



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

**Y Pwyllgor Cyfle Cyfartal
The Committee on Equality of Opportunity**

**Dydd Mawrth, 20 Ionawr 2009
Tuesday, 20 January 2009**

Cynnwys
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Nghymru
Inquiry into Home Maintenance and Adaptations Services for Older People in Wales

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

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

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Eleanor Burnham	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Bethan Jenkins	Plaid Cymru The Party of Wales
Ann Jones	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Nick Ramsay	Ceidwadwyr Cymreig Welsh Conservatives
Joyce Watson	Llafur Labour

Eraill yn bresennol
Others in attendance

Wendy Bourton	Gofal a Thrwsio Cymru Care and Repair Cymru
Ruth Marks	Comisiynydd Pobl Hŷn Cymru The Commissioner for Older People in Wales

Swyddogion Gwasanaeth Seneddol y Cynulliad yn bresennol
Assembly Parliamentary Service officials in attendance

Rita Phillips	Dirprwy Glerc Deputy Clerk
Helen Roberts	Cynghorydd Cyfreithiol i'r Pwyllgor Legal Adviser to the Committee
Bethan Webber	Clerc Clerk

Dechreuodd y cyfarfod am 9.31 a.m.
The meeting began at 9.31 a.m.

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

[1] **Ann Jones:** Good morning, everyone, and welcome to this meeting of the Committee on Equality of Opportunity. First of all, I introduce Bethan Webber, our new clerk. I think that we all met Bethan at the end of last term, and she has now taken over as clerk to the committee. We welcome Bethan and hope that she enjoys her time with us.

[2] I have not received any apologies. The usual housekeeping rules apply. Please switch off mobile phones, pagers and other electronic equipment. Translation is available via the headsets on channel 1, with amplification of proceedings on channel 0. We are not expecting a test of the fire alarm, so if it sounds, we will wait for instructions from the ushers. The assembly point is at the front of the building near the car park. As Eleanor has just pointed out, it is cold out there, so hopefully the alarm will not sound.

[3] Do Members need to declare any interests under Standing Order No. 31.6? I see that they do not.

9.32 a.m.

**Ymchwiliad i Wasanaethau Addasu a Chynnal a Chadw Cartrefi ar gyfer Pobl
Hŷn yng Nghymru
Inquiry into Home Maintenance and Adaptations Services for Older People in
Wales**

[4] **Ann Jones:** It is my pleasure to welcome back Ruth Marks, the Commissioner for Older People in Wales. It is nice to see you, Ruth, and we thank you for your paper, which will help us with our inquiry into home maintenance and adaptation services for older people in Wales. Would you like to make a few brief comments about your paper before we ask questions?

[5] **Ms Marks:** Thank you, and good morning, everyone. The holiday period is over, but I have not seen any of you since Christmas, so I wish you a happy new year. I have brought a new colleague from the commission along with me today, who has kindly helped me to prepare for this meeting; she is Rebecca Stafford, and is with us on a secondment from the Wales Council for Voluntary Action. She will be supporting the commission as it develops its work around the issues that older people in Wales are talking to us about.

[6] I have prepared an introduction that will probably take around five minutes, if that is acceptable, Chair.

[7] **Ann Jones:** Yes.

[8] **Ms Marks:** I thank the committee for the opportunity to give evidence to this important inquiry. This issue affects not only older people in Wales, but their families and carers. Certainly, in relation to planning ahead for services in the future, this inquiry is very important. As you mentioned, Chair, I have submitted a paper that I hope links effectively to the terms of reference of your inquiry. I would also like to acknowledge the second presentation this morning, from Care and Repair Cymru; I believe that this organisation offers significant expertise in specific areas of your detailed inquiry, and I look forward to listening to that presentation from the public gallery.

[9] I hope to contribute in two areas this morning. First, I want to share with you what older people are telling the commission. Secondly, I want to share some comments that I believe are relevant to my unique role in representing the interests of older people, and ensuring that services are designed and delivered in a way that takes into account the best interests of older people across Wales.

[10] Before I start, I will mention a point that is highly relevant to the Committee on Equality of Opportunity. Last week, I had the chance to attend a meeting in London with delegates from all over the world. The meeting had been called to discuss the rights of older people, specifically in the context of equality and human rights. The fact that the Welsh Assembly Government has a statutory obligation in relation to equality of opportunity, and that we are the first country in the world to have an independent older people's commission was applauded by the international delegates who attended the event. I just wanted to take this opportunity to feed that back to you as the Assembly's Committee on Equality of Opportunity.

[11] In referring to my paper, it is important to note that the older people's commission for Wales and, specifically, the Commissioner for Older People (Wales) Act 2006, incorporate the United Nations principles for older persons, which make reference to where and how people live. Your inquiry into home maintenance and adaptation services for older people in

Wales is specifically looking into what works, what does not work and what action needs to be taken. So, I shall begin with considering what is working.

[12] It is quite obvious from the many communications that we receive in the commissioner's office that people really value the range of services and schemes available. They give particular comfort to those older and more vulnerable people who own their homes, but who are not able to keep up with vital repairs, regular maintenance and any adaptations they might need. There is also a very useful sense of community support in the programmes available as well as elements of social justice. When the systems work, they can all add up to a very positive experience. I have been particularly impressed with some good examples of partnership working. For instance, on a recent visit to north Wales, it was good to be able to meet with members of the North Wales Fire and Rescue Service, who were able to share with me information about the way they tackle assessments for older residents and provide help with referrals to other appropriate bodies. Working in partnership like this is always a good and effective way to deliver better services.

[13] However, that is not always the case, and you will not be surprised to hear me say that I believe that there is scope for improvement. This brings me to what is not working as well as it could. As with many services provided on a local basis, there are problems of inconsistency. People should be able to receive a good standard of service wherever they live in Wales, and, as I am sure you are all aware, this is not always the case. In part, this goes back to what I put in my submission paper about the allocation of resources. Although I do not intend to go into the amount of funds available, there should be a way of ring-fencing those funds at a local authority level so that the money allocated by the National Assembly for Wales is spent in the way intended.

[14] Apart from funding, the other major issue is waiting times for assessments, which vary considerably around the country, with some people having to wait a year or more. This is really not acceptable, particularly when you consider the age group that your inquiry deals with. More must be done to encourage local councils to speed up their assessments. I know that this can have a real impact on people's lives. For example, I am aware of a disabled individual in the Neath Port Talbot area who had to use a bucket for a toilet for around two months before a commode was provided. Does this seem like a dignified service to you? Do you think that that demonstrates respect for people's human rights? We know that improvements can be achieved, as demonstrated by Bridgend County Borough Council, which streamlined its process for applying for a stairlift grant from six to nine months down to three to four weeks. If it can do it, surely others can too.

[15] I would also like to take this opportunity to talk about access to information. From my many discussions with older people around Wales, I know that this is a problem faced many times over. In a recent discussion about accessibility, one person summarised the problem perfectly when they said,

[16] 'Please will you just write it like you say it.'

[17] Making information clear, understandable and free from jargon will go a long way towards providing a better and more equal service. This is true in all areas that aim to provide services to older people. It is also important that information and advice gets to those people who may not be part of any formal processes or on the radar of any established services. These people may be in the greatest need of help. I know only too well how hard this can be to achieve. I refer again to partnership working and finding ways to deliver information to hard-to-reach individuals.

9.40 a.m.

[18] In conclusion, I would like to highlight several recommendations that I made in my paper, identifying action that I think should be taken. First, it is vital to involve older people in any decision-making process as, without their input, service provision is seriously flawed. It goes without saying that discrimination on grounds of age should be avoided. Local authority funding should be ring-fenced, waiting times need to be reduced and, finally, the information available needs to be simplified.

[19] Thank you for inviting me here today. I will be pleased to try to answer any questions that you have.

[20] **Ann Jones:** Thank you, Ruth. As ever, that was a very clear and concise introduction to your paper. I will take Chair's licence and start off with a question before I look to see whether anybody else wants to speak, as I know that they will. You have raised concerns about older people facing discrimination or disadvantage because of their age and their housing tenure. Could you provide us with examples of the sorts of issues that have been raised with you? Are those concerns with regard to both adaptation work and home maintenance, or is one more of a concern than the other?

[21] **Ms Marks:** The concerns in relation to tenure have often been based on perception more than fact. In local authority and social housing, the landlord's responsibility, for the most part, is taken seriously, and maintenance is undertaken regularly, and aids and adaptations are dealt with as part of that overall housing service. There are good examples to share of joined-up working, especially through health, social services and housing departments and local authorities.

[22] When you hear from Care and Repair Cymru later on, you will hear that adaptations and repairs for owner-occupiers can sometimes lead to misconceptions among neighbours and others in the community who think that because people are paying, they are getting things more quickly or are getting a better service. We know that many older people face challenges around having a fixed income, and people think, 'I've saved hard all my life and the person down the road has not', but how do any of us know exactly what other people's saving arrangements are? The perceptions that exist can lead to a feeling of discrimination. I come back to this point about clarity of information. If information on what the systems are, how decisions are reached and how people can access funds and support to make those changes were to be simplified, that might go some way towards alleviating those misconceptions.

[23] On the part of your question around discrimination in the wider sense, the issues that have been raised with us so far that are specifically linked to age are around the potential challenges and delays that are experienced when somebody is in a hospital or care setting and is waiting for aids or adaptations to be undertaken at home. If you are in hospital, you are ill and you are there to get better, and most people will want to go home if they possibly can, and that should be linked to an assessment process to see whether minor building works or major adaptations are needed. As we all know from being involved in any do-it-yourself jobs or home moves ourselves, if they are planned and prepared for, it can all happen. People feel that they, or their family member or the person whom they are caring for, are not being prioritised or put on a list because of their age and that people are not seen as individuals but, potentially, as problems to be shifted somewhere else for somebody else to deal with and, ultimately, for someone else's budget to deal with, as opposed to the person—whatever his or her age—being put completely at the heart of that assessment, and the focus being on the needs of the individual and involving the individual in any decisions and the process steps that will be taken. Those are the two areas that I would highlight in response to that question.

[24] **Ann Jones:** Are you aware of any particular difficulties experienced by older people from, for example, the BME community, deaf or blind older people or older people in same-sex relationships, or is it the same for all older people? Do they all have to wait, or are some

experiencing greater problems?

[25] **Ms Marks:** I would have to check our statistics in relation to whether we have had specific sets of inquiries from people with the range of additional needs that you have highlighted. However, anecdotally, from people who are working in BME outreach posts and from a conversation that I had with the North Wales Race Equality Council, I have heard that there are difficulties around perception and there are real barriers facing people in accessing information about the services that are available. You referred to deaf and hard-of-hearing or blind and partially sighted older people, and there is an issue with the complexity of assessments and the fact that there will necessarily be a wider range of agencies that might be involved in giving advice and support coming together. As we have said, there are fantastic examples of agencies and departments working together, but there are also examples where that is not happening. If you add a different set of needs into that situation, it will add another requirement for partnership working. It is certainly not beyond the realms of possibility and it should be happening. Sometimes it is, sometimes it is not.

[26] **Ann Jones:** Thank you very much. We have reached the questions. Joyce has the first question and then Eleanor has the second.

[27] **Joyce Watson:** Good morning, Ruth, and a happy new year to you. Thank you for your paper and the points that you raised. I would like to question you on two areas, the first of which is the hypothecation of funding, which I would support, but which the Government does not necessarily support. How do you think hypothecating funds might help? The second question relates to information. You suggest that the Assembly Government might re-run some seminars as a way of raising awareness of best practice in relation to the provision of housing and adaptation services. What other ways, beyond seminars, do you think that best practice could be disseminated and who could be involved with it?

[28] **Ms Marks:** Thank you, Joyce. In relation to the allocation of funding, I wondered whether I might be asked about the adequacy of current resources and so on, and I am sure that colleagues directly providing services would say that there is a need for more money and I certainly would not disagree with them. The ring-fencing aspect is important, as is the opportunity for people to have all of the information regarding the funds that they are entitled to access in order to undertake changes in their property and for any contributions that people make to be seen as being fair and equitable across the whole of Wales.

[29] In relation to seminars, any form of information is useful. We all know that everyone receives information in different ways. You have to keep feeding information on a regular basis. Any opportunities that we have to look at the dissemination of information through partners such as GP surgeries, supermarkets, community pharmacies and post offices would be useful.

9.50 a.m.

[30] I would like to make an associated comment that will hopefully be of interest to the committee, Chair. As you are aware, the older person's commissioner has an obligation to make our organisation known to older people, their families, carers, professionals and others in Wales. I am pleased to say that this afternoon I am meeting representatives from the pension service in Wales, who have agreed to the possibility of sending out a letter to every pensioner in Wales with specific information on the older people's commission and what we are here to do and not to do. It will also include information about entitlements and making full use of the range of benefits on offer, but at the same time will try to move away from that language and encourage people to claim funds to which they are fully entitled. Once that is finalised, I will alert Assembly Members and their offices to that so that you are briefed in advance of any activity that happens across Wales. However, again, this is an example of how

the Government, local authorities and relevant partner agencies can work together to get information out to people who need it in an appropriate format that is easy to understand, which should be encouraged.

[31] **Eleanor Burnham:** I am sorry that we only have a little time left because, like most of us, I have personal concerns. I have three examples of difficult situations. The first is on adaptations for a person who is trying to move into a place from a large house and is still waiting. The problem relates to the complexities of the sub-contracting between the various partners in the various agencies and it is a bit of a nightmare. Could you comment on that?

[32] My second example relates to the need for prompt payments to enable sub-contractors to facilitate work. I know of an electrician who had to lay people off because he was not paid promptly and then a vicious circle ensued, which meant that, despite his doing good work, he was taken off the preferred list. Could you comment briefly on that?

[33] The other example, which is even more harrowing, relates to the home energy efficiency scheme, which has gone completely bananas. In this case, the sub-contractor botched the installation of a gas boiler. The situation would be farcical if it were not so serious—I mentioned it in Plenary last week. The lady in question has now developed a brain tumour and has had to put up with so much hassle that she has decided to scrap the gas installation and has opted for an electric installation instead.

[34] Those are just three difficult cases. Yesterday, I met Care and Repair Cymru, because I have been talking to them across my patch, as a regional Assembly Member—regional AMs have all of these wonderful extra duties and extra information that we can gather. We would all like to ensure better value, so do you play a particular role in encouraging the meshing of social and health care so that more appropriate service level agreements can be reached? For example, the sooner that we can get older people out of hospitals—and I had parents who lived well into their nineties—the less the cost to the hospital. For example, I was told yesterday that an older person inappropriately placed in a hospital bed costs £400 per day. I hate to use that awful expression ‘bed-blocking’, but this is of huge concern. Could you advise us on how to develop a better strategy to instil in this system a little more common sense? We all have to look after our budgets, and hospitals have to look after theirs. However, given all the change in the health system, this is the time when we, with your help, can try to get more appropriate service level agreements in the same way as you can with hospices, in terms of giving them money because they are providing free services.

[35] Sorry to be complicated and long-winded, but I would be grateful if you would address those points because they are all important. The whole scenario seems to be enmeshed in partnership and a long-winded equation, where it all fails if one thing breaks down. The sub-contractor who could not get paid told me that he had been contracted by the client, but that the payment in a long-winded way was made by the council, perhaps via a housing association and even Care and Repair Cymru.

[36] **Ann Jones:** Ruth, could you find your way around that? If not, we are happy to receive a note on it.

[37] **Ms Marks:** I will try to address your points in order and try to make a link to prompt payment and the complex arrangements, which was your final point. On the case study that you talked about, involving an individual seeking to move from one property to another and who is waiting for some adaptations, I do not know the particular circumstances, but it may well be that a range of agencies, from the person’s GP, family members or carers, contractors and possibly a social worker, to people involved in the housing world, are involved in supporting that individual. If you reflect that in a social services setting, and if you were talking about a child or a younger person instead of an older person, would it not be helpful to

think about one person whose role it would be to focus on the needs of that individual? There should be a nominated caseworker whose responsibility it is. I expect that you may well have had the same experiences across Wales that I am beginning to have now. This issue comes back to the information point that people are interested in—the one-stop shop. People know that there is information out there; they know that support and advice are available, but they are not completely sure where to go to get it. There is a constant stream of, ‘No, it is not me; I can help you with x, but I cannot help you with x and y, so I will pass you on to so and so who will help you with y’, and then suddenly a need for ‘c’ crops up and you have to start the circuit again. We have all said this for many years. There are examples of good practice, and I am really keen to find out about those, share information on them effectively and then, where appropriate, make recommendations. As a reaction to that particular case study, that might be a for-instance answer that could be helpful.

[38] In the commission, I have not heard directly about issues linked to prompt payments, but I think that the best practice guidelines that the Government was looking at, linked to the current change in the economic climate, may well need to be transferred. There are issues relating to the banking industry and the many small firms that are a part of the Welsh economy. The opportunity for prompt payment and the quick turnaround that is being dealt with in the Welsh economy generally should be transferred to the settings that we are talking about in relation to the provision of services, as people still have to buy the items to make the adaptations, they still have to pay staff costs, and they still have to buy petrol for their vans and so on. That working environment in the service sector is no different from any other construction environment, such as housebuilding; it is just a different setting.

[39] The point about energy efficiency and the heating system that the person to whom you referred was seeking to install takes me on to another point that we did not discuss in detail in the paper and I did not refer to when I was speaking, namely fuel poverty. The challenges of living on a fixed income with rising fuel costs are brought to your attention when you talk to people across Wales, I am sure. Fuel poverty is certainly proving to be the cause of a very heavy postbag for me. I think that there is a role for the handyperson schemes, the home maintenance and adaptation services, and Care and Repair Cymru’s rapid response programme in this regard, because one point that the North Wales Fire and Rescue Service raised with me was that the controls for modern heating systems are very different from the ones that have been installed in homes over the years, and the size of the information on the dials is very difficult for older people, who may have a visual impairment, to study. There is an issue around controlling heating effectively, thermostat controls and providing information about that. If you put that into context, given that somebody may also have memory problems, and that maintaining a house at a temperature that is healthy for the individual and for the housing stock is incredibly important, you see that the provision of some simple guidelines and larger dials, working with manufacturers, and all those sorts of issues are incredibly important.

[40] I think that they come into the sustainability debate as well as into the debate on what is good for older people and our housing stock in Wales.

10.00 a.m.

[41] **Eleanor Burnham:** That is even relevant to people like me, as I cannot work them out.

[42] **Ann Jones:** If we get it right for the people who have issues, it will be right for everyone else. If we take that as the common denominator, we would have a society that was fit for all.

[43] **Ms Marks:** Exactly. The support that the Assembly has given to the lifetime homes

standard concept comes into its own in that regard, and, as you said, if you create a house or a community that is right for everyone, it will work through.

[44] The possibility of service level agreements and better value in relation to health and social care, housing and all associated support and advisory services is interesting. I support your point about early and appropriate intervention, as that will prevent people from being hooked into delayed transfers of care and so from being in the place that is not the best for their health, wellbeing or dignity. The possibility of shared targets might be interesting to pursue, and I come back to the mantra of putting the older person, or the resident, at the centre of those discussions and focusing on what is important for them. If you do that, you will not go far wrong.

[45] Your final point was around the complexity of the arrangements for the contractor, which also comes back to simplifying the information. That will be relevant and useful not only to the older person, their family, their carer or the other agencies involved, but also to the people who are doing the work. I do not know whether you have had the same experience when talking to people who have had changes made to their house and who are in receipt of, or are accessing, services delivered either by the Guide Dogs for the Blind Association, the Royal National Institute of Blind People, a local council voluntary service, a local council for the blind or by the local authority, but, as my former chairman at RNIB said, who was blind from an early age, 'I do not care where I get the services from, as long as I get the service when I need it, to the right quality and standard, and as long as the people who are providing the service listen to exactly what I want'. He said that he would play his part, because he knew that he had responsibilities in that relationship, but he did not mind who provided the service. So, the complexities are with regard to whether the service is provided by a local authority, a housing association, Care and Repair Cymru, a handyperson scheme, or by x, y or z, and because of this element of passing around complex information, people are not quite sure. So, getting the information loop right will benefit everyone.

[46] **Bethan Jenkins:** I just have a short question on the fact that you have been mentioning putting the older person at the centre. Is there an enhanced role for older people's fora locally in shaping local authorities' strategies? Before Christmas, we attended a Bevan Foundation event in Merthyr, where there was mention of community budgeting and local people making decisions on a grass-roots level to do with the allocation of funding by local authorities. Do you think that that would be a way to ensure that older people's voices are heard, or is it enough just to send them a letter and tell them what is happening?

[47] **Ms Marks:** Thank you for that question. The established formal networks of older people's fora that are up and running and working effectively in every local authority in Wales provide one very useful mechanism by which older people who wish to get involved in discussions and decisions in that way can be involved with their local authority and other services and make their voices heard. They are also a very important source of sharing information and of support and friendship. I attended the Newport forum a few weeks ago, and there were people there who said that it was the only time that they left the house. That is a sad indictment of society, but it also provides another useful focus for fora across Wales.

[48] The important thing to remember is that not everyone in the world likes to go to meetings, and not everyone wants to spend their spare time, if they have any, getting involved in that way. It comes back to the importance of ensuring that we communicate in as many ways as possible, and that we review regularly the effectiveness of that communication. Every time I meet older people, individually and collectively, they tell me that it is all well and good for people to talk to them and listen to them, and they are grateful for that, but they want to hear about what will happen afterwards. They want feedback and two-way communication, not just a one-off experience. If they are involved in these fora, and if they seek to influence the decisions that affect their lives, they are in it for the long haul, not just for one day or for

one particular event, and they want to be kept in the loop, which is very important.

[49] I would not be doing my job properly if I did not mention the funding of older people's fora. The strategy for older people in Wales is now in its second phase, and is regarded as world class. I have heard that from several different sources, and it is important to praise work that is evidenced to be cutting edge. Part of the funding that goes to local authorities under that strategy has, in the past, supported the establishment of local fora, as well as the development of innovative projects, often of a partnership nature. At the moment, the fora in Wales, and the strategy co-ordinators that operate within local authorities in a variety of different departments—often in the corporate chief executives' departments, and sometimes in social services—are worried and distressed about the potential for change in the allocation of that funding. I would go so far as to say that there is anger and concern about this issue.

[50] I meet regularly with these fora and with individuals who are active in those settings, and I am always asked whether I will take whatever opportunity I can to express their concerns to colleagues at the Assembly. They are concerned that the change in funding is potentially very short-sighted. Funding has been available to support the development of fora over several years, and, as we all know, teams and groups and community initiatives do not happen overnight; they take time to develop, with an investment of energy as well as financial resource. To change that funding, to remove support for these fora and the strategy co-ordinators would seriously undermine the potential for the strategy in its second phase. I am sorry to go off at a tangent, but I wanted to mention that.

[51] **Bethan Jenkins:** Should we raise that with the Minister in question, if it is a concern being raised by people on the ground?

[52] **Ann Jones:** We will write to the Minister and ask why that is happening.

[53] **Ms Marks:** Thank you, Chair.

[54] **Nick Ramsay:** I noted the example that you used at the start of the presentation, about the resident in Neath Port Talbot waiting an extraordinary length of time for a commode. That shows how we can sit in meetings—although they are not everyone's cup of tea—and talk about these issues, but there is obviously a real problem on the ground.

[55] I wanted to raise a couple of points. First, there seems to be a lot of variation between local authorities. I wondered whether you thought that there was a general reason for that, or whether there are genuine differences from area to area. Joyce and I recently met with the Royal British Legion, and I had grave concerns about the timescales, the variation between authorities, and the prioritisation. Some authorities seem to be very good at it; others, less so. I would be interested in your thoughts on that.

[56] On the fora and engaging local people, is there a role for the older people's champions, who are now an established part of the local authority framework? Have you spoken to officers in local authorities who have links with the councillors doing that job, to see whether they are doing enough, or whether this issue could be further prioritised? Those are my two main questions.

10.10 a.m.

[57] **Ms Marks:** The point in relation to the variation between local authorities has several aspects. The example given about the, in my opinion, wholly inappropriate time delay that was quoted in relation to a toilet, and the good examples of changes to the application process for stairlift grants in Bridgend brings us to the point that some local authorities have a certain

set of partnership systems in place and others do not. The opportunity to share experiences of where it is working well and to encourage other authorities to look at their systems and ways of working, in order to ask whether there is any reason why the good practice would not transfer to them, is important.

[58] The other aspect relates to the shortage of occupational therapists, and I think that you may be hearing from that profession during your inquiry. The practicalities of someone saying that a person needs an assessment in order that they can work out the best range of aids and adaptations for them, process the work, get it paid for promptly and get the changes done to ensure the person is safe and healthy in their own environment are a crucial part of the process.

[59] I would like to offer one idea in relation to that. Foot care is a key issue for older people, and although there are certain aspects of chiropody and podiatry that require the sole regard of qualified personnel, there are other aspects, such as nail cutting, that can be fairly easily taught—so I am told, although I have not yet tried it myself. In a supervised environment, people can therefore have a range of support in relation to foot care, and, if there is a problem, it can be referred within that setting to the qualified professional. Suddenly, the problem, which has meant that you have not been able to get your shoes on and that you have not been able to balance properly and therefore walk properly—particularly on a pavement that is icy or in need of adaptations itself—which in turn meant that you stayed at home, either with nothing on your feet or wearing slippers that you may have cut the ends off because your toenails were so uncomfortable, has gone. That is an example of recognising a profession, professional standards and the obligations and responsibilities that professional staff have in all sectors of society, but looking at other ways of sharing out the duties of an overloaded service.

[60] I am making that point because I am thinking of the range of other agencies that visit people in their homes, work in people's homes or advise people in their homes. The fire service is a good example. There are people who go to people's homes and give advice about smoke alarms, window locks or general community safety. There are people working in the community who know who the frailest and most vulnerable people are in our towns, cities and rural communities. An initial checklist might help. I do not know—it is just an idea that has come to me during our conversations today—but we all know that the opportunity to have a greater number of qualified occupational therapists in every local authority in Wales, linking assessments between local authorities and health settings, is not going to change overnight, because of the succession planning, people planning and training required before people can be employed. Therefore, we need to look at the short, medium and long-term situation, and there may be opportunities for other partners to be involved with occupational therapists. That might be one way to look at the problem.

[61] On the second point you made about fora and older people's champions in local authorities, I completely agree with you. The older people's champions I have met in local authorities around Wales have certainly made a very positive impact. On the point that I made a moment ago about the strategy for funding for older people, the Welsh Local Government Association's social services policy group kindly invited me to one of its meetings in December. Several of the representatives at that meeting were older people's champions or people who worked closely with older people's champions in their authorities, and they were particularly vocal on the issue that we covered a moment ago on the challenges around funding for the strategy for older people. The other role and partnership aspect to the leadership that older people's champions have shown, and could show, relates to a point raised earlier on making links with the older people's champions in the health sector. Given changes that we are currently dealing with regarding NHS restructuring and the importance, particularly for older people, of a seamless service across health and social care services, there is a good opportunity for those individuals and the officers who work with them to gain

closer links with each other.

[62] **Ann Jones:** You have finished right on time, Ruth. You are one of our best witnesses so far this year. I know that Members would like to have asked more questions, so we may invite you back to another session as we progress with this inquiry. Thank you for your paper and the way in which you have answered all the questions. If you wish to add anything, please drop us a note and we will consider it when we look at the evidence. We have finished receiving written evidence as all written responses are now in, so we will analyse those and take things from there.

[63] **Ms Marks:** If any queries come up during the course of the inquiry on which you wish to contact the commission, we would be delighted to help.

[64] **Ann Jones:** Thank you. We will now continue our inquiry with Wendy Bourton, the chief executive of Care and Repair Cymru. Thank you for coming and for your paper. Could you briefly introduce your paper to the committee and then we will proceed with questions?

[65] **Ms Bourton:** First, thank you for inviting us to present to you and to be involved in this inquiry. You will appreciate that, throughout Wales, Care and Repair Cymru reaches all of the 22 counties. We have been able to draw on the experience of the agencies operating across the whole of the country.

[66] In general terms, when we look at the work that agencies undertake and hear their experiences of maintenance and adaptation, the issue that we constantly hear being repeated is that, while there have been many improvements in adaptation delivery across Wales since the disabled facilities grants review by the National Assembly for Wales, we still see long delays, a lack of co-ordination and some clumsy bureaucratic approaches. However, we recognise that we can cite, and have done in the report, some examples of good practice. Since drafting this work, we have seen some positive moves, with occupational therapists being seconded to Care and Repair Cymru in Cardiff and Caerphilly to improve service delivery and speed. However, too many people still have to wait.

[67] There is also concern, as we approach the new financial year, about the level of investment being made, and how well that reflects the increasing numbers of people who will require adaptations if they are to live fully independent lives. So, that is the summary, and we have provided much more detail in our written evidence. Those are the main issues regarding adaptations—flexibility and a common-sense approach to people's lives.

[68] **Ann Jones:** I will ask the first question—

[69] **Ms Bourton:** May I just add something on maintenance?

[70] **Ann Jones:** Of course.

10.20 p.m.

[71] **Ms Bourton:** I was pleased that maintenance was raised, because that is an ongoing issue. In the report, you will see that we have identified a staying-put maintenance service that is being developed in Bridgend. If we can take that to the point that we would like, it will be a first for the UK and a big improvement for older people. When we see older people and there is a successful conclusion to their situation, that person is with us until they leave that home. That is the reality. We are partly aware of how many older people feel that they can approach Care and Repair Cymru. However, despite our best efforts at capacity adjustment, we will not necessarily do it as well as we would like.

[72] The maintenance service, on the other side of this, provides another way of addressing home maintenance, but also addresses a preventative agenda that we are keen to pursue, so that annually—there is a lot to digest in the drafting—a Care and Repair Cymru officer will visit the home to see how the individual is feeling, how he or she is getting on, what has changed in their lives and how those changes are making managing at home more difficult. We would inspect the property and come up with a short, medium and long-term plan.

[73] The advantages are that, first and foremost, immediate issues are addressed before they become a problem. So, if someone is finding it difficult to manoeuvre around the house, get up and down the stairs and get into the bath, we can address those problems early. If risks can be easily seen, then you can address those early. If a person knows that, in three or five years' time, they will end up having to spend quite a bit of money on their house, they can make decisions about whether to stay put or move on, or however they choose to do that. Once we have concluded that part of our experience with that individual, we provide an ongoing maintenance service, in partnership with Valleys to Coast, which is the stock transfer vehicle in Bridgend. It provides a daily maintenance service, as it would to social housing, but obviously for a cost. That means that people can call an 0800 number and know that you get a reliable and trusted builder. That replaces what many older people look for, namely the 'Mr X' in their community who everyone knows and who would do a good job. The housing association now takes on that role. That is an important way forward and if we crack that issue, it will make a difference.

[74] **Ann Jones:** Thank you. I was going to kick off with a similar question to the one that I asked the Commissioner for Older People in Wales earlier. As you say, you cover the 22 local authorities, so you get a snapshot of what happens throughout Wales. Have Care and Repair Cymru staff been told of any difficulties experienced by older disabled people from, for example, the black minority ethnic community or who are deaf or hard-of-hearing, blind or partially sighted or those who are in same-sex relationships? Are there any differences in how men and women experience the system?

[75] **Ms Bourton:** In general terms, issues arise in terms of how people access information, which is extremely difficult. If you do not have easy access to information, for whatever reason, it is difficult. It is difficult enough if you are in the system and understand options and choices and are able to make informed decisions rather than be advised about what is available.

[76] The other issue of concern is that, when resources are reduced, criteria tend to narrow. Although there is no hard evidence, we all have to be vigilant to ensure that some practices do not reflect limited views, horizons and expectations about people. For example, in simple terms, you may think that the urgency to secure adaptations is not the same for a couple, perhaps, as it would be for a single person. There is no hard evidence for that, but there is concern about a narrowing of the criteria. In human terms, and getting right down to the interaction, when people are aware that their authorities do not have much to spend, they also exercise their own means testing at times. It is important that local authorities empower their front-line staff as much as possible, but at the same time train them to look beyond limited horizons.

[77] **Eleanor Burnham:** This is fascinating. I used to work in social services and my parents lived in their own home until they were quite old. I have been involved in a few such cases, but I do not have time to go into them now. However, I agree with you and I have come across that recently. I had a meeting with the director of social services in one of the authorities in my region only recently, because I was so concerned about this issue. I have also had a telephone conversation with a social worker who was supposed to be dealing with a lady, who I mentioned to Ruth, who is trying to move from her own home to a housing

association property. However, the staff concerned had not asked all the relevant questions about her health issues. When I listed them all, it took their breath away. I was being careful, and trying to be as professional as possible, and so I used the words ‘interesting’ and ‘intriguing’ about the criteria. Its representatives had no notion of the fact that she had glaucoma, a heart condition and psoriasis, and that she had just had a hip replacement. She is well in her 80s, but if you saw her, because I do know this person—I obviously said that straight away so that they did not think that I was trying to jump the queue on behalf of someone I knew—you would not think that she had all of these conditions. No-one had assessed her properly and all she wants is an adaptation in the new place that she is moving to so that she can have a bath, because her psoriasis drives her nuts, and, with everything else that I have mentioned, she has real difficulties. She is now on the waiting list.

[78] To digress very tangentially, Chair, I notice that we have quite a horrifying chart from the Members’ research service that shows the average number of calendar days that it is taking to deliver disabled facilities grants and other adaptations. The figures are absolutely horrifying. I just wanted to ask you briefly, because I do not have enough time to ask all the other questions that I wanted to ask, unless I have a very indulgent Chair—

[79] **Ann Jones:** No, you have not.

[80] **Eleanor Burnham:** The numbers on the chart represent days and I have tried to do the calculations, so I hope that my maths is okay. Obviously, the figures are better—I am talking about my region because that is where I am mostly concerned with—but there is still at least a 15-month wait for the disabled facilities grant in certain areas and almost three-year waits in others. When it comes down to the low-cost adaptations, the figures are slightly better. Yesterday, I met Care and Repair in Denbighshire and it obviously has a very good partnership going to address bedblocking and all the other issues that we have discussed. I do not know if you were listening when we were questioning Ruth, but this is an important issue.

[81] How can we try to make sure that, even in the credit crunch, we apply a bit more pressure because we will all be in this position sooner than we think? I asked the commissioner, among other things, whether she thought that service level agreements, for instance, should bring some pressure to bear so that there were shared targets to ensure that older people are not staying in £400-a-day hospital beds because adaptations, which are sometimes fairly inexpensive, have not been done. You need some kind of cohesion and integration of all the systems, not just one person costing one block and another costing another block. We must surely apply a bit more common sense.

[82] **Ms Bourton:** Yes. There is a need to join up the work of wider agencies and get out of the silos a bit. I do not think that this is just about more money, but about looking at how the money is used. We should look at some of the work that they are doing with regard to the reorganisation of health with Chris Jones. We should look at that community model and perhaps have that co-ordinated, so that we can all be in the tent together and join up the work better. I think that that would be one thing.

[83] At the moment, one thing that worries me a lot is that the accountants in some authorities are making the final decisions regarding adaptations, despite the fact that they do not have any technical expertise about an individual’s physicality when making that decision or their long-term projections. The practice of saying to anyone, ‘You have to wait for an adaptation’, raises some really basic and fundamental issues about human rights. The practice of deferring a disabled facilities grant, which happens in some authorities so that they can meet the targets in the legislation, beggars belief. This is where targets can work against you. The authorities will hit the targets for the assessments, but they do not give out the grant—they defer it until the next financial year. I think that that is really worrying.

10.30 a.m.

[84] We need to empower individuals and carers. Going back to the original question, particularly if the carer is a woman, I think that the urgency of assessment is less recognised. There is some good practice, of course, and there is some great practice as well. If you look at Swansea and Caerphilly, they are doing some really quick things, as is Newport. They are being imaginative in Cardiff and Bridgend. They are very worried about their waiting lists in some areas—there is no lack of concern. I recently spoke to the leader of Carmarthenshire, and she was very worried that they were so low down the league. However, you do have to think differently. The one-stop shop must be wider than just housing and social services; it has to include health. Our successful work with the rapid response adaptations programme shows that when you empower people to make decisions more quickly by dropping the bureaucracy and focusing on the individual, you actually get things done more in line with the individual's needs.

[85] **Joyce Watson:** Let us stay with that topic, as it is the basis of one of my questions. It is not a great surprise that if you have an occupational therapy system that identifies need more quickly than your neighbour does, you might have demonstratively longer waiting times, because they will appear on the list as such. If you have not assessed the people, then of course they cannot be waiting because you do not even know that they have an identified need. I am aware of an authority that, if a person's facility breaks down—in this case it was a stairlift—has a scheme to reassess that person's need, regardless of the facility provided. In this case, it resulted in a year's wait for an assessment of what was an absolutely clear need in any case, because the person had lost a leg and had an upstairs bathroom. That person would therefore not have appeared in the authority's figures. You are starting to get the picture. It was an outrageous situation, and that particular authority is still operating that rule in order to save some funds. That is nonsensical and stupid, short-sighted and everything else I could call it. Have you come across that approach in your findings? I know about it in this particular authority, which I could name and shame. Do you find that happening as people try to tighten up their budgets? That is, they are saying, 'Just a minute, just because we gave you a stairlift or whatever a year or two ago, it does not mean that we think that you need it as a continuum of care'. If you are aware of that, what are the implications?

[86] My other concern is about those people whose needs, having been assessed, have been met—you mentioned RRAP. Are they the people with the greatest need? Is there a system by which those with the greatest need are served first according to a set criterion so that people who have what might seem on paper a limited need are kept waiting longer, but who nonetheless might end up housebound and dependent on other services due to the short-sightedness of the system?

[87] **Ms Bourton:** To deal with your first question, we are seeing problems with maintenance and the process that you described, in that people have difficulty getting equipment maintained. There is also the issue of the cumbersome arrangements for stairlifts and so on. Budgets are being tightened across Wales at the moment, but it is difficult to get the evidential basis. There are examples within local policies, and within local practice, which is slightly different. There are those who gate-keep in their approach to these issues.

[88] With regard to this notion of reassessing people after which they are put on a waiting list, we have been encouraging an approach that uses independent occupational therapists to conduct the assessment. The regulations allow such an assessment, so there is no statutory inhibitor to using a private OT. The problem lies in the practice, because some of the control goes outside the authority once you do that, and it also has its own cost, which is in addition to the costs projected. We are using private occupational therapists—we are recommending to some of the older people that we see that we can bring them in to assess them. Some older people want to do that and they are prepared, if necessary, to finance it themselves. This

speeds up the service. However, the argument has been that when the occupational therapists have said that they need to re-assess because the needs may not be the same, there is a subsequent health and safety implication if we suggest the wrong thing. In that case, you should have a very quick service and not a delayed service—if you cannot hit a quick service you need to find a way of doing it. To cite Cardiff and Bridgend again, we are closely involved with the straight stairlifts, and advising on maintenance, and this has been helpful.

[89] So, that is improving matters. However, this is to do with the general mindset around adaptations, control of resources, minimisation of risk and not empowering people sufficiently to take their own decisions. It is also about still having the welfare model in place, rather than a model that empowers older people and recognises their position in society. We have more data that we can make available, but we cannot necessarily give you hard and fast information. The young man who drafted the paper said that it was much bigger originally, and he was horrified because he had to include so much data, but we could not defend certain issues.

[90] RRAP is not means-tested according to need—it reflects where you are at the time and the referral mechanism. So, the referral into RRAP and care and repair comes from the health worker in or outwith the hospital setting, or from social services. In our paper, we call for a review, although I know that there is an anticipated review, because it is time for social services to use RRAP so that it alleviates pressures elsewhere. However, the original intention regarding the rapid response adaptation programme was to provide a quick response to people in hospital who could not get home. We often find things that you would not believe, such as an inability to get a bed downstairs, which costs £50, and that there is no money in the system and no-one can do it. These are small things that would make it possible for a person to go home. We have extended RRAP in Conwy and Caerphilly as a pilot scheme—hospital to home—which involves going onto wards and advising beyond RRAP in relation to how the person could stay at home rather than prematurely go elsewhere. I am concerned about some of the referral patterns from social services, because the investment coming from social services through various pots is at times replaced, and that is why we need to review it.

[91] It works for the individual, and it is not means-tested, so if you are in a hospital setting and need a small change to your home, care and repair services should be able to facilitate it. We always run to capacity, and one of the ambitions when it was first announced was that local government would come to the table and build the pot. That has happened in some areas, and in some areas local health boards have done it through their health and wellbeing and Wanless moneys, but that is decreasing slightly at the moment. However, we will be reviewing it.

[92] **Joyce Watson:** I want to come back on one point, because this is the Committee on Equality of Opportunity and equality of access to services is critical. You mentioned that people can sometimes afford to pay for the independent assessment so that they have a piece of paper that says ‘I have a need’, against the person who cannot afford to pay and is waiting for an occupational therapist assessment and therefore does not have a similar piece of paper. I, like everyone else around the table, I am sure, would be concerned if people were able to jump the queue because they could afford a piece of paper that demonstrated need. If you know of any authorities that accept this as a way forward for their clients, I want to know about it, because it is without doubt a two-tier system based on the ability to pay for an independent assessment.

[93] **Eleanor Burnham:** Were you talking about something slightly different? Were you talking about the universal use of independent, paid OTs, so that everyone could get a quick assessment?

10.40 a.m.

[94] **Ms Bourton:** We should have universal use of independent OTs where there are waiting lists, because they are out there, in the community, and can do the assessments. We are—some of you will know this, because I know that you have been involved—finding ways of funding this, but, in reality, if you are an older person in the community and you are not working with Care and Repair Cymru, you will not know about it. That goes back to the first point, which is that our real difficulty is a lack of information, and that is of great importance.

[95] **Ann Jones:** We need to move on.

[96] **Bethan Jenkins:** I want to clarify one point. You said that the accountants were making the final decisions with regards to assessment. Is that because occupational therapists were not available or were they just deciding to do that?

[97] **Ms Bourton:** Where you have complex needs and expensive disabled facilities grants, they go through the process of a tier structure. At one stage, particularly in this authority, if that was the case, the lead OT would make the final decision, because that person would understand the condition and the way forward. It is a lead OT who has told me that in one authority in Wales, and she believes that it is also happening in others, it is now the accountant who chairs the panel that makes the decision. Although the accountant will be qualified in financial matters, they will not understand the nature of any condition, its progression and the remedy to provide independence as far as possible for that individual. That is a worrying development because the accountant will have so much influence, in real terms, which will also go beyond the immediate case.

[98] **Bethan Jenkins:** My other question follows on from your experience in Bridgend. You talked about the reuse of various adaptations in homes when they are not being used. Why is that happening successfully in places such as Bridgend and Caerphilly but not in others? Is this a matter of sharing best practice?

[99] **Ms Bourton:** Yes. We are keen on this and attempt to share best practice. There are some local authorities that are good at partnership, and which can reach out beyond their professional status and their professional boundaries. With adaptations, throughout the period that we have been closely involved with them, and we first started doing so in 1991, it has been about people moving beyond their professional qualifications and focusing on the individual and empowering that individual. When Bridgend was under Mid Glamorgan County Council, it was successful in piloting innovative ways forward. It is about allowing decision making to take place outside the usual frameworks, which is what has been so positive. We are also seeing this in Caerphilly and in Swansea. It is a different way of doing it.

[100] One of the issues is that some authorities will not accept verification of deeds electronically, and some will. As you can imagine, it makes a huge difference if you do not have to go to the bank or wherever you store them, or to find them. It is difficult, at times, not to believe that you are dealing with systems whose key aim is not to achieve the outcome that everyone else wants. Imagine how difficult it is, particularly for couples. People do not necessarily sort the deeds out when a partner dies, and the process can take months. While that is being done, the clock is not ticking for the target time, because it is the individual who is seen as having the problem. So, it is really difficult. Your review in 2005 said that we have got to get away from these bureaucratic systems. It is happening, but it is a matter of continuing to push this and that is where the encouragement of this committee is so vital.

[101] **Bethan Jenkins:** I have one more question, because I asked the Minister about your funding. I know that you receive £4.5 million from the Government. Do you believe that that is sufficient for the work that you must do to provide support and services locally?

[102] **Ms Bourton:** Perhaps the way to answer that question is to say that we have huge capacity issues, because there are so many older people who want care and repair services that we cannot meet the demand. I would be disappointed if the result were that we made our criteria increasingly narrower. I do not think that any of us would wish to do that, which is why we are looking at ways of doing things in partnership. We are not being precious about our funding; we are looking at ways in which we can be imaginative, creative, bring in partners, and use each other's skills base better. At the same time, with the growing numbers of older people, although we lead across the United Kingdom in terms of investment from central Government, local government funding is drying up. We see agencies that are very worried about the future and the expectations in communities in Wales that if you have a housing problem and you are an older person, you can go to Care and Repair Cymru. For some older people we will also be struggling to maintain our standard which, as you know, is a 15-day turnaround.

[103] **Nick Ramsay:** To pick up on the issue of recycling equipment and adaptations once they are no longer needed, having read the material that you have given to us, I do not think that that practice is particularly prevalent. I understand that, in some situations, there may be health and safety issues but do you think that there is greater scope for recycling equipment? Once the assessment is done, given that the equipment is there, it seems that this is one way in which the system could be speeded up.

[104] **Ms Bourton:** An awful lot of work could be done to recycle equipment. There could be an awful lot of work done on disability registers, for instance, so that people knew where there were properties that would be easier for them to live in. At present, you could be on a waiting list for an adaptation while there is a property that totally suited to your needs in the same street, but no-one would know that property was suitable for you to move into, because the records are not kept. It is a matter of encouraging adaptation registers to be kept. Carmarthenshire is doing some work on that, but it is a matter of doing it. You can do it. We have the models now; we have shown that we can work alongside authorities—although it does not have to be Care and Repair Cymru that does it; anyone could do it. Not that many people would be involved in this, but there are many organisations that could be involved. We could link up with the joint equipment stores and all sorts of creative stuff. I think that it comes back to the fact that we have to get these hubs in the community joining it all up. We know that, with special equipment, there are hospital and social service beds, and we know that, with stairlifts and so forth, we have people who leave their property, or die, and the equipment may not be very old, but it gets thrown away—you see it on skips. We need to do work on that. Perhaps it is about developing a partnership with the individual and the family so that they know to ring a certain number if the person leaves.

[105] **Nick Ramsay:** You mentioned seeing stairlifts on skips, and I think that we have all wondered about that. We talk about these problems and then these sorts of things happen. We seem to be concentrating on recycling in other areas, but in this area it is something that has not always traditionally been fully utilised in the past, as you have clearly highlighted this morning.

[106] **Ms Bourton:** Yes. There is a whole range of equipment that could be recycled. You also see walking and bathing aids on skips. It is a matter of getting the same practice as for plastic. It is about the relationship with the individual, which is why moving away from the welfare model is so important. If you have a relationship with the individual, you can say, 'You can also help by letting us know when this is no longer needed'. Therefore, it is about relationship-building with the community.

[107] **Ann Jones:** There is just one issue there: when people notify agencies when walking frames, wheelchairs, or whatever, are no longer needed, sometimes the agencies do not

respond. There is an onus on the agencies, whose resources are tight. For example, an agency in my area is waiting for the health authority to pick up six wheelchairs, yet I know that there are people waiting for wheelchairs to be able to leave hospital. The issue needs to be addressed by everyone.

[108] **Ms Bourton:** It is a matter of joining up in partnership, is it not?

[109] **Ann Jones:** Yes. Perhaps it is something that we need to consider. Nick is right in saying that we have all seen walking aids and so on in skips. However, it could be that families have attempted to recycle the equipment, but need to clear the house, and that is what they are faced with. We have to look at both sides of the issue.

[110] **Ms Bourton:** I think that you are right; that is one of the issues. I know, from experience, of the difficulty of walking frames being disposed of. If we approached this as much more of a hub, together, you would have a central co-ordinator who could do a great deal.

10.50 a.m.

[111] **Nick Ramsay:** The two witnesses today have been very helpful, and what has come through from the commissioner's evidence earlier and from you, Wendy, is that this is about putting the citizen at the centre. It is a glib phrase, but it is about ensuring that people get these adaptations. From what you have said, there is a lot of scope here to force-feed things and to ensure that the bureaucracy and the little silos that people are in, with their own systems, are put aside so that the people who need these adaptations are the focus, and there is recycling and assessments are done quicker. You have identified some areas that this committee can look at closely and will come to some interesting conclusions on.

[112] **Ann Jones:** Yes, hopefully that will be the case.

[113] **Eleanor Burnham:** Given the new health regimes, it must be an exciting time for you. I was quite heartened in talking to your Denbighshire colleagues yesterday, because they are clearly looking at creative ways of doing things. How might the rapid response adaptations programme be developed further to meet the needs of older people in view of the health changes, and do you see that you can develop different programmes and service level agreements with the health bodies, particularly in view of the figure that I was quoted yesterday, which was that it costs £400 a day for a bed for those inappropriately stuck in hospital?

[114] **Ms Bourton:** Yesterday I was with Chris Jones, who is leading on the community work for Mrs Hart, which is really exciting. If that is the future for the community provision of health in primary care, where most older people are treated, and if we could get that to a hub basis and a bit more joined up, then there is real scope for an ongoing programme with older people. You would then have a central point linking housing, adaptations and the full work of maintaining life at home when it is perhaps not so easy.

[115] **Eleanor Burnham:** After all it costs the state less if people are in their own homes, which is where most people want to be—as my parents did.

[116] **Ms Bourton:** Even with the moves towards new forms of supported housing and extra care, the older people whom I talk to will see that as being better than being in a nursing home, but not better than being at home. So, it is still seen in that way.

[117] We are excited about the opportunity with regards to the rapid response programme. However, we have some experience that suggests that, sometimes, when you join up, you do

not always get to where you want to be in the time that you want. We are keen to develop rapid response across all of the new areas to ensure that there is less of a postcode lottery, which there is at the moment, for instance in the Gwent authority and in north Wales, where there is different investment by different local health boards. You could be sat next to someone in a hospital bed, who will say, ‘That’s great—I’ve got rapid response care and repair’ but you will still be waiting. There is also an issue about tenure, which is of interest because, at the moment, rapid response is only for owner-occupiers, and while it could be argued that housing providers should provide the quick response adaptations, in practice, that is not what tenants tell me. Tenants have written recently to many people to say that they felt that they needed these services, because they do not get the same service as some others do. So, there is a tenure issue in terms of rapid response that need to be addressed.

[118] We regularly run out of money. I know, for instance, that the Conwy agency is going to run out of money this month if someone does not come up with some. That should be the local authority or health body. I also think that rapid response could be extended to cover small maintenance issues, because it is sometimes the small things in life that are the inhibitors. That is why we introduced the hospital-to-home service. When someone is in hospital, particularly if they are moving into a part of their life where they are more frail, there is a great deal of concern among family members and carers about it being too much for them to go home—I have been in that position myself, so I know about this. People think that the person will not be able to manage if something goes wrong with the house, given the cold weather or whatever. If there was someone there to help with the house, as well as a good package of care, you could possibly save some people from having to make that very final decision about their lives, which is not the most positive of things. We often see older people who have been living in a home moving back to their own homes; their family thought it necessary for them to go into a home, but, after a while, the older person realises that they can manage. If rapid response could be extended beyond adaptation to look at small maintenance work for those people, it would make a huge difference to their choice between moving and staying put. That would be really valuable.

[119] **Eleanor Burnham:** The longer an older person stays in hospital, the less likely they are to be able to go home, anyway. Is that not right?

[120] **Ms Bourton:** That is right, but eventually they may be able to do so.

[121] **Ann Jones:** We are running out of time, and I want to ask a question briefly. A number of witnesses have, quite rightly in my opinion, called for the hypothecation of Welsh Assembly Government funding for statutory and non-statutory home maintenance and adaptation services. I would like your view on whether there should be hypothecation. You also mentioned a subscription-funded home maintenance service. You probably cannot do justice to that now, but perhaps you could provide us with a note on it. I would be interested in your views on whether hypothecation should be called for.

[122] **Ms Bourton:** When there was hypothecation and supplementary credit approval for housing grants for older and disabled people, so local authorities had to make bids to the Assembly Government for that funding, we had a range of options across Wales that made a real difference to people’s lives. Those options no longer exist. I would really like to see any development that enables us to prioritise housing, older people, and people with disabilities.

[123] **Ann Jones:** Could you outline in a further paper the subscription-funded home maintenance service and your concerns about older people having to raise their own money through schemes such as early equity release, and so on?

[124] **Ms Bourton:** Yes, I have great concerns about both aspects.

[125] **Ann Jones:** You probably cannot do that justice in the 30 seconds that we have left.

[126] **Ms Bourton:** I would like to see leadership locally, and a recognition that the current housing framework allows grants to be made. The regulatory reform order allows the possibility of a stay-put grant. You could have a keep-well grant. You make your own grants. You could have a housing grant for small maintenance work, small adaptations and quick response. That could be put in place now. It would avoid our having to think about subscription schemes, and it would avoid some older people thinking about equity release. What happens is that there is no funding available for small work, but then older people are offered equity release. It may be an option for some, but, for others, it is not comfortable, and I cannot imagine any older person thinking that it is a good idea at the moment.

[127] **Ann Jones:** Would you like to see the law changed?

[128] **Ms Bourton:** I would like to see hypothecation. I would like to see some leadership at local government level, recognising communities.

[129] **Ann Jones:** Thank you very much. I will be interested to see your paper on a subscription-funded home maintenance service.

[130] We have, sadly, come to an end. Both witnesses this morning have given us a lot of food for thought, and directions in which we can take forward our inquiry. Thank you for joining us, Wendy. We will send you a copy of the transcript to check for accuracy. I hate it when I read the transcript, because I think, 'Crikey, why on earth did I say that?' [*Laughter.*]

[131] **Ms Bourton:** Thank you. If anyone would like to visit an agency, and so on, please let me know.

[132] **Ann Jones:** Before I close the meeting, I remind Members that our next meeting is on 3 February, a fortnight today. We start at 9.15 a.m., so you will need to put that in your diaries. The First Minister is attending to give evidence on how equality of opportunity is being prioritised within the 'One Wales' agenda. We will then carry on with this inquiry. So, we start at 9.15 a.m. and the First Minister has only a short time slot free, so we need to arrive early to maximise that scrutiny opportunity. Thank you.

*Daeth y cyfarfod i ben am 11 a.m.
The meeting ended at 11 a.m.*

