know the position on budgets in this place. We've done a deal for the next couple of years. The unknown parts are what happen to us, and you know the in-year cuts announced, which are a challenge for us, so we need to look at that. But this place will decide on the overall budget. I'm anticipating that we'll maintain our investment for the next round of the budget, but that is subject to negotiations with other parties and partners. As for the third year, we'll be in a different Assembly by then. So, I don't want to hold too many hostages to fortune or just be dishonest with you about a process that you will all understand very well.

[36] **David Rees:** So, it's for two years in the first instance?

[37] **Vaughan Gething:** Yes.

[38] **David Rees:** Okay. Thank you.

[39] **Vaughan Gething:** On GP training, I know there was a point about shared care as well, but there is a broad point about training here about how you ensure you equip whole practices to deal with the whole patient list. That's what we're interested in. Again, I make the point that we've got a constructive relationship with the Royal College of GPs, and I'm content with the way that they're helping to develop training for GPs in practice as opposed to just before they get over the line and get sent off to care for our communities. Sarah, do you want to do the shared care point?

[40] **Dr Watkins:** Yes. So, there are three levels. I mean, all doctors should have basic training in substance misuse and alcohol problems. It's very relevant if you're an obstetrician with a mother who may misuse opiates. It's very relevant if they're heavily using alcohol. A&E—. Elderly people withdrawing from alcohol having an operation—. So, all doctors have basic training. GPs do need more than that, but they are generalists, so there is general training on the postgraduate deanery website, and it would be part of the general GP training course. They would be expected to have an understanding; they could be examined in it for their Royal College of General Practitioners exams. Then there's the more specialist level, which some GPs develop—some agree to undertake a certificate in substance misuse, which

allows them to share care with the specialist substance misuse services, and prescribe drugs like methadone more safely. So, they have a specialist certificate; they're paid at a different level to do that. So, those are the three levels, but not every practice, not every doctor, will want to become more specialist and undertake shared care. That is an issue for some service users who may be disappointed that that isn't something that's been developed in their practice. But it is difficult, because you actually do need sufficient expertise to be able to do it safely. So, that is the situation: some doctors are doing shared care with specialist services and many more are not, but all will have basic training.

[41] You also asked about dementia and is it reversible. The answer to that is, if you can pick up that somebody is developing something we call Korsakoff's early—. So, you have Wernicke-Korsakoff's when you have classic symptoms. If you can give people high doses of vitamin B1 at that point, it is entirely preventable. We've got some fantastic initiatives in Wales whereby people who are at risk—. In the Huggard homeless centre in Cardiff, for example, nurses and staff there are giving people preventative thiamine to prevent the risk of them developing that. But, once it's developed, there's a bit of a debate about whether it's reversible or not. I have seen people who have improved slightly, but they have not got back to normal, and there are other conditions that alcohol, in particular, can cause to the brain. For example, some shrinkage to white and grey matter is probably less reversible. Whereas, if you catch Wernicke-Korsakoff's early, yes, you can prevent it.

[42] **Altat Hussain:** The point is: do these GPs have easy access to that service? In Cardiff, as you were pointing out and said, for instance, you need to know them.

[43] **Dr Watkins:** It's a medical emergency. If somebody was identified—. You get a swinging of the eyeballs—it's called nystagmus—and you get confusion and a wobbly gait; that is a medical emergency. All doctors should recognise all medical emergencies.

[44] **Altat Hussain:** Absolutely right, but, when we talk about dementia, it may be very difficult to pick up. So, at that time, do they have access to a reference system that can treat those patients?

[45] **Dr Watkins:** They would refer them on to the specialist drug and alcohol services.

[46] **Altat Hussain:** So, they have it.

[47] **Dr Watkins:** Yes. There are specialist drug and alcohol services everywhere in Wales, and, as you've seen from the written evidence, waiting times are good in Wales; people are being seen and there is access to specialist assessment.

[48] **David Rees:** Can I ask Jenny?

[49] **Jenny Rathbone:** Just going back to what all GPs could and should be doing in terms of understanding the prevalence of alcohol and substance misuse, the reference group stakeholders were very critical of what some GPs are not doing—simply not providing advice and information on the dangers, and maybe not reflecting on their prescribing practices in relation to substance misuse. And the Royal College of Psychiatrists also told us that some GPs and some clinicians are thinking that this is a lifestyle choice. It's a major public health issue, so what is the Government doing to change the attitudes of those who are not grasping this as a major public health issue and ensuring that they're looking at these issues in all the consultations that they have?

[50] **Vaughan Gething:** There are differences in approach, because each area planning board sets its own priorities. So, for example, in Cwm Taf, they have a scheme that covers pretty much the whole of the primary care workforce—the GP workforce there. And, as we

go through the next part of the plan, we need to make choices about what we'll set at a national level and what we will leave for people to deal with on the basis of their assessment of local need. So, there are choices to be made through all of this and I think we've recognised that there is a challenge in the evenness and consistency of the response of GP practices and how they can work in clusters together, because that's part of our ambition: to have a greater sharing of practice in a whole range of areas between clusters of GPs and the primary care team.

[51] So, I recognise some of what you're saying and the fact that it's the real lived experience of people, but that isn't the whole picture across every single part of the country, and our challenge is how we deliver greater consistency to deal with the greatest level of need. I think I said in one of my earlier answers that I recognise that some of the prejudices that exist within society at large will find their way into practitioners as well, and that is part of our challenge and part of the reason for having a training profile and programme with the Royal College of General Practitioners to deal with some of the gaps that we recognise exist. We're not pretending that there is perfection in where we are now, but I do think that we can be really positive and honest in saying that this is an area of improving practice, and improving outputs for people, while recognising there is a need to do more.

[52] **Jenny Rathbone:** I'm glad that Cwm Taf is taking it seriously and that all their primary care practitioners are aware of these issues. What are we doing, though, to ensure that all health boards are ensuring that all their primary care practitioners are up for this?

[53] **Ms Breheny:** I will say that this has been a major theme coming out of the stakeholder workshops that we've been undertaking this year for the next plan. What we're doing immediately is that, next week, we have our substance misuse national partnership board and we have a paper being discussed at that partnership board, because all of our area planning boards are members of the partnership board. We're going to be discussing this very issue— not waiting for the next plan, but discussing the issue now—because we know that there is additional money going into primary care and area planning boards are aware that the Welsh Government want to see all of the area planning boards having models in place that are similar to Cwm Taf's—they won't be surprised by our stance on that. The purpose of the discussion next week is to sit down and work out what the barriers are, really, to all area planning boards having shared care schemes in the same way. It isn't just Cwm Taf that have that, but the others haven't had coverage across all GP areas. It's certainly running with the grain of what we're hearing as part of our own consultation for the next plan.

[54] **David Rees:** That's very interesting, because we also had the stakeholder focus group this morning—and I welcome them to the public gallery today—and it seemed that they still feel very strongly that there is no improvement occurring in some of the GPs that they've been working with, and it is important that we address this. I was very interested to hear that you are making those moves, because it is a critical area, because the GP, of course, is the first point of contact for many people. When they have an issue, they go and seek support, and if the GP is unable to give that support, then it's going to be critical to the development and the improvement of an individual, so it is important.

[55] **Vaughan Gething:** There is a general picture improvement, but I do recognise that there is a need for further improvement and, as I say, stakeholders are telling us that this is an area for further improvement; there is still a real challenge. So, it's one we're not avoiding, but I wouldn't want to give the impression that this is somehow an area where things are going backwards or that the whole GP community is not interested. It is about having that greater consistency of buy in, and how we assist those people. That's something about the measures that we set, and it's also about the engagement with the workforce, which is why I go back again to say that it is really positive to have the Royal College of General Practitioners positively engaging with us on this issue.

[56] **David Rees:** I'm sure that you'll be told by the GMC and the Wales Deanery as well. John?.

[57] **Vaughan Gething:** Yes, well, the deanery.

[58] **John Griffiths:** Staying on the £50 million, Chair, but moving on to another component part of it: the £2.2 million for the all-Wales school liaison core programme. Obviously, it's really important that we are finding still the right attitudes and understanding amongst our young people to prevent problems in the future, so I think that that money is very important. Is that money the same amount as it has been in previous years?

[59] **Vaughan Gething:** We've maintained our funding for the programme, and I'm pleased that you recognise the importance of it. Part of our challenge is how we maintain the high level of buy in that we have already, because we've actually got 99.7 per cent of primary and secondary schools engaging with the programme, which is a remarkable achievement, but it's also a really good example of our joint work with the police. So, we're looking at the future of the programme, because we jointly fund it with police forces across Wales. There's a conversation with police and crime commissioners about making sure that that equal funding will roll forward into the future. Some of that will rely on having an evaluation of the programme's success, and we want to carry on with that constructive relationship, because it is also helping to build constructive and appropriate relationships between the school communities and members of the local police force. I can honestly say that a number of the police officers engaged in delivering the programme are very, very positive about the outcomes and, having anecdotal evidence, we now need a more objective evaluation to help support the investment that we think we will want to make. That evaluation will help us to make that decision.

11:30

[60] **John Griffiths:** So, as well as rolling forward the £50 million, that particular element within it has been rolled forward with the same amount of money involved. Talking to stakeholders this morning, Chair, there was a feeling that police officers aren't always the most appropriate people to deliver this sort of awareness-raising element of education because there isn't always the sort of constructive relationship you would want to see between local police officers and some of the young people within the school, for whatever reason. It was felt that youth workers, for example, are often better placed to deliver that element of education. I just wonder what your thoughts on that are, and whether we have a sufficient degree of common approach across Wales. So, are we having this crucial element of delivery within our schools consistently delivered in terms of quality, in terms of those involved, right across Wales?

[61] **Vaughan Gething:** Well, that's part of what we're looking for with our evaluation. But, I'm very positive about the fact that it's being delivered in conjunction with the police because it is about the police being able to break down some of the barriers in their own relationships with the school community, and it's about the consistency of their engagement. I do recognise that there are other practitioners, whether they're in the statutory sector or in the voluntary sector, who have a role to play in providing information, support and advice, whether that's within the school or outside school time. So, I don't rule that out and I'm not saying that this can only be done with the police in all formats, but of course young people get information and advice from a whole range of sources, so we shouldn't just pretend that the only engagement we will have will be through the school. Like I said, I'm interested in agreeing an evaluation process to tell us about what we've done so far and to give us pointers for the future on the best use of that money, and then having consistency in the way that's applied, but that does mean that we need to get all four of the different police forces into the

same space to agree on that process of funding, evaluation and then future practice.

[62] **John Griffiths:** I accept, Chair, that young people will get information from a variety of sources, in a variety of settings, but what we do know, of course, is that virtually all of our young people are in school and it's a prime opportunity to reach virtually every one of them. So, I think it is really, really important. Could you tell us what sort of timescale is involved in that exercise of evaluating what's currently taking place and what more we need to do to ensure the quality and consistency of delivery into the future?

[63] **Vaughan Gething:** I'll ask Tracey to come in, but we are actively having the conversation with the police forces. We're not wholly in control of this: we fund half of the programme and the police fund the other half. So, this isn't just a Welsh Government programme.

[64] **Ms Breheny:** Can I just pick up the point about consistency and the role of the police in the programme? In terms of consistency, that's really been one of the strengths, if you like, of the programme and is the aspect of the programme, I think, that other parts of the country look at with some envy, because it's quite tightly managed through a steering board and quite tightly co-ordinated, which focuses very much on having a consistent provision across those 99 per cent of schools. So, that has been one of its strengths, I'd say. The other is that the previous evaluations that have been undertaken on the programme have actually shown—. The police officers who are delivering it have actually undertaken an educational qualification; they're not simply local police officers brought in to deliver in the schools. What the evaluation has shown is that schools themselves have really valued those officers and the way in which they deliver the programme. So, that's just what previous evaluations have said.

[65] In terms of the review that's just been initiated, as the Deputy Minister said, it was a police-initiated review, but given our 50 per cent funding contribution, we're very much part of that. As the Deputy Minister said, what we want to see coming out of that this year is a further look, if you like, at the effectiveness of that money and the programme, because what we do know is that awareness raising doesn't always translate into changed behaviour. And, obviously, that will be a key focus for us.

[66] **John Griffiths:** Sorry, Chair, just finally, will the timings shape provision from this September onwards?

[67] **Ms Breheny:** What we envisage is that the review will happen this year and, obviously, funding decisions for 2016-17 will be able to take account of the outcome of that review. That's the intention.

[68] **David Rees:** Alun, do you want to come in on this?

[69] **Alun Davies:** Yes. I know that the Government and the Minister have spoken on this matter before about the multidisciplinary approach and the requirement to do that. But, do you know one of the things that absolutely terrifies me about these sorts of approaches is that what we do is that we construct ever more meetings for the same people to attend? My concern is that we can put a whole series of structures in place, but we won't actually affect the fundamentals of the treatment or services that an individual receives at different times. I'm thinking that we've just enacted some legislation on the wellbeing of future generations, which is giving a statutory basis to local service boards, which do bring in many of the organisations that John and you have described. Wouldn't it be an effective use of that framework to bring these people together and to give them a focus on this issue in terms of delivering on some of the ambitions that, I think, all of us would agree with?

[70] **Vaughan Gething:** You make a fair point. I think you made a similar point in the debate in the Chamber as well, so there's consistency—

[71] **Alun Davies:** I'm sorry if I'm boring you, but it's—

[72] **Vaughan Gething:** No, I'm saying that there's consistency in your approach. I think there are opportunities. There's a need to look at the structures that we've created because you make a fair point, in that what often happens is that a campaign is started around an issue and there's a demand for a new structure or a new person to be appointed, and for a new scheme to give focus to something, and you then end up having a mushrooming of different organisations. Part of our ambition here is that the multi-agency approach is actually the most effective way forwards. That means having people in the same meetings to deliver on common outcomes. We've got to agree the outcomes and I don't want people going into lots of different meetings. So, it's about what's appropriate and using the infrastructure that we have created through the Well-being of Future Generations Act 2015. I don't see any reason why this can't be consistent with that. The area planning boards that we have should not be something that runs wholly contrary to the slightly different structure we currently have on public service boards. I don't think there should be a problem here because we all recognise that, with the areas that police authorities cover themselves, you've got different maps already, so it requires people to work across boundaries now.

[73] I would hope that in the committee's recommendations we don't see lots of calls for new structures and new people to be appointed, but rather more how we make best and most effective use of what we have and, if possible, have fewer structures, but with common aims that bind in different partners and different groups. So, that's all parts of the statutory sector, including our non-devolved partners—so, prisons, probation and police—which have a big role to play in this area, and, of course, the voice and the role of the user in the third sector.

[74] **Alun Davies:** I'll take that as a 'yes' then.

[75] **Vaughan Gething:** I'm being positive.

[76] **Alun Davies:** You are being extremely positive—more positive than you were in the Chamber, so I'm pleased about that. So, if we say that we've got these structures in place and that will drive forward and bring people together, force or compel people, if you like, to work together in organisations—. Mrs Breheny, you mentioned, in answer to John Griffiths, that awareness raising doesn't always lead to changes in behaviour, and I agree with you—I think you're absolutely right in that analysis—but what is important is that we don't simply raise awareness because we can't think of anything else to do, but that we do it with a purpose, and we do it in a way that seeks to create that behavioural change, but we also measure that progress.

[77] I'd be interested to understand more about the targets that you're setting yourself and how you intend to measure the progress of this. Because, the danger is that when you've got £50 million, you think, 'Right, that's a lot of money; I want to spend it'. You rush out and spend the money and you think, 'Well, that was good, but what have we got to show for it?' I'm quite anxious to have very clear targets established ahead of expenditure and ahead of activity and that we then have a means of reporting, not on activity alone, but on how those targets have been achieved and how those objectives have delivered real change for people, both in terms of service delivery and people's behaviour, and then in terms of the opportunities that they will have in their lives.

[78] **Vaughan Gething:** Just a note of caution about targets because we want to have appropriate targets that are intelligent, but also outcomes that we're aiming for and that we can report against, so that we can be transparent about the value that the money is delivering.

Some of that will be output based. There will be figures on how many people use the various different sources of advice that we create, how many people use the social media apps that we have; that isn't an outcome, that's simply showing how much use is made of that. But, also, in terms of some of our big outcomes, you know, on our headline figures on waiting times there's a significant improvement. On the figures on the number of alcohol and drug-related deaths there's been a five year decline and we want to see a continuation of that. So, what we'll be able to do is report against a series of measures, so we'll be able to demonstrate, in this area, what is happening in Wales, are we seeing real value from the £50 million we have here, and, equally, how we then describe the other work around this as well, because earlier on we were talking about Supporting People. Well, in the different measures we have here, there'll be a contribution from other parts of the public sector and the third sector as well, so there's some sharing in the outcomes here.

[79] I think Tracey may be able to go through some of the detail of some of those measures for you, but the other point about targets is: the outcomes that people want to achieve will differ, and their circumstances will differ. And, then, trying to construct a national overlay of targets may not be appropriate for that, because you'll be measuring lots of different targets that are individually based. A lot of it is, 'Have we achieved the outcome for that person?' That's what I think is more important. Let's be honest about this: for a number of people, the journey to recovery is not a smooth or an easy one. In fact, it's not going to be. So, how we can get people to engage in services, and then how we see those people continue on the road to recovery, there'll be a jagged line, hopefully moving in the right direction, but that's our consistent experience. There is always a problem in measuring and honestly and effectively evaluating primary prevention, because how can you say how many people would otherwise have gone on to some form of behaviour that you've prevented with what you've done? That's why the figures you get will tell you something but won't tell you all of that, and honestly, we're not in the business to construct something to do that, as much as I would like or any other member of this committee. But, I think Tracey may be able to say something useful about the detail of the measures we already have to give you and others some confidence about the value we expect to gain for the money we'll be spending.

[80] **David Rees:** I'd be more than happy if you write to us with the details rather than take time now to explain them.

[81] **Vaughan Gething:** Quite happy to do that.

[82] **Ms Breheny:** I won't take that personally.

[83] **Alun Davies:** Can I say it's very refreshing to hear that analysis from the Minister in terms of an intelligent approach to targeting, because I accept that sometimes you can become a slave to a target and you do absurd things, you know, in order to meet a target rather than do the right thing, and perhaps miss that particular target? I think it's absolutely right to take that approach, but you do, nevertheless, need to be driven by outcomes rather than simply activity, and that's really where I'm at in this. But, if the Minister could write to us with an outline of that description of targets—

[84] **Vaughan Gething:** I'm more than happy to do that.

[85] **Alun Davies:** —that would be very useful. Thank you.

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

[87] **Elin Jones:** Iawn. Diolch, **Elin Jones:** Thank you, Chair. I would just Gadeirydd. Rwyf eisiau gofyn dau gwestiwn like to ask two questions to the Deputy i'r Dirprwy Weinidog. Mae'r cyntaf ar Minister. The first is on minimum alcohol

isafswm pris alcohol a deddfwriaeth, ac rwyf wedi clywed, wrth gwrs, beth yw bwriad y Llywodraeth, sef cyhoeddi'r Mesur drafft am ymgynghoriad. Rwy'n cytuno bod angen aros i weld beth yw dyfarniad Llys Cyfiawnder Ewrop ar achos yr Alban—rwy'n deall hynny—ond ar gyfer y bore yma, efallai y byddai'r Dirprwy Weinidog jest yn gallu amlinellu i ni, gan fod y penderfyniad wedi'i wneud i symud ymlaen gyda Mesur drafft, beth yn union yw dealltwriaeth y Dirprwy Weinidog o gymhwysedd deddfwriaethol Llywodraeth Cymru a'r Cynulliad Cenedlaethol i ddeddfu yn y maes yma, achos mae yna rywffaint o gonsym nad oes gan y Cynulliad Cenedlaethol y cymhwysedd deddfwriaethol i ddeddfu ar hyn, yn wahanol i'r Alban.

[88] Ac wedyn, jest ar fater lle na fydd isafswm pris alcohol, o bosibl, yn cael effaith sylweddol, sef y tueddiad yna nawr i'r grŵp o bobl sydd yn eu canol oed, canol incwm, i fod yn gor-ddefnyddio alcohol. Fe glywsom ni dystiolaeth bod y categori yma yn gynyddol yn dod yn ddefnyddwyr o'r gwasanaethau, ac efallai eu bod nhw'n troi fynd ar gyfer y gwasanaethau camddefnyddio alcohol am y tro cyntaf yn eu 50au neu eu 60au. Felly, a ydych chi fel Llywodraeth yn credu bod hyn yn broblem sydd angen ei thaclo? A ydych chi'n credu bod y gwasanaethau sydd mewn lle ar hyn o bryd yn gallu taclo'r broblem yn y categori mwy newydd, efallai, o bobl sydd, bellach, yn camddefnyddio alcohol? Rŷm ni gyd yn gwybod, yn *anecdotal*, pwy ydyn nhw: maen nhw'n yfed yn eu cartrefi, maen nhw'n yfed potel a mwy o win bob nos, ac maen nhw'n gallu fforddio gwneud hynny—maen nhw'n gallu fforddio gwneud hynny oherwydd mae ganddynt yr incwm i wneud hynny—ond, ar ryw bwynt yn eu bywydau nhw, hwyrach, mae hynny'n mynd i ddod yn broblem iechyd sylweddol iddyn nhw.

11:45

[89] **Vaughan Gething:** Thank you for the two areas of questions. On minimum unit pricing, you are right: we are waiting for the European court decision about Scotland. Our view, as a Government, is that we think that we have competence, but we recognise that, in so many areas, it is not a straightforward definite 'yes' or 'no', because, speaking as a former lawyer now, different people will give you different points of view, and it's partly about the untidiness of our settlement. It's really about going through it to have much greater clarity on what we can and can't do. I know that you and the Government also wanted to see some

pricing and legislation, and, of course, we've heard about the Government's intention, namely to publish the draft Bill for consultation. I agree that we need to wait for the judgment of the European Court of Justice on the Scottish case, but perhaps for this morning, the Deputy Minister could just outline for us, as the decision has been taken to proceed with the draft Bill, what exactly the Deputy Minister's understanding is of the legislative competence of Welsh Government and the National Assembly to legislate in this field, because there is some concern that the National Assembly doesn't have the legislative competence to legislate on this, which is different to the case in Scotland.

And then, just on a matter where minimum alcohol pricing won't have an excessive influence, on the tendency now for middle-aged, middle income groups overusing alcohol. We've heard that this category is increasingly becoming service users, and they might turn up for alcohol misuse programmes for the first time in either their 50s or their 60s. So, do you as a Government believe that this is a problem that needs to be tackled? Do you believe that the services that are currently in place will be able to deal with this problem in this new category, possibly, of people who are now abusing alcohol? We all know, anecdotally, who they are: they drink at home, they drink a bottle of wine or more per evening, and they can afford to do so—they can afford to do so because they have the income to do so—but, at one point in their lifetime, that will become a substantial health issue for them.

progress on this in the St David's Day agreement in relation to licensing as well. So, there is a range of things we want to see, but I think it's sensible for us to wait for Scotland.

[90] **Elin Jones:** I agree. Just quickly, then, on competence, and it's a different issue in terms of Scotland and Wales in that respect, have you had any communication with—I'm not sure where it would be—the Home Office on competence? Has that been discussed between Governments, or is that a matter that you've taken your own advice on, with a decision made on that advice?

[91] **Vaughan Gething:** We've taken our own view on what we think the powers of the National Assembly's settlement allow the Welsh Government to do, but we always know that, frankly, even in official-to-official conversations, you can end up getting a different view when it comes to a Bill being passed here. We've seen that, sadly, several times, and I do hope—and I'm sure that other people around this table hope—that we get to a point where we don't have those arguments over what the Assembly can and can't do with its legislative powers. The committee expressing a view on that would be no bad thing, in my view.

[92] On your second point, about middle-age, middle-income drinkers and later drinkers, it's an area where we do recognise there is a challenge. I think that, in the statements I've made to the Assembly over the last couple of months, we've recognised that alcohol is unusual in that there is a bigger chunk of problem drinkers in middle-income groups; it doesn't follow the expected pattern of deprivation having more problems. There are different challenges to the alcohol misuse profile. You're right: people with income and the ability to drink—politicians and professional groups—are a number of those people who are in that category, and they are not understanding or recognising the harm that the alcohol is causing until much later on.

[93] So, we recognise that, with older people, there's more that we can do. We recognise that, with middle-income and middle-aged people, again, this is a challenge for us about how the services respond. It goes back to some of the points that were made earlier about the way that primary care identifies and deals with these people, about recognising that group of people as people who can have problem-drinking behaviours and about understanding, when someone's in front of you, as a practitioner, whether this is a potential factor and the questions that get asked on that sort of behaviour. Some people are a bit cavalier about their ability to drink and recover as they're younger, but, if you carry on with that profile, you can expect there to be a longer-term problem. So, it is definitely something that we recognise and we want there to be a response from the relevant professions, and that will inform the strategy that we have over the next few years.

[94] **Elin Jones:** It's been suggested to us from evidence that the kind of services that exist currently for substance and alcohol misuse aren't particularly—attractive is not the right word—going to work for people who have different experiences and come from different backgrounds. I'm not an expert to know whether that's something that seriously needs to be addressed or is easily addressed, but it's been suggested that there's a mismatch between the services that are provided and this growing group of people who are turning up in general practitioners' surgeries at 50 or 60 years old. Maybe their life has been changed by losing a partner or losing a job, and, suddenly, their alcohol problem becomes the dominant issue in their life.

[95] **Vaughan Gething:** We recognise it's a challenge, so there's no complacency or just avoiding the issue, in that sense, but part of this is that a lot of those people won't recognise they've got a problem with their drinking behaviour until they reach that larger crisis point, and by then, it's a bigger problem. Again, this comes back to how we provide information, how we equip people to make more sensible choices about the choices that they're making in their day-to-day life. A lot of people won't recognise they've got a problem, and they're often

the most difficult people to reach and to change attitudes, hearts and minds. Again, this comes back to our preventative areas of work and the information we provide, and how we ensure that that message is appropriately targeted to these groups of people, and they don't just suddenly think, 'That isn't my problem. It's not for me', and switch off. So, it's not an area that I think is easy, but it is an area that we recognise that we need to have some more focus on, going forward.

[96] **David Rees:** Okay. John, on this?

[97] **John Griffiths:** On minimum unit pricing, talking to stakeholders this morning points were raised around the effect that would have on lower income groups who, perhaps, drink very strong cider, for example, and would see the price of a flagon of that very strong cider going up severalfold. Such is their problem that they would continue drinking but face much greater levels of expenditure in order to continue that, which might have unintended consequences in terms of crime, for example. Is that a view that you recognise? If so, what could be done to guard against it were we to introduce this legislation?

[98] **Vaughan Gething:** Well, there's pretty clear evidence about the impact the minimum unit pricing would have and which groups are drinkers. I know that Tracey can give you some of the detail shortly, but this is an area where, actually, for lower income groups, there's probably the biggest health gain from introducing minimum unit pricing. People make choices about what they spend on, and if they're actually at the point where it's such a big part of their life they're prepared to sacrifice—either other areas of expenditure or go into potential criminal behaviour—then they are people who already have a problem. I don't really think that, necessarily, minimum—. I don't think not introducing minimum unit pricing would be a sensible thing to do for that category of people. It goes back to our challenge of how we get to people with information to help them make different choices and then support them to make those choices in a way we're preventing further harmful behaviour. I know that Tracey has got some figures on what we think the health gain and the behaviour change will be from minimum unit pricing.

[99] **Ms Breheny:** It is an area that we were concerned to ensure that we have the evidence around, because that very point about this being a regressive policy was put to us when the public health White Paper was launched last year, and we undertook a series of consultation events about that. So, it's certainly one that's been coming through. When we commissioned University of Sheffield to undertake some modelling for us on what the impact of the 50p unit price would have in Wales, we specifically asked them to look at the impact for those in poverty, and those not, so that we would have that evidence. What that showed—as the Deputy Minister said—is that, actually, most or a good number—29 per cent or so—of those in poverty don't drink; they abstain. So, there's a much larger proportion of people on low income who don't drink much more than the general population. What we've also seen from that modelling work, which is published—that was published in December 2014—is that the impact on moderate drinkers on low income is very, very small. The impact is on those people on low income who drink to excess. Of course, as the Deputy Minister said, that is one of the very groups that we want this policy to target. So, that's what the evidence showed us, and that was published in December.

[100] **David Rees:** Could you possibly either give us a copy of the research, or a link to a copy, so that we identify it?

[101] **Ms Breheny:** Of course.

[102] **Vaughan Gething:** We can direct the clerks to where that's available.

[103] **David Rees:** That's very good. Thank you. Okay, John?

[104] **John Griffiths:** Yes, I could follow it up, Chair, but I think we're probably a bit strained in terms of time now.

[105] **David Rees:** We are constrained in terms of time, yes. I'll come back to you if we've got a bit of time. Okay. Jenny.

[106] **Jenny Rathbone:** I just wanted to pursue the legislative competence because local authorities already have four areas where they can decide whether or not to grant a licence around public safety, preventing crime and disorder, preventing public nuisance and protecting children from harm. It's obviously completely hopeless to think that Westminster could possibly be able to assess protection and improvement of public health issues from there, and it has to be done by public authorities. I suppose my question is, really, whether we couldn't be improving the focus on the protection and improvement of public health in the other four aspects of decisions around licensing. I wondered if you could tell us what the lawyers have advised on this.

[107] **Vaughan Gething:** I can't tell you what the lawyers advised. But, if we recognise there's something we can do with our partners on maximising the powers we already have—. But, in terms of changing those, because it's a UK Act where there's a dispute about competence, that's why we're waiting for the point about the minimum unit pricing Bill. And also that's why we wanted the St David's Day process to deliver agreement to devolve licensing powers properly and fully to this place, and it hasn't. That's a disappointment, but, if this committee on a cross-party basis agreed it would be sensible to have a joined-up set of powers and competency in this place to deal properly with that area, I think that would be very helpful, but it is a matter for committee members to decide if they want to do that.

[108] **Jenny Rathbone:** Okay. Well, obviously, I would strongly back that proposal. I don't think we should wait until Scotland has introduced this additional clause; it's urgent. And I would back what Alun Davies said about service boards being the place where they can bring together the various issues, because you've got trading standards and you've got the rubbish collection people as well as public health and road traffic accidents, et cetera. It seems to me that it's an obvious area where service boards have to get to grips with this on a multidisciplinary basis.

[109] **Vaughan Gething:** To be fair, non-devolved public services are keen to engage. They recognise the value of the work they already do. Police and crime commissioners are very positive about their work with devolved partners, and they want to see it happen on a more regular and consistent basis overall.

[110] **David Rees:** Okay, I'm going to move on then to Altaf.

[111] **Altaf Hussain:** Yes, there are two points. One is about education and schools. Is the ministry of education involved in this? That's No. 1. Number 2: on alcohol-related brain damage and traumatic head injuries, when people are admitted into the hospital, it's very difficult to diagnose them so early that next day you'll be discharging them, and then they don't know where to go. Are there services in place and guidelines and protocols for these A&E departments and those departments that look after head injuries on where they should be referring these patients?

[112] **Vaughan Gething:** On the first point, the education Minister is aware and is supportive of the programme of work that we're doing in schools, as you'd expect. I'll ask Sarah to deal with the point about the guidance available. But we've got a range of work already in train on alcohol-related brain damage. I opened a conference on this a few months ago. We've got some work that one of the particular tier 4 institutions is doing on this for us.

We're conducting our own reviews as well. So, we'll expect to have more work to inform what we'll have in the next plan and the next strategy on alcohol-related brain damage, but, on the very specific point you asked about trauma and the identification, it's probably best if I defer to Dr Sarah Watkins on that.

[113] **Dr Watkins:** Certainly, there are protocols and clinical guidelines in place, so we would—. There are professional guidelines and there are also bodies such as NICE, which have clinical guidelines, which we expect all professionals to take due account of. So, there are guidelines and pathways there for professionals to follow. In terms of brain injuries and alcohol-related brain damage, if somebody has a specific clinical need that relates to dementia—. For example, when we gave money in 2011 to develop young onset dementia services, we gave £0.5 million to develop those across Wales. We specifically said that LHBs should be including, within their planning for that, to meet the needs of people with alcohol-related brain damage. You're right that there's an issue about people who have brain injuries from trauma, and them finding places that meet their clinical needs. Now, neuropsychiatry services would tend to try and pull together the consequences to people's behaviour when they've had a brain injury, and then find appropriate places for them. So, there are services in place, and LHBs are expected to meet the clinical needs of all their patients. But I think making those pathways easy is important, because, actually, if you're an individual with those problems, finding your way through the maze and having people say, 'Oh, you've had a stroke, you go to stroke club, but actually, no, you can't go there, because you've got the same symptoms, but actually you didn't have a stroke, you've had a road traffic accident'—that's not helpful. So, we do expect people to make sure that an individual's needs are met, and that's the critical thing.

[114] **David Rees:** I'm very conscious of the time.

[115] **Vaughan Gething:** I'm going to need to leave on time.

[116] **David Rees:** You've got to leave on time.

[117] **Vaughan Gething:** I do, yes. If there are questions the committee wants to ask that we haven't reached, I'll happily deal with them in writing, but, like I said, I do need to leave on time today, which is unusual for me, but I really do need to leave.

[118] **David Rees:** In that case, time is up. I will definitely want to ask questions on the successor to the peer-mentoring scheme and the gap in between the closure of the peer-mentoring scheme and the successor coming into force.

[119] **Vaughan Gething:** We have got some interim measures in place, but I'll happily outline those in writing.

[120] **David Rees:** And also what work the Welsh Government is doing on people who are about to leave prison and come into the community, and what support they're being given in that period of time. So, I'll definitely want to ask those questions, but we'll also write to you on other specific questions.

[121] **Jenny Rathbone:** Can I also suggest the over-prescribing of medicines and then people becoming addicted—they're prescribed medicine for one thing and then they become addicted to that medicine?

[122] **David Rees:** So, we'll write to you, Minister, for some clarification.

[123] **Vaughan Gething:** No problem at all.

[124] **Alun Davies:** Can I say also, I very much agreed with the point the Minister made on alcohol licensing and the St David's Day process, and I think it'd be very useful, if there's agreement among the committee, that we would write to the Minister or the First Minister on that?

[125] **David Rees:** We'll discuss that after. The Minister's got to go on time, so I'm very conscious—. Thank you very much for your evidence. As you know, you will get a copy of the transcript to check for any factual inaccuracies; please let us know if there are any. Clearly, you are fully aware now there'll be further questions coming your way in a written format.

[126] **Vaughan Gething:** Indeed. I look forward to them, and to your final report.

[127] **David Rees:** Thank you very much.

12:02

**Cynnig o dan Reol Sefydlog 17.42(vi) i Benderfynu Gwahardd y Cyhoedd o Eitemau 5 a 10 y Cyfarfod hwn ac Eitemau 1 a 2 y Cyfarfod ar 17 Mehefin 2015
Motion under Standing Order 17.42(vi) to Resolve to Exclude the Public from Items 5 and 10 of this Meeting and Items 1 and 2 of the Meeting on 17 June 2015**

Cynnig:

bod y pwyllgor yn penderfynu gwahardd y cyhoedd o eitemau 5 a 10 y cyfarfod hwn ac eitemau 1 a 2 y cyfarfod ar 17 Mehefin 2015, yn unol â Rheol Sefydlog 17.42(vi).

Motion:

that the committee resolves to exclude the public from items 5 and 10 of this meeting and items 1 and 2 of the meeting on 17 June 2015, in accordance with Standing Order 17.42(vi).

*Cynigiwyd y cynnig.
Motion moved.*

[128] **David Rees:** Therefore, under Standing Order 17.42(vi), the committee now resolves to meet in private for items 5 and 10 of this agenda, and also items 1 and 2 of the meeting next Wednesday, 17 June 2015? Are Members content? Therefore, we'll move into private session. Thank you very much.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 12:02.
The public part of the meeting ended at 12:02.*

*Ailymgynullodd y pwyllgor yn gyhoeddus am 13:18.
The committee reconvened in public at 13:18.*

**Rheoliadau Gofal a Chymorth (Cymhwysra) (Cymru) 2015:
Sesiwn Dystiolaeth 1
Care and Support (Eligibility) (Wales) Regulations 2015: Evidence Session 1**

[129] **David Rees:** Good afternoon. Can I welcome Members back to this afternoon's session of the Health and Social Care Committee? This afternoon, we'll be looking at the Care and Support (Eligibility) (Wales) Regulations, which are as a consequence of the Social

Services and Well-being (Wales) Act 2014. We have three oral evidence sessions this afternoon, and we'll go straight into them, if that's okay with Members.

[130] Can I welcome, therefore, Simon Burch and Parry Davies, both from the Association of Directors of Social Services? Simon Burch is from Monmouth and Parry is from Ceredigion. Good afternoon and welcome. Can I also thank the ADSS for the paper that it's provided prior to this session? But we have a very short timescale, so if it's okay with yourselves, we'll go straight into questions. I'll start the questioning with Gwyn Price.

[131] **Gwyn R. Price:** Thank you, Chair. Good afternoon, both. You highlighted that your main concern is about pressure in terms of staff training and workforce development. Do you believe that progress is on track to successfully implement the eligibility criteria from April 2016 as planned? Do you think it's on track?

[132] **Mr Burch:** That is a key issue for us. We very much welcome the destination, and I think the questions around the table today will be much more about, as you've stated, really, the progress towards that destination—won't they, really? So, what we've tried to say very clearly in here is—and it goes beyond, I think, a concept of staff training—about a culture change. It's about helping our staff, and, indeed, the people out there who receive services, to think of this in a very different way. So, I think there are challenges ahead as we move to that point, and what I would say is there certainly won't be a big bang in April 2016 when suddenly everything's operating. We are moving towards culturally working in a very different way, based on strengths, on preventative services and all the things that come out in the report. So, we will work with others actively to get to that point, but it will be, I think, a longer, ongoing journey.

[133] **Gwyn R. Price:** Do you think we are progressing along that—

[134] **Mr Davies:** Yes. The scheduled training packages are coming online. The first set is already available and that's for broader awareness raising. I think the next phase will focus particularly on the kinds of things that will support that cultural change, especially the new approach to assessment.

[135] **David Rees:** Can I cut in? Who is developing the training packages?

[136] **Mr Davies:** That's been commissioned by Welsh Government.

[137] **David Rees:** So, it's going to be a consistent training package across Wales.

[138] **Mr Davies:** Yes, and that's been commissioned by Welsh Government of the Care Council for Wales.

[139] **David Rees:** Okay, thank you. Lindsay?

[140] **Lindsay Whittle:** It's on preventative services, Chair. Good afternoon—sorry. The Welsh Government's intention is for more people to be helped outside the eligibility through these preventative services, which are held in all of our communities. How realistic do you think this is, bearing in mind that social services is under extreme pressure now, with your budgets? That's across the whole of Wales, really. Do you think that's realistic?

[141] **Mr Davies:** I think we need to consider two elements: one is preventative services, along with early and targeted intervention. I think if we were to model this on what's already in train in relation to children's services, we are seeing that that is a model that is having some impact already. The challenge, I think, will be to ensure that the preventative services particularly are ones that are properly commissioned, so that we are making those

commissioning decisions on the basis of what I would call ‘proven prevention’—those things that we know will make a difference. I think that, more than likely, is the challenge that we face.

[142] **Mr Burch:** Just to add, I think that’s about having a very healthy third sector and working very closely with them, but of course, as your question also implied, it’s about generally having resilient communities in Wales and having the adequate funding to be able to support those things. So, clearly, these are all part of the same whole, and the extent to which we build those strong communities and to which those targeted preventative services are there will influence this.

[143] When Parry and I were talking before this meeting, it was very clear that, although the word is ‘eligibility’, this isn’t a particular point in the sand; it’s very clearly part of a continuum isn’t it, really, from people living fully independent lives through to getting support and information and so forth? So, in a sense, these things all merge together and that’s, very clearly, the journey that we’re on together.

[144] **Lindsay Whittle:** I do agree that commissioning is, indeed, the key to the success of this, really. How do you feel that maybe the health services, which you mentioned in your evidence, are gearing up for this?

[145] **Mr Davies:** I think there are opportunities, particularly in relation to, as I mentioned, early intervention. Certainly, the move towards more community-based services, and especially the policy of clustering GP services, I think, do give us a huge opportunity to work in the community with health colleagues. Especially with the clustering of GP surgeries, we can begin to get into predictive care in a much more targeted way than we have been able to hitherto. So, from that perspective, I think there’s a great opportunity.

[146] **Lindsay Whittle:** A final question, through you, Chair, on the merger of health services with social services for adults—not for children, but for adults. Do you have any opinions on that? Do you think that would improve services?

[147] **Mr Davies:** From our perspective, the important thing is that we have clarity around those areas of joint endeavour. I think that is what makes it. There are clearly advantages to working jointly, so that the person at the centre—the client, the patient or the citizen—has an integrated experience of our services. I think that is what we should be aiming for.

[148] **Mr Burch:** I think we already have evidence of that on the front line with some successes around reablement and integrated teams. It’s also worth remembering that when we talk about eligibility and these decisions, there will be health colleagues making similar decisions. The way in which they help people maintain their own health and so forth will be as important to how our resources are configured overall—our social workers. You know, they will be making those decisions alongside us.

[149] **Lindsay Whittle:** How would you monitor the success of the decisions? You can gauge the success of social services, but how would you gauge the success of the health services?

[150] **Mr Burch:** Well, if I speak about our own experience in Monmouthshire, we are seeing already the way in which integrated teams work differently, and case studies where district nurses come back and say, ‘This person has now regained their health and is living independently because of the way in which we’ve put in social care workers and targeted nursing’. As Parry said, the GP has been alongside this process. So, I think we can see that works, as long as people are sharing that concept of a community service, which is focused on helping people regain health.

[151] **Lindsay Whittle:** Okay. Thank you very much, Chair. Thank you.

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

[153] **John Griffiths:** Yes, in terms of eligibility and establishing eligibility, and the ‘can and can only’ test, I think you’ve some concerns over whether this will achieve the desired simplification and greater consistency. Could you tell us a little bit more about your concerns on that front?

[154] **Mr Davies:** The corollary, I suppose, from a professional perspective, is the kind of difference, if you like, between the approach to service provision in adult social care compared with children’s services. I think, from a children’s services perspective, for quite a number of years, the approach has been very much around a framework for assessment. Clearly, there are thresholds that are important to take account of, significant harm being a major one. Nevertheless, it isn’t the kind of approach where there is a hard eligibility, where it is a gatekeeping kind of function. I think, from our perspective, accepting that the ‘can and can only’ approach will need time in the same way as the concept of significant harm, for instance, in children’s services needed time to work through its implications, similarly, I think we will see the same kind of thing needing to happen in relation to how this is implemented. Certainly, it does move away from an approach to eligibility, which is a hard ‘yes’ and ‘no’ answer.

[155] **John Griffiths:** So, do you have concerns, then, that this will not lead to the right level of access to care?

[156] **Mr Davies:** I think maybe the opposite, actually. The previous comment by Simon that it’s part of a whole is quite important, because the model is very much around moving services and resolutions and solutions, and thinking in that mode, and outcomes for people, and assessing in proportionate ways according to the need. I think that that approach will help people get the kinds of services that they need at the right point, rather than perhaps having to reach a particular point of eligibility before they do actually get a service.

[157] **Mr Burch:** If I may just add, I do think this is a sophisticated way of working that we’re moving towards. As Parry says, it’s not a yes/no, on/off decision. I know, for example, in the code of practice, there are some very nice case studies. It talks about a man with a learning disability, who might be eligible, and then, as he through his work within his community becomes more independent, and has a fuller life, he ceases to be. Those sorts of conversations are going to have to be ongoing, complex and carefully managed. So, I think it might not always be quite as simple, to answer your question, and we will have to make sure that we monitor it in ways that help us ascertain that people aren’t, for example, being denied services they do need. I think, in terms of outcomes—and we’ve seen this in our own experience leading up to the Act—where you get that right, people’s lives can really genuinely be transformed by that sort of approach. But it needs very careful monitoring, that’s for sure.

[158] **John Griffiths:** Okay. That’s fine, Chair.

[159] **David Rees:** Thank you. Elin?

13:30

[160] **Elin Jones yn parhau:** Diolch, **Elin Jones continues:** Thank you, Chair. I Gadeirydd. Fe fyddaf i’n gofyn yn Gymraeg. will be asking in Welsh. I just want to ask Rwyf jest am ofyn ynglŷn â beth rŷch chi’n about what you foresee the expectations of

rhwgwydd bydd disgwyliadau pobl o Ebrill 2016, a sicrhau bod pobl sydd, o bosib, naill ai yn ofalwyr neu'n bobl sy'n derbyn gwasanaethau eisoes yn y gyfundrefn. Beth fydd eu disgwyliadau nhw o newidiadau ac o ailasesu? A ydych chi'n rhagweld y bydd hwnnw'n broses parhaus iddyn nhw o dan gyfundrefn newydd neu a fyddan nhw'n parhau o dan hen gyfundrefn, yn ymarferol?

[161] Wedyn, o ran y criteria cymhwysra, mae cael criteria cymhwysra yn un peth, ond mae gwneud yn siŵr eu bod nhw'n cael eu dehongli a'u gweithredu yn gyson o fewn un awdurdod lleol neu ar draws awdurdodau lleol yn mynd i fod yn fater lle mae barn broffesiynol yn para i fod yn ddylanwadol ar benderfyniadau. Rwy'n gwybod ein bod ni wedi trafod hyfforddiant eisoes, ond a oes yna ffyrdd eraill rŷch chi'n credu sydd yna a fydd yn gallu bod o help i weithredu'r rheoliadau, sydd yn mynd i sicrhau cysondeb ar draws awdurdodau lleol?

[162] **Mr Davies:** Gwnaf ymateb yn Gymraeg, felly. O ran y disgwyliadau, rwy'n credu mai un o'r pethau fydd yn bwysig iawn i ni yn weithredol i'w wneud yw sicrhau nad yw defnyddwyr gwasanaeth un funud, fel petai, yn derbyn gwasanaeth ac yna, y funud nesaf, oherwydd bod y newidiadau hyn wedi dod i mewn, yn colli'r gwasanaeth. Nid oes neb yn mynd i fod yn hapus gyda hwnnw. Felly, yr hyn y byddwn ni'n gweithio tuag ato fe yn y misoedd sy'n arwain i fyny at y ddeddf yn dod yn fyw, fel petai, yn 2016 yw sicrhau defnyddwyr ein gwasanaethau ni na fydd hwn yn rhywbeth lle y byddan nhw'n wynebu newid nac, yn sicr, yn wynebu colli gwasanaeth dros nos. Felly, mae gwaith gennym ni i'w wneud, rwy'n derbyn hynny, i sicrhau defnyddwyr y gwasanaeth sydd gyda ni'n barod ynghylch y newidiadau yma. Rŷm ni'n gweld hwnnw fel ein cyfrifoldeb ni.

[163] Rwy'n credu, mewn perthynas â chysondeb, mae'n bwysig bod yr hyfforddiant yn gyson, ac felly mae'n beth da, rwy'n credu, fod yna sail i'r hyfforddiant—hynny yw, bod pcedi o hyfforddiant sydd yn gyson yn cael eu weithredu'n gyson drwy Gymru gyfan. Rwy'n credu y bydd hynny'n help. Nid yw wedi cael ei adael, fel petai, i bob awdurdod i ddatblygu ei ffordd ei hunan o weithredu'r

people will be from April 2016 onwards, and how do you ensure that people who, possibly, are either carers or people already receiving services, are in the system. What will their expectations be following the changes and reassessment? Do you foresee that that will be a continuous process for them under the new system, or will they continue under the previous system in practice?

Then, in terms of the eligibility criteria, it is one thing having those eligibility criteria, but making sure that they are interpreted and implemented consistently within one local authority or across all local authorities is going to be an issue for which professional opinion will continue to be very influential on decisions. I know that we've discussed training already, but are there any other ways out there, do you think, which could be of assistance in implementing these regulations to ensure consistency across local authorities?

Mr Davies: I'll respond in Welsh, too. In terms of expectations, I think that one of the things that will be extremely important for us on an operational level will be to ensure that service users aren't receiving a service one minute, as it were, and then, the next minute, as a result of these changes being implemented, those services being removed from them. Nobody would be happy with that kind of situation. So, what we will be working towards in the months leading up to the legislation going live, as it were, in 2016 is to actually reassure our service users that this isn't going to be something where they will be faced with changes, and they won't have to face losing services overnight. So, we have some work to do there, I accept that, in order to reassure the service users that we already serve about these changes. We see that as being our responsibility.

I believe, in relation to consistency, that it is important that the training is consistent, and therefore I do think that it's positive that there is a foundation for that training—that is, that there are packages of training that are consistently applied and provided throughout Wales. I think that will be of assistance. It hasn't been left to each authority to develop its own way of implementing the legislation. I think there's also a role here for regional

ddeddf. Rwy'n credu hefyd fod rôl fan hyn i'r gwaith rhanbarthol, ac rwy'n credu bod hwnnw'n mynd i fod yn help inni i gysoni'r ffordd rŷm ni'n defnyddio pethau. Mae gwaith eisoes yn digwydd ar lefel ranbarthol; rŷm ni'n ceisio bod yn fwy cytûn ynghylch y model o ofal rydym yn ei ddarparu. Yn sicr, wrth i'r ddeddf gael ei gweithredu â'r oblygiadau o safbwynt y gweithlu o ran hyfforddiant a datblygiad, a newid diwylliant, mae'r arweinyddiaeth ranbarthol yn mynd i fod yn hanfodol o safbwynt cysondeb—a chysondeb yn arbennig ar draws ardaloedd y byrddau iechyd.

[164] **Elin Jones:** Jest i fi gael deall o ran gweithredu ymarferol cychwyn y ddeddfwriaeth yn 2016, yn ymarferol, felly, i ddefnyddio'r gwasanaeth presennol, a fydd pob un yn gorfod cael eu hailasesu yn erbyn y ddeddfwriaeth newydd, y rheoliadau newydd, erbyn 2016 neu a fydd pobl sydd eisoes yn derbyn gwasanaethau—

[165] **Mr Davies:** Fy nealltwriaeth i yw y bydd pobl sydd eisoes yn derbyn y gwasanaeth yn parhau i dderbyn y gwasanaeth. Wrth gwrs, mae yna drefniant o ran adolygu sydd yn rhan o'r drefniadaeth bresennol: wrth i'r adolygu gofal ddod i mewn, byddem ni'n disgwyl gweld mai ar y pwynt hwnnw y byddem ni'n edrych ar ffordd wahanol o wneud pethau.

[166] **David Rees:** Altaf.

[167] **Altaf Hussain:** Just a quick question about the involvement of the GPs. Are there any incentives for them to do this? Are they supposed to do it? We know they are overstretched. You can't get the appointment to see them.

[168] **Mr Burch:** The conversations I've had with GPs are broadly in favour of this because they do see anything that intervenes earlier with people, anything that is interested in building strong communities and so on as in their interests. So, actually, I find there's a lot of alignment with this. It's in nobody's interests to only be focusing on people once they hit a crisis, and I think this model is talking much more about what we do to intervene as we approach that point. So, I think GPs, overall, are supportive, and I've not seen any evidence either way to suggest that this will increase the demand on GPs. I don't know whether you have, Parry.

[169] **Mr Davies:** You may be asking the wrong people, but, from our experience, as I mentioned earlier, the policy of developing GP clusters—well, in one sense, that isn't something that is in our gift to implement or otherwise. But, clearly, that gives us a great opportunity, I think, to work especially on these preventative and targeted intervention-type services and approach with health colleagues. The conversations that we've had at a local level clearly see the alignment as being very positive.

working, and I think that that will assist us in making our approach more consistent. Work is already happening at a regional level; we are trying to come to a consensus on the model of care that we provide. Certainly, as the legislation is implemented with its implications in terms of the workforce in terms of training and development, and in terms of culture change, then the leadership at a regional level is going to be essential from the point of view of consistency—and consistency particularly in terms of the health board areas.

Elin Jones: Just for me to understand the practical implementation of commencing the legislation in 2016, in practical terms, therefore, to use the current service, will everyone have to be reassessed according to the new legislation, the new regulations, by 2016 or will people who already receive services—

Mr Davies: My understanding is that those people who already receive services will continue to receive them. Of course, there is a review procedure, which is a part of the current arrangements: as the review of care comes in, we would expect that it would be at that point that we would look at a different way of doing things.

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

[171] **Alun Davies:** Thank you very much. I was interested in your earlier answer to Lindsay Whittle. You were very clear that, notwithstanding resource issues within local government at the moment, you feel that you are very well prepared and that you have the resources available to you in order to deliver this new regime. Am I correct in my understanding of where you are?

[172] **Mr Davies:** Well prepared? I think that we feel that good preparations are being made for the implementation, and we are part of that, clearly. To—

[173] **Alun Davies:** I'm sorry, you're not part of it; you should be leading it as well, shouldn't you?

[174] **Mr Davies:** Of course, yes—

[175] **Alun Davies:** So, you're not just—

[176] **Mr Davies:** Sorry—

[177] **Alun Davies:** The point I want to make—

[178] **Mr Davies:** No. Sorry; I mean in terms of the preparations for the Act. Clearly, in terms of preparation for the implementation, that is a major part of our work, but there are other factors, as I mentioned earlier—the provision of the training material, for instance—so, that's what I meant by that. As I said, as the training materials are being made available, as the regional developments are taking place, my feeling is that we are putting the elements in place that need to be there for the implementation of the Act.

[179] **Alun Davies:** Do you see any significant roadblocks or barriers to you completing this task in the timescales required?

[180] **Mr Burch:** Can I just add to that? As I did say earlier, I don't feel there are specific roadblocks, but the complexity of this process and the cultural shift that we referred to on a couple of occasions—that is the issue. If you're thinking about a social worker walking into a situation and assessing and engaging with a family in the way in which this talks about, the first thing is that that happens one family at a time. So, to take the earlier comment, yes, it's not that we're going to review everybody overnight and, suddenly, everything changes. Each time, it will be a different conversation. In some ways, it will be a longer, more complex and ongoing conversation. So, when you ask us directly, 'Are you prepared?', I think, as Parry said, everything is being put in place that we would expect, but the training and ongoing support and reflections of staff will mean that there won't be some sudden big bang in April 2016. We will be reflecting on that and developing it over the next year or so, I think. I don't know whether that gets any nearer answering your question.

[181] **Alun Davies:** Oh, it does. I'm not trying to catch you out at all, but, you know, you are the leaders of the profession here, so I want to know if, in your professional judgment, there are decisions that haven't been taken by Government or that should be taken by Government, or whether the structures or resources are in place for you to deliver on your responsibilities to make the change to this new regime. I'm anxious to know that either, yes, you can do this, everything is in place and will be in place in a timely way, or whether there are particular issues and, if there are, I want to know what there are. You're both nodding, so—.

[182] **Mr Davies:** I don't think anybody sees this as a walk in the park. This has involved ourselves as directors and people who work as heads of service within our organisations in some of the development of this thinking. So this, from our perspective, isn't something that has been foisted upon us at the last minute. From that perspective I suppose I have a high level of confidence that this is something that has come from the profession and that should aid its implementation. But having said that, as Simon was saying, it will not be a big bang in April 2016. But, as I said before, we have a high level of confidence that the components that need to be in place, particularly those things that will underpin the cultural shift, are being put in place. But that is not to say that, more than likely, if we had more time, it would be great to have more time, but the reality of it is that we face a timescale and we intend to deliver to it.

[183] **Alun Davies:** I understand that, and I am looking for a level of certainty, I suppose. If a pilot told me there was a high level of probability I'd get to the end of a journey, I'm not sure I'd start it. You haven't this afternoon, though, identified any significant roadblocks or barriers to implementation. I'm going to give you the opportunity again to do that.

[184] **Mr Davies:** Allowing for the fact that the real implementation of it will be—as Simon was saying—in the shift that happens in the conversation that social workers and others will have with clients on a day-to-day basis.

[185] **Alun Davies:** To what extent have you involved service users and potential service users in the design of these programmes, to effect what I agree with you is very much a cultural change as much as a structural change? Have you been involving people who will potentially use these services in the design of the training materials you've described, and also in the way that you are changing, if you like, the way that your staff will work?

[186] **Mr Burch:** Let me start with the latter of those. I'm not sure exactly how the training is being developed, but certainly it is important to realise that part of our confidence comes from the fact that we are already doing some of this, because this is the agenda that we very much believe in and want to be a part of. My authority, like Parry's and many others, is engaged in this and this co-production—that is the term often used now—is at the heart of this. Indeed, the sorts of changes we're talking about can only happen if you are having different sorts of conversations with individuals and their families. And we are doing that now. I think at first, a few years ago, we realised the power of reablement; so, helping people regain those abilities and work with health on that. Now, I think the phase we've moved into is realising that if you have different conversations with individual people about what sorts of lives they are seeking to live and how we can help them achieve that level of wellbeing, you end up in a very different place. We can give you case studies and examples of that. So, that gives a confidence. But it is, as I say, a person-by-person, slow process. So, to land that plane safely, we will be judging that in some years' time, I think.

[187] **Alun Davies:** Okay, but you have involved service users.

[188] **Mr Burch:** Indeed.

[189] **Alun Davies:** You have. Can you give us possibly an example from either one of the authorities of how service users have influenced your thinking?

[190] **Mr Davies:** I think we need to be clear. Again, this element of the Act sits within a wider approach, and one of the important aspects of it is the outcomes framework, because we are working to the outcomes framework. From our perspective, we have contributed as an organisation, as individuals, to the development of that outcomes framework. I am very much aware that other groups, representative groups and users in their own right have actually developed and have contributed to the development of that thinking.

[191] **Alun Davies:** Okay, thank you.

[192] **David Rees:** You've indicated in your written evidence that the first point of contact will need to be highly skilled staff, but that that might have an impact upon the information and advice services. Have you done any assessment as to whether it would have, and, if you have, have you come up with any solutions as to how to tackle that issue?

[193] **Mr Davies:** Shall I—

[194] **Mr Burch:** If—

[195] **David Rees:** I don't mind which one answers.

[196] **Mr Burch:** Sorry. We're not a well-rehearsed double-act here, are we? Yes, I think that having skilled people—. To take the second part of that, this approach is based on having skilled people who butt up against the issue at the beginning.

13:45

[197] So, I think that, although we describe it in a linear way—we say, 'You give advice, you help people, you reable and so on; they become eligible'—actually, it's much more of a circular process than that and people come in at various points of it. So, it's as strong as the weakest link, isn't it, in a way, really? So, we're all working on the advice at national level and, indeed, on our websites and so forth to strengthen that, but, at the end of the day, when you ring up to speak to social services, you need to get somebody who can have that conversation with you at that point. I've slightly lost—. What was the key part of the question you wanted—

[198] **David Rees:** The key part of the question is whether you've done any assessment of the impact upon information and advice services and, if you have, have you identified any areas that need to be addressed.

[199] **Mr Burch:** Right. I haven't got a full grasp of the level of evaluation of that. I think things that I'm aware of and that we have read are that, clearly, it needs to be high quality and there will be variation, currently, across Wales.

[200] **David Rees:** In that case, you can come back to us with an answer at some point in the future.

[201] **Mr Burch:** We can certainly do that, yes.

[202] **David Rees:** Okay. One final question from me because I notice the time. Go on, Elin; I'll let you go first.

[203] **Elin Jones:** I just wanted to ask this: if we're going to be asked to vote on these regulations in a few weeks' time, are there any issues that local authorities and directors of social services are concerned about in particular, over the regulations, that you want to make us aware of before we take a decision on that vote? I'm thinking there also of the cost implications for local authorities of implementing these in full.

[204] **Mr Davies:** I think we've described some, I wouldn't say aspects of concern, but some challenges within our written evidence, and I think those are there. I think, from our perspective, the aim is to ensure that social services are sustainable in the longer term and, therefore, I suppose, from our perspective, this is a way in which we can reconfigure the approach so that there is a greater emphasis on prevention, targeted intervention and early

intervention, which, hopefully, will help us deal with the increasing demand in terms of demography and expectation in a very different way.

[205] **Mr Burch:** As you know, we are making clear our broad support for this, but, you know, resources are factor and, as we've discussed several times today, the way in which we implement this in terms of culture and training is also a key factor. But, it is something that is broadly welcomed by ADSSC.

[206] **Alun Davies:** So, just for my clarity, the answer to Elin's question is 'no'.

[207] **Mr Davies:** Yes, if you want it in the 'yes' or 'no' way.

[208] **Alun Davies:** That's just for clarity. [*Laughter.*]

[209] **David Rees:** Alun likes a 'yes' or 'no' sometimes.

[210] **Alun Davies:** I like to know where we stand.

[211] **David Rees:** I will ask my final question. Obviously, there is no appeal process, but there is a review and reassessment process. This is, as you say, a cultural change as much as anything else, and, as such, in the early stages, we may well see quite a requirement, maybe, for review and reassessment. Have you factored that into your workload capacity this year to look at how that might impact upon particularly the early years of implementation?

[212] **Mr Davies:** I think we've certainly recognised the need to be able to put in place some very close monitoring of the implementation of this in its early stages. Again, that is something that we are looking at, certainly from our perspective, at a regional level, so that we make use of the increased funding—the transition grant particularly—to help us to do that. So, from that perspective, you know, we will need to ensure that we keep a very close eye on the implementation of it, because there is an end in mind and it has to be more efficient and more effective.

[213] **Mr Burch:** Just to add, at an individual level, then I think, yes, there may be more of a burden of review in some sense, but I think what we're aiming towards is that proportionality that we haven't always had in reviews. So, some people will require almost constant review and monitoring; other people will be able to let us stand back from their lives as they become more independent. It will be very much about proportionality, I think, really—how we use our resources.

[214] **David Rees:** Okay. Well, thank you for that. Thank you for your time this afternoon. I'm sure the evidence you've given us will help us put our thoughts together. You will get a copy of the transcript to check for any factual inaccuracies. Please let us know as soon as possible if there are any. So, once again, thank you very much. We will wait a couple of minutes whilst the witnesses change over.

13:51

**Rheoliadau Gofal a Chymorth (Cymhwysra) (Cymru) 2015:
Sesiwn Dystiolaeth 2**

Care And Support (Eligibility) (Wales) Regulations 2015: Evidence Session 2

[215] **David Rees:** For the next evidence session, we will have a representative from Age Alliance Wales, Emma Sands; we have Keith Bowen from Wales Carers Alliance and Meleri Thomas from Social Care and Wellbeing Alliance Wales. Good afternoon and welcome.

Again, thank you very much for the evidence you've provided in written format to date. We will go straight into questions if that's okay with you. Gwyn.

[216] **Gwyn R. Price:** Thank you, Chair. Good afternoon. Could you expand on the concerns you raise regarding the Welsh Government's intention that more people receive care and support outside of their eligibility through preventative services?

[217] **Ms Sands:** Yes. Age Alliance Wales was concerned, I think, with regard to preventative services. There are an awful lot of services that are provided within the community and these can range from anything to the meals on wheels, through to classes and through to community transport. All of these things really help older people to access services that prevent them and their condition from deteriorating. You know, community transport can certainly help people to access hospital and GP appointments, which we know they need to do. We are concerned at that point that local authorities may choose to interpret that differently—what is a preventative service? Because, on the face of the Bill and within the regulations, it's not defined, and what we would have liked to have seen was what is a community service and whether or not a local authority has to provide that.

[218] **Gwyn R. Price:** Okay. Thank you.

[219] **Mr Bowen:** Yes, I think our key issue with regard to community preventative services is that, actually, for many carers—and I'm here today on behalf of Wales Carers Alliance—it's exactly these sorts of services that are vital for supporting them as carers and for the people who they care for. I think that our key concerns are twofold, really: first of all, with regard to the challenge that is on our previous colleagues to actually develop that infrastructure of community preventative services. We don't particularly feel that, at the moment, there is that framework or network of infrastructure of community services out there to really fulfil the aims of the Act. We were concerned, to be frank, about where the funding is going to come from. So, that is a big challenge, I think, behind the aims of the Act. Will there actually be the community preventative services across the whole of Wales for local authorities to be able to refer on to?

[220] The second aspect is on an individual basis, really, whereby the duty to promote community preventative services is a general duty on local authorities whereby, of course, with regard to the eligibility issues, we're looking at individual legal rights and entitlements. There's quite a potential mismatch between the two, and I think it's exactly the interaction between those two that we would have some concerns about. We would actually like to see a bit more in the regulations and code to be a bit more explicit on how that interaction is going to work. Specifically, with regard to the eligibility criteria, of course, access to community services is a key aspect of whether someone is actually individually entitled to an enforceable service or not. So, we would like to see, in the regulations and code of practice, that it is recorded by the local authority exactly what community services they think are going to meet the assessed needs of an individual. So, we would like to see much more detail there with regard to the interaction between the general duty to provide preventative services and the individual legal entitlement to a service.

[221] **Gwyn R. Price:** So, a bit of a lack of clarity, really, and you want it clarified as it goes along.

[222] **Mr Bowen:** Yes, and specifically because the access to community services to meet needs is the explicit part of an individual entitlement.

[223] **Ms Thomas:** I think we know the benefits of preventative services and helping to meet those low-level needs. But I would agree with what my colleagues have said, that it's not clear, either in regulations or in the Act, what, exactly, we mean by 'preventative

services'. So, that might be a useful start for maybe each local authority to start considering what its preventative services should be. Of course, preventative services require investment to make sure that they are good, so there's a question over that funding, especially when you know the issues facing local authorities.

[224] **Mr Bowen:** If I may, could I just say that, actually, the regulations and the code of practice for the assessments do have more to say with regard to the role of community preventative services and are quite clear, both in the regulations and in the code, that that needs to be recorded and it specified exactly how a particular community service would be meeting a person's assessed needs. We think that that would be much better if it was replicated in the eligibility code and regulations.

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

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

[227] **Alun Davies:** Were you reassured by the words of the local authorities in the earlier session?

[228] **Ms Thomas:** We didn't hear all of what they said.

[229] **Alun Davies:** In terms of the questions on resources, they seemed—with qualifications—to say that there were no major barriers to implementation. And, in terms of preparations to deliver both cultural change within social services and, also, the training required for social workers to actually deliver these services, they said there were no major barriers. I think that's a fair analysis of what was said. Are you reassured by any of that?

[230] **Mr Bowen:** From the Wales Carers Alliance's point of view—and we represent a whole range of third sector organisations—we have got concerns; I suppose we are slightly less confident than our colleagues earlier that that shift in service provision and that shift in investment to make sure that there is that network of community preventative services—. I think we're less confident.

[231] **Alun Davies:** Okay. Can you tell me why you're less confident? On what basis do you make that judgment? What's the evidence you've got for that?

[232] **Mr Bowen:** I think the evidence base for that would be—as quite clearly explained in the explanatory memoranda for these codes—basically, the huge increase in demand that is well described, which is likely to happen, and which is happening at the same time as a period where the actual financial resources to meet that demand is reduced. That does require new models of working, but that will require investment and the development of a range of community resources. At a time of austerity, that is going to be a big challenge.

[233] **Alun Davies:** But the authorities feel that they have all of that within their control. What you're saying is you don't really believe them.

[234] **Mr Bowen:** What we're saying is we think that they face very large challenges, and, to a certain extent, there's a certain leap of faith with regard to meeting that challenge.

[235] **Ms Thomas:** There's also the question of whether preventative services will incur a charge, and, of course, the other side of that is, if people can't afford to take up that preventative service, well, that's going to have a longer impact on their health and wellbeing.

[236] **Ms Sands:** I think, from an Age Alliance Wales perspective, it's a futureproofing issue. They might say that they have those resources available now, but we know that there

are a whole range of community-based services that people rely on and we are concerned that it's very possible that, in five years' time, a local authority in one area of the country might decide that a community-based service perhaps isn't being taken up very much and maybe that could be, as we mentioned, to do with potential charges that might be brought in. But, if they then get rid of that service, it becomes a postcode lottery for other people living in parts of Wales, and you're not entirely sure whether or not that person will be able to have that community-based need, and if they can't receive it at that point, then they'll have to go straight through to the care and support plan.

[237] **Alun Davies:** I think that's fair and reasonable in terms of outlining and describing potential difficulties and potential fears. I've got no issue with that at all. Intuitively, I share some of those concerns. But my concern is that, if we're going to say to the Government that they need to do something different to that which they're proposing to do, then we need the evidence upon which to base that conclusion. I would be concerned, and I wouldn't feel able to challenge what the Government is proposing, unless we have evidence upon which to do that, and a potential fear, a potential outcome, isn't evidence, but it is something that we know—it is a risk that needs to be managed. Do you have any evidence to suggest that either local authorities or Welsh Government are not managing the potential risk well?

[238] **Ms Sands:** I think one of the areas that I would be most concerned about is the fact that it's not defined on the face of the Bill what a community service is. You can look at—Age Alliance Wales actually produced a paper at the very beginning of this process about what a community-based service might be, and one of those things would certainly be a library. I think we definitely have evidence to show that local authorities are cutting library services. Talking books, for example: people with visual impairment really rely on those to be able to access a whole range of situations. So, I suppose we can't know what's going to be in the future, but we certainly know that there are some community-based services that are being cut, and, in the next round of funding for local authorities, that they will probably be having to cut certain community-based services.

[239] **Ms Thomas:** I think it's also about how you define it: what is a preventative service? Is it a library, as you were saying, or is it a handrail? There are massively different costs in both of those.

[240] **David Rees:** I don't want to go too much into definitions that will be on the face of the Bill, because we're not talking about the Bill as such; we're talking about the regulations on eligibility. Elin wants to come in on this particular point as well.

[241] **Elin Jones:** I don't disagree with you that the infrastructure isn't in place in most parts of Wales to provide a range of preventative services as wished for by the Bill and by all of us. But surely the failsafe there is that, if there aren't the preventative services in a particular area to be referred to, then the eligibility criteria will catch the people. So, there is an incentive—a big incentive—on local authorities to make sure that the preventative services are delivered in such a way. But, after saying that, in your reference, you do refer to the fact that there is still the potential for individuals and their carers to believe that the preventative services are not of a sufficient standard to enable the right care, and that there's potential for a lot of conflict and a lack of agreement between a local authority and individuals on the final settlement for anybody's care.

[242] **Mr Bowen:** Yes, I think that's exactly where disagreements may well arise with regard to—. I think the issue here is about being explicit, clear and having things as a matter of record, really. That's where, ironically, the regulations for assessments have been quite clear, in section 5 and section 6, about where—this is the assessment now—the local authority must record exactly what community resource is meeting a particular assessed need, which is great. Then also in section 6, there's copies of record—that a copy of that decision

and discussion is put on record and is actually provided to both the carers and the people it's related to. Ironically, those clauses are not replicated in the eligibility criteria. Now, as far as I'm aware, there's the assessment of need, and then there's a deliberation over—*[Inaudible.]*—eligibility criteria decisions, that the viewpoints are recorded, and that the local authority explains quite clearly, on record, their understanding of what's being met by who. Now that may include whether a carer is available and is willing and able to continue undertaking certain care tasks, and also the availability of community resources. If those things are made clear, explicit and are recorded, we will feel a little bit more comfortable. I think the other worry is that we feel that the onus is very much on the local authority to be able to show that those things are being done, as opposed to putting the onus back on the individuals—carers or otherwise—to show that their needs aren't being met.

[243] **Elin Jones:** Do you think that there's a potential for this legislation and these regulations to increase the number of possible judicial challenges in the process, as compared to the processes currently in place, especially since there's no formal appeal process to the decisions?

[244] **Mr Bowen:** We think there's quite a difference between people's avenue to follow things up with regard to making a formal complaint and with regard to having an appeal process. Unfortunately, the appeal process was missed in the primary legislation, so the only avenue at the moment under the current legislation will be a complaint, but that is quite different from actually having a right of appeal over a decision that is made. I think, potentially, that might be the case, but I think, again, if the code and the regulations were able to be tightened so that it would be explicit about how those decisions are being made—. As I say, the assessments are stronger than the eligibility at the moment.

[245] **Ms Thomas:** And I think that's a concern that we all share as alliances.

[246] **David Rees:** We've received a letter from the Minister, which will be in our papers to note—probably next week, as it only came in yesterday—on this particular point. In it, it states:

[247] 'In all cases—whether an individual is deemed eligible or not—the local authority must include an explanation of how the recommended action (be it the provision of information, advice or assistance, a care and support plan, or other means) will help meet the identified outcome or otherwise meet needs identified by the assessment.'

[248] In other words, the local authority must provide an explanation—yes or no. Is that what you're really asking for: ensuring that there's a written record as to why something either is delivered or is not—that is, that whatever is assessed is provided to the individual? Because it indicates whether the individual is deemed eligible or not, and, either way, somebody will identify whether their needs are being met, and why not, if not.

[249] **Ms Thomas:** I think the point that Keith was making is that that bit is covered by the assessment but it's not covered by the eligibility. Now, if what you're saying is different, that there'll be a letter, then we'll look forward to seeing that and seeing what it says.

[250] **David Rees:** This will be published as a letter to note next week—*[Interruption.]* It will be published tomorrow. Please write in to us if you think there's anything out of it. It would be very helpful for that. It might answer the questions you're asking; I'm not sure, but it might.

[251] **Ms Sands:** I think, if I could just take through the original part of that question as well, you said that, obviously, the local authorities should be trying to do whatever they can, otherwise they'll go into that formal care and support plan. I think Age Alliance Wales feels

quite strongly that the eligibility criteria can't be taken into consideration in isolation, and there is the element of charges, as we've mentioned before. Obviously, that's being consulted on at the moment, but it might be the case that somebody is asked to pay for something that they might not necessarily consider to be a preventative service themselves, and that then leads to their condition getting worse. So, the onus may be on the local authority to ensure that that happens, but, if the element of charging comes in, that would add a whole new sphere to it.

[252] **David Rees:** Okay. John.

[253] **John Griffiths:** It seems to me that some of the things you've described are very significant, but obviously would happen and are happening anyway, regardless of these regulations, with an ageing society and all the challenges that that brings—thankfully, because we do want people living longer and, hopefully, healthier lives throughout their lives as well. Yes, that brings challenges, and we know that we're in times of austerity and that's going to continue for at least a few years to come. So, all of that is happening anyway. I think you were saying that that does require a different model. I think we're all challenged, aren't we, with delivering more with less and finding these new ways of working? So, it seems to me that that's exactly the ground that these regulations are on, really: trying to get to a better way of delivery to use that precious and dwindling resource to meet the challenges of an ageing society. Is that your view as well—obviously, you've got concerns, as you've described them, around some of the practicalities of implementation and making sure community services are in place, and so on? Would that accurately sum up your view on this—that you're not opposed to the direction of travel or what the regulations are about, but you see these practical issues around delivery?

[254] **Ms Sands:** I think so. I think there's also more of a—[*Inaudible.*]—in the way that everybody's being treated, and I know there are some members within Age Alliance Wales who are concerned, though, around rehabilitation and habilitation services. To give an example of somebody who's just lost their sight, they need very specialist support. There is actually somebody at the moment called 'the rehab officer for the visually impaired' who will come into their home and actually help them deal with what might have once been a tricky bump that they might have walked into, but on which they actually could seriously hurt themselves now. That is now being taken under preventative services, which, as you'll understand, there is no—. There might not be a duty to provide it, because it's not defined. And so lacking that level of support could lead to people having trips and falls, and actually going into their care and support later. So, I think what I'm most concerned about is that everybody—. Of course, we want everybody treated equally, but there are circumstances in which people need further support.

[255] **John Griffiths:** Thank you for that. Can I move on, Chair, to the 'can and can only' test, which I know you have some concerns about? Are any of you able to give us an actual practical example of a case that you think would highlight your concerns with regard to this proposed test?

[256] **Mr Bowen:** I thought about that before coming along today. I can think of a few examples where you could say, 'Well, okay, someone will definitely fall outside the eligibility criteria if we implemented this test to the current legal system'. I found it quite hard to take A to Z examples and say, 'Look—'. It's all going to be in the implementation, I think. Slightly coming back to your previous question, really, quite clearly, the Welsh Government's intention is that more people will be dealt with outside the eligibility criteria, so will not have individual legal rights and entitlements, than there are currently. That's the clearly stated aim of the legislation, and that's exactly where our concern comes in from a carer's perspective. Whilst, in many ways, as I started my first comments with, it's very much those quite low-level community resources quite often that are exactly what carers are looking for, for

themselves and the person they care for, the willingness and ability of a carer to provide care now is right at the heart of the eligibility criteria. This is where we are quite concerned, in the way this new legislation is going to be implemented. Unless things are quite clear and explicitly recorded about the willingness and ability for a carer to be able to continue—and that is stronger in the assessment than it is around the eligibility—we are concerned that it could lead to—. Because, quite clearly, it said that people’s assessed needs would be met more likely by the unpaid carer or a community resource, we are concerned that, if we’re not careful, and we don’t get the regulations and code right, that could lead to increased pressure on carers to continue or take on increased care tasks.

[257] **John Griffiths:** Okay. So, as you say, that’s about getting the detail and the code right.

[258] **Ms Thomas:** I think, from our alliance’s point of view, we ourselves had great difficulty interpreting what exactly you mean by the ‘can and can only’ test. Some of us read it in a more negative or positive way, so some of us read it in terms of you have to prove that you’ve tried everything else—your own resources, your family, your carer, community services; you had to prove that those weren’t going to meet your needs before you became eligible. And then, conversely, there were others who read it as, maybe if they were looking for more specialist services, which just simply weren’t available in their local community, then they would get their needs met sooner and quicker.

14:15

[259] **John Griffiths:** Okay, Chair.

[260] **David Rees:** Okay. Lindsay.

[261] **Lindsay Whittle:** I’m not sure if it’s been covered, Chair, to be honest, but the ambition of the Act for early intervention and prevention is very laudable, isn’t it, and, in theory, it should give us long-term financial savings. I’m not so sure I’m happy with that theory, because we are all living longer, we hope, and I was just explaining to Elin or whispering to Elin that we’re going to come to a stage in Wales where some of our carers are going to need care soon. You have mentioned the strain on carers and I think that’s particularly important, but I was just wondering how you see it in the long run for people who have no right or entitlement and they’re told by the local authority—. What is it in the Bill? It’s a degree of flexibility, I think. I don’t like ‘degrees of flexibility’; I like either a hard-and-fast rule or not. Who is going to decide in these major disputes, and how will the carers, who may even be needing carers themselves, cope with that, do you think?

[262] **Mr Bowen:** Certainly with regard to the ageing population, Carers UK have just done a report—it didn’t cover Wales, as it happens—on carers over 80, in fact, with regard to the increasing demographics there, really. There is obviously—. The model is that, both with regard to the information, advice and assistance service, and then with regard to accessing a whole range, a whole gamut of community activities, services and resources, people do not get clogged up going through a complex assessment process and jumping through eligibility hoops to try and access services that, quite often, aren’t necessarily the type they need. All well so far. I think the key issue is, from a legal perspective, that all of that provision at the moment will be outside of any individual right or individual entitlement. And that’s the bit I think that we’re not sure about: quite how that will work and operate in practice. First of all, are they going to be that? Is there going to be undue pressure put on carers to take on more caring roles? Are there going to be the resources and services to refer people on to? But, also, once you come from a general to an individual basis, those are going to be some tricky discussions and that’s why it’s so important that we get it right, I think, both with regard to whether carers are willing and able—and, in the assessment process, that’s quite explicit, but,

in the eligibility process, we don't think it is. And that comes down to an individual, enforceable right. Our concern is that the legislation is quite clearly stating that it's anticipating that fewer people will be dealt with on that individual right and entitlement basis.

[263] **Lindsay Whittle:** Any views on advocacy? Too many, is it?

[264] **Ms Thomas:** Well, obviously, we would support any kind of independent advocacy.

[265] **David Rees:** You have highlighted in your written evidence that you're concerned about the independent advocacy, particularly where there may be conflict between—it was Age Alliance, I think—families perhaps, and I just wondered therefore if you wanted to expand upon that a little bit, for Lindsay's question—on your concerns in relation to independent advocacy.

[266] **Mr Bowen:** It wasn't in our evidence. Actually, ironically, we came up with a situation—. Obviously, advocacy tends to be in those situations at the moment where there could be a particular conflict, but, actually, I think sometimes there's a role for advocacy even when things are going pretty well within families and there's not a conflict of interest. So, we would support access to advocacy.

[267] **David Rees:** It was in Age Cymru's evidence.

[268] **Ms Sands:** Age Cymru. It's not in the Age Alliance response, sorry.

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

[270] **Alun Davies:** I was interested in that earlier exchange. The Minister, in front of the committee last week, in terms of the regulation Bill currently in front of the Assembly, discussed the question of rights. My view is that we should ensure that people do have an absolute right to services and services of a particular quality. His point of view appeared to be that, once the eligibility tests or criteria have been met, and once we've been through this process, then that person does have an absolute right to a service and that right is enforced by the regulation Bill, which will of course become an Act before the end of this Assembly. So, he felt that this Act—the regulations we're currently discussing—should be read alongside the regulation Bill and that, taking those two together, you actually ensure that there is a right existing in law. Do you accept that point of view or do you challenge that?

[271] **Ms Thomas:** I didn't hear what the Minister said, so I'll just go on what you've told us.

[272] **Alun Davies:** I think that's a fair analysis of what he said.

[273] **Ms Thomas:** If that's what he says, then we obviously would look at the two sets of regulations together, but how that actually happens in practice is a different kettle of fish. You know, somebody's not necessarily going to have the social services Act and regulations in one pile, on one side of the desk, and then the regulation and inspection Bill on the other. So, I think what we need is just clarity of where it's going to sit, because I don't think, in practice, people are going to sit and read through the regs like we do.

[274] **David Rees:** Well, I hope the directors of social services will.

[275] **Mr Bowen:** I've paid more attention to this one than the regulation and inspection Bill. As far as I'm aware, the regulation and inspection Bill doesn't put any individual rights and entitlements on people as individuals—as far as I'm aware.

[276] **David Rees:** It is inspection and regulation of the services.

[277] **Mr Bowen:** So, it doesn't confer any individual rights and entitlements, as far as I'm aware.

[278] **Alun Davies:** His view was that, taking this Act together with that Bill—

[279] **Mr Bowen:** It complements, absolutely—

[280] **Alun Davies:** Taken together, you do have the creation of a right to a service of a particular quality. My concern is that I'd prefer to see a much more rights-based approach from Government on a whole series of different measures. But he was very, very clear that a right would be created by the combination and the interrelationship between these two pieces of legislation.

[281] **Mr Bowen:** I'd be interested, with regard to, as I say—

[282] **David Rees:** If you have any thoughts on it that you wish to provide to us later, after having time to think about it, please free to do so.

[283] **Mr Bowen:** On that particular bit though, leading on now, I think there are quite clear individual legal rights and entitlements that follow, once you've gone past the eligibility criteria; those are quite clear and quite strong, I think. The next phase that does come on, though, is the fact that you then move on to the financial assessment and the charging issues. And it's quite a clear—I forget the exact sub-clause—paragraph in the code where it makes quite clear that if someone is then told that they will be charged for a service, that's up to them whether they take that service up or not.

[284] **Ms Sands:** I think as well, from an Age Alliance perspective, that it is quite worrying to have, perhaps, three separate different regulations—so you've got eligibility, you've got the charging and you might have regulation and inspection. So, their rights might be potentially protected by law, but it's about how it's delivered and whether or not an older person is able to access that independent advocacy in order to access their rights, especially when you add in the charging side of things. Because as we know, we've got lots of evidence on how older people might not necessarily want to cause a fuss, necessarily. So, if they know, perhaps, that they're going to have to pay for something that they had been getting before—you know, they won't access it, then later down the line they need somebody to advocate for them—then three separate parts of regulations is actually—

[285] **David Rees:** I appreciate that, and as a consequence, I understand the implications upon the individual. But, I'm going to try and pull us back to the regulations we're looking at today and to ask the questions and focus on these regulations.

[286] **Ms Sands:** I don't think you can take them in isolation, though. Age Alliance Wales certainly thinks that we can't take the eligibility criteria or the regulations in isolation from the charging regulations. I know they're being consulted on now, but we feel very strongly that you can't take them in isolation.

[287] **David Rees:** Interesting point, but they will be discussed in isolation. Thank you.

[288] Can I ask one question on regulation 7, which was in the draft regulations, which seems to have been removed? You've expressed concern at the removal of regulation 7. The explanatory memorandum did try to explain that it felt it was unnecessary. Do you want to expand upon the concerns on removing it, because you indicate that it may have a negative impact upon families and carers?

[289] **Mr Bowen:** We did raise that issue as a concern in regards to the removal of regulation 7. And, ironically, in regards to our first response to the consultation, we also highlighted that it was a confusing clause. So, we're trying to have it both ways, I suppose. I think our key bit on that was answered by the previous section, really. It does get a bit confusing in that, obviously, you've got to undertake an assessment in regards to what someone's assessed needs are, irrespective of whether there's a carer available or not, and then, when it comes to eligibility criteria, the willingness or ability or availability of someone—a carer, in reality—to be there is put straight back in eligibility. We think that that does get quite confusing and, if we're not careful, that could lead to misunderstandings.

[290] If we're able to get something on record in regards to making sure that the willingness or ability of a carer to continue and the availability of those community resources, much in the way that they are in sections 6 and 5 of the assessment regulations—. If they were sort of reiterated in the eligibility regulations and code, we think that that would address the possible confusion there. It does become quite confusing to describe to people when you describe the 'can and can only' test. So, if we had that on record in a much more clear and explicit manner, both with regard to exactly the willingness and ability of a carer to be able to provide that care and in regards to what community resources are meeting an assessed need, we'd feel more comfortable about regulation 7 disappearing.

[291] **David Rees:** Okay. Are there any other questions from Members? We're approaching the end. Therefore, can I thank you very much for this afternoon? I think we've got clarification, but, if you have anything to write to us, can you please get it to us within seven days? I'm sorry to put pressure upon you, but it's because, obviously, there is a very short timescale between this session and the actual discussion in the Assembly. As I say, it's on 14 July, and we want to be able to get something out to the Minister and Members prior to that so, if you can get anything to us within seven days, we'd be very grateful. Thank you again. Thank you very much for giving evidence afternoon.

[292] We will now wait as we again exchange witnesses. I suggest that we don't have the break as recommended but continue? Is that okay with Members?

14:28

**Rheoliadau Gofal a Chymorth (Cymhwysra) (Cymru) 2015:
Sesiwn Dystiolaeth 3
Care and Support (Eligibility) (Wales) Regulations 2015: Evidence Session 3**

[293] **David Rees:** Good afternoon. Thank you for coming along this afternoon. Can I welcome Rick Wilson from the Wales Alliance for Citizen Directed Support provider network, Jim Crowe from the Disability Reference Group and Samantha Clutton from Barnardo's Cymru? Welcome this afternoon. Can I thank you all for the written evidence we have received in advance of the session? I appreciate it was a very tight timescale for that. Again, as you heard me explain, we are under a very tight timescale to get something out as well, so, if you are asked to provide us with anything in writing, please could you do it within seven days so we can get that addressed? We'll go straight into questions, if that's okay with you? Gwyn.

[294] **Gwyn R. Price:** Thank you, Chair. Good afternoon, everybody. The Wales Alliance for Citizen Directed Support has highlighted potential risk regarding the proposed 'can and can only' test for eligibility. Could you outline your concerns? And perhaps other witnesses could give their views on this as well.

[295] **Mr Wilson:** We are concerned. We would like to commend Welsh Government officials for the engagement that they've had with a whole range of people across Wales. We

feel there is an ambiguity in the ‘can and can only’ framework in that, at one level, in the discussions that we understand led up to it, it was really important in terms of encouraging local authorities to really focus on sections 15 and 16, on building up a strong capacity in a local authority area in terms of preventative services and user-led organisations that would really create the framework for people to resolve their own issues by working collectively together, which then enables them to then build care packages on the basis of people being quite active in organising the things that matter to them for themselves. That we see as very positive and really pulling on the kind of transformation we think the Act is all about.

14:30

[296] Our anxiety about ‘can and can only’ is that local authorities could potentially use that to highlight people having to exhaust their own social networks before the local authorities have a duty to provide a care plan and an assessed service. So, we see ‘can and can only’ as very positive if that promotes and motivates local authorities to really capacity-build in their area, but not if it doesn’t. So, those are our concerns.

[297] **David Rees:** Jim.

[298] **Mr Crowe:** If I could supplement that, my day job is director of Living Disability Wales, and I think our concern is that, really, just taking on Rick’s point one further stage, for people with a learning disability we all know that in the early years of their lives, when they’re in their early adulthood or even earlier, there are possibilities for that person to become stronger and more independent if they’re given assistance and support, which is perhaps outside of the family home and outside of the family carer relationships. Again, it depends on how ‘can and can only’ is interpreted, but it could be that a cash-strapped local authority will prefer to encourage the young person with a learning disability to stay in the family home rather than put in place processes and opportunities for that person to grow, become more independent, and perhaps become more independent of services in the longer term—but in the longer term.

[299] **Dr Clutton:** If I can just add from the children’s sector perspective, throughout our written evidence I wrote about consideration and the best interest principle. So, in considering ‘can and can only’, what we would like to continue is what has been the bedrock of children’s social care in terms of making a decision on whether social care intervention is in the best interests of a child. We believe that that should still be at the heart of decisions about social care intervention in children’s lives.

[300] **David Rees:** I’m not sure whether you’ve heard the evidence from the previous set of witnesses who discussed the ‘can and can only’, but, clearly, they were also concerned about the requirement to provide written and recorded evidence as to the reasoning behind decisions. Is that one of your fears as well, because the ‘can and can only’ has an impact upon the individual, but it also has an impact upon the carer and the expectations upon the carer and the family?

[301] **Dr Clutton:** From a children’s perspective, the majority of social care intervention is because professionals and other people in the child’s life have concerns about that child, often in relation to parenting capacity. So, a position in which a parent would be providing evidence to prove their child was eligible for social care intervention is unlikely in the majority of cases, except perhaps where there is a disabled child or young person. So, application in relation to that, with the child, would be difficult. Also, building on the issue of building up preventative services et cetera in the community, which I’ve spoken about in my written evidence, one of the things in terms of the eligibility within the regulation and the application—. So, the need is one that neither the child, the parents or a parent can meet alone or together, with the care and support, but, most importantly, in relation to a child, at

subsection 4(c)(iii),

[302] ‘with the assistance of services in the community to which the child, the parents or other persons in a parental role have access’.

[303] How will that be interpreted? A child may, in theory, have access to a community service, but they are not going to be able to achieve that access without the intervention of adults. Also, there’s an ongoing issue with preventative-level services with families that are often described as hard to engage or do not engage. Often, those are the families that will then be escalated to statutory intervention. When we’re making best-interest decisions in relation to a child, we need to ensure that, in deciding there is a service in the community that can meet those needs, we put in place support to make sure that they can access that. You know, a five-year-old can’t knock on the door of a community service.

[304] **Mr Wilson:** From a Citizen Directed Support perspective, our interest is shifting the dialogue between the assisting services and the individual to actually supporting many people who are looking for support to be able to find each other, with complementary and similar interests, and then organise those things together. So, in terms of how the documentation is used, it’s as much about how people can use that information that they gather about themselves to find other people who are actually interested in similar things, to work together or have complementary interests and needs, so that they can find and work together to build up small organisations and groups that actually assist local authorities in helping to achieve the wellbeing objectives for a population of people.

[305] **Dr Clutton:** If I can just look at that from a child’s perspective, although we’ve got good evidence of mutual support organisations et cetera, in relation to parents and carers, to use that example, we may not want, for example, substance misusing parents to draw together, who have limited parenting capacity. That, practically, would be a challenge for them in terms of needing an intervention to reach a point where they could engage like that, but that may definitely not be in the best interests of the child. So, it’s just about having a different consideration when applied there.

[306] **Mr Crowe:** I think I should point out too, more pessimistically than perhaps our view, Professor Clements has provided an article for our magazine, *Llais*, which will come out soon. He sees potential for the ‘can and can only’ test to be applied very negatively in that the person seeking assistance and support will have to demonstrate, in a very clear way, that generic or local services are not going to meet their needs. So, it does suggest that there are concerns about the ‘can and can only’ test.

[307] **David Rees:** I appreciate that there are concerns, but at the moment, it’s a potential risk and not an evidenced risk at this point in time—is that right?

[308] **Elin Jones:** Well, you can’t evidence it; it’s not in place.

[309] **David Rees:** No, exactly. I’m concerned that we make sure that we get at the facts. Okay, Gwyn?

[310] **Gwyn R. Price:** Yes.

[311] **David Rees:** You talked about preventative services and you highlighted in your report your concerns about that. Obviously, we are facing difficult times ahead of us and there are expressed concerns over the possible impact upon preventative services. Do you think that there’s going to be capacity to deliver the preventative services that this is actually trying to achieve, and is that, again, one of your concerns in relation to the whole eligibility question?

[312] **Mr Crowe:** I think it's highly desirable that people with learning disabilities and other disabled people are able to take part in community life, however that is and however they want to express themselves, and to access ordinary services, where they need to, or develop their own initiatives, as the Act trails. I think that's really good and really positive. I think, again, there is a fear—you've really indicated that, Chair—that some of those good services that exist at a local level may not be there, because of funding cuts or other constraints, for disabled people to access and utilise, or they may have been so restricted that they're not really fulfilling their original purpose so clearly.

[313] **Mr Wilson:** Again, my own role, alongside Wales alliance, is in working with a group of nearly 500 adults with learning disabilities and other disabilities to work together on the basis of the things that matter to them—so, to identify what matters to me, then identify the things that we have in common, and then working together to organise those things. That does have the potential to create quite a strong network, but it also requires commissioning organisations to work with people's capacities, and very quickly if they don't, people's confidence is undermined and people revert back to focusing on their needs rather than what they want to organise together. So, the answer to your question, I think, depends on the way the system engages with people, and probably 'can and can only' is a very good example and so are the measurement arrangements in the section on outcomes. There is an ambiguity in the Bill that makes possible people organising together, but also can militate against it. So, I think it depends on how we shift the culture to engage with people as equals and enable people to work together to build the things that matter to them.

[314] **Dr Clutton:** From a perspective of children and families, there's already a process in place, really, in terms of preventative services through prescribed services like Flying Start and Families First, primarily, and a team around the family model escalating up to statutory intervention, and down. Many local authorities will have a board or a panel that considers a case and decides which level of intervention they should get, preventative or not, and they can be escalated up, and they can move back down afterwards. So, in essence, that is already in place to an extent.

[315] Resources to extend that and take some of the pressure off those services are not necessarily there. The majority of preventative money is within Families First and Flying Start already in terms of commissioning opportunities. I would say that grant bodies such as the Big Lottery Fund actually do fund a lot of preventative services for children and young people, and we're involved in collaborations on delivering on some of those. Part of the issue with that is that they're three, four, five-year funded projects on grant funding, and even where it is evidenced that that has been effective, securing funding to keep that work going afterwards can be very challenging in terms of the resources that are available to commissioners today. So, you can have very successful, evidenced preventative services for children and families, and when the Big Lottery Fund or other grant funding dries up, it's very difficult to secure funding to continue that work.

[316] **David Rees:** Okay. John.

[317] **John Griffiths:** I was going to move on to advocacy, if that's alright, Chair, because there has been concern from some that the language used in the code regarding advocacy doesn't sufficiently recognise the importance of advocacy, and that there might be particular issues around independent advocacy. Are those concerns that you recognise and agree with?

[318] **Dr Clutton:** Yes. From the point of view of children and young people, we would like a presumption that they need an advocate. Now, some children will obviously—. On a statutory basis, only some children and young people are entitled to an independent advocate under the legislation, both current and that which is being introduced. We don't believe that every child and young person needs a professional, independent advocate, but we do believe

that there should be a presumption that every child and young person needs an advocate to act for them and help them have a voice within the care and support planning process and the assessment process. Some children and young people may feel confident and, after discussion, decide that they don't need that, but I think we do need—. If we're going to have the policy intent of a strong voice and real control for children and young people, we need to acknowledge that they're going to need support to achieve that.

[319] **Mr Crowe:** I think that the code of practice is saying some very welcome things about advocacy. I think it's a little bit uneven in that it's suggesting it's a must for children, in some respects.

[320] **Dr Clutton:** It's on the list. It's definitely there.

[321] **Mr Crowe:** Okay, so perhaps not—

[322] **Dr Clutton:** No—only for children who already have a statutory entitlement. So, looked-after children in particular circumstances.

[323] **Mr Crowe:** I think the language hovers, as regards adults. I was just looking to see if I could find it. Early on, it talks about 'may' and that the local authority 'may' identify an advocate if the person lacks capacity, which to me—. There are two sentences juxtaposed there. It says that if the person lacks capacity, then the local authority 'may' appoint an advocate; well, I'd have thought that if the person is deemed to lack capacity, then having an advocate is essential, really. And yet, later on in the document, it makes a stronger reference to advocacy.

[324] **John Griffiths:** So, there's a point on consistency there, and you'd like to see the higher level consistently applied throughout. Okay, Chair. That's fine.

[325] **David Rees:** We've talked about things being rights-based before now. The code of practice does identify the United Nations Convention on the Rights of Persons with Disabilities, which obviously the Bill itself didn't. Do you believe that this now addresses the issue and provides the rights for disabled people, particularly maybe disabled children, or do you have concerns that the regulations still do not address those issues?

[326] **Mr Wilson:** We very much welcome the acknowledgement of the UN convention. Our issue is probably about consistency—the language that flows from that in terms of being clear through all the codes in terms of understanding what is 'support', who provides care, and the difference between 'independence' and 'independent living'.

14:45

[327] So, our issue is really about giving a clear message around the language that flows from that recognition. Again, we feel that there is a kind of ambiguity in the codes of conduct, with regard to enabling us to really help people to transform their lives, as opposed to kind of reinforcing the existing system.

[328] **David Rees:** Okay.

[329] **Mr Crowe:** I think it's going to look increasingly odd that the Act and parts of the Act, regulations and guidance, don't refer to the United Nations Convention on the Rights of Persons with Disabilities. That is the fundamental statement of global legislation as it applies to disabled people. It seems extraordinary that it's missing from the face of the Act. It is now in one or two of the codes of practice, but it's not consistent. So, I can understand, given the process—. There's been a very substantial element of consultation with this process, and I

think that's been welcomed by all parties. So, it's perhaps not surprising that the codes of practice vary in some matters of detail, but I think the fundamentals, like referencing Acts that the UK Government has ratified and that the Welsh Government has supported, really should be flagged up within this guidance, because disabled people are a significant sector of the population who will be affected by this legislation and guidance.

[330] **David Rees:** Okay, thank you. Do any other Members have questions? Alun.

[331] **Alun Davies:** Can I ask one question? You've raised a number of fears, which is an entirely fair and reasonable thing to do, but we have the opportunity to either vote on these regulations or not to vote on these regulations; we don't have the opportunity to amend them. We're beyond that stage now. So, where do you stand on that? Do you want to, essentially, reject these regulations, or would you want to see these regulations passed by the National Assembly? There's no middle option, unfortunately.

[332] **Mr Crowe:** Is there a middle option later down the road?

[333] **Alun Davies:** No.

[334] **Elin Jones:** There is a middle option, by the way. That is, to vote them down and ask the Minister to bring them back in a revised form.

[335] **David Rees:** Elin is quite right: if the regulations are not approved in the National Assembly, the Government will have to restart the process of consultation and resubmit them up to a 60-day period, and then go through the whole thing again.

[336] **Alun Davies:** But that's not the option we've got in July.

[337] **Elin Jones:** No.

[338] **Dr Clutton:** Part of the issue for me is how the regulation and code of practice will be interpreted and implemented at the local authority level by duty bearers. Part of the policy intent of the Act was about consistency in application and in thresholds, et cetera, or getting rid of thresholds. So, going back to the UNCRC, it's referenced in the regulation and in the code of practice. If I am a social worker in an authority and I read these, what does that mean to me? What does that mean?

[339] **Alun Davies:** I understand the point you're making.

[340] **Dr Clutton:** That is true in terms of the 'can and can only'. There are some practice development issues in relation to this, but we need some kind of surety that there will be things in place—I know we're getting social care—to ensure that the concerns that we've all raised in terms of interpretation and application, and the way in which these could be applied and interpreted in different ways in different places, do not mean that the intent is undermined, which is not the same, I think, as saying maybe to vote it down.

[341] **Alun Davies:** I accept what you're saying, and I don't disagree with that at all, but that's not, of course, the question facing us. That is a fair and reasonable proposition, and I don't want to dismiss it in any way at all, but that's another question. It's a question of implementation. The question I asked you and the question we have to determine here and next month is: do we vote 'yes' or 'no' or abstain?

[342] **Mr Crowe:** Perhaps, if I could have another bite of the cherry, I think it's a reasonable question to put to us, given the position that you're in as a committee. I wasn't sufficiently aware of the procedure to know that that was the situation that confronted you as

a committee. I suppose I would put a question back: to what extent was there any point in having a consultation process at this stage, then, if you're unable to influence the detail of either the code of practice or the regulations, unless it's in terms of hopefully taking away some of the messages for future consumption.

[343] **David Rees:** Let me clarify for you that the purpose of the committee is to look at this because we wanted to look at this. There's a vote coming on 14 July, and we wish to have some assessment and views of stakeholders, which we will put together and send to the Minister and to Members of the National Assembly, who will take part in that vote. So, it will inform the debate that will take place on 14 July. This committee cannot amend the regulations. We will not actually, as a committee, vote on the regulations, but we will be able to provide some information and help and advice to Assembly Members through this process when they come to debate the regulations.

[344] **Dr Clutton:** Can I ask whether the code of practice is subject to that as well as the regulation, or is it just the regulation?

[345] **David Rees:** Just the regulations.

[346] **Dr Clutton:** So, there is an opportunity to amend the code of practice, if not the regulation? That makes my answer—

[347] **David Rees:** The Government will be able to amend the code of practice.

[348] **Dr Clutton:** Right, okay.

[349] **John Griffiths:** Chair, we could obviously make some points about the code of practice as a result of our evidence taking.

[350] **David Rees:** We won't be able to amend it; it'll be a comment—

[351] **Dr Clutton:** There is nothing in the regulations that I have such grave concerns about that I would wish the committee to recommend that they not be passed. However, I would like to see some amendments to the code of practice, if possible.

[352] **Alun Davies:** Is that the view of everybody? [*Inaudible.*]

[353] **Mr Wilson:** No, I think the question for us—and we're very pleased to have been part of this process—is we believe the regulations that are forming make the kind of transformation we want possible. Our question is increasingly 'Does it make it likely in a typical local authority?' I think the differences in perspective between a number of the different codes of practice question whether it's likely, because there are growing ambiguities between different bits of the Act, which potentially mean they can be circumvented in achieving a positive transformation. So, I think that's the question for all of us, really. Individually, they make it possible, and I would agree with these, but together do they make it likely? I'm sorry, that doesn't—but I think this is—

[354] **David Rees:** No, I think you actually have answered the question. You have. Okay? Are there any other questions from Members? On that last one, then, I think it's been interesting and very helpful. Thank you very much. Perhaps it's clarified a few Members' positions as well in relation to that. You will get a transcript of the evidence, obviously, to check for any factual inaccuracies. So, again thank you, and thank you for the written evidence we've received.

[355] In accordance with our previous motion to move into private session for item 10, I

now propose that we go into private for the remainder of this meeting, and remind Members and the public that we'll be in private for the first two items of the next meeting on 17 June.

*Daeth rhan gyhoeddus y cyfarfod i ben am 14:53.
The public part of the meeting ended at 14:53.*