



**Cynulliad Cenedlaethol Cymru  
Y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol**

**The National Assembly for Wales  
The Health and Social Services Committee**

**Dydd Mercher, 7 Chwefror 2007**

**Wednesday, 7 February 2007**

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Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynndi yn y pwyllgor. Yn ogystal,  
cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee.  
In addition, an English translation of Welsh speeches is included.

**Aelodau Cynulliad yn bresennol**  
**Assembly Members in attendance**

Brian Gibbons	Llafur (Y Gweinidog dros Iechyd a Gwasanaethau Cymdeithasol) Labour (The Minister for Health and Social Services)
John Griffiths	Llafur (Dirprwy Weinidog) Labour (Deputy Minister)
Christine Gwyther	Llafur Labour
Helen Mary Jones	Plaid Cymru The Party of Wales
Jonathan Morgan	Ceidwadwyr Cymru Welsh Conservatives
Jenny Randerson	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Rhodri Glyn Thomas	Plaid Cymru (Cadeirydd y Pwyllgor) The Party of Wales (Committee Chair)

**Swyddogion yn bresennol**  
**Officials in attendance**

Mike Burns	Adran Iechyd a Gwasanaethau Cymdeithasol Health and Social Services Department
Jonathan Corbett	Dirprwy Brif Arolygydd, Arolygiaeth Gwasanaethau Cymdeithasol Cymru Deputy Chief Inspector, Social Services Inspectorate Wales
Peter Farley	Swyddfa'r Prif Swyddog Meddygol Office of the Chief Medical Officer
Nicola Frodsham	Adran Gwasanaethau Cyfreithiol Legal Services Department
Keith Ingham	Adran Iechyd a Gwasanaethau Cymdeithasol Health and Social Services Department
Peter Jones	Cwnsler i Wasanaeth Seneddol y Cynulliad Counsel to the Assembly Parliamentary Service
Peter Lawler	Adran Iechyd a Gwasanaethau Cymdeithasol Health and Social Services Department
Steve Marshall	Y Gyfarwyddiaeth Ystadegau Statistics Directorate
Mike Pender	Asiantaeth Safonau Bwyd Food Standards Agency
Delyth Roderick	Adran Iechyd a Gofal Cymdeithasol Health and Social Services Department
Dr David Salter	Uwch-Swyddog Meddygol, Llywodraeth Cynulliad Cymru Senior Medical Officer, Welsh Assembly Government
Mike Shanahan	Adran Iechyd a Gwasanaethau Cymdeithasol Health and Social Services Department
John Sweeney	Cyfarwyddwr, y Gyfarwyddiaeth Polisi Cymuned, Gofal Cynradd a Gwasanaeth Iechyd Director, Community, Primary Care & Health Service Policy Directorate
Richard Tebboth	Prif Arolygydd Dros Dro, Arolygiaeth Gwasanaethau Cymdeithasol Cymru Acting Chief Inspector, Social Services Inspectorate for Wales
Pat Vogt	Dirprwy Brif Arolygydd, Arolygiaeth Gwasanaethau

Cymdeithasol Cymru  
Deputy Chief Inspector, Social Services Inspectorate for Wales

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

Ian White Y Swyddfa Ystadegau Gwladol  
Office for National Statistics

**Gwasanaeth y Pwyllgor**  
**Committee Service**

Jane Westlake Clerc  
Clerc  
Catherine Lewis Dirprwy Glerc  
Deputy Clerk

*Dechreuodd y cyfarfod am 9.29 a.m.*  
*The meeting began at 9.29 a.m.*

**Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau**  
**Introduction, Apologies, Substitutions and Declarations of Interest**

[1] **Rhodri Glyn Thomas:** Bore da. Yr wyf wedi derbyn rhai ymddiheuriadau. Nid yw Lynne Neagle yn hwylus, felly nid wyf yn siŵr a fydd yn gallu bod yma. Mae Christine Gwyther yn dirprwyo ar ran Karen Sinclair. Mae Jonathan Morgan wedi ymddiheuro hefyd—bydd ychydig yn hwyr yn cyrraedd y bore yma. **Rhodri Glyn Thomas:** Good morning. I have received some apologies. Lynne Neagle is unwell, so I am not sure whether she will be able to attend. Christine Gwyther is substituting on behalf of Karen Sinclair. Jonathan Morgan has also apologised—he will be arriving a little late this morning.

[2] Fel arfer gydag offer technegol, a wnewch sicrhau eu bod i gyd wedi'u diffodd os gwelwch yn dda. As usual with technical equipment, will you please ensure that they have all been switched off.

[3] Os nad oes oes gan unrhyw un fuddiant i'w ddatgan, symudwn ymlaen. If no-one wishes to declare an interest, we will move on.

9.30 a.m.

**Adroddiad Prif Arolygydd y Gwasanaethau Cymdeithasol**  
**Report of the Chief Inspector of Social Services**

[4] **Rhodri Glyn Thomas:** Yr wyf yn falch o weld cynrychiolaeth o Arolygiaeth Gwasanaethau Cymdeithasol Cymru yma. Croeso i'r tri ohonoch. A oes gennych sylwadau agoriadol, Richard? **Rhodri Glyn Thomas:** I am glad to see a representation from the Social Services Inspectorate for Wales here. Welcome to the three of you. Do you have any opening remarks, Richard?

[5] **Mr Tebboth:** Diolch am y croeso, a diolch am y cyfle i gyflwyno'r adroddiad. **Mr Tebboth:** Thank you for the welcome, and thank you for the opportunity to present the report.

[6] To begin, I will make a few remarks about the report itself. First, there is a new name, and a different photograph, at the front; although the report covers Graham Williams's last

year of office, he did not stay long enough to write the report. I echo the tribute that I paid in the report to his achievements as chief inspector.

[7] Secondly, we have amended the format. In particular, we have included a new chapter—chapter 2—to highlight the experiences and views of people who receive social services, and those who care for them, and, we hope, to give more flavour of the reality of social services at the point of service delivery. We have also rearranged other material under new chapter headings.

[8] Thirdly, I have some health warnings. The report is of the year that ended last March, and, inevitably, things move on in the interval before publication, although not, we hope, in ways that invalidate the messages. As with each year, the performance data—waiting for which is one of the principal causes of the delay in producing the report—were correct at the time of going to press, but there may have been some changes or corrections since then. However, I am not aware of any significant changes.

[9] The report's main message is that services have improved, and that there is accumulating evidence of improvement. There has been a striking improvement in some of the councils that caused most concern—Torfaen, which turned round completely from the first joint review to the second, Cardiff and Blaenau Gwent, which have progressed to come out of the serious concern protocol. The performance indicators for Wales as a whole—the averages for Wales—are nearly all moving in the right direction. Inspection and review results are also moving, although more gradually, in the right direction.

[10] People who use services are generally well pleased with the services. There are particularly favourable responses on being treated with dignity and respect, as well as large majorities saying that services have helped people feel safer and to lead more independent lives. We have also included some survey results from carers, which are again mainly favourable—perhaps more favourable than we would sometimes be led to expect.

[11] Much hard work has gone into those improvements, and, as I am among politicians today, I should acknowledge that one important factor is the increased political priority given to social services, at local and national levels. Services are being run in a more business-like way, with better workforce management, better performance management, and better management of resources.

[12] However, the improvement is still variable. The majority of reviews that our inspectors have carried out still judge services as 'inconsistent'. That is partly because of the range of services that exist, so it is hard to get everything right all the time, but also because improvements in quality are lagging, and perhaps understandably behind improvements in process compliance and timeliness. Commissioning the whole effort required to reshape services so that they more efficiently and effectively meet assessed needs is still underdeveloped.

[13] Chapter 4 of the report summarises our development programmes. There has been a continuing emphasis on professional practice, assessment in care management, and on service infrastructure, workforce development and performance and management information development. With partners, we are putting more into developing commissioning skills and practice.

[14] It is also a fact that, on the general improvement, and improvements over time, there are significant gaps and pressures that are mentioned in the report and, since the year ended, we have seen examples of those coming to the surface in certain places. At the end of chapter 1, we have set out the tasks ahead for local social services authorities. We have also commented in chapter 1 that this is the beginning of a new era and both the old and the new

agendas are challenging. The old agenda was to continue to improve performance in the things that social services have traditionally done, and the new agenda is very much in terms of reshaping services, balancing the resource/demand equation, working more efficiently and working much more closely in partnership with other public services. That is a major agenda for the future, and it is the subject of 'Fulfilled Lives, Supportive Communities'.

[15] It is also a new era for social services inspection in Wales with the forthcoming merger of our inspectorate with the Care Standards Inspectorate for Wales, and we expect the new inspectorate, once we settle down, to be an even stronger force in promoting improvement, public accountability and the interests of people who need social services.

[16] That is my introduction. We will be happy to take questions. On my right I have Pat Vogt, who leads for us on adult services and joint reviews, and Jonathan Corbett, who leads for us on children's services and performance evaluation. This is Pat's swansong because she is retiring in the near future. I am grateful for all that she has done, and we will miss her. So, it is your chance to make the most of her presence.

[17] **Rhodri Glyn Thomas:** Diolch yn fawr, Richard. Yr wyf hefyd yn dymuno ymddeoliad hapus i Pat, gan ddiolch iddi am ei gwasanaeth a'i phresenoldeb yn y pwyllgor dros y blynyddoedd diwethaf. Yr wyf hefyd yn ategu'r gwerthfawrogiad o waith rhagflaenydd Richard, sef Graham Williams. Cawsom gyfle i ddiolch iddo yn y cyfarfod diwethaf y bu ynddo fel y prif arolygydd.

**Rhodri Glyn Thomas:** Thank you, Richard. I also wish Pat a happy retirement, and I thank her for her service and for her presence at the committee over the past years. I also echo the appreciation of the work of Richard's predecessor, Graham Williams. We had an opportunity to thank him in his last meeting as chief inspector.

[18] Efallai na fydd hyn yn bosibl, ond fy mwriad yw mynd drwy'r adroddiad bennod wrth bennod. Yr wyf yn sylweddoli bod y ffiniau rhwng y penodau yn weddol denau ond efallai y gallem ymdrin â gwasanaethau plant a gwasanaethau oedolion. Fodd bynnag, dechreuwn gyda phennod 2. Os ydych am grwydro i'r penodau eraill, gallwch wneud hynny.

This may not be possible, but my intention is to go through the report chapter by chapter. I realise that the boundaries between chapters are relatively slim but perhaps we could deal with children's services and adult's services. However, we will start with chapter 2. If you wish to deviate to the other chapters, you may do so.

[19] **Jenny Randerson:** I want to start with the introduction.

[20] **Rhodri Glyn Thomas:** Mae croeso ichi ddechrau gyda phennod 1.

**Rhodri Glyn Thomas:** You are welcome to begin with chapter 1.

[21] **Jenny Randerson:** Thank you for your introduction. I welcome your statement in the first chapter that you believe that there is better political leadership on social services throughout Wales now. For too long, the services have been the poor relation, and it is important that we have better political leadership. You talk about the examples of good practice and councils reviewing and reshaping their services. What do you do to disseminate good practice from the best to the worst services? There are significant gaps between the worst and the best. Sometimes, reshaping services can be hugely disruptive, not just to the workforce but also to the service users. As part of that reshaping process, many councils have raised the threshold of eligibility for adult services. It is my understanding that that is in relation to the Welsh Assembly Government's policy and guidelines, in that local authorities should only provide services directly to those in the greatest need and should be commissioning through other bodies for those with lesser levels of need. That can be difficult for people to understand, as can the whole reshaping process, and I am anxious that councils

should be able to learn from each other where it is being done well, and where pitfalls have been avoided.

9.40 a.m.

[22] **Mr Tebboth:** To answer your question on disseminating good practice, I acknowledge that that is still not as good as it should be. People still put too much effort in in their own parish and do not look as widely as they should. However, things are changing for the better in many ways. We have always thought to disseminate best practice through our reports and to highlight things in reports, and the creation of the Social Services Improvement Agency can, in many ways, act as a curing house for good practice. It has taken over the old all-Wales support unit website that highlights good practice. However, perhaps even more significant is the growing pattern of councils working together to commission some services. There are particular examples in children's services, although there are not yet such great examples in adult services. However, that pattern must grow as must working more closely with the health service.

[23] You are right to say that reshaping services is a very difficult agenda. It is a major agenda for the future, and balancing remedial work with people who need most care and protection with preventative work and work that promotes independence at an earlier stage is one of the major themes of the new directions paper, and it will require considerable work. I will ask Pat to comment on eligibility for older people's services in particular.

[24] **Ms Vogt:** The guidance is the 'Creating a Unified and Fair System for Assessing and Managing Care', which includes fair access guidance. That states that eligibility for entry into social services should be the same for all adult groups, so that it is not just about older people or people with learning disabilities—there should be no differences; it should be the same for all. In looking at that eligibility, both need and risk are measured. That has been a change over the last few years because it only used to be a question of need.

[25] There are four categories of eligibility and authorities are able to have a cut-off point at whichever level they decide they need to stick to in order to deal with demand and resources and so on. However, it has to be the same across all of the adult and older people groups, which creates a tension—it will definitely be a tension when trying to promote the prevention agenda, particularly under the new directions paper. The elements of risk have also introduced a new group of people into adult services. The people in adult services used to be quite easily defined as people with learning disabilities or older people who had needs, but the element of risk has brought in a group of people who are less easy to categorise, which has increased some of the demand. Does that answer your question?

[26] **Jenny Randerson:** Can you give us some examples of what sort of people it has brought in?

[27] **Ms Vogt:** On people with learning disabilities, there was almost a cut-off point of an IQ of 70 for automatic entry to learning disability services. Some people with that level of IQ might be at less risk because of other factors, than someone who had an ill-defined problem, for whom there would be greater risks.

[28] **Mr Tebboth:** I think that it is fair to say now that most authorities set their eligibility level to include 'high' and 'critical', but not 'medium' or 'low'.

[29] **Ms Vogt:** Yes.

[30] **Jenny Randerson:** That makes it very difficult for the people in the medium and low categories. I am concerned that that makes those people feel that they have lost something

that they had, if you see what I mean. Are there ways in which that can be overcome?

[31] **Ms Vogt:** Some of the services that are commissioned, for example, from the voluntary sector, enable open access—people can be signposted to them but they may be at a lower level of eligibility, so they are not on the books, so to speak. Torfaen is an example of an authority that has been trying to develop those services so that they meet that lower level of need and help the prevention agenda.

[32] **Rhodri Glyn Thomas:** A oes gan **Rhodri Glyn Thomas:** Does anyone else unrhyw un arall gwestiwn ar adran 1, cyn have a question on section 1, before we move inni symud at adran 2? on to section 2?

[33] **Christine Gwyther:** My apologies for being late, Chair; it was unavoidable. I am very sorry that I probably missed the presentation and the first part of the discussion. I want to ask about Carmarthenshire social services, because a report was issued last year, I believe, that was fairly critical of the way in which adult services are proceeded with there. Various changes have been made there, some of which are proving problematic. The change that I am thinking of is greater use of the private sector when it comes to homecare services. Can you comment on that?

[34] **Mr Tebboth:** Helen Mary Jones asked questions about Carmarthenshire the last time I was here, and that has obviously remained in Members' minds. I will hand over to Pat again.

[35] **Ms Vogt:** There was a joint review report that was critical, but I think that it is fair to say that the authority took it on the chin. An action plan was produced and presented to us. We, together with the Wales Audit Office, are following that up through our link inspector and a series of regular visits. We will, therefore, have to follow the progress and see how it goes.

[36] In terms of changes to the private sector, it is really important that all authorities look at how their services are delivered. We would expect, in a proper commissioning plan, for there to be a full needs analysis and then for there to be consideration of how those services could best be delivered—there have been some problems with consultation. In Cardiff, to be honest, consultation has been one of the issues in terms of changes in service delivery. Making sure that all stakeholders are included and involved right from the beginning is really important, as is ensuring that people, services users, families and providers understand in which direction the authority needs to go to provide the right sort of service for today at the sort of price that people, as citizens, should expect to pay. These things often go wrong in the process rather than in terms of the intentions, in some ways. Does that answer your question?

[37] **Christine Gwyther:** It goes part of the way to answering some of my concerns, and as things unfold in Carmarthenshire, I am sure that we will have to return to this issue.

[38] I also want to ask you about the partnership working between the LHB, the NHS trust and the county, because that has been extremely problematic in the past, and that, too, was brought up in the report. Are you confident that that partnership is now cohesive?

[39] **Ms Vogt:** I think that we are confident that some improvements have been made, and that steps have been taken. Also, we have been talking to the regional office about the importance of the health and the social care side of working closely together. It takes a long time for good partnerships to develop. You do not go from having a problematic partnership to having a really good, functioning one overnight, but as far as I am aware at the moment, there are some improvements.

9.50 a.m.



[40] **Christine Gwyther:** What will the monitoring of that relationship entail from the Welsh Assembly Government perspective?

[41] **Ms Vogt:** We will be looking at that through the action plan; the regional offices are also looking at the health side, and we will be linking in with them.

[42] **Mr Tebboth:** We will be talking to each other, and to Healthcare Inspectorate Wales, which has recently published its report on the local health board. One theme that we will be exploring with the partnership agenda in the new inspectorate is the fact that, the more these partnership issues arise, there is a need to monitor them in a more cross-cutting way. I am meeting another regional director of the Department for Health and Social Services to discuss issues in another area of Wales. We need to build up new systems that allow us to look singularly and together at some of these issues, and bring combined pressure and support to bear where they are needed. Two authorities—Cardiff and Carmarthenshire, which we have already mentioned—are examples where the need for that has been made apparent, and where we are endeavouring to respond with our colleagues. There will be a formal follow-up to the joint review, which will find its way into the public domain, and will be available to you.

[43] **Rhodri Glyn Thomas:** Gwelaf o natur y cwestiynau y bydd yn anodd inni gyfyngu'r drafodaeth i adrannau. Fodd bynnag, gwelaf fod Helen am ofyn rhywbeth ar adran 2, felly ceisiwn gadw at yr adrannau. **Rhodri Glyn Thomas:** I see from the nature of the questions that it will be hard for us to limit the discussion to chapters. However, I see that Helen wishes to ask something on chapter 2, so we will try to keep to the chapters.

[44] **Helen Mary Jones:** Thank you for the report. It is useful and easy to read, which is nice, and something of a change—not from your previous reports, I hasten to add. [*Laughter.*]

[45] I am interested in the figures that show how included people felt they were in decisions made about them. I suppose that we could say that it is good news that 77 per cent of service users felt that they were encouraged to have their say. However, it is worrying news that that means that a quarter of them did not. There are similar figures on people who had been to meetings to talk about their future and to make plans.

[46] On children's experiences, I was particularly struck that 20 per cent of children do not know whether their social workers listen to what they say; 14 per cent of them thought that they did not, but 20 per cent were not sure, which is almost more worrying than feeling that you were not listened to. In response to the question, 'If you have been to a meeting did you feel able to say what you wanted to say?', 34 per cent did not feel that they could. In response to the question, 'Did you feel that other people in the meeting listened to what you had to say?', 31 per cent thought that they were not listened to

[47] Those are worrying figures. Do they reflect big differences in practice between the authorities that you have inspected? Would there have been some authorities where those figures would be worse, and some where they would be much better? Also, where people do not feel that they are listened to, what do authorities need to do to ensure that that changes? Is that to do with training staff, or with organisational culture? I guess that it is a complex mix.

[48] **Mr Tebboth:** That is a correct analysis of the figures. They are largely encouraging, but there is still that gap, which is where the inconsistency comes. We would expect a difference between adults and children, because adults are normally in a position where, as it were, they desperately want the services, and they are grateful for anything that they can get sometimes. With children, particularly child protection cases—or even in some other cases—the services are visited on them or their family, and the relationship is not quite the same.

However, it is still an issue, particularly, as you say, that a third of children either do not feel that they are listened to, or do not even know whether they are being listened to. That has concerned us over several years. Can you make any comment on progress on that score, Jonathan?

[49] **Mr Corbett:** This is not new to us. What we are encouraging authorities to do—when we go around and look at children’s services, and talk to children—is to look at how they run the processes for consulting with them. If children are looked after, they will have a review of how that process is conducted. There are now independent reviewing officers who chair those reviews, and they have a specific duty to ensure that children’s views are taken into account. If the experience of the children is that they do not feel that they have been listened to, it is not always necessarily reflected in reality. However, the experience of large meetings, when you are confronted with a number of professionals, is daunting for most people, and children can often feel marginalised in that regard. It is important that preparatory provision is made for those children before they attend meetings, so that even if they have difficulty in expressing their view, either the social worker or an advocate is there who can do it for them. There is a specific responsibility on independent reviewing officers to ensure that children’s views are heard and taken into account.

[50] **Helen Mary Jones:** You mentioned the issue of advocates in that reply. Can you get a feel from the figures that are available to you whether or not children and young people who have an independent advocate with them are more or less likely to feel listened to than those who only have their local authority social worker with them? As I come from this type of background, my perception would be that if a young person has an independent advocate, they are more likely to feel listened to; but that may only be because they are more likely to have had better preparation for the meeting—it may not be to do with the independent advocate. Can you comment on that?

[51] **Mr Corbett:** I think that independence is viewed differently; what is important is the quality of the relationship that the child has. From the work that we have done with children, while independence is a factor, it is not the most important factor; the most important factor is the nature of the relationship. Where children feel that their views are not being heard, we can relate that to quite frequent changes of social worker. We have looked at this issue with authorities, and some authorities have changed their arrangements to minimise the number of changes in social workers. Some authorities have structured their services to ensure that they can have a more timely response to assess children’s needs, but, in doing so, it means quite a number of changes of social worker. There is a balance to be struck, because there is no one model that is particularly right. Social services need to be mindful of the fact that a common response from children is that, because of the number of changes in social worker, it is difficult for them to build a relationship. They feel that it is difficult for a person to fully understand where they are coming from and what they want if they have to keep repeating things to people at frequent intervals.

[52] It is not just a matter of structure; there are also issues that authorities are grappling with in terms of turnover in the workforce—there is quite a high turnover of staff in children’s services.

[53] **Helen Mary Jones:** I have another question on section 2, but it is on a separate issue. I was also interested in the figures about carers. I am concerned that 34 per cent of carers have not had their needs as a carer assessed, and that 39 per cent of carers do not receive help with a caring role. I would be interested to know whether or not the trends are going in the right direction in terms of an increase in the number of carers getting their needs assessed. I know that carers sometimes do not want their needs assessed, because they do not see themselves in that role, so I do not think that you would expect to have a 100 per cent figure in that regard. However, given the profile that we have tried to give to carers issues in the Assembly over the

past six or seven years, those figures are worryingly low. So, can you tell us something about the trends, and whether or not this reflects huge differences between the local authorities that you have been inspecting this year, or whether this is a fairly common pattern?

10.00 a.m.

[54] **Mr Tebboth:** This is the first time that we have been able to draw together figures like this, so we do not have trend data. This establishes a baseline. It will be interesting to see from future reviews which way the pattern moves. There are variations between authorities and between types of services within the same authority with regard to how well these things are done.

[55] **Ms Vogt:** We commented in the report that we still hear from care organisations that, in some places, people say that it has been suggested to them that there is not much point in their having an assessment, because there is not much on offer. I have to confess that I am not absolutely sure, without going back and looking at the figures, what the differences were between the authorities that we inspected. However, I am sure that it would relate to the services that are readily available. It is one of the areas where we have been considering whether to try to do a short sharp audit, but there are quite a number of those areas, so it is a question of priorities and capacity for us to look at some of the differences.

[56] These figures come from joint-review reports and carers that we know about. The difficulty is getting to the carers that we do not know about. That is probably where we have to rely on some of the organisations and use their knowledge.

[57] **Rhodri Glyn Thomas:** Os nad oes **Rhodri Glyn Thomas:** If there is nothing unrhyw beth arall ar adran 2, symudwn else on section 2, we will move on to section ymlaen at adran 3. 3.

[58] **Jonathan Morgan:** I would like to look at the graph on page 29 that shows the percentage of local authority personal social services staff holding a required or recommended qualification. I was interested in the different percentages according to the category of local authority staff. Obviously, there has been a minor reduction in some of the categories from 2005-06 in terms of the percentage holding a required or recommended qualification. What are local authorities doing to try to increase the number of people who have a required or recommended qualification? Is it at all possible—I do not know if it is in the report—to disaggregate, according to the categories, those people who are more required to have certain qualifications and those for whom it is merely a recommendation? I would imagine that, for those categories where there is a requirement, it is more severe if a higher proportion of people, or a significant minority of personal social work staff, do not have a qualification than those whose category of work is one of those for which it is merely recommended. Is it possible to try to disaggregate the figures?

[59] **Mr Tebboth:** We have some recent new figures and statistics on staff with listed qualifications. These show, for example, that 95 per cent of team managers and social workers have the required or recommended qualification; the figure for those in hospital or clinic settings is 85 per cent; in home care services, the figure is 25 per cent; and in day services, the figure is 31 per cent. You can see there the distinction between areas where we expect there to be professional social workers and others giving more direct forms of care. The social care workforce development programmes, which we administer and through which we encourage people to obtain qualifications, aims at both. Professional qualifications are normally acquired in pre-work training; the others are acquired mainly through NVQ-type vocational training.

[60] Another factor in this is the registration of social workers with the Care Council for

Wales. At the moment, there is a requirement for social workers to be registered and they then have to have the qualifications. That is being extended to certain other groups and the care council has been asked to come up with proposals for the further extension of that. It is obviously a long-term programme and there are difficult issues of cost and the nature of the workforce in direct-care provision, particularly in the private sector, where there is a large turnover of quite low-paid workers. Getting qualifications in at that level is quite difficult, in practical terms, so the aim in those sectors will be to reach the managers in particular services. It is something that we have been actively involved in, and Graham led a lot of work on the workforce and Margaret Provis, one of our inspectors, has been very much involved in that. Significant progress has been made, but, as with so many other things, there is still a long way to go and some quite difficult decisions to be made down the line.

[61] **Jonathan Morgan:** Are there any categories there that you are concerned about?

[62] **Mr Tebboth:** If we take residential services for children, it shows that 39 per cent have a recommended qualification, and a lot depends on who they are. If we know that all heads and assistant heads of units have qualifications, it is probably not too bad. However, for people working with some particularly vulnerable groups, we would want to see people having at least a basic level of training that provides more reliable skill levels. So, it is a concern that has to be addressed in a long-term, incremental way. As I said, the progress being made on social workers, and what is currently happening in some of those other categories, is very welcome. There is clearly a distance that we have to travel before we can feel reasonably satisfied, and then we get into the area of how far it is practical to take this.

[63] **Jonathan Morgan:** That is why I was interested in whether or not you are able to separate the figures in terms of whether it is purely a recommendation that people have a certain qualification or whether it is required. In that way, you could demonstrate that there is x number of people working in a category, these are the requirements for qualifications, and if a minority, or even a majority in some cases, do not have the required qualification, it is of concern. I imagine that that is where the priority would need to be.

[64] **Mr Tebboth:** The figures that I am quoting are of staff directly employed by local authorities. The care standards inspectorate's report, which you received a little while ago, commented on qualification levels in the independent sector, where there are some concerns. We have to look at the workforce as a whole, and maintain a concerted approach.

[65] **Jenny Randerson:** On the same issue, but on the next page, which is page 30, the local authorities are separated, and if you look at the worst—or the lowest—you have Rhondda Cynon Taf, Cardiff and Anglesey. I can understand why Rhondda Cynon Taf and Cardiff, as big authorities facing huge challenges, might find it difficult to recruit qualified social workers, care assistants, and so on, but there is no obvious reason why Anglesey should also be in that category when Wrexham is the market leader. Have you done any work on why there are disparities, because I am sure that every area of Wales would want to recruit those people with the best qualifications? Is it simply an issue of local workforce availability, the pressures on the job market, or is it an issue of in-house training?

[66] **Mr Tebboth:** I do not feel able to comment on Anglesey, but I can comment on Wrexham, which may provide an illustration. In Wrexham, a particular manager has led and driven the training and development agenda for staff over a number of years. That has led to that particularly high level of qualification there.

[67] **Ms Vogt:** There is also a close relationship with a local college.

[68] **Mr Tebboth:** Yes. It is an example, as with so many other things, of having champions who take it very seriously and make it their business to drive developments; in that

way you will see progress. If you do not have that, there will be extraneous factors, as you have suggested, but there will also be internal factors. I do not know enough about Anglesey or even—

10.10 a.m.

[69] **Ms Vogt:** This is pure supposition—we have a joint review in Anglesey at the moment, so we may know more about this in a few months' time—but I wonder if it could be to do with the age and profile of the workforce. A settled and experienced workforce of a certain age—given my age, I can comment on this now—may feel less inclined to do NVQs and so on than a more transitional and younger workforce, which you possibly have in places like Wrexham.

[70] **Mr Tebboth:** There are some technical issues. I know about Monmouthshire, because I have discussed this with the authority. It had a lot of training and development going on, but it was not leading to recognised qualifications, so it was not getting credit for what it was doing with its staff. Monmouthshire has tried to think about that and maybe change the way that it does things. However, maybe we can ask about Anglesey.

[71] **Jenny Randerson:** I have some other points on this chapter, Chair.

[72] **Rhodri Glyn Thomas:** Mae'r **Rhodri Glyn Thomas:** The Minister would like to come in on this particular point.  
Gweinidog eisiau dod i mewn ar y pwynt arbennig hwn.

[73] **Brian Gibbons:** To respond to one of the points that Jonathan made a few minutes ago, Members will recall that one of the regulations that we passed yesterday, on the back of Standing Order No. 31, was that managers and people working in children's homes would have to have the necessary qualifications within three years. As Richard said, the CSIW report noted that doing this on a voluntary basis has not brought home the bacon in terms of getting the quality levels up. Hopefully, over the next three years, we will see some significant improvement in those numbers from the point of view of children's services. Richard mentioned the workforce development fund, which will be distributed, of the order of £8 million to £9 million that we, as an Assembly, give to local government; it is then topped up by maybe a third. So, £12 million to £15 million is potentially going into that fund and I am not sure if that fully covers what the private sector might be putting in completely off its own back and unrecorded. So, a fair amount of money is going in, but, hopefully, the element of necessity that we passed yesterday will start to produce the type of changes that people want to see.

[74] **Christine Gwyther:** I have a point on training, Chair, and then another question, which I will leave until after other people have come in. When constituents who have been patients talk to us, one of the things that they say is that they want consistency of care. When I talk to nurses and people like homecare workers, they often say that they are trained in a different way in things like manual handling. They may not be trained to lesser or higher standards, but they are certainly trained according to different competencies, and patients find that unsettling. Is there any sort of mechanism for bringing training together, so that people are trained in the same way in personal handling skills?

[75] **Ms Vogt:** In terms of mechanisms, I am racking my brains to try to remember the name of a document that was published a few years ago about people being treated in the same way by health and social care workers. David is nodding. One would expect to see the same principles and ways of doing things applying across the training. My experience of working in a hospital setting with social care patients was that carers and family members or staff would often meet with hospital workers such as occupational therapists or

physiotherapists to be familiarised in the best way to handle somebody—manual handling, bathing and that sort of thing. It comes down to local partnership working.

[76] **Mr Tebboth:** A lot of training on things like manual handling, at local level, will be done through the partnerships that exist in the social care field. They should, therefore, be the same for local authority staff and private-sector staff.

[77] **Christine Gwyther:** And what about the NHS?

[78] **Mr Tebboth:** I am not quite so sure about the NHS thing. One assurance that I can give is that, just yesterday, in discussions in the Department for Health and Social Services, we were talking about some of the workforce policy and management closer together in health and social services. That will, obviously, increasingly develop over the years. So, if there are gaps, I hope that they will be attended to.

[79] **Christine Gwyther:** We would expect them to have a common way of doing things, but they certainly do not at the moment, and that has been crystallised for me with the new Pembroke Dock hospital, where social services are working very closely with the health service, and that is brilliant. However, issues such as this—

[80] **Mr Tebboth:** We will take that back with us. I have seen some multidisciplinary re-ablement teams, and once you have people working together like that, if there are differences, they will become apparent, and that creates a momentum to sort them out. However, I must confess, it was not an issue that I was aware of, and we will take that back and make inquiries.

[81] **Dr Salter:** It is probable that the skills for health programme being run out across the UK will achieve this end in the medium term, and the base competencies are being defined for any activity, and that will then be transferable across any particular professional need, whoever is carrying it out. Hopefully, that programme will achieve what you are seeking.

[82] **Rhodri Glyn Thomas:** Yr ydym dal ar adran 3, ac mae gennyf dri chwestiwn i ddod, gyda dwy adran arall i ddilyn. Felly, gofynnaf ichi fod mor gryno ag y bo modd, gan mai ychydig dros chwarter awr sy'n weddill ar yr adroddiad. Dylech ddewis a dethol yr hyn yr ydych eisiau ei bwysleisio.

**Rhodri Glyn Thomas:** We are still on chapter 3, and I have three questions left, with two more chapters to follow. Therefore, I ask you to be as succinct as possible, as we only have a little more than a quarter of an hour for the report. You should select the points that you wish to emphasise.

[83] **Helen Mary Jones:** I am interested in the figures on promoting independence and inclusion—5, inconsistent; 4, mainly good. That is not disastrous, but it is not brilliant either. I am also particularly interested, looking at page 28, in figure 3.48, which shows huge difference between authorities in the use of direct payments. I am not someone who thinks that direct payments are necessarily a cure-all, but, for younger disabled people, they can be a very effective means for them to feel that they are more in control of their life. Can you tell us a bit more about what lies underneath those huge variations between counties? What are your thoughts about what ought to be done to promote direct payments in those areas where progress seems to be much slower?

[84] **Ms Vogt:** The main issue with direct payments is the amount of support that people have in setting them up and running them. As you say, they are not right for everybody, as not everybody wants to have to manage a direct payment. One of the factors that undoubtedly affects these numbers is the amount of support that is readily available to people in an authority. We are still talking very small numbers in this regard, although the increase is marked in some places. However, the numbers are still quite low.

[85] **Jenny Randerson:** Linked to that, looking at the situation across Wales, there are several local authorities in which the number of direct payments has gone down. You talk about support; are you satisfied that there is enough publicity of the availability of direct payments? Are people sufficiently aware of the payments' existence? We have sharp increases in some areas, and a decline in others.

10.20 a.m.

[86] I have a few brief questions, Chair; should I tag them on now to save time? The WLGA reports to me that adult services are facing big increases in the number of assessments that they do. It told me about one local authority—it was not Cardiff council—that had faced a twofold increase in the number of assessments that it had to do. That was put down to more rapid hospital discharge, and there were also increasing numbers of readmissions to hospital, but I notice from chapter 1 that the social services spend is declining as a percentage of total local government expenditure. Have you come across any undue pressure on the need to do assessments, and is that becoming a difficult issue for local authorities throughout Wales?

[87] My final question is about the table on page 19, and the numbers of local authorities that are uncertainly placed. Can you give us a picture of why local authorities become uncertainly placed? In your experience, is this down to a lack of leadership, staff recruitment issues, or funding?

[88] **Ms Vogt:** As regards direct payments, I think that the publicity is variable. One of the factors is people having had a good experience of it. Some of these figures reflect the fact that people go in and out of direct payments—I cannot give you numbers, but heads of adult services have told me that they are often useful for people who need a short-term service tailored to their needs. So people are coming in and out of direct payments. I am not sure how good the publicity is, but we are aware that, in general terms, there is now more publicity and more information about what social services are doing.

[89] In terms of the assessments, the pressures that have been brought to my attention in recent months, again from the heads of adult services, have been related to health throughput, turnover in hospitals, and people with learning disabilities. Although one would think that the learning disabilities group could be quite easily defined, and you would be able to plan ahead, this year there has been quite an increase in young adults with learning disabilities who have, I think, moved through from children's services but have very complex needs. There has also been an increase among middle-aged people with learning disabilities, whose parents are now ageing. They have perhaps been hidden before, so that has added to the assessment pressure. Another factor at the moment is the increase in adult protection referrals; the figures are not in this report because we did not have them at the time, but they have increased by 70 per cent this year, and now amount to 3,600-plus people who require quite complex assessments even if things do not go any further—if the allegation is not well-founded. So that is quite a big increase in assessment work.

[90] **Mr Tebboth:** On the joint review, and the point on the review's judgments, the answer to your question can be found in the red bars that run from pages 28 to 32. You will see there the individual domain judgments that make up those overall judgments—and you will see that, as I mentioned earlier, the weakest area is commissioning and contracting, and some of the others are fairly evenly split. Services have been improving and the environment is generally benign, but when it comes to this issue of reshaping services and taking some of those difficult decisions that you mentioned earlier, and ensuring that services are sustainable in the future, a critical edge and determined leadership are required, along with very good planning, analysis and commissioning. Those are the areas where more work is needed. In terms of the vertical dimension on the grid, the results are more favourable than the

dimension that shows how good services are. So, we see people moving in the right direction. However, the challenges are being able to grasp these new agendas, ensuring sustainability, changing the shape of services and all the difficult political decisions that need to be made, taking the stakeholders with you.

[91] **Rhodri Glyn Thomas:** Christine, a ydych am ofyn cwestiwn ar hwn? **Rhodri Glyn Thomas:** Christine, do you wish to come in on this?

[92] **Christine Gwyther:** My question has been answered.

[93] **Rhodri Glyn Thomas:** Symudwn at benodau 4 a 5 felly, gan mai rhyw 10 munud sydd yn weddill. **Rhodri Glyn Thomas:** We will move to chapters 4 and 5, because we have only about 10 minutes left.

[94] **Jonathan Morgan:** Turning to page 45, looking at the expenditure per head on personal social services, there is quite a variation between Rhondda Cynon Taf, which spends just over £1,800 per head, and Powys, which spends just over £1,200. Are you able to tell from your contact with the local authorities that have been subject to quite critical reports in the past three or four years or so how much they have increased their spend by on personal social services, not just in terms of actual spend, but in terms of how that equates to the percentage of the overall local authority budget? One of the criticisms in the past has been that local authorities have seen their budgets increase quite substantially, while the actual proportion spent on social services, whether for adult or children's social services, has, in some cases, remained fairly static. That criticism was certainly made of Bridgend. Have those authorities demonstrated that they are now putting more resources into social services?

[95] **Mr Tebboth:** The cases of particular concern, namely Torfaen, Blaenau Gwent and Cardiff, were mentioned in chapter 1. When the problems came to light, all those councils invested more money in their social services. Some of that is intended to raise the baseline; some of it is investment to fund change, in, I think, the hope that some of the problems that lead to overspending can be brought under control. As I have said before, there is certainly no absolute relationship between spend and performance, because bad services cost you more. There is a difference between money going down the drain—although that is too pejorative a term—and money being invested in a purposeful way to achieve better services. When services have to be turned around, councils have found money to make such investments, in the hope that, at some stage, they can begin to reverse the trend in terms of really expensive things—such as expensive placements for children and having more people in residential care—and bring things under control. That is still a major issue in some areas.

[96] **Rhodri Glyn Thomas:** A oes rhywun arall am siarad ar hynny? Gwelaf nad oes. Diolch am yr adroddiad ac am ateb ein cwestiynau. Edrychwn ymlaen at eich ymweliad nesaf â'r pwyllgor. **Rhodri Glyn Thomas:** Does anyone else wish to speak on that? I see not. Thank you for the report and for responding to our questions. We look forward to your next visit to the committee.

10.28 a.m.

**Is-Ddeddfwriaeth: Rheoliadau Byrddau Iechyd Lleol (Cyfansoddiad, Aelodaeth a Gweithdrefnau) (Diwygio) (Cymru) 2006**  
**Secondary Legislation: the Local Health Board (Constitution, Membership and Procedures) (Amendment) (Wales) Regulations 2006**

[97] **Rhodri Glyn Thomas:** Mae Jonathan Morgan wedi codi dau bwynt o **Rhodri Glyn Thomas:** Jonathan Morgan has raised two points of clarification on this.



eglhurhad ar hyn. Gallwch eu gweld ym These can be found in paper 2a.  
mhapur 2a.

[98] **Brian Gibbons:** On the first question, the regulations will allow for the removal of either the elected or non-elected member. The reason for having a limit of 10 years and an opportunity to apply to the Assembly for an exemption against that 10-year period is predominantly to allow the non-elected member—in other words the director of social services or a senior social services official in a local authority—to continue to serve on the local health board after 10 years, if that is felt to be appropriate and that person is giving added value.

10.30 a.m.

[99] **Jonathan Morgan:** I asked the question because, if a local authority's representative on the LHB is a county councillor, and that person is a member of the executive who has responsibility for health matters, as is often the case, I can see the desirability, where the council leadership and the council governance changes, to remove that person from that position. However, I am sure that there are examples where the representative is a backbencher who has an interest in health matters. I imagine that, for the sake of building up a level of stability and, perhaps, a degree of expertise in health matters among local authority members, it would be desirable for people not to be caught in the usual political ping pong that can occur once the leadership of the council changes political hands. That is why I raised the matter. I can understand why that would happen in the case of an executive member, but you can almost see people being kicked off LHBs simply because their party colour is the wrong one. I am sure that there is flexibility for that. It would be undesirable to see people who have built up expertise and experience, in terms of the local authority's having an input into health matters, losing that.

[100] **Brian Gibbons:** I hope that that will be taken care of after May in this building, namely that people who have built up expertise will not lose their jobs just like that. *[Laughter.]*

[101] **Jonathan Morgan:** We will bear that in mind, Minister.

[102] **Brian Gibbons:** I think that the nature of political change will be, as you say, that some people who are doing a very good job in a non-partisan way could simply lose their post because the ruling party changes. That is true, and it is just an inevitable consequence of democracy. When I mentioned the exemption to the 10-year limit in terms of the regulations, I gave the example of a non-elected member but, as I understand it, this is not intended to apply only to non-elected members. If somebody was playing a stormer, and that was recognised as a singular contribution to the local health board by local government, and the local authority and perhaps the local health board wanted that person to continue, then again, they would apply to us for permission, and there is nothing in these regulations to prevent that person from continuing. As I said, the primary purpose was to ensure that a director of social services would not be removed simply because he or she had served for 10 years.

[103] **Mr Frodsham:** Yes, that is the case.

[104] **Rhodri Glyn Thomas:** Ac ar yr ail **Rhodri Glyn Thomas:** And on the second  
bwynt, Weinidog, ynglŷn ag aelod sydd wedi point, Minister, with regard to a member who  
peidio â bod yn aelod, a'r trefniadau? has ceased to be a member, and the  
arrangements?

[105] **Brian Gibbons:** Ironically, yes, once a person was appointed under the previous regulations, he or she was more or less there for eternity.

[106] **Jonathan Morgan:** I had assumed that a county councillor who was serving on a local health board who then lost his or her county council seat would be automatically removed, but I was not quite sure whether that had been covered in the previous regulations.

[107] **Brian Gibbons:** No; but it is now.

[108] **Jonathan Morgan:** Right; that is fine.

10.33 a.m.

**Is-ddeddfwriaeth: Rheoliadau Gwasanaethau Cymorth Mabwysiadu  
(Awdurdodau Lleol) (Cymru) 2007  
Secondary Legislation: The Local Authority Adoption Services (Wales)  
Regulations 2007**

[109] **Rhodri Glyn Thomas:** Codwyd pum **Rhodri Glyn Thomas:** Five points were  
pwynt yma; y ddau gyntaf gan Jonathan raised here; the first two by Jonathan  
Morgan, ac yna dri gan Jenny Randerson. Morgan, and the other three by Jenny  
Randerson.

[110] **Brian Gibbons:** The first one is: what will these new regulations achieve beyond what is currently been done? The reason why these regulations are needed in particular is that, of course, the whole legal framework for adoptions has been changed, and the purpose of these regulations is to put in place the new standards that the new adoption law requires as well as to give the inspectorate—in this case, the Care Standards Inspectorate for Wales—the opportunity to inspect against these new standards. So, it is updating the requirements in the light of the new adoption Act.

[111] The second point is whether there are a sufficient number of qualified, competent and experienced people. I think that this goes back to where we were in the previous section. The feeling is that the number of courses and opportunities are there, but that the motivation in every instance is not there for people to go on these courses. There may sometimes be quite legitimate pressure of work and so on and they might not be of a high enough priority. However, hopefully, the regulations that we passed yesterday—just to refer back to them again—will lead to a change in that situation and drive up the quality and the qualifications of the workforce.

[112] **Jonathan Morgan:** I put this point of clarification in because, if you have a requirement that the local authority should have a sufficient number of suitably qualified, competent and experienced persons, one would expect that it is a matter of judgment for the local authority as to whether it has a sufficient number. Are there any financial consequences that might have been assessed as a result of drafting that particular regulation? Also, does it put any legal responsibility on a local authority? If, for example, someone was to bring a legal case against a local authority, part of which was, ‘I was poorly handled because there was not a sufficient number of suitably competent, qualified and experienced persons’, then that gives anyone with a legal gripe against a local authority a fairly decent hand.

[113] **Brian Gibbons:** Yes, but that is the purpose of the regulations—it is to improve the quality of the service that people have a reason to expect, and to put it on a more rigorous footing. That person might have a case in civil law in any event, but this underpins the standards and the statutory requirements of what these adoption agencies will have to deliver. Again, the CSIW will be reporting against them. Do you wish to come in on this, Mike?

[114] **Mr Burns:** It would be difficult for us to regulate to the point of saying what the appropriate number of staff is. It will be up to local authority adoption services to justify their levels to CSIW. As long as they can show that they are avoiding unnecessary delays in any of their adoption services that, at least, should demonstrate that they are providing an adequate number.

[115] **Rhodri Glyn Thomas:** A oes **Rhodri Glyn Thomas:** Are there any unrhyw sylw ar bwynt iii? comments on point iii?

[116] **Brian Gibbons:** Again, this is about the difficulties in securing NVQ level 4. The original proposals were that that would be achieved within two years. However, following consultation, I believe that that was extended to three years, which was a more realistic target for organisations. I do not know whether you want to come back on that, Jenny, as you raised the point.

[117] **Jenny Randerson:** Yes, because that is more or less an acceptance of failure. My question was: what are you doing to ensure that they are able to achieve it? Are you convinced that there are enough courses in place, and that local authorities, and other agencies, are allowing staff the time to achieve that qualification?

[118] **Brian Gibbons:** Our view is that the provision is there. In the previous item, on SSIW's annual report, I mentioned the amount of money that is going into this. There is a considerable amount of money going into it to improve training across the board of social care provision—it is £12 million or £15 million, depending on whom you include in paying for that. Therefore, there is a significant amount of money going into the system. Also, if you look at the returns in terms of a local authority sending people, much of this money is allocated on a sort of capitation basis. If you look at the returns from local authorities—rather like the chief inspector's report—the variation is difficult to explain, and you would struggle to work out what the drivers are in terms of the level of uptake of this. By putting in place this statutory requirement through these regulations, the element of discretion will be significantly reduced, and people will have to put in the qualified places if they are going to be in compliance with these regulations. The CSIW will also be commenting on it, as it inspects the adoption organisations.

[119] **Rhodri Glyn Thomas:** A oes **Rhodri Glyn Thomas:** Are there any sylwadau ar bwynt 4? comments on point 4?

10.40 a.m.

[120] **Brian Gibbons:** This is on the financial implications of the health check. Our view on this is that the health check for the adopter and the adopted child has always been there—it is not new. So, this is not an additional cost to the system—it is something that has been built into the system going back many years. Even if there was a changed circumstance, this may be the wrong place to be raising it in any event. However, notwithstanding that as a side observation, there are no more stringent requirements under these regulations in terms of ensuring that these examinations are done, because they have always been there.

[121] **Rhodri Glyn Thomas:** Ac ar bwynt **Rhodri Glyn Thomas:** And on point 5? 5?

[122] **Brian Gibbons:** The last point is that there is no statutory provision for a Criminal Records Bureau check for adoption. However, under the Safeguarding Vulnerable Groups Act 2006, panel members will become subject to the vetting and barring scheme, so the situation will change because of the new legislation that is coming in.

[123] **Rhodri Glyn Thomas:** Diolch yn fawr. Fe dorwn am egwyl yn awr, a byddwn yn dychwelyd am 11.00 a.m. i edrych ar yr ymateb gan y Gweinidog i'r adolygiadau a gynhaliwyd gan y pwyllgor hwn.

**Rhodri Glyn Thomas:** Thank you. We will break now and return at 11.00 a.m. to look at the Minister's response to the reviews that this committee has undertaken.

*Gohiriwyd y cyfarfod rhwng 10.41 a.m. a 10.59 a.m.  
The meeting adjourned between 10.41 a.m. and 10.59 a.m.*

**Y Wybodaeth Ddiweddaraf am Weithredu Argymhellion Adolygiadau Polisi'r Pwyllgor**  
**Update on the Implementation of the Recommendations of Committee's Policy Reviews**

[124] **Rhodri Glyn Thomas:** Croeso yn ôl i'r cyfarfod. Edrychwn yn awr ar y wybodaeth ddiweddaraf ar weithredu argymhellion adolygiadau polisi'r pwyllgor hwn. Fel y gwelwch, mae pedwar atodiad sy'n sôn am ymateb y Llywodraeth. Os oes gennych sylwadau, y peth rhwyddaf yw inni fynd drwy'r atodiadau a phenderfynu, fel pwyllgor, pa wybodaeth yr hoffwn ei throsglwyddo i'r pwyllgor a fydd yn ein dilyn ar ôl 3 Mai. Felly, dechreuwn gydag atodiad 1 ac ymchwiliad ac adroddiad Phillips. Dechreuwch chi, Jenny.

**Rhodri Glyn Thomas:** Welcome back to the meeting. We will now receive an update on the implementation of the recommendations of this committee's policy reviews. As you see, there are four annexes that detail the Government's response. If you have comments, the easiest thing is for us to go through the annexes and then decide, as a committee, which information we wish to transfer to the committee that will follow us after 3 May. Therefore, we will start with annex 1 and the Phillips inquiry and report. Jenny, you can start us off.

[125] **Jenny Randerson:** I have two questions on this. Are there any issues here that need to be transferred in terms of how we might deal with avian flu? People have been talking a great deal about food safety during the last few days, so are there any transferable issues on that?

[126] Secondly, since this review reported—I think that it is since it reported—the matter of people having received blood transfusions and being at risk of CJD has become a real issue for the people concerned and a source of considerable distress. Some of those people, as the Minister well knows, following our meeting last week, are already infected with other diseases. There is talk here of counselling and so on, but what is being done to assist those people?

[127] **Brian Gibbons:** On avian flu, there was an ad hoc Cabinet sub-committee meeting last night on the back of this. We had arranged a series of these meetings in any event and this just happened to coincide with the outbreak. The feeling was that, historically, there is more to be learned from the challenges of foot and mouth disease than from BSE because BSE is a very specific disease. However, much experience—including the experiences of people who have been through both processes—has been built up and is being fed into the system. My feeling is that the sheer scale of the disruption of foot and mouth disease and the logistics of business continuity, particularly in rural settings and so on, are probably more relevant than the BSE problem, although there are clearly some similarities.

[128] I do not know whether David can say something on this, but the eligibility of people who can give blood has been dramatically changed because of the awareness that the disease can be transferred through blood transfusion. I do not know whether David can recall the numbers, but there may be a linear continuity in terms of people who have been in receipt of

blood transfusions and who have subsequently gone on to develop variant CJD. There is a group of people who have been identified as being potentially at an increased risk and they have been informed of that. Would that be 100 people?

[129] **Dr Salter:** No, Minister; we are aware of three patients in Wales who were in receipt of blood from patients who had developed CJD.

[130] **Brian Gibbons:** The number is not very high—I did not recall that it was as small as three—but those patients have been informed and made aware of the situation and appropriate counselling and discussion has been undertaken with them.

[131] **Rhodri Glyn Thomas:** A oes sylwadau eraill ar yr atodiad hwn? Gwelaf nad oes. Felly, symudwn ymlaen at atodiad 2 ar wasanaethau i blant gydag anghenion arbennig. **Rhodri Glyn Thomas:** Are there other comments on this annex? I see that there are not. We will, therefore, move on to annex 2 on services for children with special needs.

[132] **Jonathan Morgan:** On recommendation 12—the review of speech and language therapy services and drawing up a strategy for meeting the shortfalls in the short term and in the long term. Yet, the background to this recommendation was not just trying to ensure that we had a long-term strategy for closing the gaps, but that there were short-term deficiencies that needed to be addressed. I am sure that most of us have cases where constituents' children have not had access to speech and language therapy services for a variety of reasons, whether because of a lack of investment in recruiting appropriate practitioners or whatever the excuses may be. I am not sure whether this is meeting that short-term shortfall. I accept that there are pilot projects and that good work is being undertaken in various pilot projects in parts of Wales, but it was about meeting the shortfalls across Wales in the short term, and I am not sure whether that has been picked up.

11.05 a.m.

[133] **Brian Gibbons:** I think that everyone will know that there has been a significant increase in the number of people training and qualifying in speech and language therapy. As part of the diagnostics waiting-times targets, access to speech and language therapy is one area that we are managing. Again, I do not have the figures in my head, but I know that there has been substantial progress. Compared with where we were this time last year, the number of people waiting over 36 weeks has been dramatically reduced to a fraction of what it was. I do not want to create any hostage to fortune, but we are fairly optimistic that we will reach the target that no-one will be waiting over 36 weeks for speech and language therapy. That is the maximum wait. Within that, we know that 75 per cent or 80 per cent of people are being seen within six months and possibly as many as 50 per cent within three months. So, good progress is being made.

[134] When I started in this post around two years ago, there was a steady stream of correspondence on speech and language therapy and provision. Since the work has been done to establish these pilot projects—and it is not just the pilots, because the pilots are an attempt to learn from best practice—and due to the increase in the number of people training in the area of speech and language therapy, I do not get that many items in my ministerial correspondence at the moment. I realise that, for every one letter that I would get, there are probably between 500 and 1,000 unwritten letters. However, on the basis of the work on the waiting-times target and the numbers completing their training, I think that we are beginning to see the end of the worst problems. If there are individual cases, then we need to follow these up. They may be individual cases, but, equally, they may be the tip of the iceberg and the problem may not have been fully addressed yet.

[135] **Rhodri Glyn Thomas:** Ar gefn y cwestiwn hwnnw, o fy mhrofiad yn sir Gaerfyrddin, ac yr wyf yn siŵr bod hyn yn wir yn rhai o'r siroedd eraill lle mae'r iaith Gymraeg yn gryf, mae problem fawr o ran recriwtio therapyddion iaith a lleferydd sy'n gallu gweithio drwy gyfrwng y Gymraeg. A yw'r adran yn ymwybodol o hynny a beth ydych yn ei wneud i fynd i'r afael â'r broblem honno?

**Rhodri Glyn Thomas:** On the back of that question, from my experience in Carmarthenshire, and I am sure that this is true of other counties where the Welsh language is strong, there is a considerable problem with regard to recruiting speech and language therapists who can work through the medium of Welsh. Is your department aware of that and what are you doing to get to grips with that problem?

[136] **Brian Gibbons:** Again, we are in the final phase of confirming the nature of a new speech and language therapy service and training school in north Wales. The reason that it will be located in north Wales is that that speech and language school would specialise in or have a particular emphasis on the Welsh language. You are right to say that it is a weakness in the system. I do not know whether any of my colleagues can remind me, because I am working from memory, but I think that we have one co-ordinator, if not two, centrally who have been involved in developing good guidance for speech and language therapy and baseline work, so that that will be available. We have done work centrally on speech and language therapy, particularly on developing the curriculum—if that is the right word—or the training manuals, and putting those into a Welsh context. One or two people have worked specifically on that project. Again, that is more or less coming to an end, and that person has nearly completed the work. I do not know whether Keith can help me on that point.

11.10 a.m.

[137] **Mr Ingham:** I have some background briefing on this. The resource of £90,000 over three years is going to the University of Wales, Bangor to develop Welsh-specific resources and Welsh-language assessment tests in speech, language and verbal reasoning skills. Those will be available to all educational psychologists, speech therapists and educators in Wales. From September 2005, a Welsh-language adviser has been seconded to the Assembly for a term to undertake a scoping exercise of all available bilingual resources in Wales, and to make information available to teachers and support staff via the National Grid for Learning website, so that they can share resources. Bilingual learning courses for special educational needs are currently under development and should be available across higher educational institutions and schools in Wales by April 2007.

[138] Huw Roberts, a senior lecturer from the University of Wales, Bangor, and the author of 'Acknowledging Need', is working on a part-time basis to undertake a scoping study of bilingual training needs and professional development. Therefore, there is quite a lot of work going on. Funding of £300,000 is allocated from the Assembly's regional special educational needs' school building improvement grant scheme, to enable the development of regional provision for children with SEN to be taught through the medium of Welsh. So, there is quite a lot going on in this area at the moment.

[139] **Rhodri Glyn Thomas:** Diolch yn fawr. Yr oedd yn ateb cynhwysfawr, ac yn newyddion da hefyd.

**Rhodri Glyn Thomas:** Thank you very much. That was a comprehensive answer, and also good news.

[140] **Helen Mary Jones:** Chair, I wish to raise several points. Do you want me to do them one by one or all at once?

[141] **Rhodri Glyn Thomas:** Credaf y byddent yn well gyda'i gilydd.

**Rhodri Glyn Thomas:** I think that they would be better together.

[142] **Helen Mary Jones:** On recommendation 4, which is about pre-conceptual genetic counselling, the Government is awaiting further advice from external organisations; what advice is that, from whom, and what is the timescale for that? On recommendation 9, about the early appointment of a care worker or care co-ordinator, are there any early indications about the progress? You say that the progress of implementing the key action will be monitored during the course of a 10-year strategy, but do we have any early indications of how successful that is, because I have constituency casework that suggests that that is a bit patchy, to say the least?

[143] Recommendation 18, which is on the supply of equipment, says that part of the overall package of support for older people and their carers—the additional funding being made available—will also improve the provision of equipment for disabled children. However, if it is money that is allocated for older people and their carers, I am slightly at a loss to see how that would work, for example, in terms of wheelchair provision, because children grow and they need to change their equipment often, so that is a strange assertion. What does the Government have in place to monitor whether it improves things for children and young people? If I was giving money to authorities to support older people and their carers, I would not assume that that would make things better for young people.

[144] Finally, on the disabled facilities grants, again, anecdotally, I am still getting—

[145] **Brian Gibbons:** What recommendation is that, Helen?

[146] **Helen Mary Jones:** I am sorry, it is recommendation 19. I am still getting a lot of anecdotal evidence on very long waits for these grants. One case that I will raise directly with the Minister is of a couple whose marriage has broken down because they cannot cope with caring for their child in that environment; I have been advocating for them to get the work that needs to be done on the house for at least three years, so they were probably struggling before that. We also have a father who is carrying a teenage son up and down stairs in his arms, and who now has a bad back, unsurprisingly. I mention that particular case, which, as I say, I will pursue with the Minister, because it is particularly telling. That young man will end up in a care setting very soon, and he will not be able to be looked after at home unless they get the facilities. Therefore, the Government's response is rather complacent and is in contrast to my experience, which is not just of one county, so it is not just one county that is failing, but a couple of counties in my region where there are ongoing issues about this. So, I would appreciate a response on that as well.

[147] **Rhodri Glyn Thomas:** Cyn i'r **Rhodri Glyn Thomas:** Before the Minister Gweinidog ddod i mewn, a oes gennyh comes in, do you have anything to say on one rywbeth i'w ddweud ar un o'r pwyntiau hyn, of these points, Chris?  
Chris?

[148] **Christine Gwyther:** It is on exactly the same point about the disabled facilities grant. I wondered to what extent local authorities are planning ahead for people's needs. With case work, people often apply for the adaptation that they think they need now, but there is no forward look or future-proofing for families, which would help them in years to come and cut down on the admin and the stress to them as individuals.

[149] **Brian Gibbons:** On genetic advice, David might be able to give a further update, although I understand that there is a core suite of antenatal screening in place that covers nine or 10 different conditions at the moment. If someone has been personally diagnosed—or someone in their family—as potentially having a genetic disorder, there will be one-to-one counselling on a case-by-case basis. Depending on what that disorder is, they will be referred to the NHS genetics advisory service to give them some idea of what the risk for them or their family would be in the future. I do not know whether David has anything to add to that.

[150] **Dr Salter:** That sums it up.

[151] **Brian Gibbons:** So, it is very much case by case. I know that the networking in the genetic service is developing pretty well. I am working from memory, but, for example, the University Hospital of Wales goes out as far as Aberystwyth—

[152] **Dr Salter:** I can help you on that, Minister. There is a genetics network across Wales, which operates from north to south, operated from the institute of genetics at UHW.

[153] **Brian Gibbons:** That is very extensive, right across Wales; from what I gather, it is one of the best examples of an outreach network that works across all of Wales.

[154] On the key worker appointment, one of the great strengths of the National Service Framework for Children, Young People and Maternity Services is the self-assessment tool. It should be theoretically possible to download that specific information in relation to that particular question. I do not know whether Keith or someone would be able to give the specifics. With the self-assessment tool, all stakeholders in this area should be filling up the section on their performance against the must-do criteria, in the first instance, and then the desirable criteria, so that every local children and young people's partnership will be provided with its performance on the basis of the self-assessment tool, and it will then respond to that. We had a soft target to deliver a number of key actions and we had a comprehensive review about nine months ago of where everyone was in relation to this. There was reasonable progress, but you could see that there were certainly areas where there were gaps in the provision, but, because the self-assessment tool underpins the NSF, organisations know where their weakness is. The expectation is that they will then work to address that.

[155] I do not know whether anyone can remember a figure for the key worker—

[156] **Rhodri Glyn Thomas:** You do not need to press the button, Keith; the microphone will come on on its own. Apparently, if you press it, that works against the system.

[157] **Mr Ingham:** I apologise. I do not have a specific figure on this, but you make a valid point. The self-assessment audit tool requires each member of the local partnership to assess how it is performing against all of the NSF targets. The scoring for the partnership is the scoring of the lowest member in every case. So, you will see throughout this document that there are some that score around 52 per cent, which are relatively low figures, on some of the initial figures. This is the first set of figures; we will have another set post-March of this year across the whole of the NSF. We expect that those partners that were identified as failing, whether individually or collectively, will have tackled these problems, or will be beginning to tackle them, by March of this year. So, it is early days on some of these figures, and it is unfortunately a bit of a long process to get all of that information back. *[Interruption.]* No, they are not all meeting that target currently and I think that there are some issues about the identification of individuals—who should be the lead worker or key worker.

11.20 a.m.

[158] There are some areas of Wales where there is a lot of work being done on this, while in other areas there is less being done. One of the things that we will have to do, within the scope of the NSF, is share some of the knowledge and experience from those areas that are doing well and are hitting the 100 per cent target. I know, for example, that there are authorities in parts of south-west Wales that have had key worker schemes for some time, and have tested them well, but there are other areas where they have been a little more reluctant to go down that route, and we need to push that.



[159] **Brian Gibbons:** On equipment, I think that it will be an advantage to supply children from these stores, because one of the side effects of the older person's package is that there will be better tracking of the equipment that goes out, simply because there will be a central store. I do not think that, if a 12 year old has a piece of equipment, the computer will not hold information on that. Equally, the stores will have facilities to do maintenance work, sterilise equipment, and so on—even though the focus of those stores is on the older people's package, a lot of the activity in them will be of a generic kind, and I expect that it will make a very substantial improvement to the equipment provided for children. As Helen Mary said, the £600,000 that the First Minister mentioned in relation to wheelchairs, and powered wheelchairs in particular, will benefit young people. There may be a time-limit issue around how those assessments take place, but we do expect that, because of the investment, there will be a substantial improvement in waiting times for wheelchairs. Something like 80 per cent of people referred for wheelchairs in Wales get their wheelchair within a couple of months, which is very quick. In Wales we provide extra-powered wheelchairs, which I do not think are provided in England, so that is something that is available here probably on a better level than in England. The waiting times for a lot of those powered wheelchairs are probably unacceptably long, but hopefully the First Minister's announcement will start making a dent in that.

[160] **Helen Mary Jones:** On that point, I am encouraged by what the Minister has to say, but may I ask you to specifically monitor the impact of this on children and young people? From what you have said, I now better understand why you would expect improvements, but it would be helpful if, in the light of the committee's recommendation, that is monitored.

[161] **Brian Gibbons:** Finally, the main thing about the disabled facilities grant is that it is essentially in Edwina Hart's portfolio, so I cannot speak to any great extent on it. However, as I understand it, the new arrangements are an improvement because, first, the means-testing has been dispensed with, and secondly, local authorities have more discretion over the prioritisation that they give to this particular area of work. I suppose that if you do lift the means test, more people will become eligible for the service, but I cannot really comment with any authority on how well this is working—though, having spoken to Edwina Hart, the feeling that I get is that the new set of arrangements are much better in practice. There is a general acknowledgment that the old system really was a bit too stagnant and formal and that this new flexibility is improving the situation. I do not know the best way of getting—

[162] **Helen Mary Jones:** I will pursue that separately with the Minister for Social Justice and Regeneration, Chair, if that is all right.

[163] **Brian Gibbons:** On Chris Gwyther's point, there is a clear need for lifetime design in housing. We know that people with disabilities can now expect to live through middle age and old age, so the properties that they should be moving into should have lifetime design built into them. The community equipment proposals will help, and the £9 million telecare programme will be a big help in dealing with this. However, essentially, it is a matter of making sure that people have fit-for-purpose housing in the first instance.

[164] **Rhodri Glyn Thomas:** Cyn imi alw Jenny Randerson, fe estynnaf groes cynnes i'r ymwelwyr yn yr oriel gyhoeddus sydd, fe dybiaf, o Rhondda Cynon Taf. **Rhodri Glyn Thomas:** Before I call Jenny Randerson, I extend a warm welcome to our visitors in the public gallery who, I believe, are from Rhondda Cynon Taf.

[165] I think that you come from Rhondda Cynon Taf; otherwise Leighton has taken a great interest in the Health and Social Services Committee. [*Laughter.*]

[166] **Jenny Randerson:** Could we go back to wheelchairs? A constituent raised the matter with me, so I had cause to look at the waiting-time figures for wheelchairs for young people,

and although the waiting time has gone down, with a target of six weeks to assessment and then maybe another six weeks for provision, that becomes three months. That is still a long time if you are a child in a wheelchair that you have outgrown. However, there were some people on the list who had waited longer than six months, and I invite the Minister to look at the variation and examine why it is still occurring. Six months is completely unacceptable for a child to wait for an assessment for a wheelchair.

[167] Also, there is the issue of school nursing services, which is point 14. There is huge variation across Wales in the availability of school nurses. The number of pupils that they have to serve is much higher than it is in England, in general, and really it is a greatly unsatisfactory situation. I urge you, Minister, to look at the issue of addressing this with a 10-year strategy, which is what you have noted here. To be honest, that is not good enough. I realise that it is not a situation to be put right overnight, but nurses are available and we just need to create the posts for them. It should be possible to do it in much less than 10 years.

[168] **Brian Gibbons:** My officials are meeting Dr Sue Fox later this week, and she has prepared a report on this matter to give shape to it. We will wait to see what the proposals are. We are of the view that school nursing services is not the right term in any event; it should be young persons' nursing service, so that the service is available not just within school hours but over the holidays and in youth clubs and so on. Our initial take is that it should be a bit more comprehensive than just addressing the school setting. However, as I said, officials are meeting on Thursday to receive the first draft of what will form the final document. Hopefully, something will be coming to me on the back of that, depending on how satisfactory that document proves to be. I share the committee's sense of frustration in this matter; we all remember the work that June Clarke did, since when a scoping study has been done, which is a very comprehensive piece of work—it was a very thick volume of study just to see where the strengths and weaknesses were. That scoping study was highly informative. So, taking June Clarke's work and the scoping study, something definitive will hopefully be arriving on my desk sooner rather than later after the end of this week,.

[169] **Rhodri Glyn Thomas:** Symudwn at atodiad 3, ar y rhyngweithrediad rhwng iechyd a gwasanaethau cymdeithasol. **Rhodri Glyn Thomas:** We move to annex 3, on the interface between health and social services.

11.30 p.m.

[170] **Jonathan Morgan:** To touch on recommendation 3, and the review of the guidance to LHBs, trusts and local authorities on engaging the private and independent sectors, you said that they already have a statutory duty to consult and to plan, but that is simply not happening in many parts of Wales. You could talk to a whole host of voluntary and charitable organisations and hear that they are simply not treated seriously by the statutory sector. Much of that evidence came through to us during the cancer review.

[171] First of all, you said that the new commissioning guidance would be published in February; I wonder if that is still the case, and if so, whether we will have the chance to look at that at one of our committee meetings before we finish at the end of March. I do not imagine that it would take too long, but it is something that we could usefully have a look at, because it could have a significant impact on some of the issues that were brought out in that review of cancer services. Secondly, have you discussed this whole issue with the NHS confederation? Obviously, as a representative body, it has a degree of influence with NHS trusts and local health boards, and I think that any new guidance that is drafted needs to lead to an improvement in the commissioning arrangements, and the planning arrangements, between LHBs and trusts in the statutory sector and those in the voluntary and charitable sectors.

[172] **Rhodri Glyn Thomas:** Cyn i'r Gweinidog ateb, ynglŷn â phwynt Jonathan ar amser yn y pwyllgor, yr wyf yn nwylo'r pwyllgor, ond os ydych am roi sylw i hyn, gallwn wneud hynny ar 14 Mawrth. Yr wyf yn cymryd eich bod am wneud hynny? Caiff hynny ei gynnwys ar agenda 14 Mawrth, os yw'r wybodaeth yn barod.

**Rhodri Glyn Thomas:** Before the Minister comes in, on Jonathan's point about committee time, I am in the committee's hands, but if you would like to give some attention to this matter, we could do so on 14 March. I take it that you would like that? In that case, I will include it as an item on the agenda for 14 March, if the information is ready.

[173] Jonathan was asking whether we could look at this in committee, and I said that we had time on 14 March.

[174] **Jonathan Morgan:** The new commissioning guidance, that is.

[175] **Rhodri Glyn Thomas:** Yes. Is that timetable acceptable to you, Minister?

[176] **Brian Gibbons:** I do not know whether Mike Shanahan can give a precise date for publication.

[177] **Mr Shanahan:** I do not have a date for its publication, Minister, but we will check.

[178] **Brian Gibbons:** I agree with the general point that Jonathan makes, because I know that, for example, Care Forum Wales and the Registered Nursing Homes Association do excellent work at both a regional and a national level. They are a force for good. I think that it is true that, for whatever reason, their organisations are perhaps a bit weak at local health board or local authority level, or perhaps the culture to engage with them is just not there, but I do share Jonathan's view that it is not really resilient enough at that level. One of the themes that we are trying to develop in the commissioning guidance is to see whether there is a way of getting the private sector to have some sort of collective bargaining approach, if that is the right term to use. One of the problems to date has been that there is no clear spokesperson for the private sector in a given area, so you are often having discussions with a self-selected group. In some local authority areas you cannot even do that, and the local authority has to go out and select somebody, which is possibly an even weaker mechanism. So, we need to work with Care Forum Wales and the national registered nursing home people, to a certain extent, to take some sort of collective responsibility. In fairness to Care Forum Wales, it is well-disposed to that approach, but it is a case of making it happen.

[179] That is the first issue—that the sector should be able to speak authoritatively on its own behalf, at a local area level. If it cannot deliver that, then some of this becomes very difficult, because the sector is speaking with a diversity of voices, and that makes planning very difficult indeed. The second issue is that the contracting focuses on contract specification and fee-setting, and it is a rather narrow focus over a rather narrow period of time. If we are to develop partnership working in this area then the sector needs some sort of continuity over a period of years, both in terms of the level of fees that it might reasonably expect, and also, going back to an earlier point, it has to commit to training and improving standards. You need certainty over a period of years rather than trying to do this on a year-to-year basis. Not much of this is actually in the existing framework; it just does not seem to have happened so far. Clearly, this is something that we need to have in the new commissioning guidance. I believe that I said in the committee that one of the priorities in 'Fulfilled Lives, Supportive Communities' for 2007-08 is to develop new commissioning guidance, for the reasons that I gave.

[180] **Mr Sweeney:** To add to that, as we mentioned in the last committee meeting, we are trying to involve the independent hospice sector. There has always been a real problem in

getting its efforts properly integrated. We offered it two places on the commissioning arrangements review set up by Geraint Martin under ‘Designed for Life’, and it took those up. As we mentioned last time, this will also be approached in the review by the consultants that we appointed to look at palliative care generally. That is an important area of interface that we should not lose sight of.

[181] **Brian Gibbons:** I do not meet the NHS Confederation very often on an organisational basis, but it regularly attends meetings with officials. It has a sort of standing invitation, and I often meet its representatives walking along the corridor as they are going to meet officials to discuss a number of issues. However, a great deal of this change has been driven by the National Leadership And Innovation Agency For Healthcare, rather than by the NHS Confederation.

[182] **Helen Mary Jones:** I have two short, specific questions about timescales. In recommendation 3, in the last paragraph on page 33, it states that a consultation document on community health services will be issued shortly. What does ‘shortly’ mean in this context, Minister? In recommendation 19, on page 41, it states that we have a forthcoming chronic conditions model and framework for action. When is it likely to be forthcoming? I am not asking for the exact date and hour, but the Minister will be aware from previous discussions that I am always concerned about terms such as ‘shortly’ and ‘forthcoming’, because my definition of ‘shortly’ might be tomorrow, and the Minister’s definition might be next year. Therefore, it would be useful for us to know whether these recommendations are being put into effect.

[183] **Brian Gibbons:** The community services framework should be issued within a month—I hope that it will be issued within three weeks. On the chronic conditions model framework for action, I have seen the document; officials have submitted a copy to me and I have signed it off. It is an excellent document, and I congratulate everyone who worked on it; it is a very good template. So, it is just a matter of topping and tailing that. Obviously, it will have to be translated, published and so on. I am not too sure how long that takes, but the basic document has been signed off.

[184] **Helen Mary Jones:** That is very encouraging.

[185] **Jenny Randerson:** On the effects that decisions in one service can have on another service, earlier today, I raised the issue of the increased number of adult assessments that are being done. The Welsh Local Government Association raised this with me and, as a result, I obtained some figures for across Wales, going back two or three months. There has been a significant increase in the number of assessments that social services are carrying out. As indicated earlier, there are several reasons for this, but the WLGA says that one clear reason is the number of people being discharged more quickly from hospital. Clearly, this has an impact on funding for social services generally. Will the Minister provide us with a better analysis of this issue in his next monthly report, so that we can understand the additional pressures that local authorities and social services departments are under? I am not asking for an answer now, but I would be interested in further detail.

[186] **Brian Gibbons:** Some of the questions that Jenny has raised are questions that have occurred to me too. I am not totally convinced of the argument, because the length-of-stay figures do not substantiate the suggestion that the time spent in hospitals is substantially falling at the moment—although we would like it to. Therefore, I am not sure even that that thesis is true as a generalisation.

11.40 a.m.

[187] However, it might be appropriate to mention where we are—I was hoping that there

might be an opportunity to mention this. I believe that it will be difficult in a month; the Assembly passed a motion in relation to the review of delayed transfers of care, and we need that type of study rather than my coming back in a month and getting a superficial view of it. You would get impressions and anecdotes, but I do not believe that you would get a substantial, authoritative statement on it.

[188] I will update the committee on where we are on this. Because of the scale of this work, we must go through the European procurement process to secure the services of a person. Alternatively, there is a standard set of—I am looking for the piece of information on it, which I cannot find.

[189] **Mr Shanahan:** So am I.

[190] **Brian Gibbons:** However, there is also a list of accredited providers that are acceptable as part of what were the *Official Journal of the European Communities* publications. Therefore, we will have to go through that process to appoint someone, and we have also finalised the terms of reference for that person. I am happy to circulate the terms of reference, and there is also a timetable—if we go through this process—of roughly when we would expect to have a person in place, and then to start work. However, realistically, that is more like nine or 10 months—even if we give six months for the study, once we go through that procurement process, it will still be two or three months.

[191] I do not know whether Mike has found the relevant information.

[192] **Mr Shanahan:** Yes, I have found the piece of paper now, Minister.

[193] The outline timetable, which is in a draft letter to Jonathan Morgan, is that, if we have to go through the full *Official Journal of the European Union* process, we would advertise in that journal later this month. We would need to have completed the development of detailed specifications during March, expressions of interest received by late March, invitations to tender issued in April, the return of tenders in early May, and the award of contract in late May. As the Minister mentioned, there is a framework agreement, which the Department of Health holds with contractors who have already been through the OJEU process. If there is a good match within that—and, obviously, we want a spread of contractors—then we may be able to cut the procurement time significantly, because we will not have to go through all the advertisement arrangements.

[194] **Brian Gibbons:** That gives an indication of the timeframe. I would prefer to wait for that, rather than giving some sort of rough and ready answer in a month.

[195] **Jenny Randerson:** I am content with that, if that work will include an analysis of why so many additional assessments are being required of local authorities. I do not necessarily agree with the WLGA view—although it could well be a factor—but I know that the additional number of assessments required for adults with learning disabilities has had a huge impact, in the Wrexham area, for example. As long as the work is being done, I am happy; I was just trying to get a better understanding. If we have to wait a few more months, then that is all right.

[196] **Rhodri Glyn Thomas:** Symudwn ymlaen i'r papur olaf, sef y fframwaith gwasanaeth cenedlaethol ar gyfer oedolion â materion iechyd meddwl. **Rhodri Glyn Thomas:** We will move on to the final paper, which is the national service framework for adults with mental health issues.

[197] **Helen Mary Jones:** There is a huge range of issues that one might want to raise under this, so I will try to be brief. The Minister is aware of our concerns as a committee

about the overall implementation and resourcing, so I will not go through that.

[198] Recommendation 6, on page 45, is on children and young people being treated in an appropriate environment. The Government's response is that it will take some time before sufficient facilities are in place to allow this to happen—namely children and young people not being treated in adult facilities. The late children's commissioner was concerned about this; I do not believe that any of us expect things to be turned around overnight, in fairness to the Government, but this has been an issue for a number of years. Therefore, is the Minister in a position to say—and I suppose that it comes back to the same type of question that I asked before—how long is 'some time', and how much urgency is being given to developing these facilities?

[199] The other point is that, with appropriate training, service users should be involved in the recruitment of staff at all levels. I believe that this has happened in only two out of 14 trusts, or whatever the number is, which is dismal. Can the Minister tell us what steps are being taken, because this issue comes out whenever you talk to organisations that work with service users? You are much more likely to get staff with the right approach, never mind their training, if someone who has used the services has participated in recruiting them. We are beyond exploring options, and I would like to hear more about what priority the Government is giving to recommendation 10.

[200] **Brian Gibbons:** A few things need to be said on recommendation 6. We need to ensure that the drive towards providing more specialist community services is put in place; that is not just about tier 1 and tier 2 services, because there are real opportunities for even tier 3 services to be provided in a community setting, and it may even be possible for tier 4 services to be provided. Therefore, we must not lose sight of what is an important strategic priority in this area. I have been to Glanrhyd Hospital in Bridgend during the last two or three months, which will be one of the centres for eating disorders, and so on, and Bro Morgannwg NHS Trust is moving that forward. In north Wales, Cedar Court provides the present provision, but there are commissioning plans to re-provide that service. I am not sure whether it will be in Cedar Court, but that is my understanding at the moment. I do not know whether officials can give more specifics on recommendation 6.

[201] **Mr Ingham:** I know a little about the Cedar Court proposals, which Health Commission Wales has been looking at. The aim is to develop a specific eating disorders provision in north Wales to remove the need for young people, particularly, in north Wales to travel to England or south Wales. I think that it is looking at something like an 18-bed provision there, and also outreach provision. The Minister's point about increasing the importance of outreach provision in that type of service is important, as it is not just about beds but also support for families and outreach provision, particularly in eating disorder services for young people.

[202] **Helen Mary Jones:** I accept what the Minister says about the importance of developing services in the community; the more that we can keep children and young people out of institutionalised settings, the better, and it is more likely that their recoveries will be sustainable. I accept all that. However, if it is appropriate, Chair, could we ask the Government for a paper to note about what commissioning plans are in place in different parts of Wales for in-patient beds? None of us want to see more young people with mental health problems ending up in in-patient beds if it can be avoided, but, if they must be in in-patient beds, being in an adult in-patient ward is about the most counter-therapeutic thing that can happen to many young people. I am speaking from professional experience when I was a social worker of having had young clients put into adult wards, which was quite traumatic for them even with the best safeguards, although I acknowledge that the safeguards are much better than they were. However, it would be useful to have that information so that we can get a picture of what services are being commissioned where—insofar as it is possible to get that

because the commissioning takes time and so on—and what sort of timescales we might expect on those additional beds coming on board.

11.50 a.m.

[203] **Rhodri Glyn Thomas:** Gwelaf fod y Gweinidog yn amneidio ei fod yn barod i ddarparu'r math hwn o bapur. Felly, caiff ei roi ar yr agenda cyn gynted ag y'i cawn. Chris, a oes gennyh chi sylw?  
**Rhodri Glyn Thomas:** I can see that the Minister is indicating that he is prepared to provide that kind of paper. Therefore, it will be placed on the agenda as soon we receive it. Chris, do you have a comment?

[204] **Christine Gwyther:** I want to pick up on—

[205] **Rhodri Glyn Thomas:** Mae'n ddrwg gennyf, yr oedd gan y Gweinidog gwestiwn arall i'w ateb.  
**Rhodri Glyn Thomas:** I am sorry, the Minister had one more question to answer.

[206] **Brian Gibbons:** I thought that I was getting away with not answering that. *[Laughter.]*

[207] The key word here is 'fully'. There is no way that only two trusts are involving service users in all performance. I would not know the answer in terms of partial involvement, but certainly my impression is that there is much more extensive involvement than would be the case if only two trusts were doing this. I do not know whether Peter can add anything on that.

[208] **Mr Lawler:** I do not have statistics on that, but you are right that the key word is 'fully'. However, we took the view that the important thing was to get this embedded in human resources procedures, which is why our HR people are working with the trust's HR people to get this properly embedded in procedures because it has often grown on an ad hoc basis. So, rather than its being seen as a local initiative, we wanted to get it embedded to ensure that this was being done across the mental health directorate.

[209] **Christine Gwyther:** My question is on recommendation 12 and the action plan for mental health awareness to address stigma. Some months ago, I attended a training session that Pembrokeshire MIND put on, which was all about recognising signs of impending suicide in constituents. The session was also attended by counsellors and teachers. What is the Welsh Assembly Government doing to address a situation where people do not just fall through the net, but never even get near it because they have not told anyone that they are feeling under such pressure or are in such a crisis? It is down to public representatives, teachers and the police to try to recognise those symptoms in people and signpost them to the appropriate agencies. So what work is being done on that?

[210] **Brian Gibbons:** Was it in November that we launched the mental health promotion action plan?

[211] **Mr Lawler:** No, it was October.

[212] **Brian Gibbons:** That promotion was on dealing with the stigma and doing precisely what Chris is saying—we wanted to develop a strategic approach through which mental health promotion becomes much more mainstream. Again, a very good document was published by officials for consultation. When is the consultation finishing?

[213] **Mr Lawler:** It finishes around now.

[214] **Brian Gibbons:** So, the results of that consultation will come back to us. On the back of those, we will issue a formal document on mental health promotion and we will try to de-stigmatise the condition. It is always one of life's paradoxes that something between 20 per cent and 30 per cent of us will suffer from some mental-health-related problem during our lives, but despite its being so common and widespread, it is still one of the most stigmatising and disabling conditions. So, part of the challenge of this mental health promotion strategy will be to address these issues as well as to deal with issues relating to people who are under stress in the workplace or in a stressful domestic situation and so on. The document is presumably available on the website for colleagues who are interested in getting a feel for its scope. My only concern is that it is such an ambitious project and that many of the key players are not directly within our ambit, but in the private sector and others, so we cannot influence them in that way. However, it is a good document.

[215] **Christine Gwyther:** To follow that up and to come back to a previous question on children's services, I understand that this is probably not in your portfolio, but is there any joint ministerial thinking on teacher training and teachers spotting early indications of crisis in their students and pupils. How much work is being done in teacher-training colleges and on INSET days?

[216] **Brian Gibbons:** I cannot give a precise answer, but I know that work is going on—though I am not sure about teacher training—in school settings to make teachers more aware of the risks to children and the type of thing that may place them at the more vulnerable end of the spectrum. I do not know whether that has been under Clywch. It is not directly my responsibility, but, in a cross-cutting way, I am familiar with work going on in that area.

[217] **Mr Ingham:** Work is being done on a counselling strategy for schools, which was recommended in one of the responses to the Clywch report. We have been heavily involved in the development of that and the links that that will have with the child and adolescent mental health strategy. The setting up of counselling arrangements in schools requires the schools to raise awareness. That is led from the front within the school setting.

[218] **Brian Gibbons:** That is due to be formally launched very soon.

[219] **Rhodri Glyn Thomas:** You are lucky that Helen Mary is not here at the moment or she would be asking you to define 'very soon'.

[220] **Brian Gibbons:** It is before 'soon', anyway. [*Laughter.*]

[221] **Rhodri Glyn Thomas:** That completes our discussions on the annex papers. We need to decide what we want to put in the legacy report to inform any committee that follows this. I suggest that we put in a copy of our discussion this morning and suggest that it returns to some of these issues when and if it has the opportunity. Are you happy with that? I see that you are.

[222] Diolch yn fawr i'r gweision sifil am I thank the civil servants for coming over to  
ddod draw i'n cynorthwyo yn y drafodaeth. assist us in the discussion.

11.57 a.m.

### Cyfrifiad 2011 Census 2011

[223] **Rhodri Glyn Thomas:** Derbyniais **Rhodri Glyn Thomas:** I received a letter  
lythyr gan Sue Essex ym mis Medi yn gofyn i from Sue Essex in September asking us to  
ni edrych ar y paratodau ar gyfer y cyfrifiad look at the preparations for the next census in  
nesaf yn 2011 ac ar rai o'r materion sy'n codi 2011 and at some of the matters arising with



o ran yr ymchwil a phrofi'r cwestiynau, ac i weld a oes materion yn codi sy'n ymwneud yn benodol â'r pwyllgor hwn. Mae Ian White o'r Swyddfa Ystadegau Gwladol yma gyda'i gydweithiwr.

regard to the research and the testing of questions, and to see whether any matters are arising that relate directly to this committee. Ian White from the Office for National Statistics is here with his colleague.

[224] Perhaps, gentlemen, you could vacate your seats so that Ian and his colleague can come to the table. Thank you. I can now see that it is Steve Marshall who is here with Ian.

[225] Ian, a oes rhywbeth yr hoffech rannu â ni cyn i ni symud at gwestiynau neu sylwadau gan y pwyllgor?

Ian, would you like to share anything with us before we move to questions or comments from the committee?

[226] **Mr White:** I would like to leave the introductory remarks to my colleague, Mr Marshall.

[227] **Mr Marshall:** The paper summarises the latest developments in preparation for the 2011 census, particularly the work being carried out to develop the questions and topics to be included. There is a brief introduction on the transfer of function that has just taken place to allow the Assembly to make the regulations for the census in Wales for 2011 and beyond. I would particularly like to draw the attention of Members to the contents of annex E, which notes the latest emerging views from the Office for National Statistics on the content of the census.

[228] **Rhodri Glyn Thomas:** Dylwn ddweud bod Steve Marshall yma o'r Gyfarwyddiaeth Ystadegau.

**Rhodri Glyn Thomas:** I should say that Steve Marshall is here from the Statistics Directorate.

12.00 p.m.

[229] **Helen Mary Jones:** Thank you for the paper. We meet again; we have previously had discussions at meetings of the Committee on Equality of Opportunity, but wearing a different hat.

[230] I see from annex E that the proposal at the moment is not to count the number of carers, as was done in 2001. I want to put in a bid for that to be reconsidered. We had a discussion earlier about social services' service to carers and the inspectorate told us that that was only about the carers that it knew about and those who were in contact with social services and who defined themselves as carers in that way. I know that no-one ever asks you to take questions out and that people are always asking you to put questions in, so I know that there are always judgments to be made and, perhaps, this is an argument for a fourth page on the form, rather than an argument for squeezing another question onto the third page. However, I think that it would be a pity if we were unable to count carers. We have that baseline data from 2001, and it would be a pity if we were unable to trace that. As a committee, it enables us to look at how the carers' strategy is being implemented and at whether people are getting their carers' assessments. It is quite an important tool and, given how important carers are and the enormous amount of public resources that would be needed if people were not caring voluntarily, I wonder whether there is any capacity for that to be reconsidered.

[231] **Jenny Randerson:** I endorse those comments. I note that the report says that a question on carers was asked but that the user need reported for that was not as strong as for other topics. That does not necessarily mean that the question should not be there, because, surely, one issue for the census is to look ahead at our future needs. If we can predict anything in this world, it is that we will need more carers because we have an ageing population.

Therefore, I strongly endorse the need to include the question on carers, and we should also ensure that we have a question on chronic illness, because that is an issue that is of specific importance in Wales.

[232] **Jonathan Morgan:** I endorse that. On Jenny's point about future planning for carers, if we are to affect in a positive way the life chances of a large number of people, many of whom will be young people, as well as older people, carers need to be included. I can see the logic behind, for example, including 'transport to place of work' on page 3, but I think that carers should take a greater priority.

[233] **Brian Gibbons:** I am also interested in how the user need reported in terms of carers was not as strong, and how that was assessed, because I fully agree that it is axiomatic in terms of health and social care. However, equally, we have had the new Carers (Equal Opportunities) Act 2004 through the House of Commons, which indicated the perspective of carers for much wider entitlements into education and work. So, I would think that anyone who was planning education, work, part-time work, transport—

[234] **Helen Mary Jones:** Respite services.

[235] **Brian Gibbons:** Yes. I think that the potential use of that question is almost the opposite of the assertion here: 'not as strong'. If anything, the requirement has increased since 2001. So, how was it judged that the demand was not as strong? Is there a methodology underpinning that statement?

[236] **Mr White:** I will briefly respond to those points. On Helen's first point about the status of the question, the paper says that it is not currently in the three-page option, and it is not being included in the 2007 test. However, no decisions have been made about which questions will be in the census and which will not. We have conducted a fairly extensive consultation, and I will say more about the assessment in a minute. We are doing a further round of public consultations this spring, in which we hope to better establish user priorities for these questions. So, it is true that it is not currently in the fourth-page option or in the test. It is not in the test because it is a well-established question and we did not need to test it. For the continuity point, if we were to include it in 2011 it would be a pretty similar question, so we do not need to test it. We use the space on the form to test other questions. It is not in the three-page option because, whatever the criteria for the assessment is, it fell below the cut-off point, but that does not mean to say that it will not be in the census. I hear the point and the arguments made—and they have been made elsewhere as well—about the strength of the user case for a question on carers, particularly in some user communities, and in light of an ever-increasing ageing population, with greater demand on care facilities. That is accepted.

[237] On the assessment criteria, the ONS published a paper last March, in which we set out the assessment of the user requirements, which followed the consultation that we had had the previous year. We tried to explain, without going into too much detail, what the criteria for assessment were; I do not want to take up the committee's time in setting that out, but the criteria have been published. I notice that the overall score for carers was 76, and was regarded overall in the high category—category 1—which would indicate that we would consider it for inclusion. The transport-to-work question was mentioned as probably not as worthy, or that user demand was not as great in some quarters; however, that was given virtually the same score—75—and their user-need scores were about the same.

[238] Therefore, the ONS does not undervalue the user need that we have had. One reason for setting out these options in the way that has been done in the back of the paper is to give an indication of the scope of the problem, and the hard choices that we have to make. It was also done as a slightly provocative way of getting users to think about what the trade-offs were going to be. The meetings that we will have in the spring will ask users to address those

needs. Putting them into concrete form—in black and white—brings it home to you that we cannot include all questions, unless we have a fourth page, and even then that will not include all questions. However, it focuses the user's need on what the trade-offs would be.

[239] Therefore, the short answer is that we have not made a decision, and we will not make one until 2008. This is our initial view, on the basis of the consultation that we have had already.

[240] **Christine Gwyther:** I wish to back up Members' comments, especially on the carer category. The under-reporting of carers is the biggest problem that we have, because many carers—even full-time carers—do not recognise that that is exactly what they are. It is vital that we have that information. On going to a fourth page, if people are already filling in three pages, I believe that they will go on to a fourth. It is better to get the information that we need than to do half a job.

[241] **Rhodri Glyn Thomas:** A oes **Rhodri Glyn Thomas:** Are there any other unrhyw bwyntiau eraill? points?

[242] **Mr White:** On that last point, the advantages or disadvantages of a fourth page are not just about public burden. There is a public burden, and it is by no means clear that the public does not react unfavourably to extra questions. There is evidence to suggest that the more questions you put in, the greater the tendency for non-response. We are doing some research into that at present, so it is not entirely clear that members of the public, if they have ploughed through three pages of questions, will plough through four; it is, of course, per person, so if you have a six-person form, that is another six pages that you will put on.

[243] There is the additional cost—and I know that the cost is marginal when it comes to the census, but it has to be taken into account—of not only producing the forms and mailing them out, but of processing the data as well. So, the public burden is one factor, but there are some costs involved as well.

[244] **Rhodri Glyn Thomas:** Byddaf yn ysgrifennu at Sue Essex; diolch i chi am wneud y gwaith hwnnw yn rhwydd. Byddaf yn nodi yr un pwynt hwn, ac yn nodi bod teimladau cryf wedi eu mynegi yn y pwyllgor ynglŷn â'r angen i'r cwestiwn hwn ymddangos ar ffurflen y cyfrifiad. Diolch yn fawr, Ian a Steve.

**Rhodri Glyn Thomas:** I will be writing to Sue Essex; thank you for making that an easy task. I will be noting this one point, and noting that strong feelings have been expressed in committee regarding the need for this question to appear on the census form. Thank you, Ian and Steve.

12.09 p.m.

### **Cymeradwyo Adroddiad y Pwyllgor ar y Mesur Iechyd Meddwl Approval of the Committee's report on the Mental Health Bill**

[245] **Rhodri Glyn Thomas:** Yr ydych wedi cael copi o'r adroddiad. Gobeithio eich bod yn hapus ag ef, gan ei bod yn hwyr yn y dydd i wneud newidiadau.

**Rhodri Glyn Thomas:** You have received a copy of the report. I hope that you are happy with it, because it is late in the day to make changes.

[246] **Jonathan Morgan:** I am happy with the report. You said in the note that, if we wish, copies could be sent to the chair of the Welsh Affairs Select Committee and to Members of Parliament; that would be a good idea.

[247] **Rhodri Glyn Thomas:** A yw pawb yn hapus â hynny? **Rhodri Glyn Thomas:** Is everyone happy with that?

[248] **Jenny Randerson:** I believe that there is a debate scheduled for 28 February.

[249] **Brian Gibbons:** It will be very soon. [*Laughter.*]

[250] **Rhodri Glyn Thomas:** Mae gennym ddiffiniad bellach o beth mae 'yn fuan iawn' yn ei olygu. Gwelaf nad oes unrhyw sylwadau eraill. Byddwn yn sicrhau bod copïau yn mynd at y Pwyllgor Materion Cymreig ac i Aelodau Seneddol. **Rhodri Glyn Thomas:** We now have a definition of what 'very soon' means. I see that there are no further comments. We will ensure that copies are sent to the Welsh Affairs Committee and to Members of Parliament

[251] Mae gennym bum papur i'w nodi. A oes sylwadau arnynt? Gwelaf nad oes. Diolch yn fawr; dyna ddiwedd cyfarfod y pwyllgor. We have five papers to note. Are there any comments on them? I see that there are not. Thank you; that concludes the committee meeting.

*Daeth y cyfarfod i ben am 12.10 a.m.  
The meeting ended at 12.10 a.m.*