

## SOUTH EAST WALES REGIONAL COMMITTEE

### MINUTES OF COMMITTEE MEETING

**Date:** Friday 2 November

**Time:** 9.30am to 12.45pm

**Venue:** Bridgend Recreation Centre, Bridgend

#### **Attendance:**

##### *Members:*

Jonathan Morgan (Chair)	South Wales Central
Peter Black	South Wales West
Lorraine Barrett	Cardiff Central
Alun Cairns	South Wales West
Jane Davidson	Pontypridd
David Davies	Monmouth
Geraint Davies	Rhondda
Janet Davies	South Wales West
Michael German	South Wales East
Janice Gregory	Ogmore
John Griffiths	Newport East
Pauline Jarman	South Wales Central

Carwyn Jones	Bridgend
Peter Law	Blaenau Gwent
Dai Lloyd	South Wales West
David Melding	South Wales Central
Rhodri Morgan	Cardiff West
Jenny Randerson	Cardiff Central
Phil Williams	South Wales East

*In attendance:*

Brian Gibbons AM	Deputy Minister for Health and Social Services
Andrew Powell-Chandler	National Assembly for Wales, Social Care Policy Division
Tony Garthwaite	Bridgend County Borough Council
Rowena Miles	Bro Taf Health Authority
John Bolingbroke	University of the Third Age
Alan Sutherns	Association of Crossroads Care Attendant Scheme Ltd
Anne Higgins	Age Concern Cymru
Ana Palazona	Help the Aged Cymru
Sue Beck	Wales Pensioners
Glenys Dance	National Old Age Pensioners Association of Wales

*Secretariat*

Roger Chaffey	Committee Clerk
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## **Opening remarks**

Carwyn Jones formally welcomed the Committee to Bridgend. He extended a welcome to all those present including members of the public and presenters. Carwyn Jones said that the level of attendance at the meeting reflected the level of interest in the development of a strategy aimed at older people.

The Chair said he was pleased to be meeting at Bridgend Recreation Centre for the first meeting of the autumn term. He welcomed Wyn Griffiths MP to the meeting. The Chair extended his thanks to the Centre staff for their assistance and use of facilities.

The Chair said that the theme of the meeting was proposals for the National Assembly's Strategy for Older People in Wales. He said it was important for the Regional Committees to input into the current consultation, which would assist in the development of policies and plans reflecting the needs of older people.

## **Item 1: Apologies for absence**

1. Apologies for absence were received from Rosemary Butler, Christine Chapman, Jocelyn Davies, Ron Davies, Sue Essex, William Graham, Brian Hancock, Jane Hutt, Huw Lewis, Lynne Neagle and Owen John Thomas.

## **Item 2: Minutes of the meeting held on 13 July: SEWR-04-01 (min)**

2. The minutes of the meeting held on 13 July were approved.

## **Item 3: Open Mike session**

3.1 The following issues were raised by members of the public:

- the need for an independent advocacy service for older people;
- a more effective and efficient assessment method to identify needs of older people and the elderly;
- the need for sufficient funding to allow for the provision of free nursing care;
- the need to provide adequate housing for older people, including adaptations which would allow individuals who choose to remain in their own homes to do so;
- the need to address low income levels of older people, particularly those living on state

retirement pensions;

- the need to abolish standing charges for the provision of utilities for older people;
- the criteria used to define older people and the implications this may have on eligibility for welfare benefits;
- the problem of age discrimination experienced by older people in the workplace;
- the extent to which the National Assembly's Strategy for Older People in would reflect the National Service Framework adopted in England.
- the need to encourage older people to partake in sporting activities including competitive sport.
- the need to address fear of crime among older people and ensure the police are involved in the development and delivery of the Strategy.

3.2 In response to the above, the following points were made:

- The Deputy Minister said that the Assembly were identifying ways to improve patient participation and representation within the Health Service. He said that new guidelines had been issued in the form of a patients charter. In addition, independent advocacy services were being introduced which would take forward problems and concerns of patients.
- There was some discussion on the availability of adaptations to allow older people to remain in their homes following hospital discharge. The Committee noted that further work would be carried out to identify ways of improving the availability of minor adaptations. It was felt that the lack of occupational therapists served to exacerbate this already existing problem. Additional funding would be made available in the next financial year for Disability Facilities Grant and Care and Repair Schemes which would increase the availability of adaptations. In addition, it was suggested that a fast-tracking system may be required to identify priority cases using age as the main eligibility criteria.
- The Deputy Minister said that access to free nursing and personal care was on the basis of assessment. He said that the intention was to develop a holistic approach to nursing care which would include the development of a single assessment method to cover the totality of patients needs. The Deputy minister said that proposals for a six week package of free home care for elderly people discharged from hospital would be available by April 2002. However, the introduction of free personal care may have significant consequences for local authorities who were required to meet part of the cost of personal care. It would be important for a cost-benefit analysis to be conducted and consideration given to other priorities associated with health care of older people.
- It was noted that housing maintenance and repair was the responsibility of local authorities. Housing stock transfer as a means of tackling disrepair and poor conditions in social housing provided an alternative to demolition. The transfer of housing stock from local authorities to registered social landlords required support at a local level which included full tenant involvement.
- The Committee agreed that the promotion of life-long learning would assist older people in overcoming discrimination in the work place. It was necessary to improve accessibility

to learning for older people and to develop opportunities to retrain and learn new skills if required. In addition, it was important to raise awareness among employers about the potential benefits of employing older people. Members felt that employment opportunities must remain available to older people who chose to continue to work past retirement age. These factors would assist in tackling economic inactivity in individuals over 50 years.

- It was noted that, where appropriate representations would be made to the UK Government on non-devolved matters including benefits and the introduction of legislation to combat age discrimination.

#### **Item 4: Strategy for Older People in Wales: Introduction by the Deputy Minister for Health and Social Services**

4.1 The Chair welcomed Brian Gibbons, Deputy Minister for Health and Social Services and Andrew Powell-Chandler (Social Care Policy Division).

4.2 The Deputy Minister said that the proposed strategy would identify ways to assist older people in Wales to live independently and with dignity. The strategy aimed to address the need to deliver services for older people in a timely and appropriate way.

4.3 He outlined the main themes of the strategy which were health and social care; health promotion and healthy living; housing and other local government services; social inclusion including age discrimination; transport access mobility and rural living; lifelong learning and employment and non-devolved issues including crime, benefits and pensions.

4.4 The Deputy Minister said that the strategy would be based on evidence and would incorporate the views of older people gained throughout the extensive consultation process. A draft strategy would be completed by March 2002 with the final strategy published by the summer.

4.5 He said that the Strategy would ensure the National Assembly was proactive in planning for the changes in the age structure of Wales' population. In addition, it would address the needs and aspirations of older people in Wales.

#### **Item 5: Strategy for Older People in Wales: Local authority perspective**

5.1 Tony Garthwaite, Director of Social Services and Housing, Bridgend County Borough Council welcomed proposals for the National Assembly's Strategy for Older People in Wales. He said that the development of the Strategy provided an opportunity for local authorities to focus on the needs of older people. He highlighted the importance of a partnership approach to assist in the effective delivery of the strategy.

5.2 Tony Garthwaite emphasised the importance of addressing health and social care as a single sector. In addition, it was vital to acknowledge the role and impact of housing on the health and well-being of individuals, particularly older people and the elderly. He said that Bridgend County Borough Council provided a wide range of services, which aimed to increase the lifestyle choices of older people.

5.3 Tony Garthwaite said that adequate funding to deliver effective community care would be required. In the absence of such funding, rehabilitative and preventative care would suffer.

5.4 Tony Garthwaite stated it would be important for the Strategy to address the need for a positive change in attitude towards ageing and older people. He felt it would be necessary for authorities to develop local strategies so that needs could be addressed at a local level. In addition, the Strategy must redress the emphasis of care away from institutions and towards preventative measures.

## **Item 6: Strategy for Older people in Wales: Health authority perspective**

6.1 Rowena Miles said that Bro Taf Health Authority were committed to reducing health inequalities in older people and that an inter-agency approach including the statutory, voluntary and independent sectors would assist in achieving this aim.

6.2 She highlighted a number of factors affecting health which are of particular relevance to older people:

- the need for primary health care teams, in partnership with other key players to address health promotion needs of older people. The adoption of a healthy lifestyle could postpone or possibly eliminate the onset of disability.
- the importance of environmental factors, in particular housing in preventing ill health. Ten per cent of houses within the Bro Taf area were classified as unfit. This was likely to have a detrimental effect on older people who were more likely to spend time at home.
- the maintenance of mobility was an essential element in the promotion of independence, preventing disability and enhancing good health. The health service in collaboration with other key agencies play a crucial role in encouraging activity, identifying those individuals at risk of immobility and in the development of rehabilitation services.

6.3 Rowena Miles said that mental health problems amongst older people present a major challenge to the statutory agencies. She said that early diagnosis was essential for appropriate interventions and treatment. In addition, an integrated approach to support individuals and their carers was necessary.

6.4 Rowena Miles emphasised the role of the independent sector in providing long-term care and accommodation for many older people. She said that the implementation of free nursing

care provided an opportunity for increasing the integrated multi-disciplinary approach in order to maximise independence and minimise the negative effects of institutionalisation.

6.5 There was some discussion about the need for increased provision of palliative care.

## **Item 7: Strategy for Older People in Wales: Voluntary sector perspective**

7.1 The Chair invited John Bolingbroke (University of the Third Age), Alan Suthern (Association of Crossroads Care Attendant Scheme Ltd), Anne Higgins (Age Concern Cymru), Ana Palazon (Help the Aged Cymru), Sue Beck (Wales pensioners) and Glenys Dance (National Old Age Pensioners Association of Wales) to give their presentations.

7.2 John Bolingbroke welcomed the proposed strategy, in particular the move to promote independent living, maximise potential and participation for older people. He said that the University of the Third Age (U3A) promoted active retirement and a positive attitude towards learning for pleasure amongst older people. Benefits from learning included increased intellectual and physical exercise as well as social activity generated in an informal and friendly environment. These may help combat boredom and loneliness in later life.

7.3 John Bolingbroke said that the success of the U3A was demonstrated in its increasing popularity and that membership had increased from 10,000 in 1990 to 120,000 in 2001.

7.4 The U3A supported the National Assembly's view that the quality of life for older people could be greatly improved by promoting and supporting an active lifestyle in retirement. He said it was crucial for the strategy to encourage and enable older people to create for themselves opportunities for lifelong learning; provide local authorities with the incentive and resources to enable groups such as U3A to operate; ensure libraries and museums are accessible sources of educational material; ensure education establishments continue to offer specialist knowledge and expertise to enable the quality and scope of programmes offered to older people are constantly improved; and continue to consult older people on the future provision of lifelong learning.

7.5 Alan Sutherns said that the Association of Crossroads Care Attendant Scheme Ltd (the Association) operated over 200 schemes throughout England and Wales providing 4 million hours of care to provide breaks for over 28,000 carers. He said that, in line with demographic trends the majority of carers are themselves over the age of 60.

7.6 Alan Sutherns said that the proposed strategy must take account of existing policies and legislation in the provision of care for older people and that these should have due regard for the work of the Association. For example, hospital discharge policies may increase demand on carers; carers rights to self-assessment may lead to an increase in administration costs and cause difficulties in forward planning; reduction in the capacity of residential nursing homes

may encourage elderly people to remain dependent on their family for longer.

7.7 Alan Sutherns welcomed the introduction of the Care Council of Wales which would provide both opportunities and challenges for the care sector. He said that the Association offered a high standard of service provided by skilled and dedicated staff. However, the increase in costs to meet the requirements to formally train staff would need to be addressed.

7.8 Anne Higgins outlined the features, eligibility criteria and claims procedure for Attendance Allowance. She said that it was a welfare benefit available to ill or disabled people over the age of 65 who required help for at least a six month period. Attendance Allowance was a non-contributory benefit which did not depend on income and was not means tested or taxable.

7.9 Anne Higgins highlighted the difficulties encountered by old people when pursuing claims for Attendance Allowance. In particular, she expressed concern about the lengthy claim form and the detailed evidence which was required.

7.10 She said that Age Concern, along with other voluntary organisations offered appropriate, independent help to individuals who required assistance in making benefit claims. However, it was vital that adequate funding was made available to voluntary organisations in order for these services to meet growing demand.

7.11 Anne Higgins said that successful claimants often experienced a dramatic increase in income which enabled them to improve their quality of life. She said that an essential part of the Strategy would be to ensure benefit uptake by older people was maximised and simplified.

7.12 Ana Palazon said that the main problems facing older people included physical and financial access to services, particularly in rural areas. It was felt that low income levels amongst older people often resulted in extreme social isolation and loss of family contact. She said that free bus travel may help alleviate this problem. In addition, poor housing conditions and fuel poverty were often the result of low levels of income. It was felt that an increase in retirement pension would be required in the long-term in order to tackle the fundamental problems facing older people.

7.13 Ana Palazon said that the promotion of healthy and active ageing would be achieved by investing in lifelong learning, including training and support for older people entering into self-employment.

7.14 She emphasised the need for the Strategy to adopt a holistic approach to the long-term care of older people. This included the integration of personal and nursing care and the removal of personal care charges.

7.15 Ana Palazon said that the voluntary sector currently played a central role in supporting



older people. However, improvements in the existing systems of support offered by voluntary organisations would require additional funding.

7.16 Sue Beck said that Wales Pensioners provided a collective voice for pensioners in Wales. She said it was important for people to engage with them in order to express their concerns and share the problems they face. Wales Pensioners provided a mechanism for individuals to make representations about their needs to both local and central government.

7.17 Sue Beck highlighted the importance of partnership working in order to address the needs of older people in Wales. She said it would be essential for the voluntary and statutory organisations to work together with smaller groups to achieve a common aim.

7.18 Glenys Dance expressed concern about the lack of support services available to older people. In particular, unacceptable delays in securing doctors appointments and the closure of small 'village' surgeries were identified as detrimental to the health of older people. The establishment of large centralised Health Centres caused significant accessibility problems for many older patients. It was suggested that mobile surgeries for older and disabled patients offered an appropriate alternative and would facilitate speedy access to primary health care.

7.19 The following points were raised in discussion:

- The Committee agreed that older people must be given the choice to retain their independence and remain in their home whilst receiving appropriate support and care.
- There was some discussion on the Care Standards Act (the Act) which would reform the regulatory system for care services in Wales. There was concern raised that the Act may have a detrimental impact on residential care homes in both the statutory and independent sectors. In particular, a reduction in the capacity of nursing homes may cause delays in discharge from hospital and increase pressure on the Health Service. It was felt that acknowledgement should be given to the independent sector which played an integral part in the care system. The Deputy Minister outlined the phased approach which would be used to implement the new regulations contained within the Act.
- The Committee felt it was important for the Strategy to address the issue of poverty among older people in Wales. Members felt that a balance was required between universal and means-tested benefits. However, it was agreed that the Strategy would need to identify ways of increasing benefit uptake to assist older people in improving their income.
- There was some discussion on the introduction of free local bus travel for people over the age of 60. Members agreed it would be vital to widely publicise this initiative in order to maximise uptake. It was noted that the initiative would allow for inter authority free travel on public buses. However, community buses used by many older people were excluded from concessionary travel.
- Local Health Groups (LHGs) had an increasing role in commissioning health and health-

related social care. They had a lead in joint working across sectors and it was important for LHGs to continue to build support frameworks and to work closely with local authority social services departments.

- There was some discussion on the location and size of doctors surgeries and the poor physical conditions within older surgeries. As self-employed contractors, doctors were largely responsible for deciding on surgery location. It was generally agreed that larger central practices offered a wider range of services. However, the need for personalised care and continuity was often viewed as a priority for older people. It was noted that funding would be made available to upgrade doctors premises.

7.20 The Chair thanked the Deputy Minister and representatives from the local authority, health authority and voluntary organisations for their presentations and for answering Members' questions.

### **Item 8: Date of next meeting: 7 December 2001**

8.1 The Chair said that the next meeting would be held at Gwent Tertiary College, Usk and would focus on the Culture Committee's Welsh Language Review.

### **Committee Secretariat November 2001**