Cofnod y Trafodion
The Record of Proceedings

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

The Health, Social Care and Sport Committee

21/06/2017

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The proceedings are reported in the language in which they were spoken in the committee. In addition, a transcription of the simultaneous interpretation is included. Where contributors have supplied corrections to their evidence, these are noted in the transcript.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Rhun ap Iorwerth	Plaid Cymru
Bywgraffiad|Biography	The Party of Wales
Dawn Bowden	Llafur
Bywgraffiad|Biography	Labour
Jayne Bryant	Llafur
Bywgraffiad|Biography	Labour
Angela Burns	Ceidwadwyr Cymreig
Bywgraffiad|Biography	Welsh Conservatives
Caroline Jones	UKIP Cymru
Bywgraffiad|Biography	UKIP Wales
Dai Lloyd	Plaid Cymru (Cadeirydd y Pwyllgor)
Bywgraffiad|Biography	The Party of Wales (Committee Chair)
Julie Morgan	Llafur
Bywgraffiad|Biography	Labour

Eraill yn bresennol
Others in attendance

Grant Duncan	Dirprwy Gyfarwyddwr, Gofal Sylfaenol
	Deputy Director, Primary Care
Rebecca Evans	Aelod Cynulliad, Llafur (Gweinidog Iechyd y Cyhoedd
Bywgraffiad|Biography	a Gwasanaethau Cymdeithasol)
	Assembly Member, Labour (The Minister for Social
	Services and Public Health)
Albert Heaney	Cyfarwyddwr, Gwasanaethau Cymdeithasol ac
	Integreiddio
	Director, Social Services and Integration

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

| Stephen Boyce | Ymchwilydd |
| | Researcher |

| Claire Morris | Ail Glerc |
| | Second Clerk |

| Sarah Sargent | Dirprwy Glerc |
| | Deputy Clerk |

Dechreuodd y cyfarfod am 09:30.
The meeting began at 09:30.

Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau
Introductions, Apologies, Substitutions and Declarations of Interest

[1]   **Dai Lloyd:** Croeso i bawb i gyfarfod diweddaraf y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon yma yn y Cynulliad. A gaf i estyn croeso i'm cyd-Aelodau, gan gyhoeddi bod Lynne Neagle wedi cyflwyno ei hymddiheuriadau am y bore? A allaf i bellach egluro bod y cyfarfod yn ddwyieithog? Gellir defnyddio'r clustffonau i glywed cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar sianel 1, neu i glywed cyflwyniadau yn yr iaith wreiddiol yn well ar sianel 2. A allaf i hefyd atgoffa pobl i naill ai ddiffodd eu ffonau symudol ac unrhyw gyfarpar electronig arall neu eu rhoi ar y dewis tawel, ac hysbysu pawb y dylid dilyn cyfarwyddiadau'r tywyswyr os bydd larwm tân yn canu?

Dai Lloyd: Welcome, everyone, to this latest meeting of the Health, Social Care and Sport Committee here at the National Assembly for Wales. So, may I extend a warm welcome to my fellow Members and say that Lynne Neagle has sent her apologies for this morning? May I further explain that this meeting is bilingual and you can use the headsets to hear the interpretation from Welsh to English on channel 1, or to hear the contributions in the original language more clearly on channel 2? May I also remind people either to turn off their mobile phones or any other electronic equipment, or switch them to silent, and let everyone know that they should follow what the ushers tell them to do should the fire alarm sound?

Ymchwiliad i Unigrwydd ac Unigedd—Sesiwn Dystiolaeth 11— Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
Inquiry into Loneliness and Isolation—Evidence Session 11—Minister for Social Services and Public Health

[2]   **Dai Lloyd:** Gyda gymaint o hynny o ragymadrodd, fe wnawn ni symud ymlaen ag eitem 2, a pharhad i'n hymchwiliad i unigrwydd ac unigedd. Hon ydy sesiwn rhif 11 y bore yma, ac o'n blaenau mae Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol, Rebecca Evans—croeso i chi, bore da. A hefyd, yn ogystal, mae Albert Heaney, cyfarwyddwr gwasanaethau cymdeithasol ac integreiddio, a hefyd, Grant Duncan, dirprwy gyfarwyddwr gofal sylfaenol. Yn naturiol, rydym ni wedi derbyn eich tystiolaeth ysgrifenedig, ac, yn ôl ein harfer yn awr, awn yn syth i mewn i gwestiynau. Mae gyda ni ryw awr a mwy. Awn ni'n syth i mewn i gwestiynau, ac mae'r cwestiwn cyntaf gan Angela Burns.

Dai Lloyd: So, having said that much, we'll move on to item 2, which is a continuation of our inquiry into loneliness and isolation. This is the eleventh evidence session this morning, and before us we have the Minister for Social Services and Public Health, Rebecca Evans—welcome, good morning. And, in addition, we have Albert Heaney, the director of social services and integration, and also, Grant Duncan, the deputy director for primary care. Now we have received your written evidence, and, as per usual, we will dive straight into questions. We have over an hour for our questioning, and the first question is from Angela Burns.

[3]   **Angela Burns:** Diolch, Chair. Good morning to all of you. Thank you very much indeed for your evidence paper. But, reading it, I do have a real concern. There's nothing wrong with it, but it struck me, when I read it, that it was sort of a pull-together of a whole bunch of strategies already in operation. I appreciate that the topic of loneliness and isolation cuts across great many sectors of people and touches lives in all sorts of ways that we don't know about, but I have to tell you, Minister, that, when I read this, I felt that there was a real lack of national ambition in tackling this issue. And I think that, in the evidence that we've taken, not just in this inquiry, but over the last year of being here as a Health and Social Care Committee, it has really come to the surface that loneliness and isolation is going to be one of the big public ills of the future. And I'd really like to try and understand from you where you intend to take the development of a strategy, because, for me,

this seems very light, as I say, a pulling together of lots of different elements, but it doesn't touch on rurality, it doesn't touch on transitioning, it doesn't particularly touch on the very, very elderly. It seems to rely on third sector organisations, which we know are struggling anyway. And I just felt that this is an area that absolutely has to be treated, not as a sort of a—. And I'm not for one minute saying you are, but other people might say, 'Oh, loneliness and isolation—it's a bit sort of airy-fairy or fluffy'. But, actually, it causes death. People will commit suicide, and a significant number of people just live out the rest of their lives in absolute misery.

[4]   So, I'd like to see Welsh Government, and I'd like to be able to support Welsh Government in, doing something much, much more punchy about something that I think is affecting a huge number of our older people, and, as in some of the evidence, we've started to hear is trickling down into other areas of society.

[5]   **The Minister for Social Services and Public Health (Rebecca Evans):** Okay. Well, I thank you for those opening questions, and I would completely agree with you about the importance of tackling this issue. But I would take issue with the fact that there isn't a national ambition, because, actually, in our manifesto, and in the programme of government, we committed to developing a cross-government, national approach to tackling loneliness and isolation. This will be the very first time that we've ever done something of this scale, looking at loneliness and isolation right across the whole of Government as well. And perhaps the reason why we haven't set out what the strategy will look like in this paper is because this piece of work is just beginning, which is why it's so good for us to have the committee looking at this issue at this time. And the evidence that you've gathered, and the evidence that you've had in oral sessions as well, has been tremendously useful to us in starting to shape our ideas, because that's where we are with this at the moment—very much at the early stages of shaping our ideas. So, your recommendations as a committee, and the evidence that you take, is going to be absolutely critical to us in terms of taking this forward. So, it is a very timely piece of work that you're looking at.

[6]   I don't take issue at all with the suggestion that this is a public health issue, because in the paper I do refer to some of the evidence that demonstrates the impact on both physical and mental health. We all know that statistic that experiencing loneliness and isolation can be as bad for you as smoking 15 cigarettes a day and, when you put it in that kind of context, then you start to see the health impact that it can have as well. It's linked to

things like dementia, morbidity, for example. So, there are huge health issues for us to address here.

[7]   I'm also keen that this isn't just an issue that reflects on the needs of older people. I think that it's fair to say that older people tend to be most affected by loneliness and isolation and it can be very severe for them, but, equally, the 'Trapped in a bubble' report from the British Red Cross has demonstrated that it's an issue for young mums, for people with chronic conditions, for example, people who have been recently bereaved, and there's other evidence out there as well suggesting that it's a particular issue for people in ethnic communities, women, particularly, who, for cultural reasons and language barriers, often aren't able to access everything that is in the community for them as well. So, it's a huge issue affecting a great range of people.

[8]   As I say, we are at the early stage of starting to form our ideas. Formally, I'm starting to think that loneliness and isolation has to be a thread that runs through all of that which we do in Government as a kind of theme that we need to address. Tackling it in a specific strategy might—you know, a list of particular actions might miss people and might not be the kind of focused approach that we need. So, as I say, these are very early days for this piece of work, so we are all ears to the evidence that you receive and your deliberations as well.

[9]   **Angela Burns:** Could you just give us an indication of when you might hope to bring such a strategy forward and also the size of the team that you've got working on it and how they are engaging with other organisations to get to this? Because we've heard some outstanding evidence from very small organisations that are really able to deliver on the ground, but I'm sometimes concerned that they get lost in the—you know, we always look to the big organisations, which are very vocal and very good at lobbying us and telling us what they think, but we've heard outstanding evidence from some of these smaller organisations and I'd really like to think that you might be able to listen to them as well, so if you could just give us an overview about the size of the team who are working on delivering this and when you hope that you might be able to bring this forward.

[10]   **Rebecca Evans:** I will be, and the team will be, talking to people more informally over the course of the next year in terms of having discussions with all kinds of groups. So, ethnic minority groups—I had a recent interesting conversation about loneliness in the south Asian male

community; this is an issue that affects many, many communities. So, I really want our consultation to reach out to all parts of the community that might be affected by loneliness and isolation. It would be a case then of coming up with a more formal proposal on the approach, which would be consulted on in, I would envisage at the moment, autumn 2018, with a view to the final strategy document being launched in early 2019. So, as you noticed at the beginning, really, this is a really early stage for this particular piece of work, so I would be keen to reach out to all communities.

[11]   You did mention rural communities as well; I think that we need to reflect on the fact that loneliness and isolation can be particularly acute for people living in rural communities. Equally, people in urban communities, when you are surrounded by thousands of people, actually, if you're not able to get out for whatever reason, or you don't feel that you're connected to your community, then those feelings can be just as acute there as well. So, this needs, really, to reach out to all kinds of communities, and this is something that is cross-Government, but also national and that's how I would see the engagement taking place.

[12]   **Angela Burns**: I do appreciate that it's really important to be able to assess exactly what you need to be able to do. Sometimes, though, it can be so bogged down in red tape and process, and I think that to deliver something like this—to have the ambition to deliver it—by, say, 2019, is an awfully long way down the road. Would you consider if there are short-term measures that you might be able to take, perhaps to support some of these smaller organisations to make sure that they have the funding to continue, perhaps be able to run a whole series of pilots over the next few years, using some of the work that we've heard about, or some of the work that you'll come across when you go out to talk to people on an informal basis? Because I have a concern that something like this could—. We get so wound up in making sure that we can cross every t and dot every i that we miss the doing of it and it's always about the talking of it.

[13]   **Rebecca Evans**: Albert might want to add a little bit more about the kind of schemes that we are funding through, for example, the third sector grant scheme and so on. But I'm aware that, actually, we're not starting from scratch; there is a lot of good work happening at the moment. You've heard lots of it already in the evidence that you've taken.

[14]   For example, I was recently at the launch of a project called Ffrind i Mi in Newport. I know it operates elsewhere and it's something that you've

heard about—Jayne invited me to the launch—and it was really uplifting to hear about people in the community coming together to match people who are experiencing loneliness with people who actually share their interests. So, there's the potential then for genuine friendships and bonds and wider community networks to grow from that.

[15]   There's also work that has been undertaken by the British Red Cross, there are numerous befriending schemes taking place on a large scale and small scale for different communities as well, and the work that the previous Minister for Health and Social services started undertaking with his three-year programme on compassionate communities as well—and that's about not only addressing loneliness and isolation, but also those health, and mental health particularly, impacts that come alongside that as well. So, lots going on. We don't want to lose that, but we actually want to learn from that in terms of what works.

[16]   **Dai Lloyd:** Albert—go on.

[17]   **Mr Heaney:** Thank you, Minister. Thank you, Chair. Thank you, committee. The importance the committee is placing on loneliness and isolation and recognising that a strategy and approach takes time to develop in the kind of cohesive approach that we would wish to take—I think it is right and proper to have that timescale. However, I think also the comments and the emphasis from the committee on doing things along the journey that can make a significant difference are also right.

[18]   So, if we take, for example, the funding that the Minister invests in the third sector sustainable social services grant, that grant runs now for a further period of time, but we will be reviewing in terms of the focus of that grant for the Minister going forward. So, I think that gives us a good opportunity to make sure that we get our priorities and focus on supporting the third sector in delivering around this agenda.

[19]   But I think it's also that we want to strengthen through sustainable social services—and this isn't just about social services; this is about housing, this is about communities, this is about public services, this is about a wider focus. Within the sustainable social services agenda, we have created regional partnership boards and population assessments have been devolved. So, we'd be very keen to work with those regional partnership boards to see how they are developing and how we can strengthen the development around loneliness and isolation.

[20]   I think it's really important that cross-Government strategies—. The importance that Government is placing on adverse childhood experiences, as an example, is a good illustration of how we then look at the new adverse childhood experiences hubs and how we make sure those hubs are working on isolation and loneliness and really address some of those key issues as we journey forward.

[21]   **Dai Lloyd:** Okay. Julie, you had a supplementary on this point.

[22]   **Julie Morgan:** When the Minister was talking about the different types of voluntary bodies—and I expect we're going to look at this in more detail further on—I just wondered if you'd had any experience of FAN, Friends and Neighbours, which operates in Cardiff and around south Wales. I don't know whether you are aware of this organisation—

[23]   **Rebecca Evans:** No, I haven't had the chance to—perhaps I could come and visit.

[24]   **Julie Morgan:** I wonder if perhaps your officials could look into it, because it is an entirely voluntary group that meets in libraries and invites people who are lonely or people who have just come to live in this country to join in. It's quite a grass-roots movement and I've been very impressed with it. They meet in Whitchurch library and throughout Cardiff, so perhaps you could have a look at that.

[25]   **Rebecca Evans:** Definitely. That's exactly the kind of thing that we need to be hearing about that's happening on the ground in communities already that's making a difference.

[26]   **Julie Morgan:** They don't ask for funding or anything; they're completely voluntary.

[27]   **Angela Burns:** They just get on and do it.

[28]   **Rebecca Evans:** Yes. And that's actually part of the conversations that we've been having at an early stage. I spoke at the annual conference of Active Wales, which is the oldest organisation representing older people and run by older people in Wales. I spoke about loneliness and isolation and our thoughts on the way forward—how important it is to address it. And then their president spoke after me and she said to the people in the conference,

'Well, actually, this is about what can we do too'. It's very much clear to me that this isn't just an issue for Government, but actually it's an issue for us all in the community. It's not something we can simply address by specific programmes and so on; it's something that we can all look to address as individuals.

[29] **Dai Lloyd:** Diolch yn fawr. Mae'r cwestiynau nesaf o dan law Dawn Bowden.

Dai Lloyd: Thank you, the next questions will be from Dawn Bowden.

09:45

[30] **Dawn Bowden:** Thank you, Chair. On that last point, Minister, I think some of the evidence that we've received previously from some organisations talks about the need for a cultural shift in terms of how we address loneliness and isolation in our communities. So, it's something for all of us to look at. But, in terms of the wider focus you were talking about—I know this isn't particularly your area of responsibility, Minister—but I am interested to know how you feel the work around the primary care sector can help with this. Albert, you were talking about social services in particular and I know that, obviously, that's your particular area of responsibility. We've been taking evidence on primary care clusters and the need for that to be working more effectively with social services and on that wider agenda. How do you see the new primary care clusters really helping to drive forward this issue of tackling—not just amongst older people but across the whole spectrum, really?

[31] **Rebecca Evans:** Well, primary care can play—and it does play—a hugely important role, actually, in both tackling loneliness and isolation and identifying it in the first place. Because often it'll be people going, for example, to see their GP in relation to perhaps experiencing some mental ill health, anxiety, depression and so on as a result of being lonely or isolated. Often, people who frequently visit—well, not often, but sometimes, people who frequently visit their GP do so because they have no one else and it's an opportunity to see a friendly face, somebody who cares about them, and a chance to have a discussion with someone. So, I think that GPs are well placed to spot people who might be experiencing loneliness and isolation. But also the wider primary care team as well would have an important role. So, for example, physiotherapists, occupational therapists, mental health teams, health promotion teams, even podiatrists and so on would all have an opportunity to spot loneliness and isolation. Then, it's the question: what do

we do next with that? So, we're looking to see what we can do to roll out social prescribing, for example. I think that has huge potential in terms of what we can do to support people. And GPs, I know, are working very closely with third sector organisations such as Diverse Cymru, Sight Cymru, Gofal, for example, all of which have a very strong and direct interest in spotting loneliness and isolation and then tackling it as well. We're also—and perhaps Grant might want to say a little bit more about this—looking to see how we're using our GP contracts to be able to strengthen the work that we're doing in primary care on mental health.

[32]   **Dr Duncan:** Primary care is mainly the first point of contact most people have—and how they can pick up signs—so I was struck by some of the comments from the Red Cross about the importance of signposting and the importance of community initiatives. I think it is those areas in which it's developing both the capacity and knowledge locally of actually what's going on. Somewhat coming back to the previous point about not just waiting for a strategy is things that are happening now that can help to contribute to this agenda. So, for example, in the contract that we've just concluded with GPs, there's a particular bit about clusters. I think we referred to that in the previous evidence session, relating to national priority areas—they need to sign up to one chosen locally and two from a national basket. In the national basket, there is mental health and dementia, and the guidance for that talks about the importance of looking for early signs of mental health issues and picking up on it. So, that helps promote the debate.

[33]   Equally, we've also agreed with GPC Wales just about how we can work together to improve the overall capacity and capability of social prescribing: is that a physical form, is it knowledge of what's happening locally? In that context, I think what really will help is more work on things like a directory of services that pulls together—. There's many different players out there and it's one thing talking nationally, but it's about, at a local level, knowing what's going on. So, bringing together some of the information systems—the acronyms will defeat me, I apologise, but—[*Inaudible.*]—the NHS ones and making them work together so they can be locally accessible to help GPs or others know what's going on locally. They can actually help refer their patients to the people that talk to them. I think the thing about clusters is their potential. You heard in previous evidence you've taken about the varying degree of maturity of clusters. I think there the potential is developing in terms of multidisciplinary teams, and I think, in that context, it's about the need to do local population health assessments. And I think some do it well, but others have probably more to do on what evidence,

perhaps, gets to that—what's happening locally. And that will help to plan, pull in multidisciplinary teams and get things going. So it's an area both where things are happening, and also where there's more potential to help pull it together.

[34]   **Dawn Bowden:** Thank you for that. Just coming back to the point you were making about social prescribing, and how that fits into everything that you were talking about, again, we've heard lots of evidence that has been quite anecdotal, because there's not been any real evaluation done of this yet. Have you had any kind of feedback on the benefits of it, albeit that it's quite informal at this stage? Because I know Public Health Wales are doing some research on this, and presumably they'll be feeding back to you at some point with that evaluation. But what kind of more informal feedback are you getting on that at moment?

[35]   **Rebecca Evans:** I think the committee might have already had some information about the particular project that has taken place in Torfaen. That has been tremendously successful in terms of using social prescription from a GP surgery in terms of helping people become more connected with the community. But then, what do we see in return for that? It's less reliance on mental health services locally and so on, less reliance on GPs and more integration into the community as well. I think that the project has been so successful in one part of Torfaen, it's now been extended to the whole of the area, just because of the benefits that GP practices and so on are seeing locally as well. There is a commitment by GPC Wales to work to find a way in which we could possibly embed social prescription into GP contracts, and we're looking at ways we can encourage GPs to have those more social conversations with the people who they see through their doors as well.

[36]   I have asked Public Health Wales to undertake a piece of research looking at how social prescribing is taking place across Wales. Actually, it's happening in lots of different ways, with lots of different models. So, the specific question that that research is looking at is how, why, and in what circumstances might targeted non-clinical interventions, services, or programmes then fit the health and well-being of individuals and families with social, emotional or practical needs. And that work also involves mapping out what's currently taking place across Wales as well. So I think that's really going to be helpful in terms of the next steps as well. I know we expect a summary document of that to be published next week, with the full technical document expected a few weeks later after that as well. That's work which has been undertaken by Public Health Wales's observatory evidence

service, because it is important that we take an evidence-based approach to what works.

[37]   **Mr Heaney:** Just to add to that, I undertook a visit to a GP practice and spoke to the practice manager and their community connectors. And it was interesting when we set up the community connector scheme; they thought it might actually—there was a bit of worry about whether it would increase their workload. And what they found, actually, by focusing more on the prevention side—so, before somebody becomes lonely, isolated and in a chronic state—it was having a high impact on their health, by getting out there early and actually reducing their referrals into the GP practice. So I think it's thinking differently. My message from that, really, was thinking prevention and community connection.

[38]   **Rebecca Evans:** You'll remember that Vaughan Gething made a statement on social prescribing in the Chamber recently, and he committed to a pilot scheme, which I think will be rolled out by September, specifically looking at addressing mental health needs as well. So, that's something that we'll be looking forward to. Also, this kind of work doesn't only take place within primary care settings. Actually, I think you've heard from the local area co-ordinator network as part of your evidence. They work in more of a social services field, if you like, although their funding sometimes comes from the fire service, the police and others as well. They do absolutely fantastic work. I'm very evangelical about local area co-ordination, having seen what it does in my own community. But it also happens in different ways under different names across Wales; they'll be called brokers, for example, in Powys and other areas as well. So, tremendously exciting work happening. The work that has been undertaken in Swansea has certainly had some research undertaken into the cost-benefit of it, and it's found, actually, it's tremendously beneficial in terms of investment in preventative services, and when you talk to individuals, then, about the difference it's made to their lives. And it's often fairly low-level support that they need, just to get that first step back into the community after becoming isolated for whatever reason.

[39]   **Dai Lloyd:** Symud ymlaen i gwestiynau nawr gan Rhun ap Iorwerth.

Dai Lloyd: Moving on now to questions from Rhun ap Iorwerth.

[40]   **Rhun ap Iorwerth:** Bore da i chi. Diolch am y papur. Rydw i'n siŵr

Rhun ap Iorwerth: Good morning, and thank you for the paper. I'm sure

y byddech chi'n cytuno mai rhyw drosolwg eithaf cyffredinol ydy o, mewn difrif, o'r mathau o bethau mae Llywodraeth Cymru yn eu gwneud a allai fod ag impact ar unigrwydd ac unigedd. O ran y data, nid oes llawer iawn o ddata ynddo fo mewn difrif, ond pa waith y mae'r Llywodraeth yn ei wneud ar hyn o bryd, neu yn ei gynllunio ar gyfer y dyfodol, i fesur sut mae unigrwydd ac unigedd yn effeithio ar y galw am wasanaethau cyhoeddus, achos, ar ddiwedd y dydd, er mwyn gallu cynnig gwasanaeth, mae'n rhaid gallu mesur y galw am y gwasanaeth?

you would agree that this is a sort of general overview of the kinds of things that the Welsh Government is doing that could have an impact on loneliness and isolation. In terms of the data, there aren't many data in it, but what work is the Government doing at the moment, or planning for the future, to measure how loneliness and isolation affect the use of public services, because, at the end of the day, in order to be able to offer a service, you have to measure the demand?

[41]   **Rebecca Evans:** Thank you. The way in which we would measure loneliness and isolation on a national level—actually, for the first time— would be through the activities under the Well-being of Future Generations (Wales) Act 2015, and that has required Ministers to produce a series of national outcome indicators. National indicator 30 specifically looks at the percentage of adults who are lonely, according to the—and I hope I get this right—De Jong Gierveld loneliness scale. That's an established way of measuring loneliness. The detailed question there will be in our national survey, and that asks people to say how they feel about six statements: I experience a general sense of emptiness; I miss having people around; I often feel rejected; there are plenty of people I can rely on when I have problems; there are many people I can trust completely; there are enough people I feel close to. That would be the way in which we measure it.

[42]   **Rhun ap Iorwerth:** I wasn't actually asking how you measure loneliness. I was asking how you measure the impact that loneliness has on the need that people have for public services, and the impact on the demand on public services.

[43]   **Rebecca Evans:** Well, this links through to the work that's being taken under the Social Services and Well-being (Wales) Act 2014, where our regional partnership boards have been asked to undertake population needs assessments under that Act. Now we have received all of those population needs assessments and those regional partnership boards have identified

loneliness and isolation as a key issue that needs to be addressed. We'll be publishing a national population needs assessment based on what our regions have told us, and, again, I would expect loneliness and isolation to be a key theme in that.

[44]   **Rhun ap Iorwerth:** And what will that tell us? Obviously you haven't got the numbers yet, but what kind of information will those statistics give us on the demand on primary care, on mental health services, of isolation and loneliness?

[45]   **Mr Heaney:** I think the community support is very much in its infancy. I think it's in a development stage. I think it's important to be transparent at committee. I think that it's also a difficult area to measure, and I think, therefore, using the loneliness scale and getting a sense of that nationally, co-ordinating that through, then, the well-being of future generations legislation and the requirements of public service boards. The work that's being done around the population assessments is a very comprehensive piece of work that's been taking place across Wales. Each of those areas has now completed their assessment. What the Minister has asked us to do is actually to lead a co-ordination to, in a sense, aggregate the key messages up. And I think, from that then, we'll be able to stand back and look at that and then analyse and see where the next steps naturally take us, from that point. So, I think it—to be transparent—I think it's in that development stage, but there's a good baseline of information from which we can take the next steps.

[46]   **Rhun ap Iorwerth:** I accept that, and it's important to know, at this point in time, although you can start to measure how much loneliness there is out there, you're not quite in a place where you know what that actually means for what we need to deliver in terms of public services. Just breaking it down to specific groups, there are many people who find themselves facing mental health problems caused by loneliness and/or isolation. How do you think mental health services are currently geared to be able to be perhaps proactive in helping those people with specific mental health needs?

10:00

[47]   **Rebecca Evans:** One of the priorities within our current delivery plan— so, 2016-19 for 'Together for Mental Health'—is to see people's quality of life improve, and that refers specifically to addressing loneliness and isolation. So, it's already a key theme within our work that we're doing on

mental health. I think it's fair to say, as well, that we're moving more towards a social model of health, and in terms of delivering for people's mental health and well-being as well. So, there's a wide range of work that we're doing to support people with existing mental ill health, but actually also to prevent mental ill health from developing in the first place. We know as well that, as I said at the start, loneliness and isolation can be a precursor to dementia, which is why, again, in our newly out-for-consultation dementia delivery plan, loneliness and isolation is specifically referred to and identified as a very important area within that as well.

[48]   In terms of older people and mental ill health, we've got our Commissioner for Older People in Wales leading our Ageing Well in Wales programme. Again, that focuses on the importance of tackling loneliness and isolation for reasons of ensuring that older people have good mental health. But, again, it's not all about older people. Young people experience severe loneliness and isolation as well, and I think that we need to be creative in terms of understanding the best way to reach young people as well. So, that could be part of the work that's going on in schools in terms of the approach to a healthy life, which is also about developing resilience and well-being, but also even at a very young age, the work that we're doing on the network of healthy schools in Wales. That also has a specific strand of work in terms of improving mental health and resilience amongst our most young children, as well. So, it should be something that runs through everything that we're doing.

[49]   **Rhun ap Iorwerth:** So, again, nothing particularly settled, but as you put together a strategy on loneliness, this can form a part of that.

[50]   **Rebecca Evans:** Yes. Mental health will obviously be key to it.

[51]   **Rhun ap Iorwerth:** There are longer term aspects where we want to improve the mental health of the nation, if you like; there are more acute issues, such as older men, in particular, at risk of suicide, and these are things that we need to address today. Could you tell me where you think the Government is at in terms of strategies linked to trying to avoid suicides among older men, perhaps with a reference to the 'Talk to me 2' campaign?

[52]   **Rebecca Evans:** We do know that loneliness and isolation can lead to mental ill health, which can often, then, unfortunately, lead people to feeling suicidal and then taking steps to do that. And we know that men aged 45 to 59 currently have the highest suicide rate, so it is a particular issue amongst

those people. You mentioned 'Talk to me 2', and that does prioritise older people with depression and co-morbid physical illnesses as a particular group that needs to be targeted in terms of support for mental health, because of the danger of suicide within that group as well. So, I think it's fair to say that 'Talk to me 2' does prioritise those groups of people where there is the greatest danger of suicide.

[53]   **Rhun ap Iorwerth:** And are you confident that it addresses loneliness and isolation as a key component of those risks?

[54]   **Rebecca Evans:** Yes, it is part of that strategy, but as we move forward with the work that we're doing on loneliness and isolation, we'll be looking across what we're already doing to see what we can strengthen in terms of loneliness and isolation. So, we could look at the other policies and strategies and programmes that we have. Can they be strengthened? For example, we're refreshing the carers strategy at the moment, and also our older people's strategy is being refreshed at the moment as well. So, loneliness and isolation for both of those groups will be key themes that I would like to see addressed in those strategies as we move forward.

[55]   **Rhun ap Iorwerth:** One last specific one from me: we also know that loneliness and isolation can lead to increased alcohol consumption; do you think the Government is addressing that, and that public services provide the support to people who are at risk of consuming more alcohol?

[56]   **Rebecca Evans:** I think that the substance misuse delivery plan does have specific actions in relation to dealing with people or supporting people who have substance misuse of all sorts, but particularly including alcohol as well. We've talked a few times about Welsh Government's aspiration in terms of minimum unit pricing for alcohol as well. It's something that we continue to wish to do. We are awaiting the outcome of the case in the Scottish courts at the moment, but it's certainly something that we would seek to do if we can.

[57]   **Dai Lloyd:** Symud ymlaen i'r cwestiynau nesaf, o dan law Jayne Bryant.

Dai Lloyd: We'll move on to the next questions from Jayne Bryant.

[58]   **Jayne Bryant:** Thank you, Chair. Good morning, Minister. Social isolation and loneliness can happen to anyone, at any time in their lives. Certain groups are hard to reach, and you've already mentioned BME

communities and people with mental health problems, disabled people and LGBT. Perhaps you could give a bit more information on your plans to get to those hard-to-reach groups.

[59]   **Rebecca Evans:** So, over the course of the next year, we'll be consulting and reaching out very widely to all of the communities who will have an interest in this. I will certainly seek to reach out to the communities you've described, because the evidence is there, and we've referred to it already in this session, about the 'Trapped in a bubble' report and so on, which remind us, actually, this is an acute problem for many people, not just older people.

[60]   There are great examples of work already ongoing. I went to visit Fantastic Gymnastics over in Butetown recently. I had the opportunity to talk to women from the BME community who said that, actually, if it wasn't for that, they would just not have the kind of quality of life and excellent opportunities that it had given them, because it was an opportunity to meet with people from their own community and learn skills, becoming coaches and so on themselves, and, actually, to get out and socialise and have fun with the family and so on. It's such a simple project, but having such a dynamic impact on people's lives. So, I think that we need to be creative in looking to all parts of Government in terms of what different projects can do for loneliness and social isolation as well. I'm quite keen on the work that we can do within the community sports sector in terms of reaching out to people, because sport is something that unites people and brings people together. I think that there's more that we can do to target our work specifically at isolated and lonely people and communities.

[61]   **Dai Lloyd:** On this point, Angela. Then we'll have Albert.

[62]   **Angela Burns:** Following on from Jayne's point, she's identified groups of people who actually have quite a strong sense of identity, so coalesce in communities. I appreciate that they are hard-to-reach communities. I just wanted your view on how we might reach the hard-to-reach elderly, immobile stuck in their homes, who are basically not part of the technological and digital age; they're not on anyone's radars; they're just about coping; they don't, sort of, come out. How do you get to those kinds of people?

[63]   **Rebecca Evans:** Do you mean in terms of the consultation?

[64]   **Angela Burns:** For the consultation, yes, sorry.

[65]   **Rebecca Evans:** I think that the older people's commissioner would have an important role to play in terms of helping us with this piece of work, because she does have tremendous reach into the community, and many people engage with her in a way in which they wouldn't seek to engage, necessarily, with Government. So, I think that she'll be an important partner as we take this forward. She, I know, is committed to addressing loneliness and isolation; it's part of her Ageing Well in Wales programme, but it's also something that she speaks about passionately as a priority for her.

[66]   **Dai Lloyd:** Albert, you had a point, before I go back to Jayne.

[67]   **Mr Heaney:** It was back on the LGBT because I was very struck by the Stonewall Cymru submission to the committee, because I think they introduce some important messages for us to pay attention to around confidence and trust, around the fear of discrimination, around attitudes—attitudes in our workforces, attitudes that are in our societies. I think they make a recommendation or they suggest an action around Welsh Government working alongside the newly formed Social Care Wales—and the care of social services is bound to it—to actually work on some of the workforce issues that make us, kind of, a leading-edge sector. I think that's quite an important theme to take forward, because if we're to address loneliness and isolation, then we have to make sure we've got the right level of engagement and inclusion, so that people in our societies can step forward and talk about the issues that are important to them and we can reach out and connect with them.

[68]   **Dai Lloyd:** Okay, Grant as well.

[69]   **Dr Duncan:** Two points, if I may, one in terms of the older person's commissioner: in the work she did on accessing primary care services for older people, they did reach people in different ways by going out into the communities, and that was quite illuminating. So, that was a really useful thing to draw on there. The other thing, in terms of going back to the BME community, is that there is experience we can draw from during the organ donation work. It was intense, but we spent a long time going out into communities over a long period of time because it's about building trust and getting to know who people do believe and getting underneath. Again, it took time, but I think these things are likely to give those insights about different ways of doing things, so, it's not just—. You really get to the heart

of the issue.

[70]   **Jayne Bryant:** Thank you. On Friday last week, I chaired a round-table on this topic in Newport, and one of the issues that were brought up—it was raised by a member of the BME community—was the challenges to get to those communities, and she was saying that it was very difficult because, in the past, there had been a good project that had reached out to people, and then, when the funding had gone, it stopped, and then there was nothing else. So, I think it's just a warning sign that we really need to make sure that, once we've got those people, we're always trying to engage with them.

[71]   We also know, from the evidence that we've had, that loneliness and social isolation come at times of significant change. What measures can the Government take to help build resilience within the communities, such as when you're nearing retirement or at the loss of a loved one? Because those are the times when we can anticipate perhaps something is going to happen and we can try and get to them as quickly as possible.

[72]   **Rebecca Evans:** Thank you. I do think that those times of change in life are often times when loneliness and isolation can strike and, actually, it can be hard to get out of that place then. I know you've had compelling evidence specifically on the issue of bereavement, and that's been useful for us in terms of focusing our thoughts as well.

[73]   I think that, often, many people don't like change, and we don't like to think about change. One thing that's been brought to my attention recently is, actually, there's a reason why the older people's commissioner deals with people from 50 plus, and that's because of the importance of planning for old age, and it's what many people don't necessarily like to think about doing. That isolated house somewhere, to come home to when you're 55, might seem wonderful after being surrounded by people in work all day, but, actually, when you're retired, the isolated house might not seem such a good choice after all. So, I think that there is some work potentially to do in terms of supporting people or encouraging people, perhaps over 50, to start planning for the kind of retirement that they would like, and thinking about the kinds of networks that they will require and that they will need in order to have the kind of quality of life that they envisage for themselves as they get older as well. That's something that has just been brought to my attention recently, and it seemed to make sense.

[74]   **Jayne Bryant:** I think the other group could be people who are older

carers, who are perhaps in their 60s, looking after their parents. Then, when they either go into a home or they pass away, I think those people can be left and feel quite lonely and isolated as well. I think perhaps there's something you could look at around that as well, because I think carers are a growing force within our society and, I think, something you should be really looking out for.

[75]   The other point would be on community resilience. You've touched on, a little bit, community resilience at a younger age, if it's about encouraging and supporting compassionate communities, so what plans do you have to support this, particularly in areas where Communities First have done quite a lot of work and have been active in the past?

[76]   **Rebecca Evans:** Thank you. I'll just say something very quick about carers. So, older carers and carers of older people as well, that's an area that I'm particularly interested in. The British-Irish Council has been doing some work across the nations on that specific issue, because we recognise that there are particular issues that relate to people who care for older people or are old themselves, especially if it comes to a point where the individual is bereaved and there's no longer that caring role, which is how they've identified themselves for so long, to undertake. So, that's a specific area that I would like our new carers strategy to be looking at as well, because we're refreshing that at the moment. So, that's very much on my radar.

10:15

[77]   With regard to community resilience, I know that Carl Sargeant's leading some work on this, particularly relating to refreshing the community cohesion national delivery plan for 2017-20. He's focusing on what he calls the upstream work, which is about fostering good community relations and building strong relationships by tackling deep-rooted issues of poverty and inequality, for example, and breaking down barriers to inclusion. He then would want that to have an effect downstream, as he would say, preventing community tensions, discrimination, and hate crime, and so on. These are the kind of things that actually—and we've heard it very starkly in recent days on the news, how recent events have made people too worried and too concerned to even leave their house, and that's a huge challenge for us in terms of community relations and cohesion. But I know that piece of work is going on at the moment, and Carl's been reaching out, again, to various communities to try and inform his next steps on that.

[78] **Jayne Bryant:** Just finally, Chair—

[79] **Dai Lloyd:** And then Julie.

[80] **Jayne Bryant:** Public and community transport is crucial, and we've heard evidence around this in the committee, and I'm sure all Members know about its importance from our own constituents. Without access to public or community transport, people can be trapped in their own homes, which is completely unacceptable. We've had a suggestion in evidence that social and health impacts should be taken into account in transport valuation methodologies, and another that transport commissioning should be undertaken jointly with patients, social services, and education transport in the interests of making best use of resources. Also, the Community Transport Association believes that its impact could be strengthened, in part, through closer working with health and social services. Perhaps you could expand on your plans to ensure that nobody is trapped in their own home and unable to access some of these really good services within our communities.

[81] **Rebecca Evans:** You're right that there are a whole wide range of community transport projects happening right across Wales, Bwcabus, for example, would be one that I've heard wonderful things about locally, but also car-share schemes. It's important to be as innovative as possible, particularly in rural communities, where those transport issues are much more difficult to resolve as well. I was interested in the suggestions that you've heard as a committee, and I'd be happy to have further conversations with Ken Skates on this particular issue, because, as you appreciate, this is very much a cross-cutting and cross-Government agenda. But I'm interested, really, in any solutions that integrate services more effectively. So, you'll be aware of all the work that we're doing in terms of integrating health and social services, but also the fact that we're trying to integrate with housing and with using the third sector and so on. So, if there are ways in which we could work more closely with transport to ensure that it meets people's social needs, then obviously I'd be keen to have those conversations.

[82] **Dai Lloyd:** Good. Albert.

[83] **Mr Heaney:** I think these are really important questions, and I think they do link together, the cluster of questions you've just asked, because part of it is—if you look at the research, you see in the research that, actually, volunteering and volunteering schemes can bring people together

and bring people in from being lonely and isolated. And part of this is thinking about how you connect around transport and how do you connect people in, and certainly volunteering schemes in this order could make a significant difference of connecting people together.

[84]   I think also I'd want to reach further and suggest things like, as solutions, thinking around intergenerational schemes so that we're bringing the older generation and the wisdom of the older generation together with the wisdom and the knowledge and the new digital era in terms of young people as well in terms of different opportunities. I think there's something really quite rich that we should—looking at some of the literature across the UK—consider taking forward in our strategy, especially working, perhaps, across the older people's commissioner and the children's commissioner as well.

[85]   **Dai Lloyd:** Okay.

[86]   **Jayne Bryant:** Just quickly, I think it came up last week about intergenerational working, but perhaps with that generation below rather than just young people and old people, really old people. We need to work across it.

[87]   **Dai Lloyd:** Great. Julie.

[88]   **Julie Morgan:** I had wanted to come in on the BME communities and the links with the BME communities, because I just wondered—I know, Grant, you responded to that—whether the Government has developed any sort of strategies of reaching out to women in those communities. It's generally men who are seen as the community leaders, and there are often women who are isolated at home and maybe don't have the language, and I just wondered if you had any views on that. Because I think it's very easy that we say 'engagement', but we're engaging not necessarily with the whole of the community.

[89]   **Rebecca Evans:** Absolutely. That example I gave of Fantastic Gymnastics is a specific project for women and girls in the BME community, and, as I say, that's a wonderful way, actually, that we can reach out. There are great women community ambassadors, and I think that we need to be working closely with them to hear the voices of women who often aren't heard as well. So, I'm very keen that our engagement—. One of the benefits of having a long engagement period is that it does give us the opportunity to

reach out to many communities.

[90]   **Dai Lloyd:** Diolch yn fawr. Mae'r cwestiynau nesaf o dan law Caroline Jones.   **Dai Lloyd:** Thank you very much. The next questions are from Caroline Jones.

[91]   **Caroline Jones:** Diolch, Chair. Good morning. First of all, I'd like to say that of paramount importance to combatting loneliness and isolation is the provision of public services, and the infrastructure is also extremely important. So, I'd like to know what the Welsh Government is doing in working closely with local authorities to protect public services such as libraries and so on. Also, instead of just protecting what we already have, in adding to these services, particularly, a concern of mine is the provision of public toilets, as we've gone over before, because this alienates such a huge amount of the population: people with a disability, the elderly, who may suffer from incontinence issues, and younger families with children. So, unless we have the correct provision of public toilets, we are not going to combat this loneliness and isolation, because people are not going to know where they are—that lack of provision—and they're just going to stay in their homes. So, I am concerned about what you're doing to enhance particularly this area, please.

[92]   **Rebecca Evans:** Thank you. I'm acutely aware of the pressures on public finances and the serious pressure the local authorities find themselves under as well in terms of finances. So, I'm always very wary and cautious about promising too much in terms of new facilities and so on, because I think we have to be realistic in terms of the settlement that we do have.

[93]   But one thing that I would highlight would be the community facilities programme, which, again, is one of the programmes that Carl Sargeant has within his portfolio. That is a capital grants scheme, and I understand it's due to open very shortly again for further applications, so I think that that might be something that we would want to promote in our areas. That offers small grants of up to £25,000 and larger grants of up to £250,000. That's for community-led projects that will improve community facilities and provide opportunities for learning, employment, improving health and well-being and so on. So, it's an opportunity for all kinds of projects. I think there have been 60 projects so far, totalling nearly £17 million. So, it is a great opportunity for communities to see what they can do in their local area as well.

[94]   You did mention toilets, though, and I know that this is something that you've been particularly passionate—

[95]   **Caroline Jones:** I'm passionate about it, yes. I am, actually.

[96]   **Rebecca Evans:** —about, and we had our recent public health Bill, due to become an Act in the coming days. I think that that has potential there then, in terms of improving access to public toilets, given the responsibilities that local authorities will now have in terms of mapping out the provision that they have locally and also publishing it, which also gives people the opportunity to scrutinise and put pressure on local authorities for additional services, or for improved services, where they particularly see a need for them. You mentioned, again, that it's not just important for older people, but you talked about young parents, disabled people, and so on, and, actually, it's important for tourism, which is one of the things that we're looking at as well. And, again, that's important for the local economy. So, yes, you'll have no argument from me on the importance of public toilets.

[97]   **Caroline Jones:** Thank you. My next question is: we are encouraging older people to stay in their own homes in the community—how are you working to address the issue of keeping people in their houses? Particularly, I'd like to know, for a person who asked my advice, a person who is blind and has physical disabilities, doesn't come out of her house very much at all and lives in an area that is not conducive to her needs, really. The only person she sees, apart from her daughter, who pays £12 each way in a taxi to deliver her a meal daily, is a carer for 15 minutes a day.

[98]   I had thought that we were phasing out 15-minute visits in care, and I'd like to say that I have personal experience of caring—it's not just simply that you have 15 minutes with that person, those 15 minutes include getting out of your car, walking up the drive, getting in through the door and going to the next visit. So, by the time all that's taken place and you're on your way to the next call, which is 15 minutes, you're actually down to around about 10 minutes, and there's very little you can do in them. So, I was wondering if you had any plans for phasing out the 15-minute visits, because I think that the issue that I've just explained there—they're not really working. It's impossible, particularly in bad weather, to get down someone's drive, unlock the door and so on. So, there are a lot of things that we, I think, have to ask a carer what they can achieve in that amount of time, really.

[99]   **Rebecca Evans:** I'll ask Albert to start on this, and then I'll say a few

things about different models of housing that might support older people as well.

[100] **Mr Heaney:** Thank you very much, Minister. Thank you very much. Absolutely crucial—the Regulation and Inspection of Social Care (Wales) Act 2016 does indeed change the requirements around visiting. It's very clear and it was one of the amendments that came forward during the proceeding through the National Assembly of the legislation. It specifies the conditions, and certainly what you've described today wouldn't be fulfilling those conditions. So, I think the first thing here is about knowledge. It's in making sure that we take forward those issues and deal with them, and on a legislation basis, the legislation is now being created to remove that.

[101] Alongside that, I think that the second point, then, to make is: I think this is something that's really important about how our inclusion in terms of thinking differently as a workforce around the needs of people who are isolated and lonely—. It's important to start from the base that, actually, it's people themselves who told us they want to live longer in their communities. It's not a strategy that we have developed saying, 'You have to live in your own home.' It's what people have told us. However, what we need to be ensuring is that the attitudes and the support around individuals connect them, and there are many different ways in which people can be connected, and that can be not necessarily always in terms of digital, as we've talked—. For some people, it can be Skype, phoning and being in touch with families. In other places, it will mean people having direct, face-to-face contact, because it reduces that kind of loneliness and isolation.

[102] **Caroline Jones:** Also, on the part of the carer doing these visits, because, by the end of the day, you've accumulated a lot of time for which you're not actually paid. So, we have to look at that angle as well, and they're poorly paid anyway, to start with, so it's a double issue.

[103] **Rebecca Evans:** We'll be addressing both of those issues, because we've just announced a consultation that deals with, specifically, the importance of time and travel for care workers. So, care providers now, under our proposals, which are out to consultation, will have to clearly define care time and travel time for their workforce, and they'll have to take into account things like rush-hour traffic and so on. So, they'll have to be realistic timescales, as well.

[104] There's also the work that we're doing in terms of restricting the use

of zero-hours contracts in the sector, as well. So, the proposal is that an individual, having worked for three months for a provider, will be offered a contract of the average hours worked over that period if that's what they would like—they might choose fewer hours or they might choose to stay on a zero-hours contract. But as long as there's ongoing need for the work, then those are the terms under which they would have to have those contracts. So, hopefully, that will remove the abusive and excessive use of zero-hours contracts in the sector as well.

10:30

[105] I did want to say something about different models of housing, and the importance of them for supporting older people, particularly in tackling loneliness and isolation. Only yesterday, we celebrated the expansion of the Shared Lives Cymru scheme to older people in Wales. Shared Lives is a scheme where you have adult placements within a family home, so it can be people with all kinds of adult social care needs, but we've expanded it to older people now. I think that hearing about those placements where people are genuinely part of a family, and a family community, in terms of breaking down loneliness and isolation, as well as meeting their other needs, that's a tremendously exciting and new approach that Welsh Government has been funding in various ways now since 2012.

[106] Also, I think extra care facilities can provide a great opportunity as well for people in terms of being able to live around people and have their needs met to the level at which they are. If their needs grow over time then their needs can be met in a greater way over time, but also the opportunity to be part of a community life, I think, is tremendously important. We have a commitment again to build more houses over the course of this Assembly, and we're keen that those houses are of different types, of various types. So, it's important that we consider the various needs that people have over the course of their lives. I know our building standards, for example, have enabled people to live at home for longer, and I think that's something that we can very proud of. Our intermediate care fund funding—£10 million of that is capital investment, and again, that's about having health and social care working together to give the right kind of placements for people, which can help tackle loneliness and isolation.

[107] Finally on this, I think the way the Social Services and Well-being (Wales) Act 2014 is transforming social care in Wales, and the way we deliver it, is really important. This is now about putting the individual at the centre,

and having those 'what matters' conversations. Now, previously, there is probably no way you would have understood that what mattered to an individual was being able to get to church on a Sunday, in the kind of way that we used to have those assessments. So, putting the individual, and what matters to them, at the centre I think can really help us address loneliness and isolation, because probably what matters to them, really, more than anything is being part of the community.

[108] **Dai Lloyd:** Angela on this point, before I move on.

[109] **Angela Burns:** Just on this point, are you able to either review or put encouragement to local authorities to review how they do all their banding— their gold, silver and bronze banding—when they're doing housing allocation? Because picking up on Caroline's point, I've also had constituents where one part of the family is separated from the other part of the family, and it doesn't seem very far in terms of miles, but if you don't have access to your own transport, and suddenly somebody dies—so, say the mother is moved, and the only opportunity she has to have a house is to go to Haverfordwest, but her daughter's living in Tenby, you know, never the twain shall meet. I just wonder if there's some way—you talked about being able to go to church, or being part of your community. County councils and housing associations have got very strict criteria about what counts and how they judge what kind of category you go into, and the kind of efforts and the latitude that they'll give you in trying to find a social house for you. Are you able to influence that in some way to encourage them to take note and accept that these community reasons, or these familial reasons, are actually as important as whether somebody should have a ground-floor flat because they have a disability, or any other matter?

[110] **Rebecca Evans:** Well, I suspect this might be outside any of our expertise, but I'll certainly have a conversation with Carl Sargeant about this issue.

[111] **Angela Burns:** Yes, because it's about loneliness and isolation, isn't it?

[112] **Rebecca Evans:** And it's about the social model that we're taking forward, putting the individual at the heart of the decisions that affect them. So, unless Albert's got some secret housing knowledge—

[113] **Angela Burns:** I appreciate it's not your bailiwick, but you mentioned earlier that this needs to be a theme that runs through all of Government,

and that's one area where you could make a really quick difference and start tackling this problem now, without having to wait some years before we have some strategy.

[114] **Rebecca Evans:** I would just say, Chair, we're completely open-minded to suggestions as to what we can usefully do on this issue. So, recommendations that committee has, be they for myself or things that I can address with colleagues, I'm more than happy to take on board.

[115] **Dai Lloyd:** Caroline, did you have one final question or has it been covered?

[116] **Caroline Jones:** Yes, just one final question. My final question's on digital technology. Do you think that there's a risk that digital technology is replacing face-to-face contact? You know, can you explain—? It may be economical to use, but the face-to-face contact to some is of paramount importance. So, how can digital technology help address loneliness and isolation, and what is the contribution of the Welsh Government's digital inclusion programme, please?

[117] **Rebecca Evans:** Thank you. I think that digital inclusion is vitally important for everybody. We shouldn't assume, just because somebody is an older person, that they don't have an interest or can't benefit from digital inclusion. Equally, let's not forget about the importance of human face-to-face contact as well. It doesn't have to be a choice between one and the other.

[118] We do have a £1 million a year digital inclusion programme called Digital Communities Wales, and that trains up volunteers who can work with people who don't have any digital skills thus far to be able to develop them. Then, you do hear great stories about people being able to connect with family who might be on the other side of the world, in a way in which they hadn't been able to before. So, it's an exciting project. We need to make sure that everybody can benefit from digital technology but equally remembering it's not a substitute for a human.

[119] **Caroline Jones:** Yes. Thank you.

[120] **Dai Lloyd:** Okay. Moving on to the next section—the role of the voluntary sector. Dawn, I think some of this has been covered, but carry on.

[121] **Dawn Bowden:** It has, yes. So, I want to focus, really—because I think you have covered a lot of it around the impact of preventative work and so on and the evaluation of that, certainly in terms of social prescribing, but if there's other initiatives that you think are worthy of some discussion we can come back to it. But the funding of voluntary organisations continues to be a challenge. I think you've already acknowledged that.

[122] You talked about the third sector grant, but in your evidence, Minister, you talked about sustainable models that are integrated into the heart of communities not being reliant upon continued financial support for their existence. So, how do you feel that those voluntary organisations are going to face those challenges, and how are they going to really make themselves sustainable going forward, without constant public support?

[123] **Rebecca Evans:** Thank you. We definitely recognise the contribution that the third sector can make to this agenda, but actually to—I recognise the social services agenda more widely, and that's one of the reasons why the third sector has a seat at the table on our regional partnership boards, because we see them as valued partners in the delivery of services locally and the shaping of services locally. Those partnership boards, between them, through the intermediate care fund, have access to funding of £50 million. So, there's huge potential for the third sector to be designing services locally and making the most of their skills there.

[124] I do understand, though, how difficult it is for many third sector organisations and particular projects in difficult times in order to be able to access core grant funding. I understand how joyous it is when you see project funding and how sad it is when that project funding comes to an end as well. So, I think that the Wales Council for Voluntary Action would be a great opportunity for organisations to receive advice and support as to how they might go about becoming sustainable in future. I don't know if Albert's got something to say.

[125] **Mr Heaney:** I think the only thing to add to that, Minister, is we do currently invest over £4 million through the WCVA. I think that's quite important in terms of co-ordination. I think this is about getting a balance of the types of services that are crucially of importance to people, and the third sector and the voluntary sector play a crucial role in that. But also, I think it's about how do we generate the type of society that we want to have, around community cohesion, so that people are connected. We may all have our individual views about the type of society, our background, where we live

now.

[126] I've been a former director of social services, out in the field, and I think it's really interesting because I never worried—and you might challenge me and say I should have—but I didn't worry when it came to inclement weather because the Welsh community rallied around and always responded. Probably what I worried about most was: how do I generate that approach in our everyday working, everyday life? So, I think, in terms of the balance, it's partly financial, but it's also partly about the type of communities and community cohesion that we are developing.

[127] We do have opportunities to think about the adverse childhood experiences work that the Cabinet Secretary for Communities and Children is leading upon as well. And that's about connecting differently, and there's a pilot hub taking place, so I think it's important that we link into the learning from that and see how that can build that kind of community cohesion.

[128] **Dawn Bowden:** I am concerned that there is a sense that some of these things will kind of grow organically, and, actually, I think inevitably, there still needs to be structure and organisation around how these organisations deliver some of this community cohesion. And so I wouldn't want us to be losing that as well. And I think that's the concern of a number of organisations. One of the things that we've heard about is that we've got lots of the larger organisations that are actually not doing on-the-ground voluntary work anymore. They're more concentrated on policy work and developing strategies, feeding into Welsh Government about the kind of things that should be happening, but, actually, the on-the-ground stuff is really happening with very small organisations now, and those are the ones that are the most reliant on support and funding. So, do you have any views on that and how we can continue to support that?

[129] **Rebecca Evans:** I think that we do have a really rich variety of organisations working in the third sector—for example, the large organisations who have a really strong campaigning voice that you referred to. But I do think that they do tend as well to be delivering services locally as well, but, also, then the example that Julie gave of the organisation that is working within library settings and so on, providing very small scale, unfunded support for people, just because people in the community realise that this is a good thing to do. So, I think that it is good to have a really rich patchwork of third sector organisations working anyway. But it is important to have the structures that you talked about, which is why, last November, we

held an event for our regional partnership boards, all of them—so, a national event. And part of that was specifically looking at the important role of the third sector, how they can engage with the third sector, and how they can support organisations within the third sector.

[130] So, I think that there's that reciprocal relationship between the partnership boards, in terms of what we're trying to do through integrating health and social services, but also recognising the vital role that the third sector plays. So, I think that there's a two-way relationship there. And, also, I would say that Vaughan Gething and I, in our meetings with the chairs and vice-chairs of the NHS organisations have made it clear to them about the vital role that we see for the third sector, and the importance that we put on them, as health boards and health organisations, reaching out to the third sector as well, because, with a greater focus on preventative services and so on, actually, the third sector are often the ideal partners to deliver those.

[131] **Dawn Bowden:** Do you think that this is an opportune time, then, for perhaps taking a different approach to some of these grass-roots organisations? Men's Sheds, when they spoke to us, for instance, said that the kind of practical help they could do with is being provided with accommodation. So, accommodation's lying empty somewhere, nobody's using it—they can't afford to do it, but, if they could be given that property to get their work off the ground and develop their work, that would help enormously. So, do you see that kind of different approach as being something that Government could look at?

[132] **Rebecca Evans:** I'm a huge fan of the work of Men's Sheds as well; I think they do incredible work. And I think there are opportunities there for just, you would think, simple conversations with local health boards or with others who have a direct interest in supporting organisations such as Men's Sheds because of the preventative impact that they can have. Engaging with an organisation such as Men's Sheds for men experiencing loneliness and isolation, or mental health or other conditions—the fact of having that supportive network can quite genuinely stop conditions from becoming exacerbated to a point at which more formal services would be needed. So, I think that it's in everybody's interest to be supporting these kinds of organisations.

[133] **Dawn Bowden:** It's just looking at the benefit in the round, rather than isolating budget heads, isn't it? That's the trick, I guess.

[134] **Rebecca Evans:** It is, yes. And that's one of the reasons we're so focused on further integration of health and social care particularly.

[135] **Dawn Bowden:** Okay. Thank you, Chair.

[136] **Dai Lloyd:** Ocê. Symud ymlaen nawr, mae'r cwestiynau nesaf ar iechyd cyhoeddus, ac mae Julie Morgan yn mynd i'w gofyn nhw.

Dai Lloyd: Moving on now, the next questions are on public health, and Julie Morgan is going to ask those questions.

[137] **Julie Morgan:** Yes. We have touched on this already, but what do you see as the role of public health in tackling isolation and loneliness?

10:45

[138] **Rebecca Evans:** I know there are some debates as to whether or not isolation and loneliness is a public health issue. I certainly see it as a public health issue. We talked at the start about it having the same impact on you physically as smoking 15 cigarettes a day, and I know that you've had evidence as to other physical impacts of it as well. It's a nationwide issue that needs to be addressed on that kind of scale, so I recognise it as a public health issue there as well. It's something that can affect anybody at any time as well. So, I recognise that it is a public health issue and I see it very much sitting within the kind of work that we're trying to do in that area.

[139] **Julie Morgan:** So, in public health, they would be thinking of this as part of all their work, integrated into all the strategies and things that they're doing.

[140] **Rebecca Evans:** Yes. Public Health Wales are very alive to the importance of tackling loneliness and isolation. It's one of the reasons they're so integrated or so critical to the work that we're doing on trying to develop the social prescribing models as well. But, again, as I did say earlier, it's not just for Government, it's not just for Public Health Wales, actually, it's an issue that all public bodies, and, actually, voluntary groups and others, can have a big impact on.

[141] **Julie Morgan:** And what about a specific role for local government? Because that has been suggested to the committee, that there should be— that local government should have some duty in improving public health.

[142] **Rebecca Evans:** I think this is something that local authorities have been calling for for many years, in terms of having a more formalised role in terms of delivery of public health. On this one, I'm not in agreement with the local authorities. I do think it is better to have a national organisation leading on public health issues for obvious reasons in terms of not only economics of scale, but, actually, the knowledge and so on being situated in one place. That's not to say, though, that local authorities don't have an important role in tackling loneliness and isolation. And, again, that's about running through the thread of everything that is done. So, social services will obviously have a role to play and a keen interest in this. The work that local authorities do through supporting community events, community sports, community life—that will all run through this as well. So, they have an important role, but, in terms of formal—you know, where public health should sit in the round—I think it's right where it is.

[143] **Julie Morgan:** Did public health used to be a responsibility of local authorities at some point? I think it did, didn't it?

[144] **Dai Lloyd:** In the last century—pre 1970. Before the Minister was born, to be fair. [*Laughter.*]

[145] **Julie Morgan:** No, I just—. In terms of bringing things together, I wondered about having things as local as possible and as integrated as possible. There does seem to be a role for local government there, which, of course, you're saying there is.

[146] **Rebecca Evans:** Oh, there definitely is.

[147] **Julie Morgan:** But you think there should be an overall strategy that is national.

[148] **Rebecca Evans:** Yes.

[149] **Dai Lloyd:** I would say beware the experience in England of public health disappearing down all sorts of avenues of non-funding when it's taken out of health.

[150] **Rebecca Evans:** I just would mention the important role as well of public health directors in each of the health boards as well. They're very alive to issues of loneliness and isolation and so you'd be expecting local authorities to be working closely with the public health directors. Because,

again, it's a responsibility of all of us.

[151] **Julie Morgan:** Thank you.

[152] **Dai Lloyd:** Reit. Yr adran olaf o gwestiynu ar y gwahanol fframweithiau deddfwriaethol—Rhun.

Dai Lloyd: Right. The final section of questions are on the different existing legislation frameworks— Rhun.

[153] **Rhun ap Iorwerth:** Jest yn sydyn, a ydych chi'n meddwl ein bod ni'n gwneud yn fawr o'r cyfleoedd drwy'r deddfwriaeth sydd gennym ni i fynd i'r afael ag unigrwydd ac unigedd? Rydw'n cyfeirio, am wn i, at ddau darn o ddeddfwriaeth yn benodol, sef Deddf Llesiant Cenedlaethau'r Dyfodol (Cymru) 2015 a Deddf Gwasanaethau Cymdeithasol a Llesiant (Cymru) 2014.

Rhun ap Iorwerth: Just quickly, do you think that we are making all we can of the opportunities offered by legislation to address isolation and loneliness? I'm referring, probably, to two pieces of legislation specifically, the Well-being of Future Generations (Wales) Act 2015 and the Social Services and Well-being (Wales) Act 2014.

[154] **Rebecca Evans:** I certainly think that the social services and well-being Act offers us great potential in terms of addressing loneliness and isolation for the reasons I mentioned earlier about things being turned, really, to that 'what matters' conversation with the individual rather than a box-ticking kind of exercise. So, there's huge potential there in terms of what can be done under that. And also through the—

[155] **Rhun ap Iorwerth:** How much of that potential is already being tapped into?

[156] **Rebecca Evans:** Well, we're already starting to see changes. As you know, the Act has only been implemented since just over a year now, so we're already having those conversations. When you speak to people working in social services, actually, the stories that they have about how it's completely changed the kind of conversation that they have with the person receiving social care and with their families as well, it is a big difference in terms of the way that care is being packaged and delivered as well. Obviously, you'll be aware that we have a three-phase implementation programme for the Act. Albert might want to say a little bit more about that

as well, in terms of truly understanding the difference that it is making.

[157] Also, again, on a bigger scale, then, moving away from the actual individual to the regions, our regional partnership boards, as I said, have already completed their population needs assessments, and they're with Government now. They have addressed and identified loneliness and isolation as a particular theme within those as well, so, certainly, as a vehicle for addressing loneliness and isolation, there are quite exciting opportunities there.

[158] And, again, with the public services boards, under the well-being of future generations Act, they have also identified, through their local assessments of well-being—I think nearly all of them have identified loneliness and isolation as a key concern that needs to be addressed there as well. And obviously I see an important role for those two boards to be working seamlessly and together on issues where there are cross interests, because we don't want to be going off in lots of different directions when actually the same needs would have been identified.

[159] **Rhun ap Iorwerth:** Did you want to come in as well?

[160] **Mr Heaney:** Yes, please. Thank you. Thank you very much indeed. I think the—no, the Social Services and Well-being (Wales) Act 2014 is making a significant contribution. It is changing the way both that we practice and how we lead on the co-ordination of the types of services and responses to provide care and support. It's not something that's something that's coming to us in a cinema soon; it's actually happening as we speak.

[161] I've been working with the Association of Directors of Social Services Cymru, on behalf of the Minister, linking into Delivering Transformation, and, through the work we've done with them, we've seen some very, very tangible evidence base of the change agenda that's taking place. So, for our citizens, for our people, I think that is the right focus. The Minister quite rightly mentions the regional partnership boards. I would want to emphasise that the regional partnership boards are statutory bodies that have been created through the legislation, through the National Assembly, and they bring those partners together.

[162] The population assessment is a comprehensive piece of work that really gets to the bottom of some of the issues that local communities are facing, and, within that, then, the loneliness and isolation agenda very much

is coming through. The responses now as well—. We have required—the Minister has required—the regional partnership boards to produce, this year, joint area plans. So, again, it gives us the opportunity and gives Assembly Members the opportunity of looking at how those population needs assessments are being responded to in a creative way that begins to respond differently in terms of need.

[163] And, as the Minister quite rightly mentions, she has developed a strategy about evaluation of the legislation. I think one of the most important factors is that, when we did the legislation, we co-produced it. We didn't just develop it ourselves. It was working with citizens and the sector and, indeed, as part of the evaluation, citizens and the sector will be part of directly evaluating, and, indeed, we're working with Co-production Wales to actually have citizens leading on a significant part of evaluation, but looking at how we set that up so that we evaluate going forward into the longer term.

[164] **Rhun ap Iorwerth:** What would you make of suggestions that resources, or lack of resources, mean the potential of the Act has not perhaps been reached, especially in the context of preventative measures?

[165] **Rebecca Evans:** Well, I'd say that one of the principles behind developing the social services and well-being Act in the first place was a recognition that we are facing increased pressures in the social care sector, but also within the context of reduced public finances as well. So, it does have a strong focus on preventative measures and so on. So, I think that that has been—. You know, it has informed our thinking throughout the development from 'Sustainable Social Services', the Green Paper, back in 2009, if I'm—or 2008; thereabouts, anyway. So, it's been a long piece of work, which has recognised the fact that we are living in more difficult times in terms of public finances. That said, there has been Delivering Transformation grant funding provided to pave the way, really, for this new way of working to local authorities, and that's nearly £3 million, and that'll be transferred, actually, to the RSG this year. Additional to that, we've had funding of £1 million to support a training programme for the implementation of the Act as well, to make sure that we're trying to make the absolute most of the opportunities within the Act.

[166] **Rhun ap Iorwerth:** Can you think—maybe this helps—can you think of things that you are not able to do in terms of the development of preventative elements because of scarce resources?

[167] **Rebecca Evans:** You can always do more when you have more money. That's just a fact of life. So, it's a question really of—

[168] **Rhun ap Iorwerth:** More of what?

[169] **Rebecca Evans:**—targeting what we're doing. We have this year, as you'll be aware, introduced or provided an additional £55 million for social care in Wales. So, £19 million of that will be going towards supporting the introduction of the national living wage or the pressures that that will put on the sector. Actually, we hope that by paying people better, in combination with all of the other work that we're doing—in terms of bringing, for example, the domiciliary care sector to be a regulated sector and so on, and the work that we're trying to do to improve terms and conditions more widely, and respect for the role through Social Care Wales, for example—that that will stop some of the turnover in the sector, which costs. Every time you have a new member of staff, it's £2,500. So, there are things that we can do by investing upfront that will actually have savings further down the line as well. We just have to be smart in the way in which we target our limited money.

[170] **Mr Heaney:** Just to come in and support. Thank you very much for the questions. The Minister's just explained some of the budget, but underneath that, the Minister also has been very detailed in terms of, for example, the intermediate care fund—a £60 million fund in total: £50 million revenue, £10 million capital—and directing that into the space of prevention and earlier interventions. Indeed, in terms of the consequential funding—the £20 million that's been allocated out—again, a substantial proportion of that, £8 million, is directly focused on some of the critical pressure points around children and moving into the age of care for looked-after children's services, thinking much more preventatively and creatively around how we support those children and their families in their communities. So, I think it's one thing allocating funding, but the measure that the Minister's introduced is making sure that's targeted, moving into the prevention and early intervention, as a particular focus.

[171] **Rebecca Evans:** And also the £3 million for local authorities in terms of developing a national approach to respite, for example. Again, that leads into the whole preventative agenda in terms of giving carers a break and enabling them to carry on caring.

[172] **Dai Lloyd:** Ocê. Rhun, ti'n **Dai Lloyd:** Okay. Rhun, are you

iawn?   content?

[173] **Rhun ap Iorwerth:** I think the only other thing we need to ask—

[174] **Dai Lloyd:**—has been covered.

[175] **Rhun ap Iorwerth:** Yes.

[176] **Dai Lloyd:** Dyna ni. Dyna ddiwedd y sesiwn. Diolch yn fawr iawn i chi am eich cyfraniadau a diolch eto am y dystiolaeth ysgrifenedig ymlaen llaw. A gaf i ymhellach gyhoeddi y byddwch chi'n derbyn trawsgrifiad o'r cyfarfod y bore yma i gadarnhau ei fod yn ffeithiol gywir? Gyda chymaint â hynny o eiriau, a allaf i ddiolch i chi'ch tri, unwaith eto, am eich presenoldeb y bore yma? Diolch yn fawr iawn i chi.

Dai Lloyd: That's it. That's the end of the session. Thank you very much for your contributions and thank you again for the written evidence beforehand. May I now announce that you will receive a transcript of the meeting this morning to check for factual accuracy? So, with those few words, may I thank the three of you once more for attending this morning? Thank you very much.

10:58

Papurau i'w Nodi
Papers to Note

[177] **Dai Lloyd:** Ac i fy nghyd-Aelodau, gwnawn ni symud ymlaen yn syth i eitem 3, gyda'r papurau i'w nodi. Yn deillio o'n hymchwiliad i ofal sylfaenol, bydd Aelodau eisiau nodi llythyrau ynglŷn â gwybodaeth ychwanegol gan fwrdd iechyd prifysgol Betsi Cadwaladr ynghylch arian datblygu clystyrau. Hefyd, gwybodaeth ychwanegol gan fwrdd iechyd prifysgol Hywel Dda ynghylch arian datblygu clystyrau. Ar yr un un thema, gwybodaeth ychwanegol gan fwrdd iechyd prifysgol Cwm Taf

Dai Lloyd: To my fellow Members, we'll move on straight away to item 3, papers to note. Following from our inquiry into primary care, Members will want to note letters regarding additional information from Betsi Cadwaladr university health board regarding cluster development moneys. Also, additional information from Hywel Dda university health board regarding cluster development moneys. On the same theme, additional information from Cwm Taf university health board regarding

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ynglŷn ag arian datblygu clystyrau, a hefyd gwybodaeth ychwanegol gan fwrdd iechyd prifysgol Caerdydd a'r Fro ynghylch arian datblygu clystyrau.

cluster development moneys, and additional information from Cardiff and Vale university health board regarding cluster development moneys.

[178] Yn benodol, felly, ynghylch ein hymchwiliad presennol i unigrwydd ac unigedd, bydd Aelodau hefyd wedi gweld yr adroddiad swmpus yna sy'n cynnwys rhagor o wybodaeth gan y Samariaid, ar arolwg y Gymdeithas Frenhinol er Iechyd Cyhoeddus ar effaith y cyfryngau cymdeithasol ar les meddyliol pobl ifanc a chost hunanladdiad. A oes unrhyw un eisiau codi unrhyw beth ar y papurau yna, neu fe awn ni'n syth jest i'w nodi nhw gan eich bod chi wedi eu darllen nhw mewn manylder, yn naturiol? Pawb yn hapus. Grêt.

Specifically regarding our current inquiry into loneliness and isolation, Members will have also seen the substantial report that includes more information from Samaritans Cymru on the impact of social media on young people's mental well-being and the cost of suicide. That is the Samaritans on the Royal Society for Public Health survey. Are there any comments on those papers, or we'll just note them immediately as you've read them thoroughly, naturally? All content. Great.

10:59

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o Weddill y Cyfarfod
Motion under Standing Order 17.42 to Resolve to Exclude the Public from the Remainder of the Meeting

Cynnig:

Motion:

bod y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod yn unol â Rheol Sefydlog 17.42(vi).

that the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order 17.42(vi).

Cynigiwyd y cynnig.
Motion moved.

[179] **Dai Lloyd:** Rŷm ni'n symud

Dai Lloyd: Moving on therefore to

ymlaen felly i eitem 4 a chynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod. Pawb yn gytûn. Rwy'n gweld bod pawb yn gytûn, felly symudwn ni i gyfarfod preifat yn awr.

item 4, the motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting. All content. I see that we are all content, so we'll move to meet in private now.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10:59.
The public part of the meeting ended at 10:59.