# Cynulliad Cenedlaethol Cymru
## Pwyllgor Craffu ar Waith y Prif Weinidog

# The National Assembly for Wales
## The Committee for the Scrutiny of the First Minister

## Dydd Iau, 30 Mehefin 2005
## Thursday, 30 June 2005

**Cynnwys**
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Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynddi 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.

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| *Aelodau o'r Cynulliad yn bresennol: Janet Davies (Cadeirydd), Peter Black, Rosemary Butler, Janice Gregory, Christine Gwyther, Ann Jones, David Melding, Sandy Mewies, Rhodri Morgan (y Prif Weinidog), Gwenda Thomas.* |
| *Swyddogion yn bresennol: Peter Jones, Cwnsel i Wasanaeth Seneddol y Cynulliad.* |
| *Gwasanaeth Pwyllgor: Karin Phillips, Clerc; Lara Date, Dirprwy Glerc.* |
| *Assembly Members in attendance: Janet Davies (Chair), Peter Black, Rosemary Butler, Janice Gregory, Christine Gwyther, Ann Jones, David Melding, Sandy Mewies, Rhodri Morgan (the First Minister), Gwenda Thomas.* |
| *Officials in attendance: Peter Jones, Counsel to the Assembly Parliamentary Service.* |
| *Committee Service: Karin Phillips, Clerk; Lara Date, Deputy Clerk.* |
| *Dechreuodd y cyfarfod am 1.59 p.m.*<br>*The meeting began at 1.59 p.m.* |
| **Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau**<br>**Introduction, Apologies, Substitutions and Declarations of Interest** |

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| **Janet Davies:** Croeso i'r cyhoedd ac i'r Prif Weinidog. | **Janet Davies:** Welcome to the public and to the First Minister. |

I will begin by outlining some housekeeping issues. The committee operates bilingually, and you can use the headsets to listen to a translation of Welsh contributions or to hear the proceedings more clearly. It may be difficult to hear, particularly if someone has their back to you. Please turn off any mobile phones, pagers or other electronic devices, as they interefere with the broadcast and translation systems, causing quite an unpleasant buzzing sound in the ears. In an emergency, leave by the nearest exit and follow instructions from the ushers. A verbatim record will be kept of the proceedings, and the draft transcript will be forwarded to members of the committee and the First Minister next Tuesday.

We have received apologies from Alun Ffred Jones.

Are there any declarations of interest from Members? I see that there are not.

This is the first meeting of this committee, which has been established to take oral evidence from the First Minister. This one is almost a trial—[*Laughter.*]

**David Melding:** The accused is before us.

**Janet Davies:** I am very sorry. That was not the word that I meant to use. It is the first meeting, so we will be feeling our way along.

2.02 p.m.

## Sesiwn Graffu—Gwasanaethau ar gyfer Pobl Hyn
## Scrutiny Session—Services for Older People

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| **Janet Davies:** Penderfynodd y Pwyllgor Craffu ar Waith y Prif Weinidog edrych ar wasanaethau ar gyfer pobl hyn. | **Janet Davies:** The Committee for the Scrutiny of the First Minister decided to look at services for older people. |

We are going to do that by covering the strategic objectives reflected in 'Wales: A Better Country', performance and service delivery, the impact of proposals for the reform of public services outlined in 'Making the Connections', and proposed future developments. Questions will focus first on the strategic framework, then on specific areas of service delivery of relevance to older people, and finally on questions on the proposed commissioner for older people in Wales. As the witness and the Chair in this scrutiny session, First Minister, we are fully paid-up members of the group of older people, which we might find helpful in focusing our minds on the needs and aspirations and the hopes and fears of people as they get older.

The Assembly Government has published these major strategy documents, 'Wales: A Better Country', 'Making the Connections' and the strategy for older people in Wales. Members will want to pursue issues that arise from these documents, but I will start with an issue that is felt very keenly by older people. Older people have experience and have learnt wisdom that can be greater and more useful than even that of the professionals who are qualified in setting and implementing strategy. Can you give me any examples of how the Assembly Government is building the perspective of older people into policy development?

**The First Minister (Rhodri Morgan):** I am not absolutely certain that I understand the specifics of the question. There is a general principle that we seek to shift policy making away from what is delivered to, or done to, older people, younger people, sick people, or whatever the category might be, and towards designing policies on the basis of feedback from that specific age group or category. We always try to work in partnership with a particular stakeholder group. We seek to stop people thinking in terms of what is going to be done to them; instead, we want to involve stakeholders in the design of the service.

An example is an expert patient group, where you would rely on, say, diabetic people when devising your policy on diabetes. You would never have thought about extending that to people who have cancer, but you do now because cancer survival rates make it significant to do so. Therefore, you devise the policy with the particular client group. 'Making the Connections', as a broad thrust of our policy on delivering public services, is very much based on citizen feedback, and the particular client group, whoever it includes, should be involved as much as possible in the devising of the policy. I am not absolutely certain that that is what you meant in that question.

**Janet Davies:** I think that we will leave it at that and go on to David Melding.

**David Melding:** I want to develop this point on involving citizens. I think that you said somewhere that the citizen has to be at the centre of public services. I wish to ask about the older people's national partnership forum, which you committed to establish by the end of 2003. I think that you slipped on that date, as I think that it has only met once so far. This does seem to be a bit of a slow start, and I was wondering what role this forum is likely to play in the strategy for older people in Wales. When can we see it up and running in a full, vigorous fashion? I will be pleased when that happens, but it has been a little slow to start.

Secondly, it is organisations such as local health boards and local authorities that have most of the practical powers to help people through the provision of public services. How are local fora developing in terms of their involving older people, for example, in health and wellbeing strategies, which are key to improving public services?

**The First Minister:** My figures are different to yours. I understand that it has met formally twice, and another meeting will be held on 6 July. In addition, there have been two workshop meetings. So, depending on what you define as a meeting, I think that by 6 July, when it meets again in Carmarthen, it will have had, in effect, five meetings. It is regarded as being of great value, and I do not think that it has been slow in taking off, as you say.

**David Melding:** That is a subjective judgment and I am happy to accept it. How often do you think that it will meet once it is in full operating capacity?

**The First Minister:** To some extent, we have given birth to this body and we provide its secretariat. However, next week in Carmarthen, I think that the process by which it will have its own secretariat will commence. We do not regard it as completely appropriate that the Assembly Government is providing its secretariat. It should have its own secretariat, and we want to launch it out into the Roath park lake, or whatever you want to say, so that it is a bit more freestanding from us now that it has had two of these development workshops and will have its third full meeting on 6 July. So, it is then up to the forum how frequently it meets.

In terms of where it has been involved, it gave evidence to the Health and Social Services Committee, as I recall, on the structure of the Commissioner for Older People (Wales) Bill. I think that it has held a seminar or a workshop to review the impact of our policy on intermediate care, which is anything short of in-patient care in hospital. I believe that the subject matter for next week—and it could not really be more important—is poverty and older people. So, it has dealt with some pretty big issues.

**David Melding:** Would you welcome the forum's participation in monitoring the strategy for older people in Wales? Is that going to be a central part of its work? I think that the public would expect that.

**The First Minister:** I certainly think that that would be a wholly appropriate role for the forum. However, again, and this links in to the answer that I gave to Janet's question earlier, we do not want to tell it what to do, because that cuts against the spirit of it making its own decisions with its own secretariat. We think that it has developed into a very strong body. Its members are getting to be increasingly effective as representatives right across Wales.

2.10 p.m.

**David Melding:** I do not know if I will be indulged a final question on the matter of the local forum that the First Minister has not addressed.

**Janet Davies:** If it is fairly brief, David.

**David Melding:** I would be happy for you to write to us if you do not know the details, First Minister. Are there any measures of how local fora are working, and whether they are involving more elderly people? Do we know?

**The First Minister:** I cannot answer that question directly. Perhaps I should write to the committee or to you, whichever way you would prefer to have that information on local fora.

**Peter Black:** First Minister, in 'Making the Connections', you set out the vision that the Welsh Assembly Government is seeking to follow for the delivery of public services, in that public services should be of top quality, must be responsive to the needs of individuals and communities, delivered efficiently and driven by a commitment to equality and social justice. Everyone here would sign up to that vision, but how those services will be delivered in that way depends very much on the resources made available to them. In 'Delivering the Connections', the successor document, you talk about efficiency savings of £600 million a year of value-for-money improvements across the public service. I am interested in how those savings are being driven across the public sector. Can you give us an outline of how you intend to achieve those savings and of what the impact will be on services for older people in particular?

**The First Minister:** I have to distinguish between what you would call the costs of conducting the transaction and the actual service being delivered. The £600 million saving is our central estimate of what we think can be cut from the transaction costs of delivering services so that those savings can then be recycled into front-line services. If you cut the transaction costs by converting to e-procurement and e-government, then the money saved can be put into front-line services. Likewise, if you can get more and more public service organisations to use one efficient large computer to pay wages, pay suppliers' bills and so on, then you make savings on transaction costs, and those savings can be recycled into front-line services. Every private and public sector organisation, in and out of government, in every country in the world, will be seeking to use whatever modern technology can provide as a means of cutting the transaction costs of providing services. It does not really impact on services, except that it avoids your having to hold back service growth because your transaction costs have ballooned. The aim is to deliver a cut in the cost per transaction.

The most famous example given, which is probably a big exaggeration, as is always the case when you quote American statistics, is what they say about the way a bank or insurance company conducts transactions compared to the way things were 10 or 15 years ago, when you walked into a branch and dealt with people over the counter to withdraw your money or make some transaction. Every transaction conducted in that way cost $1, whereas, if you do it over the telephone, it costs 10¢, and if you do it over the internet, it costs 1¢. So, there are enormous incentives to try to push as much of your service delivery as possible to electronic methods, despite the frequent problems that you get with converting to electronic methods. However, there are some enormous savings to be made in transaction costs. The service that you get from the transaction is not reduced, but the cost of delivering those transactions is reduced every time.

**Peter Black:** The key to this agenda is what you do with those savings, is it not? It is how you reinvest those savings in front-end services. If you can have those savings at your disposal, then you may well be able to invest in better services for older people as well as for everybody else. Local government, in particular, delivers a range of services for older people—social services being the obvious example—yet, from the savings that local authorities are being asked to make under this agenda, they are not being allowed to reinvest that money, because it is being withheld before it reaches them. In that instance, are you not actually forcing local government to make real-term cuts in those services because it is not able to reinvest the money in that way?

**The First Minister:** I do not think that there is any suggestion of cuts in services, but driving efficiency is the key part of the agenda, which means persuading your service delivery bodies, whether it is the national health service, the Assembly Government or local government, what is a reasonable expectation of how much you can save on the transaction costs of what you deliver. Relatively speaking, the Assembly Government, exclusive of the health service, is a quite small deliverer of direct services. The NHS is a very big one, and local government is even bigger. If they have a much bigger volume of transactions, then, in theory, they can deliver quite big savings if they use the latest technology to cut transaction costs. We are not discriminating against local government nor are we asking it to do anything that we would not be imposing on ourselves as ambitious targets for improved efficiency.

**Peter Black:** May I have one last quick question?

**Janet Davies:** Yes.

**Peter Black:** There is a distinction between the way you are treating local government in this regard in Wales, and the way in which the UK Government is treating English local government. In England, local government is being allowed to retain these savings, while in Wales it is not. That is a disadvantage for services that are being delivered at a local level in Wales, as compared to England.

**The First Minister:** No, that is not the case at all. You cannot compare the settlements that we have provided to local government with what English local government has received in this respect, and say that there is discrimination as regards the way we treat local government in Wales and the way in which local government is treated in England. You will always get accusations that we are not being as tough as on Gershon, and now you accuse of being even tougher than in Gershon. We would be very happy to be compared in terms of a balance in being tough in the expectations of where we think there can be additional savings on transaction costs. It is not specifically to do with service to older people, but it is a general issue about efficiency and efficiency improvements in local government and central Government and the NHS. The drive will always be there to cut the transaction costs, because if you cannot cut them, then the pressure is on to cut service delivery. During the first Assembly, the resources coming to us rose, on average compound, by 10 per cent a year. In the second Assembly, they are rising by 6.4 per cent a year. It is still a rise, and it is much better than a cut, but it means that you are in a much tighter position in terms of trying to protect services for front-line delivery.

**Janet Davies:** Gwenda, do you want to come in on community strategies and ‘Iaith Pawb’?

**Gwenda Thomas:** My question follows on the theme of local government and public services. The Minister with responsibility for local government and public services is currently consulting on the rationalisation of plans that must be prepared by local government, with the proposal that the community strategies, which set out the overall 10 to 15-year vision for the community served by each authority, be supported by three strategies only. One of these will be the health, social care and wellbeing strategy. Do you see this proposal, if implemented, as providing a strong voice for older people on local public service issues?

**The First Minister:** It fits very much in line with what I said in my reply to Peter Black's question earlier. If you are going to seek more efficient local government, then you must reduce the burdens on local government and the number of specific tasks that it must do, or the plans that it must prepare. It is my understanding that community strategies are meant to be among the simplifications of the burdens on local government, so that it has less fussy duties to perform. However, the duties that it must perform must be done in a more comprehensive way. So, we hope that it will be able to produce the vision of community development in its area through having the health, social care and wellbeing strategy, the children and young people's plan and a community strategy. The two that are not about young people will have the interests of older people at their heart.

2.20 p.m.

The purpose of this is that we all accept that a one-size-fits-all approach to Wales does not work. We know of the enormous differences in how the population is distributed across Wales and we know that how the proportion of people in older age groups is distributed across Wales differs markedly. We are trying to cope with that by encouraging it to produce its community strategies. However, we want them to be strategies, not fussy little points of detail being dealt with here, there and everywhere. So, that reduces the bureaucratic burden, but makes it think about and concentrate on the important issues for older people. In the case of the third—the children's and young people's plan, which is obviously not about older people—the same principle would apply.

**Gwenda Thomas:** I am sure that you agree that one good purpose of this scrutiny session is to raise awareness of that consultation process and to achieve a wide consultation on this important issue.

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| Dylai'r ddogfen brif-ffrydio, 'Iaith Pawb', dorri ar draws holl strategaethau Llywodraeth y Cynulliad. Pa ymrwymiad a allwch chi ei gynnig i hyrwyddo dwyieithrwydd fel y gellir sicrhau y bydd pobl hyn yng Nghymru, sydd â'r Gymraeg yn iaith gyntaf, a hwythau'n derbyn gofal parhaus yn eu cartrefi neu mewn cartrefi preswyl, yn gallu derbyn gwasanaethau yn eu hiaith gyntaf? | The mainstreaming document, 'Iaith Pawb', should cut across all Assembly Government strategies. What commitment can you offer to promote bilingualism so that we can ensure that older people in Wales who are first-language Welsh speakers and who receive care in their homes or in residential homes can receive services in their first language? |
| **Y Prif Weinidog:** Mae'r ffigurau ar nifer y bobl sy'n rhugl yn y Gymraeg neu sy'n siarad ychydig o Gymraeg yn dangos hollt eithaf diddorol. Mae canran y plant ysgol sy'n siarad Cymraeg yn codi ac mae ei defnydd yn weddol gyson ymhlith yr henoed, ond y mae bwlch yn y canol ymhlith y rheini sydd yn eu 30au, 40au a 50au. Mae'r bobl sy'n gweithio yn y maes hwn yn derbyn eich bod yn dueddol o ddychwelyd at eich mamiaith wrth ichi heneiddio a mynd yn fwy dibynnol ar eraill am ofal. | **The First Minister:** The figures on the number of people who are fluent in Welsh or who have some Welsh show quite an interesting split. The percentage of schoolchildren who speak Welsh is increasing and it is still used quite widely by elderly people, but there is a gap in the middle among those in their 30s, 40s and 50s. Those who work in this area acknowledge that, as you get older and become more dependent on others for your care, you tend to return to your first language. |
| Yn y cymoedd gorllewinol—yr hen ardaloedd glo carreg a'r ardaloedd gwledig yn y gorllewin—mamiaith y bobl yno fyddai'r Gymraeg. Er efallai eich bod wedi siarad mwy o Saesneg yn ystod eich oes tra'n gweithio ac yn y blaen, y mwyaf dibynnol y byddech ar ofal, y mwyaf dibynnol y byddech ar eich mamiaith. Byddech lawer yn fwy cyfforddus yn eich mamiaith, a'r Gymraeg, mewn sawl achos, fyddai'r famiaith. | In the western valleys—the old anthracite mining areas and the rural areas in the west—people's first language would be Welsh. Although, you may have spoken much more English, in your working life and so on, the more dependent you become on care, the more dependent you would become on your first language. You would be much more comfortable in your first language, which, in many cases, would be Welsh. |

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| Yr wyf wedi sylwi wrth ofalu am fy mam, er enghraifft, ei bod hi'n llawer hapusach i siarad Cymraeg yn awr nag ydoedd, ac mae hi dros ei 99. Nid yw hi mewn cartref preswyl, ond mae'n hapusach o lawer gyda siaradwyr Cymraeg. Mae ei chlyw hi'n well pan fydd rhywun yn siarad Cymraeg â hi, ond efallai bod elfen o hynny'n dod o sut y mae dyn yn siarad Cymraeg. Fodd bynnag, mae'n gallu clywed mwy drwy gyfrwng y Gymraeg na'r Saesneg. Mae hwnnw'n ffactor o ran cynnal annibyniaeth bobl, sef faint y maent yn gallu ei glywed wrth iddynt ddechrau colli eu clyw. Mae'n rhaid ystyried yr holl ffactorau hynny ynghylch cof ac ymateb yr henoed sy'n dod yn ddibynnol. Mae'n golygu eich bod yn gorfod ceisio darparu gwasanaethau mewn cartrefi preswyl ym mamiaith y person yr ydych yn gofalu amdano. | I have noticed while caring for my mother, for example, that she is much happier to speak Welsh, and she is over 99. She is not in residential care, but she is much happier with Welsh speakers. Her hearing is much better when someone speaks Welsh to her, and perhaps part of the reason for that is to do with how you speak Welsh. However, she can hear more through the medium of Welsh than of English. That is a factor in maintaining someone's sense of independence, namely how much they can hear when they start to lose their hearing. We must consider all those factors in terms of memory and the responses of elderly people who become dependent. That means that you must try to provide services in residential care homes in the first language of the person being cared for. |
| **Gwenda Thomas:** Croesawaf yr ateb hwnnw oherwydd gall pobl deimlo hiraeth mawr, yn enwedig y rhai hynaf yn ein plith, os na allant siarad eu mamiaith. Yr wyf yn tybio o'ch ymateb eich bod yn credu ei bod yn hollbwysig i hyrwyddo dwyieithrwydd yn y gwasanaethau cyhoeddus. | **Gwenda Thomas:** I welcome that response because not being able to speak their first language can create a great sense of longing in people, particularly the more elderly. I assume from your response that you believe that promoting bilingualism in public services is crucial. |
| **Y Prif Weinidog:** Mae'n bwysig bod gofalwyr yn gallu delio â'r bobl sy'n ddibynnol arnynt yn yr iaith y mae'r bobl hynny yn teimlo fwyaf cyfforddus yn ei defnyddio. Yn aml, mewn ardaloedd gwledig neu mewn cartrefi'r henoed yng nghwm Aman a chwm Gwendraeth er enghraifft, yr iaith Gymraeg fydd y brif iaith y bydd pobl yn y grwp oedran hwnnw yn dibynnu arni. | **The Firsts Minister:** It is important that carers can deal with people who are dependent on them in the language in which those people are most comfortable. Often, in rural areas or in old people's homes in the Amman and Gwendraeth valleys, for example, the Welsh language will be the main language that the people in that age group would depend upon. |
| **Janet Davies:** If I could pursue that, First Minister, there is sometimes a gap between the carers who are available and the need to have carers who speak Welsh. I have come across it with some of my husband's older relatives. How can that be addressed? | |
| **The First Minister:** It is precisely the consequence of this strange blip that I mentioned in answering Gwenda's first question. There is a gap in the middle in the Welsh language; the number of elderly and very elderly people who speak Welsh and who are not that comfortable in English, especially as they become hard of hearing, is still pretty high, and the number of young people in school or just leaving school who can speak Welsh is increasing, but those in the middle—those who are 30, 40 or 50 years old—among whom you might find a lot of carers, are not particularly comfortable speaking Welsh. They have not learned it in school to any great extent, and they lost the language in that period when there was a sharp decline in the Welsh language. We have a problem. However, there is a commitment to try to ensure that public services—old people's homes, residential homes, nursing care homes, hospital wards and so on, where there is a great deal of nursing of dependent elderly people of the 70-plus age group—should try to provide Welsh-speaking staff, while understanding that a large number of carers who are fluent in Welsh might not be available because of that gap in the middle. | |

**Janice Gregory:** First Minister, you say in the strategy for older people in Wales, which I will quote as it may be helpful for visitors to the committee, that the Welsh Assembly Government sets out a comprehensive programme of education and lifelong learning to 2010. You set out the three key priorities as removing barriers to learning, widening participation, and developing the skills of the workforce. You also say, First Minister, that

'Encouraging people over 50 back into learning will offer ways for them to gain new confidence and skills, to become economically active or to become involved in community activity and improvement. Promoting learning for older people can provide a range of personal benefits, such as improved social opportunities and enhanced quality of life, independence and health'.

I am sure that you will agree that there is no doubt that participating in education can indeed provide intellectual stimulation, improved social interaction and enhanced quality of life and health. I like to find out exactly how older people feel about things in the constituency, and visit many local community centres, where there are silver surfers—I believe that is the popular term. Many older people tell me that, while they love doing the courses and are engaged, they are put off by the fact that the courses have to be accredited. We all understand the reasons for accreditation, which are linked to the funding for these courses. However, in higher and further education, accreditation is a barrier. Would you like to comment on what you see as the success of the Government's programme to remove such barriers and to widen participation?

**The First Minister:** Older people are incredibly diverse as a group. We define older people as anyone who is 50 or older. There will be people who want accredited courses so that they can return to work, and there will be other groups who want to learn full silver-surfer-type skills so that they can e-mail their grandchildren in New Zealand or whatever the reason may be. There will also be those who are beyond that because they will be more dependent and they will not have the capability. They could be people of any age, and it depends on medical disabilities of all sorts that can have an impact. However, they would normally be in the over 80 age group. We have to consider the needs of those who need the accredited courses because they are hoping to return to work under New Deal 50 Plus.

2.30 p.m.

However, you do not want to spoil the self-development chances of those who are not looking for a return to employment but want to book holidays or obtain car insurance on the internet. Again, for the reasons that I was discussing with Peter Black, if you do that, you can have 15 or 25 per cent off. Sometimes, you can go to Ireland for £1 and get back again but you cannot do it unless you book with whomever—I cannot mention commercial airlines here. However, if you do it over the internet you can sometimes have amazing bargains. Therefore, if you are out of the internet you are out of the bargains, which is not fair on people who should have every right to participate.

It is my understanding that we have asked NIACE—the National Institute of Adult Continuing Education—to develop a learning toolkit for people. It is an area for development in the strategy, as is trying to avoid over-obsession with merely accredited courses in order to get the ELWa refund on the course provision and so forth. It may be too restrictive at present and we need to develop that. We are asking for advice from NIACE, as the professional body concerned, to develop a learning strategy for older people.

**Janice Gregory:** I have just a brief supplementary question, First Minister. I look forward to NIACE's work on that. In respect of the point on residential homes, there are some good examples across Wales, and when the Social Justice and Regeneration Committee did its review on housing for older people, many forceful comments were made to us. One comment was that, within residential homes, you sometimes have a lounge with a piano, bingo, and some good libraries. I think that many young older people were saying that they would very much welcome a corner with a computer and someone coming in regularly to give instruction on the computer—something that they had not considered when they were in their own homes perhaps, or may not have had access to in community facilities. How far would you see this fitting in with this particular strategy, and can this be encouraged?

**The First Minister:** I would certainly commend the development of services in supported residential care environments, whereby whatever older people or the residents say that they want should be provided at the minimum cost possible to them. I remember going to Wellwood House in Newport East—I think that Rosemary will probably know of it, although it is not in her constituency—where there was an enormous amount of activities going on. It was very well supported and had a tremendous involvement with the local community, that is, not just with the elderly people in the local community, but there was a tremendous amount of activity and interplay between the local community and the services inside. I saw the sheer sense of exuberance of the fit and active elderly there. Some of those residents, although they were not particularly among the young elderly, were certainly very fit and active. I suppose that you catch it from the others, do you not? You might be 80 or 85 or very frail, but if you are in an extra-care type of home environment where everyone else seems to have a lot of fun, you will as well. You will overcome your frailty and just ignore it because everyone else is getting on with life rather than taking a 'Right, time to fade out gently' attitude, as it were.

Computer facilities to book holidays, visits by relatives—and frequently there will be a flat that you can book for your young relatives and grandchildren to come to visit you—is all part of it. A little imagination goes a very long way, as does a little ambition about what older people might want to do. Instead of pitching it low, we should pitch it high and then people will live up to it.

**Janet Davies:** I have been asked, First Minister, about the costs of educational learning for older people. Could you make any comments on the costs—to individuals, not to public services?

**The First Minister:** I assume that this is related to the previous question. If a course is on an accredited examination basis, then it will be refunded through ELWa, or something of the sort. If not, then it has to be fully funded, and that is the worry. We have asked NIACE to look at the removal of the examination barrier as part of a learning strategy for older people. So, we will have to come back to that when NIACE has reported back to us. We have charged it with that job of developing a strategy for learning for older people, including looking at the examination barriers, because I think that the examination barrier is, in fact, a financial barrier.

**Janet Davies:** It is helpful that there will be a report coming back on that. Does anyone want to ask anything else on strategic issues?

**Ann Jones:** We have heard a lot about all the strategies that we have put in place, but how are they tackling the poverty gap between pensioner groups?

**The First Minister:** This is the main subject for next week's meeting of the national partnership forum for older people in Wales, which David said has only met once, but which will, in fact, hold its fifth meeting in Carmarthen next week. The subject is 'Poverty and Older People'. The data on this are far from discouraging, and are actually quite encouraging. That does not mean that there is no poverty among older people, it is just that the trend has been improving rather than deteriorating, and the trend in Wales is slightly better than it is in England, as I interpret the statistics. As I understand it, of the Welsh pensioner population, 19 per cent are deemed to have an income, before housing costs, below 60 per cent of the median. In England, it is 21 per cent. Both the figures for Wales and England have improved enormously over the last seven or eight years. So, there is still a long way to go, but the trend is very much towards improvement.

**Janet Davies:** Both Peter and David want to come in with short questions on this; then I will be going on to the next section.

**Peter Black:** This is just a quick follow-up to Janet's question about the NIACE study. Will that be fed into the further work that is being done on part-time students, many of whom could be over 50 years of age, and thus fall into the category of an older person, as defined by the Assembly Government?

**The First Minister:** We have just agreed the terms of reference, but I do not think that it would matter whether it was within those particular part-time-students terms of reference. This is a separate request to NIACE to develop this toolkit for education for older people. Certainly, with regard to part-time students in the over-50s category, they would be treated no differently from those in the 20, 30 and 40-plus categories: courses should be provided to assist people to develop themselves for education purposes or to improve skills for employment..

**David Melding:** In point 14 of the Government's action plan for the strategy for older people, you are committed to establishing a health-promotion action framework for older people. Has this been established yet, or when might it be up and running?

**The First Minister:** In terms of a health strategy, we have produced a national service framework for health and social service provision for older people. That is now two or three years old. The UK Government has done the same thing much more recently, hovering both sides of the line—sometimes just dealing with England, and sometimes dealing with the UK as a whole when it comes to the impact of pensions and benefits, and so on. We are trying to take the classic medical model of service delivery to older people in the health field and to make it more holistic. The demographic changes in society are such that, if you try to confine your definition of the service needs of older people to the classic medical model, you will be missing out the enormous area of residential care, and how you assist in supporting older people so that they do not need the health service as much, because they are living very enriched lives in the kind of old people's home that has many facilities provided, such as the one in Newport that I mentioned earlier.

2.40 p.m.

We have had the healthy ageing action plan for Wales, and the consultation document will be published in September. We expect that there will be some funding—not a huge amount—to develop better strategies; I think that it will be about £100,000 a year. I believe that there will be an ageing well manager's post—this is post a tendering exercise, which Age Concern Cymru has won. It will pilot the British Heart Foundation programme, 'moving more often', which is a physical activity programme for frail elderly people, and commission a survey of existing local health promotion initiatives, as well as a literature review to aid our understanding of older people's health in two specific areas.

The most important thing is not to be confined to the medical model—it has to be done on the basis of a medical and social model, otherwise you just do not understand how to enrich older people's lives so that they get the most out of life that they possibly can. We must remember how rapidly the survival rate of older people is increasing, and by how much it may continue to increase. The most staggering statistic that I have read in the last three or four years is about Japanese girls born in 2003; the average Japanese girl born in 2003 will see the year 2100. The average life expectancy of the peak survivors in the world—Japanese women—was 97 years in 2003; it is probably 98 years by now. Therefore, when the men in Japan catch up with the women, and when the western man and woman catch up with the Japanese, you can see what an enormous impact this will have on the number of elderly people surviving into their 70s, 80s, 90s, and late 90s, and on how you have to organise health and social care in the whole of society to get the best out of life when you have, on average, 40-odd years of retirement, after completing your lifespan at work, or whatever.

**Gwenda Thomas:** Two thirds of the older people in Wales are women. Therefore, do you see the need to make a robust assessment of the differing needs of older men and older women?

**The First Minister:** That is the very point that I am making, in a way. In most countries, men's survival rate is usually five years behind that of the women. There is one small part of the world, namely Mediterranean countries—southern France, southern Italy, and Greece—where the men outlive the women. Some people say that that is because the women do all the hard work in those areas, and other people say that it is something to do with the red wine and the olive oil on the salad—take your pick. However, men are bound to catch up women eventually, in having fewer heart attacks and strokes, by cutting out smoking and so on. Young girls now smoke more frequently than young men, therefore they will be hit by the life-limiting practice of smoking, whereas in the old days it was men who smoked, and women tended not to. So there will be that.

However, in any case, either through a combination of red wine and olive oil, or getting women to do the hard, physical work of tilling the fields, as they do in Greece or southern Spain, or whatever it may be, men will gradually catch up with women, and the West will catch up with the high fish-oil-eating countries such as Japan. It will have an enormous social impact on pensions, social care, and on how much money you need to put by in order to buy yourself 40 years' worth of retirement pension instead of 10.

**Janet Davies:** Thank you for that, First Minister. We now need to move on to the service delivery part of this meeting. I will ask Rosemary Butler to come in first. She wants to look at the whole and very major issue of delayed transfers of care and free homecare for the elderly. This is a very important issue.

**Rosemary Butler:** I have three points on transfers of care, before we move on to free care. The issue about older people being in hospital when they should no longer be there causes major concern, not only to the families of the older people, but because they are taking up beds that could be used for people who need other hospital treatment. There is a difference between Wales and England in terms of the definition of transfer of care. Will you outline the case for the approach that your Government has taken?

**The First Minister:** Yes. Even though you might say, politically, that we have created a rod for our own back in this regard, we try to be as comprehensive as possible in our collection of statistics. We consider delayed transfers of care in the mental health and the physical health setting as being of equal importance, so we count them all, whereas in England, collected statistics merely record the delays in discharge or transfer from an acute health setting into the community or to non-acute health settings. This makes an enormous difference to the data. If we collected our data on delayed transfers of care in the English manner, then instead of having figures that are around 700, our figures would be between 150 and 170. In the end, it does not matter how you collect the data, as long as you collect it on a consistent basis so that, through time, you can see the trend—is it going up or is it going down. As long as you collect it on a consistent basis, then we are showing whether it is improving or not, or whether we are managing to bring the figures down or not. If we suddenly jumped to the English system now, no-one would know for a very long time whether performance was improving or not.

**Rosemary Butler:** The speed with which people are transferred varies hugely across Wales and the performance of different health boards is quite dramatic. Can you tell us what your Government is doing to tackle those variations?

**The First Minister:** Sometimes, it is a matter of specific projects and work done by a combination of the local health board, the local hospital and the local social services department, and we try to establish best practice and try to get all the other authorities in Wales to follow the best practice established in a pilot scheme. The brilliant pilot scheme that I saw in operation between the Wrexham Maelor Hospital, the Countess of Chester Hospital and the two relevant social services departments and local health boards in that area was a cracking example of that. Other local authorities that want to see best practice would do well to follow that. There is new guidance on managing choice because a lot of the problems with delayed transfers of care relate to patient choice and the fact that patients may choose not to leave the hospital bed unless they can get either the nursing home of their choice, which may have no vacancies, or because the NHS bed is free at the point of the use, whereas a residential care home bed is not. They may be looking for an alternative that does not cost any more than the bed that they are occupying, or their family may not be able to afford any alternative to that. However, we have issued new guidance on choice and there are performance frameworks, both for the NHS and for local government, to try to get them to pay serious attention to this.

From time to time, new crises will arise. A housing boom is extremely damaging in this area because, all of a sudden, it makes it very attractive for the owner of an old person's home, even a nursing home, to say 'All right, I am going to sell up', and the 20-bed establishment will become his or her pension. There is never a better time to sell than during a housing boom—a builder will buy your big Victorian house, which was not worth very much during a housing slump, and, all of a sudden, it is worth a fortune because there is a big boom in the residential flats market. That had a big impact in 2004-05, and you cannot really deal with that in the short run. You cannot tell people that they cannot sell their big house. A freakish example is the fact that St Winifred's Hospital in Cardiff, which was run by nuns, cannot recruit any nuns any longer because becoming a nun has gone out of fashion, especially in Ireland where most nuns traditionally came from. What are we supposed to do about that? You cannot address that problem at source and suddenly persuade Irish girls that becoming a nun is a good idea in the same way that they used to do automatically for centuries—you cannot do it. However, we have found alternatives now, but that is after a considerable period of panic over the future of St Winifred's.

2.50 p.m.

**Rosemary Butler:** I am pleased that you recognise that there is variation in choice, especially in cities where big houses are going for astronomical amounts of money. I would be interested to know how you are tackling this issue from the other end, by preventing people from going to hospital in the first place. The other issue that we talked about was Wellwood House in Newport. Newport City Council is about to open another one next week. What are you doing about rolling out this extra care across Wales, as it really is the way forward?

**The First Minister:** Preventing people from going into hospital in the first place is invariably the first choice by providing as many services as possible at home. As a part-time carer for my mother-in-law, I am amazed by the variety of services that are now provided in our house, like blood tests and so forth. Previously, you would have had to go in to a day hospital as an out-patient. The fewer hospital visits that you make, the better. A community nurse can now come to your home to take a blood test, and go back and adjust your drugs package according to whether your hypertension has gone up or down, or whatever it might be, perhaps how much warfarin you need. This is happening daily to hundreds of thousands of people across Wales, without them going near a hospital. The specimen goes to a hospital, but you do not, which is far better. That is the basic principle—avoid going to hospital if you possibly can.

Likewise, there is an attempt to design the new Caerphilly hospital—the major capital project in the Welsh health service—as the first genuine twenty-first century hospital to be built in the UK. That is our top priority in the hospital programme. That is a nice, easy slogan, but what does it mean? It means fewer in-patient beds and more out-patient facilities and more hospital-at-home facilities sent out from the hospital. I was at a conference this morning at the indoor cricket school—there were no cricketers there—at the Glamorgan cricket ground in Sophia Gardens, where there were hospital-at-home facilities on display; the technology is now available for home foetal monitoring kits, for example. All of that technology is moving towards being able to provide a lot of services at home for which you previously had to go into hospital.

This is a different scheme in Newport, using a simple piece of technology. Without having *Big Brother*-like CCTV in every room in a supported environment, which would be too intrusive, people wear little sensors on their hip-belts, which trigger a switch that lets the warden know that they have fallen. Once your body goes from the vertical to more than a 30 degree angle, the sensor flicks a switch and the warden knows that you have probably fallen; the warden would then come to check on you—they would have a key to get into your flat. That is an attempt to avoid over-intrusiveness, and to allow people to keep their independence, but to ensure that, if you are in such a supported environment, they will be able to get to you very quickly if you fall.

The new technology in this area should enable you not to go into hospital. Some of it is very simple, like hip-protector pads; if you have some sort of brittle bone disease, wearing pads means that if you do fall, you are much less likely to crack your thigh or hip bone. It is terribly simple, but, again, it is a major way of keeping elderly people, whose bones are not as strong as they were, out of hospital.

Another simple example which, I think, has been installed as part of this system—not in Wellwood, but in another housing project in Newport—is a system whereby the light in the bathroom comes on automatically if you put the light on in your bedroom, or even if your feet touch the floor in your bedroom. Rather than have you fall on the way to the bathroom, the light will already be on automatically from a pressure switch where your feet hit the floorboards as you get out of bed. If you can design that into a hospital, you are going to get fewer falls, and falls are a major part of the reason why widows in their 80s and 90s end up in hospital, requiring emergency hip operations and so on.

**Rosemary Butler:** You are concentrating on the medical side, when people get to be really elderly, but I would hope that you were looking at people who are 70 plus, as opposed to 80 or 90 plus, and making sure that their homes are fit for living in, for the twenty-first century. On the smart home that has been developed in Blaenau Gwent and Newport, if members of the committee have not been to see it, it is amazing to see what can happen. The point that Janice made earlier about examination-free or credit-free classes for older people is important. I think that it must be a whole package and we must ensure that social services are involved. How will you persuade social services and education authorities to work together and to be far more proactive at that earlier age?

**The First Minister:** I do not think that I described it as well as I should have done, because the smart homes project is exactly what I was trying to describe in referring to bells, buzzers, sensors and switches, which can catch you before you fall, to avoid the disabling effects of a broken hip, or whatever it might be, following a fall.

To return to the issue about Japanese baby girls living until they are 97, the whole of society has to rethink its attitude towards retirement and the length of time that would normally be regarded as retirement, including fit and active retirement followed by dependent retirement. You never know what will happen, it might be 30 years of one and 10 years of the other, or 10 years of one and 30 years of the other. It will depend on whether you have a heart attack, a stroke, or some other disabling illness. As a society, we have to rethink what happens to people, how much fun they can have out of life, and how much independence people can have when they are aged between 50 and 65, 65 and 80, and 80 and 95.

The biggest single shift in demography is the increasing survival of elderly people, combined with a reduction in the birth rate and a rise in the death rate. This will have a shattering effect on pension provision, but I think that for every year that goes by, the increase in life expectancy is almost a full 12 months. There is something like 11 months of increased survival for every 12 months that go by. Life expectancy is going up by almost a year a year, if you see what I mean. I think that it is 11 months a year, or something like that. Try to look forward 20 years, and it is pretty amazing. Try to look forward to the point when men will catch up with women through a combination of olive oil, red wine and the other things that I mentioned—the Mediterranean message, shall we say.

**Rosemary Butler:** The next topic is quite interesting. I do not know anyone who is retired—they all get recycled or redirected. No-one actually retires these days. On free personal care, five years ago, a royal commission recommended that charges for personal care for the elderly should be abolished. If your Government were to implement those recommendations, from where would you find the money?

**The First Minister:** We would find it with extreme difficulty, it has to be said. That is not to say that we have not done anything in this area. There have been some pretty big improvements, in that nursing home care fees have been provided and I think that there are two other major areas of improvement in what we have done or are proposing to do. I think that we now have personal care in with nursing home care for the first 12 weeks. On free home care for disabled people—obviously disabled people and older people are not one and the same, but an awful lot of disabled people are older people—when we bring in our scheme for free home care for disabled people, it will have a major impact, and the bulk of that expenditure will go on older people.

3.00 p.m.

**Janet Davies:** Chris, you wanted to follow something up here.

**Christine Gwyther:** I have two brief questions, but I understand that time is getting on.

First Minister, on the interface between health and social care, you will know that, in my constituency, hospital refurbishments are being undertaken and new hospitals are being built. Peculiarly, however, they are making provision for social services personnel to work out of there as well, and that has thrown up some interesting anomalies, which I certainly was not aware of before I started attending the meetings. One such anomaly is the way in which training in lifting for social services staff is totally different from that for staff working in the health service. I had no idea about this, but I am quite sure that users of both services know, because they are the people being lifted. It must be very discomforting for them to be lifted in a different way, so there needs to be more joint training. However, could you tell me how that sort of joint initiative, which is working well in Pembroke Dock and Tenby, could be rolled out across Wales?

**The First Minister:** There are good examples. In fact, where I have conducted my constituency surgeries for most of the past 18 years was the first building in Wales to be, effectively, jointly owned by local government and the health service, so that it could have occupational therapists, who were usually local government employees, and physiotherapists, being health service employees. They wanted to bridge the gap there and in other areas of service provision during the rundown of Ely hospital in order to set up a proper community mental health team. That is where I have held my surgeries for a long time. I talk to the staff when they have Christmas parties and so forth, and they would be horrified by any idea that you would split them up, their having worked together for the past 25 to 30 years. Although there may be different elements of practice in lifting—I was not familiar with that example—the biggest single one is probably how members of the family lift relatives, because they are not trained at all, but they have special ways of doing it, because every individual finds a way of solving the problem. We all know that back problems are a major reason for nurses giving up nursing, because they suddenly think, ‘This is a young person’s game’ when their back starts to go, because there is no really easy way of manoeuvring a person in and out of a bath or on and off a bed. It is a dreadfully difficult thing to do without hoists and so on and without a lot of training, and without doing your own back in.

Sometimes, you do not have the time to do what is laid down in the book, which means that an awful lot of procedures are not carried out properly. I was engaged in the launch of the Welsh back campaign, which was not a big drive by us to get Shane Williams and Gavin Henson into the Welsh team, but a campaign to try to get employers to participate in protecting Welsh backs and to make people realise just how much they prejudice their long-term health by practices, either when doing DIY, in manoeuvring an elderly relative about, or in work as a nurse and so on. I was not familiar with your example, and I must look into that issue of different standards for social care and the health service, although I am familiar with the problem.

I think that the future of hospitals will see much closer working with social care, and any problems of that kind need to be resolved so that employees are happy to work alongside each other without thinking, ‘Now, are we going to do it the social care way or are we going to do it the health service way when we lift that patient?’, and so on. We have known of this problem with regard to the nature of a bath, and whether it is a social bath or a nursing bath, and that has bedevilled those paying for services on that margin, right on the dividing line between the health service and social services, for a long time. We have to try to make sure that it is a workable and practical solution as the two services start to become increasingly synchronised and work from the same place, following the same rules.

**Christine Gwyther:** My other question is on the custom and practice in hospitals. Older people are the major users of acute hospital services—I am not quite sure of the figure. I get increasingly frustrated when I hear NHS hospital trusts coming up with excuses as to why they cannot get patient waiting lists and waiting times down. One of the reasons that they very often give me is that consultants prefer to release their patients back to their homes or to another facility at the end of the day, rather than in the morning. It has become custom and practice to do that. Is there any work being undertaken on time-wasting in hospitals in order to get patients back into their homes sooner, which would obviously also cut waiting times?

**The First Minister:** You are right in the first instance that older persons are the major users of the national health service. The broad rule of thumb is that you make more use of the national health service during the last five years of your life rather than during the previous years of your life, however long that may be. That is probably a fairly safe rule of thumb.

Old-fashioned practice, in the ‘consultant’s round’ that must be completed and the discharges only at the end of the day, is an enormous problem in terms of the inappropriate occupation for six or seven hours before actual discharge takes place. There is no need for it, it is poor practice and sometimes it happens because hospital managers do not want to take on the consultant because they are afraid of them, or it can be that they have not really thought things out or do not have the time to find out what the best practice is. We must accept that we have been slow in this regard, and we must drive this process forward to ensure that consultants do not block much more efficient practices for early discharge during the day, so that you can get a flow and do not encounter a huge rush in trying to get ambulances at 4.00 p.m. when there are none available, and then people stay in overnight inappropriately or block the people coming in through the 999 route into accident and emergency when there are no beds available and are, therefore, left on trolleys for long periods. More efficient discharge methods would have solved the problem.

**Janet Davies:** Do you want to come in very briefly, David?

**David Melding:** We know that the number of people receiving a domiciliary care service has declined quite consistently for 10 years, as the packages of care that are provided have grown more intense. It has had an effect on delayed transfers of care, and it will also get worse, presumably, when your Government provides free home care for disabled people, because the only way that it can be done, unless you increase the resources very significantly, is by raising the eligibility criteria to an even higher level. Strategically, is the balance correct? If we do not provide enough assistance for people at home to keep them well, we will pay at the acute end. Is that not the problem that we now face?

**The First Minister:** I cannot disagree with your premise, namely that the number of people receiving 'home care from a home help', as it used to be called, is far smaller than it was. The number of people who used to receive a bit of help with the dusting and shopping has gone, by and large, into much more professionally orientated packages from a trained home carer, giving longer, more intensive assistance, not including nursing, but helping people to get up and helping people to survive the rest of the day with a bit of assistance from a member of the family. This would be a more typical situation now. There is much more professionalism in the homecare packages, but, in turn, that means that fewer people get them.

3.10 p.m.

I am not sure that I follow the logic of saying that free homecare for the disabled will oblige a more restrictive attitude towards definitions and, therefore, packages or the availability of packages. We are trying to learn as much as possible from what has happened in Scotland. We are aware that, in Scotland, the costs of free homecare have exceeded what they thought they would be by a quite a considerable margin—they have not quite doubled, but they are certainly well over 50 per cent more than they expected—and some unexpected categories have been included in free homecare for elderly persons, as recommended by the Sutherland royal commission. We are aware of that, and we are using a Scottish consultant who is very familiar with what has gone right and what has gone wrong with the Scottish provision of free homecare, so that we can avoid making some of the mistakes and having some of the unexpected consequences of that.

**David Melding:** I would like to pursue that, but I realise that we are out of time.

**Janet Davies:** Yes, and Sandy would also like to come in on this.

**Sandy Mewies:** I will be short. I have two questions along the lines of David's questions. On the definition of disabled people, is the Government close to deciding who would be defined as a disabled person who would be able to have this free homecare? That is a very important issue, and I am asked about it regularly. Secondly, it is all very well talking about delayed transfers of care and so on, but it is also very important that people leaving hospital do not go into inappropriate settings. What guidelines and safety net is the Government working on to ensure that hospital discharge plans, for example, are put into place and that people do not leave hospital to go into an inappropriate setting, whether it be the home, a residential home or whatever?

**The First Minister:** I will deal with that first, and we will come back to the free-homecare definition of 'disabled'. We all accept the basic mathematics that a bed occupied in the national health service costs the state, say, £1,000 per person, per week, a bed in a nursing home costs, say, £500 a week, and a bed in an old people's home costs, say, £250 to £300 a week. Clearly, there is a major saving to be made if a person should not be in the national health service bed, and it is a win-win situation if you can ensure that they are not in a national health service bed because it is better for them and it is cheaper for the state. However, it is not always easy to arrange it as simply as that, because the 'who pays' question sometimes comes in, because some will involve means testing and others will not. Those going into nursing homes are not means-tested, by and large, and there is certainly no means testing in the national health service, but you would be means-tested if you were going into a residential care home or having a domiciliary care package in your own home. In any case, a domiciliary care package in your own home sometimes involves adaptations to the home and it might take 12 weeks to fit the grab handles and put the stairlift in and what have you. It should not, but it does. You can see why the local authority might say, 'Well, if the NHS gives us the money, we will lay on the service, because the NHS will be saving money', and why the NHS would react in a totally scandalised way to that suggestion. So, you try to get a pooled-budget approach to this.

I am not certain what you mean by patients being discharged inappropriately—

**Sandy Mewies:** Do you want me to clarify?

**The First Minister:** Yes please, I would be very grateful.

**Sandy Mewies:** If someone who was elderly or infirm in some way was going back into their own home and those adaptations were not in place, for example, a package of care might not be in place for them either, because the hospital discharge plan was not comprehensive or worked through.

**The First Minister:** By and large, they would not be discharged, in principle, unless a care package was arranged and until the adaptations had been arranged. Some adaptations can be done very quickly. It really should not take more than 48 hours. If it is just a set of grab handles that is required to stop you falling, that is fine. If it is a downstairs shower and the plumbing is difficult or it involves planning permission because you have to have a whole downstairs extension built in order to accommodate your needs, then it has to go through the planning committee and, six, eight, 10 or 12 weeks can go by quite quickly. So, you certainly should not be discharged inappropriately.

The question then is whether it is better to be discharged to a nursing home before you go home. Even that can cause many problems, because the fit and active elderly are sometimes quite fearful of being discharged to a nursing home. They think that they will lose their independence and that, by the time that they do go home, they will have forgotten how to make a cup of tea for themselves. They probably will not, but that fear can be there. It is much easier to make the one shift, and to stay in the hospital until your home is ready and then go home, rather than to go via a nursing home while you wait for the adaptations to be made. I am not sure that I can say more about that, because every case will be different.

The biggest particular saving that we could see is through local authorities making adaptations faster, using the disabled home improvement grant procedure to get the grab handles, stair lifts and downstairs showers fitted quickly, so that people are out of the hospital as soon as it is clinically appropriate. In America, they have a kind of motel in the hospital grounds to which you are moved while you wait. Even that is cheaper than a hospital bed at £1,000 per week; an acute hospital bed probably costs £1,500 a week. So there are big savings to be made if you can get people off the premises when it is appropriate for them to be off the premises because they do not need hospital beds any longer. However, that is not always easy to do in particular circumstances.

I will go back and answer the other question on the definition of disability. There are about four definitions, the most obvious of which would be the old, simple English, 1948 definition of ‘significant impairment’, but I do not know whether that will be the one that we will use. We are looking at this seriously at the moment to come up with a definition. We are not far from coming up with a definition, but we are still working through all the implications.

**Gwenda Thomas:** When I talk to people, it is clear that the Welsh Assembly Government initiative to bring in six weeks of free homecare on discharge from hospital has had a positive response. Is there a review or monitoring of that successful policy taking place?

**The First Minister:** Our regulations provide for a 12-week charging moratorium when people go into residential care. It is my understanding that around 80 per cent of people who go into residential care already get some form of means-tested assistance from the local authority. So, we are talking about the other 20 per cent, in the main, who will be that bit better off, rather than those who already get means-tested assistance. So the main beneficiaries of any policy of free homecare for disabled persons would be the 20 per cent who are too well-off for the means-testing proposals at present.

When people go into residential care, the charging moratorium is of huge benefit because it enables you to adapt—not the house, but to adapt mentally to the fact that you are in residential care. That has been popular and is very useful. Nevertheless, we still have this next phase to come for disabled persons, but, as regards free personal care, the bulk of those will be elderly persons.

**Janet Davies:** Is that okay, Gwenda?

**Gwenda Thomas:** Yes, thank you.

**Janet Davies:** I know that I am letting this part of the scrutiny run on a bit, but it is so important, because I am sure that we are all concerned about this for our futures. I would just like to ask one question, and then I will move on to Peter Black and the housing issues.

I understand that if you have a stroke it makes a huge difference to your recovery—whether you do recover and how well you recover—if you are in a special ward. I do not think that there are any such wards in Wales, or, if there are, there are only one or two. Are there any plans for, or policies on, moving towards having special wards for people who have suffered strokes?

3.20 p.m.

**The First Minister:** I do not know the answer to that particular question, but I think that it is widely accepted that strokes and stroke recovery and the prevention of permanent disabling from stroke is the greatest area of neglect in medicine in the western world. Heart attacks are sexy, cancer is glamorous, but for strokes it is, 'Who wants to know?' Strokes are hugely disabling and very common, but have been regarded with an attitude of 'Stuff happens, and there is not much you can do about it'. It should not be like that at all; it should be regarded as being just as important as heart attacks and cancer, but it is not. The thing that would have the biggest single impact in terms of stroke recovery, which is not feasible in remote, sparsely populated areas, would be a 20-minute limit for getting you into hospital. That is hard to do. If it were possible, then almost full recovery from strokes would be possible. However, you can see what a massive organisational effort would be needed to get people with strokes to hospital within the first 20 minutes. People can make a 99 per cent recovery if you can do that; it is massively disabling if you do not.

We do not have anything like a 20-minute recovery service anywhere, I think. How people recover best from left-sided and right-sided strokes is still being looked at experimentally. I am sure that we all have family members who have suffered from strokes—I have more than one—and some have recovered while others have not. I will have to write you about the issue of a particular type of ward care in hospitals, and whether we have a particular best-practice ward for stroke recovery. It is a hugely neglected area of medicine, which the whole of the western world has to get stuck into. It is the great challenge that we have not properly addressed.

**Janet Davies:** Thank you very much.

**Janice Gregory:** I will just make a comment, if I may—very briefly, Chair, as I am conscious of the time—I do not know whether you are referring to very specialised stroke care, but I know that in the Princess of Wales Hospital there is one intensive stroke rehabilitation ward, which, I believe, is ward 19. Ward 20 is a more general stroke ward. I cannot emphasise enough, First Minister, the difference that that provision makes to people in that area who have had strokes of varying degrees of severity in terms of how well they recover. The Chair is right that people recover better if they are in a specialist ward. My mother-in-law was one of them, so I know that the ward exists.

**Janet Davies:** Thank you. Peter, you wanted to comment on housing. I think that we may have covered adaptations a little bit, but I am sure that there are plenty of other things for you to ask.

**Peter Black:** I have plenty to cover. I will try to be brief. First Minister, we have already covered extra-care housing as one aspect of accommodating older people, and that is a developing field. Many older people want to stay in their own homes and in their own community, and, if we can facilitate that, then not only is that better for them, but it also means cost savings in other services that we deliver to those older people. To do that, and this also applies to delayed transfers of care, we have to get adaptations in quickly whenever they are needed. However, where people are living in their own homes, it is still quite common across the whole of Wales for there to be waits of 18 months or longer for disabled facilities grants to be put in place. This is a local authority function, as I am sure that you will tell me, but the local authorities rely on the money that we give them for that purpose, and there is about £216 million or £220 million of capital money in the Assembly budget that is largely used for that purpose. In previous years, that money has been split for housing capital: around £60 million has gone on council housing, and the remainder has gone on grants, specifically disabled facilities grants. However, since the creation of a major repairs allowance out of that money, we have, effectively, cut the amount of money available for disabled facilities grants by around £40 million to £50 million. We are now spending over £100 million on council housing, but we have not put money back into the pot, and, therefore, we have had a shift of resources from private housing to council housing in terms of the adaptations and capital investment. I have no problem with spending that money on council housing. However, I do have a problem with the cut in money available for the disabled facilities grants. That has had a huge impact in terms of the waiting times for people to get those grants.

What plans does the Government have to address that issue and to put that money back into those grants?

**The First Minister:** To be honest, Peter, I do not recognise those figures. There was a comprehensive independent review of disabled facilities grants recently and it recommended the abolition of the means test for parents of disabled children, but not for other groups. Therefore, that remains means-tested. We do not hypothecate the general capital funding out of which disabled facilities grants come. Therefore, that gives local authorities the flexibility to apportion their resources in accordance with their local priorities. The variety of adaptations that fall under the disabled facilities grant system is mandatory; therefore it is incumbent on all local authorities to ensure that there are sufficient financial resources to meet the demand. I do not recognise the figures or the principles behind your question, to be honest.

**Peter Black:** I think that those principles have been accepted by the Minister for Social Justice and Regeneration, and we have raised them in committee. Okay, there is a dispute about the figures, but the report to which you have just referred also specifically highlighted the lack of resources for disabled facilities grants and made it quite clear that the Assembly Government needed to address that issue. Do you accept that conclusion of the report?

**The First Minister:** Not if you are not hypothecating this area of funding. It depends on what your attitude is towards local authority funding. You either set it all out in little blocks and say ‘Right, this is hypothecated funding here, and that is hypothecated funding there’, or you roll it all into the revenue support grant and say, ‘Look, it is up to you how to decide your priorities but remember that certain things are mandatory, and you have to get on with those because they are mandatory’. In the end you are trying to empower local authorities to make their own decisions and you keep the number of things that are hypothecated to a minimum. That has been the general thrust of our policy with Welsh local government since the Assembly came into existence: not to hypothecate far more categories of expenditure but to roll them into the revenue support grant, compared with what the Office of the Deputy Prime Minister does with English local government.

**Peter Black:** Are you saying that the waiting times of 18 months to two years, which are prevalent across Wales, are entirely down to local authorities and how they manage their resources?

**The First Minister:** It is a mandatory service, so if they are falling down on the job—and I do not know that, I accept what you say for the purposes of your argument, but I do not know how many authorities would have an 18-month waiting list and whether that is for all or some categories, because I have not seen the data. It certainly sounds like a very long period to wait for a disabled facilities grant, unless there are particular circumstances such as disputes with the neighbours over planning, which can happen over extensions that may affect the neighbour's light, for example. Some neighbours do not get on, and we have all had examples of that when we have dealt with our constituency surgery work. Even if it is for a very needy person, there is sometimes a row, and it can go to the planning committee, be refused and then go to appeal and so forth. Apart from that kind of circumstance, it sounds like an awfully long time to be waiting.

**Peter Black:** If you accept that it is an awfully long time to wait, do you not think that—and the report is quite explicit about a number of these issues—the Assembly Government should intervene to try address that issue in partnership with local government?

**The First Minister:** It is a bit difficult. I accept what you say for the purposes of your question but I do not have this data saying that 18 months is a standard or common wait for disabled facilities grants, even when there is no excuse of the kind that I just illustrated. I think that perhaps you had better put the question to me in writing, quoting the facts and figures from the report or from some other local government statistics that we have, so that I can respond.

**Peter Black:** Okay.

**Janet Davies:** Will you bring those notes back to the committee, First Minister?

**The First Minister:** If Peter copies the letter to the committee, I can then respond and copy the letter to all of you.

**Peter Black:** I will move on to one other issue on housing, if I may, and I will then finish as we need to move on. When the Social Justice and Regeneration Committee undertook its review of housing for older people, it specifically made a recommendation in relation to the equity that is left in people's homes. Obviously, a lot of the unfit housing around Wales is occupied by more elderly people who have paid off their mortgage but do not have the income to carry out necessary repairs. It was suggested that one of the ways that the money could be found to invest in that and to pay for those repairs would be to enable them to borrow on the equity in their home.

3.30 p.m.

However, there are issues around that in relation to the Consumer Credit Act 1974. One of the recommendations of the report was that the Assembly Government would set up a Welsh home improvement lending agency to facilitate that sort of borrowing, and to get around problems with the Consumer Credit Act 1974. That has not been progressed in any major way to date by the Minister for Social Justice and Regeneration. I was wondering whether you are aware of any moves to deliver that recommendation in the near future.

**The First Minister:** Can you explain to me the problem with the Consumer Credit Act 1974?

**Peter Black:** It is to do with the £25,000 level of borrowing—which Mark Isherwood understands far better than I do. You would have to borrow more than £25,000 to get advantages in terms of interest rates. That is a recognised problem in terms of the Act. The issue was that, by setting up a Welsh home improvement lending agency, you could borrow fairly small sums of money—£2,000, £3,000 and so on—to carry out those improvements without falling foul of the Consumer Credit Act 1974, where there are different restrictions on the smaller loans compared with those4r over £25,000.

**The First Minister:** You mean that they are less protected?

**Peter Black:** I believe that that is the case.

**The First Minister:** Okay. I will respond to that via a note to you. It is a highly technical issue, and I am sure that it is better to reply in a considered way to an issue of that nature.

**Christine Gwyther:** We are getting short of time, so I will lump all my comments into one question for a more rounded response, First Minister, if that is okay. My question will cover the skills required by people over 50 and the services that we provide to get them back into work.

When I knew that this meeting was happening, I rang various people who provide these services. On the skills front, one person I spoke to had quite fond memories of skills centres in Llanelli, Port Talbot, Cardiff and Wrexham, which were closed in 1985. They said that there was a particularly high usage of those skills centres by people over 50 years old, coming out of sunset industries. I wonder if you could comment on the work that is being done now to try to upskill people over 50 to try to get them back into work. Also, what links exist between the Welsh Assembly Government and the UK Government with regard to schemes like New Deal? The New Deal scheme for the over 50s does not include the get-out clause that if the scheme does not work for them, and they do not find employment, they can go back onto unemployment benefit. That safety net exists for some New Deal packages, but not for the over-50 package.

**The First Minister:** The question on skills centres is fascinating. There used to be dual provision: people left school at 15 or 16 years of age and did apprenticeships, or came in as an adult to the skills centres without going to the college day-release system as a young apprentice. You could become, in effect, an apprentice for six months, intensively, without a college background. You were then an improver for the following 18 months, so it took you two years to become a fully-fledged tradesman or tradeswoman—although 95 per cent were men. This took two years, rather than the four, and previously five, years had you started at the age of 15 by way of night school or day release. You are right to say that that dual provision no longer exists, and it would be quite difficult and expensive to recreate that second provision. Its great advantage for older people—whether they had been in the army, had been semi-skilled and wanted to become skilled, or had been unemployed for long periods—was simply that it was not as frightening as going into a college environment. They probably would not have had a very happy school experience, and would have thought that they could not do exams, as it were, which is what they would expect in a college. The skills centre was entirely on a practical, show-and-tell basis. It is a shame, but I do not know whether we could recreate it now. I think that Ireland is the only country left in western Europe that still has this form of dual provision, where there are colleges and skills centres. It is regrettable, but I do not know whether we can turn the clock back.

We encourage people to take up apprenticeships, and we have abolished the upper age limit on apprenticeships—you can become an apprentice now at 35, 45, or whatever—but you would use the college route. The college does not necessarily mean attending a college building. The new centre, with which some of you may be familiar—if you go from this building to the station via Dumballs Road, it is on your left-hand side—for the construction trades, namely the Construction Industry Training Board centre, will be open in about six months' time, I would think. That will provide a non-college setting, which is what many people are looking for. They are the kind of people who would be rather frightened by the academic appearance of a college or school building. We will have to see how that works. However, strictly speaking, that is not dual provision. It is run by Barry College, although it has been built with funding from Cardiff County Council, the Vale of Glamorgan County Borough Council, the CITB, Education and Learning Wales, and Objective 2, I believe. There are many different parents, but Barry College will run it. However, it will not look like a college, so it is less frightening to people who think, 'Figures are not for me, talk and chalk is not for me, I just want to get on and do it, and I just want someone to show me what I have to do'. Therefore, there may be a time to evaluate how well that works and see whether that type of centre really could be spread around Wales, and spread beyond the construction trades.

I am sorry; I have forgotten the other points. Could you briefly restate the second question?

**Christine Gwyther:** It was about how the Welsh Assembly Government is helping inform the debate on the New Deal, and the over 50 New Deal. Some people who are over 50 are on different New Deals, but the over 50 New Deal specific package does not have that sort of safety net where you can go into work, and, if it does not work for you, you can go back on benefits.

**The First Minister:** That is an interesting point. We do not yet have, throughout Wales, the kind of safety net that you have in Bridgend, Rhondda Cynon Taf and Merthyr in the pilot projects, or that we have for welfare to work, whereby, if the job or you do not quite hack it, as it were, or if the job disappears from under you, you can still go back onto the incapacity or disability benefit that you had before. The Bridgend and Rhondda Cynon Taf Pathways to Work experiment, which I jointly launched with Andrew Smith, the then Secretary of State for Work and Pensions, three years ago, is said to be the most successful voluntary welfare to work scheme anywhere in the world in terms of the numbers that get jobs afterwards and stay in the jobs afterwards, and who find that they have been able to overcome their disability, whether it was mental, or the classic bad back, arm or leg.

The Want to Work pilot scheme, which has just been launched in Merthyr by me, Jane Davidson and Anne McGuire, now Parliamentary Under-Secretary at the Department for Work and Pensions, is a much cheaper per-head scheme, but provides a safety net. I was not aware that New Deal 50 Plus did not have that characteristic, and I do not know whether, therefore, we needed to roll out the Want to Work package throughout Wales—these are both pilot schemes—or whether it is better to adapt the New Deal 50 Plus. People are looking at how you keep the cost of these things down, and how you ensure that there is not the dead weight of funding something, where people are going to come off the dole or off incapacity benefit into work anyway, and you are just paying for it twice, as it were.

However, the New Deal for over 50s is regarded as very successful, and I think that some 10,000 people have passed through that scheme and into sustained work afterwards. I will look at that particular aspect, and the alignment of the safety net package, and, if Pathways to Work or Want to Work is going to be spread throughout Wales, whether that would mean that there would be no need to change the rules then on New Deal 50 Plus.

**Christine Gwyther:** I have a brief question on employers. I was also told by these people whom I rang up that the Nationwide Building Society introduced a new scheme about three years ago, where it did a positive recruitment drive for people over 50. In the first year, it saved £7 million by doing that, because it had higher staff morale, lower staff turnover and lower sickness absence. Can you tell me what role you think the Welsh Assembly Government has in spreading that sort of word throughout the employers' community in Wales?

3.40 p.m.

**The First Minister:** I think that it is probably a good advertisement not only for age-related positive discrimination, if I can call it that—positive action you should call it, not positive discrimination, I suppose—but it also sounds remarkably like the evidence that was given at the launch in Merthyr. However, the employer was in Maesteg and it was the personnel manager of Cooper Standard, and, in that case, it was people who were on sickness benefit and disability benefit coming through the Want to Work scheme. He described their experience with those people. If you are an old-fashioned personnel manager, you would say 'Well, they have not got much of a work record, they are on disability benefit and I know the kind of people they are and we do not want them anywhere near this factory'. He found that their work record and productivity were higher than those of the people they recruited through the conventional means using old-fashioned human resources attitudes and body language, if you like. It sounds to me as though that positive action, in terms of people aged 50 plus, should be everywhere. It is not only Nationwide Building Society; many other employers have deliberately targeted those aged 50 plus and have found very good productivity, loyalty and customer response.

**Janet Davies:** Thank you, Christine. We are going on to transport now. After Sandy, I will move on to the last section, which is section C.

**Sandy Mewies:** Two very successful schemes, at least from the feedback that I get, have been the support for concessionary bus passes and the support given to community transport. We said in 'Wales: A Better Country' that we would be looking at an extension. Is there any progress being made on extending concessionary fares to community transport and what are the real obstacles impeding that initiative?

**The First Minister:** I understand that, on 10 March, Tamsin Dunwoody-Kneafsey, the Deputy Minister with particular responsibility for transport within economic development and transport, launched our scheme to provide limited free travel on community transport to pass holders unable to use buses because of the nature or severity of their disability. We are funding this to the tune of £3 million over three years and we hope that there will be at least one demonstration project in each of the four local authority transport consortia areas. The Community Transport Association is managing the scheme and any community or community transport organisation wishing to apply for funding should contact the CTA at its office in Conwy.

**Sandy Mewies:** Is there any possibility that rural areas will be looked at in the future?

**The First Minister:** It is particularly relevant to rural areas, and we are making rural areas a priority in our community transport plans for obvious reasons because it is not much use having a free bus pass if there is no bus service, whereas community transport does fill that gap. Having free transport makes laying on bus services more attractive to bus operators, but community transport will be the most convenient way of doing it because of the size of vehicle and flexibility of the services.

**Rosemary Butler:** My point was half covered in Christine's comments. There are quite good training opportunities once older people know in which direction they would like to go. My point is about people who have finished work and who would like to do some other work but do not actually know what they want to do. I am just wondering whether there is any way that you can have a lifestyle interview—you can go for careers advice when you are younger or when you want a serious career. I think that Prime Cymru or the Prince's Trust has something along these lines where it talks to people and tells them how they can use their skills. I went to talk to a Parkinson's group in Newport last night, and there were probably 60 people there, 20 of whom would quite like to do something different as a career. They are a huge resource and there are huge talents that we could use, but they were floundering as to what they could do. Could we look at some kind of service—

**The First Minister:** Is that covering leisure and employment, or just employment?

**Rosemary Butler:** Employment, rather than leisure, but there is a lot that they could do as far as leisure is concerned. It is an issue that we have a huge number of talented people who do not want a new career but a new direction, where they can use the skills that they already have. Could you look at that?

**The First Minister:** It is absolutely fundamental to trying to increase the economic activity rate in Wales to use people whose career has gone or who are physically or mentally incapacitated from a particular career. You could be a house-painter who cannot go up and down ladders any more because the arthritis has got to your knees, so you would have to do something different. Too frequently in Wales, in the 1980s and the 1990s, you were signed off on incapacity if you could not work in your traditional trade, and it was almost as if you accepted that you were limited to that trade. If you could not do that trade anymore, therefore, you should be signed off on permanent sick leave. In the London area, this would probably not happen, because you know that there are lots of different jobs that you can do there that do not require you to go up and down ladders. We have to persuade people to go in different directions, by telling them, 'Yes, you cannot do the job that you used to do, but what about all these other jobs?'. The re-orientation of people's minds towards all the different jobs that do not involve that level of stress is not something that has not been done well.

Of course, the nature of the economy in London and the south-east of England is much less physical than that outside that region. If they are desk jobs, they are jobs in the warmth and they are not outside, and, therefore, they will be available to a much wider variety of people with some physical disabilities. Those jobs are more available than they were in Wales, but so is the old attitude that if your trade is no longer available to you because of a physical disability, you should not seek a surface job, a job in the warmth or a job behind a desk, although it is a job that you are not excluded from. That kind of careers advice, whether it is a bit of pull or a bit of push, is something that we should be giving a lot more attention to. That includes the issue of training.

In part, that is what Want to Work and Pathways to Work have been about. Pathways to Work is very specific in terms of occupational therapy, physiotherapy, condition management and giving you very specific advice as to what jobs are suitable for you. It is about helping you and the employer to fit you in in a way that is not going to make you nervous about taking that job on and leaving the support of being on incapacity benefit. Want to Work is less specific, because of the cost of the first kind of scheme, and the difficulty of finding enough physical and occupational therapy support to provide it on a universal basis.

I agree that this should now be a much higher priority for those over 50. If you look at the basic data about the British economy, the UK Government says that it would like to have the economic activity rate rise from the present 75 per cent to 80 per cent. This is massive by European standards, where the rate is normally below 70 per cent in France, Germany and Italy. The UK Government wants it to rise to 80 per cent. Achieving that means that more people who are currently disabled and more people probably over 60 need to be in work. That is not uncommon in London and the south-east because of the nature of warm office jobs and the huge variety of supportive environments in which you can get a job, and the much smaller number of people working in a harsh, physical, dangerous or height-orientated environment.

**Rosemary Butler:** So you are going to look at it?

**The First Minister:** We are never going to increase the economic activity rate unless we can provide a service that is similar to that, so I will come back to you on that specific point of what you might loosely call ‘careers guidance’, but perhaps that is too prescriptive in its sound. It will be something like that.

**Rosemary Butler:** Perhaps ‘lifestyle’ would be more acceptable.

**The First Minister:** Okay, but we are not talking about gurus or personal trainers here are we, or a Carole Caplin?

**Rosemary Butler:** No, although there might be a career there somewhere.

**The First Minister:** Okay, right.

**Janet Davies:** We have to move on to section C now, which will obviously be a bit shorter. We could probably have talked about service delivery for another hour. However, First Minister, you may be glad that we are not going to do that. I ask David Melding to come in, particularly on the issue of the commissioner for older people.

3.50 p.m.

**David Melding:** The children’s commissioner speaks on behalf of children because often they do not have a voice, or at least not a well-developed one. Older people, however, can usually speak for themselves. How do you think that the commissioner will get the balance right between advocacy and not overwhelming older people or patronising them? The strategic direction of the office will have to differ from that of the children’s commissioner. I hope that you agree and that you are aware of that. Also, do you think that the older person’s commissioner ought to be someone of retirement age?

**The First Minister:** Sorry, I missed that last part, David.

**David Melding:** Do you think that the commissioner, when appointed, ought to be someone of retirement age?

**The First Minister:** I am not sure that I would accept completely the distinction that you made. I think that your distinction is too harsh when you said that the children's commissioner is a voice for children because they cannot speak for themselves—that is only true up to a point. I think that it is a difference of degree, rather than a complete difference of principle, that children are unable to express themselves whereas older people can. To a degree, you do not get universal ability in terms of expressing yourself in either age group, although what you said is true, in part.

When choosing someone to be the older person's commissioner, we will certainly wish to follow the same principles that we used in appointing the children's commissioner. When we appointed him, children were voting on the appointing panel. They were from widely differing backgrounds to ensure that it was not a biased set of children who were voting on the panel. The choice of the children to vote on the appointing panel was pretty important.

As regards the older person's commissioner, I think that we would want to have older persons heavily involved in voting on the appointment panel, but I am not sure that we can be that prescriptive because employment legislation does not allow you to specify an upper or a lower age limit. You cannot say that it must be someone who is of retirement age, any more than you could say that it could not be someone of retirement age. There cannot be age discrimination. Age discrimination was a part of life, but it is going out. When you talk to people in America, where it has been out for quite a long time, you find that this has had a massive impact on the social lives of people in their 60s, because they are not obliged to retire at 60 or 65 and they just get used to it as it is part of life. Age discrimination in employment legislation is coming in as of 1 April next year, and I do not think that we will be making the appointment until after that date.

**David Melding:** I will not pursue the age issue, although, as this office will be established by primary legislation, presumably there would be a route to disapply other employment legislation.

I want to go back to what the commissioner will do. We are encouraging, throughout the strategic documents that underpin the policies of your Government, more active participation from citizens, particularly elderly people, and we are trying to see this throughout the policy-making system in Wales. Is there not a danger that the older person's commissioner will be seen by organisations as a box to tick, and that they will work less hard on more local participation? If you compare it with the children's commissioner, there has not traditionally been the same capacity for children to get involved, and the commissioner can usefully fill those gaps, but I am concerned that this office could be stifling if it is not well designed in the first instance.

**The First Minister:** That could be true, if it is not well designed. We propose that it will be well designed, and designed so as not to stifle or promote a tick-in-a-box culture, which is a great danger in modern society. However, promoting awareness of older people's interests, encouraging good practice, promoting the provision of opportunities, eliminating discrimination against older people, keeping under review the adequacy and effectiveness of the law as it affects them, are all promotional activities, and preventing a tick-in-a-box culture and preventing his or her own office as older persons' commissioner from being used as an excuse for their sitting there and doing absolutely nothing, I would have thought, would have been very much part of the job. The commissioner would be able to come down hard on public bodies that are mentally lazy in this regard, saying, 'Oh, leave it to the older persons' commissioner; they'll sort that out'. The commissioner will sort them out for thinking that way.

**Janet Davies:** Rosemary, would you briefly make your point?

**Rosemary Butler:** My points have been covered.

**Janet Davies:** That is great. Right, I think that we are right on time, so I thank you, First Minister. It has been a very interesting experience for everybody. I hope that it has been helpful, particularly to the members of the public who are present. I think that what is really important is that members of the public can have a view of what is happening in the Assembly on particular topics, and, on this occasion, with regard to older people.

Members of the committee, the next meeting is scheduled in the week commencing Monday 30 January. Okay? I look forward to seeing you here.

**The First Minister:** I wish to thank you for the way in which we have been able to interchange, and, with regard to the members of the public here, it is at a very historic and convenient juncture that we have held this exchange of views. I mentioned the 6 July meeting of the advisory forum in Carmarthen, the Commissioner for Older People (Wales) Bill had its Second Reading in the House of Lords on 14 June, and we are right in the middle of that period of parliamentary testing of the set of principles, and we have this meeting today, which is the first meeting of this committee. We have made clear today how important we regard this huge demographic change, of which we are all part, in a way, particularly me, being 65, and we are aware of how big a proportion of Welsh society is made up of older persons and that they will be in ever-increasing proportions in future.

**Janet Davies:** Thank you. That brings the meeting to an end. [*Applause*.]

*Daeth y cyfarfod i ben am 3.57 p.m.*
*The meeting ended at 3.57 p.m.*