

Health and Social Care Committee

Meeting Venue:

Conference Room C and D – Tŷ Hywel (for reference groups – not open to the public)

Committee Room 1 – Senedd (for oral evidence sessions – open to the public)

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



Meeting date:

Thursday, 11 June 2015

Meeting time:

09.45

For further information please contact:

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Agenda

1 Inquiry into alcohol and substance misuse: informal meeting with reference groups (09.45 – 10.45) (Pages 1 – 8)

The reference groups will take place in Conference Room C and D, Tŷ Hywel. Please note that this item is not open to the public.

Break (10.45 – 11.00)

The Committee will convene in Committee Room 1, Senedd, for the public meeting

2 Introductions, apologies and substitutions (11.00)

3 Inquiry into alcohol and substance misuse: evidence session 10 (11.00 – 12.00) (Pages 9 – 33)

Vaughan Gething AM, Deputy Minister for Health

Tracey Breheny, Deputy Director, Substance Misuse Policy

Dr Sarah Watkins, Senior Medical Officer

4 Motion under Standing Order 17.42(vi) to resolve to exclude the public from items 5 and 10 of this meeting and items 1 and 2 of the meeting on 17 June 2015 (12.00)

5 Inquiry into alcohol and substance misuse: consideration of evidence (12.00 – 12.15)

Lunch (12.15 – 13.15)

6 Care and Support (Eligibility) (Wales) Regulations 2015: evidence session 1 (13.15 – 13.45) (Pages 34 – 59)

Simon Burch, Association of Directors of Social Services

Parry Davies, Association of Directors of Social Services

7 Care and Support (Eligibility) (Wales) Regulations 2015: evidence session 2 (13.45 – 14.30) (Pages 60 – 68)

Emma Sands, Age Alliance Wales

Meleri Thomas, Social Care and Wellbeing Alliance Wales

Keith Bowen, Wales Carers Alliance

Break (14.30 – 14.35)

8 Care and Support (Eligibility) (Wales) Regulations 2015: evidence session 3 (14.35 – 15.20) (Pages 69 – 81)

Rick Wilson, Wales Alliance for Citizen Directed Support

Jim Crowe, Disability Reference Group

Samantha Clutton, Barnardo's Cymru

9 Papers to note (15.20)

Inquiry into the performance of Ambulance Services in Wales: additional information (Pages 82 – 83)

Inquiry into alcohol and substance misuse: additional information (Pages 84 – 91)

Care and Support (Eligibility) (Wales) Regulations 2015: correspondence from the Minister for Health and Social Services (Pages 92 – 96)

10 Care and Support (Eligibility) (Wales) Regulations 2015: consideration of evidence (15.20 – 15.30)

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Evidence to the Health and Social Care Committee Inquiry into Alcohol and Substance Misuse

The Welsh Government welcomes the inquiry into alcohol and substance misuse and presents the following evidence in relation to the specific terms of reference.

Introduction

More than £50m annually is invested to deliver the commitments within the Welsh Government's 10-year substance misuse strategy, *Working Together to Reduce Harm 2008-18*. In recognition of the devastating impact of substance misuse on individuals, their families and their communities, the strategy sets out a clear national agenda for tackling and reducing the harms associated with substance misuse. The strategy is supported by a substance misuse delivery plan for 2013-15 which sets out the specific actions being taken forward in this period.

Continued Welsh Government investment in this area is having a demonstrable impact on the services we provide to those whose lives are affected by substance misuse. For example, in 2013-14, 87% of all clients accessed substance misuse treatment within 20 days of their referral which is an increase from 73% in 2009-10.

The Welsh Government reports annually on its progress in delivering the action across all four strands of the strategy and produces an in depth annual profile of substance misuse related data each year.

1. The impacts of alcohol and substance misuse on people in Wales, including young people and university students; older people; homeless people; and people in police custody or prisons.

The Welsh Government's strategy covers both alcohol and drug use and is built around the principles of 'harm reduction' and 'recovery'. The overall aim is to ensure that people in Wales are aware of the dangers and the impact of substance misuse to help make informed choices and to know where they can seek help, treatment and support. Our approach is rooted in a preventative agenda where awareness raising and the provision of information and advice is a key element in preventing and reducing harm. In addition to the investment we make in local treatment services, the Welsh Government supports a number of initiatives that target both the whole population and also those that are more targeted at specific groups.

Population Approaches

Dan 24/7

Dan 24/7 is the Welsh Government's 24-hour, seven-day-a-week bilingual substance misuse helpline. The awareness and reach of the service over the last year has developed into a multi channel contact centre, utilising telephone, text, website and social media as a way for people accessing information, advice and support. The website is regularly updated to include any new drugs listed under the UK Misuse of Drugs Act and contains harm reduction information.

DAN 24/7 continues to support 'Know the score', an ongoing campaign with radio adverts with a focus on drug and alcohol education messages. Given recent hepatitis C outbreaks, Dan 24/7 is currently supporting the hepatitis C campaign 'Don't take a chance' which highlights the risks surrounding hepatitis C.

DAN 24/7 also runs campaigns throughout the year focusing on both alcohol and drug misuse to educate the public surrounding risks and to reduce the harms associated with these.

Alcohol Brief Interventions

The Alcohol Brief Interventions programme is used to help reduce alcohol misuse through a structured conversation designed to motivate individuals who drink to excess think differently about their alcohol consumption and to provide them with information which allows them to consume alcoholic beverages in a safer way. To date, more than 7,500 people have been trained to deliver these brief interventions from a wide range of professionals including primary care, secondary care, health and social care, criminal justice and the armed forces.

Change 4 Life

Change4Life is the Welsh Government's social marketing campaign which focusses on, and addresses, obesity, healthy eating, physical activity and alcohol. The alcohol "Don't let drink sneak up on you" element of the campaign targets people who may be unaware they are risking their health by drinking more than they should and also aims to change people's perceptions about their drinking, getting them to realise that even though their drinking may not be anti-social, or affecting their day to day lives, it is affecting their health.

To date over 72,000 people are signed up to the campaign and many more have accessed advice from the website, Facebook and Twitter.

Dry January

In 2015, the Alcohol Concern Cymru 'Dry January' campaign attracted more than 900 formal sign-ups in Wales, and intelligence at ground level shows that the actual level of participation was much higher than this.

The Welsh Government is clear that in this challenging and fast moving agenda there is a need to continually review the policy response to ensure that we can respond to new or emerging trends. This includes the rise of new psychoactive substances; an ageing substance misuse population and the drive towards recovery orientated services.

We must also focus on what more we can do to tackle the rising health and societal costs of alcohol related harm. This has led us to respond to the significant evidence that minimum unit pricing for alcohol is an effective public health measure aimed at reducing the health harms associated with excessive alcohol consumption. Work is therefore in hand to publish a draft Bill on minimum unit pricing of alcohol for public consultation in this Assembly term.

Alongside this the Welsh Government will continue to press the case for the devolution of alcohol licensing from the UK Government which will allow us to take the further action necessary to tackle alcohol related harm in Wales.

Targeted Approaches

We recognise that certain groups such as children and young people are at particular risk. We have demonstrated a commitment to target our efforts in this area through ring fencing £2.75m of the Substance Misuse Action Fund (SMAF) specifically for services to support children and young people. Examples of targeted approaches for children and young people, along with other groups identified through the committee's inquiry are as follows:-

Children and Young People - Steroids and Image Enhancing Drugs (SIEDs)

Over the last few decades, the use of steroids and image enhancing drugs has become more widespread and young people are particularly at risk. Alongside the increase in use there has also been an associated rise in the number of reported infections and complications associated with use.

In partnership with Public Health Wales, the Welsh Government has established a Harm Reduction Database which records activity and demographic data on people who inject drugs and access statutory and voluntary needle and syringe programmes across Wales. In 2013-14, the database recorded 1,422 service users aged under 25, of which 75% reported primarily using steroids and image enhancing drugs.

The Welsh Government and Public Health Wales have also developed an educational toolkit for young people between 11 and 16 in relation to steroids and image enhancing drugs. The toolkit is designed as a series of workshops intended to increase young people's knowledge and understanding of these drugs and the associated risks. Each workshop contains a number of interactive activities designed to allow learners to explore the subject matter, strengthening their understanding and ability to make informed choices in the future.

Children and Young People - Counselling

We have taken steps to support children and young people who are experiencing emotional difficulties through the development of counselling services. £300k of the Substance Misuse Action Fund is ring fenced for counselling services, a proportion of which is used specifically for children and young people. This includes supporting children and young people where there is substance misuse in the family, or supporting children and young people who themselves are substance misusers. Within schools, counselling complements the different approaches already in place to support the health, emotional and social needs of pupils. By supporting children and young people with emotional and behavioural difficulties, we can encourage them to avoid risk-seeking behaviours.

Children and Young People – All Wales Schools Liaison Core Programme (AWSLCP)

The Welsh Government continues to jointly fund the AWSLCP with the four Welsh Police and Crime Commissioners. During the 2013-14 academic year, the scheme was operational in 99.7% of primary and secondary schools across Wales, an increase of 1.2% on 2012-13 figures. Lesson content is regularly reviewed to ensure up to date information about drugs and alcohol is provided.

The programme is currently under review and the Welsh Government has ensured that the school-based recommendations from the committee's report on new psychoactive substances, published on March 18, 2015, have been included in the terms of reference.

University Students

The Welsh Government acknowledges the importance of engaging with further and higher education institutions surrounding the subject of responsible drinking, new psychoactive substances and other drugs. We will consider including specific actions to address this in our next substance misuse delivery plan for 2016-18.

Older People

We know that substance misuse issues in people over 50 is predominantly related to alcohol use; however both illicit and prescribed drugs will also be an issue. In general, older men are considered to be at greatest risk of substance misuse, including alcohol and illicit drugs but older women may be more at risk of problematic use of sedative/hypnotic and anxiolytic medication. Further, some factors that apply more generally to older adults mean that substance misuse in this group may be more complex and present management problems that differ from those in younger people.

In response to these challenges and in order to improve access to treatment and support a specific Substance Misuse Treatment Framework – ‘Improving access to substance misuse treatment for older people’ was published by the Welsh Government on November 13, 2014.

We have also asked the independent expert Advisory Panel on Substance Misuse to consider the policy interventions necessary to tackle substance misuse in an ageing population and expect to receive its report on this issue in summer 2015.

Older People - Add to Your Life

‘Add to Your Life’, is the health and well-being check for people aged 50 or over in Wales. The on-line self-assessment includes a section on alcohol, which provides users with feedback on their alcohol consumption and tips/support on how to reduce it where necessary. Since ‘Add to Your Life’ was rolled out nationally 16,633 people have accessed the site with 7,926 completed health and well-being assessments undertaken.

Veterans

The Welsh Government is committed to providing priority NHS treatment for veterans’ health conditions related to their military service and access to specialist in-patient services. In February 2014 we also developed specific guidance to improve access to substance misuse treatment for veterans which outlined a range of actions to support veterans with substance misuse problems. We are now working closely with Substance Misuse Area Planning Boards (APBs) to implement the guidance.

Treatment for Offenders in Custody

In relation to offenders within the custodial setting, focus has concentrated on improving substance misuse service delivery at critical points both at reception, into and discharge from custody. Access to accurate advice and clinical intervention remains a dominant theme for the offender at whatever point of contact pre or post custody. The Welsh Government has worked with NOMS and representatives from health boards and the local APB to enhance specialist nurse cover within HMP Cardiff and this is being considered within other parts of the public sector prison estate.

Links with the PCC-led Drug Interventions Programme across all aspects of Wales is well established and allows specialist levels of treatment continuity where the need is identified.

Homeless people

Good links have been established between the Supporting People Programme Regional Collaboration Committees and substance misuse APBs. Three pilot projects exploring the barriers to meeting needs of homeless people with co-occurring mental health and substance misuse problems have been completed, which culminated in a feedback and good practice event in Cardiff in March 2014. The final report was published by the Welsh Local Government Association in October 2014.

A progress report, issued in March 2015, on the Implementation of the Health Standards for Homeless and Vulnerable Groups, showed continuing progress in access to services.

The homelessness provisions of the Housing (Wales) Act 2014 came into force on April 27, 2015. This legislation includes new duties on local authorities to help prevent and relieve homelessness, irrespective of their priority need status. This will ensure that everyone with substance misuse problems is assisted to address their housing and related needs.

2. The effectiveness of current Welsh Government policies on tackling alcohol and substance misuse and any further action that may be required

The Welsh Government uses a range of measures to assess the effectiveness of current Welsh Government policies in tackling substance misuse. Alongside independent evaluations conducted on specific projects and interventions we focus on a number of key indicators.

Alcohol Related Deaths 2013

Latest statistics, published by the ONS on 11 February 2015, showed that in 2013, there were 467 alcohol-related deaths in Wales. This was a decrease of 7.3% from the previous year (504). This reduction was almost entirely due to the fall in the number of alcohol related deaths amongst women, with the number of deaths decreasing from 193 in 2012 to 161 in 2013 (16.6%). Among men, there were 306 alcohol related deaths in 2013, a reduction of five (1.6%) compared with 2012.

Drug Related Deaths 2013

Latest statistics, published by ONS on 3rd September 2014 showed that in 2013 there were 135 drug misuse deaths (involving illegal drugs) and 208 drug poisoning deaths (involving both legal and illegal drugs) in Wales. The drug misuse deaths were unchanged from 2012 figures, whilst the drug poisoning deaths in Wales decreased by six (2.8%) when compared to 2012. Both drug misuse and drug poisoning deaths have continued to fall since 2010 when both reached a peak of 162 and 224 respectively.

Key Performance Indicators (KPIs)

The Welsh National Substance Misuse Database is the official source of validated data for treatment service providers and enables the Welsh Government and Area Planning Boards to monitor and report performance against the national Key Performance Indicators in respect of waiting times and engagement rates.

On a national level, the KPIs indicate that there has been an improvement from 75.2% in 2008/09 to 87.2% in 2013/2014 in the number of people who achieve a waiting time of within 20 days between referral and treatment.

Latest data also shows a reduction in the percentage of people who did not attend or respond to follow up contact reducing from 22.9% to 10% over the same time period.

We are also committed to measuring progress in terms of client outcomes (for example 'quality of life is improved between start and most recent review/exit'). These measures are known as Treatment Outcome Profiles (TOPs) and were introduced for the first time in 2012-13. Therefore an analysis of trends is difficult and there is currently a mixed picture across Area Planning Board reporting against these measures in the past twelve months.

Evaluation on the implementation of the strategy

During 2012, the University of South Wales conducted an independent process evaluation of the substance misuse strategy, the results of which were published in June 2013. The evaluation concluded that the Welsh Government's strategy was essentially sound, and had widespread support. The emphasis on alcohol as well as illicit drugs was also widely praised. The evaluation made a number of recommendations which the Welsh Government has since implemented.

2016 - 2018 Substance Misuse Delivery Plan

We are currently consulting on the development of our final delivery plan to ensure that the actions that we and our delivery partners will take in 2016-18 are evidence based, outcome focused and deliverable. In developing the next plan we have sought to ensure that we do so in the content of the Well being of Future Generations (Wales) Act 2015. Six stakeholder workshops have been held across Wales during April to explore what actions are needed in the next delivery plan to deliver the substance outcomes identified. 109 people attended from approximately 50 organisations, including Housing, Probation, DWP, service users, commissioners and education representatives.

Further consultation will continue throughout the summer with the draft delivery plan scheduled to go out for formal consultation in the autumn of 2015.

Advisory Panel on Substance Misuse (APoSM)

The Welsh Government will continue to seek advice on the delivery of our substance misuse from the independent Advisory Panel on Substance Misuse. We have agreed a work programme for APoSM for 2014/15 which includes reports on alcohol minimum unit pricing (published: July 2014); a review of tramadol and other opiates and a review of the policy interventions needed to tackle substance misuse in an ageing population.

Public Health Wales

We also have a service level agreement with Public Health Wales to undertake work on our behalf in areas such as prevalence data, WEDINOS and the implementation of the harm reduction database. Public Health Wales also work closely with Welsh Government officials to develop actions to reduce drug and alcohol related death. This includes guidance on the review process of fatal and non fatal poisonings and current work in relation to the review of alcohol related deaths. Lessons from both review process (fatal/nonfatal and alcohol) will help inform the Welsh Government's future policy responses in these areas.

3. The capacity and availability of local services across Wales to raise awareness and deal with the impact of the harms associated with alcohol and substance misuse.

Emerging Challenges

Given the rapidly evolving nature of the substance misuse agenda it is important that the Welsh Government is reviewing its policy response on a regular basis.

It is recognised that the increase in new psychoactive substances are placing an increased demand on services. Following the recent inquiry carried out by the Health and Social Care Committee, the Welsh Government has accepted all 14 recommendations. Action associated with these, together with the devolved implications from proposed UK Government legislation on NPS and further advice requested from the Advisory Panel on Substance Misuse will be incorporated in the next substance misuse delivery plan.

We are also working with the Home Office to ensure that the proposed legislation to tackle new psychoactive substances announced in the Queen's Speech 2015 reflects the Welsh Government's policy position and the delivery environment in Wales.

Furthermore, we know that an aging population; an increased focus on tackling the harms associated with alcohol misuse and the drive towards recovery orientated services as well as the principles of prudent healthcare are driving services to rethink their traditional models to one which is more flexible and meets a diverse range of needs.

Funding and Delivery Landscape

Welsh Government funding for local substance misuse services includes ring-fenced allocations for substance misuse to health boards and more than £22m is provided annually, as part of the Substance Misuse Action Fund to seven Area Planning Boards. The APBs are - in turn - responsible for the commissioning and delivery of services and other policy interventions linked to the implementation of the Welsh Government's strategy and delivery plan.

Service Quality/National Core Standards

The quality of services is driven through compliance with the Welsh Government's National Core Standards for substance misuse. There are 25 core standards which aim to strengthen the governance and accountability of substance misuse service planning and delivery; ensure that a citizen-focused approach is integrated into all key activities related to service planning, review and delivery; and ultimately ensure that the full range of services is delivered effectively, safely and consistently across Wales.

Arrangements are in place within Welsh Government to monitor APBs' performance against Key Performance Indicators, APB actions within the 2013-15 delivery plan and national core standards.

Capacity and Availability of Services

In order to assess the current challenges and future trends it is important to analyse the available data to shape services.

j) Referrals

There were 24,806 referrals in 2013-14, excluding 39 referrals where there was no gender information provided, and a further 5,233 referrals who had a DNA prior to assessment.

54% of these referrals were described as having alcohol as the main problematic substance and 39% had drugs as the main problematic substance; in 6% of cases the main problematic substance at referral was not recorded, although this reduced to 2% of cases at the time of assessment.

Males accounted for 62% of Alcohol referrals and 72% of drug referrals.

ii) Treatments

The total number of clients starting treatment in 2013-14 was 14,143, down by 9% on 2012-13. In 2013-14 the number of drug clients starting treatment was 6,685 compared with 7,168 alcohol clients.

iii) Waiting Times

Of the 14,136 clients who started treatment (and had valid waiting times), the percentage that started within 20 working days increased from 73% in 2009-10 to 87% in 2013-14, continuing the trend of improvement over the five-year period.

84% (5,990) of clients with alcohol as the main problematic substance were treated within 20 working days, whilst 92% (6,132) of clients with drugs as the main problematic substance were treated within 20 working days.

Together for a Healthy Working Wales Strategic Programme: Out of Work Peer Mentoring Service Programme (Substance Misuse / Mental Health)

In order to address a currently unmet need for employment focused services and building on the successful Substance Misuse Peer Mentoring Project 2009-2014, the Welsh Government's Department for Health and Social Services is developing a bid for the European Social Fund. The proposed project will support long-term unemployed and economically inactive people recovering from substance misuse and/or mental health issues. The focus of this service will be on attaining employment; via peer mentoring and specialist employment support.

Agenda Item 6

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

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Evidence from Welsh Local Government Association & Association of Directors of Social Services – CSR 10 / Tystiolaeth gan Cymdeithas Llywodraeth Leol Cymru a'r Gymdeithas Cyfarwyddwyr Gwasanaethau Cymdeithasol – CSR 10

The Care and Support (Eligibility) (Wales) Regulations 2015 – Joint Joint response on behalf of the Association of Directors of Social Service (ADSS) Cymru and the Welsh Local Government Association (WLGA)

Introduction

1. The Welsh Local Government Association (WLGA) represents the 22 local authorities in Wales. The three national park authorities and three fire and rescue authorities are associate members. It seeks to provide representation for local authorities within an emerging policy framework that satisfies the key priorities of our members and delivers a broad range of services that add value to Welsh Local Government and the communities they serve.
2. The Association of Directors of Social Services Cymru (ADSS Cymru) is the professional and strategic leadership organisation for social services in Wales and is composed of statutory Directors of Social Services, and the Heads of Service who support them in delivering social services responsibilities and accountabilities; a group of 80 or so social services leaders across the 22 local authorities in Wales.
3. ADSS Cymru and WLGA have previously responded to the Welsh Government consultation on the proposed code of practice and regulations in relation to Eligibility, a copy of the response can be found at: <http://www.wlga.gov.uk/social-services-consultation-responses/wlga-adss-cymru-consultation-response-regulations-and-code-of-practice-part-34-sswb-wales-act/>

Will the draft Regulations and Code of Practice achieve the desired aims of the Act?

4. The WLGA and ADSS Cymru have previously communicated our broad support for the Act's vision and the ambitious principles that it sets out. We welcome its timely nature in the face of increasing pressures on social care services, both within local government and across our partners in NHS and the third sector.
5. We continue to endorse the analysis from 'Better Support at Lower Cost' (SSIA, 2011) that fundamental to achieving those two outcomes, i.e. better support and lower cost, is a cultural shift in professional and organisational practice and policy. There needs to be a move towards people being offered opportunities to take more control over their own lives and over how they make flexible use of the care and support that is available, with a shift in focus away from a concentration on process, towards a determination to consider and deliver better outcomes.
6. The approach to eligibility outlined holds to the principles of the Act, with eligibility based on a judgement that encompasses needs, outcomes, barriers, risks and resources, all of which connect to the Act's ambitions. The approach has provided advantage that it complements

the highly regarded work undertaken by Prof. Eileen Munro in England on children's services safeguarding and protection, with her recommendation that the focus should shift to 'doing the right thing' and away from 'doing things right', in other words away from process and towards outcomes. This helps to emphasise that in Wales a system is being developed that is equally applicable for adults and children, and that is another principle of the Act. It also accords with the evidence in the memorandum that this approach is closer to the current arrangements in Children's Services for determining the thresholds for assessment and providing a service.

7. The eligibility test is a significant change, away from eligibility criteria being used predominantly to gatekeep and 'say no'. The 'can and can only' test is not a simple and unambiguous test, as, inevitably and appropriately, it leaves space for professional judgment to be exercised, leading to potentially different interpretations being made. Whilst professional judgment will and should always be a consideration, the search for consistency may be a difficult objective to achieve and this may need more thought and testing out with users and carers in particular.
8. It is important to recognise that the proposed model for eligibility is new and untested. Whilst this approach may reduce the number of people who require a care and support plan by introducing opportunities to help people retain independence and access early intervention and prevention services without the need for a formal plan this is a long term vision and currently remains an aspiration. There are many elements to the Act which are inter-related and dependent on each other – the desired aims and vision for eligibility can only be achieved if there are appropriate preventative and early intervention services in place. Our previous consultation responses to the Act highlight the very real challenges being faced in providing preventative services – if the necessary preventative services are not available, and in fact face being cut, then this is likely to have a detrimental impact on social services as an increasing number of people will become eligible for a care and support plan with lower needs than would have been previously seen as the necessary services are not available in the area. The role of preventative and early intervention services, as well as the greater focus on people's well-being, are not aspects that social services can manage on their own and so it is vital that the wider Council and partner organisations, e.g. health, are fully aware of their responsibilities under the Act and held to account for supporting delivery.
9. Many elements of the Act, including assessment and eligibility, will take time to implement in full, with clear training needs for staff or additional resources required. Whilst local authorities are working on the development of many elements of the Act, including assessment and eligibility, IAA services, promotion of social enterprises and an increasing focus on outcomes, experience has taught us that we need to allow time for their proper and healthy development. As such we need to be clear about the expectations from April 2016 and be realistic in agreeing what is achievable in this timeframe, to ensure new practice is sustainable.
10. Eligibility is dependent on assessment and so it is important that both are considered at the same time. We agree that the approach is simpler than the current assessment arrangements for adults and children. A single assessment process for everyone, children and adults, is a major shift, but one to be welcomed. We do believe that more work needs to take place to ensure that the tools that currently support assessment in both children's and adult services are tailored to meet the aspirations of the Act, if possible, without imposing additional burdens on front-line workers to abandon what currently works well.

11. The aim to reduce bureaucracy is welcome, but that will need energy and resources devoted to tackling the inevitable complexity associated with a much easier and simpler process for 'consented' sharing of information, not the least of which will be ensuring that IT systems and a revitalised shared commitment make this possible.
12. We are less sure about whether the approach will be simple to apply, as it requires a very different approach and thereby challenges some of the practice that has inevitably become embedded in people's daily work. Once again it highlights the need for careful, yet robust training and staff development, so that no-one is left in any doubt about the expectations for a fundamental change in the nature of the relationship between users/carers and the workers who are leading and/or involved in their assessment. Many members of the public look to professionals to solve their family problems and meet their needs and a prudent approach to social care will need to be promoted alongside the prudent healthcare message.
13. It will be vital to review progress as this new approach is implemented and it is positive to see that the Welsh Government intends to commission an evaluation to enable the impact of the new model of assessment and eligibility to be considered. Both ADSS Cymru and WLGA would want to play a full part in this work, as we are all committed to ensure the aspirations of the Act deliver for people with care and support needs.

Are the Regulations appropriate to ensure the right access to care and support for people who require it in Wales?

14. The Explanatory Memorandum (EM) recognises that there is no precedent for the proposed new model and the evidence is based on data that has not been fully tested. We need to allow for a period of time to allow the changes to be implemented and ensure that the new approach is kept under review and tested to ensure that it achieves the ambitions of the Act and provides the right access to care and support for people who require it in Wales.

Do the Regulations and Code of Practice sufficiently address any concerns previously raised?

15. It is positive to see that the code of practice is being further refined in order to reflect and integrate the key principles and guidance from the Framework for the Assessment of Children in Need and their Families as it is important that the current strengths of Children's Services are built on. It is also helpful that the ambiguity between 'simple' and 'complex' assessment has been clarified and we welcome the removal of these terms.
16. The EM looks at the costs associated with each of the eligibility options that were considered. The graphs set out in the EM are helpful, but at this stage may not offer any conclusive evidence about the likely financial impact in particular of option three, the chosen approach. Graph 2 shows the 'spend per head of the adult population on local authority services' for each of the 22 councils. We believe that it is important to understand the socio-economic context for each of the councils, currently operating to both 'low' and 'moderate' criteria. Only one council is operating to 'low' and that council, as shown in graph 1, is spending less than the average per head on adults receiving local authority services and is in the mid-range (i.e. 14th out of 22) on graph 2. Similarly of the four councils operating to 'moderate', three are indeed spending less than the Welsh average on local authority social care or head of adult population, but the fourth is the second highest spender (council 7).

17. It may be that there are characteristics, in relation to the socio-economic context, that are similar for these five councils that could explain these spending positions, potentially suggesting that their use of 'low' and 'moderate' eligibility criteria is not a significant factor in their spending position. Welsh Government may find it helpful to commission a cost benefit analysis across Wales, to compare service profiles and outcomes achieved, when the changes under the Act have had time to bed down.
18. Another factor that should be considered in relation to the demographic trends, that are now well understood, is the ambition within the Act for early intervention and prevention to play a much bigger role in the offer that is made to people. This could mean that increasingly people over 85 will access a wider range of preventative services and facilities, thereby removing the inevitability of that growing population receiving treatment, care and support through public sector services at a critical and acute level. The Act requires that, through the provision of good quality information, advice and assistance, opportunities will be created for older people, in particular, to learn about and access community and neighbourhood facilities, some of which will be in place which do not require a referral but simply an introduction. These may be simply extending what third sector and community organisations are currently offering, or it may be that the encouragement of cooperatives and social enterprises will see the development of facilities that people experience as meaningful, local and in which they can play a part. The development or extension of these different kinds of facilities will not be without the need for support, both financial and practical and third sector agencies regularly demonstrate their ability to develop and extend support with relatively small amounts of resource. The role of WCVA and Community Voluntary Councils is critical in sharing best practice and supporting third sector agencies to attract new funds that are not available to Local Authorities.
19. The EM makes reference to significant savings that could be achieved by reducing the expenditure on assessment and care management. Whilst savings may be possible through a more proportionate response we do need to be mindful of the increased responsibilities local authorities have in relation to carers and the likely increase in demand as a result of carers requesting assessments. Demographic changes also mean that there will be higher numbers of older people and people with long term conditions, who will create new demands on the current workforce. Additionally the code of practice on assessments sets out that as part of the provision of advice and assistance through the IAA service an assessment will be required that takes into account the five elements to determine eligibility – this will require experienced and highly skilled staff to be able to have a meaningful conversation with a person at their first point of contact to be able to undertake these responsibilities and so we need to be clear on what impact this will have, particularly on existing IAA services.

Are there likely to be any barriers to the implementation of the provisions?

20. We have previously outlined our concern that the Act will increase pressure on local authorities and that staff training and workforce development remains the highest priority. As such the Delivering Transformation Grant and the additional resources to support workforce development are welcomed. This will need to be kept under review to ensure that adequate resources and support are available to ensure that the work required to successfully implement the Act can be achieved.
21. As highlighted above no part of the Act can be looked at in isolation as there are many inter-dependencies – whilst assessment and eligibility sit firmly with local authorities many of the services that will be accessed following assessment will sit outside local authority control. This is not something that local authorities can do on their own and so we need to ensure that all partners are aware of their responsibilities and are held to account for delivery of the Act.

22. We have also stressed that whilst the aim is to provide a consistent response across Wales the 'can and can only' test is not a simple and unambiguous test, as, inevitably and appropriately, it leaves space for professional judgment to be exercised, leading to potentially different interpretations being made. In addition we will also have situations where in one area someone will become eligible for a care and support plan as there are no services available in their community that meet their needs, whilst in another area there may be services in place, so someone with very similar needs may find themselves not eligible. This highlights the fact that finding a consistent response may not be possible as it will be determined by what services are available in any given area. This is particularly pertinent as we rely more on third sector and social enterprises, which will not be uniform across Wales but will reflect the geographical and population differences at locality level, as well as the aspirations and priorities of service users, if we are true to our ambition to develop service user led support and services.

Agenda Item 7

Age Alliance Wales

Care and Support Eligibility (Wales) Regulations 2015

Response to Health and Social Care Committee



National Assembly for Wales / Cynulliad Cenedlaethol Cymru

[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[The Care and Support \(Eligibility\) \(Wales\) Regulations 2015 / Rheoliadau Gofal a Chymorth \(Cymhwysra\) \(Cymru\) 2015](#)

Evidence from Age Alliance Wales - CSR 07 / Tystiolaeth gan Cynghrair Henoed Cymru - CSR 07

Age Alliance Wales (AAW) is the alliance of 19 national voluntary organisations committed to working together to develop the legislative, policy and resource frameworks that will improve the lives of older people in Wales.

The following 19 organisations represent Age Alliance Wales: Age Connects Wales, Age Cymru, Alzheimer's Society Wales, Arthritis Care, Care and Repair Cymru, Carers Wales, Contact the Elderly, Carers Trust Wales, Cruse Cymru, CSV -RSVP Wales, Deafblind Cymru, Disability Wales, NIACE Cymru, Prime Cymru, RNIB Cymru, Action on Hearing Loss Cymru, The Stroke Association and Volunteering Matters.

1. Age Alliance Wales (AAW) was pleased to have the opportunity to participate in the Welsh Government Technical Groups. Feedback from members showed the groups were viewed as positive and constructive.
2. AAW believes that a new national eligibility framework will be beneficial to older people providing that the criteria for eligibility is fair and adherence to framework is monitored. The level of eligibility needs be set at a fair and reasonable point; setting the benchmark too high would create a barrier to accessing vital care and support services for many.
3. AAW is a keen champion of the role of preventative services in maintaining and enhancing the well-being of older people. We were therefore pleased to note paragraph 2.24 of the Code of Practice which states: *Even where a determination of eligibility is made there remains a duty on the local authority to support people to access any appropriate community based services where these contribute to meeting the person's well-being outcomes.*
4. However, in the light of recent public sector cuts to adult community learning classes, libraries and day centres, we question whether local communities are ready and able to offer the variety and range of preventative services required to support older people with low level needs. It may well be that the development of

new and innovative ways of working alongside increased partnership working between sectors, will lead to an increase in the availability and quality of preventative services, but this is currently not the case.

5. AAW believes that older people should be involved in the design, planning and delivery of services. With local authorities holding sole responsibility for commissioning health and social care services, it is unclear how meaningful engagement with older people will be achieved. Furthermore, with voluntary organisations experiencing budget cuts and being required to deliver more for less, meaningful engagement with older people is being compromised.
6. AAW shares the concerns of the Carers Alliance and Age Cymru that the Bill, in aiming to achieve an increased focus on people's strengths, capacity and capabilities, could result in additional demand and expectation being placed on unpaid carers to meet the care and support needs of the people they care for. It is vital that primary and secondary legislation provides a clear legal framework for the decisions which need to be made by local authorities in these matters.
7. AAW was pleased to note that the Act's primary and secondary legislation relating to assessments stated that needs assessments SHOULD NOT include a consideration of the willingness or availability of a carer to provide care and support. However the 'can and can only' eligibility test contradicts this by stating that consideration of the availability of 'others who are willing to provide that care' SHOULD be included.
8. In light of the above, AAW shares the concern of Age Cymru and the Carers Alliance regarding the withdrawal of Regulation 7 from the original consultation draft. Regulation 7 stated that a local authority should disregard care given by a carer in when assessing need and eligibility. The withdrawal of the regulation could lead to a situation where carers are placed under undue pressure and lack the support they need to care adequately for a relative or friend.
9. There is a lack of clarity in the regulations and guidance regarding how the effectiveness of preventative services will be monitored. As detailed in highlighted in paragraph 3 of this document, cuts to local authority services and reductions in income for voluntary organisations are seriously reducing the number and range of preventative services available to an older person. Consequently, it is vitally important to have effective mechanisms in place that monitor whether community preventative services are being successful in supporting older people to achieve their stated outcomes.
10. AAW shares concerns expressed by RNIB Cymru and Action on Hearing Loss Cymru that assessors carrying out the eligibility test may not have the skills to make an informed assessment of the needs of someone with sight loss or who is deaf or with hearing loss. People with sight loss should have access to specialist

assessments from someone such as a rehabilitation officer for the visually impaired. People who are deaf or have hearing loss should have access to assessments carried out by specialist social workers for the deaf, or suitably qualified and trained social workers, in line with the ADSS' best practice guidance.

11. AAW shared the concern of RNIB Cymru and Action on Hearing Loss Cymru that the first draft of the eligibility regulations failed to reference the barriers to accessing information faced by people with communication needs. People with little or no sight are at a major disadvantage when accessing information and when communicating independently. This applies also to people with hearing loss if services rely on telephone contact and also people who use British Sign Language and for whom English or Welsh could be a second language. We therefore welcome the change made to the eligibility criteria following public consultation, to include the ability to communicate in regulations 3, 4 and 5. However we would recommend that this is reworded to say "ability to communicate or access information."
12. It has not been specified by the Act or in any secondary legislation drafted to date whether specialist habilitation and rehabilitation for people with sight loss will or should be provided as a community-based preventative service, or as a service provided by a local authority that would require an assessment of eligibility to access support. This implies that this would be a decision for local authorities to make, on the basis of their population needs assessment, and may result in differing service structures in different local authority areas. AAW shares the concerns of RNIB Cymru that this will result in inconsistent experiences for blind and partially sighted people across Wales.
13. AAW is concerned that if charging for preventative services is introduced, it will have a negative impact on older people by potentially deterring them from accessing services that maintain well-being and prolong their ability to live independently. The cost of deterring people from accessing preventative services will ultimately be met by the NHS.

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)
[The Care and Support \(Eligibility\) \(Wales\) Regulations 2015 / Rheoliadau](#)
[Gofal a Chymorth \(Cymhwystra\) \(Cymru\) 2015](#)

Evidence from Social Care and Wellbeing Alliance Wales – CSR 11 /
Tystiolaeth gan Cynghrair Gofal Cymdeithasol a Llesiant Cymru – CSR 11

SOCIAL CARE AND WELLBEING ALLIANCE WALES

RESPONSE TO THE ELIGIBILITY CRITERIA REGULATIONS AND CODE OF PRACTICE

We are content for this paper to be made public. For further information please contact
Meleri Thomas, Co Vice-Chair, Social Care and Wellbeing Alliance Wales



Tim Ruscoe, Co Vice-Chair, Social Care and Wellbeing Alliance Wales



1. The Social Care and Wellbeing Alliance [SCWAW] welcomes the opportunity to respond to and provide evidence to the Health and Social Care Committee on the Eligibility Criteria.
2. SCWAW is an alliance of around 30 third sector and professional organisations established to identify, and seek to address, emerging issues affecting social care and wellbeing and their impact on people in Wales.
3. SCWAW believes the Social Services and Wellbeing Act should deliver robust outcomes for the people of Wales who need access to social care and support services to live full and independent lives.
4. We support the establishment an all-Wales eligibility criteria. We hope that this will help ensure parity of provision regardless of where people live.
5. We welcome the inclusion of the ‘ability to communicate’ as a recognised eligible need for children, adults and carers in the regulations. For people who have conditions that affect their ability to communicate, such as autism, taking account of a person’s communications ability and method of communication is crucial in making sure that they get the care and support at the right time, in the right place, in the right way.
 - a. We would further welcome that mental capacity be recognised in the ability to communicate, particularly relating to the ability of those with dementia to communicate meaningfully or with real understanding.
 - b. We would still like to see assistance with taking medication and managing medical conditions added to the criteria. This would include people with little or no sight who are often unable to detect a change in their appearance or symptoms which might be the early signs of a health problem, or who will need help to administer or manage their medication.

6. We welcome the commitment to put the needs of the individual at the centre of the assessment and care planning process and the emphasis on it being proportionate. However our overall impression is that the eligibility criteria as currently written rely too much on informal support from family and friends. We are concerned that this will put pressure on families to say that they can provide care and support to avoid eligibility.
7. We would support the principal that children and adults must be 'willing and able' to provide care and support, without a presumption that they can provide it.
8. SCWAW is concerned that the 'Can and Can Only Test' is difficult to understand and has the potential to exclude people who have low-level need such as help getting dressed, getting washed or preparing food [moderate needs under the old system].
9. We are also concerned that the 'Can and Can Only Test' suggests that 'need' will be based on what services are available not on the person's needs. The test must meet the person's needs and well-being outcomes. A community service that is only relevant in part will not meet specific needs in the way a more personalised care and support plan would.
10. We do however note that the 'Can and Can Only Test' will not apply when the need derives from abuse and neglect or the risk of abuse and neglect.
11. SCWAW supports the view that you cannot look at impact of eligibility regulations in isolation, in particular in relation to the skills of the assessor and input of specialists into assessment, and the availability of preventative services in the local area, for example whether someone is found eligible will depend on the preventative or community based services available.
12. We welcome the intention to support low level needs where these can and can only be met through the preparation and delivery of a care and support plan. Meeting low level needs is in line with the Act's preventative agenda and, if these low level social care needs are met before they escalate, the cost of meeting these needs is substantially lower than meeting higher level needs.
13. SCWAW supports the right of individuals to take up a Direct Payment, if they choose to do so. We welcome the inclusion in the Code of Practice that local authorities must explore all options for supporting an individual to manage a direct payment. We would recommend that this specifically includes setting up brokerage schemes to help people manage their direct payments. We would however want specific quality guarantees in place for the care and support purchased by Direct Payments.

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)

[The Care and Support \(Eligibility\) \(Wales\) Regulations 2015 / Rheoliadau Gofal a Chymorth \(Cymhwysra\) \(Cymru\) 2015](#)

Evidence from Wales Carers Alliance – CSR 05 / Tystiolaeth gan Gynghrair Cynhalwyr Cymru – CSR 05

National Assembly for Wales' Health and Social Care Committee

Consultation on the Care and Support (Eligibility) (Wales) Regulations 2015

Wales Carers Alliance briefing paper

19.05.15

1. The Wales Carers Alliance appreciated the opportunity to take part in the Technical Groups convened by Welsh Government during the development of the regulations and codes of practice for the Social Services and Wellbeing (Wales) Act 2014. We were able to contribute to the Eligibility Technical Group and welcomed the constructive atmosphere amongst officials and representatives from the statutory and voluntary sector whilst dealing with complex and difficult issues.
2. The Alliance would however wish to raise a number of remaining concerns in regards to the Care and Support (Eligibility) (Wales) Regulations 2015, both in terms of the general aims of the Act in relation to setting national eligibility criteria and the detail of the regulations.
3. We understand the overarching aims of the Act to refocus on people's strengths, capacity and capabilities but we are concerned that this change of emphasis could easily result in additional demand and expectation being placed on unpaid carers to meet the care and support needs of the people they care for. It is vital then that primary and secondary legislation provides a clear legal framework for the decisions which need to be made by local authorities in these matters.

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Members:

Age Cymru, All Wales Forum of Parents & Carers, Alzheimer's Society, Care & Repair Cymru, Carers Wales, Children in Wales, Kids Cancer Charity, Hafal, Learning Disability Wales, Macmillan Cancer Support, Marie Curie, Motor Neurone Disease Association, MS Society Wales, National Autistic Society Cymru, Parkinson's UK, SNAP Cymru, Carers Trust Wales, The Stroke Association

4. The first general point that we would like to make in regards to the “Can and Can Only” test is that during consultation events held in early 2015 by Carers Wales with 58 carers from 16 counties across Wales, the majority of carers commented that they found the “Can and Can Only” test difficult to understand and were indeed concerned that it would lead to increased pressure on carers to provide care and support to their loved ones.
5. The Alliance welcomes the high profile given to carers in the Act. Both the primary and secondary legislation relating to assessments make it clear that an assessment of needs must be carried out in a manner which disregards the willingness or availability of a carer to provide care and support. The “Can and Can Only” test and eligibility regulations however reintroduce the availability of “*others who are willing to provide that care*” directly into decisions about whether a person is legally entitled to have their needs met by a local authority. We believe that there is an inherent risk for carers in this approach, especially as the stated aim of the legislation is to “reduce the number of people who will require a care and support plan” and thereby have an enforceable right to support from their local authority.
6. The Alliance was therefore particularly disconcerted to see the removal of Regulation 7 from the original consultation draft. Regulation 7 specifically addressed the importance of a local authority disregarding the care given by a carer (to an adult or a child) when making decisions in regards to need and eligibility. We recognise that the Code of Practice on eligibility in paragraph 2.35 does provide some clarity on this issue. Specifically, that a local authority ‘**must** identify those needs which would be deemed as eligible if the carer was not meeting needs’.

However, there still remains the risk of confusion in how the Code relates to the regulations. This risk, coupled with the removal of Regulation 7, increases the likelihood of local authorities deciding that the care and support needs of an adult or disabled child can be readily met by their carer. This would potentially place undue pressure on carers to take on or maintain increasing or unsustainable levels of care.

Clauses 3(c)(ii), 4(c)(ii), 5(c)(ii) of the revised regulations refer to “others who are *willing* to provide that care” but the Alliance are concerned that this does not provide sufficiently clear direction on the relationship between eligibility and the willingness and availability of a carer to provide care and support. We also feel that the regulations and the Code of Practice only recognise the willingness of the carer to provide the care, and not the willingness of the

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individual with care needs to receive care from the carer. The original Regulation 7 may have been confusing but at least attempted to address this issue.

7. The Alliance welcomes that the Code of Practice on Eligibility states in paragraph 2.35 that the local authority 'must ensure the individual is involved as a full partner' in the assessment of eligibility. This is a welcome addition to the Code that strengthens the individual's role in determining the extent to which they can meet their well-being outcomes with the support of others or through services to which they have access.
8. Local authorities have a general duty to plan for and provide community preventative services whereas the eligibility regulations deal with decisions relating to individual legal rights and entitlements. There is no individual right or entitlement to access preventative services, this is a potential area for major dispute where local authorities may consider that a certain service or community activity is adequate to meet a person's needs but that person disagrees. This would have direct consequences for decisions about eligibility.

The Alliance is concerned that the regulations and guidance do not say enough about the links between the two. For instance, whose responsibility is it to show that a person's assessed needs can be met with the assistance of services in the community? We would expect regulations and guidance to require a local authority to demonstrate that they have relevantly signposted or made referrals on to a range of community services when making their decisions on eligibility.

Unless adequately resourced with a comprehensive range of community services there is a real risk of placing more pressure on carers instead of assisting them. It is worth mentioning that cuts in budgets in local authorities over recent years have resulted in the closure of many preventative services run by authorities and the third sector e.g. day care and short breaks.

9. The regulations refer to a range of well-being related factors but these do not correlate directly with the attributes of wellbeing specified in Part 2 of the Act. In particular, we can not see any reason for the exclusion of "suitability of living accommodation" from 3(b), 4(b) and 5(b) of the regulations and would want living accommodation to be included.
10. Although it is outside of the immediate remit of these regulations we would also like to highlight, that unlike the Care Act in England, the Social Services and Wellbeing (Wales) Act does not provide a right of appeal to decisions made by local authorities. Currently the only mechanism open to carers and those they care for to object to the outcome of eligibility decisions is to make a formal complaint. The Alliance believes that this oversight weakens

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the overall intentions of the Act and would like to see a formal appeals process introduced by legislation at the earliest opportunity.

11. On a minor note, there does not appear to be a footnote on the definition of “disabled” mentioned in point 19 of the statement setting out the amendments made following consultation.

About Wales Carers Alliance

Wales Carers Alliance exists to represent the concerns and further the interests of carers in Wales. There are over 370,000 carers across Wales providing unpaid care to friends and family, together the 18 member organisations of Wales Carers Alliance work with and for carers to promote the well-being of all carers.

Current members of the Wales Carers Alliance :

Age Cymru, All Wales Forum of Parents & Carers, Alzheimer’s Society, Care & Repair Cymru, Carers Wales, Children in Wales, Kids Cancer Charity, Hafal, Learning Disability Wales, Macmillan Cancer Support, Marie Curie, Motor Neurone Disease Association, MS Society Wales, National Autistic Society Cymru, Parkinson’s UK, SNAP Cymru, Carers Trust Wales, The Stroke Association

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Agenda Item 8

National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal Cymdeithasol](#)
[The Care and Support \(Eligibility\) \(Wales\) Regulations 2015/ Rheoliadau Gofal a Chymorth \(Cymhwysra\) \(Cymru\) 2015](#)

Evidence from – CSR 04 Wales Alliance for Citizen Directed Support / Tystiolaeth gan Cynghrair Cymru ar gyfer Cymorth a Gyfarwyddir gan Ddinasyddion – CSR 04

Health and Social Care Committee

Scrutiny of the Care and Support (Eligibility) (Wales) Regulations 2015: Consultation

Your contact details

Name:	Paul Swann
Are you responding as an individual or on behalf of an organisation?	On behalf of an organisation
Organisation (and role if applicable):	Citizens and Providers Network of the Wales Alliance for Citizen Directed Support – Council Member
Telephone / Mobile number:	[REDACTED]
Email:	[REDACTED]
Would you like to be added to the Committee's contacts database for future inquiries?	Yes please.

Disclosure of information

The Assembly's [policy on disclosure of information](#) is available; please ensure that you have considered these details carefully before submitting information to the Committee.

Submitting evidence

If you wish to submit evidence, please send an electronic copy of your submission form to SeneddHealth@assembly.wales.

Alternatively, you send it to:

Catherine Hunt, Second Clerk,

Health and Social Committee

National Assembly for Wales

Cardiff Bay, CF99 1NA.

The Health and Social Care Committee has agreed to undertake scrutiny of the Care and Support (Eligibility) (Wales) Regulations 2015, which will be made under the Social Services and Well-being Act 2014. The draft Regulations were published by the Welsh Government on 8 May, and there will be a 60 day scrutiny period before a resolution for their approval can be considered by the Assembly. During this period, the Committee would like to hear the views of those with an interest on the draft Regulations. The draft Regulations should be considered alongside the Code of Practice on the exercise of social services functions in relation to part 4 (Meeting needs) of the Social Services and Well-being (Wales) Act 2014.

To inform the work the Committee would welcome your views in relation to the consultation questions set out below. Comments should be a maximum of 2000 words in total.

Consultation questions

Question 1a – What are your views as to whether the draft Regulations and Code of Practice as drafted will achieve the desired aims of the Act?

1a.1 The Citizens and Providers Network of the Wales Alliance for Citizen Directed Support (WACDS) welcomes this opportunity to provide evidence to the Health and Social Care Committee. Information about the Alliance and our definition of Citizen Directed Support (CDS) can be accessed at <http://www.disabilitywales.org/?p=4618>. Briefly,

“Citizen Directed Support is a set of ideas to help us build good relationships with people who support us to achieve our goals and live our lives as we choose.”

1a.2 WACDS’ overall perspective on the Act, and on the eligibility and meeting needs sections in particular, is determined by the extent to which we believe that the Regulations and Codes of Practice will guide local authorities and other agencies to implement CDS in practice.

1a.3 We articulated a number of concerns in our response to the

consultation on the regulations and Code of Practice in relation to Parts 3 and 4 of the Act (1). Although we believe that subsequent drafting of the regulations on eligibility and the Code of Practice on meeting needs could have gone further, the progress that has been made does alleviate some of these concerns.

1a.4 For instance, paragraph 2.11 in the Code sets out a rationale for the approach to assessment of need for social support, which we endorse, and regulation 6 provides a clear statement on individuals' ability to meet need. Taken together, we believe that these provide a sound basis for local authorities to approach the tasks of assessment and meeting need – as long as “need” is understood to mean “need for support” and not “special need” (see advice on use of terminology at 1c.6 below).

1a.5 However, we remain concerned that the “can, and can only” test set out in paragraph 2.20 of the Code remains open to interpretation by local authorities. Our understanding is that the intention behind the test is to ensure that local authorities only act within their legal powers and duties, with ‘can’ meaning that the required social support is within the authority’s legal powers and/or duties, and ‘can only’ meaning no other body has powers or duties to provide this support.

1a.6 We understand that a secondary intention was to link to the Section 16 duty to promote social enterprises, co-operatives etc. This should encourage provision of earlier intervention and preventative support that enables people to achieve their wellbeing outcomes without formal social support arrangements with the local authority. Without complete clarity about the purpose of the ‘can and can only’ test there is a risk that eligibility could become a barrier in itself.

1a.7 We are concerned that the requirement for individuals to exhaust all possible family- and community-based options for support before becoming eligible for statutory services could widen the gaps that people can fall through. We do not wish to see people being expected to ‘prove’ that they have made every attempt to overcome the barriers to them achieving their wellbeing outcomes within family and community resources before being listened to. We would therefore like to see guidance that discourages this.

1a.8 We understand that the original intention was to incentivise local authorities to build preventative and community based support provision in order to increase availability of ‘low level’ options for citizens to access

themselves and to reduce demand for more costly local authority provision. We are concerned that this vision has been diluted and strongly advise that it is reinforced in the Codes to prevent potentially life threatening gaps appearing in eligibility and provision.

Question 1b – Do you believe that the draft Regulations and Code of Practice are appropriate to ensure the right access to care and support for people who require it in Wales?

1b.1 We are pleased that the Code of Practice requires local authorities to adopt a pro-active and innovative approach to direct payments and makes it clear that they are a means to achieving individual well-being outcomes. However, we are concerned that some local authorities may continue to interpret the guidance less than adequately.

1b.2 We would like to see clearer guidance to encourage local authorities to adopt a light-touch approach to monitoring and to deter micro-managing individuals' Direct Payments budgets.

1b.3 We remain concerned that the Act is weakened by its failure to provide a legislative basis for direct payments in continuing health care. We urge Welsh Government to reconsider its position on this at the earliest opportunity, to ensure that Welsh citizens have parity with English direct payment recipients.

Question 1c – Do you believe that the draft Regulations and Code of Practice sufficiently address any concerns previously raised?

1c.1 'Independence' is still conflated with 'independent living'. Independence does not mean living alone in isolation or coping without help. The definition of 'independent living' adopted by Welsh Government in its Framework for Action on Independent Living is that:

Independent Living enables us as disabled people to achieve our own goals and live our own lives in the way that we choose for ourselves.

1c.2 The right to independent living is enshrined in Article 19 of the UN Convention on the Rights of Disabled People (UNCPRD). Despite having equal status with the UN Convention on the Rights of the Child,

and higher status than the UN Principles for Older Persons, reference to the UNCRDP has until recently been omitted from the Codes.

1c.3 We are pleased to note, however, that the draft Code of Practice on Parts 4 and 5 of the Act states:

4.2 Welsh Government policies for social care and support aim to promote the independence and social inclusion of individuals. Authorities may wish to take a similar approach in designing any charging policy, *taking into account the principles of the Social Model of Disability and the UN Convention on the Rights of Persons with Disabilities.*

1c.4 This is welcome recognition that local authorities must give due regard to the UNCRDP. We now wish to see this incorporated as a consistent message throughout the Codes of Practice to ensure that local authorities are fully aware of their responsibilities under the UNCRDP. In the Code of Practice on Part 3, the UNCRDP should be referenced alongside the UN Convention on the Rights of the Child and the UN Principles for Older Persons in section 1.5.

1c.5 The definition of well-being in the Act should specify enjoyment of the right to independent living. In our consultation response we highlighted that this has been addressed in the guidance to the Care Act in England.

1c.6 There is a need for clear guidance on the correct use of terminology within the Codes. There continues to be confusion about what is meant by 'care' and 'support'. When accessing social services, people require professionals to assist them to put in place the support they require to achieve their chosen well-being outcomes; they do not require 'care', which by the definition in the Act, can only be provided by unpaid family or friends.

1c.7 The Code for Part 10 replaces the term 'needs' with 'barriers'. We would like to see this repeated throughout the Codes to fully reflect the Social model ethos of the Act. The term 'needs' is still equated with 'impairments', but the impetus in the Act towards citizens directing the support they require leaves no place for this; the promise of a 'barriers and assets' model should now be realised in these Codes.

1c.8 The importance of advocacy in guaranteeing citizens' choice and

control is recognised in the consultation on Part 10 of the Act. The references to advocacy in the Code of Practice on meeting needs are welcome. We wish to see advocacy as a “golden thread” running throughout the Codes and believe that this would strengthen the Act’s transformative potential considerably.

Question 2 – What are your views as to whether there are likely to be any barriers to the implementation of the provisions?

2.1 We wish to see the CDS values and principles embedded into working practice. This requires significant organisational culture change through transformational leadership. Agencies and professionals must commit to genuinely equal partnerships with the people they serve to address the power imbalances which cause problems in the current system. We are not convinced that the necessary infrastructure is being introduced to ensure that organisations deliver genuine voice, choice and control to citizens.

2.2 We are particularly concerned that whilst extensive training on the Act is being made available to professionals, there are currently no plans in place to replicate this for support recipients and the wider public. To be able to engage effectively in empowering conversations with professionals, citizens must have at least a basic understanding of the Act and some of its key concepts, such as well-being, outcomes and co-production.

2.3 We would like to see a stronger statement by Welsh Government on the importance of co-production as “the way that we do public services in Wales”. By co-production we mean *enabling citizens and professionals to share power and work together in genuinely equal partnership*.

2.4 In particular, the Codes of Practice should place a stronger emphasis on the expectation that assessment and support planning is to be conducted co-productively. The assessment Code identifies five considerations that must be taken into account to ensure a holistic approach. This must be integrated with the eligibility system and other sections of the Act (e.g. population needs assessments, prevention, social enterprise and cooperatives) to ensure that people are enabled to use their skills and capacities to improve their own lives and work together co-productively with others for mutual benefit, whilst being clear about local authorities’ responsibilities and duties in this regard. We suggest that these sections of the Act must be linked more closely if positive transformation is to become reality.

Question 3 – What are your views on the likely consequences of the draft Regulations and Code of Practice for current and future service users and carers?

3.1 As the entire Act is designed to transform the way that social services are designed and delivered in Wales, we are optimistic that it will lead to a radical new approach which will be of significant benefit to future recipients of support and services. In particular, we hope to see a fundamental change in the nature of the relationship between citizens and professionals, with citizens having as much, or as little, control over their support as they wish to have.

3.2 Much will depend on the extent to which the vision of the Act is implemented in practice. We believe that it is vital to monitor and evaluate implementation over time.

3.3 We are not aware of any proposals for comprehensive and consistent grassroots monitoring and evaluation of working practices from support recipients' and carers' perspectives. It is vital for citizens to have access to such systems to enable long-term evaluation of the success, or otherwise, of local authorities and service providers efforts to implement the Act.

REFERENCES

1. *Disability Wales and WACDS joint consultation response on Parts 3 & 4 of the Social Services and Well-being (Wales) Act 2014*

<http://www.disabilitywales.org/wordpress/wp-content/uploads/SSWb-Act-FinalPart3and4consultation.doc>

CONTACT

Paul Swann
WACDS Council Member,
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e:

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National Assembly for Wales / Cynulliad Cenedlaethol Cymru
[Health and Social Care Committee / Y Pwyllgor Iechyd a Gofal
Cymdeithasol](#)

[The Care and Support \(Eligibility\) \(Wales\) Regulations 2015 /
Rheoliadau Gofal a Chymorth \(Cymhwysra\) \(Cymru\) 2015](#)

Evidence from Barnardo's Cymru – CSR 09 / Tystiolaeth gan Barnardo's
Cymru – CSR 09



**Title: Care and Support (Eligibility) (Wales)
Regulations 2015 and Code of Practice**

From: Dr Sam Clutton, Assistant Director, Policy

E-mail: [REDACTED]

Tel: [REDACTED]

Address: Barnardo's Cymru Policy and Research Unit
19-20 London Road, Neath, SA11 1LE

1. Information and working context of Barnardo's Cymru

Barnardo's Cymru has been working with children, young people and families in Wales for over 100 years and is one of the largest children's charities working in the country. We currently run 85 diverse services across Wales, working in partnership with 18 of the 22 local authorities. In 2013-14 we worked with in the region of 8,300 children, young people and families directly and a further almost 22,000 through less direct work; including open groups and outreach work. Barnardo's Cymru services in Wales include: care leavers and youth homelessness projects, young carers schemes, specialist fostering and adoption schemes, family centres and family support, parenting support, community development projects, family support for children affected by parental imprisonment, domestic abuse and parental substance misuse, short breaks and inclusive services for disabled children and young people, assessment and treatment for young people who exhibit sexually harmful or concerning behaviour and specialist services for children and young people at risk of, or abused through, child sexual exploitation and young people's substance misuse services.

Every Barnardo's Cymru service is different but each believes that every child and young person deserves the best start in life, no matter who they are, what they have done or what they have been through. We use the knowledge gained from our direct work with children to campaign for better childcare policy and to champion the rights of every child. We believe that with the right help, committed support and a little belief, even the most vulnerable children can turn their lives around.

- **This response may be made public.**
- **This response is on behalf of Barnardo's Cymru.**

Barnardo's registered Charity Nos. 216250 and SCO37605
Rhifau Cofrestru'r elusen Barnardo's 216250 a SCO37605

Question 1a – What are your views as to whether the draft Regulations and Code of Practice as drafted will achieve the desired aims of the Act?

1.1. The draft Regulations are clear in setting out needs that meet the eligibility criteria and the draft Code of Practice provides greater clarity on the intended application of the aims of the Act than the earlier consultation draft. However the need to consider whether the needs are needs that meet eligibility criteria, apply the national eligibility test and apply these across the five elements of assessment appears complex. Work will be needed to support consistent practice in the implementation of these requirements.

1.2. We still believe that the Code of Practice on Part 4 of the Act and on Part 3 of the Act should provide stronger guidance on the application of best interests considerations in relation to eligibility and social care decisions about children.

1.3. Often social care intervention in the lives of children is based on concerns about impaired parenting capacity or family circumstances which, mean that children may not be receiving the nurture, protection and support they need to develop and secure good well-being through their families. The state places expectations through legislation on the way in which families should provide for children in order to support their best interests and has powers to intervene where these expectations are not met. In this way due regard to Article 3 of the United Nations Convention on the Rights of the Child (UNCRC) is demonstrated. Application of best interests considerations in relation to children will strengthen the potential to achieve the desired aims of the Act in terms of prevention, securing good well-being outcomes, reducing the escalation of social care needs and safeguarding children.

1.4 We note that on page 16 of the Code of Practice on Part 3 of the Act it states 'that the process of assessment of is about ensuring the best interests of the child are met'. This relates to further amendments being developed with a small task and finish group of which we are members. We very much welcome this addition and would like to see reference to ensuring the best interests of the child are a consideration in social care decisions about children reflected throughout the Codes of Practice on Part 3 and Part 4 of the Act.

Question 1b – Do you believe that the draft Regulations and Code of Practice are appropriate to ensure the right access to care and support for people who require it in Wales?

1.5 The eligibility test and associated personal well-being outcomes and five elements of assessment should in theory lead to social care focussed on securing good well-being outcomes for children. The process of preventative provision as an offer for those who do not meet the eligibility test should also support better outcomes. However in practice for children's services these processes are already in place in authorities across Wales with Families First, Team Around the Family and social service intervention operating at different levels of need and systems for families to move between levels of intervention as needs change.

1.6. There must be a clear recognition that in the case of children the majority of contact with the Information, Advice and Assistance (IAA) service will come via referrals based on an identified need for intervention, that signposting to preventative services from the IAA service may not be affective in responding to children and their families- referral is likely to be the main route to preventative services. Work is also needed to address preventative work with families who 'fail to engage' so that children's well-being is supported even where parents have difficulty in accepting preventative interventions that may reduce the need for children to have care and support intervention later on.

Question 1c – Do you believe that the draft Regulations and Code of Practice sufficiently address any concerns previously raised?

1.7. The Act requires that those exercising functions under the Act must have due regard to the UNCRC. This is

referenced at para 1.5 of the Code of Practice on Part 4 of the Act. However there is no guidance on how this might be interpreted, achieved or monitored.

1.8. Further we have not seen a published CRIA in relation to these draft Regulations and Code of Practice or in relation to any other regulation and guidance introduced under the Act. It is imperative that regulation and guidance introduced under an Act which is built on a 'people model' is subject to assessment that clearly demonstrates that due regard to the UNCRC in line with the duty on the Minister has been considered and applied.

1.9. The inclusion of further amendments to the Code of Practice on Part 3 of the Act to ensure maintenance of the key principles of the Framework for the Assessment of Children in Need and their Families goes some way to addressing concerns we have raised in the past.

1.10. Section 21 of the Social Services and Well-being (Wales) Act - Duty to assess the needs of a child for care and support includes:

(7) For the purposes of the needs assessment a disabled child is presumed to need care and support in addition to, or instead of, the care and support provided by a child's family.

The need to protect the entitlements of disabled children as provided under Section 17 of the Children Act 1989 was the subject of concern and debate during scrutiny of the Social Services and Well-being (Wales) Act. The Deputy Minister made a statement committing to address these concerns during the passage of the Bill. This information has been included in the Code of Practice on Part 3 of the Act we believe that it should also be included in the Code of Practice on Part 4 of the Act.

1.11. We remain concerned that the grounds for the refusal to accept an assessment in the Code of Practice on Part 3 of the Act and for refusal of a care and support plan under the Code of Practice on Part 4 of the Act should be subject to a blanket provision that refusal can be overridden where a local authority considers that this is in the best interests of the child. Section 23 of the Act does provide that the refusal of an assessment does not discharge a local authority from their duty in relation to a child where: *The local authority is*

satisfied, in the case of a refusal given by a person with parental responsibility for the child, that not having the assessment would be inconsistent with the child's well-being. This provision as worded on the face of the Act is omitted from the Code of Practice on Part 3 of the Act.

1.12. The provisions and direction on the development and review of care and support plans appear to be robust. However we remain of the opinion that in order to provide children with a sense of voice and control in line with the policy intent of the Act there should be a presumption that a child will require an advocate to support them in participating and being heard in the assessment and care planning process. This in combination with workforce development to support a clear child right's approach to social care work would provide for a co-production approach to social care for children in line with the policy intent of the Act.

Question 2 – What are your views as to whether there are likely to be any barriers to the implementation of the provisions?

2.1 Although there are some good examples of user led organisations, cooperatives and social enterprises led by the parents of disabled children the capacity to increase the range of preventative services beyond existing preventative services in this way will be limited. The development of user led organisations, cooperatives and social enterprises being established by parents where the need for preventative services is related to parenting capacity or family stress is likely to be limited. As a third sector organisation we have experience of supporting parents into volunteering and mutual support opportunities following the completion of an intervention that has reduced care and support needs and built parental confidence. However this requires support and parents are not usually ready to engage in this way until a successful intervention is complete.

2.2. The capacity to meet needs early through preventative services for children and families is likely therefore to be limited to existing funded and commissioned programmes such as Families First. In fact many of the early preventative community based services that were funded under the old Cymorth Grant funding have been now been lost.

2.3. In our experience the level of need among families referred into Families First is increasing with families presenting with more complex needs. It is difficult to see how

without further resources more children will be able to be diverted into preventative services in order to avoid escalation of need and decrease the need for eligible care and support needs to be met. The picture for children may therefore remain static. This is not to claim that quality work is not already being delivered via Families First and social services provision. Rather that the current stretch on services is unlikely to be alleviated by the provisions of the Act.

2.4. In other words there are limits to the extent to which the needs of children with non-eligible care and support needs can be met through current provision.

Question 3 – What are your views on the likely consequences of the draft Regulations and Code of Practice for current and future service users and carers?

3.1. We are not clear at this time how significant the Regulations and Code of Practice will be as applied to the delivery of social care for children. We do believe that stronger direction on the duty to have due regard to the UNCRC for those exercising functions under the Act, including those functions covered by this draft Regulation and Code of Practice, will ensure that the within a people model recognition that the child 'needs special safeguards and care' (as set out in the Declaration on the Rights of the Child) will be better secured. This in turn will support the realisation of the policy intent of the Act as applied to children.

Agenda Item 9.1



Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
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Professor Adam Cairns
Chief Executive

22 May 2015

Helen Finlayson
Clerk
Heath and Social Care Committee
National Assembly
Cardiff Bay
CF99 1NA

Dear Helen

Thank you for your follow up email and I apologise for not responding sooner as I have been recovering from an operation.

You rightly infer from my earlier comments that I was reflecting on a period of time when the Emergency Unit at UHW was under a great deal of pressure, with many more patients waiting longer than we were happy with at various points in the urgent care system, including some patients being kept waiting in ambulances. It might be reassuring for the committee to know that when this happens, we have a clear and agreed mechanism which ensures that the patient's condition should be assessed, and where immediately necessary all patients are taken into the department if their condition warrants immediate life support or other critical interventions. Similarly, patients who are able to mobilise are also able to leave the ambulance and make their way to the department. At the time I appeared before the committee we were in the midst of unusually high levels of ambulance demand, with many more old and frail patients being brought to the department than normal.

My reference to the improvements being made to patient experience referred to a revised procedure with regard to ambulance handover that we were at the time in the process of introducing. This protocol reinforced good clinical practice and emphasised the department's responsibility to patients whose treatment was being delayed and also to the wider community since ambulances held outside an emergency department are not free to take the next call.

As this protocol was in the process of implementation, we had made further arrangements to alter the way that the emergency department worked, including changing the use we were making of a number of rooms, thereby enabling more patients to be safely transferred to the department. We had also taken steps to further strengthen the coordination between the department and the ambulance crews, to develop even closer liaison and communication to keep in touch with a dynamic situation, with ambulances arriving and departing sometimes in large numbers in very compressed timescales.

There were at the time I gave evidence some signs that we were making progress on several fronts as we sought to alleviate the congestion in our system, including reducing the delays patients were experiencing. I am pleased to be able to report that this progress has continued as I hoped it would. Between the early part of the year and today we are seeing consistently improving handover performance (ambulance to hospital) so that 60% of all patients are handed over within 15 minutes of arrival (an improvement from a low of 30%) and a steep overall reduction in lost ambulance hours. This is contributing to the improvement in the responsiveness of the ambulance service we have seen over recent weeks. The improvement in patient experience at the interface between the ambulance and the EU is also being mirrored elsewhere in our system.

I do hope that this further briefing is helpful to you, but please let me know if you require any further information.

Yours sincerely



Professor Adam Cairns
Chief Executive

Agenda Item 9.2

During the meeting on 19 March 2015, South Wales Police agreed to provide the Committee with figures on:

- the number of arrests and/or offences where alcohol was a contributory factor; and
- figures on call demand and incident demand over a given week.

The Committee has received the following information:

Dyfed- Powys- February 2014 to January 2015

	Total Reported Occurrences	Occurrences with Arrests
All Occurrences		
Drug Related		1,683
Alcohol Related		1,109
Drug and Alcohol Related	2,512	2,148

Random week selected – 3rd – 9th November 2014

Priority	Total incidents	Alcohol related	Drugs related	Alcohol & Drugs related	% Alcohol & Drugs related
Priority 1	497	58	13	71	14.30%
Priority 2	610	34	14	48	7.90%
Total	1,107	92	27	119	10.70%

MAJOR CAVEAT – All alcohol and drugs data relating to offences and occurrences is totally dependent on the extent to which the appropriate qualifiers are completed. So it is acknowledged that the %s will be significant under-counts compared to the true situation.

Gwent- February 2014 to January 2015

	Total no. of arrests and/or offences
Drug Related	1760
Alcohol Related	1797

Despite looking into the request for figures on call demand and incident demand over a given week Gwent's Niche administrator has highlights some of the difficulties:

There is no obvious location on the custody record to record this other than free text fields that we would have to search for the word 'alcohol', 'drug' etc.

The custody risk assessment contains questions regarding whether the person has consumed alcohol or has a dependency, but this doesn't necessarily indicate that alcohol/drugs were a contributing factor to the arrest.

The occurrence MO and/or Stats Classification could potentially also contain this information but I'm aware this is not always the case and it is not always recorded.

To include results for all of the above locations would require the complication of several searches, the results wouldn't produce a very reliable report and would require extensive cleaning up before it could be disseminated.

This is an example of one of the more obvious locations on the occurrence to record this information. This can currently only be completed by the Crime Management Unit. There are 3148 Gwent occurrences where substance use has been recorded on the Stats Class as shown below.

Reporting on occurrences where this has been recorded would be relatively simple but I suspect would only tell half a story.

North Wales- February 2014 to January 2015

	Recorded	Occurrences with Arrests
Drug Related	433	999
Alcohol Related	3,187	1,487
Drug and Alcohol Related	239	165

Incidents in a given week

Fiscal Year Week	Incident Code	No of Incidents
2014/43	0- Emergency Response	752
2014/43	1- Prompt Response	1370
	Sum:	2122

Fiscal Year Week	NSIRTAG Description	No. of Incidents
2014/43	Alcohol	1
2014/43	Drugs	4

There were 2122 incidents reported in the 43rd week of 2014. Only 5 incidents were tagged on the electronic system as being alcohol or drug related. As per the caveat below this is very unlikely to be a true representation of incidents involving alcohol and substance misuse; however these are the results and it is not practical to review each incident individual. Having spoken to North Wales the tagging system has recently changed to make searching in future easier.

MAJOR CAVEAT – All alcohol and drugs data relating to offences and occurrences is totally dependent on the extent to which the appropriate qualifiers are completed. So it is acknowledged that the %s will be significant under-counts compared to the true situation.

South Wales- February 2014 to January 2015

	Total Reported Occurrences	Total Reported Occurrences %	Occurrences with Arrests	Occurrences with Arrests %
All Occurrences	406,664	406,664	28,780	28,780
Drug Related	12,278	3.0%	2,335	8.1%
Alcohol Related	29,938	7.4%	7,652	26.6%
Drug and Alcohol Related	2,303	0.6%	528	1.8%

Total Arrests	Total Arrests %
32,667	32,667
2,818	8.6%
8,409	25.7%
568	1.7%

The above relate to arrests involving alcohol, drugs and alcohol and drugs. As you will see there is a difference in the occurrences with arrests and total arrest columns. The reason for this being e.g. a car may be stopped and 4 persons arrested for drugs, the occurrence with arrest will only count as 1 however the total arrests will be 4.

Random week selected – 25th- 31st January 2015

G1s	G2s	G3s	G4s	No grade	Grand Total
1,585	2,052	2,349	878	40	6,904

PSC 999	PSC 999 s/board	PSC Bluelight	PSC English	PSC Welsh	PSC 390	PSC non select	PSC officer	PSC 0500	Grand Total
2,840	25	899	7,714	19	458	685	1,528	5	14,173

The above table shows the number of way in which calls were received. Part of the reason for the difference between the 2 tables would be because not all calls would result in a new occurrence being created (such as calls for updates by members of the public, calls to update existing occurrences by officers etc). However, as the figures are based on the total calls received, not every call would have been answered (for example, of the 7,714 PSC English Calls, 7,647 or 99.1% were answered)

It has not been possible to break the figures down further (into alcohol/ substance misuse) for the same reasons highlighted by North Wales.

MAJOR CAVEAT – All alcohol and drugs data relating to offences and occurrences is totally dependent on the extent to which the appropriate qualifiers are completed. So it is acknowledged that the %s will be significant under-counts compared to the true situation.



David Rees AM
National Assembly for Wales
Bae Caerdydd
Cardiff Bay
CF99 1NA

15 April 2015

Dear Mr Rees

Thank you for your interest in the WRU participation in the “Know the Score – drink less, enjoy more” campaign. The WRU was asked by the South Wales Police Chief Constable, Peter Vaughan, and the Commissioner, Alun Michael, to support the initiative which was launched during the recent RBS 6 Nations tournament.

We were pleased to be asked to help as the WRU is determined to use its visibility across Wales to assist in worthwhile and meaningful campaigns and appeals. The Wales Captain, Sam Warburton, squad members and senior WRU personnel were utilised in photographic and video filming sessions which also included South Wales Police representatives.

This imagery formed a backdrop for the campaign and Sam Warburton recorded a personal message supporting the initiative which was screened at both the recent RBS 6 Nations home internationals against England and Ireland. The WRU support for the campaign was also highlighted in the match programmes for both the home internationals. This supportive information is available via the WRU website so is visible both to member clubs and the wider general public.

Details of the campaign have also featured in the WRU’s Clubhouse newsletter which is sent to all 320 member clubs and made available to all club members. The WRU remains in contact with the South Wales Police organisers of the campaign and will liaise on any further assistance the governing body can offer as the initiative is scheduled to run for a year.

The WRU involvement in this campaign mirrors our engagement with an anti domestic violence campaign organised by all four police services in Wales in recent years.

We have also assisted North Wales Police in a campaign which involved video appeals by senior international players warning young people of the dangers of being groomed online by abusive adults.

I hope this information is of help but we will be pleased to assist with any more information as required.

Yours faithfully

A handwritten signature in black ink, appearing to read 'Roger Lewis', with a horizontal line underneath the name.

Roger Lewis
Group Chief Executive

Agenda Item 9.3

Mark Drakeford AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref LF/MD/0552/15

David Rees AM
Chair
Health and Social Care Committee

5 June 2015

Thank you for your letter of 15 May regarding the Health and Social Care Committee's intention to consider the draft Care and Support (Eligibility) (Wales) Regulations 2015 on 11 June.

I want to support the committee's consideration of these regulations and am therefore writing to share with the committee the headline outcomes of our consultation on them and set out the key changes that have been made to the Regulations and code of practice since that consultation.

The Regulations were consulted on from 6 November 2014 to 2 February 2015. This consultation confirmed that our stakeholders fully support the new model of eligibility. This support reflects the extensive work undertaken through the technical groups and wider stakeholder engagement during the development of the Regulations and code of practice.

Changes were made to the Regulations and code of practice to take account of the comments received in this consultation. In light of the particular focus of the committee's attention, I have attached an annex to this letter which sets out the key changes to the Regulations (which are subject to a super affirmative procedure) and code of practice on eligibility which were laid before the Assembly on 8 May.

I would also like to set out the wider context within which these Regulations sit. The Eligibility Regulations sit with the Care and Support (Assessment) (Wales) Regulations 2015 and the Care and Support (Care Planning) (Wales) Regulations 2015. The Assessment Regulations were laid on 8 May, alongside the Eligibility Regulations. The Care Planning Regulations were laid on 1 June. Together these form a suite of statutory instruments that, when taken together with the relevant codes of practice will introduce a whole-system change to the delivery of care and support in Wales.

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Wedi'i argraffu ar bapur wedi'i ailgylchu (100%)

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The Regulations in relation to care and support are supplemented by statutory Codes of Practice. In particular the Code on Part 4 of the Act (Meeting Needs, including both determination of eligibility and care and support planning), and the Code on Part 3 (Assessing the Needs of Individuals), underpin the eligibility framework and include more detail about the process to accompany the Regulations. Collectively, these Regulations and codes of practice set out the process a local authority will go through with the individual to identify whether they have needs for care and support and how their needs will be met.

To support our consultation we produced a short film illustrating the assessment and eligibility process. It is available at this link: <http://www.ccwales.org.uk/learning-resources/> and I would strongly advise committee members to view it; and if possible in advance of the committee meeting or as part of the committee proceedings due to take place on the 11 June to support your considerations.

To reflect on the responses to the consultation I would like to draw the Committee's attention to the consultation summary report which has been published on the Welsh Government's website. This contains detail about the responses. The suggestions for improvement were considered in detail with stakeholders and are reflected in our revised Regulations and codes of practice.

To assist the Committee with its deliberations, the following supplements the information regarding changes to the Eligibility Regulations given in annex 1, by providing a summary of the key changes to the whole framework for assessment, eligibility and care planning:

The National Eligibility Framework

Building on the responses, the code of practice on Meeting Needs has been updated to provide greater clarity and detail about consistency in the application of the eligibility criteria. Whilst the pattern of service delivery will vary from authority to authority what will remain constant is the right to care and support from a local authority where that care and support is not otherwise available to the individual. This reflects the citizen-centred approach set out in the Act.

A National Assessment and Eligibility Tool has been developed to reinforce the consistency of approach to assessing and meeting needs and further work will be done with key stakeholders in the run up to implementation to ensure it is applied consistently across Wales.

The code has been amended to provide that where an assessment concludes that a need will not be met by a care and support plan there will be a requirement to identify in the record of assessment how the local authority consider the proposed action will help someone achieve their personal well-being outcomes. This will give citizens a statement on which to base any disagreement on how best they can be supported to meet their identified personal well-being outcomes.

Children

The Act introduces, for the first time, Regulations about the assessment of the needs of children and the eligibility of those needs to be met by the local authority providing services or arranging for services to be provided. There was a call for more guidance on services for children in the code and clarification of the status of the current Framework for the Assessment of Children in Need. As a result a Task and Finish Group was established with representatives from the statutory, voluntary and regulatory sectors to advise on re-drafting the code. The codes of practice have been amended to reflect and integrate the necessary elements of the Framework for the Assessment of Children in Need and their Families and will continue to be refined

with stakeholders before the final version is laid before the National Assembly in the autumn.

Carers

Carers' groups emphasised the importance of responsive support to meet carers' fluctuating abilities to meet the needs of those they care for and were concerned that there will be a tendency to assume that carers can meet the needs of those they care for. The Regulations were re-drafted and the codes of practice amended, with contributions from the Carers Alliance, to clarify the consideration of support received from others as part of the determination of eligibility. The new approach will require assessments to recognise and record the contribution that carers make to what otherwise would be determined as eligible needs. The codes also recognise that carers may be both unable and unwilling to provide care and there should be no automatic assumption that carers will meet needs.

Advocacy

A stronger reference to advocacy has been embedded within the assessment process. This is being addressed through amendments to the code of practice on assessment and detailed guidance on the national approach to advocacy in the code of practice on Part 10 which is currently out to consultation.

Sensory Impairment

The Welsh Government has worked with Sense Cymru to incorporate the key requirements from the 2001 statutory guidance on care for deafblind children and adults, which was re-issued in 2014, into the codes of practice¹.

Communication

Groups representing people with sensory impairments and other disabilities made specific reference to recognising communication needs as a barrier within the assessment process. This has been reflected both in the codes and in an amendment to the eligibility regulations.

Workforce

Local Authorities were widely supportive of the model but emphasised the need for staff training and public awareness to enable consistent implementation of the new approach.

The Care Council for Wales has been commissioned to lead on the development and implementation of a national learning and development strategy. In addition, we will continue to work with the national partnership forum, the leadership group and citizens panel to support this change, and ensure that people who use services remain at the heart of our programme for change.

We are working in partnership with the responsible authorities to deliver the needed transformation. We have made considerable efforts to engage these partners and I was therefore encouraged to see in *Community Care Online* Sue Evans, the President of the Association of Directors of Social Services Cymru, quoted as saying "We have contributed to the development of this legislation and are committed to making it a success". In a similar vein, I welcome the support expressed by Wayne Lewis, Head of Services at Sense Cymru to the provision in both Codes of Practice of the requirements of the 2001 statutory guidance on care for deafblind children and adults. He noted that "we know that many deafblind people in Wales, both adults and children, struggle to get the specialist

¹ References to "codes of practice" cover the Code on Part 4 of the Act (Meeting Needs), and the Code on Part 3 (Assessing the Needs of Individuals)

assessments and support they need. These new Codes are a step forward in making that a thing of the past.”

I am confident that the new eligibility framework set out in the Regulations and code of practice will offer individuals a more responsive, engaged and fairer process for meeting their care and support needs, and one which will make a substantial difference to the most vulnerable people in Wales. The framework is set in the wider context of the care and support system which includes better designed services through the population needs assessment and improved partnership working; more access to preventative and early intervention services, and a stronger information, advice and assistance service. We must think of eligibility as a single, albeit central, element of the fundamental changes this Act will create in the care and support system. We must think of it as a new system rather than an adaptation to the current system.

I hope that the committee finds this letter of assistance. I want to support the Committee’s scrutiny of this key piece of legislation. Please let me know if there is anything further I can do to assist.

Best wishes,

Mark

Mark Drakeford AC / AM

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

ELIGIBILITY**Changes to regulations on eligibility included:**

1. Amending the wording around those caring for a child to read 'other persons in a parental role', to avoid unintended consequences;
2. Removing the reference to 'specified outcomes', to avoid confusion with the personal well-being outcomes;
3. Removing the term 'basic' in relation to self care;
4. Adding 'ability to communicate' as something which may be classed as an eligible need;
5. Adding that a person is 'unable to meet a need' if doing so:
 - Causes significant pain, anxiety, or distress to that person;
 - Endangers or is likely to endanger the health and safety of that person or another person
 - Takes that person significantly longer than would normally be expected.
6. Amending the regulations to remove a perceived contradiction between regulations dealing with the eligibility of needs and the provision of care by a carer.

Changes to the Code of Practice on Eligibility included:

1. Amending the wording to ensure that there is greater clarity and detail about the application of the eligibility criteria;
2. Clarifying that the process for the determination of eligibility leaves space for professional judgement and supports consistent delivery;
3. Strengthening the wording to ensure that those who are not able to manage their own care will have a right to have care and support which is managed and delivered for them.
4. Clarifying and providing more detail in the process of applying the determination of eligibility, including developing the National Assessment and Eligibility Tool;
5. Adding that an individual, having had their assessment, will have a statement from the local authority on how the well-being outcomes of that individual can be best met, which could be used by the individual should they disagree with outcomes of the assessment/ determination of eligibility;
6. Clarifying that, for individuals in need of care and support, the support they receive from others is taken into account in the determination of eligibility; and
7. Removing language and terminology associated with the old legislation and culture and including more overt references to the social model of disability i.e. reference to the Transforming Social Services: Towards an Enabling Wales Toolkit.