

Health and Social Care Committee

Meeting Venue:
Committee Room 3 – Senedd

Meeting date:
16 May 2013

Meeting time:
09:00

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

Legislation: Fay Buckle
Committee Clerk
029 2089 8041
HSCCommittee@wales.gov.uk

Agenda

1. Introductions, apologies and substitutions

2. Social Services and Well-being (Wales) Bill: Evidence Session 4 (09:00 – 10:30) (Pages 1 – 17)

Welsh NHS Confederation and Local Health Boards

Helen Birtwhistle – Director, Welsh NHS Confederation

Carol Shillabeer – Director of Nursing, Powys Teaching Health Board

Sandra Morgan – Head of Occupational Therapy, Hywel Dda Health Board.

Board of Community Health Councils in Wales

Carol Lamyman-Davies – Director, Board of Community Health Councils in Wales

(Break 10:30 – 10:40)

3. Social Services and Well-being (Wales) Bill: Evidence Session 4 (10:40 – 11:30) (Pages 18 – 24)

Care Council for Wales

Rhian Huws Williams – Chief Executive, Care Council for Wales

Gerry Evans – Director of Standards and Regulation, Care Council Wales

4. Social Services and Well-being (Wales) Bill: Evidence Session 4 (11:30 – 12:30) (Pages 25 – 30)

Citizen's Panels for Social Services

Jennie Lewis – North citizen panel

Urtha Felda – North citizen panel

Eirian Rees – South West citizen panel
Graham Williams – South East citizen panel

(Break 12:30 – 13:30)

**5. Social Services and Well-being (Wales) Bill: Evidence Session 4
(13:30 – 14:00)**

Group of young people who have experience of transition services

**6. Social Services and Well-being (Wales) Bill: Evidence Session 4
(14:00 – 14:30)**

Group of disabled young people who have experience of transition services

7. Papers to note

**Human Transplantation (Wales) Bill: Stage 2 – letter from the Minister for Health
and Social Services – Evaluation Strategy (Pages 31 – 40)**

Minutes from the meetings held on 2 and 8 May (Pages 41 – 45)

**8. Motion under Standing Order 17.42 to resolve to exclude the
public from the meeting for the following business: (14:30)**

Items 9 and 10

**9. Social Services and Well-being (Wales) Bill: Discussion of
Outreach work (14:30 – 15:00) (Pages 46 – 79)**

**10. Social Services and Well-being (Wales) Bill: Key issues and
recommendations (15:00 – 16:00)**

Social Services and Well-being (Wales) Bill Consultation

Introduction

- The Welsh NHS Confederation, on behalf of its members, welcomes the opportunity to respond to the Health and Social Care Committee's call for evidence on the Social Services and Well-being (Wales) Bill.
- By representing the seven Health Boards and three NHS Trusts in Wales, the Welsh NHS Confederation brings together the full range of organisations that make up the modern NHS in Wales. Our aim is to reflect the different perspectives as well as the common views of the organisations we represent.
- The Welsh NHS Confederation acts as an independent voice in the drive for better health and healthcare through our policy and influencing work and by supporting members with events, information and training. Member involvement underpins all of our various activities and we are pleased to have all Local Health Boards and NHS Trusts in Wales as our members.
- The Welsh NHS Confederation and its members are committed to working with the Welsh Government and its partners to ensure there is a strong NHS which delivers high quality services to the people of Wales.

Overview

- The Welsh NHS Confederation, on behalf of its members, welcomes the publication of the Social Services and Well-being (Wales) Bill and the opportunity of increased alignment of national strategy and policy aimed at supporting seamless integrated provision of assessment and delivery of care.
- The Welsh NHS Confederation and its members welcome a number of the Bill's requirements:
 - The duty to provide or arrange for preventative services. This complements the strengthening role of Public Health and establishes a robust platform for joint working.
 - The intention to drive person centred services and give citizens real voice and control. People can only be supported in managing their own health conditions in the context of accessing person centred services.
 - The promotion of integration, as this underpins locality working arrangements underway in a number of Health Boards.
 - Partnership with third sector services, as partnership working is a growing area which provides exciting opportunities to provide community support in a more flexible, creative way.
 - The clear recognition of the role and value of carers in delivering effective community care.

Consultation Questions

Is there a need for a Bill to provide for a single Act for Wales that brings together local authorities' and partners' duties and functions in relation to improving the well-being of people who need care and support and carers who need support? Please explain your answer.

- The principles behind the Bill are to give the people who use social services, including carers, a strong voice and real control over the services they may receive by focusing on the personal outcomes that people wish to achieve. It will also enable earlier intervention and prevention for people who need care and support in order to improve their well-being, and for their carers.
- The current legislation in relation to local authorities' duties and functions has been built up over time through a range of legislation. Whilst partnership working and to some extent integration of public sector services should not require legislation in order to protect the most vulnerable and to improve the well-being of people who are in need of care and support, it can be complex



and challenging for organisations working in partnership to combine responsibilities and deliver cohesive integrated services.

- In addition, whilst the importance of improving well-being is increasingly being recognised by both local authorities and partners, it is still a relatively new concept in terms of service priority and delivery. We therefore welcome the intention to provide for a single Act for Wales that brings together local authorities' duties and frames partnership responsibilities in relation to improving well-being of people who need care and support and carers who need support.
- We do believe that it would be helpful if some aspects were considered in greater detail in order to ensure reliable interpretation.
- The fact that recognition, support, voice and equity for carers are central to the proposed Bill is encouraging. It has been argued consistently that carers need to be identified at an early stage in their caring journey so that they are better equipped to deal with the complexities and difficulties they are likely to face. Services need to be reconfigured towards earlier preventative support so that carers, and the people they look after, are able to maintain their health, well-being and sustain lives of their own.

Do you think the Bill, as drafted, delivers the stated objectives as set out in Chapter 3 of the Explanatory Memorandum? Please explain your answer.

- The Bill, as drafted, does address the objectives of addressing well-being, prevention and early intervention, promoting a stronger voice and control for people in need, and simplifying and clarifying duties alongside the development of nationally consistent systems.
- However, given that there is still much detailed work to be done through the drafting of Regulations, including the development of the national eligibility framework, the outcomes framework, Codes of Practice etc. it is difficult to assess at this stage whether the Bill will deliver its intended objectives.
- Whilst legislation can provide the statutory framework for further integration, it must be recognised that success will nevertheless depend on local leadership and drive to deliver, as well as the scale of the changes required and the complexities of addressing barriers, including financial risks.
- The development of integrated services does not necessarily depend on the existence of formal partnerships and pooled budgets. Rather they are dependent on a shared vision, agreed priorities, trust, and open and accountable partnership working. Formally imposed partnerships could undermine locally developed joint solutions and meeting the needs of local citizens through effective collaboration with the right partners. It is important to remember that pooled budgets and formal partnerships are tools to support the effective governance of joint working, rather than the route to delivering better integrated services.
- All public services in Wales are facing a number of challenges and going forward it will be essential for all public services to work together effectively. The delivery of effective integrated services and collaborative arrangements will be key to ensuring our public services are fit for purpose in the future. Although integration is particularly important for health and social care, this is not exclusively the case, and wider partners and other local authority services, such as housing and education, will also have a key role to play.
- Whilst health promotion and ill-health prevention are quite rightly a key focus for the NHS in Wales, local government also has a critical role in supporting and sustaining a healthy population and preventing escalating ill-health. Going forward, it will be crucial for local authority colleagues to recognise this role they play whilst also responding to all levels of need with their communities.
- In addition, the definition of 'well-being' for example is extremely broad and with regard to the duty to maintain and enhance the well-being of people in need, it will not be possible for any one agency alone, either in the statutory or third sector to achieve this. Contributions from



many organisations as well as communities themselves will be needed, which is not currently reflected in the drafting of the Bill.

- The Welsh NHS Confederation and its members welcome the focus on empowering people that is highlighted in the Bill, as being enabled to have a stronger voice and greater control over their lives are core factors in improving well-being in everyone.
- It is important to note the significant contribution of providing independent advocacy in improving well-being and control. Although this is mentioned in relation to some aspects of the provision (i.e. in reference to complaints), this could be considerably strengthened as part of core service provision.
- In relation to the sections of the Bill giving Ministers powers to make regulations specifying partnership and integration arrangements (sections 147-150), we would welcome further clarity as to under what circumstances such action might be taken and to which service areas they might relate.
- In addition, it must be recognised that there is a need to avoid a nationally prescribed approach and that there will still be flexibility to meet local needs that will differ across Wales. From an LHB perspective, a diversity of local approaches amongst many local authority partners is not without challenge. As variations in approach may indeed be helpful at a local level, we do not think there should be conformity across the range of delivery methods. We do however think that common principles, as adopted through the Gwent Frailty Programme for example, would help.
- It is also important to recognise that partnership working in general is currently in a phase of change and consolidation. The Bill provides a useful direction for the unique contribution of social services for meeting the needs of vulnerable individuals, but also for the wider well-being of the population. However, it would be useful to be more explicit in defining social services' leadership role and accountability in relation to well-being, considering the contribution of other local authority services, and the wider health and third sector. For example, this could be described in the context of the remit of Local Service Boards, and the significant opportunities for more joint planning and commissioning which will exist as LSBs mature.
- There are many lessons which can be learned from innovative and sustainable models of social services provision. This is especially important for meeting the wider well-being needs of the population in general and vulnerable groups in particular, such as individuals whose needs don't meet eligibility criteria for accessing core services. There are numerous examples of such services delivered across Wales, often in partnership with third sector providers, linking with areas/themes such as ageing well, lifelong learning, volunteering, supporting access to the labour market, and social enterprises. It must be noted that social services would need to strengthen links with other local authority departments in order to access and maximise the available expertise and opportunities, such as European funding, which are available across the whole system.
- Throughout the Bill, but particularly in relation to Part 6, consideration needs to be given to linkages and alignment with other legal frameworks and legislation. The development of plans for 'Looked After Children', for example, should be viewed in collaboration with the Mental Health (Wales) Measure which has a requirement for children and adults who access secondary care to have a Care and Treatment Plan. In addition, there is also a need to ensure alignment with the proposed Sustainable Development Bill with regard to its proposals for LSBs.
- In relation to Part 7 of the Bill (Safeguarding), there is welcome legislation for the protection of vulnerable adults. More generally, however, the development within a legal framework of the National Independent Safeguarding Board that includes a remit to 'advise Ministers on the adequacy and effectiveness of safeguarding arrangements' does call into question the role that regulators/inspectors such as HIW and CSSIW will have in relation to review and assurance.
- Also in relation to Part 7 (Safeguarding and Protection Boards), the Bill does not give sufficient detail to deal adequately with governance mechanisms and the Regulations may provide this



level of detail. It is however important to recognise that the pace with which the current safeguarding arrangements are being steered to change in line with the general principles of the Bill does incur some risk regarding effective governance and scrutiny arrangements.

- The proposed National Outcomes Framework is a key provision in the Bill, and has the potential not only to provide robust assessment of the effectiveness of the provisions within the Bill, but also has the potential to be a powerful driver in its own right. Of particular importance is the opportunity for the development and implementation of Performance Indicators shared by all the partners who have a contribution to make to population well-being, along with social services providers themselves. Shared accountability for the achievement of shared Performance Indicators will be a powerful catalyst to partnership working.

3. The Bill aims to enable local authorities, together with partners, to meet the challenges that face social services and to begin the process of change through a shared responsibility to promote the well-being of people. Do you feel that the Bill will enable the delivery of social services that are sustainable? Please explain your answer.

- The Welsh NHS Confederation and its Members welcome the intention to deliver sustainable social services. In addition, we agree with the general proposals to base the legislation on the concept of promoting the well-being of people in need which builds on the work already underway.
- We believe that consideration should also be given to a requirement for delivering reliable services. In rural areas there are ongoing difficulties in recruiting care staff to private agencies as well as social care. This continues to impact on the viability of people remaining in their own homes. A requirement to confirm reliable access to services may lead to more creative and proactive solutions.
- Delivering preventative services in the context of eligibility and means testing may be challenging and we believe consideration may need to be given to the infrastructure for this area of responsibility. Free preventative services may lead to greater savings in the delivery of care costs than a preventative service with charges, which has a more limited uptake.

4. How will the Bill change existing social services provision and what impact will such changes have, if any?

- Given the scope of the Bill and the number of proposed changes, there will be a range of implications for social services, for example the number of people who potentially will need to be supported to improve their well-being compared with the much smaller number of people with higher levels of assessed need.
- Local authority colleagues will be able to provide a more detailed response of how the Bill will change their existing provision, the impact and how far changes will assist in sustainability. Resource implications in terms of workforce and finance will remain key factors and the Explanatory Memorandum makes it clear that it is not yet possible to fully assess all of these issues.
- There are a number of areas that are open to interpretation and may risk causing tensions in providing joint agency services. For example, there is a lack of clarity in relation to equipment provision which is currently described for social services in the Chronically Sick and Disabled Persons Act 1970. Responsibilities relating to equipment are not described explicitly in the Social Services and Well-being (Wales) Bill.
- Both access to equipment and home adaptation impact on the capacity of vulnerable adults to remain in their own homes and function independently with dignity. Should these services be restricted further than the constraints of current provision, then the health and well-being of those people needing to access this type of support risk being compromised. Hospital services have historically been used as a safety net for the frail elderly who have breakdown of social



support. As LHBs look to modernise their services and provide strengthened health and social care community services, the provision of community equipment and home adaptation is part of this network of care.

- For integrated services, even minor changes in social services eligibility criteria can have a significant impact on the balance of care available. We believe guidance regarding eligibility should be developed in partnership with the NHS to support the establishment of reciprocal/integrated community support systems.

5. What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill take account of them?

- As outlined above, evidence of successful health and social care integration schemes to date shows that whilst legislation can provide the statutory framework for further integration, successful integration depends on local leadership and drive to deliver. In addition, financial, legal, governance and employment regulations can be key barriers to integration which will not be addressed by the proposed legislation.
- The additional clarity and action of simplifying and streamlining arrangements including a single set of powers will be helpful to ensure consistency and a national standard. However, national guidance and parameters must not stifle local initiatives and flexibility where appropriate but rather provide a constructive framework. The overall objective of strengthening partnership working and keeping the citizen at the centre of service delivery must guide the arrangements, keeping them less onerous and bureaucratic.
- In the current economic climate, costs continue to be a challenge. This challenge is particularly acute for the health service in Wales in the context of limited financial flexibility and when service change is required, which may require up front capital investment and double running of services.
- We also have concerns about the lack of clarity regarding some responsibilities between local authorities and their partners which is likely to generate dispute between agencies and could delay effective implementation.
- The Explanatory Memorandum gives considerable consideration to the financial implications and training requirements for social services. However, no consideration seems to have been given to the training and resources needs of the health service and other partners, and we would urge urgent consideration to be given to these areas.
- Impact assessment methodologies may be useful in informing elements of the legislation, and its implementation, going forward. This is especially true in engaging all stakeholders around the wider issues that impact on health, well-being, and equity.

6. In your view does the Bill contain a reasonable balance between the powers on the face of the Bill and the powers conferred by Regulations? Please explain your answer.

- Whilst recognising that flexibility and ‘future-proofing’ of the legislation is required, clearly a significant amount of detail will be defined by Regulations. This makes it difficult to analyse the practical implications of the Bill and give a clear view on its efficacy and the extent to which it will deliver the intended vision and impact.
- Clearly the successful implementation of the Bill will be heavily dependent on the drafting of the Regulations, a key element of which will be to ensure that there is rationalisation of other existing arrangements which contribute to both population health and well-being and the provision of service to those most in need, whether these are provided by social services or other service providers.
- Key to delivering the improvement and expected outcomes is the extent to which the Regulations are:
 - Clear and accessible to service users and the wider community
 - Understood and owned by social services and partners



- Clear in terms of accountability and fit with the wider strategic well-being landscape
- Building on the development of the Regulations will require continued engagement with all stakeholders, including the workforce and, first and foremost, those who need and experience services.
- We also have concerns that a significant proportion of the Regulations will be subject to the negative resolution in the National Assembly which raises concern about the amount of scrutiny and debate which will be afforded to these important pieces of secondary legislation. We believe further consideration should be given to whether the affirmative resolution would be a more appropriate mechanism to ensure there is an opportunity to enable challenge and scrutiny in any further developments to ensure the best development of the legal framework into practice.

Powers to make subordinate legislation

7. What are your views on powers in the Bill for Welsh Ministers to make subordinate legislation (i.e. statutory instruments, including regulations, orders and directions)?

Please see above.

Financial Implications

7. What are your views on the financial implications of the Bill?

- We welcome the opportunity of the Bill to simplify the legislative and regulatory framework. However concern remains about the financial implications of the Bill on all partners and we have concerns as to whether the proposed approach will be cost neutral. Clearly the challenging financial situation across the public sector requires a clear commitment to partnership working to protect the vulnerable and those at risk to ensure the public can achieve the best value for money.
- Due to changing demographics, local evidence shows that there is increasing demand for social care services. In addition, as a result of the Bill's proposed requirements to undertake a local needs assessment, encourage integrated provision of services and provide information and advice etc., it is likely that demands for social care services will increase.
- There will be a need for a clear lead partner and recognition that it could take some time before additional costs are mitigated. Costs saved for some agencies, for example preventative measures resulting in fewer intensive services being needed, can lead to additional cost pressures on another service. Whilst recognising the importance of investment in the preventative agenda to reduce costs in targeted services, resources may need to be invested differently within and between agencies to avoid additional pressures being felt disproportionately.
- The ability to develop and provide early intervention and preventative services, in a context of increasing demand and reducing resources, provides a particular challenge. This will require political and professional leadership, at a national and local level, to divert resources from traditional health and social care services to develop new models of care.
- In relation to the integration of health and social care services, evidence from schemes already in place shows that different organisational arrangements and different approaches to commissioning, purchasing and providing services can make working together and the flexible use of resources more difficult, and can be key barriers to further integration. It seems unlikely that the Bill, as drafted, will offer any mechanisms to address these important areas of concern and we would like to see further consideration given to this area.

8. Are there any other comments you wish to make about specific sections of the Bill?



Consultation on the Social Services and Well-being (Wales) Bill Hywel Dda Health Board Response:

Hywel Dda Health Board (HDHB) welcomes the opportunity to contribute to the Consultation on the Social Services and Well-being (Wales) Bill. A feature of Hywel Dda Health Board's vision for the future is to be recognised as Wales' leading integrated rural health and social care system. The Health Board aims to provide integrated healthcare with 80% of NHS services provided locally, through primary, community and social care teams working together.

Consequently Hywel Dda welcomes increased alignment of nation strategy and policy aimed at supporting seamless integrated provision of assessment and delivery of care. Hywel Dda's model for 'out of hospital care' has been developed in accordance with the WG strategic delivery programme for Primary and Community Services: 'Setting the Direction' and aligned with the WG strategic framework 'Together for Health'. We are aligning our community service delivery to seven geographical localities within Hywel Dda to provide a locality partnership network of health, social and 3rd sector services that deliver a bespoke service that meets the needs of the local population. These localities are able to utilise the full community based resource to work as a locality network, responding to local needs and, where appropriate, create truly integrated multi-professional teams across health and social care.

HDHB welcomes a number of the Bill's requirements

- The duty to provide or arrange for preventative services. This complements the strengthening role of Public Health and establishes a robust platform for joint working
- The intention to drive person centred services and give citizens real voice and control. People can only be supported in managing their own health conditions in the context of accessing person centred services.
The promotion of integration, as this underpins locality working arrangements in West Wales.
- Partnership with 3rd Sector Services. This growing area of partnership working has provides exciting opportunities to provide community support in a flexible, creative way.
- The clear recognition of the role and value of carers in delivering effective community care.

There are however a number of areas that are at risk of diverse interpretation that may cause tensions in providing joint agency services. There is a lack of clarity in relation to equipment provision. This is described currently for Social Services as part of the Chronically Sick and Disabled Persons Act 1970. These responsibilities are not described explicitly in the Social Services and Well-being (Wales) Bill and could be seen as having been forgotten. Similarly it would be helpful to clarify whether the Social Services and Well-

being (Wales) Bill will have an impact on access to Disabled Facilities Grants.

Both access to equipment and home adaptation impact on the capacity of vulnerable adults to remain in their own homes and function independently with dignity. Should these services be restricted further than the constraints of current provision, then the health and wellbeing of those people needing to access this type of support will be compromised. Hospital services have historically been used as a safety net for the frail elderly who have breakdown of social support. The success of HDHB modernisation strategy is dependent on community services being strengthened by both health and social care. Provision of community equipment and home adaptation is part of this network of care.

The Social Services and Well-being (Wales) Bill also makes repeated reference to eligibility criteria. The recent DoH Guidance "Prioritising need in the context of Putting People First: A whole system approach to eligibility for social care" applies in England only. For integrated services, even minor changes in social services eligibility criteria can have a significant impact on the balance of care available. Welsh guidance regarding eligibility should be developed in partnership with the NHS to support the establishment of reciprocal/integrated community support systems. Similarly the responsibility for and ownership of registers for disabled people could be considered as a component of partnership working.

Consultation Questions

General

1. Is there a need for a Bill to provide for a single Act for Wales that brings together local authorities' and partners' duties and functions in relation to improving the well-being of people who need care and support and carers who need support? Please explain your answer.

The current legislation in relation to local authorities' duties has been built up over time through a range of legislation. It is complex and challenging for organisations working in partnership to combine responsibilities and deliver cohesive integrated services. It is timely to establish a single Act for Wales that frames partnership responsibilities. It would be helpful if some aspects were considered in greater detail in order to ensure reliable interpretation.

The fact that recognition, support, voice and equity for carers are central to the proposed bill is encouraging. Organisations such as Carers Wales have long campaigned for the needs of family carers, alongside those of service users, to be at the heart of social services. It has been argued consistently that carers need to be identified at an early stage in their caring journey so that they are better equipped to deal with the complexities and difficulties they are likely to face. Services need to be reconfigured towards earlier preventative support so that carers, and the people they look after, are able to maintain their health, wellbeing and sustain lives of their own.

The principles behind the bill are to give the people who use social services, including carers, a strong voice and real control over the services they may receive by focussing on the personal outcomes that people wish to achieve. It will also enable earlier intervention and prevention for carers and for people who need care and support in order to improve their well-being

2. Do you think the Bill, as drafted, delivers the stated objectives as set out in Chapter 3 of the Explanatory Memorandum? Please explain your answer.

The purpose and intended effect of the Bill support the development of integrated services, but the responsibilities described do not reliably reflect a partnership approach. For example, where integrated community teams are established, social care staff are unable to delegate responsibility for assessment to NHS staff due to the responsibilities described in current legislation. Whilst this leads to inefficiency and duplication of effort, the opportunity is not acknowledged or addressed by the Bill.

For health boards discharging patients to a number of counties, variation in the eligibility threshold generates uncertainty regarding discharge planning and arrangements. People are still commonly transferred to a local NHS bed when there are significant community care needs. This practice has been established in response to the complexity of negotiating care on discharge where there are inconsistencies in the thresholds and processes to access care. The description of eligibility fails to recognise the need to consider this longstanding inefficiency when people are discharged from hospital.

The intention of the Bill to ensure that wellbeing is enhanced and that services respond flexibly to the developing needs of individuals, their family and carers is excellent. The Bill needs to identify more clearly the steps envisaged to provide proportionate support to people.

The Bill identifies the importance of providing advice, information and signposting to anyone who requests it. The Bill is clear that preventative services should be provided to prevent people developing needs for care and support or to reduce those needs but it lacks clarity about who would have access to preventative services; the difference between when a person 'needs' some targeted intervention to prevent them needing care and support and the point at which they are deemed to have 'care and support' needs; the difference between NHS and Social Care preventative services.

It would be helpful if the role of reablement was described. There are significant variations in the way this service is perceived. It is most successful when it is an integral feature of integrated working arrangements, but this relationship is currently ad hoc.

3. The Bill aims to enable local authorities, together with partners, to meet the challenges that face social services and to begin the process of change through a shared responsibility to promote the well-being of people. Do you feel that the Bill will enable the delivery of social services that are sustainable? Please explain your answer.

Whilst the intention to deliver sustainable social services is applauded, HDHB would welcome the added requirement of delivering reliable services. In rural areas there are ongoing difficulties in recruiting care staff to private agencies as well as social care. This continues to impact on the viability of people remaining in their own homes. A requirement to confirm reliable access to services may lead to more creative and proactive solutions.

Delivering preventative services in the context of eligibility and means testing may be challenging and consideration may need to be given to the infrastructure for this area of responsibility. Free preventative services may lead to greater savings in the delivery of care costs than a preventative service with charges, which have a more limited uptake.

The establishment of equivalent rights for carers to those they look after and a single duty for local authorities to undertake carers' assessments will have a positive impact on the sustainability of informal care arrangements. The removal of the requirement that a carer must be providing "a substantial amount of care on a regular basis" before they can be assessed, will enable support to be provided earlier in the caring process and will have a positive impact on carer strain.

4. How will the Bill change existing social services provision and what impact will such changes have, if any?

- The lack of clarity regarding the provision of equipment has already been discussed.
- The relationship between Social Care and Housing regarding adaptation has already been highlighted as a concern.
- There may be tensions created by an assessment on a client and their carer being undertaken by the same person. There may be times where the assessment becomes biased towards one person's needs.
- Adopting a common approach to safeguarding (for adults and children) may dilute rather than strengthen the process.
- Greater clarity is needed regarding social services responsibility for delivering preventative services to gauge the impact

5. What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill take account of them?

Costs continue to be a challenge when service change is required in the context of a limited financial flexibility. Additionally, lack of clarity regarding some responsibilities is likely to generate dispute between agencies which will delay effective implementation.

6. In your view does the Bill contain a reasonable balance between the powers on the face of the Bill and the powers conferred by Regulations? Please explain your answer.

A significant amount of detail is left to regulation. This makes it difficult to analyse the true impact of the Bill and the extent to which it will deliver the intended vision and impact.

Powers to make subordinate legislation

7. What are your views on powers in the Bill for Welsh Ministers to make subordinate legislation (i.e. statutory instruments, including regulations, orders and directions)? In answering this question, you may wish to consider Chapter 5 of the Explanatory Memorandum, which contains a table summarising the powers delegated to Welsh Ministers in the Bill to make orders and regulations, etc.

As above, a significant amount of detail is left to regulation. This additional detail is needed as a matter of urgency.

Financial Implications

7. What are your views on the financial implications of the Bill?

In answering this question you may wish to consider Chapter 8 of the Explanatory



Memorandum (the Regulatory Impact Assessment), which estimates the costs and benefits of implementation of the Bill.

Please see our response to question 5.

Delivering the transformational change envisaged by the Welsh government will generate additional cost, such as, developing preventative services which are not currently available; of developing new Boards and bodies such as National Safeguarding Board.

Other comments

8. Are there any other comments you wish to make about specific sections of the Bill?
None.

15th March 2013

Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
Cardiff CF99 1NA

Dear Sir

Consultation on the Social Services and Well-being (Wales) Bill

Thank you for inviting evidence on the above. I am pleased to respond on behalf of Powys teaching Health Board. I respond to each of the questions in turn.

1. Is there a need for a Bill to provide for a single Act for Wales that brings together local authorities' and partners duties and functions in relation to improving the well-being of people who need care and support and carers who need support?

Whilst partnership working and to some extent integration of public sector services should not require legislation in order to protect the most vulnerable and to improve the well-being of people who are in need of care and support, the passing of a legal framework that compels authorities to work together to achieve these outcomes is welcome. It will be essential however for the Bill to clearly state the authorities and the respective functions within such authorities that will be required under the legal framework to work together. The definition of 'well-being' for example is so broad as to require functions such as leisure, education and skills, police, and regeneration amongst others to work together. The name of the Bill infers an emphasis on the 'social services' provision rather than the broader approach that will in essence influence wellbeing and therefore it is suggested that an amended title of the Bill to 'Well-being' is likely to be more clearly inclusive.

2. Do you think the Bill, as drafted, delivers the stated objectives as set out in Chapter 3 of the Explanatory Memorandum?

In relation to Part 6, and indeed more generally, cognisance needs to be paid to linkages and alignment with other legal frameworks such as for example the Mental Health (Wales) Measure where there is a requirement for children (and indeed adults) who access secondary care to have a Care and Treatment Plan. The development of plans for example for 'Looked After

Children' should be viewed in collaboration with MH Measure Care and Treatment plans.

In relation to Part 7 – Safeguarding, the Bill introduces welcome legislation for the protection of vulnerable adults. More generally however the development within a legal framework of the National Independent Safeguarding Board that includes a remit to 'advise Ministers on the adequacy and effectiveness of safeguarding arrangements' does call into question the role that regulators/inspectors such as HIW and CSSIW will have in relation to review and assurance.

Also in relation to Part 7 - Safeguarding and Protection Boards, it is recognised that the Bill itself does not give sufficient detail to deal adequately with the governance mechanisms and the Regulations may provide this level of detail. It is important for the Committee however to recognise that the pace with which the current safeguarding arrangements are being steered to change in line with the general principles of the Bill does incur some risk regarding effective governance and scrutiny arrangements. Further information on how this affects Powys teaching Health Board can be provided.

It is important that the role of the Lead Director for Children is retained and reference to amendments to Section 25 of the Childrens Act appear to maintain this focus and this is welcome.

3. The Bill aims to enable local authorities, together with partners, to meet the challenges that face social services and to begin the process of change through a shared responsibility to promote the well-being of people. Do you feel that the Bill will enable the delivery of social services that are sustainable?

It would be perhaps more helpful to frame the question that needs answering more broadly in terms of public service sustainability. The demand for health *and* social care is increasing and given the demographic trends will continue to do so. The core question therefore is whether public services will be sustainable in light of the key issues facing Wales including welfare reform, the increasing rates of older people; the numbers of people in vulnerable groups and the continued economic challenges. This reinforces the need to ensure that the breadth of the Bill reflects 'wellbeing' more generally. Indeed the development of a joint outcomes framework or single outcomes framework that focuses on outcomes for people rather than functions of public bodies is more likely to stimulate a more joined up approach to improving care services (including prevention).

4. How will the Bill change existing social services provision and what impact will such changes have, if any?

5. What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill take account of them?

The Bill indicates some real benefit in terms of proportionate assessment, portability of assessment and a fresh look at eligibility. It is difficult to see

however that given the demographics and other demands and pressures upon the care (health and social care) system that demand for such support will be achieved without consideration of further funding (or resource prioritisation) in this sector.

6. In your view does the Bill contain a reasonable balance between the powers on the face of the Bill and the powers conferred by Regulations?

There are considerable numbers of references to the development of Regulations within the Bill as it currently stands. Whilst flexibility and 'future-proofing' is required, it is sometimes difficult to understand the practical implications of the Bill and thus give a clear view on its efficacy.

7. What are your views on powers in the Bill for Welsh Ministers to make subordinate legislation (i.e. statutory instruments, including regulations, orders and directions)?

There are considerable numbers of references in the Bill to Welsh Ministers making sub-ordinate legislation. Whilst flexibility and 'future-proofing' is required there also needs to remain an opportunity to enable challenge and scrutiny in any further developments in order to ensure the best development of the legal framework into practice.

8. What are your views on the financial implications of the Bill?

Given that the full impact of the Bill and sub-ordinate legislation is not fully known, it is difficult to give a view on the financial implications of the Bill at this stage. Clearly the challenging financial situation across the public sector requires a clear commitment to partnership working to protect the vulnerable and those at risk to ensure the public can achieve the best value for money.

I hope these comments have been helpful in your inquiry. Please do not hesitate to contact me if any further information is required.

Yours faithfully

Carol Shillabeer
Nurse Director



Social Services and Well-being (Wales) Bill Consultation

The Community Health Council Board established under regulation 23 of the 2004 Regulations continued in existence from 1st April 2010. The CHC Board has the functions of:

- a) Advising Councils with respect to the performance of their functions;
- b) Assisting Councils in the performance of their functions;
- c) Representing the collective views and interest of Councils to the Welsh Ministers;
- d) Monitoring the performance of Councils with a view to developing and ensuring consistency of standards by all Councils;
- e) Monitoring the conduct of members appointed under regulation 3 with a view to ensuring appropriate standards of conduct;
- f) Monitoring the conduct and performance of officers employed under regulation 23 with a view to ensuring appropriate standards of conduct; and
- g) Operating a complaints procedure in accordance with regulation 33.

Introduction

The Director on behalf of the Board of Community Health Councils welcomes the broad aims and objectives of the Bill; in particular, the emphasis on improving well-being and prevention. CHCs would support efforts to promote greater client independence, giving them a stronger voice, greater power and control over their own care and support. As CHCs, we are keenly aware of the importance of the voice of the patient or client, the potentially transformative role that voice can have in improving and developing services and its value in assessing and monitoring the quality of services;

Further:

- We would also welcome the emphasis on greater consistency in processes, delivery and quality, as well as the recognition of the key role access to effective and good quality information plays in supporting people;
- There is a clear recognition of the significant challenges that Social Care and Health face in delivering services that are fit for purpose –

both now and in the future – and meet increasing and complex demands. At the same time, the stress should be maintained on seeking to maximise and maintain client independence and control wherever possible and appropriate. One of the key cornerstones of this must be effective collaboration and – where possible – integration of assessment and delivery, and it is important that the Bill enables such a framework;

- As a key part of this, we welcome the importance the Bill attaches to a robust shared local needs assessment;
- We believe there are real advantages in attempting to bring together children, adults and carers within a single legislative framework, driven by the need for consistency, quality and person-centred delivery. At the same time, there is a need to ensure that the distinctive needs of each of these client groups can be met;
- We acknowledge the importance the Bill attaches to the role of carers, and its recognition of their distinctive needs;
- The Explanatory Memorandum to the Bill sets out that there is still significant work to be done in a number of important areas e.g. in developing the National Eligibility Framework and the framework for adult safeguarding. It is important that these areas of work are delivered in line with agreed timescales
- The Bill is right to stress the importance of measuring and monitoring outcomes, and we look forward to seeing the outcomes framework. We trust these will be developed in partnership with stakeholders, including clients, carers and professionals. We would be pleased to participate in this work;
- Part 10 of the legislation (Complaints and Representation) refers to the role of independent Advocacy in supporting complaints about certain health bodies. As you will be aware, Community Health Councils in Wales already provide a well-established and highly-regarded independent advocacy services which assist those who wish to make complaints about NHS services. Indeed, the recent review of CHCs undertaken on behalf of the Health Minister recognised the work and value of the service, although there is clear recognition that the service is experiencing growing and significant demands. The Board of CHCs would be keen to be involved in any discussion about the proposal to amend Section 187 of the NHS (Wales) Act 2006 to extend the duty to provide advocacy support to cover complaints to the Ombudsman about independent palliative care services.

Carol Lamyman-Davies,
Director, Board of CHCs Wales.

Consultation on the Social Services and Well-being (Wales) Bill

Name:	Rhian Huws Williams
Organisation (if applicable)	Care Council for Wales This response is on behalf of the organisation
E-mail address	
Telephone number	029 2078 0630
Your address	Care Council South Gate House Wood Street Cardiff CF10 1EW

If you wish to submit evidence, please send an electronic copy of your submission to <mailto:HSCCommittee@wales.gov.uk> and entitle the e-mail Consultation – Social Services and Well-being (Wales) Bill.

Care Council response – Social Services and Well Being Bill

General

1. Is there a need for a Bill to provide for a single Act for Wales that brings together local authorities' and partners' duties and functions in relation to improving the well-being of people who need care and support and carers who need support? Please explain your answer.

The Care Council welcomes the introduction of a Social Services and Well-Being (Wales) Bill (the Bill), its focus on promoting people's independence, giving them stronger voice and control whilst taking steps to ensure consistency across Wales

The focus of the Care Council's response is from our perspective as the regulator of the social work and care worker workforce, and the regulator of social work training.

The Bill is ambitious and has far reaching changes across those providing and delivering care and support in Wales. Introducing the changes will be significant for social services and all partners. It sets out a cultural change and consequently requires a major emphasis on the development of social workers and those providing care and support and also on the leadership across the sector

The new emphasis on care and support for people who do not always need high levels of services but may require support to create solutions to address their needs is a shift. We welcome the step change in the role of social workers and social care managers and workers, with a shift in emphasis from processes to working with people to make the changes necessary to improve their situation.

The Bill will mean a real change of direction and we recognise the importance of having a Bill which provides the architecture to support the improvement and well-being for people in Wales. A single Act will provide the bedrock for collaboration and integration of all our social care services in Wales. This should make the approach to the delivery of social care services clearer for practitioner, carers and service users alike. The Care Council acknowledges that there are several layers of changes essential in the promotion of wellbeing which is multi-faceted and often requires the coordinated input of support from a range of sources. No one will disagree with the principle of social care promoting the well-being of people; one which focuses on individual need, taking a rights based approach by giving people a strong voice and real control. The emphasis on co-operatives, user led services and Third Sector organisations are welcomed and are in line with our community and citizen led development programme. This approach to delivering services at a local level using community partnerships is a model which the Care Council supports. The Care Council recognises that there will be further work, with the Welsh Government, on the definition of the social care workforce covered by the Bill.

As the regulator of social care practitioners in Wales there are important workforce and public assurance issues which will need to be considered. They will have implications for the proposed White Paper on Regulation and Inspection Services in Wales.

2. Do you think the Bill, as drafted, delivers the stated objectives as set out in Chapter 3 of the Explanatory Memorandum? Please explain your answer.

The Care Council agrees that the Bill provides the architecture in which public bodies should meet the challenges facing social services in Wales taking a shared responsibility in promoting the well-being of people in Wales (including carers). Its aim of simplifying legislation, strengthening preventative and safeguarding arrangements through aligning services for all people cannot be disputed. The Bill outlines how the Welsh Government will meet one of its primary policy objectives in reforming social services law. The users of the services (and their carers, families) need to have a stronger voice and greater control of the services received. The Care Council will be responding, in further detail, to the Regulations that support the Bill.

The Care Council welcomes the publication and monitoring of a National Outcomes Framework. It will be important that the National Outcomes Framework focuses on the outcome on people using the services rather than relying on outputs and numbers. Outcome based results will provide evidence for all partners in the delivery of social services to inform continuous improvement within the sector.

The Care Council strongly supports the need in making the information and advice of social care services available and accessible. The provision of user friendly, clear and accessible information will be integral to the success of the Bill. The Care Council's own regulatory information is available on line and accessible in a number of different formats. At the heart of our joint working with the Care and Social Services Inspectorate Wales (CSSIW) is the development of an accessible information portal, which will provide information guidance on the care of vulnerable adults in Wales.

3. The Bill aims to enable local authorities, together with partners, to meet the challenges that face social services and to begin the process of change through a shared responsibility to promote the well-being of people. Do you feel that the Bill will enable the delivery of social services that are sustainable? Please explain your answer.

The sustainability of the change set out in the Bill will be dependent on the implementation, to ensure smooth transition for all parties affected by the legislation. It is important that Local Authorities, their partners work with stakeholders in the management of change as well as the relevant Codes and Guidance supporting the implementation of the Bill.

The Bill provides the architecture to enable local authorities, with their partners, to meet the challenges and take shared responsibility. The question is whether, in this current economic climate, the investment of resources required to manage the change whilst also continuing to deliver high quality care and support to people is feasible. The Bill aims to remove some of the barriers by writing new social service law and placing more responsibilities on Local Authorities for assessing and meeting needs. There is total support for the vision; the big challenge is how to secure there is capacity to turn the vision into reality.

Transformational leadership will be important in delivering the step change outlined in the Bill. This does not mean just leadership within social services of Local Authorities but across all departments within Local Authorities and the leadership of partners involved in the change. This new style of leadership, with new attitudes and behaviour, is more than just a set of competencies required by the Director of Social Services in Local Authorities. It is important that the Bill is clear on whom these 'relevant partners' are, their responsibilities and obligations set out in this new legislation. The Regulations to be developed to support this Partnership Working will be vital.

The Bill focuses on the need for greater collaboration and joint working. In any collaborative models of working there will be high initial resource investment by those involved. This will not happen overnight and can take a while to realise the longer term impact. It is also important that the Bill has a duty for health boards to provide similar integration. Unless social services have powers to enforce health to become involved or health has a duty to get involved when requested by social services, this will not be robust enough to make any difference.

The workforce strategy for the future is pivotal to the delivery of the changes outlined in the Bill. It will be important to be clear about the workforce strategy for the future. The Care Council looks forward to working with the Welsh Government on what workforce regulatory arrangements will be needed to give public assurance and drive up professionalism of practitioners delivering care and support in Wales.

The Bill sets out Regulations which Welsh Ministers may set to prescribe new integrated ways of working in particular areas or across services. It is, therefore, difficult to fully state whether the changes are sustainable without knowing more of the detail. However, in principle the Care Council recognises the importance of a more integrated approach to the delivery of care and support across Wales.

One of the key agents of this change will be the social care workforce delivering the care and support. Much has been achieved in the development of the professional social work workforce. We will need to build on what has been achieved and consider the implications of the Bill and its impact on the workforce delivering these services in the White Paper on Regulation and Inspection Services. Ensuring the sustainability of the workforce delivering the change for people is critical to the success of the ambition of the Bill.

4. How will the Bill change existing social services provision and what impact will such changes have, if any?

The Care Council welcomes the new emphasis on care and support as a response to the needs of people who do not always need high levels of services, but may require support to create solutions that address their needs. The shift of focus to positive outcomes for people and preventative approaches is welcomed as an alternative to focussing purely on services. This shift emphasises the view that most people, both young and old, wish to remain with their families and communities rather than being reliant on services to lead their lives.

As the Explanatory Note outlines the provision of social services has the potential to reach out to the population of 3 million in Wales. The changes have a huge impact on those delivering the services including local authorities, NHS, Housing and in particular, the social care workforce.

There are workforce implications in order to address the social care needs of an ageing population, including the increases in the number of people with long standing complex disabilities. The Care Council will be considering the implications of the Bill for inclusion with the White Paper on Regulation and Inspection.

5. What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill take account of them?

The main barrier in implementing the scale of change required by the Bill is the resources required to do so. Section 8 of the explanatory notes concedes that the costs associated to implementing the Bill have a measure of uncertainty. In the current economic climate the financial implications of implementing the Bill will require regular monitoring and review. Developing and investing in the workforce to deliver high quality person centred care and support requires sustained investment. The implications on the social care workforce cannot be underestimated at a time when all organisations are hitting resource pressures whilst delivering their services. The Care Council will consider further following development of the Regulations supporting the Bill.

6. In your view does the Bill contain a reasonable balance between the powers on the face of the Bill and the powers conferred by Regulations? Please explain your answer.

The Bill does not contain enough on the regulations and also only makes reference to Codes or Guidance which will be needed to support implementation of the Bill. Further information and consultation will be needed on these Regulations as this is where the detail of requirements and implications will be set out. The Bill provides a framework but it's only in the detail will we will see the full implications of its requirements.

Powers to make subordinate legislation

7. What are your views on powers in the Bill for Welsh Ministers to make subordinate legislation (i.e. statutory instruments, including regulations, orders and directions)?

In answering this question, you may wish to consider Chapter 5 of the Explanatory Memorandum, which contains a table summarising the powers delegated to Welsh Ministers in the Bill to make orders and regulations, etc.

The Care Council believes that Welsh Ministers should be able to make subordinate legislation to support the Bill. There seems to be power in the Bill for Welsh Ministers to make extra subordinate legislation if required. It is sensible that Welsh Ministers

have the power to make Regulations to ensure 'future proofing' of the Bill's arrangements. It is important that these Regulations involve consultation and involvement by key partners in their development.

There will need to be more detail in the Codes and Guidance to support the implementation of the Bill. For example, there needs to be more detail about how Welsh Ministers would take over the running of services of local authority who are failing on their services.

It is important that any subordinate legislation is proportionate in order for the focus to be on delivering the transformation set out in the Bill rather than getting bogged down by bureaucracy. The Care Council would like to work with the Welsh Government on the development of any advice, guidance and Regulations that have implications for social workers, the social care workforce.

Financial Implications

8. What are your views on the financial implications of the Bill?

In answering this question you may wish to consider Chapter 8 of the Explanatory Memorandum (the Regulatory Impact Assessment), which estimates the costs and benefits of implementation of the Bill.

There are two elements on the financial implications of the Bill:

- The cost to the person (their families) in receiving care and support; and
- Cost to organisations delivering the high standard of care and support.

It is difficult to answer the first element as the Bill provides Welsh Ministers with the powers to create a framework for charges. This will require consultation as this will be whether charges and financial assessments are reasonable to the person incurring the costs. This has the potential to cover costs associated to information, support to access services and certain preventive services. There is potential that by charging it may prevent people accessing services and cause either higher need and cost or great suffering. Or that the cost of the service provision drives service availability rather than the needs of people.

The Care Council recognises that it is difficult to calculate the costs of the Bill and its implementation. It would be useful to have more detail about the £2 million savings mentioned in the Explanatory notes.

It is a challenging time financially for all those in delivering public services. The impact of the coalition's welfare reforms is ever deepening and from April more families, children and young adults including care leavers may move into poverty. This in turn may create more demands on social care services. It is important in raising public expectations about an improved quality of service that the Government is able to deliver within available resources, always a tension in policy development of course.

All relevant partners involved in the implementation of the Bill will want to improve the well-being outcomes for people and carers who need support along with reforming the social care law in Wales. The Care Council looks forward to working with the Welsh Government and Ministers on the implementation project on the implications of the Bill on the social care workforce.

Other general comments

It would be useful to have an explicit statement within the Bill relating to Welsh Language service provision particularly given the publication of the recent More than Words Strategy and an Equality and Diversity statement.

Safeguarding for those who receive care and support is mentioned throughout the course of the Bill, there also needs to be protection of the workforce providing these services. This could be detailed further in the White Paper on Regulation and Inspection Services.

SOCIAL SERVICES and WELL-BEING [Wales] BILL [Draft for PO Determination]

Although I agree mostly with the **Social Service and Welfare Bill**, there are points where the bill needs to be clarified. There is a need to make changes for the benefit and protection of those using the service and those who deliver the service, there must be a clear understanding of the meaning in the paragraphs with some of the wording in the description of what they mean to ensure a positive and clear understanding to all concerned. These are the points that I have looked at and the changes that would give a clear understanding to the citizen in my view.

Part 1 - 3/4 [page 5] Children who take on the responsibility of caring for an adult should have an age limit so that the child fully understands the responsibility of caring. The term "child" should be changed to Young Person, as it is demeaning when that individual is taking the responsibility of an adult. Social services should also involve other relatives wherever possible.

Part 2 - 4/4/ a-b [page 7] The views of the child/young person should be taken into account as this will ensure the right attitude in relation to the parent or those with parental responsibility from the child or young person.

Part 2 - 8/4 [page 9] to ensure protection for those that may be neglected or abused. Hospitals must register and report any report by members of staff of any serious suspected neglect or abuse by a parent or those with parental responsibility to the social service and other authorities within its area immediately

Part 2 - 9/5/ a-b-c [page 10] Added to this should be those who are neglected abused or are suspected of neglect or abuse. Changes must be made in paragraph 5 from "may" to "**must**" to safeguard the individual, it must include the provisions for adults who are abused or suspected of being abused placed in a separate register

Part 2 - 15/1 [page14] Paragraph change from "if" to "**when**" the word "if" implies that the local authority can refuse support as in the case of stress,

Please Note: There is a need for Social Service Providers to ensure that the staff they employ have enough time for their own social life, I have met and talked to some carers and the most talked about problem was that there was no time for their social life and the stress factor they are under.

Part 4 - 20/1 a-b [page 17] Paragraph a-b both need to be changed to "**providing necessary support**" from " providing something"?

Part 4 - 23/4 [page 19] change "does not apply" to "also" to protect the child from abuse within the service this ruling must also apply to adults.

Part 4 - 24/3 [page 19] change "whether or not it has completed a" to "and require a full assessment" so that a full and complete assessment is known before a decision is made

Part 4 - 24/4 [page 19] change from "does not" to "must"

Part 4 - 25/1 [page 19] In the contexts of this section a young person must have the right to choose to be in contact or not with his or her family or indeed the social service if circumstances are not putting the young person in any difficulty.

Part 4 - 27/3 [page 21] condition 2, but the child/young person must be of a certain age and understands the responsibility of providing care for the cared adult

Part 4 - 29/2 [page 22] the word "and" must replace "whether or not." [Without a full assessment the full facts cannot be made of the necessity of the need]

Part 4 - 31/6 [page 23] Consultation with NHS for arranged nursing care for adults, young persons and children

Part 4 - 31/10 [page 24] the words "not" and "does not need to be provided" must be deleted from this paragraph

Part 4 - 35/3/ [page 26] condition 1, Could the term "Parental Responsibility" include trusted friend/friends

Part 4 - 37/1/k [page 28] In these cases the words "believes or no longer lacks" must be based upon factual evidence, which includes Medical evidence/advice

Part 4 - 39/f [page 30] note: The person concerned should have the right to be consulted and asked for consent without pressure being applied in given copies to a third party

Part 6 - 60/1/2/3/4 [page 44] A set help period of time must be introduced from the social service for those who are visitors and are not UK citizens so that the system is not abused by the people who use the system to benefit their own welfare.

Part 6 - 60/5 [page 44] Add before may "**subject to vetting of that person**"

Part 6 - 67/1/2/3/4/5/6 [page 49/50] note: Young person/child who is capable of understanding the plan [s] of reviews can be included in the discussions of the plan [s] also the consent of the person must be asked for when copies are given to a third party

Part 6 - 72/ a/b/c/d. [page 50] the young person/child opinion must be taken into consideration.

Part 6 - 76/d-1/2 [page 51] note: The young person or child with an understanding of the religious persuasion must be independently allowed to choose to follow or not the religious persuasion. Those of parental responsibility or any other person [s] must not impose religious following on him or her.

Part 6 - 82/8 [page 56] Add after "**withdrawn** "However the Authority must seek an explanation for the refusal from the young person or child and if necessary an investigation be made to find out the circumstances of the refusal.

Part 6 - 90/3 [page 61] Add "with the exception of disabled persons and requested support from those of 25 years and over depending on the circumstances"

Part 6 - 95/3 [page 65] Add after "regulation" subject to savings account after £10,000 [suggested amount]

Part 6 - 99/6 [page 68] Part 7

[Policing within the Social Service]

As far as I am aware at present any inspection/investigation being made has to inform the care home of arrival and produce an ID. This may give a warning of the impending check and with foresight certain person [s] in the home could prepare for the event so that the real situation is not known. To prevent neglect and abuse in all care homes a special team should be set up to report or prevent such practice in Wales. This team could have unlimited powers within the law to act when necessary at any time and need not announce their presence, [undercover] unless it is an open official investigation. This will not only act as a deterrent to neglect and abuse but will also prevent any sexual abuse of children or lead to arrests of those involved in such crimes. The team can be made up of Police Officers/Detectives and medical staff who have experience in this area supported by the NHS, Police Service, Courts and any local council departments to help them in an investigation. Working at a national level the team would be answerable to the Director of Social Services and the Safeguarding board. May I also ask the committee to consider an idea of psychological vetting/assessments in the Social Service for potential carers in children/Adults Homes as a safeguard for the well being of children and adults whom are cared for, If these measures could be introduce into the bill it would considerably help the Social Service to achieve its goals in the protection of individuals in care.

Respectfully I ask the Committee to consider this idea and incorporate the into the Bill

Part 8 - 132/1-ch1 [page 84] changes from "if" to "when" - change from "think it is expedient" to "have evidence"

Part 9 - 137/1-ch1 [page 86] change from "time to time" with "over a set period of time"

Part 9 - 141/2d-ch1 [pages 88] add provide "appropriate" staff

Part 9 - 141/3b-ch1 [page 88] change from "appear" to "are"

Part 9 - 143-ch2 [page 89] note: As Part 6 - 99/6 [page 68] Part 7
Part 9 - 146/1/b/c - ch2 [page 92]

In conversations with carers from different providers the most talked about during these conversations was the fact that carers did not have any social life for themselves or quality time with their families. Most of the time is spent working on their days off having little time for themselves. Providers must give the carers some quality time off to adjust and relax by providing a better working practice. The amount of stress that the carers are under is very high and can in time create severe problems for that individual and their families, which could reflect in their work and may produce serious consequences

Paid carers have the responsibility of a trained nurse, as an example: people who are cared for rely on them for medicines in the correct dosage. Carers in most cases are on a wage that do not reflect the need of their service [i.e. - minimum wage or just above] perhaps a wage system could be introduced based on the ability of the carers skills in providing service.

I ask the committee with respect to review the wage provision and working practice by providers for carers who provide the service and use their influence on the providers to provide a realistic and fair system for carers.

Part 10-ch1 [page97] 153/2/g replace with "all matters must be considered"

Part 10-ch1 [page100] 155/6 Replace "at least one person" with " a proportion of persons who have an interest in the proceedings and"

1. Definition of disabilities

The Medical model definition [Equality Act 2010] is correct to a point. It is the social barriers that create the problems in society; this has to be recognized by all in the society, when any disability occurs. The guiding principles of policy should be to remove these barriers and create an enabling society, to promote the rights and full inclusion of disabled persons.

There is a fundamental need to remove the institutional, attitude and environmental barriers that create the limitation of opportunities for the disabled in society.

I agree with the panel on this issue and ask the committee to consider an amendment to the Social Service and Welfare Bill and create a new definition of the meaning of disability incorporated within a social Definition model.

2. Independent Living

There seems to be an oversight in the Social Service and Welfare Bill to

recognised the need for Independent Living for disabled persons, however there is an opportunity to rectify the matter by combining the **Social Service and Welfare Bill and Framework for living** so that a clear understanding of the definition of the meaning of well being is formulated.

I also agree with the panel on this issue and ask the committee to consider the proposal given for the definition of the meaning of well being.

3. Citizen Directed Support

Considering the need for independent living in the Framework for Action the highest priorities that has been identified are in a range of options, choices and control in personalised care and support. This will enable disabled citizens to fulfil their relationships with their families and friends and those who support them in the social service on equal standing in the community.

I agree with the panel on this issue and ask the committee to give an assurance from the Welsh Government that the Code of practice is clarified and support the model of Citizen Directed Support.

4. Charging and Financial Assessment

I am also concerned about that part 5 of the SS&W Bill on charging for domiciliary care. It should not be totally abolished but modified based on the ability to pay without causing any hardship to the person paying a charge, retain the £50.00 per week cap for those who require the need of the support. The charge of care of those who could pay should cover any shortfall and could also be used to exempt certain individuals of from paying any costs at all.

I agree with the panel on this issue and ask the committee to seek confirmation to retain the £50.00 cap but to look at modifying part 5 of the SS&W Bill to include the ability to pay based on user income in total.

**Graham Williams
Citizen Panel for Social Services - South East Wales**

Mandy Williams/Sara Bull

Dear Mandy/Sara Please will you look through the reply to see if it is ok. If it is could you please send the

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref LF/MD/0338/13

Vaughan Gething AM
Chair, Health and Social Care Committee
National Assembly for Wales

1st May 2013

Dear Vaughan

Evaluation strategy for the Human Transplantation (Wales) Bill

The Health and Social Care Committee's stage one report on the Human Transplantation (Wales) Bill recommends that "any change in the legislative arrangements for consent should be accompanied by a robust evaluation strategy, which would provide both the means of measuring the success of such a change and a clear evidence base for policy decisions elsewhere".

Giving evidence to the Health and Social Care Committee on 20 February, the former Minister for Health and Social Services stated that Welsh Government officials were working on an evaluation strategy and that this would be shared with committee members when ready. In order to meet this commitment and demonstrate that the recommendation to undertake a robust evaluation is being met, I attach the evaluation strategy for your information.

Best wishes

Mark

Mark Drakeford AC / AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Human Transplantation (Wales) Bill: Evaluation Strategy

1. Background

The Welsh Government plans to introduce a soft opt-out system of organ donation through the Human Transplantation (Wales) Bill. The proposed legislation means that a person's consent to donation will be deemed to have been given unless they objected during their lifetime – a process called opting out – but where those closest to the deceased will still have an important role to play in the process. Subject to the will of the Assembly, the Welsh Government would expect the Bill to receive Royal Assent during summer 2013. It is anticipated that the main provisions of the Act will be brought into effect in 2015.

In order to assess the effectiveness of the implementation of the soft opt-out system of organ donation and the impact it has on donation and family consent rates in Wales, officials in Knowledge and Analytical Services have worked with the Bill team to develop a programme of evaluative research. This includes primary research with members of the public, Specialist Nurses, Clinical Leads, and other NHS staff; as well as making use of existing data through evidence reviews and analysis of routine data.

2. Aims and objectives

The overall aim of the evaluation is to assess the implementation of the Human Transplantation (Wales) Bill and the impact it has on organ donation rates in Wales.

Specifically, the objectives of the evaluation are to:

- Use routine data to monitor changes in organ donation and consent rates over time;

- Assess the effectiveness and impact of the communications campaign on public attitudes towards a soft opt-out system of organ donation;
- Understand current behaviour of individuals in relation to organ donation, and the impact that moving to a soft opt-out system will have (including whether or not individuals discuss wishes with family);
- Synthesise and update international evidence on opt-out systems;
- Assess the implementation and impact that the legislation has on the work of Specialist Nurses and Clinical Leads (SNODs and CLODs), including feedback on training, and issues regarding family consent; and
- Monitor the attitudes of NHS staff involved in the referral process about the new law, its implementation and impact.

3. Methodology

A programme of evaluative research is proposed that includes the following six strands:

- Strand one: impact evaluation
- Strand two: public attitudes survey (repeated at regular intervals)
- Strand three: qualitative research with the public
- Strand four: qualitative research with SNODs and CLODs
- Strand five: measuring NHS staff attitudes
- Strand six: additional components (including international evidence reviews)

These six strands are now discussed in turn. An overview of the evaluation strategy is attached at Annex A.

Strand one: impact evaluation

The implementation of a soft opt-out system of organ donation in Wales, while the rest of the UK continues to operate an opt-in system, presents an opportunity to assess the impact of the Human Transplantation (Wales) Bill in

terms of a natural experiment. It takes place against a backdrop of an emerging UK strategy and further specific actions in each country of the UK. Therefore, it is planned that quantitative analysis of routine data on organ donation and family consent rates, using other UK countries as comparators, will be conducted over the stages detailed in Table 1, below.

Table 1: Impact evaluation

Financial year	Stage
2013-14	Analysis of trends to date and expected trends
2014-15	Follow-up measurements
2015-16	Follow-up measurements
2016-17	Follow-up measurements; emerging conclusions on impact; recommendations for future monitoring of data

A competitive tender exercise will take place in order to appoint an independent contractor to undertake this strand of the research. The successful contractor will be expected to:

- Agree outcome measures for determining the impact of the legislation;
- Monitor changes in outcome measures over time in Wales and the rest of the UK;
- Synthesise and summarise findings from the other research strands that constitute the overall evaluation to assess the success of the legislation; and
- Make recommendations based on the evaluation findings, including suggestions for any future research or long-term monitoring of data.

Strand two: public attitudes survey

The Beaufort Omnibus Survey is being used to collect data on public awareness and understanding of organ donation law, and attitudes to changes in the legislation in Wales. Data are being collected at regular intervals between 2012 and 2016 to support the ongoing implementation of

the legislation, as well informing the other strands of the evaluation. The analysis will also be used to inform how communications are targeted among different groups of the population.

Approximately 1,000 interviews are being carried out in each wave of the survey with a representative sample of the adult population of Wales. The dates for survey waves are detailed in Table 2, below.

Table 2: Public attitudes surveys

Financial year	Survey waves
2012-13	June 2012
2013-14	June 2013 and November 2013
2014-15	June 2014 and November 2014
2015-16	June 2015 and November 2015
2016-17	June 2016

While the data collection is commissioned, the analysis and report writing is carried out in-house by officials in Knowledge and Analytical Services. The findings report from the June 2012 baseline survey was published on the Welsh Government website in October 2012¹.

A decision will be made at a later date as to how public awareness, understanding and attitudes are monitored post-2016.

Strand three: qualitative research with the public

In 2012, the Welsh Government commissioned Beaufort Research Ltd to undertake a qualitative research project with members of the public to support the Welsh Government's consultation on an opt-out system for organ

¹ Welsh Government (2012). *Public attitudes to organ donation: Baseline survey 2012*. Available here: <http://wales.gov.uk/about/aboutresearch/social/latestresearch/publicattitudesorgandonation/?lang=en>

donation. The findings report was published on the Welsh Government website in April 2012².

Building on this project, it is proposed that further qualitative research with members of the public takes place over three stages, as outlined in Table 3, below.

Table 3: Qualitative research with the public

Financial year	Focus
2013-14	To explore findings emerging from the ongoing surveys of public attitudes in greater depth prior to the legislation coming into effect
2014-15	Primarily to test effectiveness of communication materials
2016-17	To explore findings from the surveys of public attitudes in greater depth following the implementation of the legislation

A competitive tender exercise will take place in order to appoint an independent contractor to undertake this strand of the research. The contractor will be expected to use qualitative research techniques to collect and analyse data on the views of the public regarding organ donation in Wales and the implementation of a soft opt-out system. For the data collection, this may involve one-to-one interviews, focus groups, or a combination thereof.

Strand four: qualitative research with SNODs and CLODs

Qualitative research with SNODs and CLODs is taking place over three stages, as outlined in Table 4, below.

² Beaufort Research Ltd. *Research to support Wales' organ donation opt-out proposal consultation*. Available here: <http://wales.gov.uk/about/aboutresearch/social/latestresearch/organdonation/?lang=en>

Table 4: Qualitative research with SNODs and CLODs

Financial year	Stage
2012-13	Prior to passing of Bill
2014-15	Run up to implementation of Act
2016-17	Post-implementation of Act

This strand of research will assess the preparedness of SNODs and CLODs, identify their needs, and provide an in-depth understanding regarding the role of the family in organ donation. It will also complement other strands of the research in assessing the extent that organ donation is becoming viewed as a norm – in hospitals, and among families of potential donors – before and after the implementation of the legislation.

In December 2012, the Welsh Government commissioned Beaufort Research Ltd to undertake the first stage of this strand of research. Data collection took place during February and March 2013, and involved in-depth interviews and online group discussions with SNODs and CLODs across Wales. The final report is due to be published on the Welsh Government website in June 2013.

A competitive tender exercise will take place in order to appoint an independent contractor to undertake the next two stages for this strand of the research.

Strand five: measuring NHS staff attitudes

In addition to the impact on the work of SNODs and CLODs, the implementation of a soft opt-out system will also have consequences for the work of other NHS staff in Wales, for example, transplantation teams; staff working in critical care services or emergency medicine departments; GPs; and administrative staff.

In order to monitor their attitudes, expectations and understanding regarding the implementation and impact of a soft opt-out system, it is proposed that a survey is conducted over two waves, as detailed in Table 5, below.

Table 5: Measuring NHS staff attitudes

Financial year	Stage
2013-14	Baseline measures prior to implementation of a soft opt-out system
2016-17	Follow-up measures following implementation of a soft opt-out system

A competitive tender exercise will take place to appoint an independent contractor to undertake this strand of the research. It is expected that the contractor will use quantitative research techniques to collect and analyse data on NHS staff attitudes, expectations and understanding regarding the implementation and impact of a soft opt-out system.

Strand six: additional components

A number of additional small-scale research projects will be required over the course of the evaluation. As such, this strand of the evaluation strategy is designed to be more flexible in order to respond to additional research needs, should they arise.

The research projects that have been carried out to date as part of this strand, both through the ESRC-Welsh Government PhD internship scheme, are as follows:

- An international evidence review of opt-out systems of organ donation, published in December 2012³; and
- An international evidence review of the role of families in organ donation, published in December 2012⁴.

Further projects currently planned under this strand are as follows:

³ Welsh Government (2012). *Opt-out systems of organ donation: International evidence review*. Available here: <http://wales.gov.uk/about/aboutresearch/social/latestresearch/optoutorgandonation/?lang=en>

⁴ Welsh Government (2012). *The role of families in organ donation: International evidence review*. Available here: <http://wales.gov.uk/about/aboutresearch/social/latestresearch/familiesorgandonation/?lang=en>

- Analysis of regional media coverage of organ donation (to further explore findings from the baseline survey of public attitudes). Swansea Metropolitan University have been commissioned to undertake this project, and a report is due to be published on the Welsh Government website in July 2013.
- A literature review of existing research on the interplay between faith, ethnicity, culture and organ donation, considering in particular any issues relating to the introduction of an opt-out system of donation and issues relating to family consent rates. This is due to be conducted during 2013-14.

4. Outputs

Research reports and executive summaries for each strand of the evaluation will continue to be published on the Welsh Government website, in line with the Government Social Research publications protocol. Under the protocol, we are required to publish research outputs within 12 weeks of agreeing a final draft.

As part of strand one of the research – the impact evaluation – the contractor will produce a final report that will synthesise findings from the other research projects that make up the overall evaluation. This final report will also make recommendations for future research and monitoring of data. It is envisaged that the final report will be made available in March 2017, although a series of interim reports will also be produced.

Ian Jones

Knowledge and Analytical Services

April 2013

Annex A: Overview of evaluation strategy

	2012-13	2013-14	2014-15	2015-16	2016-17
Strand one: Impact evaluation		Analysis of trends; expected trends; and setting outcome measures	Follow-up measurements	Follow-up measurements	Follow-up measurements; emerging conclusions on impact; recommendations for future monitoring
Strand two: Public attitudes survey	Data collection: June 2012 (Report to follow in September 2012)	Data collection: June 2013 and November 2013 (Reports to follow at later date)	Data collection: June 2014 and November 2014 (Reports to follow at later date)	Data collection: June 2015 and November 2015 (Reports to follow at later date)	Data collection: June 2016 (Report to follow at later date)
Strand three: Qualitative research with the public	Bill consultation stage	Explore emerging findings from public attitudes survey (pre-implementation of legislation)	Test effectiveness of communications materials		Explore findings from public attitudes survey (post-implementation of legislation)
Strand four: Qualitative research with Specialist Nurses and Clinical Leads	Pre-legislation stage		Mid-point stage		Post-legislation stage
Strand five: Measuring NHS staff attitudes		Baseline measurements			Follow-up measurements
Strand six: Additional components	Evidence reviews of opt-out systems and role of families.	Analysis of regional media coverage; literature review of interplay between faith, ethnicity, culture and organ donation	TBC	TBC	TBC

Health and Social Care Committee

Meeting Venue: Committee Room 3 – Senedd

Meeting date: Thursday, 2 May 2013

Meeting time: 09:00 – 15:49

This meeting can be viewed on Senedd TV at:

http://www.senedd.tv/archiveplayer.jsf?v=en_400000_02_05_2013&t=0&l=en

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Concise Minutes:

Assembly Members:

Vaughan Gething (Chair)

Rebecca Evans

William Graham

Elin Jones

Darren Millar

Lynne Neagle

Gwyn R Price

Ken Skates

Lindsay Whittle

Witnesses:

Ian Barrow, Director of Operations, Probation Trust Wales

Simon Birch, Chief Officer Social Care, Health and Housing, Monmouthshire County Council

Richard Booty, Governing Governor HMP Cardiff, National Offender Management Service

Keith Bowen, Director, Carers Wales and Chair of the Welsh Carers Alliance

Anna Buchanan, Director of Protection, Scrutiny and Human Rights, Older People's Commissioner for Wales

Dr Sam Clutton, Children's Commissioner for Wales office

Ruth Coombs, Mind Cymru

Sue Cooper, Head of Adult Social Care, Bridgend County

Borough Council
Parry Davies, Ceredigion County Council
Rhian Davies, Chief Executive, Disability Wales
Michelle Denwood, Deputy Director of Nursing and Safeguarding, Betsi Cadwaladr University Health Board
Sally Ellis, Corporate Director of Social Services and Housing, Denbighshire County Council
Jeff Farrar, Deputy Chief Constable Gwent Police, Association of Chief Police Officers Cymru
Ewan Hilton, Gofal
Victoria Lloyd, Director of Influencing and Programme Development, Age Cymru
Jake Morgan, Director of Social Care and Housing, Pembrokeshire County Council
Robin Moulster, BASW Cymru Manager, British Association of Social Workers Cymru
Martyn Palfreman, Head of Directorate, Welsh Local Government Association
Paul Swann, Policy Officer, Disability Wales
Keith Towler, Children’s Commissioner for Wales
Emily Warren, Welsh Local Government Association
Catriona Williams, Chief Executive, Children in Wales
Jenny Williams, Director of Social Services, Conwy County Borough Council

Committee Staff:

Fay Buckle (Clerk)
Claire Griffiths (Deputy Clerk)
Stephen Boyce (Researcher)
Joanest Jackson (Legal Advisor)

TRANSCRIPT

View the [meeting transcript](#).

1. Introductions, apologies and substitutions

- 1.1 The Chair welcomed Ken Skates as a new Member of the committee.
- 1.2 Apologies were received from Kirsty Williams.

2. Social Services and Well-being (Wales) Bill: Evidence Session 2

- 2.1 The Committee took evidence from Carers Wales, Wales Alliance for Mental Health and Disability Wales.

3. Social Services and Well-being (Wales) Bill: Evidence Session 2

3.1 The Committee took evidence from Age Cymru, Children in Wales, British Association of Social Workers Cymru, Association of Directors of Social Services and the Welsh Local Government Association.

4. Social Services and Well-being (Wales) Bill: Evidence Session 2

4.1 The Committee took evidence from the Association of Directors of Social Services and the Welsh Local Government Association.

5. Social Services and Well-being (Wales) Bill: Evidence Session 2

5.1 The Committee took evidence from the Association of Chief Police Officers Cymru, The National Offender Management Service and the Probation Trust Wales.

6. Social Services and Well-being (Wales) Bill: Evidence Session 2

3.1 The Committee took evidence from the office of the Older Peoples Commissioner for Wales.

7. Social Services and Well-being (Wales) Bill: Evidence Session 2

3.1 The Committee took evidence on behalf of the Local Health Boards in Wales.

8. Social Services and Well-being (Wales) Bill: Evidences Session 2

3.1 The Committee took evidence from the Children's Commissioner for Wales.

9. Minutes of meetings held on 18 and 24 April 2013

9.1 The papers were noted.

10. Motion under Standing Order 17.42 to resolve to exclude the public from the meeting for the following business:

10.1 The motion was agreed.

Health and Social Care Committee

Meeting Venue: Committee Room 3 – Senedd

Meeting date: Wednesday, 8 May 2013

Meeting time: 09:00 – 12:23

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



This meeting can be viewed on Senedd TV at:

http://www.senedd.tv/archiveplayer.jsf?v=en_400000_08_05_2013&t=0&l=en

Concise Minutes:

Assembly Members:

Vaughan Gething (Chair)
Rebecca Evans
William Graham
Elin Jones
Darren Millar
Lynne Neagle
Gwyn R Price
Ken Skates
Lindsay Whittle
Kirsty Williams

Witnesses:

Vivienne Laing, NSPCC Cymru
Jan Leightley, Director of Children's Services at Action for Children, Action for Children
Des Mannion, Head of Service for Wales, NSPCC Cymru/Wales
Kate Mulley, Head of Policy and Research, Action for Children
Yvonne Rodgers, Director, Barnardo's Cymru
Tim Ruscoe, Barnardo's Cymru

Committee Staff:

Fay Buckle (Clerk)

Llinos Dafydd (Clerk)
Claire Griffiths (Deputy Clerk)
Catherine Hunt (Deputy Clerk)
Joanest Jackson (Legal Advisor)
Stephen Boyce (Researcher)

TRANSCRIPT

View the [meeting transcript](#).

1. Forward Work Programme

1.1 The Committee discussed its forward work programme.

2. Social Services and Well-being (Wales) Bill: Evidence Session 3

2.1 The Committee discussed the report from the Children and Young People Committee on the Social Services and Well-being (Wales) Bill.

3. Introductions, apologies and substitutions

3.1 No apologies were received.

4. Social Services and Well-being (Wales) Bill: Evidence Session 3

4.1 The Committee took evidence from Barnardo's Cymru, Action for Children and NSPCC Cymru.

5. Social Services and Well-being (Wales) Bill: Evidence Session 3

5.1 The Committee took evidence from young people who have experienced using social services.

6. Social Services and Well-being (Wales) Bill: Evidence Session 3

6.1 The Committee took evidence from young carers who have experienced using social services.

7. Papers to note

7.1 The papers were noted.

7.1 Social Services and Well-being (Wales) Bill: Report from Children and Young People Committee

Agenda Item 9

By virtue of paragraph(s) ii of Standing Order 17.42

Document is Restricted