



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

Y Pwyllgor Cymunedau, Cydraddoldeb a **Llywodraeth Leol** **The Communities, Equality and Local Government** **Committee**

Dydd Mercher, 27 Chwefror 2013
Thursday, 27 February 2013

Cynnwys **Contents**

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 1
Inquiry into Home Adaptations—Evidence Session 1

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 2
Inquiry into Home Adaptations—Evidence Session 2

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 3
Inquiry into Home Adaptations—Evidence Session 3

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 4
Inquiry into Home Adaptations—Evidence Session 4

Cynnig o dan Reol Sefydlog Rhif 17.42 i Benderfynu Gwahardd y Cyhoedd o Weddill y
Cyfarfod

Motion under Standing Order No. 17.42 to Resolve to Exclude the Public from the Remainder

of the Meeting

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynnddi yn y pwyllgor. Yn ogystal, cynhwysir trawsgrifiad o'r cyfieithu ar y pryd.

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.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Peter Black	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats
Janet Finch-Saunders	Ceidwadwyr Cymreig Welsh Conservatives
Mike Hedges	Llafur Labour
Mark Isherwood	Ceidwadwyr Cymreig Welsh Conservatives
Ann Jones	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Gwyn R. Price	Llafur Labour
Kenneth Skates	Llafur Labour
Rhodri Glyn Thomas	Plaid Cymru The Party of Wales
Joyce Watson	Llafur Labour

Eraill yn bresennol
Others in attendance

Neil Abraham	Cadeirydd, Grŵp Cyngori Therapyddion Galwedigaethol Cymunedol Cymru Gyfan (COTAG) Chair, All Wales Community Occupational Therapy Advisory Group (COTAG)
Nigel Appleton	Academydd Academic
Ruth Crowder	Swyddog Polisi, Coleg y Therapyddion Galwedigaethol Policy Officer, College of Occupational Therapists
Helene Mars	Adran Arbenigol Tai, Coleg y Therapyddion Galwedigaethol Specialist Housing Section, College of Occupational Therapists
Julian Pike	Rhelowr Adnewyddu Tai, Cyngor Bwrdeistref Sirol Merthyr Tudful Housing Renewal Manager, Merthyr Tydfil County Borough Council
Owain Roberts	Rheolwr Tai Sector Preifat, Cyngor Bwrdeistref Sirol Blaenau Gwent Private Sector Housing Manager, Blaenau Gwent County Borough Council
Sarah Rochira	Comisiynydd Pobl Hŷn Cymru Commissioner for Older People in Wales
Jonathan Willis	Rheolwr Tai, Cyngor Sir Caerfyrddin Housing Manager, Carmarthenshire County Council

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

Sarah Bartlett	Dirprwy Glerc Deputy Clerk
Jonathan Baxter	Ymchwilydd Researcher
Marc Wyn Jones	Clerc Clerk

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

**Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions**

[1] **Ann Jones:** Good morning everybody and welcome to the Communities, Equality and Local Government Committee. I will go through the usual housekeeping rules. I ask Members to switch off their mobile phones, BlackBerrys and pagers, as they may affect the translation and broadcasting equipment. We operate bilingually, although I think that Rhodri Glyn is the only Member who does so.

[2] **Rhodri Glyn Thomas:** I operate bilingually.

[3] **Ann Jones:** Yes, you do. If you need to use the translation equipment, please use channel 1 for translation from Welsh to English and channel 0 for the floor language, for amplification. We are not expecting the fire alarm to sound, so, should it do so, we will take our instructions from the ushers.

[4] We have had apologies from Lindsay Whittle and there is no substitution, because Rhodri Glyn is also here.

9.32 a.m.

**Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 1
Inquiry into Home Adaptations—Evidence Session 1**

[5] **Ann Jones:** We will now take evidence on our inquiry into home adaptations. Before I welcome the witnesses, I will say that most people around the table will know that I have first-hand, recent experience of home adaptation. I wish to place that on the record so that we are aware of that. Does anyone else wish to declare an interest that they have not already declared in the Register of Members' Interests? I see that you do not.

[6] Joining us are representatives from the College of Occupational Therapists. Ruth, you are a seasoned evidence-giver at our committee, so could you introduce your team? We will then go to questions, because we only have a short amount of time.

[7] **Ms Crowder:** On my left is Helene Mars, who is an experienced housing occupational therapist and works as a Wales representative for the College of Occupational Therapists's specialist section on housing. On my right, is Neil Abraham, who is also an experienced occupational therapist in social services and is the chair of the all-Wales community occupational therapy advisory group, which is an all-Wales group with a lead

occupational therapist from each of the 22 local authorities.

[8] **Ann Jones:** Thank you for that. You will remember that the former Committee on Equality of Opportunity undertook a similar inquiry into housing adaptations. A set of recommendations were drafted in 2009. Those built on a report that was done in the second Assembly by the then Social Justice Committee. Do you think that those inquiries have made a difference to housing adaptation schemes and has your role as occupational therapist changed as a result?

[9] **Ms Crowder:** Both of those reports have targeted information quite carefully on this issue. Both identified the serious complexities in the existing system. It is fair to say that our members would report that things have improved, but there is still a significant amount that needs to be changed. For us, one fundamental difficulty is that, whenever a problem has been spotted, we have added a new system or a new type of grant, which has added to the complexity. So, the whole system feels as though, when someone identifies a problem that could be solved by adapting the environment, we are immediately focused on which route we might end up on and what sort of things we can do by following that route rather than asking, 'What would solve your problem as part of a holistic package of care?' Although those two reports have improved some things, we have not solved that fundamental problem.

[10] **Ann Jones:** Are you seeing any real progress on the recommendations that were made?

[11] **Ms Crowder:** Certainly, the recommendation about including occupational therapy numbers to social care needs has been absolutely excellent for us, because, with some of the cuts in the NHS, that has been the only thing that has sustained us. You also asked about the occupational therapy role, and that has significantly changed over the last few years. We have seen some growth in the numbers of occupational therapists employed in local authorities, but there has been huge growth in the number of reablement services and a good increase in the number of OTs now in housing services, which we did not have beforehand. One of the big things has been that separation of the performance indicator from children and adult adaptations.

[12] **Ms Mars:** The other thing that was produced was the leaflet, together with the Older People's Commissioner for Wales and Age Cymru.

[13] **Ms Crowder:** You recommended some information in the previous reports and the four organisations got together and produced this leaflet. It is a summary leaflet, which directs people to a website page giving them overarching information and then directs them to their local authority website. However, because the situation is so complicated, you still have to have gone through quite a lot of work with an individual in order to be able to work out which route you are using and where you are going. So, it remains difficult to give them information accurately.

[14] **Ms Mars:** Although the leaflet, because it came out of the older person inquiry, is aimed at older people, it is equally applicable to any adult services or children services.

[15] **Peter Black:** I am sure that you would be unhappy if the third inquiry into this produced more complexity. Have the previous inquiries produced outcomes?

[16] **Ms Crowder:** I think that it is reasonable to say that waiting times have gone down, because there has been a focus on the performance indicator for the disabled facilities grant, but as we said in our evidence, that is only a focus on the DFG. We do not have an all-encompassing monitoring of the performance of all the different routes of adaptations.

[17] **Peter Black:** Is part of the problem that the home adaptation service and, by definition, this inquiry and other inquiries, have been about a particular aspect of reablement, when we should be looking at delivering the service as part of a more joined-up whole?

[18] **Ms Crowder:** Absolutely.

[19] **Mr Abraham:** The disabled facilities grant makes up a relatively small percentage of the outcomes of the interventions of occupational therapists. If you look at the referrals for my own team, for example—and it is reflected across Wales—disabled facilities grant only amounts to about 20% to 25% of the outcomes. Occupational therapists are able to deliver a range of other outcomes, including reablement services—sometimes it is information, advice, signposting and support and all of those other things. So, it is a minority of the outcomes that we deliver.

[20] **Ms Mars:** Given that the disabled facilities grant is the only one that is measured with a performance indicator, the focus tends to be on that. Although each registered social landlord and housing association would probably keep their own records, they are not required to be published for comparison.

[21] **Peter Black:** Is that because the PI only really applies to local government?

[22] **Ms Crowder:** As does the DFG.

[23] **Ms Mars:** The PI does not apply to the local authorities that have retained their stock; they do not have to produce those for their public sector stock. It is only the DFG.

[24] **Peter Black:** So we are not measuring performance across the whole range—

[25] **Ms Crowder:** We are not measuring outcomes or whether we have actually made a difference, and we are not measuring—

[26] **Ann Jones:** I think that we are straying into Rhodri Glyn's area. We are coming on to performance and monitoring a bit later on.

[27] **Peter Black:** I am sorry. I will just ask my last question. The Welsh Government has promised a review of adaptations in the housing White Paper. Is there anything specific that you want to see come out of that?

[28] **Ms Crowder:** One of the big things that we would like to see is a fundamental review. We have a system that has been here for many years. We have added a lot of bits to it, we have tweaked around the edges and we have added different routes. However, what we need to do is to start from scratch. We need to look at what the principle is of providing an adaptation, what it is for, and ensure that it is part of the entire programme, and then create something that is age and tenure blind. Ideally, we would like to see no means testing, which, in this environment, may not be realistic. However, we need to ensure that, if a means test is applied, we know what the costs and benefits are. We know whether it costs us too much to apply the means tests. Therefore, if we have a huge drop-out of people who cannot or will not pay their contribution, we need to know what the costs are to local authorities, and to society, of those people falling, or going into residential care.

[29] So, we have to do a thorough cost-benefit analysis, and understand what is needed from the system. I think that we need to have a moral conversation about why we believe people should pay towards their adaptations, and if we believe that they should pay, we need to identify the correct and proportionate process for getting that right. At the moment, it is only about adult homeowners; those may be people who own a house, but they may not have

an income, and they may not have cash. All our members are aware of people dropping out of the system and failing to cope with the complexity of the system, simply because of the resources test. So, that is the fundamental thing that we would like to see.

[30] **Ann Jones:** I believe that you have a supplementary question, Joyce, before you move on to your questions.

[31] **Joyce Watson:** Yes. My question is about the situation before people even enter the system, and the principles, the assessment and the consideration to be included as someone in need. Are there any issues around that? We are talking about people who have entered the system, but is there a raft of people who fail to enter the system in the first place?

[32] **Mr Abraham:** No, I would not have said so. If you look at the potential solutions for people, or the potential interventions for service users now, there is a much greater range than there used to be in the past. When disabled facilities grant was implemented—many years ago now—it was a stand-alone solution. However, if you look at what happens now, it is part of the whole community care environment. In my experience, people are offered a range of rehabilitation services, including hospital in-patient rehabilitation services, and then a range of community-based rehabilitation services, including enabling home care services, for example. Their objective is to enable people to function at their optimum level. The role of adaptations now, which was not the case in the past, is to address the environmental issues that are left over once people are functioning at their optimum level. So, to answer your question, there are many opportunities prior to entering the adaptation system to identify exactly what people's needs are, and those needs are addressed in a much more targeted way than they would have been previously.

[33] **Ann Jones:** Janet Finch-Saunders has a short supplementary question, Joyce, before you move on to your questions.

[34] **Janet Finch-Saunders:** Do you believe that we need to drop the disabled facilities grant scenario now, and just talk about reablement in its true sense? Do you think that there is a consistent approach across Wales? How do you see smart technology taking a greater lead in terms of the reablement programme?

[35] **Ms Crowder:** I believe that there are many opportunities for smart technology to make a significant difference. We need a consistent framework for reablement across the country. I am also the chair of the Welsh Reablement Alliance, as some of you know, and it is important to ensure that we get good, high-quality, consistent reablement services. However, it has to be a multi-factorial approach. So, you enable people, you improve their skills, and you empower them to take as much control as possible. However, because our built environment is not right, there will always be a need for some form of adaptation, and we must therefore have a system for funding that in some way.

[36] One key thing that must happen is that we must stop, right now, continuing to build housing that disables. We already say that social care housing must be built to lifetime homes standards, and we think that requiring all housing to be built to those standards will at least give us a long-term move towards enabling people to live better. Helene was telling me the other day that, as soon as you move people into that kind of housing, you immediately enable them, and you reduce the need for adaptation. That has to be the way forward.

9.45 a.m.

[37] **Ann Jones:** I thought that I would stop you because there is a lot of information here. We are still on the first theme and we are halfway through your evidence session, but we have four more to go. We may come back to you and ask you to provide some in-depth information

that we can look at. Sorry. Can you move on at a bit of a speed, please, Joyce?

[38] **Joyce Watson:** Yes. You said that the current adaptation systems are too complex and inconsistent, so how can they be simplified and made more effective?

[39] **Ms Mars:** At the moment, there are five or six different means of obtaining an adaptation, depending on the tenure of the property that you are in. You have the disabled facilities grant, the physical adaptation grant, and the independent living grant; those authorities that have retained their stock use their own moneys; and then you have the stock transfer for which money has to be used from the business plan and there is then no access to any other additional moneys. Such a complex range of funding routes means that people will drop through that system. Because the monitoring is not there for the other systems, other than the DFG, we do not know who is getting through and whether they are getting their adaptations. Perhaps we could come back to looking at one system, somehow. At the end of the day, if the funding streams fail in the other systems it all comes back to the local authority because it has the mandatory and legal requirement to provide.

[40] **Joyce Watson:** You said that housing tenure makes a difference. Do you think that the impact that a housing tenure has on access to adaptations makes for an unequal playing field?

[41] **Ms Mars:** Yes. With stock transfer, for example, if the money is not adequate in the business plan an adaptation may be delayed or not happen at all. The means test prohibits some people in the DFG systems because they do not want to divulge their funding or they cannot meet the contribution level. So, they will drop through the system. We know very little about the outcomes of the physical adaptation grants at the moment because they are not measured. Again, it comes down to funding, which comes directly from the Government for the physical adaptation grant. There are fast-track mechanisms but it is not clear whether the funding is there for the larger items. With some of the stock transfer, again it is a matter of building in the need for large adaptations, like extensions and so on, that might come up, but are often not included with the business plans when they are first made. It gets complicated.

[42] **Ann Jones:** It does sound very complicated. Okay. Peter has a very short supplementary question, but we do have to move on.

[43] **Peter Black:** This may be a question for the Minister. Are you aware, when stock transfer takes place, whether provision is made for disabled adaptations?

[44] **Ms Mars:** Yes. That is supposed to happen.

[45] **Peter Black:** Okay. We need to question the Minister more on that.

[46] **Ann Jones:** If that is supposed to happen, we must look at that. Mark has a set of questions now.

[47] **Mark Isherwood:** They are on the same theme of complexity and inconsistency. In tackling that complexity and inconsistency, how should we be addressing the joint working between the occupational therapists, local authority housing departments, house adaptations officers, and potentially organisations like Care and Repair, housing associations and transfer associations? As you know, there is a sting in the tail; you have previously highlighted good practice to me, but even in that case, there was good practice between the occupational therapists and the local authority, but relationships were still developing with Care and Repair and the housing association.

[48] **Ms Crowder:** It sounds as if I am saying the same thing; it is the integration of

looking at what the individual needs to enable them to live a life that is as independent as possible and making sure that any intervention is targeted to achieving that outcome. If every agency is working to the same outcome, you start to get some coherence and some joined-up working. In our written evidence, we have identified some of the features that we think an excellent adaptation system would offer. We think that a lot could be done at the moment. That requires good leadership, good management and a focus on achieving what needs to be done at the most effective cost.

[49] We attended a stakeholder event last July with a range of stakeholders, and we were very pleased that the report clearly identified four priority areas that everybody agreed we could work towards. Everyone agreed that we needed to look at issues to do with complexity and equity of means testing; we need to look at the quality of performance indicators; we need to look at whether something as effective as the rapid response adaptation programme can be made available to all ages and all tenures, because that has been highly effective. Also, we need to make sure that we effectively use occupational therapy resources. If everybody is focused on achieving the best outcome, and there are no perverse incentives that encourage people to try to shunt costs or transfer activity, we will start to get a more efficient system. Fundamentally, you have to reduce the number of routes, because you can then start from what the person needs rather than having to look at which route we are on and what is allowed to happen in each route.

[50] **Mark Isherwood:** Is there a risk of duplication?

[51] **Ms Crowder:** Yes, there is at the moment.

[52] **Mark Isherwood:** I would like to ask some very quick supplementary questions, if I may. To what extent do you feel that the personalisation agenda and citizen-directed support could assist people who are seeking adaptations? Are there enough OTs? Do we need more if we are going to help to tackle the delays?

[53] **Mr Abraham:** I would like to add to Ruth's answer to the previous part of your question. At the moment, there is a lack of clarity as to whether adaptations are a social care service or a housing service. In the past, they were clearly seen as a housing service, but they are so integral now to delivering social care services, in promoting independence, supporting carers and supporting the care services that go in; we are very often creating the environment where community care takes place. They are so fundamental to the delivery of social care that there is a lack of clarity about whether it is a social care service or a housing service.

[54] With regard to your question on the personalisation agenda, it would be difficult in the current environment to deliver adaptations through a personalisation agenda. Some local authorities deliver adaptations using direct payments now. They are restricted to the adaptations that they would deliver themselves, which, in some cases, are only very small adaptations, maybe costing up to £750, which, in practical terms, means a handrail or a few grab rails and so on. If you are looking at a much more extensive personalisation agenda, that would require a fundamental shift in how you perceive adaptations and where they sit in the whole system.

[55] **Ann Jones:** Mike has a quick supplementary question on this.

[56] **Mike Hedges:** I would like to talk about handrails, because one of my great successes was getting the City and County of Swansea to put handrails in houses before going through a whole OT examination. One of the great weaknesses of the system in the past, and it still is in a number of places, was that, if somebody wanted a handrail, you went there and said that they needed many other things as well and that there was about £30,000 of work to do, for example. They then ended up joining a queue and it would take them in excess of two years to

get the handrail. Do you think that it is a good idea to provide simple, easy and cheap things at the beginning and wait for the rest?

[57] **Ms Crowder:** Absolutely. I think it was in 2006, or it could be earlier, that the College of Occupational Therapists published ‘Minor Adaptations Without Delay’, which offers clear guidance on how it is possible to provide simple adaptations without using an occupational therapy assessment. We would absolutely advocate that that needs to be done. However, you must have good supervision, training and support for those staff so that, if they get into a situation where they arrive at someone’s house and spot that there are potential dangers and that, potentially, people do need more, they have a route for coming back and getting advice and that we make sure that services are always fail safe. The danger is that you send someone out to just do what someone thinks about, and they know that you provide a rail, so they ask for a rail, but they do not know that, actually, they could have something to help them manage the stairs, and actually, they are lethal on the stairs, but nobody has thought to ask that. You have to have a system that allows that kind of conversation to make sure that people are safe.

[58] I forgot to talk about your OT numbers—sorry, Mark. This is a really good tool for making sure that we use our occupational therapy resource well, because if you free up and fast-track the simple work, get that done in a timely manner, get it done quickly and effectively, then you leave your occupational therapy resource to support the supervised staff, but also to work with complex cases. We have seen some slight growth in OT numbers, and you will see in our evidence on the workforce that some local authorities have only two occupational therapists—the biggest has 21. They are small and frail establishments; not very robust. It only needs one of those two people to go on maternity or sick leave and the whole waiting list grows again. We would say that you do need to look carefully at whether there is sufficient capacity, and whether we have enough OTs.

[59] **Ann Jones:** I have to ask: how do health OTs and local authority OTs work together; or do they?

[60] **Mr Abraham:** They certainly do. A number of health boards and local authorities are working together now with integrated services, and I am aware of a number of examples across Wales where health occupational therapists are able to prescribe from local authority budgets, or their assessments are accepted as if they were from staff at the local authority.

[61] **Ann Jones:** So why do people have to go through two if not three OT assessments on a prolonged adaptation list?

[62] **Mr Abraham:** Partly, it is because of the length of the process. If you have a hospital occupational therapist who is on a rapid turnover, maybe working on a ward, having to discharge people rapidly and make sure that people are settled in their own home, it would not be practical for them to be involved in a process that lasts a year, 18 months or two years. That could partly be addressed by redesigning the process.

[63] **Ann Jones:** So, health OTs do not do the long, end process. They do the quick, let-us-get-you-out-of-hospital.

[64] **Ms Crowder:** If their job description is that they are a specialist, for example, dealing with someone who has had a stroke, then they may not have the skills and capacity to understand how to deliver a complex adaptation, but if they are employed to ensure a flow in the hospital, then clearly they cannot actually be working in the community. That is why we utterly support the move to more community-based therapists to pull people out, because then you go in, work with someone when they are in hospital and keep working with them. If we use that pull model in setting the direction, then we can reduce that complexity.

[65] **Peter Black:** Local authorities do have the ability to buy in OT services. In your experience, does that happen very often where there are backlogs?

[66] **Ms Crowder:** It does sometimes, but one of the issues is that you have to really understand what is causing delays, and if you have the wrong idea about what is causing the delay, and you buy in extra resource—say you buy in more OTs and you shift that waiting list—then you suddenly send an enormous pile of referrals across to the grants department, and the grants department suddenly gets a delay. You have to look at it as an entire process. If you know that you have a particular area and you have capacity to deal with it, then that is a solution.

[67] **Peter Black:** So, what you are saying is that, within local authorities, the process is not being managed properly.

[68] **Ms Crowder:** Yes. It needs to be managed properly.

[69] **Mr Abraham:** Can I just add something to that? The assessment is just the beginning of a process, and one of the problems with buying in occupational therapists or other staff to clear waiting lists is that those assessments appear further down the chain, if you like. They come back to the local authority and the occupational therapist for opinions on things and if there are changes to specifications and in the needs of the service user. In effect, what you are doing is a lot of assessment, but then that work appears further down the line. Anybody who goes at a later date will not know those service users' situations particularly well, so in effect you are assessing them again. You have almost wasted the resource that you put in at the beginning.

[70] **Ms Mars:** I think the important thing really is to make it a smooth transition from the hospital situation through to the home. That would mean utilising the expertise of different types of OT. The OT in the hospital is far more experienced in dealing with the acute phase. The OT in the community has experience of the adaptations and the longer-term phases. The important bit is to get those two joined up and to talk to each other, rather than to just pass people on.

10.00 a.m.

[71] **Ann Jones:** That is the issue. It is about talking to people and communicating with the person to whom we are offering the service, and not necessarily to someone sitting by their bed. That is very important. I am not going to say any more. We will move on to Janet.

[72] **Janet Finch-Saunders:** I think that my first question has been covered, so I want to elaborate on waste in the system, and the reverse cycle when people no longer need those facilities for whatever reason. How do you handle that process so as to be able to reuse and recycle that equipment to put it back in the system? I have first-hand experience of where delays in that regard can skew the system.

[73] **Ms Mars:** With items such as stairlifts and that sort of thing—

[74] **Janet Finch-Saunders:** Bed hoists and things.

[75] **Ms Mars:** Yes. With those things you have the opportunity to recycle. The problem with the private sector and the disabled facilities grant is that you cannot recycle old stock under a DFG—the equipment has to be new. In our authority, we will use it in public sector stock. You cannot recycle some items; if it is a purpose-built stairlift, for example, you may not be able to recycle it.

[76] The other thing to think about, if you are looking at public sector stock or social housing stock, is reusing those houses appropriately. That brings us to accessible housing registers, which a lot of authorities are now looking at developing.

[77] **Ann Jones:** I am going to bring Mike in, because that touches on his question. If you want to ask your question now, Mike, then we will move on.

[78] **Mike Hedges:** That was the first part of my question. The second part was that, in social housing, substantial adaptations are made to houses—these are not to specially-built houses for disabled people, but are adaptations of up to £30,000 or £40,000. When the disabled person leaves that house, it is no longer kept as a house for disabled people, and you may well have a wet room taken out and a bath put back in, et cetera. Do you think that something can be done so that, when substantial adaptations are done, these houses are re-designated as being available for disabled people?

[79] **Ms Mars:** It comes back to the housing register and utilising the properties appropriately. There is a lot of pressure put on the housing department not to hold a void property, and I think that that is partly the issue, because the pressure is there and you cannot have it empty for any length of time. There is not always sufficient time to find the appropriate person. You might need a couple of weeks to find someone if you do not have someone sitting there waiting. That is when the houses get used inappropriately, because of that pressure to avoid holding a void property.

[80] **Ann Jones:** Surely a couple of weeks' void while you find a person who would suit the way that the house has been adapted is better for the public purse than ripping all the adaptations out, and, six years down the line, finding that someone has to have something put back in because of their health needs? So, I think that the housing register there is—

[81] **Mr Crowder:** That is why we need a joined-up system, because the local authority is being penalised now for holding an empty property—the long-term cost is in the long term, and the authority has costs now that it has to minimise.

[82] **Mike Hedges:** I do not need to ask any more questions now, but I will send questions in writing to the witnesses later.

[83] **Ann Jones:** That is fine. Janet, you carry on, and then Ken has some questions.

[84] **Janet Finch-Saunders:** I think that you have touched on whether sufficient information is made available to disabled people, their families and carers about their options for adaptations. I think that you have brought that into the discussion.

[85] **Ms Crowder:** It is about making sure that you get someone in there at the start—which is often the role of the occupational therapist—to have a really long conversation about the impact of any condition on their lives, what they want to achieve and bringing the expertise of the range of options that we can offer. It is not about having a conversation that goes, 'I want a stairlift'—'Yes, you can have a stairlift' or 'No, you can't have a stairlift', but about a conversation that goes: 'I want a stairlift'—'Why, what's the issue? Is rehousing a more sensible option? Is there an alternative way we could do this? What is it you really want to achieve?'

[86] This is where having an average performance indicator is sometimes an issue, because, if we have had a long conversation about what are the right solutions—if someone has been newly diagnosed they may have to go through almost a grieving process to be ready to accept this intrusive change to their life—to make that a delay in the process of providing a

DFG, I find immoral. That is actually a really important part of moving someone to the right decision. An average performance indicator does not take account of when we agreed that there was a need for an adaptation and when we started the DFG or the adaptation process. That is the point at which we start. We do not want to advise that the OT wait is not included, because it is important—that is what the person experiences—but you have to be clear that, if we have been working with someone for six months and now we have got to the point where we have agreed that what we need to do is a DFG, that six months is not a delay in the DFG, but part of an important process for that individual.

[87] **Kenneth Skates:** I am not convinced that good practice is being fully shared among local authorities. Who do you think should take responsibility for sharing good practice?

[88] **Ms Crowder:** As a professional body, we take very seriously our responsibility for ensuring that good practice is shared among our members. Neil is the chair of the all-Wales advisory group, which has a representative from each of the local authorities eligible to attend—they can come. What we do notice is that, if you have very small establishments, some authorities do not release people. Some people cannot attend the meetings. So, we need to make sure that there is a culture of accepting learning and understanding that there may be good practice that you could pick up from other areas.

[89] One of the issues is that we all, historically, have taken bits, changed things, and have created the right solutions for our little area. What rarely happens is the good, thorough evaluation and research so that we have an evidence base to say, 'That is good, and you don't need to tweak it, you just need to pick it up and do it'. That is really important.

[90] **Mr Abraham:** I would just add, if I may, that we do have that forum, the community OT advisory group, and there are representatives from all 22 local authorities there. It is primarily a good-practice-sharing forum. One of the other difficulties is where occupational therapists sit in the organisation. Some of the older teams, as Ruth mentioned, are very small, and sometimes the staff do not rise very high in the organisation, and they are not in a position to be able to implement good practice, even if they are aware of it. That is a significant issue for us.

[91] **Ann Jones:** We are running out of time. We will get through the next couple of questions, and then I suggest that, perhaps at the end of our inquiry, when we have heard evidence from people who have been through the system, you could come back and we could try to hone down some of the issues. Would that be all right? I see that it would.

[92] **Ms Crowder:** Yes, absolutely.

[93] **Rhodri Glyn Thomas:** Efallai gallaf grynhoi'r gyfres o gwestiynau sydd gen i ynghylch monitro perfformiad i un cwestiwn. Sut y gellir gwella'r broses honno o fonitro'r perfformiad er mwyn gwella ansawdd y gwaith, canlyniadau'r gwaith a phrofiad y cwsmeriaid?
Rhodri Glyn Thomas: Perhaps I could consolidate the questions that I have on performance monitoring into one question. How can we improve the process of performance monitoring to improve the outcomes, the standard of the work and the experience of the customers?

[94] **Ms Crowder:** The starting point has to be an outcome—what it is we are trying to achieve. So, we need to know whether what has been done has made a difference to the individual's life. That has to include the individual's experience and satisfaction and whether it has solved the problem. However, we also need a measuring element. The whole process needs to be measured, but you need to be able to identify very clearly what parts need some amendment in order to slick them up and make them more efficient. So, an average is very difficult, because it does not help you to identify, as I said, where the start point is, what the

issues are and what the bottlenecks are. So, you have to have some kind of time measurement, but you also have to have that balanced with an outcome. The phrase in the NHS is ‘the stop-the-clock opportunity’. So, you may start, but, if the person is admitted to hospital, or, if something else happens, for example, their partner dies, they do not want to be filling in test-of-resources forms at that point, and you need to be able to stop the clock so that you have an accurate understanding of how long this process has taken and whether that is an acceptable amount of time.

[95] The other issue is about recognising complexity. We need to be able to identify whether the wait for a grab rail was three years because you made them sit on a waiting list, or if it took three years because there was a significant problem and we re-housed in the middle of those three years, came to a new environment, and started the process only a year ago, which is very different. We just do not have that level of detail, which we need if we are going to measure accurately for time. That is what we need to do.

[96] **Ann Jones:** Gwyn has the big question, which you will have to answer in one sentence and then perhaps think about it and come back to us. [*Laughter.*]

[97] **Gwyn R. Price:** I know that you have answered much of this, and one-line answers are coming in now. How can the funding of adaptations be simplified?

[98] **Ms Crowder:** I am always loath to recommend another review, but I think that this is the point at which there needs to be a fundamental consideration of what principles we believe underpin an adaptation system and what it is we are trying to achieve. I think that the new housing Bill offers us an opportunity to do that, to create a single funding stream. We then need to have a conversation about where that goes so that, when someone arrives with a need, you are not thinking, ‘If it goes down this route, we will only be able to do that, but, if it goes down that route and it will only cost this amount, we will use that, but then if I add something on, it will take us out of that stream and we will have to go elsewhere.’ That is the element that we have to get rid of. Then we can provide information, help people to understand what is going to happen and deliver something effectively, and we will also be able to measure to see whether it has been worth the money spent on it.

[99] **Gwyn R. Price:** I noticed in your evidence that you said that having one system gets clarity and stops confusion, and you are saying that a single funding stream is the way forward.

[100] **Ms Crowder:** We believe so.

[101] **Ann Jones:** Ruth, thank you and your colleagues for coming in. That was a quick canter around this subject, and we will need to flesh out some issues around the direct payment route because that is perhaps not fully understood. There are also some issues around self-funders and the help that people give to self-funders that we have not touched on today. So, I am sure that we will invite you back, but thank you. You know that you will get a copy of the transcript to check for accuracy.

10.13 a.m.

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 2 **Inquiry into Home Adaptations—Evidence Session 2**

[102] **Ann Jones:** We will now move on. We are running late—that is always a good start after the first session. It is my pleasure to welcome the Welsh heads of environmental health housing technical panel, which is quite a grand title. I think it has been explained to you that we operate bilingually, so, if there is a question in Welsh, there are headsets available.

Channel 1 will give you the translation from Welsh to English and channel 0 is the floor language.

[103] **Mr Willis**, could you please introduce yourself and your colleagues? We will then go straight to questions.

[104] **Mr Willis**: My name is Jonathan Willis and I am a private sector housing manager in Carmarthenshire County Council and I also chair the all-Wales Welsh heads of environmental health housing technical panel. You are right, it is quite a grand title, but, essentially, we are a group of local authority officers who get together to promote best practice and to try to develop housing in the private sector. To my right is Owain Roberts from Blaenau Gwent County Borough Council and to my left is Julian Pike from Merthyr Tydfil County Borough Council.

[105] **Ann Jones**: Thank you. I will start with the first question. Have local authority adaptation services improved in recent years? If there is still room for improvement, what needs to be done to improve that service?

[106] **Mr Willis**: Local authorities have done an awful lot of work on this over the last probably seven or eight years, since the first review by the Welsh Assembly Government in 2005. One of our colleagues, Chris Jones, did the review; he is now working for Care and Repair Cymru. With regard to that report, we have worked to develop a number of recommendations that came through. The performance indicator proves that local authorities have drastically improved in terms of bringing down waiting times and delivery times. They were in excess of 500 days in 2005, and now they are closer to 300 days. So, I think that that speaks for itself.

10.15 a.m.

[107] **Ann Jones**: Is that an acceptable wait? There has been a reduction from 500 to 300 days. Is it acceptable to wait 300 days?

[108] **Mr Willis**: We are starting to get into the debate around the PI then. It is a bit of a blunt instrument, and we need to—

[109] **Ann Jones**: Yes; we are coming to performances indicators after this.

[110] **Mr Willis**: We need to understand that it is an average. There is a story behind that. There was another PI, which we measured, for small-scale adaptations outside the DFG process, and we are talking about 10 to 15 days in terms of the small-scale stuff. As I say, in terms of the PI, there are a lot of issues, such as the nature of the work and client choice, because when it is Christmas, Easter or birthdays, Mrs Jones does not want the work done.

[111] **Ann Jones**: I can assure you that this Mrs Jones did. *[Laughter.]*

[112] **Mr Willis**: In terms of some of the review done by Chris Jones, local authorities have embraced a number of the recommendations, such as working closer with occupational therapists. A number of local authorities have OTs within house, they have streamlined the process and we have looked at a systems-thinking approach in terms of that. We have fast-track priority cases and we are working closer with partners like Care and Repair. There is a whole host of issues where I think that we have progressed. The level of funding has probably increased over the time period. My colleagues may want to chip in here in terms of their experiences within their own local authorities and in terms of what we think of the progress.

[113] **Mr Pike**: Some of the other issues that people have taken on board include in-house

agencies—we effectively provide a hand-holding service to the applicants themselves. A hell of a lot of work has gone into improving those services so that, in many authorities now, the applicant effectively just signs on the dotted line and all the worry and stress are taken away. The appointment of the builders and the scheduling of the work is all at arm's length to the client, and all that they need to know is the start date and the builder and they are away to go. When the local authority is in control of the whole process, it works that much quicker as opposed to when it is given to the client and the client has to appoint a builder or has to worry about scheduling the works et cetera. That is when timescales can increase significantly.

[114] **Ann Jones:** So, that is the sort of explanation around why DFG waiting times vary between local authorities. Different local authorities have different ways of dealing with the DFG.

[115] **Mr Roberts:** The majority probably operate in a similar way, I suppose, but there are local differences. I know that in some local authorities a full agency service is operated, where the client is taken all the way through. In other local authorities, like mine, we operate a partial agency service. We do the hand-holding part; we help the client through. After the 2005 report we made big changes where, in previous times, applicants were sent forms through the post. When an elderly person received a bundle of forms like that in the post, it just did not work. So, those changes have been made and it has cut the waiting times. There will always be a difference between—

[116] **Mr Willis:** I think that we have to think a little more broadly in terms of our answer. There are different problems in different local authorities. It may take longer to get around, for geographical reasons, in some local authorities. There are different health profiles, different customer profiles, and different financial circumstances with those customers. There will always be differences with 22 local authorities because of the very nature of those authorities. There may be some issues around practice, but I think that that gap between local authorities is narrowing. We have done a lot of work as local authorities, as a group, to try to improve best practice. That is the purpose of the technical panel, for example. We get together on a regular basis. To be honest, we have done this sort of subject to death.

[117] **Ann Jones:** Some of us who have been Members for two or three Assemblies feel that we have done this to death and our constituents still tell that there are vast issues. Let us hope that this third review will get it right.

[118] **Mr Willis:** That is interesting because a lot of local authorities report high levels of satisfaction. We do not just use the PI; we do further work. We were talking about this just before we came in, that there are very high levels of satisfaction. A colleague was talking about more in-depth questions: not just, 'Are you satisfied with the service and the builder et cetera?', but, 'How has it affected you; are you able to stay in your own home; and how has it affected your health?' So, we are looking at other ways to measure it, and we do get fairly high levels of satisfaction from our clients.

[119] **Ann Jones:** Okay. I have Ken and Rhodri Glyn before I come to Peter's question. So, be brief.

[120] **Kenneth Skates:** Thanks, Chair. Just on that point, do local authorities across Wales have a consistent method of measuring satisfaction? Is it the same for every local authority? Also, are clients given an opportunity to sign off plans and to sign off the completion of the work to their satisfaction?

[121] **Mr Pike:** First, almost inevitably, each local authority will have a slightly different satisfaction form, each trying to capture roughly the same data with regard to personal experience, benefits, et cetera. No doubt, some will be better than others.

[122] As regards signing off on work done, I am pretty sure that it is the same in the vast majority of local authorities as is certainly the case in mine, where the client signs off the plans in the initial stages. So, if it is extensive work and architects are involved, they will sign off on the plans. Inevitably, that sometimes adds to the timescale, in that Mrs Jones's feeling for her property is sometimes different to the practitioner's view, and a compromise is often found. That can take some to-ing and fro-ing, and similarly with the planners. But then they sign off on the plans at the initial stage, and they are part of the sign-off process at the end, and when the grants officer goes to sign off the completed work, a final check is done. Quite often, in, I would have thought, some of the better authorities, there will be another joint visit from an OT and a grants officer.

[123] **Kenneth Skates:** Is there any follow-up to that several months later to check that everything is working fine and is still to their satisfaction?

[124] **Mr Pike:** Quite often, OTs or social services will have a care plan or some reason to continue dialogue and contact with the client. As far as the provision of physical allocations goes, it usually ends at that point. It depends, but because equipment sometimes needs to be serviced and so on, that may happen 12 to 18 months later.

[125] **Mr Willis:** I think that we recognise that as an area for improvement, to look at outcomes further down the line. Inevitably, that will take further resources, but it is certainly something worth looking at in the future. We are always mindful of the fact that it is a disabled facilities grant and that it applies to the client—it is their grant; the allocation is to them. In terms of their involvement, local authorities involve them all along the line, to the degree of quite comprehensive hand-holding, to sort of say, 'You can do this yourself'. Some will want to do it themselves, because they have family et cetera who can work with their own agent or architect. So, there is a whole spectrum there, I guess, and from my perspective, it is their choice.

[126] **Ann Jones:** Rhodri Glyn has a supplementary question, and then, because we have touched on PIs, if you want to do your performance monitoring questions, we will come back to Peter, who is covering best practice. Is that okay?

[127] **Rhodri Glyn Thomas:** O ran lefel y boddhad, rydych wedi dweud eich bod yn sicrhau eich bod yn mynd yn ôl i gadarnhau bod eich cleientiaid yn hapus gyda'r gwaith sydd wedi cael ei wneud a bod lefel uchel o foddhad. Rwy'n siŵr, unwaith mae'r gwaith wedi cael ei gyflawni, fod lefel uchel o foddhad. O ran y bobl sy'n dod i'n gweld ni fel Aelodau Cynulliad, y bobl hynny yw'r bobl sy'n aros 300 o ddyddiau er mwyn i'r gwaith gael ei gyflawni, ac nid oes lefel o foddhad o gwbl yn y fan honno achos maen nhw'n disgwyl i'r gwaith gael ei gyflawni. A ydych yn holi'r bobl sy'n disgwyl am y gwaith yn ogystal â'r rhai sydd wedi cael y gwaith wedi ei wneud pan fyddwch yn dweud bod lefel uchel o foddhad?

Rhodri Glyn Thomas: In terms of the levels of satisfaction, you have said that you ensure that you go back to your clients to check that they are happy with the work that has been done and that there is a high level of satisfaction. I am sure that, once the work has been undertaken, there is a high level of satisfaction. However, the people who come to us as Assembly Members are those who have to wait 300 days for the work to be completed, and there is no level of satisfaction there because they are waiting for the work to be completed. Are you asking those people who are waiting for the work to be done, as well as those who have had the work done, when you say that there is a high level of satisfaction?

[128] **Mr Pike:** The satisfaction form is a compulsory element in our local authority, so, 100% of applicants are required to complete the satisfaction form.

[129] **Rhodri Glyn Thomas:** When do they do it? Is it after they have had the work done?

[130] **Mr Pike:** After the work has been completed.

[131] **Rhodri Glyn Thomas:** Yes, but at that point, they have had the work done and they will be satisfied. It is the people who are waiting who have the problems.

[132] **Mr Pike:** But, inevitably, they will at some point, when the work is complete, have the opportunity to slate us if that is justified. I am not saying that we get 100% satisfaction, but I know from personal experience that it is well over 95% who will put down either 'excellent' or 'very good' against all the elements on the form. There are occasions where, inevitably, things crop up, but one of the major issues is about managing expectations. A lot of these people may not have undertaken any building work or been involved in significant building work previously, so with the best will in the world, and the best builders in the world, some jobs take 150 to 200 days on site. So, when you see a time frame of 300 days, for example, there may have been builders at that property for 200 of those days, digging ground works or laying footings. Whenever there is work with a sewer, you have to wait for a month to get Welsh Water to give you permission, and you sometimes wait two months for planning, so those are all delays that are part of the process. With the best will in the world, as local authority officers, we cannot circumvent them; they are the steps that need to be in place.

[133] **Mr Willis:** It is about understanding what we are measuring: we are measuring the first phone call to the last brick. Some jobs will take 150 days from start to finish because the first step is to assess what is needed. In many cases, a DFG is not applicable; we do not measure that, but we provide advice and support and they may need some equipment or they may need to be rehoused. In Carmarthenshire, we get 1,000 enquiries a year for DFGs, and only 200 end up with grants because there are other housing solutions for these people. However, in terms of the work, some will take a short period of time; some will take a medium period of time and some will take a long period, as Julian said, by the very nature of the work. We have just had a pretty harsh winter, so if there are external works, there are practical issues in certain areas of Wales where it is extremely cold and the weather is pretty awful. That, in all building works, has an influence on the time it takes.

[134] **Joyce Watson:** I have a very quick question about planning delays.

[135] **Ann Jones:** We are coming on to planning; it is in your section, so you can pick it up then. Do you want to ask about performance indicators, Rhodri Glyn?

[136] **Rhodri Glyn Thomas:** Nid oeddwn yn bod yn feirniadol, dim ond yn nodi pan fydd rhywun wedi cael gwaith wedi'i gyflawni y bydd elfen o ryddhad, ac mae'r elfen honno o ryddhad yn arwain at foddhad. Yn anffodus, ychydig o'r bobl hynny sy'n dod i'n gweld ni i ddweud eu bod yn ddiolchgar iawn i'r awdurdod lleol am gyflawni'r gwaith. Mae'r rhan fwyaf o'r bobl sy'n dod i'n gweld ni yn dod i gwyno nad yw'r gwaith wedi'i gyflawni. Mae gwahaniaeth rhwng y ffordd yr ydym ni yn edrych ar y broses a'r ffordd rydych chi yn mesur y broses.

Rhodri Glyn Thomas: I was not being critical, only noting that when someone has had the work done, there is an element of relief, and that element of relief leads to an element of satisfaction. Unfortunately, very few of those people come to us to say that they are very grateful to the local authority for completing the work. Most of the people who come to see us do so to complain that the work has not been completed. There is a discrepancy between the way in which we are looking at the process and the way in which you are measuring the process.

[137] A gaf ofyn am y fframwaith monitro perfformiad? Mae e, i raddau helaeth, wedi'i
May I ask about the performance monitoring framework? It is based, to a large extent, on

selio ar faint o amser mae'n cymryd i how long it takes to complete the work. Do
 gyflawni'r gwaith. A ydych yn credu bod you think that a more sophisticated
 angen fframwaith mwy soffistigedig sy'n framework is needed, which measures and
 pwysu a mesur profiad y cwsmer neu'r gauges customer or client experience of what
 cleient o'r hyn sy'n cael ei gyflawni? is being undertaken?

[138] **Mr Willis:** This performance indicator is the only instrument we have at the moment. Social housing colleagues are not governed by it; it is people working in the private sector in the main, and we have had this performance indicator for a while. It certainly needs to get more sophisticated because it only paints one story. Just to clarify, it is not about the work; it is from the first phone call.

[139] **Rhodri Glyn Thomas:** I understand that.

[140] **Mr Willis:** Part of that is the work, but a lot of it is around how long it takes to assess et cetera, et cetera. It could certainly become more sophisticated. Within local authorities, many are breaking that down. I am frequently asked exactly the same question by members and 300 days sounds an awfully long time. When I start breaking it down to how long it takes to do a grab rail and some platform steps or a ramp, we know what that is. How long does it take to do a shower and a stair lift? How long does it take to do complex building works like extensions et cetera? They will all have a time frame; some will be quicker than others and certainly you can start breaking that down. A number of local authorities break down the process to how long it takes to get an assessment of need, for example, and we all have our figures in terms of that. Certainly, I take the point about outcomes and some further work needs to be done.

10.30 a.m.

[141] Some local authorities are doing audits, but going back over 200 people over the years will take some resources. However, if we can audit the value of the work and the intervention that we have initiated in terms of whether they are still living in their own homes, whether they are using the adaptation, whether they have been in and out of hospital or to A&E and whether they are in residential care, this will give us a picture of the value and the use of that intervention. We could audit that over a period. Whether we could do it for all our clients is another thing because, inevitably, local authorities will start talking about resources. So, having valuable OTs going back to try to review outcomes is important. However, should they be doing that, or should they be focusing on assessing people and getting an intervention in place in the first place? So, there is a bit of a balance there. Certainly, there is some improvement to be done in terms of this, but not just in local authorities. In the private sector and social housing, there does not seem to be any measures in place at all with regard to the delivery of adaptations.

[142] **Mr Pike:** On the PI issue, last year, our average in Merthyr Tydfil was 175 days, which was the quickest in Wales. However, that perhaps paints a rosier picture than the reality. Much of the work was done significantly quicker than that. For instance, on level-access showers, we were averaging about 130 days. That is for the entire process. That is just over 19 weeks, which is particularly quick. On the other end of the scale, we have work that could last for 500 days because of the complexity and the nature of the work, particularly when there are children involved. Just getting a comprehensive set of recommendations for children can be quite a laborious process. Sometimes you need medical evidence, but doctors and consultants do not work on the timescales that we require them to. They have their own priorities. So, those are the sorts of challenges that are outside the control of the local authority. We are reporting on other people's efforts, part of the time. We can only control what is under our control.

[143] **Rhodri Glyn Thomas:** Rwy'n meddwl ei bod yn bwysig sylweddoli nad bwriad yr adolygiad hwn yw beirniadu'r gwaith sy'n cael ei gyflawni gan ein hawdurdodau lleol. Rydym yn gwerthfawrogi bod trafferthion yn eich wynebu ac nad yw'n broses uniongyrchol; rhaid asesu a rhaid mynd drwy'r holl broses rydych wedi'i disgrifio. O ran y broses monitro a'r dangosydd perfformiad presennol, byddwn yn dymuno gweld sut y gellir rhannu'r arfer da sy'n bodoli, achos rwy'n meddwl bod anghysondeb o ran y gwahanol siroedd. A fydech yn fodlon meddwl am hynny a rhoi nodyn inni am y ffordd y gellir gwella ac addasu'r dangosydd hwnnw i'w wneud yn fwy cyson drwy Gymru, fel ein bod yn cael canlyniadau mwy cyson ac sy'n ymwneud ag ystod y gwaith, ac nid dim ond yr amser y mae'n ei gymryd?

Rhodri Glyn Thomas: I think that it is important to acknowledge that it is not the intention of this review to criticise the work that local authorities are doing. We appreciate that there are challenges facing you and that it is not a direct process; you have to assess and go through the whole process that you have described. In terms of the monitoring process and the current performance indicator, we would like to see how the good practice that exists may be shared, because I think that there is an inconsistency between the various counties. Would you be willing to think about that and give us a note about how that indicator could be improved and adapted to make it more consistent throughout Wales, so that we get more consistent outcomes, which relate to the range of the work, and not just the time that it takes?

[144] **Ann Jones:** We are going to come on to best practice or good practice, whatever you want to call it. Peter, do you want to ask your question? Then, Mr Pike, you can answer briefly, and if you think that there is a need to provide a note, then we will take the note.

[145] **Peter Black:** In terms of satisfaction, you have already made the point that you probably deal with about one fifth of the type of adaptations that we are looking into, and that you are often only part of that process. So, the measurement of satisfaction is very limited to that particular area and you cannot measure satisfaction across the process, particularly with regard to hospital discharge et cetera. Presumably, you concur with that.

[146] **Mr Pike:** Part of the challenge—

[147] **Ann Jones:** The microphone comes on automatically, it is alright.

[148] **Mr Pike:** I was fighting a losing battle there with a red light. [*Laughter.*] Part of the challenge is to find out when to intervene to get the assessment of satisfaction, because sometimes people's judgment might be clouded by the end result. They may have provided a good service, but if it is a service that they felt was not necessary and an OT has said, 'On the best medical evidence and on our professional advice, this is what is best for you', you may end up with an outcome that is not what they set out for at the beginning. So, they may have high levels of dissatisfaction, but what they have perfectly meets their needs. Satisfaction is a subjective thing, and it is difficult to measure.

[149] **Peter Black:** You will be relieved to know that I do not have with me the latest performance indicator measures, but the 300 days that you quote is an average; there are some authorities that still have over 500 days. One authority in my region has a waiting time of 18 months, which is over 540 days. So, clearly, there are huge discrepancies between how local authorities are delivering DFGs as part of their normal work. Is that an indication that best practice is not being properly shared among other local authorities?

[150] **Mr Roberts:** I do not think so. The group that we sit on is very much about best and good practice. Looking back over the years, there have been good practice guides from various sources and various reports. I would like to think that members of the technical panel work to good practice. I apologise for coming back to the performance indicator yet again, but

the answer to the question lies again within the performance indicators. If you look at authorities such as mine that do the work in around 300 days, and if you broke the process down and looked at it, and then looked at the authorities that are taking 500 days, you will see that the DFG systems, when they can operate effectively, work. There is no problem with the system and the processes that we have to follow. You will find that the problem is where cases just sit, and I would imagine that it is for resource reasons in most cases. We can complete the process, from start to finish, for a straight-flight stairlift for example, in around 80 days, as a best-case example. The problem lies in the cases where the case file sits in a tray or in a waiting lounge, whether it is for capital funding or some kind of other resource to go in, and not with the use of best practice.

[151] **Peter Black:** I would argue that resource allocation involves best practice as well. The authority that I have just quoted is much bigger than yours and, therefore, has more resources at its disposal. However, we will move on from that issue. On the reviews that we have already had, do you think that you are getting sufficient support and leadership from the Welsh Government with regard to dealing with the various problems that you come across in delivering this agenda?

[152] **Mr Willis:** Picking up on the best practice issue—because there is a link between both issues—it has been done to death. Local authorities are well aware of best practice and how to run an adaptation service. There has been a variety of guides, reports, reviews and so on. From the Welsh Government’s perspective, the support could be to help local authorities to understand what the issue is, and working with specific local authorities to understand what their issues are. It is complex. It is not the system, as Julian suggested, because there is a whole host of factors. Do they have sufficient OTs? Do they have sufficient capital resources? Have they put in enough capital resources? Is it something else? Is it demand in that particular area? They need to understand that. I have mentioned my authority, where demand has gone from 400 enquiries a year seven or eight years ago to 1,000 enquiries. That is a huge increase in demand, but it is not surprising because the population is getting older. We know that we have an ageing population. The majority of our cases are elderly people, so you can see why there is an increase in demand. I do not know off hand what is happening in that specific local authority, but possibly the Welsh Government could help local authorities to understand what is going on and understand what they can do about it. With regard to best practice and support, it is there.

[153] **Ann Jones:** We have about 10 minutes to ask about six or eight questions, so we need short questions and short answers. Joyce, are you taking the first section or do you want to talk about planning?

[154] **Joyce Watson:** I will start from the top.

[155] **Ann Jones:** You and Mark are sharing the issues, so please think which questions you want to ask.

[156] **Joyce Watson:** Could you tell us what the main reasons for delays in the adaptation system are? How could those delays be reduced? You have talked about a range; we know about the range. What, do you think, are the main reasons, and what could we do about them?

[157] **Mr Pike:** One of the key things—and I think that they are inextricably linked—is that if you broke down the PI to the various stages, you could identify where the bottleneck is in the system. In many authorities, the OT resource may be the delay in getting that initial assessment. If people are waiting 100 or 200 days for an assessment, the clock is ticking if they telephoned 200 days ago. When they are assessed, the process may be fairly quick after, but a full picture in each local authority of how long certain elements of the process take will inevitably identify bottlenecks. For instance, if you have a long period—I have a spreadsheet

here that I do for my local authority, which breaks down each stage—between receiving a completed an application and approving it, that may be down to planning issues. So, if you have waited 100 days just to rubberstamp an application, there is obviously something going on behind those figures. It will be a matter for each local authority to dig into those to remove that obstacle.

[158] **Joyce Watson:** You have talked about the planning system, so I will move on to that. That is only a major adaptation because you are talking about an extension or a reconfiguration. Surely—and you can answer it—if that has been identified as a weakness, there is a solution and the solution has to be fast-tracking that planning application. Do any authorities do that?

[159] **Mr Roberts:** I think that, unofficially, we would always ask in particular circumstances, but less so, I think, when you are talking about an extension because that has to be treated in the same way, I suppose. The time that it takes is the time that it takes as far as the planning process is concerned. As regards trying to make inroads, it is not just extensions that require planning permission; another example would be taking a window out and turning it into a wider door. It is frustrating, on occasions, because it is a rubberstamping exercise. However, it is something that we have to go through. So, in terms of fast-tracking, I know from personal experience that there is no formal mechanism, but I know that the planners are quite conscious of the fact that someone could be delayed in getting out of hospital, in that access case, if you see what I mean.

[160] **Mike Hedges:** Surely that would depend on what the initial planning permission was. If the initial planning permission was just a footprint, changing a window into a doorway would not need further planning permission.

[161] **Mr Roberts:** These are the debates that we have day in day out with our colleagues in planning, I am afraid; whether it does or does not.

[162] **Ann Jones:** Peter wants to come in now.

[163] **Peter Black:** Are there building regulation delays as well?

[164] **Mr Pike:** No.

[165] **Mr Roberts:** No.

[166] **Mr Willis:** Planning and building control issues, I think, are a small part of the issue. I do not actually like the word ‘delay’, to be honest, and we can argue about that. ‘The time taken’ is probably a better way of expressing it. In terms of the time taken, there are three areas for me. The first is how long it takes to get an assessment of need. We are talking about OT resources now. We know that there is an awful lot of pressure on social care, and OTs are often located in social care. The answer to that, for me, is dedicated OTs within housing teams, which we have in Carmarthenshire and other parts of Wales. The other element where time is taken is sometimes down to the client. I know that there are a variety of measures that we put in place, such as hand-holding work with Care and Repair et cetera. Ultimately, they are the clients’ grants. It is their allocation. If they want to do the work themselves and appoint their own builder, they should be able to do so. They should have that choice. Often, if they are waiting for a builder, that will delay things, or take more time, I should say. Inevitably, this comes down to capital resources because if you are doing 200 grants or whatever the average is—8,000, 7,000 or whatever—and you have a budget but then get more applications in, the clock stops. So, that will be the lowest common denominator eventually. Those are the three key issues for me: client, OT, resources.

[167] **Ann Jones:** Mark, do you want to carry on with this theme of current adaptations?

[168] **Mark Isherwood:** Yes, I will move to the next point. You made reference to different housing tenures—social housing versus private tenure et cetera—and you indicated that it is not a level playing field. What do you think is the impact of housing tenure on access to adaptations and how can this be addressed, in terms of owner-occupiers, the private rented sector as well as housing associations, transfer associations and councils?

10.45 a.m.

[169] **Mr Roberts:** When we are talking about owner-occupiers and the private rented sector, which is what we would primarily deal with, I do not think that there is any difference between the two. They go through the system in the same manner. The only difference is that a private landlord is often involved, and they can sometimes be delayed by permissions from him in relation to his property—

[170] **Ann Jones:** Or her—we are an equality committee as well.

[171] **Mr Roberts:** I beg your pardon. It does not cause a delay; it really does not do that significantly, in my experience. What happens in the social sector, for us as a technical panel, is still an unknown. The performance data that we report are publicly reported. What happens in the traditional housing associations or the stock transfer associations is an unknown quantity. We try to have debates locally around what their performance is, but to find how the social sector performs is difficult, in my experience.

[172] **Mr Willis:** There should not be a difference in terms of performance or the way that it is delivered, wherever you live. We happen to deal with 80%, because our remit is private sector housing, the owner-occupiers or private rented. In Carmarthenshire, we deal with adaptations in council stock as well. We deal with them in exactly the same way. We collectively think that this should be tenure neutral; there should not be a difference on this issue of delivery of adaptations. We know what is going on in our own council stock, often we know what is going on in terms of the DFG process, but we do not know what is going on in terms of RSLs and how it is being delivered. We are not involved in that.

[173] **Mark Isherwood:** In that field, I have just one question. You referred before to being 'best practiced to death' or some equivalent term, but sharing best practice is very different to implementing it, and that often becomes cultural, whether it is peer mentoring, job shadowing, job swaps and all sorts of different ways of integrating good practice. However, the WLGA identified to the College of Occupational Therapists's Welsh council that it thought the best integrated OTs with housing adaptations and more broadly—I went to meet them—were designing and delivering the systems together and they were also proactively reaching out to housing associations and transfer associations to work with them directly and influence the delivery of adaptations in that stock as well, although, technically, they did not have to at that point, because of their strategic role. It is not just about sharing good practice, it is about how we implement that and to what extent that can be done within the resources that are available.

[174] **Mr Pike:** It does occur. In Merthyr Tydfil, we meet with the stock transfer organisation and with the housing association quarterly and discuss adaptations only. However, there is still a muddled picture, because they all have different ways of working. The council OTs make referrals to the housing association and to the new stock transfer organisation, but the stock transfer organisation also periodically employs its own OTs, so it is getting better access, in theory, to a particular service. However, those referrals come through the same system, and if they are assessing to different criteria to those that the council OTs are, that is when you will get real issues in the system. It is a completely muddled

system; how you try to access the service could possibly influence the eventual outcome. In Merthyr Tydfil, we have a duty desk for all referrals—so, if somebody from my department calls, they go straight through to that desk. With that one point of access, we have control over the system and we know where every case is. However, with multiple routes and multiple points of access, particularly through housing associations, that can be problematic. Plus we always have the statutory responsibility that underpins what we do, whereas perhaps they are more conscious of budgets, whereas we know that we have to provide the service. Therefore, if they do come to us, we have to provide the service. If somebody goes to a housing association, then it can quite rightly refer them to us, if their budget dictates that they do not have the money, or if they are not going to apply for a physical adaptation grant. It varies greatly depending on the tenant.

[175] **Mark Isherwood:** At least it is starting to tackle the muddle.

[176] **Mr Pike:** Yes, that is what is needed.

[177] **Ann Jones:** We are desperately out of time, but we need to look at how adaptation services can be improved, and then we have a couple of questions on funding. Can we have short questions and short answers, please? We may write to you for some more information. Are you next, Janet?

[178] **Janet Finch-Saunders:** This has been touched upon, but my question is about whether customer satisfaction feedback is requested. If it is, is it appropriate? Could we firm up more on how we engage to find out whether the service that we have provided is actually the service that is required? Has it made a difference, and really helped towards the reablement agenda?

[179] **Mr Roberts:** There is feedback at the point where the work needs to be completed. That is one set of feedback. It would be beneficial for work to be done a stage further down the line, at a point to be determined. Questions should be asked, for example ‘What was provided for you by us at that time?’, ‘What has that work meant for you?’, ‘Can you still live independently?’ and ‘Have you been into hospital?’. There is that gap, so that would be an interesting exercise to undertake, to look at what happens at a point further down the line. Our spending all this money: was it worth it?

[180] **Janet Finch-Saunders:** Again, I have real concern about the waste in the system. When the service or the facility is no longer required, how do you then—I will not use the word ‘recycle’, because that was Mike’s point—stop any waste? When it needs to go back, when it is no longer needed, are you as pedantic at the end as you were at the beginning, if you know what I mean, to make sure that the system works?

[181] **Mr Pike:** I suppose the challenge, particularly with equipment, is that there are a number of issues with regard to the cost-effectiveness of recycling and reusing equipment. We routinely do it if it is within a 12-month period. Beyond that, the service costs and the removal costs can be on a par with providing, for instance, a new stairlift. There is a cost-benefit analysis to be done on those sorts of things.

[182] **Mr Willis:** Local authorities are able to do this already, in terms of actively recycling equipment where they can. Most are doing it. If you talk about other resources, that is an issue worth exploring. If the work improves the value of the property—and in some cases it does not—then, when the property is sold, or someone passes away, maybe, should that come back?

[183] **Janet Finch-Saunders:** On that, some local authorities operate a charge, do they not, on property?

[184] **Mr Willis:** There is a power to stop serial movers by recycling in certain circumstances. For DFGs we generally do not put a charge on the property and do not recycle the funding at the moment. With other grants and loans to improve homes there is a charge on the property and many local authorities have a recyclable fund that they reuse, but not so much in terms of DFGs. However, there is that power to stop the serial movers.

[185] **Kenneth Skates:** What work is being done to compile and promote adapted housing registers?

[186] **Mr Willis:** It will vary from local authority to local authority, but it is part of good practice. It has been in most of the reviews and good practice guides. We have one in Carmarthenshire and it links with the housing options and homeless teams. It has the value in terms of social housing and our own stock. It is difficult to track and keep a record of what has gone on in quite large owner-occupied sectors in local authorities.

[187] **Kenneth Skates:** What are the barriers preventing you from cracking that?

[188] **Mr Willis:** Do you mean in terms of private sector houses?

[189] **Kenneth Skates:** Yes.

[190] **Mr Willis:** Well, in my own county, you have 70,000 of them, so that would be a huge register, with 200 DFGs a year, and a housing market, and people moving—we do not keep track of that. Practically speaking, I would say—

[191] **Kenneth Skates:** So, it is not possible.

[192] **Mr Willis:** I would not say that it is impossible, but it is very difficult. We work with landlords through a social letting agency. We have a number of those and they are on our register. So, we have control of that, but we have no control over the majority of owner-occupiers. It is very difficult to monitor what is going on in an individual's property.

[193] Things are good in terms of social housing. We have an audience that we know about and that we keep a record of and we re-let properties, so we should know what is going on in the social housing sector, but things are much more difficult regarding the majority of owner-occupiers, namely the majority of those who live in the owner-occupier sector.

[194] **Ann Jones:** We have a couple of minutes to discuss funding, which is wrong, I know, but we may write to you on that again. Gwyn will ask the first question.

[195] **Gwyn R. Price:** Are you content with the current funding arrangements for DFGs in relation to local authorities? Is it a level playing field because, as you pointed out, you have to go here and there and there does not seem to be one system covering everything?

[196] **Mr Pike:** I do not think that there is. They have stock transfer organisations, and they should have them built into the business plan. Very few have sufficient capital to fund the vast scale of adaptations that we are now encountering.

[197] Regarding councils, obviously there are pressures on all budgets. In Merthyr Tydfil, our budget is allocated at around £650,000. It has not been sufficient for a number of years. At the year's end, when we spend just over £1 million, the councils have to find the funds. We are continually under that type of pressure, particularly in smaller authorities, to fund these works. It is a statutory service and we provide the adaptation come what may, but I do not know for how long that will continue, if we get into an overspend position and have to

find the funding at the year's end.

[198] **Gwyn R. Price:** From a local authority perspective, the answer, therefore, should be, 'No, you are not content with the funding.'

[199] **Mr Pike:** I am still able to sign the cheques at the minute, so there has not been a problem yet, but the scale of the works and the budgets are increasing; for example, our spending has increased from some £280,000 five or six years ago to over a £1 million, which we routinely spend. So, that is a massive increase. If these trends continue, I imagine that different funding streams will have to be allocated or hypothecation or whatever will be necessary.

[200] **Mike Hedges:** I have one point and one question. From what you are saying, we are not yet in the waiting-for-April scenario, when you approach the end of the year and you wait for a new financial year. If that funding is hypothecated and you get additional money for DFGs, from where in the housing budget would you take that money?

[201] **Mr Roberts:** One of the strengths of the current system is that it is mandatory and the council has to meet that need and that is its strength. It is not the same in the social sector because there is no requirement in relation to that. That is one of the biggest strengths. Those of us who are sitting here are in a lucky position—we are not facing the waiting-for-April scenario. My local authority has always historically provided funding of just under £1 million a year, so this is well resourced. I know that some authorities are not in that lucky position of being able to meet that need. However, hypothecation is an entirely different debate.

[202] **Mr Willis:** We need to say that we will need more funding. We will canvass our local authorities to give us that funding because of its statutory nature. We also make the case that we are very protective of social care budgets because we are keeping people out of residential care. We are also mindful of the fact that we also get people out of hospitals fairly quickly, because we use fast-track systems when people are in hospital and so on. From a local government officer's perspective—and we have to be careful at this point because we know that the Welsh Local Government Association is also coming to speak to you—we will never have enough funding for this because of the huge demand for our services. We need to look at funding and how our local authorities are funded. It may be about recycling; for example, if you are improving and adapting an owner-occupier's home and there is an increase in its value, should we have the funding back to lend and give to other people? Should the system be more sustainable? The honest answer is that funding will always be an issue, given the nature of the subject that we are debating. The trick, from your perspective, is how it gets from you to us. I want to make sure that that is the case.

11.00 a.m.

[203] **Peter Black:** You are saying that it is mandatory; therefore, you have to fund this. We all know that local authorities manage demand by delaying the point at which it kicks in as being mandatory and having waiting lists. Otherwise, you would not be able to manage the cash flow, would you?

[204] **Mr Roberts:** That goes back to the performance indicator question and the point at which that is completed, and analysing that in a lot more detail.

[205] **Peter Black:** I will take that as 'yes'.

[206] **Ann Jones:** You touched quickly on the social care budget. Should more come from the health budget into housing adaptations?

[207] **Mr Pike:** It is an obvious place to start. If we are preventing one hip replacement with a £1,500 stairlift, that hip replacement could save the NHS £50,000 to £60,000. How many stairlifts could that fund? It is about prevention rather than cure. We are great at spending money on curing people, but if we spent a lot more on keeping people in their homes safe and well, then we would save a hell of a lot on the NHS budget.

[208] **Mr Willis:** That may be another issue that the Welsh Government could help with. We mentioned looking at the outcomes of individual cases, maybe there is some academic research to be done to enable you to go to colleagues with the health benefits of the adaptation service and other renewal services that local government provides and say that we should, perhaps, be moving funding around. I guess that evidence is needed for that, and that may be where the Welsh Government could come in, with academic research that proves the value of adaptation services.

[209] **Mike Hedges:** You would not save the health service money; you would only reduce waiting lists. Because of the demand on the health service, you would not save it any money. It would still spend the same amount of money, it would just spend it on different people. That is the problem with the health budget.

[210] **Ann Jones:** That is a comment, I think. On that, we will finish. I thank you for coming to give evidence. I think that Rhodri Glyn asked for an additional note on the performance indicators and also on whether people are asked for feedback.

[211] **Rhodri Glyn Thomas:** Could you have a think about the performance indicators and send us a note as to how you think they could be standardised throughout Wales and improved in terms of the quality of feedback?

[212] **Ann Jones:** Thank you very much for that. You will get a copy of the transcript to check for accuracy, and you will no doubt get a copy of our report as well.

[213] The committee will break until 11.05 a.m. and then we will move on.

*Gohiriwyd y cyfarfod rhwng 11.02 a.m. a 11.08 a.m.
The meeting adjourned between 11.02 a.m. and 11.08 a.m.*

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 3 Inquiry into Home Adaptations—Evidence Session 3

[214] **Ann Jones:** We will reconvene. If you switched your mobile phones on during that brief break, please ensure that you turn them off. We will carry on with our evidence session on our home adaptation inquiry. I am delighted to welcome to the committee Sarah Rochira, the Commissioner for Older People in Wales. Thank you for coming. We will go straight to questions, because I do not know how much time we have.

[215] I will start. You may be aware that this is the third inquiry over a number of Assemblies, from the second Assembly through to the current Assembly, on home adaptation services. Have you seen any signs that home adaptation services are improving in Wales?

[216] **Ms Rochira:** I only took up the post last June, and I have spoken publicly, very early on, about the need to make improvements in aids and adaptations. I did that deliberately. I have been very clear. There have been improvements over time, and some of those have been quite significant. I pay credit to our public services where they have brought about those changes. However, my line, as the older people's commissioner is very clear: the pace of change has not been sufficient, there are too many inconsistencies and variations; and it

depends on where you live and who you know. That is unacceptable. By now, we should be getting the basics right for everybody in Wales. As far as I am concerned, local authorities' time to get these basics right for older people across Wales has expired.

[217] **Peter Black:** Obviously, you cannot legislate for poor administration and the way that these things are put in place. However, the Welsh Government is bringing a housing Bill before us. In the housing White Paper, it said that it is reviewing adaptations. Is there anything specific that you would like to see in the housing Bill that will make things better?

[218] **Ms Rochira:** I have already spoken and written to the Minister for Housing, Regeneration and Heritage to ask him to expedite the review. It is an easy review to do; we know what good practice looks like. There have been many reviews by the committee and others in relation to it. It really is a case of just getting on and doing it. I would like to see a statutory duty on local authorities to get this right for people; not just in relation to disabled facilities grants, but the wider issue. The whole point of this is to help people to be safe and independent and to stay in their own homes. I would like to see simplification of the current system; with seven funding streams, it is difficult for local authorities, so, imagine how hard it is for older people to navigate through those.

[219] I want to pick up on your point about not being able to legislate for poor administration. I do not think that we should overestimate what legislation can deliver; it can set the expectation and it can set the system within which good service can flourish. There is a danger that we will just say that we need more and more effective legislation that places a duty and accountability on people. One of the things that I think is missing sometimes in Wales—it is not always the case—is strong corporate prioritisation and strong corporate leadership. I have been listening to some of the debate; there are 1,001 little bitty things that need to come together and what we need is strong corporate leadership, public corporate leadership and a public commitment to what a good job well done on aids and adaptations for older people will look like.

[220] **Peter Black:** We have already heard that this is not all about local government; DFGs for example, account for maybe a fifth of the adaptations that take place. It is about the health service, housing associations and stock transfer companies. Do you anticipate that they should have duties placed on them and is there a need to find ways of making them work better together?

[221] **Ms Rochira:** For me, there are two things, namely duties and accountability. Duties should sit with a number of people to work together focusing on the outcomes that we are trying to achieve. For me, accountability must sit with one person and one organisation. So, if you think about integrated community plans, for example, they are designed to be the place where we bring things together to focus on delivering the services and support that people need. What we have are services that are good at services, and systems that are good at systems. Older people just want to lead independent lives in their own homes. What they say is that sometimes, they need a bit of help to stay safe and independent and that it can be really hard to navigate the maze to get that help and support.

[222] **Ann Jones:** We will move on to the current adaptation systems, on which Joyce and Mark have a couple of questions. Joyce is first.

[223] **Joyce Watson:** Good morning. In your opinion, how can the current adaptation system be made less complex and, hopefully, more efficient?

[224] **Ms Rochira:** That is a hard question. One of the things that we need to do is to simplify it. I mentioned earlier that it is a real maze for older people to navigate. It can depend on who you are, who you know and where you live. We need to simplify points of entry for

older people, so that they know that when they make that phone call, the rest of the system does what it needs to do and swings in around them. Organisations like Care and Repair do that really well; they navigate the maze for Mrs Joneses across Wales and make it easy for them.

[225] We also need to simplify the system for local authorities, because there is a whole range of funding streams; we have the independent living grant, DFGs and rapid-response programmes. We just need a consistent approach to getting what are, mostly, very simple things; we have to remember that. Most of the adaptations that take place are not the high-end DFG things, they are the middle-grade or smaller issues, yet they are somehow the most complex to get right.

[226] Listening to some of the evidence given, the other thing that we need to simplify, which sits within local authorities, is the planning process, which is another issue that causes delays. Planning departments sit within local authorities—they must sit desks away from each other—so, how hard can it be to talk to each other and join up that work? That is not to take away from how complex some of the systems and processes have to be, but the impact of getting it right is significant. That is why I spoke up as commissioner. The acid test has to be when Mrs Jones or Mr Jones ring up: does the system swing in in an easy way on a timely basis to deliver the support that make a real difference to their lives?

11.15 a.m.

[227] **Joyce Watson:** What do you think could be done to address discrepancies between tenures, including fair access to funding?

[228] **Ms Rochira:** I am not sure that I know the answer confidently enough to give you. I am quite happy to write back in more detail, if that would be helpful.

[229] **Ann Jones:** That would be helpful; thank you, Sarah, for that. We will move on to questions on ways in which we think the adaptation services could be improved. Sorry, Mark, I had forgotten you. My apologies, Mark—I am getting ahead of myself.

[230] **Mark Isherwood:** Yes, indeed. In terms of that simplification that you indicated, and moving the process to person-centred approaches, how do you respond to the evidence that we have received suggesting that we should move to a single adaptation system across Wales and across all tenures? Related to that, we also received evidence about reducing the complexity introduced by the means test.

[231] **Ms Rochira:** I will take the question on the means test first of all. People have spoken to me about concerns that, if we do not have a means test, the floodgates will open. We also know about the evidence of why we bring universal benefits in, because when we means test we can inadvertently exclude some people who would most benefit from that service. Means testing can also sometimes be more expensive than we think. I do not know which one is the right answer, but I do not know that it is that hard to work it out. There must be a piece of cost-benefit analysis that we can do that would answer that question once and for all. We then need a consistent approach in relation to that.

[232] If you ring up, it does not matter where you live, because you know what the answer is going to be in relation to that. As a general rule, I think that universal benefits have huge value for older people, many of whom are not financially well-off and are disadvantaged, and we know find it hard to access services. There is a piece of work that we need to do to answer that question once and for all.

[233] Sorry, what was the other part of the question?

[234] **Mark Isherwood:** It was about whether we need to have an universal system in terms of tenure across Wales.

[235] **Ms Rochira:** Is that a single system for the whole of Wales?

[236] **Mark Isherwood:** Yes.

[237] **Ms Rochira:** I think that we just need systems that work, to be honest. I am slightly nervous about going down the single system route, because if the single system does not work, what then happens for people?

[238] **Mark Isherwood:** What about a single cross-tenure system, or even a single system within a council across social housing and private housing?

[239] **Ms Rochira:** I do not think that I know enough about the different tenure systems to be able to answer that with confidence, but I am quite happy to come back on the tenure issue. To pick up on the issue of whether we want one system or a number of systems that work, we do not want so many that it becomes overly complex for older people. However, I am slightly nervous about automatically going down the route of one system, because if that fails, what do older people do then?

[240] I go back to the examples that I have seen just in talking to older people; that is all I do—I just travel around Wales asking older people ‘How is it working for you?’ I do not ask fancy questions. I meet service providers as well. I have seen the effectiveness of Care and Repair, which I have seen working really well with local authorities, because I have tracked cases through in detail. However, I have also seen it not working. We just need systems that work for people, and the people who will ultimately judge that will be older people. Older people do not need a performance indicator to tell them whether a system is working—they are quite capable of judging it for themselves.

[241] **Mark Isherwood:** The only PI that matters is the outcome for the service receiver and how they respond to that.

[242] **Ms Rochira:** Ultimately, we have to remember what the whole aids and adaptations system, in its breadth and variety, is there for—it is to help people to stay safe and independent in their own homes, and to be able to do the things that matter to them. I quite like performance indicators, I have to say. Performance indicators have a role to play, but they normally play the role for systems. We also need to collect data that show us the impact of these aids and adaptations.

[243] In listening to the debate earlier in terms of the economic times that we live in and where we will find the money from, the more evidence that we have that shows the cost benefit of these low-cost early interventions, the stronger position those services are in. I have quoted this many times: £500 for a hand rail but £30,000 for a fractured neck of femur. The more robust that evidence is, and the more it sits alongside the PIs, the stronger the position for these services. I have been really clear as commissioner, just from talking to older people, that effective and prompt aids and adaptations is probably one of the most impactful things we can do to keep people safe and independent and reduce the cost burden on our statutory services.

[244] **Ann Jones:** We will move on now to how adaptation services can be improved.

[245] **Janet Finch-Saunders:** I just want to place on record my thanks for what you are doing for older people in Wales; you are making a tremendous impact and you have the

support of all us here today. How can the adaption system be more focused on the needs of disabled people and on achieving ongoing positive outcomes?

[246] **Ms Rochira:** The first and most obvious thing is to ask people. It is about being really focused, not on ‘Do you want a stair lift?’ but on ‘What sort of life do you want to lead and what things do you do?’ In my experience, people are very good at articulating what they want to do. The other interesting thing is that, again just from talking to older people, they inevitably always seem to ask for less than we want to give them. I am yet to hear a person ask for a care package. What people ask for is some help to do a, b or c. It is about staying focused on those outcomes. I very rarely hear an older person ask for anything that is going to cost a lot of money. That seems to happen once you get sucked in to the system and the system takes over. That goes back to the point of what we do and why we do it. That is not to criticise the system. I am not pejorative in what I am saying; I understand how complex it is when you are running these big organisations, but it is about going back and starting with asking older people what they want to achieve.

[247] There are some real process and system issues. I was looking at some of the good practice that was quoted back to me in relation to my own work, because, as you know, I have also been very active with local authorities and others. Some of the examples of good practice were joint working, integrated services across teams and framework agreements with contractors. These are not examples of good practice; that is standard practice. Delays are built in that are just poor systems operating. I will give you one example, of Conwy County Borough Council, because it is really important to pay credit where credit is due. It was running at around 1,000 days; it turned it around to something like 365 days, and according to the Welsh Local Government Association’s own report, that is because it put corporate leadership and push behind it. It did that within its current resource envelope and through sorting its systems out. That is a really good start. Only when local authorities can evidence that they have done all of that can you come back to the financial debate.

[248] It is about asking older people and getting those systems—‘lean systems’ is a horrible phrase—as efficient and as lean as possible. There are issues around recycling; older people ask me all the time ‘What do I do with this equipment?’ I feel that I should have a bus for the equipment to bring it back. It is about getting the basics right. There is so much good practice out there. I have tracked cases through with local authorities and they are exemplars, so my question is: why is everybody not learning from that good practice guidance?

[249] **Kenneth Skates:** Do you think that all local authorities take seriously enough the role and the importance of sharing good practice?

[250] **Ms Rochira:** I think that the answer probably has to be that all do not, because if they did, we would see it rolled out as standard practice. I do not want to take away from how busy local authority agendas are, because they are genuinely incredibly busy, in terms of supporting people who are vulnerable now, helping people to age well to prevent them being vulnerable and the big system redesign issues that are going on. However, I come back to the fact that, if some local authorities are getting it right, why are others not? There is a real issue about corporate prioritisation and leadership, from leaders and chief executives. I would want to see leaders and chief executives give commitments to the older people who elected them and to whom they are accountable and say, ‘You know, in the next three years, we will get this right; we will take the good practice and, we won’t go into all the infinite detail, but we will get it right for you, and this is our promise to you: if you need aids and adaptations in your home to help you stay safe and independent, you will get them on a timely basis in a way that suits the life that you lead and the things that you want to do’. It is a clear statement of commitment that should be given.

[251] **Janet Finch-Saunders:** On that subject, do you think that there needs to be a generic

approach, or does it really need to be tailored to the individual demographic needs of a particular local authority? Rather than a broad, all-Wales approach to how to do things, should it be down to each local authority and how best it can get the outcomes that you talk about?

[252] **Ms Rochira:** I do not think that it is my role as a commissioner to prescribe to local authorities how to do the work, because I would go into the local authority world if that was my job. We need the core qualitative aspects at the heart of it. We need to be clear across Wales what you can expect. There are probably some fundamentals of good practice that are right within that. Other than that, it is for local authorities to decide how best to deliver it. If the way to do it is to deliver it in-house, or to work with Care and Repair, then, great, but you must get it right for people. There are different issues in rural areas and in more urban, built-up areas and so on. Local authorities know their local areas, they should know their priorities and they should be able to respond to them.

[253] **Janet Finch-Saunders:** Do you think that the role of occupational therapists is being used effectively? Given the new NHS reconfiguration plans, have we got enough occupational therapists in Wales?

[254] **Ms Rochira:** I am not sure whether I know the answer to the workforce planning question.

[255] **Ann Jones:** It is not one for you, is it?

[256] **Ms Rochira:** I can only speak from what I have seen as I have been going around Wales. I have met with occupational therapists, and they have an important role to play. I have seen how effective and quick they can be. I have also seen how good they can be in taking into account the wider person's life and needs. They do not go out to look at someone's tap, for example; they go out to look at the life that people want to lead and the support that they need to do that. Do I think that they are a really important part of the mix in getting it right? Yes, I do.

[257] **Ann Jones:** Ken, do you have anything that you want to add?

[258] **Kenneth Skates:** No, that is fine. I am content.

[259] **Rhodri Glyn Thomas:** Rydych yn nodi yn eich tystiolaeth mai'r unig addasiadau sy'n cael eu monitro o ran perfformiad yw cyfleusterau i'r anabl. A ydych yn credu bod angen cael asesiad mwy cyffredinol o bob math o addasiad? Sut mae modd sicrhau bod profiad cleientiaid—maent yn sôn am gwsmeriaid, ond cleientiaid ydynt, siŵr o fod—yn cael ei fonitro'n llawn? Sut byddai modd newid ac addasu'r dangosydd perfformiad er mwyn sicrhau ei fod yn adlewyrchu'r canlyniad?

Rhodri Glyn Thomas: You note in your evidence that the only adaptations that are monitored in terms of their performance are facilities for disabled people. Do you think that we should have a more general assessment of all types of adaptations? How would it be possible to ensure that the experience of clients—they talk about customers, but they are, surely, clients—is fully monitored? How would you change and adapt the performance indicator to ensure that it reflects the outcome?

[260] **Ms Rochira:** I will start with feedback from older people and their experience of the service. As I have mentioned earlier, at the heart of continually improving how we deliver public services and support is just asking people that simple question: 'How did we do?' In one sense, it is about not dressing it up too much. We like to talk about satisfaction questionnaires, but if someone has been waiting 18 months for a change, and someone asks them, 'How do you find your new bathroom?', they will just answer, 'Fabulous, thank you; at

last I have my new bathroom'. You need to be really careful about how you ask these questions. There are better ways of doing it. A good example would be: 'How could we have done it better?'

[261] One interesting thing that I have learned from talking to many agencies is not just how the service was provided, but the degree of control that older people had. It is not just that Mrs Jones had a new bathroom, but about the degree of control that she had through the whole process. We are talking about people coming into people's homes, so it is important. It is not just asking, 'Did we do it unto you effectively?', but asking, 'Did we help you to get what you needed in a way that allowed you a say and control?' It is about a focus on how we could have done it better. It is about asking whether it made the difference that we and they wanted and whether they can now do the things that they wanted to do, because that was the whole point of it.

11.30 a.m.

[262] I have been looking at something similar recently in relation to hospital care, where there were very similar parallels. I quite like the approach where you ask people, 'What are the two best things that we have got right and what are the two things that we could have done better?' How do you continually build that in?

[263] To go back to the performance indicators, I have already written to local authorities about them. I would like to see performance indicators cover not just DFGs, but the whole breadth of aids and adaptations. I would like to see us pick out the smaller aids and adaptations that take place, because the DFG is an average. I would like to see a basket of support of the small stuff that we should be doing quickly, within days or weeks. I know that there is huge debate around the current PIs and the problems with them and the difficulties of making comparisons, but as I understand it, the PIs are the front-end to the back-end of it; they are quite simple, measuring from the day that you ring up to the day that you get the support that you need. That is quite clear for older people. I can track and measure that, but it masks, in the averages, a whole host of variation and discrepancy. I would not like to see it being overly complex, but we need to pick out some of the smaller ones and for it is not just to cover DFG, but everything, so that we almost have three tranches of the small, the medium and the larger issues. We also need to understand what sits outside those PIs, because they are averages, and it would be useful to see the spread within them. I had a local authority say to me, 'Look, you need to understand, we've got a number of cases that sit outside our average. If we took those out, we would be meeting the average waiting time'. However, when I took those three cases out—I think that it was three cases—the average waiting time for those three cases was 52 years. It could be that I am not very good at maths, but I am not that bad, or there was some skewing was going on. They need to be kept simple and focused on their impact. We need to not get too fixated on it. The beginning to end is what we want and the bit in between is for the services to worry about.

[264] **Rhodri Glyn Thomas:** Diolch yn fawr am yr ateb hwnnw, oherwydd rwy'n credu eich bod wedi taro'r hoelen ar ei phen. Yr hyn y dylai'r dangosyddion perfformiad a'r holl fframwaith monitro perfformiad eu hadlewyrchu yw sut y gellir gwella'r gwasanaeth. Rwy'n ofni o'r dystiolaeth a gawsom yn gynharach mai'r hyn sy'n digwydd yw ymgais i amddiffyn y gwasanaeth fel y mae. Rydym wedi clywed y bore yma am yr holl bethau sydd yn achosi'r broses i fod yn hirach, ond nid oes

Rhodri Glyn Thomas: Thank you very much for that response, because I think that you have hit the nail on the head. What the performance indicators and the whole performance monitoring framework should show is how the service could be improved. I am concerned from the evidence that we had earlier that what is happening is an attempt to defend the service as it is. We have heard this morning about all the things that cause the process to be longer, but there has been no recognition of the fact that, with an average,

cydnabyddiaeth wedi bod i'r ffaith, gyda chyfartaledd, fod llawer o bethau y gellir eu gwneud o fewn degau o ddiwrnodau, heb sôn am gannoedd o ddiwrnodau, sy'n dod â'r cyfartaledd i lawr. Ond, nid oes hyd yn oed sôn wedi bod am y pethau hynny. Felly, rwy'n credu bod y pwynt rydych wedi ei wneud am y fframwaith monitro a'r dangosyddion perfformiad yn bwysig, y dylai'r rheini fod yn ceisio canfod ateb i'r cwestiwn canlynol oddi wrth y cleientiaid hyn: 'Rydych wedi cael y profiad hwn, rydych yn falch eich bod wedi cael yr addasiad, ond beth allem ni fod wedi ei wneud yn well er mwyn i'r gwasanaeth barhau i wella?' Rwy'n ofni nad yw hynny'n digwydd o fewn y broses ar hyn o bryd. Fodd bynnag, sylw yw hynny yn hytrach na chwestiwn.

there are many things that can be done within tens of days, not to mention hundreds of days, that bring the average right down. However, there has been no mention at all of things like that. So, I think that the point that you have made about the monitoring framework and the PIs is important, that they should be trying to obtain an answer to the following question from these clients: 'You have had this experience, and you are content that you have had this adaptation, but what could we have done better in order for the service to continue to improve?' I am concerned that that is not happening within this process at the moment. However, that was more of a comment than a question.

[265] **Ann Jones:** I think that that is good and it is something that will probably feature in our report. We will turn to funding. Gwyn, are you starting?

[266] **Gwyn R. Price:** Good morning. It is still 'good morning', is it not?

[267] **Ann Jones:** Just.

[268] **Ms Rochira:** Good morning.

[269] **Gwyn R. Price:** Do you have a view on what steps can be taken to simplify the funding mechanisms for adaptations?

[270] **Ms Rochira:** I mentioned earlier that we need to simplify them. I think that there are six or seven current funding streams around that. One of the areas of concern for me is around the unhypothecated nature of the disabled facilities grants at the moment and the current pressures. The Institute for Fiscal Study's report, which the WLGA commissioned, which I thought was a really good report, talks about impact on unhypothecated budgets and how vulnerable they are going to be. It is why the work that I mentioned earlier around the cost-benefit analysis is so important, because we have some services that will be really vulnerable. We know that they are high-cost services, but if we look back in five years' time, having lost those services, we will say to ourselves, 'We were just building up more cost in the system and more trouble around that'. It is a difficult balance to strike, without wanting to be prescriptive to local authorities in terms of saying, 'Look, here are all the ring-fenced or hypothecated budget lines', because it makes it very difficult for local authorities to act creatively around that. However, I think that we need a degree of protection around the funding that goes into aids and adaptations, because of its impact upon the lives of older people.

[271] On the issue of whether all the moneys that go out should go out through the block grant to local authorities, I am not sure that I would take a view on that as commissioner. At the moment, I see the value, for example, of independent living grant moneys going straight out to other sectors to support those. As I said, it is about that balance. It is not really for me to prescribe, as commissioner, what I think the funding streams would be. It goes back to what would be the most effective routes in terms of creativity, but also in terms of making sure that we can support that which is getting it right. For me, it is not either/or, it is just what

works best, and what works best is what we should do.

[272] **Mike Hedges:** First, I welcome your comments on recycling. Secondly, I want to ask for your view on housing. Specially designated bungalows have been built, but there are also houses and bungalows that have had a substantial amount of work done on them. Then, when the person who is disabled leaves that house, it is put straight back into the housing mix and may well have that all taken out, or a substantial amount of it taken out, to be replaced. Wet rooms being turned into bathrooms again is an example that I have come across on several occasions. Do you think that it would help if they kept some of these houses that have been adapted so that they are still available for disabled people? Thirdly and finally, a lot of elderly people that I deal with only want hand rails—normally in the garden so that they can reach the washing line. They do not want the disruption of having a substantial amount of work done to their houses. Is there not a case for local authorities to do some of the simple work that people want done very quickly—such as hand rails for the garden and to come into the house—and then come back to the other things at a later stage?

[273] **Ms Rochira:** In relation to the importance of what I would call the low-cost, high-impact things, absolutely, yes. That is one of the things that I said in my guidance to local authorities: they have to get these basic things right for people. These are the cheapest things, the easiest things to do, yet it is what older people often talk about as having the most impact. It goes back to the PIs; they only cover DFGs. Are we getting these basic bits right for older people across Wales? A lot of people tell me that we are not. I meet people on a not infrequent basis who tell me that they are having to wait for these basic things. That is crucial. If a lady rings up and says, ‘I need a handrail to help me get up the stairs’, just give her the handrail to get up the stairs. We can do the rest of it afterwards. They are incredibly important. At the moment, we fixate on DFGs. Do not get me wrong, I have spoken about them and they are really important, but it is about the wider aids and adaptations and much of it, if not most of it, falls outside that.

[274] In relation to your point about whether housing providers should retain the stock that has been adapted, older people have told me very clearly that the places where they live are one of the most important determinants of the quality of their life and the value, purpose and meaning that their life has. It is a huge determinant, which underpins their overall wellbeing. It does seem, and I guess that many older people would say, that it is mad if we have a wet room, then a bathroom, then a wet room, then a bathroom, depending on the tenant. Housing providers need to be able to manage their stock in relation to the needs that people have and they need to think ahead and plan for that. We always talk about the demographic changes that are going on. Is that reflected in planning across Wales? The answer is that I do not know.

[275] **Rhodri Glyn Thomas:** On this point around minor adaptations, is that not the role of Care and Repair? It should not be part of this process of major adaptation work to houses; you just phone up Care and Repair and they come out and do it. Certainly, that is my experience.

[276] **Ms Rochira:** I have spoken publicly about how impactful the work of Care and Repair is. Care and Repair also help people to navigate through the minefield of the current funding streams that exist. If I am an older person and I need support, do I need Care and Repair or do I go down a DFG route? It is really difficult to navigate that. The work that it does is incredibly impactful, but it is a patchwork out there at the moment. I think that we just need a system that is clear and aligned, and regardless of where you live, that you are responded to in the same way. Many Care and Repair agencies work very closely with local authorities, and it is really impactful when they do that, because they respond depending on who is the best person to do that. Care and Repair can also then feed into larger pieces of work.

[277] **Ann Jones:** Is there more that can be done to assist that person? I know that your role is more for older people, but in terms of people who are going to have adaptations, is there more that can be done to let them know at the outset what is available, or do they just accept what the local authority will tell them is available? What do you think could be done to assist them?

[278] **Ms Rochira:** Information and advice is a hugely important and highly impactful area for older people. One of the things that people often say to me is, 'Why didn't anybody tell me?' They do not dress it up any more than that. It is a phrase that is used an awful lot: 'Why didn't anybody tell me that help and support was available? Why didn't anybody tell me how I needed to get it? Why didn't anybody tell me what I should do?'

[279] I will give you two quick examples. I met a lady whose husband had dementia. He was crawling up the stairs on his hands and knees because he had lost his confidence, and she was doing the same. I met her at a memory clinic in a pub. I asked, 'Why don't you speak to the local authority?' She said, 'I did five months ago and I am still waiting for someone to come back to me'. No-one had told her that she should go to her GP. I do not quite know why she needed to go to a GP in the first place, but she needed to go to her GP for that support. That information and advice was really important to her and she did not get that. Another example illustrates the maze that older people face. This came from an Assembly Member. A constituent had arthritis and needed new taps. I am not talking about hugely complex issues, but they are actually very important if you are an older person. The constituent needed new taps. A gentleman came out and said, 'Actually, you need some changes made and you need to apply for them et cetera. This is what you need to do. This is the form that you fill in. The shame is that if they were broken, I could have fixed them now'. How is she supposed to navigate her way around that? It is just too complex and there is not enough information and advice along the lines of, 'Who do I go to?', 'What can I expect?' and 'What do I do about it?'

[280] **Mark Isherwood:** You mentioned the Conway team. Due to this recommendation, I went out and spent some time with it. It was inspirational and invigorating being in a room with housing adaptations managers and occupational therapists. It was all about making time to save time, constantly asking what more that they could do, letting some into the silo or whatever. They said, for example, that with Care and Repair there is a risk of duplication, as they discover sometimes. But, rather than complaining about Care and Repair, it was about how they could therefore proactively work with Care and Repair. In terms of complaining about the transfer association and how it will handle its adaptations, it was a case of saying, 'We will be working with the transfer association'. It has since come back to me to tell me about the progress with that. So, it is inspirational. However, we heard the comment earlier from the local authority officer about doing best practice to death. How do we overcome that and make that good practice, so that it is not something that you learn on a training course or a meeting somewhere in Llandrindod Wells, but that it is something that you actually implement on the ground?

[281] **Ms Rochira:** I could not agree more with you about this point about best practice. I have actually said, 'Look, can we forget the best practice thing? Can we get standard practice right for everyone across Wales as a good starting point?' I do not profess to be the world expert on aids and adaptations; I am the Commissioner for Older People in Wales. I just listen to older people and try to give voice to the issues that they raise with me. One thing that I do know is that we are getting it right in many parts of Wales. So, we do know how to do it and to get it right. I have seen for myself the impact that that has on older people. Strong corporate prioritisation and strong leadership are important. We do need to simplify the services, and we need to put older people's voices right back at the heart of it and remember the whole point. It is not about services or systems, but supporting people to lead the lives that they want to lead. Let us just start with getting those basics right and rolled out across Wales.

I keep coming back to this fundamental question as commissioner, which is, how many reviews do we need to have? How much good practice guidance do we need to put out there? Also, where is the accountability? Let us remember that there are 365 days. That is statutory guidance, yet who has ever been held to account for not getting it right? It does not seem that anyone is held to account for not getting it right. It is important that we strengthen that through legislation, but we should get it right because we want to get it right for older people. More than that, if we get it right, we keep people off our statutory services book. Nothing will ever cost as little as getting this stuff right for older people.

11.45 a.m.

[282] **Ann Jones:** Thank you for your evidence. Could we have a note—sorry, Ken.

[283] **Kenneth Skates:** I just have a request, if I may, Chair. In your letter of 19 November to local authorities, you state:

[284] ‘I am currently compiling those examples of good practice and innovation that were provided to me’.

[285] You say that you will share them with local authorities. Would it be possible to copy us in to that correspondence to and fro? Would that be okay?

[286] **Ms Rochira:** Of course, I would be very happy to do that. Finally, I should just say that I am very keen to work alongside your committee, Ann. We want the same thing, which is to get the basics right.

[287] **Ann Jones:** That is good. Thank you very much for that. Could you also send us a note on the discrepancy between tenures? You were going to go away and think about that, so that we could come back to it.

[288] **Ms Rochira:** Yes.

[289] **Ann Jones:** Thank you for that. That was a very good evidence session. Thank you for coming. You will get a copy of the transcript to check for accuracy, so that we do not put any words into your mouth; not that we would dare, because I am sure that you would come back to tell us. Thank you for the work that you are doing.

[290] **Ms Rochira:** Diolch yn fawr.

11.46 a.m.

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 4 Inquiry into Home Adaptations—Evidence Session 4

[291] **Ann Jones:** We will move on to our final witness. We welcome Nigel Appleton, who is the executive chairman of Contact Consulting. Nigel acted as a special adviser to the second Assembly’s Social Justice and Regeneration Committee for its report on housing for older people. So, welcome back. I am sorry that we are running extremely late, but we have had some good evidence sessions. If it is okay with you, Mr Appleton, we will go straight into questions, because we are late. If, at the end, there is something that you want to say that we have not covered, then I am sure that we will find time for you to do that.

[292] **Mr Appleton:** The only thing I would add, Chair, which the committee may not be aware of, is that I also led the evaluation of the independent living grant 12 months or so ago. That is a little more recent than the review of the future needs of older people’s housing.

[293] **Ann Jones:** That is good. Thank you very much for that. Peter, do you want to take the first set of questions?

[294] **Peter Black:** Thank you, Chair. Some of us feel like veterans of these reviews. We have had two committee reviews, plus Chris Jones's review and your review of the independent living grant. Obviously, the Government has said that it will carry out another review, as part of the housing White Paper, of adaptations in general. I notice in your evidence to us that you talk about mainstreaming approaches. What specifically do you think should come out of that review? Is there anything that would be better incorporated in legislation, given that we will have a housing Bill in the next 12 months?

[295] **Mr Appleton:** Part of the challenge is that, as I note in my paper, there is a danger that adaptations are seen as the responsibility of one function or another, rather than having a more holistic approach. Clearly, it is a housing issue, because it is about the houses that people live in, but it is much broader than that, as I think the commissioner was saying to you a little while ago. As the legislation stands, the fundamental responsibility for ensuring that the needs of people who require adaptations are met sits still with the welfare authority, and therefore the housing initiatives need to ensure that they are fully engaged with social care. It is tactless to say so, but I will say it anyway: one of the frustrations of carrying out the evaluation of the independent living grant was that that evaluation was commissioned from within the housing division and there was very little interface with colleagues in social care. I would hope that, in bringing forward new legislation or guidance, at a national level, as at a local level, there would be the fullest engagement.

[296] Moving on to how the White Paper might seek to alter and improve things, the focus on the needs of the individual needs to be spelled out in a way that makes them more than encouraging words, because, in practice, the administration of adaptations is often controlled more by concerns about budget control than about flexibly meeting the needs of individuals.

[297] **Peter Black:** Is that one of the reasons why there is such a variation in waiting times for DFGs, which I accept may only account for a fifth of the adaptation work in Wales? Is it because they are focusing too much on process and budgets as opposed to the needs of the individual?

[298] **Mr Appleton:** Some delay is helpful to those who need to manage the rate of spend, if that is a tactful way of putting it.

[299] **Peter Black:** I was less tactful than that earlier.

[300] **Mr Appleton:** As I said in my paper, we seem to be lodged in what I have described as a welfarism approach, meaning that the process is designed to demonstrate ineligibility rather than eligibility. A great deal of time is spent on demonstrating that people should not have support through, for example, a DFG. If that effort was more directly focused on identifying need and responding to it, the process would be quicker.

[301] I was, frankly, amazed at the difference that we found between the time it still took to deliver a DFG and the time it took to deliver an independent living grant. There are some special reasons for that. To some extent, the cases that were used for the ILG were hand-picked, many of which were cases that had sat waiting for a long time because of aspects such as resolving proof of ownership and things of that kind. Some cases were about financial ineligibility. It did not include the larger, more complex adaptations where the structure of the property was changed. However, it represented the mainstream of where the most need is and where the most response needs to be, namely in mid-range adaptations. Initiatives that mainstreams that approach to adaptations costing £3,000 to £5,000, in aggregate, come to a

very large sum, but, in terms of the impact on the lives of individuals, they are the best multiplier you could possibly find.

[302] **Rhodri Glyn Thomas:** Diolch yn fawr iawn am y pwynt hwnnw a'r pwyslais ar yr effaith a gaiff ar ansawdd bywydau pobl. Ydy'r cyfieithiad yn dod trwodd?

Rhodri Glyn Thomas: Thank you very much for that point and the emphasis on the impact it has on people's quality of life. Is the translation coming through?

[303] **Mr Appleton:** It was not initially, but it is now.

[304] **Rhodri Glyn Thomas:** Diolch am y pwynt ynglŷn â'r modd mae'r addasiadau hyn yn cael effaith ar fywydau pobl ac ar y canlyniadau y mae eisiau eu sicrhau. I fynd â chi gam heibio'r cwestiwn ynghylch a yw pobl yn gymwys ai peidio i'w cael, beth am y gwaith o fonitro perfformiad yr holl fframwaith wedi hynny? A ydych yn credu bod ffordd i fireinio'r fframwaith monitro perfformiad hwnnw i bwysleisio'r modd y mae'n effeithio ar ansawdd bywydau pobl a chanlyniadau'r hyn sy'n cael ei gyflawni, yn hytrach na chanolbwyntio yn unig ar yr amser y mae'n ei gymryd i wneud y gwaith? A ydych yn credu bod perygl o roi gormod o bwyslais ar y dangosydd perfformiad yn unig, a bod angen mwy na hynny er mwyn asesu sut mae'n effeithio ar fywydau pobl?

Rhodri Glyn Thomas: Thank you for the point regarding the way in which these adaptations are having an impact on people's lives and the outcomes that need to be secured. To take you beyond the question of whether or not people are eligible, what about the monitoring of the performance of the whole framework after that? Do you believe that there is a way of refining that performance monitoring framework to emphasise the way in which it affects people's quality of life and the outcomes of what is achieved, rather than focusing only on how much time it takes to do the work? Do you believe that there is a risk in placing too much emphasis on the performance indicator only, and that more is needed in order to assess how it is affecting people's lives?

[305] **Mr Appleton:** Yes, I certainly agree that it is possible, and such measures exist. If we look at the literature and the ways in which people have attempted to measure the benefit of adaptation, it gives us a good starting point for seeing what one might measure. There are some obvious measures around the avoidance of hospital admission or re-admission and speed of discharge, although, frankly, the unsuitability of facilities in the home is not often the reason for delayed discharge. The fact that you cannot use your toilet means that you are sent home with a commode, which may not be a satisfactory long-term solution. However, it means that leaving hospital is not delayed by that. There are also things to do with people's wellbeing. Not all disabled people are older people, although the big volume of adaptations relates to older people with chronic conditions that affect their mobility and balance and those sorts of functions. Among older people, however, the most prevalent source of damage to their wellbeing is depression. Therefore, the effect on mood and confidence, as well as on functional ability, is an important thing to measure.

[306] I would not want to dilute a concern for time, because I can think of cases involving people I have met—I can think of a gentleman who would carry his wife upstairs to use the toilet, because he would not inflict on her the indignity, as they both perceived it, of using a commode in the living room. He and she were both exposed to the danger of that exercise—he was in his mid-70s, I should say—when she was extremely unwell. For them, timeliness was absolutely of the essence, and whenever we have looked at the examples where people have said that the service they receive could be improved, regardless of whether it took three weeks, three months or three years, the answer is always, 'If it could have been quicker'. So, I think that timeliness still needs to be there, but we could have a more outcome and impact-driven system of monitoring the outcomes.

[307] **Ann Jones:** Does anybody want to comment on adaptation systems? Joyce and Mark; are you taking that?

[308] **Joyce Watson:** Good morning—it is just about morning still. How can the bureaucracy associated with the adaptation system in your opinion be reduced? If I quote you from your evidence, you say that it is

[309] ‘uniquely structured to encourage delay’.

[310] **Mr Appleton:** It is most evident where there is little corporate ownership or leadership within the local authority process, where it is seated within the silos of housing, legal services, social care and so on. It can be improved by establishing the point of senior leadership within a local authority who will be accountable. My suggestion would be that an accountable officer should be identified in each local authority to carry the overall responsibility for identifying need and for delivering a response, irrespective of how that is funded, and irrespective of who actually does the delivery. I would favour at least a reduction in concerns around financial eligibility. The test of resources, in my judgment, is almost as expensive to administer as any funds that it recovers, and, in some evidence I have seen, it costs more to administer than the funds it recovers. Now, it may be that that is because some people, knowing of the test of resources, do not enter the system in the first place. So, it is difficult to quantify, but I would like to see a pilot scheme at least that quantifies whether there is in fact a cost benefit to clawing that back.

[311] **Joyce Watson:** Why, in your opinion, do you think that some areas appear to deal with bureaucracy and all its component parts—OT assessment, means testing, et cetera—more effectively and quickly than others?

[312] **Mr Appleton:** In part, it is down to committed and charismatic leadership, when you find someone within the system in a middle-to-senior position who takes this seriously and drives it ahead and draws people along with them, and there are examples across Wales that show that it works more effectively. When the concern is more about managing the budget and, if I dare say so, about ensuring that existing jobs and functions are protected, then it works much more slowly.

12.00 p.m.

[313] **Mark Isherwood:** What inequity of access do you believe exists, if at all, across tenures, and, if it does exist, how could that be addressed?

[314] **Mr Appleton:** Inequity of access is more between places—by postcode or by local authority—rather than so much by tenure, although, in particular places there are inequities of access. The disabled facilities grant as originally floated was tenure-blind, but, as a matter of practice, it has become the case that social housing tenants have tended to have a different route to access. In some places, it favours one style of tenure and, in others, another. The answer to that is, as I say, a more corporate approach and more consistent measurement of outcomes.

[315] **Mark Isherwood:** You started your session today by talking about having been commissioned to produce your report on the independent living grant by the housing division, and that it was not joined up with social services—

[316] **Mr Appleton:** They will probably never commission me again, having made that remark in front of you, but there we go.

[317] **Mark Isherwood:** To what extent, therefore—not just in local authorities, but, by

implication, also here in national Government—are adaptation services sufficiently integrated, and, if they are not, how should we be addressing that?

[318] **Mr Appleton:** I do not believe that they are sufficiently integrated, and I think that you should be addressing it in the way that I have suggested, by ensuring that there is an accountable officer in each authority. My judgment is that that should be in the chief executive's department, not in one of the functional parts of the authority that is delivering part of the system. Part of the brief should be to ensure effective working between statutory provision and voluntary-sector provision, specifically services delivered by Care and Repair Cymru.

[319] **Mark Isherwood:** Also that social services work with housing.

[320] **Mr Appleton:** Also to see that social services also have their part to play, yes. You will see from my written evidence that I would want to assert again that welfare authorities should not hide behind limitations of funding in housing as a reason not to discharge their responsibility in relation to disabled people.

[321] **Ann Jones:** We will now move on to how we can see adaptation services improve. Ken and Janet have questions on this.

[322] **Kenneth Skates:** Looking at how the services can be improved, how can adaptation services become more focused on the outcomes for disabled people, rather than the processes involved in obtaining an adaptation?

[323] **Mr Appleton:** I hate to repeat what the commissioner said to you, because you will think that we discussed it in the waiting room beforehand, but I agree with her. It is by listening to the people for whom the adaptation is intended, listening to what they need and aspire to, which is often totally disregarded at present, and listening to information about their lifestyle. If you are going to put in expensive facilities that they do not have the confidence to use, that is totally wasted expenditure and effort. It is about listening to carers too—I am not sure how much has been said to you about carers—because the impact of adaptation is at least as equally beneficial for carers as it is for disabled people. A better system, as I said earlier, is one that genuinely puts the recipients at the centre of the process, rather than the completion of a multi-page form and the processes that go with that.

[324] **Kenneth Skates:** Do you think that the process is too rigid to accommodate, in some circumstances, the desires or needs of people?

[325] **Mr Appleton:** Yes, it is. There is a deep concern about fraud among those who administer the process. In my experience, disabled people and their carers are generally very pragmatic and, given the generation that we are talking about, very cost conscious, and will often propose solutions that are more cost effective than those proposed by the professionals, because the professionals are concerned about the risk entailed—often the risk for them, and for their professional standing. Adult life, however, is about measuring and accepting risk and disabled people are no different from anyone else in their ability to make a judgment about the risk they are willing to live with to achieve the benefit that they perceive.

[326] **Ann Jones:** I think that Janet is happy not to ask her questions, so we will briefly move on to funding. Gwyn has the first question.

[327] **Gwyn R. Price:** Should local authorities be given specific resources for home adaptations?

[328] **Mr Appleton:** That is an extremely difficult question to answer, because, effectively,

it puts a cap in place in the mind of the local authority. If that is how much they are given to spend and that is what it is identified for, there is a temptation to think that the funding is even more restricted than it is at present. I am much happier with the endorsement of the statutory responsibility to find the resources, and to give priority to that, than I would be with a specific budget.

[329] On funding, it was a matter of great sadness to me, that, having demonstrated beyond all doubt that the independent living grant was an effective tool—more effective than any of us could have imagined—in delivering timely flexible responses, that, relying as it did on one year's underspend carried forward, it has not been incorporated and carried forward. However, I am in danger of venturing into areas I know nothing about. So, it may be that that is in prospect. However, it was a highly effective tool. Giving funding or identifying the funding for local authorities is clearly important, but there is a danger that funding identified in the way in which is implied your question could be taken as limiting the acceptable degree of expenditure, which would not be helpful, and there is also a need for funding through that other, more flexible channel.

[330] **Mike Hedges:** You heard what I asked earlier, and do you agree with me that simple things ought to be done very quickly? Should there be more recycling of equipment and, more importantly, should there be a register of adapted social housing? If you are living next door to a house that has adaptations, which will be taken out when it becomes vacant, and the house you are in is due to have exactly the same adaptations done to it, would it not be a better use of resources to move next door?

[331] **Mr Appleton:** On doing small things quickly, 'yes'. By and large, I think that they are done quickly. It would be good if the rapid response programme that you have through Care and Repair in Wales could be applied in other parts of the United Kingdom. It works very well. There is no reason why small things cannot be done quickly; as long as those small things are of low risk to the user, they should be done quickly and there is no excuse for not doing them quickly. On recycling, 'yes'. I think that you heard evidence this morning that, sometimes, the cost of recycling is equal to the benefit of the hardware. However, some things are easily recycled. To pick up on a comment that I think that you made to the commissioner in the evidence session immediately before this one, about wet rooms and baths and so on, if the adaptation is carried out in an imaginative way, you can drop a bath into the space that the shower occupied and take it out again. That is a matter of design and equipment and a bit of imagination in the original adaptation. As far as reusing adapted property is concerned, it is not always as straightforward as it seems, of course, in that a generic adaptation will not necessarily meet exactly the needs of the next occupant without further work and expenditure. I am thinking of the example of some homes that I went to look at a number of years ago that were built for people in wheelchairs. The first occupant was someone who was born with a growth defect and was around four feet high, but the next occupant was someone who was 6 feet, 6 inches who had been in a car crash, so all of the heights and so on did not work for that individual and major change was needed.

[332] To some extent, every disabled person, because they are unique—their lifestyle is individual and their needs are unique—will need the adaptation to be bespoke. Having said that, some equipment can be recycled and one of the best examples of the use of the ILG was in a north Wales authority, which used that money specifically to invest in shower pods and stairlifts that were clearly recyclable—things that could be provided to those who were in end-of-life situations, in particular. The authority could quickly install something in a matter of days and then it could come out, go into storage, be refurbished and go out again. Stairlifts on a straight rail lend themselves to recycling, but, when there are two turns up the stairs, frankly, they do not, and the cost of taking them out and storing them is disproportionate.

[333] On a register of adapted housing, the problem in the past, in my judgment, has been

that the criteria for inclusion were too loose. Therefore, the way that a particular dwelling has been adapted may not be at all relevant to the next person in that property and what is needed is more sophistication. Some work needs to be commissioned from a pragmatic researcher—*[Laughter.]*—to identify some rather more sophisticated criteria and to have a smaller, but more relevant, register.

[334] I know that you asked in an earlier session about private sector adaptations. There have been some good examples. A very good experiment was run in Edinburgh, for example. It was a while ago, but it has happened in one or two places. However, it is not easy to include private-sector-adapted properties, not least because most estate agents, when they go to value a property for sale, immediately suggest that any sign of disability is taken out. However, even estate agents can be educated to better ways. *[Laughter.]*

[335] **Ann Jones:** That is for another day; I do not think that we can tackle that today.

[336] **Mark Isherwood:** Could you identify the north Wales authority that you referred to?

[337] **Mr Appleton:** Yes, it is Flintshire County Council.

[338] **Ann Jones:** Thank you for coming here to give evidence and for your written paper. You will know that you get a copy of the transcript to check for accuracy. I can feel a trip to Edinburgh coming on, but we will think about that at a later date. Thank you again for your evidence.

[339] **Mr Appleton:** My pleasure.

12.14 p.m.

**Cynnig o dan Reol Sefydlog Rhif 17.42 i Benderfynu Gwahardd y Cyhoedd o
Weddill y Cyfarfod
Motion under Standing Order No. 17.42 to Resolve to Exclude the Public from
the Remainder of the Meeting**

[340] **Ann Jones:** I move that

the committee resolves to exclude the public from the remainder of the meeting in accordance with Standing Order No. 17.42(vi).

[341] I see that Members are content. Thank you.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 12.14 p.m.
The public part of the meeting ended at 12.14 p.m.*