



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

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

Dydd Mercher, 7 Mawrth 2013
Thursday, 7 March 2013

Cynnwys **Contents**

Cyflwyniad, Ymddiheuriadau a Dirprwyon
Introduction, Apologies and Substitutions

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 5
Inquiry into Home Adaptations—Evidence Session 5

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 6
Inquiry into Home Adaptations—Evidence Session 6

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 7
Inquiry into Home Adaptations—Evidence Session 7

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

Cofnodir y trafodion yn yr iaith y llefarwyd hwy ynddi 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
Rhodri Glyn Thomas	Plaid Cymru The Party of Wales
Joyce Watson	Llafur Labour
Lindsay Whittle	Plaid Cymru The Party of Wales

Eraill yn bresennol**Others in attendance**

Rhyan Berrigan	Swyddog Polisi, Anabledd Cymru Policy Officer, Disability Wales
Miranda French	Rheolwr Polisi a Materion Cyhoeddus, Anabledd Cymru Policy and Public Affairs Manager, Disability Wales
Chris Jones	Prif Weithredwr, Gofal a Thrwsio Cymru Chief Executive, Care and Repair Wales
Martyn Jones	Cynghorydd Polisi Cydraddoldeb, Age Cymru Equalities Policy Adviser, Age Cymru
Wyn Jones	Rheolwr Gwybodaeth a Chyngor, Age Cymru Information and Advice Manager, Age Cymru
Siân Wiseman	Cyfiethydd Iaith Arwyddion Sign Language Interpreter

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 9.30 a.m.

The meeting began at 9.30 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 check whether they have switched off their mobile phones, as they do affect the translation and broadcasting equipment. We operate in Welsh and English, so if you want to

speak in Welsh, translation is available via the headsets—channel 1 provides the translation from Welsh to English and channel 0 is for amplification of the floor language. We are not expecting the fire alarm to operate, so should it do so, we will take our instructions from the ushers, who are outside the committee room. We have apologies from Kenneth Skates, but no substitutions. Do Members wish to declare any interests that they have not already declared? I see that they do not.

9.31 a.m.

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 5 **Inquiry into Home Adaptations—Evidence Session 5**

[2] **Ann Jones:** We will carry on taking evidence for our inquiry into home adaptations. I am delighted to have with us today, from Disability Wales, Rhyan Berrigan and Miranda French. Rhyan is a policy officer and Miranda is a policy and public affairs officer. You are both very welcome. We have quite a few questions, so if it is okay with you, we will go straight into questions.

[3] I will start with the first question: do you think that home adaptations have improved over recent years?

[4] **Ms Berrigan:** I was reading the 2004 report yesterday and some of the issues that were raised then are still very much not resolved today. One issue is the waiting times, but that varies across Wales. It is the building time and the client time as well, and it is still very much unresolved. By client time, what do I mean? What I mean is that the adaptations need to take into account disabled people's lifestyle. For example, disabled people do not sit at home twiddling their thumbs; they have a life and they go out and do various activities. So, how the grant is administered has to ensure that it is at a time when they are available to be around the house and things like that. The builder's time is about whether the builder can accommodate the access requirements and the time frame of the disabled people. Builders can sometimes be lackadaisical, because they have a grant and they are going to get paid anyway, as opposed to if they were being paid privately. So, in that way, the builders' attitude is a bit iffy, as opposed to if you paid privately. The main issue is still the same as it has been over the past 10 years.

[5] **Ann Jones:** So you do not think that we have made an awful lot of progress since the last report.

[6] **Ms Berrigan:** I suppose that waiting times have improved in as much that people are now aware that they vary across Wales and are trying to do something about it. The funding, hopefully over the 10 years, has increased, but as with the increase in funding, the demand has also increased and I think that it will further increase because of benefit and welfare reforms. For example, on minor adaptations, some people may use their disability living allowance to pay for that, but now that the DLA has changed to the personal independence payment, they might not be eligible. So, instead of relying on funding from PIP, they have to go to the disabled facilities grant for small adaptations.

[7] **Peter Black:** The Welsh Government is consulting on its draft framework for action on independent living. Does that adequately recognise the importance of accessible housing and the impact that poor housing can have?

[8] **Ms French:** It would be unfair to say that efforts have not been made to improve the scheme since the last review—they most certainly have. For example, Neath Port Talbot local authority has reviewed its own scheme to ensure that the process of administration is quite a smooth, seamless process for disabled people and to increase efficiency. However, we are sad

to say that there are still long waiting times, even though efforts have been made, so there is some way to go on that across many areas of Wales.

[9] To pick up on your point on the framework, Peter, we are delighted now that the framework has highlighted some of those issues and that commitments have been made to address accessible housing across all parts of Wales; included in that is the disabled facilities grant scheme. We researched the availability of accessible housing registers back in 2009 and good practice is quite patchy. There is good practice, but we need to build on that and ensure that we celebrate examples and models of good practice and share those across each local authority area.

[10] **Peter Black:** The Welsh Government has promised to review adaptations in the housing White Paper. What specifically would you like to see come out of that?

[11] **Ms French:** There needs to be a review of the whole process in terms of the customer's journey—from the start of the process. That includes the availability of information and advice on housing adaptations, for example on how to apply and whether measures could be taken to increase the efficiency of that process. For example, applying online could be one method. I am not sure how many local authorities have adopted that approach? Perhaps that could be visited and explored to reduce the time it takes when someone applies for a disabled facilities grant. Other points are the availability of information and advice and the application process as well as the assessment with the occupational therapist to ensure that that assessment is delivered in a timely manner. The OT should fully understand the needs of the disabled person and how their impairment impacts on their daily lives.

[12] **Joyce Watson:** I want to look at how the current adaptations system could be made more consistent across Wales and whether, in your view, the complexity of the adaptations system contributes to delays or whether there are other reasons for those delays?

[13] **Ms Berrigan:** I suppose the delays would be around OT availability because local health boards and what have you have different funding priorities. Some are really good in terms of their provision of occupational therapists, while others are not so good and that relates to the delay in assessing someone for their grant. What we should also think about is how knowledgeable the occupational therapists are of various impairments and how skilled they are to assess eligibility. Their knowledge varies, but it should be enough to take on the client. It is a two-way process. The OT might think that one adaptation might suit the client, but then the client might not agree, so this is to do with compromise.

[14] **Ms French:** There seems to be a time lag between someone having an OT assessment, the time it takes to get the recommendations and then for that assessment to be approved. For instance, one of our members, who lives in Swansea, came forward as part of our research to present the evidence today. In the last three years—so it is since the last review has taken place—he has had an OT assessment, which took a while to happen in the first place, but it took up to nine months after that assessment before any work started to take place. That is a lot of time. During that time, he was unable to fully access his home, but since then he has had adaptations done, such as lowered work surfaces, a change of locks on his patio doors and even a remote control window system installed, which is fantastic and has completely transformed his life and his ability to live independently. However, it is that time lag between the assessment and the recommendations and approval stage that seems to be the issue.

[15] **Joyce Watson:** In your experience, are OTs carrying out assessments for straightforward work?

[16] **Ms French:** Yes, apparently so, but, again, it comes back to the knowledge of the OT with regard to an individual's impairment and how that has an impact on their daily living and what equipment or adaptations are needed to overcome that barrier. Based on what we hear in anecdotal evidence, in some cases, people are not listened to. We always say that disabled people know best what suits them. Sometimes, I do not think that professionals take enough time to listen to their views.

[17] **Mark Isherwood:** You stated in your evidence that there is no standard adaptation system across Wales, and that a joined-up approach would be beneficial, integrating occupational therapists, social services and housing. Do you, therefore, believe that there is a need to introduce a single adaptations system, applying across Wales and different housing tenures? If so, why?

[18] **Ms Berrigan:** I suppose that the system would be improved with more accessible housing registered in various local authorities. It would enable more joined-up networking than exists between local authorities at the moment. For example, if someone who lives in Cardiff wants to move to Wrexham to be near friends or family, they almost have to start the process all over again in the new area. If there was more joined-up networking, and a national register, perhaps it would improve that process. If people in different local authorities spoke to each other it would make the process a smoother one.

[19] **Ms French:** We have seen the benefits that local accessible housing registers have had on disabled people's lives, and also on cost-efficiency. There are good examples, such as Cardiff Accessible Homes. Again, looking back at our research in 2009, 10 out of the 20 local authorities that responded to our survey said that they had an accessible housing register in place, but others did not. Many did not even have any plans to explore the setting up of such a facility, or to even recognise its benefits. The benefits are that it brings housing associations together with the local authority and disabled people living across the county, in order to match people appropriately to available, accessible housing stock. That does away with wasted adaptations as well. For example, when somebody has moved out of their property, or no longer needs that equipment, the accessible housing register could help match a suitable new tenant to fill that property. So, there is a need for increased provision of accessible housing registers and more joined-up working across the housing sector, local authorities and disabled people's organisations.

[20] **Mark Isherwood:** Do you have any evidence to show where integrated working, particularly between occupational therapists, health and social services, is working better or worse? Should that integration also include Care and Repair services that are provided locally?

[21] **Ms French:** It should definitely include Care and Repair services. I do not have anything here today to share with you, but I am sure that the accessible housing registers that are in use have many good examples of how the joined-up process is supporting disabled people effectively. For instance, Cardiff Accessible Homes, ADAPT in Swansea and Bridgend Accessible Homes.

9.45 a.m.

[22] **Mark Isherwood:** In previous sessions, Conwy has been mentioned to us. I have sat with Conwy occupational therapy services and housing adaptation services together, planning how to design and deliver the system together and that was quite encouraging. Would that joined-up approach help to tackle the barriers that you see?

[23] **Ms French:** Yes, most definitely. That is what we need.

[24] **Mike Hedges:** It is quite nice when somebody comes along and says something that I have been saying for some time about the development of accessible housing registers. Local authorities and registered social landlords keep registers of those properties that have been built specially, but do not necessarily keep registers of properties where substantial adaptations have taken place. I think that we have all seen examples of adaptations worth £30,000 or £40,000 being made to a house, then three or four years later, when the person moves into a nursing home or dies, a large chunk of that is pulled out and is not adapted. Do you think that those houses that have gone through substantial adaptations should be added to the adapted housing register?

[25] **Ms French:** 'Yes' is the answer, so that disabled people have the opportunity to access those properties. I cannot speak on behalf of the registers, but, looking back at our own fairly recent research, many registers have capacity issues and a lack of available housing stock to meet the demand for accessible housing.

[26] **Ann Jones:** I think that you managed to get your question in before the end of the session, Mike.

[27] **Mike Hedges:** I have a different question to ask at the end, Chair.

[28] **Ann Jones:** Fine. We now move on to Janet.

[29] **Janet Finch-Saunders:** How can the adaptation system be more focused on the needs of disabled people to achieve ongoing positive outcomes?

[30] **Ms Berrigan:** At the moment, success or failure is measured based on how long people wait for a certain grant, but there is no real assessment of how pleased the disabled client is with the adaptation in itself. Maybe you could go back in three or six months' time to undertake a case study, which is not just a tick-box exercise, about how they feel or how much the adaptation has changed their life for the better, and, if it has not gone quite so well, to consider how lessons can be learned for the future.

[31] **Janet Finch-Saunders:** I have a minor supplementary question to that: from my own experience with case work, I find that there does not seem to be a difference between minor adaptations and the more major adaptations, in that pretty minor stuff can take quite a long time. How could we improve the process to facilitate more people to access minor adaptations, for example simple things like grabbers or perching stools—things that are not fixtures as such, but more minor things?

[32] **Ms Berrigan:** Having a better knowledge base or being able to recycle things would help enormously with the cost, for example. If there was a hub or somewhere to which a person could go for information or equipment for disabled people—perhaps something similar to eBay or Amazon—then disabled people would know that there was somewhere to go. However, I do not think that there is something like that at the moment. So, we need to set up something so that there are knowledgeable people to assist disabled people.

[33] **Janet Finch-Saunders:** Do you think that there is any waste in the system? How can equipment be transferred for use by other people when adaptations are no longer needed for whatever reason?

[34] **Ms Berrigan:** It depends on the equipment. It is inevitable that things like stairlifts have been specifically made for a certain type of staircase. If a stairlift is only suitable for one person's staircase, then, sadly, we can only use it once, but other things can be recycled. It really depends on the equipment.

[35] **Rhodri Glyn Thomas:** In terms of monitoring the service, how do you think that that should be carried out? Is it just a matter of assessing how long it takes to provide the service, or should we look at the experiences of those people who receive that service and have a more holistic approach to monitoring?

[36] **Ms French:** Monitoring needs to cover every step of the journey, so, most definitely the customer journey and the outcome of that journey and how that has enhanced that disabled person's life for the better. There is a lack of focus on that, which we need to grasp and we need to promote how disabled facilities grants can really transform people's lives and that it is based on the social model of disability and facilitates independent living. There is a lack of focus or promotion of the fact that that happens.

[37] On monitoring, I think that inspection is crucial. We have spoken to people who have had adaptations done and have experienced shoddy work, but, half of the time, there is nobody there to check that the work has been done to a good standard. There have been instances of people not knowing who to turn to get advice or where to go to make those improvements, so, there needs to be stronger monitoring and inspection of the work that is done.

[38] **Lindsay Whittle:** Should there be longer-term monitoring of the benefits of these adaptations? Clearly, if I need these adaptations at 50 and I make it to 70 or 80 years of age—I hope that I will—then the adaptations might not be suitable anymore. Should we continually monitor these adaptations?

[39] **Ms French:** Most definitely. Assistive technologies change and adaptations become more advanced, so, for somebody who had an adaptation done 15 or 20 years ago, say, there might be a more suitable alternative now and that needs to be explored. Disabled people will not know that, however, until somebody sits down with them and goes through all the options that are available. So, yes, it most definitely needs to be ongoing monitoring and evaluation.

[40] **Lindsay Whittle:** I was very taken by your response to Rhodri Glyn Thomas about monitoring of the building works and not only monitoring the quality of the work but the time that it takes. We will all have experience of builders; I had a new window fitted nine weeks ago, and he is coming back this Saturday to finish it off. These are people's homes and they want the work done as quickly as possible, do they not? That is only natural. They do not want to be in that mess for long. It is stressful enough for anyone to have builders in.

[41] **Ms French:** Yes. Another point to get across, which came from one of our members, was that she felt that because the builders who were doing her work knew that she had a grant, they took their time doing the work. She could not prove that, but she just knew that they had no enthusiasm to do the job any quicker. So, we need to be aware that that happens too.

[42] **Lindsay Whittle:** So, effective monitoring by good clerks of works in local authorities is essential.

[43] **Ms French:** Yes.

[44] **Ms Berrigan:** When the council does work, it always gets somebody to go and check the end result. That is something that you could do with disabled facilities grants, as well. The builder does not get paid until the party is happy with the quality of the work. That is something that you could put into disabled facilities grants.

[45] **Ann Jones:** That is a good point. Thank you. Moving on to funding, Gwyn, you have a question.

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

[47] **Ms French:** It is about where those resources come from, is it not? So, yes, because we want local authorities to respond far more quickly to disabled people's requirements and have those resources to hand to enable them to do that. Those resources need to come from somewhere. If they do not have them currently, what investment can be made, whether it is by the Welsh Government or across local authorities, sharing resources? That needs to be looked at.

[48] **Gwyn R. Price:** Do you believe the health and social care budget should be giving something towards this? At the end of the day, it saves money through these adaptations being done.

[49] **Ms French:** That is right; there is a positive impact on social care and health, obviously, because, when disabled people live in accessible properties and have accessible homes, it has a positive impact on their mental health, wellbeing and ability to live independently. It will most definitely have an impact on that budget.

[50] **Gwyn R. Price:** Do you have a view on simplifying the funding mechanisms for adaptations?

[51] **Ms French:** I do not have a particular view on that, to be honest.

[52] **Mike Hedges:** Just following on from the last question that Gwyn Price asked, do you believe that doing some of the simple and very necessary things early, and letting the more complicated expensive things come in later, could bring advantages? Examples that I have include somebody in a wheelchair having the locks lowered so that they can get in and out of the house, and somebody who is deaf having a doorbell that flashes so that they know somebody is ringing it, and having a flashing fire alarm. Do you agree that some of those simple, relatively cheap things should be done early, and the other adaptations completed later, rather than someone waiting for all the adaptations to be done in one go? I gave the example there, and someone will be able to bear this out, that, if you are deaf, and you do not have a doorbell that flashes, you do not know if anyone is there or not.

[53] **Ms Berrigan:** It really depends on the disabled client. You said that installing a flashing light doorbell is simple; I had an assessment myself and it took months to get a flashing light doorbell. So, on the face of it, it might be a simple adjustment, but, because of the bureaucracy and paperwork and what have you, it could take just as long as adapting a shower, almost.

[54] **Mike Hedges:** That was the point that I was trying to make. There ought to be a cutting through of the paperwork for the simple and very important jobs to get those done immediately. My sister waited three or four months to get a working, flashing light, and it does create all sorts of difficulties. We should get those done quickly and then go through the paperwork for the more complicated things. Let us do what has to be done early.

[55] **Ms Berrigan:** That way, you could start a competition between the easier things and the more difficult things, I think. It depends on the client's needs, really. Very often it is the bigger adaptations that make a bigger impact, depending on someone's disability. I do not think you should necessarily always do the simple things first. They should be given the same priority.

[56] **Mike Hedges:** So, you are quite happy for people to wait three or four months for a

bell as long as they get everything else done at the same time.

[57] **Ms Berrigan:** Personally, no, but it is very difficult, because, whichever adaptation you want, you cannot say that, if it is simple, you can have it within a few weeks, but, if it is more complicated, you have to wait a certain amount of time. That does not look good.

[58] **Ms French:** We definitely agree with you there. If somebody requires, say, five adaptations, and they are very different—including low-level adaptations like a new doorbell or intercom system—those things should be done and implemented fairly quickly. However, if somebody has a substantial adaptation to be done, like installing a wetroom or doing an extension, then obviously that will take a little longer, and you would expect that. However, yes, minor adaptations should be there.

[59] **Mike Hedges:** Thank you.

[60] **Ann Jones:** This is the third inquiry by a committee into home adaptations. It is obvious that we still have some huge problems. People are still waiting, and are still not satisfied with what they are getting, although I think that, when they eventually do get an adaptation, they are very happy, and therefore they fill the form in to say that they are happy, but that might not be the case while they are waiting. If there is one recommendation that you thought would change things, what would it be? I have put you on the spot a bit there, sorry.

10.00 a.m.

[61] **Ms French:** I know; there are a few. One recommendation would definitely be to improve the waiting times. It is fundamental. Adaptations are not luxury items; they are a necessity, and people need them to be able to live independently, and they need them now. They cannot wait six, nine or 12 months, and perhaps longer in many cases; they need them now. I think that that would most definitely be the top priority: improve that waiting time.

[62] **Ms Berrigan:** Yes, regardless of the adaptations.

[63] **Ann Jones:** Thank you, Rhyan.

[64] **Mark Isherwood:** Going back to the funding, you will be aware that there are different funding mechanisms—obviously, there is DFG, but it is different for people in housing associations and different again if they are in stock transfer housing associations. From the feedback that you get from people who contact you, is there a particular concentration or pattern, given the different sectors that people live in? Is it across the board, or is it focused in any particular area?

[65] **Ms French:** I think that it is across the board. When it comes down to it, I think that disabled people do not really care where the funding comes from, as long as the adaptation is in place. I think, quite often, do disabled people need to know where the funding is coming from? All they want to know is that the adaptation is going to happen and their needs are going to be met. So, I think it is the responsibility of the local authorities and housing associations to come together to explore those funding arrangements, most definitely. We cannot really comment on what would be best placed or which budget it would come from. Perhaps that needs—

[66] **Mark Isherwood:** I was thinking more in terms of our assessing whether one funding mechanism is working better than another, whether we need to recommend the integration of funding mechanisms or not, and whether you can see any pattern of better or worse practice from your feedback in stock transfer housing associations, in housing associations, in council housing and in the private rented sector, or is it not that specific?

[67] **Ms French:** The integration of funding mechanisms perhaps needs to be looked at. In many organisations and local authorities, various cuts are happening, so there are limited budgets. So, it is about how we can pool those budgets to ensure that disabled people experience a better service.

[68] **Mark Isherwood:** May I ask one final question?

[69] **Ann Jones:** Yes.

[70] **Mark Isherwood:** We heard your comments about adapted housing registers and so on. Last week, we had evidence from one witness who said that, in some circumstances, it would be inappropriate to leave the adaptations in a property when somebody leaves it. They gave the example of height: somebody might be very tall or in a wheelchair, and the positions might be wrong. What are your views on that? Do you think that they should be left where they are and the property put on the register until the right person comes along, or should those sorts of adaptations be removed?

[71] **Ms French:** Going back to the accessible housing registers, which I referred to earlier, as there is quite a demand for different properties and there is a need to have additional stock transferred to those registers, I would hate to see adaptations taken out of a property when there is somebody out there who could benefit from them, if there was a system in place to match disabled tenants to available properties. As I mentioned, there are 10 local authorities that have that system. I suppose that that needs to be looked at and rolled out across Wales.

[72] **Mark Isherwood:** Okay. Thank you.

[73] **Ann Jones:** I see that there are no further questions. I thank you both for coming and for giving us your evidence, including the written evidence. I am sure that what we have heard today will focus where our inquiry ends up. We will send you a copy of the transcript to check for accuracy—it is so that we do not put words into your mouth, basically. I am sure that you will get a copy of our report, too, when we have finished it. Thanks to both of you for coming.

[74] **Ms French:** Could I make a final comment? Is that all right?

[75] **Ann Jones:** You can.

[76] **Ms French:** It is in relation to the bedroom tax. We are becoming particularly concerned about the impact on disabled tenants in social housing. Those tenants who have had disabled facilities grants to make various adaptations to their properties who are currently living in a two-bedroom bungalow or flat—or house in some cases—now risk losing that home, when it has taken many years to make the property accessible. The fact is that limited options are available for them to transfer to another home. So, that needs to be looked at as well.

[77] **Joyce Watson:** On that, I have heard—and I want you to confirm this, if you can—that when some people have had an extra bedroom built specifically for their needs, which could then leave them with two surplus bedrooms, they are being penalised not only for one empty bedroom, but for two. Have you come across cases like those?

[78] **Ms French:** I do not have any cases to hand, but I am sure that there are such cases. A number of people have come to us recently, because we have been canvassing people to come forward and voice their concerns. So, I know that there are instances like that across

Wales, which we cannot forget, and we need to make sure that we are raising issues around that.

[79] **Mark Isherwood:** I have written to the DWP on this issue in relation to several constituents. This is a non-devolved matter, so we can have a view, but we do not make the decisions. Two weeks ago, the DWP announced that it was reviewing provision with a view to further exemptions for disabled people—disabled couples who have to have separate rooms and so on. So, it is a case of watching this space. If you have not made a submission, but I am sure you have, now is the time to speak to the DWP and to reinforce that.

[80] **Ms French:** We hope that this will change and that there will be exemptions for those who have had DFGs as well.

[81] **Ann Jones:** At the risk of opening up something else, I will now thank you again. It was an important point to make, so thank you for making it. It is in our briefing as well, so we are aware of some of the difficulties involved, but it is always good to hear that from organisations such as yours. Thank you both for coming today.

10.07 a.m.

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 6 Inquiry into Home Adaptations—Evidence Session 6

[82] **Ann Jones:** I ask our next set of witnesses to join us at the table. We are now taking evidence from Age Cymru, so we are joined by Martyn Jones, who is the equality policy officer, and Wyn Jones, who is the information and advice manager. Thank you very much for joining us today and for your written submission. We have a number of questions, so we will go straight into questions and then, if there is time at the end, you can raise something else, as Miranda did. So, I will not close the session before I have asked you whether you have a closing statement. I will start and ask you whether you have seen local authority adaptation services improve in recent years or whether you are still as dismayed as you were.

[83] **Mr W. Jones:** I will attempt to answer that from the feedback that we have had about trends from our brand partners. Over the first three quarters of this financial year, for instance, we have had a number of adaptation requests from three particular brand partners: in Swansea bay, the Gwent area and Powys. The Powys ones have been mainly requests for information for low-level adaptations, but in Swansea bay and Gwent, a proportion of the requests for information and advice have been in relation to the disabled facilities grant. We are finding from the feedback that we are getting that it is more to do with people not being aware of, or informed about, the timescale and then having to wait over 12 months in certain areas and up to 18 months in some examples. The Swansea bay partner, for instance, has reported that it has recently seen an increase from four weeks to up to eight weeks for the occupational therapist assessment, but people have had to wait for up to 12 months. In the Gwent area, the picture seems to be that people are not getting the information and the timescale and are having to wait from 12 to 18 months. That is the feedback that we have been getting from our brand partners.

[84] **Ann Jones:** It is fair to say then that services have not improved.

[85] **Mr W. Jones:** I would not be able to say that. I can only go on the feedback that we have had over the last three quarters, and it seems to be that the Gwent and Swansea bay areas are the chief ones with regard to the DFG. However, there are lower level inquiries with regard to Powys. With regard to the remainder of the feedback that we have had from other partners, we have not had much feedback in relation to adaptations or requests for

information in those particular areas. So, they seem to be homing in, or are more apparent in the Swansea bay and Gwent areas.

[86] **Mr M. Jones:** It does seem fair, using the previous committee's report as the baseline. It is a mixed response some six years on. There seem to be improvements in certain local authority areas. Gwent is a useful evidence base for us, because our local partner in Gwent covers five local authority areas, and the feedback that we are getting from it is that there is still little consistency across local authority boundaries. For example, you will not get the same response from all local authorities when stepping in on behalf of an older person to chase up an adaptations inquiry that they have made.

[87] **Peter Black:** The pattern of supply that you refer to is obviously backed up by statistics. Every Member of this committee has anecdotal evidence to support that. That indicates that the best practice is not being shared sufficiently across Wales. Do you think that that is the case and do you think that the Welsh Government has been offering sufficient leadership to try to put that right?

[88] **Mr M. Jones:** It is part of the joined-up approach, or the lack of it. Housing, social care and health are devolved issues that are within the remit of the Welsh Government. Whether the infrastructure has been put in place—so that would be the predominant role of the Welsh Government—to ensure that there is a read across between those different service areas and those different professions, is still the issue and, in many ways, is inhibitor to providing the best possible services to older and disabled people.

[89] **Peter Black:** What sort of infrastructure would you be looking for?

[90] **Mr M. Jones:** The increasing focus of local service boards forces that multi-agency approach to some of these issues. If the Welsh Government can play a central role in ensuring that issues like adaptations are a central feature of the work of those groupings in the future and that there is national guidance that has to be complied with—clearly, guidance is not statute, but if something comes from the most senior level that makes it abundantly clear that there is a requirement to work across disciplines and professions, that will advance this area of work in a positive way.

[91] **Joyce Watson:** You have outlined the delays in the adaptation system, but what are the reasons?

[92] **Mr W. Jones:** The feedback we are getting relates to waiting lists for the OT. That is one side of it, while another angle is that, once you have gone through the assessment, you are not being informed of when things will happen. Another point is the financing of the adaptations thereafter, because that is where the waiting list is in excess of 12 months and up to 18 months.

[93] **Joyce Watson:** Do you find that, in different parts of local authorities, say housing and social services, and in health, there is some joined-up working and, if there is, is there a difference between areas?

[94] **Mr M. Jones:** From what we have seen and what the previous report indicated, if you take areas like Caerphilly, where there seems to be best practice in place, our Gwent local partner, which covers that county borough and covers others in the vicinity, indicates that even where best practice has been achieved in certain areas, it does not spread even to neighbouring local authority areas. That seems to indicate a need for something at a higher level to ensure that that is taken forward.

10.15 a.m.

[95] **Ann Jones:** Are you happy with that? Is there a difference between the health OTs and the local authority OTs, or are they working together? Do people tell you that there is a difference in how the assessments are carried out or that they are sometimes carried out by the health OT and then by the local authority OT, rather than there being one unified assessment?

[96] **Mr W. Jones:** I do not have enough hands-on information to answer that, to be honest.

[97] **Mr M. Jones:** You will be aware of the anecdotal evidence through the written submissions that you have had, but there was an event on this in July last year, which brought some of the key players together, and that was one of the central issues that emerged there, namely that there is a disparity in who is leading on this and from what profession, again, across different local authorities. The inconsistency in approach across local authority areas in Wales is central to this issue.

[98] **Mark Isherwood:** To what extent is there or is there not a level playing field for tenants seeking housing adaptations across the private sector, social tenants in general housing association, council and transfer association housing, and owner-occupiers?

[99] **Mr M. Jones:** That really is at the heart of the matter, and it is why we and other organisations that have been a part of this debate are indicating the necessity for a single process that is tenure blind. The tenured basis to the systems currently in place and the connections that that has to the funding structures that are currently in place bring inherent inequities. Addressing that issue with a single tenure-blind approach to the administration of adaptation work in the future probably would cancel out a lot of that inequity.

[100] **Mark Isherwood:** What inequity do you see? Do you see particular incidences in particular sectors?

[101] **Mr M. Jones:** What you are able to apply for, or the systems that you are locked into, depend on whether you are a private housing tenant. The other issues arise out of whether you are a tenant in what used to be a local authority housing area that went through a stock transfer and the restrictions placed on you in terms of what you can tap into, because of those issues that are way beyond your control. There seems to be an inherent inequality in that.

[102] **Mark Isherwood:** Thank you for those answers.

[103] **Peter Black:** Some of the complexity and the delays in the system are down to the means-testing that applies to DFGs in particular. Are you in favour of getting rid of that means-testing? There is a balance to be struck between available resources and whether you means-test them. What is your view on that balance?

[104] **Mr M. Jones:** It is a highly contentious point, and we come to this with the acknowledgement that we are dealing with limited resources and limited opportunity for further resources. So, it might be about a more effective use of whatever funding is currently in the system. If a means-tested approach has to be maintained in this, we would hope that a fairly administered and sympathetic approach is adopted. However, ideally, perhaps we would like to see means-testing phased out.

[105] **Janet Finch-Saunders:** How focused on meeting the needs of disabled people and achieving positive outcomes is the current adaptation process?

[106] **Mr M. Jones:** We would hope that the previous witnesses gave some good evidence on that area. What we are concerned about, or a question that we would put to the committee, is what the policy framework is for taking this forward. We would hate to see a hierarchy emerging with disabled people and older people, or for that kind of old-fashioned approach to equality in any way to inform this debate. Part of the inherent consequences of living in an ageing population is that you will have more older disabled people, so separating them and taking a siloed approach to that is the first point of caution that we would throw into the debate. However, it is important, at a strategic level, to identify the key thematic drive for this in terms of policy. Is it about reablement? Is it about the independent living framework, on which Age Cymru has a seat, but which has been very much driven by the disability movement? Is it about citizen-focused approaches to service delivery? There are a lot of different policy-orientated drivers for this. It is important that we start from a level playing field and that we are clear about what the policy drivers are for this in the future.

[107] **Janet Finch-Saunders:** Are there good examples out there of customer satisfaction feedback being requested and acted upon?

[108] **Mr M. Jones:** We bump into anecdotal evidence, not just through our work with our local partners, but with other equality organisations, such as Disability Wales. Some organisations are very good at not only canvassing, but utilising, customer feedback. That does not seem to be the norm. The processes currently in place seem to be all about process and very detached from the experiences of individuals and from learning from those individual experiences to develop and provide better services in the future.

[109] **Janet Finch-Saunders:** What information is available to disabled people, their carers and families about housing adaptations?

[110] **Mr W. Jones:** We provide a range of different information guides et cetera and we issue fact sheets to people who request information. We also offer a signposting service. From the type of enquiries that we are having, we are finding that, because the majority of enquiries are low level, people are not aware of what routes are in existence or the type of adaptations that they have access to. So, we are finding that the majority of the information is low level and, when they have been signposted, they do not come back to us on the information and advice line unless it is something to do with the DFG. That is the one that has most focus on it in the areas of Gwent and Swansea bay.

[111] **Janet Finch-Saunders:** Do you think that there is a void out there on accessibility to, and the quality of, information that is made available to disabled people, their families and carers about options for adaptations?

[112] **Mr W. Jones:** If I can give you an anecdotal example, there is a couple, and the wife has been looking after the husband for x amount of years and, eventually, the daughter rings and says 'My mother's really struggling, with her arthritis, to look after my father'. What happens is that they do not hit the radar, because they are continuing as well as they can. By the time that they come through to us, it opens another can of worms, because they may be entitled to certain benefits that they are not tapping into—they may be able to have a community care package et cetera. Therefore, it is important to have opportunities for people to know where to go for information and advice. However, we are finding that nobody is aware of what is available until they come to us for information.

[113] Another example is that when they are discharged from hospital, they should be informed earlier on about the opportunities. We get some enquiries such as 'My mother's leaving hospital before long, and the home needs to be adapted', but you would think that that would be done as part of the discharge process. Therefore, communication could be sooner rather than later. It is about keeping people informed. So, they are the key issues. In

addition, people should be referred to social services, because for things that we would take for granted, in general, people do not think about going to social services.

[114] **Janet Finch-Saunders:** I find that with my casework as an Assembly Member. How and where can we make that difference? Is it through policy, working more closely together or local authorities having a more consistent approach? How can we do it?

[115] **Mr W. Jones:** I do not know. I am inclined to think that we should be targeting the young. Even though I represent Age Cymru, I think that, if we can educate the young with regard to what should be happening and the welfare of older people et cetera, as part of pastoral and social education in the school, because they are the future, that would be one good route. In addition, we need to maintain the information advice services and trusted local organisations that we have across Wales, because when people hit the point of not tapping into what they are entitled to, they will know that they can go to an organisation or organisations that they can trust. It is important to keep going down that route.

[116] **Ann Jones:** I do not know who is starting on performance monitoring. Is it you, Rhodri?

[117] **Rhodri Glyn Thomas:** A gaf ofyn cwestiwn i chi ynglŷn â'r fframwaith monitro a'r modd mae'r gwasanaeth a'r ddarpariaeth yn cael eu monitro? A yw'n ddigon i edrych ar faint o amser mae'n cymryd i ddarparu'r gwasanaeth, ynteu a ddylid cael rhywbeth mwy cynhwysfawr sy'n edrych ar brofiad y sawl sy'n ei dderbyn?

Rhodri Glyn Thomas: May I ask you a question about the monitoring framework and how the service and the provision are monitored? Is it enough to look at the waiting times for the provision of the service or is something more comprehensive needed, looking at the experience of those receiving the service?

[118] **Mr M. Jones:** Absolutely. It was a central debating point in the last inquiry, and the development of a robust performance indicator for this activity is paramount. Point of entry to completion monitoring simply does not capture the experiences of individuals and give us the more textured detail of where systemic failings may be occurring and at what point. So, developing a far more robust monitoring and evaluation process in relation to adaptations is absolutely critical.

[119] **Rhodri Glyn Thomas:** A oes arfer da yn bodoli? A oes sefyllfaoedd lle mae hyn yn cael ei wneud yn y ffordd iawn ac a oes modd sicrhau bod hynny'n cael ei ledaenu ar draws Cymru?

Rhodri Glyn Thomas: Does good practice exist? Are there situations in which this is done in the right way and is there a way of ensuring that that is spread across Wales?

[120] **Mr M. Jones:** From the little evidence that we have managed to gather from local partners, that is difficult to assess realistically at this juncture. We are sure that there is good practice out there, but as we touched on earlier, spreading best practice and putting in systems and structures that facilitate that are critical areas that need development.

[121] **Rhodri Glyn Thomas:** However, reviewing and changing the performance indicator would contribute towards that.

[122] **Mr M. Jones:** If that was mainstreamed across all local authority areas, as they currently exist, or local strategic board areas—without wanting to stray into sensitive areas like local government reorganisation—there are new burgeoning structures that may facilitate a far better way of taking this forward.

[123] **Lindsay Whittle:** How could the health improvements and the quality of the

outcomes be monitored, particularly across the tenures that were mentioned in one of the previous questions about registered social landlords, transferred tenants, private tenants and private landlords? For example, I was a housing manager in the housing association sector and, to be quite honest, having been responsible for just 1,000 properties, I would do the work myself. I would not wait for all of these OTs and everything else. How do we monitor the health outcomes and advantages for older people?

[124] **Mr M. Jones:** I know that you have Chris coming in after us, so we will not stray into Care and Repair's territory, but the stark statistic that it uses, which is now well-rehearsed, is that every £1 spent in this area of activity saves somewhere in the region of £7.50 to care and health. That is a pretty good evidence base to be coming from. We would add that, perhaps, there is a link here that is not being made with the equality impact assessments that the Welsh Government is statutorily obliged to take forward. We see very little evidence of this being an area in which they are being appropriately utilised to give the kind of evidence base that demonstrates that the investment is giving the health and wellbeing dividends that you want to see.

10.30 a.m.

[125] **Lindsay Whittle:** Wellbeing is the crucial point, is it not? It is all very well talking about costs, but what about wellbeing? That is more important. Quite frankly, I have come to a stage in my life where I do not care about the cost as long as there is wellbeing. I know that we should not say that, but that is how I feel. It is the wellbeing of the individual at the end of the work that is important for me.

[126] **Ann Jones:** Gwyn will ask about funding.

[127] **Gwyn R. Price:** What are your views on the current funding arrangements for DFGs, where it is for local authorities to allocate resources from the general capital resources? Are adaptations given sufficient priority at local level in all local authorities?

[128] **Mr W. Jones:** Going back to the feedback from the brand partners that deal with the majority of the enquiries that we get, it indicates that, because there is delay in installing the adaptations—after 12 months, up to 18 months et cetera—there is a need to review how the funding is taking place. They are encountering delays in getting the installations in the areas that stick out from the data that we have collected from the Swansea bay and the Gwent areas. With regard to the funding arrangements, maybe you can add to that, Martyn.

[129] **Mr M. Jones:** There is a case to be made for hypothecation. Leaving it in the general fund, with local authorities allowed to contribute as much as they feel that they can afford or that they feel is necessary in their local area, will clearly not cater for need and, taking on board an inherent part of living in an ageing population, what will become a growing need for this area of work. However, there is a debate to be had around whether this needs to be ring-fenced funding.

[130] **Gwyn R. Price:** I am not sure whether you are reading my mind at the moment. My next question was going to be whether it should be hypothecated, and the answer is 'yes'.

[131] **Peter Black:** If you hypothecated the funding, what would happen if the local authority spent it all after eight or nine months? Would that mean that you added three more months to the waiting list?

[132] **Mr M. Jones:** That is one of the big questions. We are in favour of having a robust and far-reaching debate around that issue, because that would seem to be an issue currently. Any move to hypothecation that does not deal with the wider funding issue, and possibly

compounds it, would be a nonsense. So, if we were to move in that direction, it would have to be on the basis of factoring in the issues that you raised, and how you would deal with them. That seems to be one of the areas of feedback that we are getting from local partners—when they chase up a local authority on behalf of an older person, one of the explanations that they get is that the funding has run out. We are coming to the table asking for hypothecation to be used as a means of dealing with that, so that funds do not run out, but if it still happened, that could point to a deeper, endemic problem with the management at a local level.

[133] **Ann Jones:** The counter-argument to hypothecation—Peter and I have this discussion all the time—is that that is the minimum that we would expect local authorities to put into housing adaptations. They can spend more; they could have a reserve budget from somewhere else, such as the housing budget or whenever. That is the counter-argument, but I will not drag you into it, Mr Jones.

[134] **Peter Black:** Most of them would take it as a maximum.

[135] **Ann Jones:** We could issue guidance. However, that is another story for another day.

[136] **Mike Hedges:** I think that Peter is right that hypothecation could be taken as a maximum. What is more worrying is that, if it is coming from something else, you have made the decision on priorities centrally, when perhaps it should be a local decision. My questions are: should there be better use of adapted housing registers, and—the question that you heard me ask earlier—should more be done to get the simple and important things done first?

[137] **Mr M. Jones:** The immediate response is ‘yes’ to both. The broader narrative around it is, again, going back to previous responses, in terms of the rapid response programme, the fact that the impact that that has had has been acknowledged by all as positive. A lot of the time, it is the simple little alterations and adaptations that allow someone to be released from hospital that little bit more speedily that really do have an impact right across the system in terms of freeing up funding and service provision. So, it is probably a ‘yes’ to both.

[138] **Mr W. Jones:** I will add to what Janet said earlier about the information element. Sometimes, we get feedback to do with people not being informed of timescales and what is actually happening. They are not given the options with regard to renting equipment as a quick win et cetera, to get things into place. There is a need for more information on that front. We have focused today on home adaptations, but we do get quite a few enquiries with regard to rental equipment. People become constrained in their household; it becomes their boundary and they find it more difficult to leave their property. There is the issue about getting information on rental equipment that they can use when they go to visit family members for Christmas et cetera.

[139] **Ann Jones:** Is it the case for some of your clientele, the people who contact you, that, as Mike said, it is often the smaller adaptations that they require to keep in their homes, like grab rails and making sure that the steps are of a good quality so that they do not slip on them because the stones are worn away, or whatever? Is it those sorts of things that you find, for your clientele, could be dealt with a lot easier than they are?

[140] **Mr W. Jones:** The majority of enquiries in relation to adaptations are to do with the smaller items like the grab rail, as you said. Then, it opens up the other services like support with shopping and those types of services. If you look at this in percentage terms, you will see that, in Swansea for instance, 3.6% of all the inquiries for information and advice are for the DFG. The combined figure for Swansea is 6.98%. So, in Swansea, it is roughly half of the inquiries. However, that is the exception, not the norm.

[141] **Ann Jones:** So, in your experience, it is those smaller adaptations that we could look

at to find a way that makes it a lot easier for people. We are focusing on the big things, because those big things have to be dealt with, but often it is the smaller things that could be done.

[142] **Mr W. Jones:** Most of the inquiries are for the smaller adaptations. However, when 50% is in relation to the DFG, they are big requirements. However, that is ring-fenced mainly to the area of Swansea bay, from the information that we have collected.

[143] **Ann Jones:** Okay, thank you. Is there anything that you wanted to add, either Mr Jones? Is there something that we have not said or is there something that you wanted to add?

[144] **Mr M. Jones:** The only things that I have on my sheet that we have not bumped into that could inhibit the take-up of services relate to some of the anecdotal evidence that we have around maintenance charges and the uncertainty around those. Many older people are not fully aware that they will be liable for maintenance costs once they have had equipment placed in their homes.

[145] Also, in terms of the wider backdrop against which this needs to be viewed—we heard the representatives from Disability Wales touch on this before they left—the welfare reform and under-occupancy issues will have an effect on this at some point.

[146] The rest of it is just about some of the policy drivers. I mentioned earlier that the tone of our written response was around the need for information and advice because it is acknowledged that Wales is described on occasions as an information desert. In terms of the Welsh Government's commitments under the Equality Act 2010 and its own specific duties, some of them address information and advice. Strategic equality objective 1 talks about strengthening advice, information and advocacy services, and objective 5 talks about tackling barriers and support for disabled people so that they can live independently and exercise choice and control. These have read-across directly to older people's lives. Strategic equality objective 6 is about putting the needs of service users at the heart of delivery. All of those are directly relevant to older people. We could go on to highlight that some of the issues that we are talking about here, where you are delaying essential equipment for an older person for 12 months or more, may stray into human-rights breaches, on certain occasions. The Welsh Government's strategy for older people, which is currently being consulted on in phase 3, is underpinned by the UN principles for older persons. The elements in it around independence are very relevant to this agenda. If, as we are led to believe, the First Minister is now open to discussion on a declaration on the rights of older people at a devolved level, we feel that those UN principles need to be reviewed and brought back to the forefront of the discussion as to how we deal with older people's issues.

[147] **Peter Black:** On the rights issues, in terms of the disabled facilities grant, the legal position is that, once you apply, you have to be given that grant straight away; there cannot be a waiting list for it, and you have to start the process straight away. However, a lot of local authorities operate waiting lists for waiting lists. So, they do not start the process as a way of managing their budget. Do you think that there are human rights issues around that particular practice? If so, can the Welsh Government do anything to tackle that particular issue?

[148] **Mr M. Jones:** The Welsh Government has a statutory commitment to ensure that human rights principles are abided by, across the public sector in Wales, and, almost, to be the guardian of that in the devolved context. Without going into the detail of some of the anecdotal evidence that we have had in the past, we scratch our heads sometimes and wonder whether some of the incidents, or case studies, that you mention stray into fundamental infringements of human rights articles. It is about how you utilise that framework to ensure that that does not happen in the future. That is the difficult bit. We welcome that the Minister for equalities has clearly laid her cards on the table: whatever happens at Westminster, in

terms of lack of support for human rights and equality legislation, will not be reflected in the devolved context. We hope that will be backed up by some meaningful outcomes for older people.

[149] **Peter Black:** Have you ever been in a position to take a test case on a particular issue around that? Are you aware of any other organisation that has been in a position to take a test case?

[150] **Mr M. Jones:** If anyone was going to take a test case, it would probably be the Commissioner for Older People in Wales's office, because it has that regulatory function to do that. However, obviously, we would provide whatever assistance we could to take something like that forward.

[151] **Ann Jones:** I thank you both for your evidence today. You will get a copy of the transcript to check for accuracy, and you will get a copy of our report. Thank you very much for coming today. We will break until 10.50 a.m. if the committee is agreed. I see that it is.

*Gohiriwyd y cyfarfod rhwng 10.43 a.m. a 10.52 a.m.
The meeting adjourned between 10.43 a.m. and 10.52 a.m*

Ymchwiliad i Addasiadau yn y Cartref—Sesiwn Dystiolaeth 7 Inquiry into Home Adaptations—Evidence Session 7

[152] **Ann Jones:** If you switched your mobile phone on during that short break, please ensure that you switch it back off. We operate in English and in Welsh, so if you need translation, there are headsets available. Translation from Welsh to English is on channel 1 and the floor language can be heard on channel 0.

[153] We will now take evidence from Care and Repair Cymru. Welcome to Chris Jones, who is the chief executive of Care and Repair Cymru. Thank you for your written evidence and for coming here today. We have a set of questions, if you are happy for us to go straight into those. I believe that you are on a tight timescale as well.

[154] **Mr C. Jones:** That has all been sorted.

[155] **Ann Jones:** Do not tell them that or they will keep you here. *[Laughter.]* We have a set of questions, so we will see how far we go. I will start with the first one: what progress has been made in implementing the recommendations of the Committee on Equality of Opportunity in its report from 2009?

[156] **Mr C. Jones:** The most significant outcome of that particular review was the information leaflets that we produced with the Older People's Commissioner for Wales, Age Cymru and the College of Occupational Therapists. I think that one of the recommendations of the review was the need for better information and advice for people who need to access adaptations. We produced hard copies of that, which we distributed across Wales via care and repair agencies and local authorities, and a web-based leaflet. I am not sure whether the committee was aware of that. Although I would say this, would I not, it is a good source of information. All the information in it is accurate. However, as with all information, the important thing is that it reaches the people who need it. I suppose that we need to look at whether that the people who need adaptations, whoever they are—be they owner-occupiers, council tenants or housing association tenants—are getting that information. That is probably going to be a theme of today.

[157] There are bits that I do not think have been sufficiently progressed. There is a need

for more widespread good practice on adapted housing registers, which is one of the issues that came out of the last committee. There are some good examples in Wales, such as the Cardiff accessible housing register and Swansea's ADAPT project, where local authorities are working in partnership with housing associations. The project is about keeping good records of properties that have been adapted, keeping registers of people who need adapted housing and matching them when those properties become available to let. That is good practice, but it does not happen across Wales. Good practice is a bad traveller, as they say, and I think that that is another theme that will come out of today's meeting.

[158] There are a few other points. There was a formal review of progress against the 2005 review, but I am not sure whether that happened for the 2009 review. The Welsh Government providing assistance where poor practice is detected and developing ongoing mechanisms to share best practice was another recommendation of the 2009 review and I do not think that either of those things were progressed.

[159] **Peter Black:** Chris, the Welsh Government has said that it will carry out a review of adaptations in its housing White Paper. You referred to what still needs to be done according to your review. Is there anything specific that should come out of the review that is referred to in the White Paper?

[160] **Mr C. Jones:** There is a lot of stuff in the review that I undertook back in 2005 that is worth revisiting, such as making sure that local authorities use their regulatory reform Order powers to deliver small adaptations outside of what is quite a bureaucratic process, as we are all aware, in terms of the disabled facilities grant. Another thing is working closely with third sector organisations, such as mine, that can deliver small adaptations quicker. There have been some good programmes. We have been delivering a rapid response adaptations programme for 10 years. Really successful infrastructure and partnerships are in place with health, social care and housing. Yet, despite the demand for it and the fact that all the professionals refer into it, the money runs out. It is question of whether we need to think of new ways of doing it or should we just put resources into something that works. That should be the case for the rapid response programme.

[161] It is also a question of whether rapid response should be delivered to all tenures. The problem at the moment is that you may have a health professional who has two people in beds next to each other and is trying to get them home into a safe environment. However, one is a homeowner and one is a social tenant, so while one of them is eligible for rapid response, the other is not. There are issues there around why we cannot do that for social tenants as well as homeowners. So, the funding and tenure for rapid response needs to be expanded.

[162] There is also the independent living grant programme, which has only been going for two years. It has been really successful in circumventing some of the bureaucracy of the DFG process. It was independently evaluated by the Welsh Government via a consultant, which found that that programme had an average waiting time of 58 days, compared with 400 days for DFG.

[163] What else? The means test needs to be either revised or abolished.

[164] **Ann Jones:** I think that we are coming on to that later.

[165] **Mr C. Jones:** Okay. What else? There needs to be better access to information, making sure that all providers actually provide good-quality information. The information is there and needs to be provided to people who need these services. There is a major challenge regarding improving consistency in best practice. There is lot of best practice out there, but it is patchy in terms of how it is delivered across the different counties of Wales. Out of the review that is promised in the White Paper, we need to look at social care and health funding

for programmes that have an impact on preventing people from needing their services. There are residential care cost savings and delayed transfer of care savings that are not currently being recognised, in terms of funding going into those programmes. So, those are the sorts of things that I would like to see.

11.00 a.m.

[166] **Mike Hedges:** The issue is not the savings in care or in health, but the fact that it does not save health money overall, does it? There is not a finite demand on health, for example if nobody broke their hips, it would not mean that there would be a reduction in the health expenditure—other things would be done with the money. So, although it apparently saves money, the health demand is such that it would not actually save money in the health budget overall.

[167] **Mr C. Jones:** It is complex, is it not? My understanding is that you only save money in health if you close facilities. However—

[168] **Ann Jones:** We will not go into that.

[169] **Mr C. Jones:** No, but it is relevant. Intuitively, you know that if you are stopping people from going into hospital, there must be an efficiency or cost saving involved. It costs £30,000 for hip replacement surgery, for example. There was a joint report from the Building Research Establishment Trust and Shelter Cymru, which said that falls cost the NHS £56 million per year. So, intuitively, you know that this is the right thing to do. Prevention is a significant theme in the social services Bill and in ‘Together for Health’.

[170] **Mike Hedges:** I agree with prevention—perhaps it would be better to have this discussion outside of here.

[171] **Ann Jones:** Yes.

[172] **Mike Hedges:** I do not believe that it will save money in the health budget overall.

[173] **Mr C. Jones:** There was an article in one of the broadsheet journals in the last six months, which said that x thousand beds had been closed in Wales over the last two or three years. I do not think that that is possible without the sort of services that we are talking about here.

[174] **Ann Jones:** That is another discussion and it is an interesting one, as was a lot of what you just said in answer to Peter. Have you finished, Peter?

[175] **Peter Black:** I have just one more question. One of the reviews—I cannot remember which review it was—

[176] **Mr C. Jones:** There have been so many.

[177] **Peter Black:** I know. It might have been your review, but one of them suggested that housing associations should use their own resources rather than rely on DFGs. Since that review, there have been a lot of stock transfers. We are in a slightly different situation. Is it your experience that the business plans of those stock transfer companies are accommodating the need for disabled adaptations? If not, do you think that the Welsh Government should do something about that?

[178] **Mr C. Jones:** When I did that review in 2005, the only stock transfer that had happened was Valleys to Coast Housing. That review recommended that when business plans

were developed, they absolutely needed to build into them the cost of adapting those properties. Whether they have done that or not will vary, but that needed to happen, and if that funding is not being made available by those stock transfer organisations, then it should be.

[179] **Peter Black:** Have you found that, in terms of the demand on Care and Repair, stock transfer organisations are perhaps using your resources more?

[180] **Mr C. Jones:** They would use DFGs, rather than Care and Repair.

[181] **Peter Black:** Yes. I was thinking about rapid response.

[182] **Mr C. Jones:** I do not know the answer to that question. The thrust of the review that I did was that social landlords, as responsible landlords, needed to pay their way in terms of doing adaptations for their tenants. That is still my belief. The knock-on effect is that it is not using DFG money; therefore, more can be done for homeowners with DFG money. There is more money coming into the overall pot for funding adaptations.

[183] **Joyce Watson:** You have answered nearly all of our questions. You started to talk about housing tenure having an impact on access to adaptations, and you used rapid response as an example. Do you have other examples?

[184] **Mr C. Jones:** Other examples across tenure?

[185] **Joyce Watson:** Yes, making a difference to adaptations.

[186] **Mr C. Jones:** There is currently no programme that goes across tenure. If you think about the lowest cost adaptations that the rapid response programme deals with, you will know that there is an average cost of £150 and an eight-day average waiting time. Would it not make sense to do that particular one across tenure because that is quite easy? I think that that would be easy to implement. I think that it becomes more complex to implement cross-tenure schemes as the cost of the work increases.

[187] **Joyce Watson:** I have a supplementary question. Could you pay for rapid response? With that scenario where there are two people in beds next to each other, one of whom qualifies and the other does not, what if the one who did not qualify said, 'I still want it and I will pay for it'? Could they pay for it?

[188] **Mr C. Jones:** No.

[189] **Ann Jones:** So, if you do not meet the bureaucratic means testing for the DFG, what are the barriers to self-funders?

[190] **Mr C. Jones:** I assume that you are talking about people who are not eligible for the DFG because of the means test.

[191] **Ann Jones:** Yes. Those who are not eligible for the DFG because they are well above the requirements in terms of the means testing. What are the barriers to them?

[192] **Mr C. Jones:** I suppose that the barriers to them are accessing the sort of professional services that would follow on if you are eligible for the DFG, such as local government surveys. I am not sure about OT assessment. I am sure that they would have a right to the OT assessment. However, the sort of professional services offered by local government and others, but not by Care and Repair, would not be available. Care and Repair, in terms of older people, actually helps self-funders. We will provide our services even

though those people are not eligible for the grant. That is becoming an increasing theme of Care and Repair, particularly for disrepair, as opposed to adaptations, where there is hardly any funding available. So, self-funding is really important. We still have to take older people through that process and ask, 'What works do you need? We need to specify them. Let's get you a bona fide contractor and make sure that the quality of the works is right.'

[193] **Ann Jones:** I have to say, from personal experience, that Care and Repair was the oasis of calm in what was a turbulent time for me. They were the only ones who actually came up with any common sense during a whole long process.

[194] **Mr C. Jones:** I am pleased to hear that. I am grateful for that comment.

[195] **Ann Jones:** I think that a lot can be done around local authorities learning from Care and Repair about how to deal with those people who are self-funders. It is almost as if they are people who do not exist. I will not go on about it, but I just want you to know that what Care and Repair does in terms of that advice is really most welcome at a time in people's lives when they need to think it through.

[196] **Peter Black:** I just wish to clarify something, and I apologise if I am asking you to repeat yourself. Is rapid response available across tenure or are there certain tenures for which it is not eligible?

[197] **Mr C. Jones:** No; it is only available to homeowners. It is Welsh Government-funded, and it is delivered by Care and Repair in partnership with health, housing and social care colleagues. However, the funding has a little tag, a condition of this funding, which is that only homeowners are eligible.

[198] **Ann Jones:** It is very difficult to access—I declare an interest. We will move on. I call on Joyce.

[199] **Joyce Watson:** I would like to ask you to expand about whether you think that there is too much bureaucracy associated with the adaptations system. You have touched on the means test, so you do not need to cover that again.

[200] **Mr C. Jones:** Yes; there is far too much bureaucracy. It is a mandatory grant. It has set paperwork and set responsibilities for the welfare authority, which is social services occupational therapy teams, and for the housing authority—usually private sector housing teams. It is means-tested, there are issues around proving ownership of the property, and it is just a bit of a dinosaur in terms of navigating that system. Probably, the biggest issue is the fact that you still have quite small works going into that system. I think that the issue is to take as many of the smaller works out of that system as possible, to do it outside of that bureaucratic system. I mentioned local authorities' powers to do this, through a regulatory reform Order. They can put in place their own systems; it does not have to be means-tested, and it does not need the same bureaucracy. So, yes, I think that it is too bureaucratic.

[201] **Mark Isherwood:** You said earlier that good practice is a bad traveller. My observation is that it is not so much about the sharing of good practice as the implementation, in the sense of taking ownership and applying it. So, to what extent do you think the Welsh Government could or should play a role in ensuring that the practice is not only shared but implemented?

[202] **Mr C. Jones:** The Welsh Government has shown a fair bit of leadership over the last few years on this in terms of recognising the problem, getting the reviews done, getting the outcomes of the reviews out there and engaging with the right stakeholders. There is an enormous amount of responsibility, corporately, on local authorities to then implement what

comes out of the sort of reviews that we have seen. Having said that, I think that you are right, if best practice is not travelling well, and I do not think that it is, there may well be a role that the Welsh Government can play in pushing that agenda forward and pursuing local authorities, maybe auditing how they are delivering their services and perhaps being more proactive in engaging with those local authorities and making sure that they develop good practice. It is a mix, is it not? Corporate leadership is crucial, and the statutory PI has driven that, to an extent, but, where that corporate leadership is lacking, there could be a role for the Welsh Government to drive best practice forward.

[203] **Mark Isherwood:** So, going beyond guidance, with, perhaps, a role in helping local authorities to manage the change on the basis that that will avoid problems further down the road for everybody.

[204] **Mr C. Jones:** Yes, it is bound to, is it not? We are in a resource-driven world; if you put the resources into a Welsh Government central team to say to the 22 local authorities, 'Here's six bits of good practice, you are only doing three, what is happening with the others?', and to sit down with them, talk to them and take them through that, that will help, will it not? However, we are in a resource-driven world and resources are limited. In principle, it would be great.

[205] **Mark Isherwood:** How does corporate leadership within local authorities need to be improved to drive that?

[206] **Mr C. Jones:** The difficulty, and it is difficult for local government—I have worked in local government for 20 years, so I know this first hand—is that it can still be a compartmentalised environment to work in. So, if you have accountability for DFGs, for example, in a housing department with a housing manager, it is incredibly difficult for that person to have influence over, for example, social care colleagues—the occupational therapy team—or planners to fast-track planning applications. Corporate leadership would be a central point of accountability, possibly within the chief executive's department or wherever it is, for somebody who says, 'I am accountable and I have authority to make sure that we pull all the different elements from the local authority that are needed to make this into a better service.' I think that the PI helped that, because the whole point of the PI was that it was not a departmentally led local authority PI, but a PI that was about the client perspective. It was the waiting time from the first point of entry into the local authority, wherever that was, until the work was finished. So, that helped. Colleagues in local government worked together, and, because it was a statutory PI, it was recorded corporately; therefore, it helped. However, I think a more centrally based person accountable for pulling the strands together would be more effective.

[207] **Mark Isherwood:** Some good practice has been referred to us, with housing adaptation teams in some local authorities working with OTs in designing and delivering systems and then proactively reaching out to housing associations, transfer associations and so on. However, to what extent is Care and Repair involved, or should it be, in liaising with OTs at inception to avoid duplication or to ensure that the equipment is put in only once?

11.15 a.m.

[208] **Mr C. Jones:** With a local government hat on, I think the most sensible way to deliver the services would be through a single team that brings together housing people who work in private sector housing and colleagues who work on council housing adaptations. Even within housing there is separation, so bring those together, bring the OTs into that team, and have a single point of access for people—at least into the local authority service. If you get that access point, then somebody living in that county knows, 'Right, that is where I go'. It is not a matter of having to ask, 'Do I go to the OT? Do I go to private sector housing? Do I

go to my landlord or housing association?’ It is, ‘That is where I go’. That is the point at which the solution for that person is brokered, kind of like a triage system, but not quite. It is somewhere where all the solutions can be pulled in. Care and Repair would be one of the important solutions for many people in terms of smaller adaptations, rapid response adaptations and independent living grants. For local authorities who do not have their own in-house grant agency teams, Care and Repair could be used to take older people through that complex process, with the hand-holding approach that we do for all our clients anyway. So, Care and Repair and the third sector would be an important part of the solution for that person, but what is significant is that single access point, and the fact that that is lacking in a lot of counties makes it difficult to know where to go.

[209] **Mark Isherwood:** That is helpful, thank you.

[210] **Ann Jones:** In your view, why is it that local authorities do not use the flexibilities under the 2002 regulatory reform power to provide assistance for those smaller adaptations that might not have to go through the means-tested process, or even an OT assessment?

[211] **Mr C. Jones:** I think a lot of them do, but it is the extent to which they use them, and do all 22 use them? That is the issue. Some of them do.

[212] **Ann Jones:** So you would think the better ones that have their waiting times and corporate image done are probably the ones that are using all the tools in the box.

[213] **Mr C. Jones:** I think that is right. I have not done the research in terms of collecting the data, but I would wager that the lowest waiting times and the best services are the ones that do that.

[214] **Ann Jones:** Sorry, I am hogging this. Had you finished, Mark? You had. Janet is next.

[215] **Janet Finch-Saunders:** You have answered both points for (a) and one for (b), so I will just ask one on (b). How effective has the independent living grant programme been, and does it offer a model that could be used to reduce waiting times for adaptations?

[216] **Mr C. Jones:** The independent living grant has been highly successful. If you look at the independent evaluation that was done, and I mentioned the average times earlier—there were six pilot authorities that were looked at in detail and the average time for those authorities for the independent living grant was 58 days, and, in those authorities, the average time for DFG was 404 days. So, if you look at the system as it is, which is that we have what we have, the independent living grant programme is fantastic at unblocking blockages that exist locally in the DFG system, so the whole idea of it is that you have 22 care and repair managers speaking individually to their colleagues in housing, social care and health and saying, ‘Where are the biggest issues here in terms of why bureaucracy is holding up this person’s adaptation?’, and, because there is a lot of flexibility around ILG, we can unblock those blockages for those people. I would say that, if you put more resources into that, you just do more of a good thing.

[217] **Ann Jones:** Is it your view that carers are often the last resort—that adaptations packages are put together by either health OTs or social services OTs, and then the care is tagged on at the end, or are the carers really at the centre of what a housing adaptation would be?

[218] **Mr C. Jones:** I do not think that carers are at the centre of the solution, no. In terms of improving services, that would be a great improvement—increasing the voice of carers in terms of ‘Okay, what adaptation is needed? I am the person who will care for this person at

the end of the day, and my voice is important'. That would be a significant improvement in bringing that voice into the process.

[219] **Ann Jones:** My experience of Care and Repair is that it does this, but it hits a barrier when you then have to go to the local authority.

[220] **Mr C. Jones:** I suppose that the local authority barrier is to do with the systems that it has to work with. If you have a mandatory system, rather than the attitude or approach of individuals, it is more to do with the system that they are working to. Care and Repair, as a charity, a third sector organisation, is not constrained so much by that and will probably reach out a little bit more.

[221] **Ann Jones:** Okay, thanks very much. Performance monitoring is next, Rhodri Glyn.

[222] **Rhodri Glyn Thomas:** Diolch yn fawr iawn, Gadeirydd. O ran y fframwaith monitro perfformiad, o dan y grant cyfleusterau i'r anabl, mae dangosydd perfformiad. Pa mor effeithiol, ydych yn ei gredu, yw'r dangosydd perfformiad hwnnw? A yw'n fodel ar gyfer monitro addasiadau eraill, neu a oes angen ei ddiwygio?

Rhodri Glyn Thomas: Thank you very much, Chair. In terms of the performance monitoring framework, under the disabled facilities grant, there is a performance indicator. How effective do you believe that performance indicator to be? Is it a model for monitoring other adaptations, or does it need to be improved?

[223] **Mr C. Jones:** I think I touched on this earlier. It has been incredibly useful to have that waiting time performance indicator. Some people might argue that it is a bit of a blunt instrument. Some people might say, 'Yeah, but, as a housing person, I haven't got control over other parts of the process', but, actually, I think that it has been incredibly useful in focusing the corporate local authority approach to adaptations, because, as I said earlier, it is about the clients' experience, irrespective of who hands over what to whom internally within local government. So, I would be very disappointed to see anybody say or suggest that the waiting time PI should not be used. That is part A of my answer.

[224] Part B of my answer is that it does not particularly measure quality or customer experience. From a national indicator point of view, those things are important and they could be measured and we could look at ways in which they could be measured.

[225] The other thing that I would say about it is that the only statutory PI that now exists is the DFG waiting time PI. Obviously, outside of that, you have waiting times for council house tenants and housing association tenants, and I do not think that we have a particularly good handle on what their waiting time experience is. It would be good to be able to compare the different waiting times for people in different tenures. So, those are the two things that I would say: let us measure quality more, and let us also look at the experience in different tenures.

[226] **Rhodri Glyn Thomas:** Diolch yn fawr am yr ateb, achos rwy'n credu bod dadl dros adeiladu ar yr hyn sydd yno yn bresennol a pheidio â cheisio creu rhywbeth cwbl newydd. Fel yr ydych yn ei ddweud, mae angen i ni gael rhyw fath o ddangosyddion perfformiad sy'n edrych ar brofiad y sawl sy'n derbyn y gwasanaeth yn ei gyfanrwydd.

Rhodri Glyn Thomas: Thank you very much for that response, because I believe that there is an argument for building on what is in place at the moment and not trying to create something completely new. As you say, we do need some sort of performance indicators that look at the experience of those receiving the service in its entirety.

[227] O ran y dangosydd sydd yno ar hyn o In terms of the current performance indicator,

bryd, a ydych yn credu bod hwnnw'n cael ei fonitro yn gyson drwy Gymru, neu a oes amrywiadau o sir i sir? do you think that that is monitored consistently throughout Wales, or is there inconsistency between authorities?

[228] **Mr C. Jones:** Yes. It is about interpretation, is it not? That is, when does the clock start ticking? Different authorities will take a different view on that. So, there is clearly a significant responsibility on audit here, to make sure that people are applying the definitions consistently. I guess that I know this from experience and from discussing with various colleagues at different benchmarking clubs that started back in 2005. There have been no end of discussions in which people have said, 'We only start the clock ticking at this point, because we think x', and somebody will say, 'No, we start the point ticking at this point, because we think y'. Those issues are there, but that is not to say that it has not focused minds overall, because I think that it has.

[229] The other thing I would say about quality and the customer experience is that we have gone on a journey in Care and Repair that is far more towards outcome-based reporting, working with our colleagues in Welsh Government, so that we can evidence the value of our services to the lives of older people. For the 22 Care and Repair agencies, we have introduced a single framework for asking older people questions about their experience of the service. That will also be needed, because if you introduce a quality-based performance indicator for adaptations for local authorities and housing associations, the same question needs to be asked in the same way.

[230] **Lindsay Whittle:** I was going to ask you about customer experience and the quality of outcome, but you have answered that well; you are indeed a mind reader, as Gwyn Price said. [*Laughter.*] What about the ongoing monitoring of outcomes after the adaptations have been installed? What is useful for a 65-year-old may not be so useful when they are 70, 75 and 80 years old. Do you think that there should be ongoing monitoring, because technology, of course, improves?

[231] **Mr C. Jones:** It is crucial, is it not? It is exactly as you say—an adaptation that has been installed for someone when they are aged 75 may not be appropriate for them by the time they reach the age of 80 or 85. If you think of the local authority setting, the ongoing relationship is more with the OT service than the housing service. The housing service is about coming in and doing the job of putting the adaptations in, but the OT service should have a longer term relationship for that person in terms of its overall social care responsibilities.

[232] Care and Repair has an incredibly high percentage of people with whom we have an ongoing relationship. Once they have used us, they know that we are there and they know what we can offer them. They come back to us time and again, and we develop that personal relationship in their lives going forward.

[233] **Gwyn R. Price:** Should funding for DFGs be hypothecated, or does this risk setting a limit for expenditure?

[234] **Mr C. Jones:** It is a really good question.

[235] **Gwyn R. Price:** That is why I asked it. [*Laughter.*]

[236] **Mr C. Jones:** I do not know the answer. I think that it needs to be looked at, and because I do not think that anyone has done the work on this, I am unsure. As you all know, within a local authority, there are various different factors to the calculation of the unhypothecated allocation of resources. Within that, there will be elements such as age, deprivation and disability. A little part of it will say, 'This is the amount for DFGs'. It is

unhypothecated, but the way that it is built up says, ‘This is how much you should spend on DFGs.’ It would be worth while looking at how much is spent on DFGs in the 22 local authorities and whether that matches the formula part of it. My suspicion is that it would not, in which case hypothecation would bring more resources into DFGs. It is a difficult area, because the danger, as you mentioned, is that people will think, ‘That is what goes into DFGs—we do not need to put anything else into it’.

[237] **Gwyn R. Price:** The previous witness’s answer was that it should be hypothecated.

[238] **Mr C. Jones:** Who was the previous witness?

[239] **Gwyn R. Price:** Age Cymru.

[240] **Mr C. Jones:** I just think that it is a very complex area and that you have to be wary of unintended consequences. You are quite right to say that you do not want the unintended consequence of hypothecation leading to less resources going into this area. They are mandatory grants, so, in theory, they should be resourced in any case.

11.30 a.m.

[241] **Gwyn R. Price:** Do you think that better use could be made of existing resources such as recycling adaptations equipment and establishing more access to adapted housing registers?

[242] **Mr C. Jones:** Yes.

[243] **Gwyn R. Price:** Oh, that is good.

[244] **Mr C. Jones:** Sorry, that was a flippant answer.

[245] **Gwyn R. Price:** I can spell that.

[246] **Mr C. Jones:** It makes perfect sense, if you spend £25,000 on adapting a property, to use that property, when it becomes available to let, for somebody who needs the adaptations in that property. I think that that happens in some authorities across Wales that have got their act together on this. I mentioned a couple earlier. In some authorities, there will still be cases of those adaptations being removed and the property being let as general needs. It is about making sure that best practice happens across Wales.

[247] **Gwyn R. Price:** So, the adapted housing register would be a good thing to be used across Wales?

[248] **Mr C. Jones:** I believe so, yes.

[249] **Gwyn R. Price:** Thank you for that.

[250] **Mike Hedges:** You have covered most of this, Mr Jones, but I want to return to one of our areas of disagreement and think, perhaps, of a solution to it. Do you think that more research should be done on the long-term savings that can be made to health and social care budgets by effective expenditure on home adaptations, to prove which one of us is right?

[251] **Mr C. Jones:** My honest answer to that is that there is a great deal of information out there, with so much work having been done on the cost savings from adaptations. There is enough evidence for us to say that this is a really good way of doing business. The report that was commissioned on the independent living grant, which was commissioned by the Welsh

Government, has a literature review within it. Within that, there are probably nine or 10 published pieces of work that talk about the cost savings and evidence of that.

[252] **Mike Hedges:** Yes, but you do not have a future consequential. As people are living longer, it is putting greater pressure on health. So, although you are making nominal savings at one stage, you have future consequentials. A classic example would be if you found a tablet tomorrow that could cure cancer—we would all be really pleased and all the savings would be written down, but the reality is that everybody is going to die at some stage. So, there will be future expenditure somewhere else.

[253] **Mr C. Jones:** That is the whole point. We are living in an ageing society and everybody recognises that. As a consequence of us living in an ageing society, there is going to be greater pressure on health and social care budgets. That demand is there; that is going to happen. In terms of adaptations and the sort of services that Care and Repair provides, the longer you can keep people out of those settings and the more you can prevent people going into hospital or residential care, the more it helps those budgets, which are going to come under increasing pressure. That would be my response to that.

[254] **Ann Jones:** Does the practice of referring people to Care and Repair differ across Wales and across different authority areas?

[255] **Mr C. Jones:** Yes, absolutely. Again, it is a question of good practice or how local authorities choose to operate in their areas. It is also about how Care and Repair managers engage with local government and health. You will have different levels of partnership and different levels of relationship. What is quite clear to me is how important it is that Care and Repair works in partnership with local government and health, and vice versa, because we can offer so much to local government in terms of meeting its statutory objectives for older people and helping with the pressures it is facing with its budgets.

[256] **Ann Jones:** Do you think that some health professionals or some local authority professionals see Care and Repair as a threat?

[257] **Mr C. Jones:** Yes, some do, but that is the challenge for us. Our focus as an organisation is on providing good services for older people in that county. We want to provide those services as best we can. Working in partnership with local government and the health sector helps to achieve that. There is always a danger that you will be seen as predatory, but, basically, we are a small, third sector organisation, if you compare us with the health sector and local government. Care and Repair will never take over the world, but we can offer a lot to local government and health, as I said earlier, in terms of meeting their objectives.

[258] **Ann Jones:** Do Members have any other questions? I see that you do not.

[259] Chris, is there something you want to put on the table in our evidence session for the report that you have not?

[260] **Mr C. Jones:** I think that I have probably covered it all.

[261] **Ann Jones:** That has been a good evidence session, so thank you for coming. As you know, because you have done reviews and have been before, you will get a copy of a transcript of the meeting to check for accuracy. If we find during the course of the evidence session that we want a bit more information, can we come back to you?

[262] **Mr C. Jones:** Absolutely.

[263] **Ann Jones:** That is great.

[264] **Mr C. Jones:** You might be interested to know that the House of Lords is looking at demographic change at the moment. I gave evidence to it on Care and Repair and the picture in Wales, so you might want to have a look at the transcript of what was said there.

[265] **Ann Jones:** Okay, I will look to other people to do so. We will do that. Thank you very much for coming today; we appreciate it.

11.36 a.m.

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

[266] **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).

[267] I see that the committee is in agreement.

*Derbyniwyd y cynnig.
Motion agreed.*

*Daeth rhan gyhoeddus y cyfarfod i ben am 11.36 a.m.
The public part of the meeting ended at 11.36 a.m.*