Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Cofnod y Trafodion
The Record of Proceedings

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

The Health, Social Care and Sport Committee

01/12/2016

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Sue Bowker	Cangen Polisi Tybaco Tobacco Policy Branch
Chris Brereton	Prif Swyddog Iechyd Amgylcheddol Chief Environmental Health Officer
Rebecca Evans AM	Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol Minister for Social Services and Public Health
Sarah Rochira	Comisiynydd Pobl Hŷn Cymru Older People's Commissioner for Wales
Chris Tudor-Smith	Uwch Swyddog Gyfrifol Senior Responsible Officer
Rhian Williams	Gwasanaethau Cyfreithiol Legal Services

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

Sarah Beasley	Clerc Clerk
Stephen Boyce	Y Gwasanaeth Ymchwil Research Service
Claire Morris	Clerc Clerk
Gareth Pembridge	Cynghorydd Cyfreithiol Legal Adviser
Sarah Sargent	Dirprwy Glerc Deputy Clerk
Philippa Watkins	Y Gwasanaeth Ymchwil Research Service

Dechreuodd y cyfarfod am 09:34.
The meeting began at 09:34.

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

[1] **Dai Lloyd**: Bore da i chi gyd a chroeso i gyfarfod diweddaraf y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon yma yn y Cynulliad. Ar ddechrau'r cyfarfod fel hyn, a gaf i groesawu fy nghyd-Aelodau, a hefyd egluro bod y cyfarfod yma, fel pob cyfarfod arall, yn naturiol ddwyieithog? Gellir defnyddio clustffonau i glywed cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar sianel 1, neu i glywed y cyfraniadau yn yr iaith wreiddiol yn well ar sianel 2. A allaf atgoffa pawb i ddiffodd eu ffonau symudol ac unrhyw offer electronig arall a allai ymyrryd â'r offer darlledu? Ac nid ydym yn disgwyl tân y bore yma, ond, os fydd yna un, dylid dilyn cyfarwyddiadau'r tywyswyr. A allaf hefyd bellach nodi ein bod wedi derbyn ymddiheuriadau gan Dawn Bowden y bore yma? A oes

Dai Lloyd: A very good morning to you all, and welcome to this latest meeting of the Health, Social Care and Sport Committee here at the National Assembly. I should, at the beginning of the meeting, welcome my fellow Members and explain that this meeting is bilingual, as are all other meetings. Headphones can be used for simultaneous translation from Welsh to English on channel 1, or for amplification on channel 2. Can I remind everyone to switch off their mobile phones and any other electronic equipment that they may have, which could interfere with the broadcasting equipment? And we're not expecting a fire drill this morning, but, if you do hear an alarm, then please follow the instructions of the ushers. Can I also note that we have received apologies

unrhyw ymddiheuriadau neu ddatganiadau o fuddiant eraill? Nac oes.

from Dawn Bowden this morning? Are there any other apologies or declarations of interest? No.

09:35

Sesiwn Graffu ar Adroddiad Blynyddol Comisiynydd Pobl Hŷn Cymru 2015-16 a Rhaglen Waith y Comisiynydd ar gyfer 2016-17
Scrutiny of the Older People's Commissioner: Annual Report 2015-16 and Work Programme for 2016-17

[2] **Dai Lloyd:** Felly, symudwn ymlaen at eitem 2, sesiwn graffu ar adroddiad blynyddol Comisiynydd Pobl Hŷn Cymru 2015-16 a rhaglen waith y comisiynydd ar gyfer 2016-17. Felly, i'r perwyl yna, a allaf groesawu Sarah Rochira, Comisiynydd Pobl Hŷn Cymru? Diolch am eich gwaith a diolch am yr adroddiad. Gyda'ch caniatâd, awn ni yn syth i mewn i gwestiynau, a'r cwestiwn cyntaf gan Julie Morgan.

Dai Lloyd: We'll move on to item 2, a scrutiny session on the Older People's Commissioner for Wales's annual report and the commissioner's work programme for 2016-17. So, to that end, may I welcome Sarah Rochira, the Older People's Commissioner for Wales? Thank you for your work and the report. With your permission, we'll move immediately to questions, and the first question is from Julie Morgan.

[3] **Julie Morgan:** Diolch and bore da. We know from your report the huge amount of contact you've had with older people. I think it was very striking, the number of meetings you've been to and your engagement with older people. So, you've obviously got a strong grasp of what are the general issues that come up with older people. So, could you tell us, roughly, what are the main issues that come up when you meet older people?

[4] **Ms Rochira:** Well, you're absolutely right: my engagement is hugely important to me—my engagement with large groups of older people, but I also do home visits as well. And I guess they've taught me a huge amount about what it's like to grow older, the good and the bad, what good public service looks like—they're great critiquers of public service—why rights matter. They've made me, in no small part, the commissioner I am, and I still learn from them, and I still remember and think about some of the people I have met. I guess you can look at the themes in different ways. The big

issues that people raise are in terms of care, care in nursing homes, residential care homes, care in hospitals, issues to do with housing as well—no surprises there, in a sense—and issues of health as well. There are no surprises, in a sense, because those are the big services that people use. It's very difficult, I think, to extrapolate from that any sort of sense check about the state of those services. The sorts of issues that people raise vary enormously within that, from things that can seem small but are not small in their own lives, to very significant safeguarding and protection issues as well. I will just give you maybe three examples of the sorts of cases, because I know that people are always interested in them. It's actually sometimes difficult for me to talk about them because they are very personal to people, and I don't want to share, often, their grief and their lives, but I'll just share three examples. The lady—and, in fact, we visited her together, Julie—on the Gypsy and Traveller site whose home was really not safe. She needed immediate safeguarding. She needed basic aids and adaptations. It shouldn't have taken me, as the commissioner, to intervene. I think she was the victim of discrimination; I think she was the victim of all sorts of assumptions about who she was because of where she lived. I saw a vulnerable older person, and we had to get her home made safe for her, and we did, and, as I say, it shouldn't have involved me or needed me as a commissioner, but it did.

[5] A care home that we've been monitoring and tracking for a number of years—a care home that's had a significant numbers of protection of vulnerable adults cases within it. The agencies have, I think, on an integrated basis, been behaving and acting appropriately. But we were, of course, tracking it from the perspective of the older person. Part of my role was to ask at the appropriate time, 'When do you stop supporting and when do you decide that you need to close this home?' In fact, that led to a wider piece of work in relation to care home closures across Wales.

[6] Or the lady who was referred to us from another agency—and we get many referrals from other agencies as well as directly from older people—about the poor care that her partner had received, appallingly poor care, and not just poor; she felt, actually, that it constituted wilful neglect. The police and social services didn't agree with that view. We actually, with her, instigated a POVA and helped her to complain to the police and get a review of the decision not to prosecute.

[7] So, those are just three examples, and there are so many different examples. Just finally, just to pick up on what I would say are common themes, if you like, that underpin all of my casework, you don't see it,

perhaps, in the first year, but you do over time: people who get lost in the system; people who are treated without dignity; people who become voiceless and unheard; and people who are powerless. In a sense, all I do as commissioner is help them navigate through, give them back their dignity, and give them back some power as well.

[8] Just a final point on my engagement, because I try to make this point all the time: I am a commissioner for all older people. It's what I call the glorious diversity of older age. It is something that we should embrace and celebrate. So, not only do I cover all of the 22 local authorities every year in Wales, about 75 per cent of my engagement, my visits, my meetings and my conversations are with people who have a protected characteristic. And, within that, I include carers, I include issues of poverty, Welsh language and rurality, because I think those should be considered protected characteristics.

[9] **Julie Morgan:** So, how do you actually determine who you're going to see, and what issues you're going to take up? Because, obviously, there's a whole mass of contacts that you make, and you say you do some individual visits. How do you determine what you do?

[10] **Ms Rochira:** Well, in terms of who I meet with, I kind of meet with everybody who asks to meet with me. But we also actively seek out older people through the 50-plus forums we've got across Wales. I often do joint visits with Assembly Members. MPs can refer people to me. And we find people and meet people through all sorts of routes. I've even done meetings with people on buses, and those have been quite interesting, I can tell you. If I had more hours in the day, I would do more visits across Wales. They're not actually hard to find, older people, when you try. We have a big contact book, I guess, is what I would say in relation to that.

[11] In terms of which cases we take, I'm not a casework organisation. It's just one of the ways I choose to discharge my functions. So, we have a range of support, which can be from tailored signposting. That's actually really valuable, because there are many other agencies who can help and support people—community health councils, citizens advice bureau. But we don't just pass them on. We help them get to the right people, and often, we check that they have had the support that they need, all the way up to assisting them and providing them with that sort of detailed, long-term case support—for example, in making referrals to the Nursing and Midwifery Council. Some of our work—the more complex ones—which involve a wide range of agencies

across the public sector, can go on for many years, and will go on for as long as people need me to walk along their side, hold their hand and give them some power back.

[12] **Julie Morgan**: And you talked about people who are powerless and people with protected characteristics that you felt you needed to reach. Is it easy to reach the powerless groups, the voiceless groups?

[13] **Ms Rochira**: I don't think it's too hard if you try really hard to reach people. I came from the third sector before I became commissioner. I had many contacts anyway. But I was determined from day one that I would reach out to those who are most voiceless and most vulnerable. So, you know I have a particular interest in areas of dementia, for example. I've met with Gypsy and Traveller people, and we're doing more work, which I'm quite keen to bring back to the cross-party group on older people and ageing, based on that engagement—and people with sensory loss. I'm a commissioner for all older people and that glorious—and it really is glorious—diversity. But I'm particularly a commissioner for those who are most voiceless. They can't raise their voice and find me, but I can, and I always will, go to them.

[14] **Dai Lloyd**: Trown nawr at gwestiynau mewn manylder ar wahanol adrannau, a'r adran gyntaf ydy gofal preswyl. Mae Caroline yn mynd i ddechrau'r cwestiynau i ni. Caroline Jones.

Dai Lloyd: We now turn to some detailed questions on various different sections, and the first section is residential care. Caroline is going to start the questioning here. Caroline Jones.

[15] **Caroline Jones**: Diolch, Chair. In your 2014 report and review of residential care, 'A Place to Call Home', you concluded that too many older people living in care homes had an unacceptable quality of life, and you imposed a series of requirements for action on care provided. Could you tell us please what progress has been made on meeting these recommendations, and can you also provide further information on the follow-up review, including its scope, and what actions you are taking to indicate that further work is needed by providers, and that they are listening to your recommendations?

[16] **Ms Rochira**: Yes, I can. Thank you. This is actually a good example of a major piece of work that arose from my engagement and conversations with older people, because they kept talking about this. And I thought, 'Actually,

if you keep talking about it, it must matter.' So, I went to look and then I decided that the issues were big enough to warrant a formal statutory review. You're right; I found much good practice in my review, but it made for hard reading, and I didn't shy away from describing it as it was, people's day-to-day experiences. I laid out a wide range of requirements for action, for a wide range of public bodies, and I made it very clear that I wanted that action taken. I was also clear that the publication of the review was just the beginning, and I would stay on this for as long as I needed to. So, I've had a number of approaches. First, I sought assurance from all those public bodies that they would take that action. Some of that assurance was easier to get than other pieces of it, but I did eventually get to the stage where I had broadly the assurances I was looking for. What I then said to them was, 'I recognise you need some time to do this, so I'll support you through that, but go away and get on and undertake that action'. But I did say I would come back. In the interim, though, I have been doing a number of things. I've been tracking what's been going on. I shared some of that with the previous Health and Social Care Committee. I have to say, that's been a mammoth piece of work, and it's been really hard to do to try and see everywhere and everything that's been going on. So, the best I could get was a sense check behind that, but I was watching very, very closely.

09:45

[17] I also undertook a whole range of seminars with providers across Wales to grow their knowledge as well. I was thinking, looking at this—because I'll come onto, in a moment, the follow-up areas—what progress has been made. I thought I could share with you some of the areas where I have, through that tracking and my own continuing engagement, seen some progress. So, in no particular order here, I think there's a wide range of issues that have already been picked up in legislation, or are planned for in regs that underpin legislation. So, we've got the registration of the workforce within residential care homes, which is incredibly important—something the previous committee and I pushed hard for. We've got what are called the new section 29 and section 27 regs that take us away from those—that dreaded phrase—minimum standards to standards around well-being. That change is fundamentally driven by the focus of the review. We've got work being done by the regulatory inspector in relation to rights. We've got work within the Regulation and Inspection of Social Care (Wales) Act 2016, particularly—I think it's section 57; I might be wrong—in relation to market stability and this point about forward planning, which was one of the big observations from the review. We've got something in Wales called the dementia and

learning framework. I don't always use this phrase, but it's an outstandingly good piece of work. It would not have been written in the way it was written if it was not for the review. You only have to look at the language within it to see how fundamentally we've changed our benchmark about what's good enough. Just to share a couple of words that were within there—because I have a thing about language and words. We give ourselves away by the words that we use. It's a rights-based document. It talks about things such as empowerment; it talks about sharing power; and it talks about activism. I don't think I've ever seen 'activism' used in the context of residential care homes before, but I really quite like that phrase.

[18] Some of the other examples that I think are particularly good are some of the Magic Moments work, which have been developed by Swansea University with us and the Joseph Rowntree Foundation—already changing practice across care homes. We have enrichment programmes in relation to staff roles within residential care, and career pathways taking place in the north. Those are really good. We've got new occupational standards for social care workers, which have rights within them. Through our own care seminars that we have organised, we had about 420 providers engage, and I saw their appetite to change our approach. There were two things that particularly stood out for me on those that were indicative of change on a day-to-day basis—those very small places. One was a provider who said, 'I'm going to go back and ask our residents what their dreams are'. I nearly called my report 'In search of life, love and laughter'. Everyone should have a dream in their life, regardless of their age. I remember that. The other one was a care home manager who said, 'I'm going to take people out more. Actually, I don't want the last day I see the sun to be the day I go into my care home'. So, those are some big examples and some kind of small examples within that.

[19] Another thing that I think is particularly good is the guidance that the Welsh Government will be shortly publishing in relation to mealtimes. We used to have nutritional standards before the review. Nutrition is important, but actually, that's nowhere near good enough for older people living in care homes. I believe that the last time I saw the draft, it was headed 'The dining experience', because that's what it should have been about. It talks about the table and the menu; it talks about the stuff that gives value to things. And, of course, we've had a fairly rapid—I think, after the review was published—investment from the Welsh Government in things like dementia support, oral health, and we've got new and enhanced primary care packages. There are many other things I could share with you. But, you see, some of them are big

and legislative, some of them are fairly strategic, some of them are the tiniest of things. A bit like St David says, it's the little things that make life big.

[20] So, I'm pleased to see all of those, and I firmly believe—and I think the evidence is clear from the types of things that those are—those would not have taken place without the review giving us all a wake-up call. So, that's kind of in the interim on the mapping—and I'm going to continue to work on the regs that obviously will sit under the Regulation and Inspection of Social Care (Wales) Act 2016. But as you rightly say, I did say I would be back. I said to people, 'Here's some time, get on and do it', and I've just written out to the bodies that come under the review on the areas that I'm going to focus on. I'm very happy, Chair, to write to you formally with those, because the letters just went out yesterday. So, they are fairly hot off the press. But I did say that I would do them in November. So, I've written to bodies this week. It's going to be quite a considerable piece of work again, to look in depth at these issues. So, I will report again next November, and I'll say a bit more about the reporting in a moment.

[21] These are the issues that I'm going to—excuse me if I read from the letter, Chair, but this as I said, this is very hot off the press—I'm going to look at the extent to which specialist continence support is available in care homes. It's fundamental to people's dignity and respect.

[22] I'm going to look at the extent to which older people have access to specialist services and, where appropriate, multidisciplinary care that provides rehabilitation support following a period of ill health. If I have a stroke in a care home, I do not want to be put to bed. I want to a rehabilitation package to give me the best possible quality of life for the remaining years of my life.

[23] I'm going to look at the prevention and management of falls, including national monitoring and reporting in respect of falls. We have a very strong concept in Wales of something called adverse childhood events. I talked to the children's commissioner about these. Well, do you know what? There are adult adverse events as well, and falls is one of those. And as someone who has had a fall, I personally know how devastating they can be.

[24] I'm also going to look at—and this is one of the big issues in my review and much of my work since then has been around this—the training available to and undertaken by all care home staff and managers in relation

to understanding and caring for people with dementia, including the extent to which this is built in to ongoing supervision and skills assessment. The vast majority of people living in our homes in Wales have a form of dementia. They have a right to be cared for by people who have the right skills, knowledge and competences.

[25] I'm going to be looking at the undertaking of medication reviews and the use of antipsychotic medication within care homes. I'm going to be looking at the extent to which—sorry I'm nearly at the end, Chair—commissioners, local authorities and health boards, including the regulatory inspector, understand the day-to-day quality of life experienced by older people living in care homes, and, just as importantly, the way in which that is used to drive continuous improvement.

[26] Now, I was very clear during the last term of the Assembly, and the last committee, that I wanted to see lay assessors going into care homes. It was one of the areas where I didn't win the argument, and people said to me, 'There are better ways to do it'. So show me, prove to me that there are better, different ways to do it. I'm not too big to say I was wrong on an issue. But I want to see the evidence behind it.

[27] And then just the final few areas. I'm going to look at the extent to which Welsh Government has ensured that there is an integrated approach to the inspection of nursing homes, not just social care but the quality of nursing care as well. This was one of the big issues that I and the previous committee spoke about. It was promised in what would be a forthcoming quality Bill. The quality Bill seems at the moment not to be forthcoming. So, my question is a simple one: What have you done? How have you ensured there's an integrated approach? And I've just read the last report—or the latest report—of the former chief inspector of social services—sorry, I'm not putting that very well, but you get what I mean—the last report. And actually, it didn't answer the questions that I had: How good is the quality of nursing care within nursing homes? It's a simple question; I do expect a simple, clear answer.

[28] I'm going to be looking at the extent to which steps have been taken by local authorities to encourage the use of befriending initiatives. Everyone should have a friend in a place they call home. And I'm going to be particularly looking at the extent to which people have access to faith-based support and cultural communities as well. People have shared with me how much these matter.

[29] And then the final thing that I'm going to be looking at looks at the issue about forward planning. As you remember, it was the last of my significant observations within the review. So, I'm going to look at particularly the extent to which we now have—because we should have by now—robust workforce planning projections. That's going to be an issue for Welsh Government. But I'm also going to look at the extent to which health boards have worked with the care homes sector to develop an integrated, incentivised, attractive and supportive nursing pathway as well.

[30] So, those are the areas that I'm going to focus on. I will, as I did before, place all of my documentation in the public domain and there's likely to be quite a lot of that. I'll be issuing in January a pro forma to all of the bodies who are going to be asked for further information. As I said, I'll publish my findings in November, and, by that stage, I consider that, on those issues, sufficient time will have expired and I will be very public and clear again in my views as to whether we've made sufficient progress and as to whether a good enough job has been done for some of our most important, vulnerable people.

[31] **Dai Lloyd:** Diolch yn fawr. Lynne, did you have some issues here? And then you can move on seamlessly to antipsychotic medication as well.

[32] **Lynne Neagle:** Thank you. Can I just say, Sarah, as you know, I'm a very big fan of the work that you've done on care homes and I'm also really, really pleased to see that there's going to be such rigorous follow-up? I'm especially pleased to see the inclusion of the quality of nursing beds in there, because I think if somebody is having a bed that is funded by the NHS it should be the same quality as we would expect to see in a hospital. I just wanted to ask, of course, as well as the quality issues we've also got issues, I think, with what I would describe as the fragility of the care home sector in Wales. As you know, we've had quite a few home closures that have happened at very short notice. We nearly had another one on my patch the other day where we had three weeks' notice, which fortunately has been averted by prompt action by the health board. I just wanted to ask if you think the Welsh Government, in partnership with local authorities, is actually doing enough to ensure that we have got more capacity in the sector so that we're not completely dependent on particular homes if something happens. Of course, most of them are privately run and some of them are really excellent private homes, while some of them have got a lot of room for improvement, but we are dependent on private businesses a lot of the time,

which I think makes us very vulnerable, really.

[33] **Ms Rochira:** Okay, thank you. The issue around care home closures is one that I've always taken very close oversight of, primarily because of the number of older people that came to me and spoke to me about it. Just by way of backcloth before I come directly to your question, I have already issued guidance to public bodies in terms of how care home closures should be managed, so that the rights and dignity of people is maintained during that process—it's not just what we do, it's how we do it. From time to time, I do take a very active interest—that's almost commissioner code, really, for expectations—in terms of particular homes that are closing.

[34] The point you raise, I think, goes directly back to the point I made in my care home review about the need for a really robust market plan. I do not think the current market we have is sustainable. I'm not sure anybody thinks the current market that we have is sustainable. We need a real root-and-branch review about what sort of market we want—the role for the public sector, the role for the private sector, the role for social co-operative movements as well. I know that work has been undertaken, and I've been able to track some of this through my interim monitoring report in terms of those early market position statements. I guess I won't know whether that is sufficient until I undertake that more detailed follow-up work. So, there is work taking place but I think the big worry I have is that we're getting time-expired on this. That's the danger.

[35] Had we started this work in Wales—and I generously will use a broad 'we' here—10, 15 years ago, when we should have done, actually we'd be in a much stronger position now. The biggest risk, I think, that we have and that we face is time. So, yes, I see work going on across Wales and, in fact, I saw a presentation recently through the Welsh Government care home steering group, which looked at some of the numbers behind that. But, actually, in some places we've got weeks and months behind. That's why managing the 'how' matters so enormously to people. I think we are a very long way from where we need to be in Wales in having a stable, high-quality market, where we've got barriers to entry for those who shouldn't be in the market and where those who we want to see in the market can come in and know that we'll be able to invest in them to keep them there for the long term.

[36] **Lynne Neagle:** Thank you.

[37] **Dai Lloyd:** Moving on.

[38] **Lynne Neagle:** Moving on then to antipsychotic use in care homes, which is an area you've been concerned about previously. Are you able to provide any update on—because, you know, you've been exploring data with health boards—what your concerns are in relation to the use of antipsychotics in care homes? But also, can I ask about inappropriate antipsychotic prescribing for older people more generally, because in my experience it also happens in hospitals?

[39] **Ms Rochira:** Well, as I touched on earlier and you've seen this in my follow-up work, the wider issue of management of medicines within care homes was something that was identified in the review. I drew very heavily on advice from people such as the Royal Pharmaceutical Society, who have real knowledge and expertise. I have to be knowledgeable about many things as commissioner, often in some depth, but I also know when I need to go and talk to professionals and experts as well. The findings through the care home review were quite stark. It doesn't take away from the good practice that we saw and that I know has been developing over the last two years, but the whole issue of medicines management—particularly in terms of staff skills, meds reviews and the use of antipsychotics—was stark and salutary in terms of the findings. Let's not shy away from it, in terms of language. There are people in care homes who are being chemically coshed—that's the reality of it—inappropriately. I know, from one of the reports that I read as part of that review, that about two thirds—I think that's the figure—of antipsychotic use is inappropriate.

10:00

[40] We are not complying with NICE guidance across Wales. I just want to say this, because I keep saying this all the time: it is completely inappropriate that antipsychotic drugs are used as a substitute for things such as a lack of privacy, lack of staffing levels, over-stimulation or under-stimulation, poor communication, depression, anxiety or fear. This is one of the things that we absolutely must address.

[41] I have leaked like a sieve on this. From the day I published the report, I made it clear that I would be coming back to look at this. Health boards absolutely know how much of a priority this is for me. Many of them have spoken to me. I think that they are quite keen to tell me what they have been doing in the interim in a range of areas. So, in parts of Wales, we now have a

consultant who oversees all prescribing of antipsychotics, and I think that's a really good approach; additional use of prescribing reviews by pharmacists—that's a really good step forward as well; better training of staff. But I won't really know, in a sense, until I go back and, in detail, do that review. What I have been so pleased about is the extent to which so many partners stepped up after I published my review, and one of them was the Royal Pharmaceutical Society. They have made the focus of their work over the last year the better management of medicines, and that includes antipsychotics in care homes. They have been out there, because, actually, they are the experts and they are really knowledgeable on this, working with health boards and providers across Wales, to grow and improve practice. Because they have been doing that, I do expect to see a very significant step up when I come back.

[42] **Lynne Neagle:** So, have health boards been able to provide the data on the exact numbers of older people who are being prescribed antipsychotics?

[43] **Ms Rochira:** I have not asked them for those data yet, but I will be asking them for those data. I'm going to use things like the NICE guidelines as the benchmark for that when I undertake the formal part of the review. But they have had every opportunity to do that, both in terms of what we found in the review and, I think, the outstandingly good work done by the Royal Pharmaceutical Society. If you've not seen their guidance, it is well worth reading. I asked all bodies to step up. They absolutely did step up. They have focused their work around this issue of medicines management, and I am really grateful to them because I am not an expert in medicines management or antipsychotic drugs. The thing I know is that we are not getting it right. They have been helpful in getting it right, and I expect to see that evidence from the health boards when I go back. I am very rarely, I have to say, pejorative. I am quite often critical in the public domain. I am very rarely pejorative. There is a nuanced difference here. I can only say that they best be getting this right now when I go back and do the follow-up work.

[44] **Dai Lloyd:** Mae'r adran nesaf o gwestiynau ar ffïoedd ychwanegol gogyfer â gofal preswyl—y *top-up fees*—a Caroline sy'n mynd i ofyn y cwestiynau hyn.

Dai Lloyd: The next section of questions is on top-up fees in residential care, and Caroline will ask the questions on top-up fees.

[45] **Caroline Jones:** Diolch, Chair. Regarding the top-up fees that families are being asked to pay to subsidise care home fees, there were concerns that

these fees were being misused and used for other purposes, and even used to provide basic care. In March 2016, you had occasion to write to all care home providers, stipulating various recommendations that they shouldn't be used to provide basic care. Could you tell me, please, what responses you have had regarding these recommendations and how far forward we are with this forward planning and recommendation?

[46] **Ms Rochira:** This is another example of a piece of work that I did because of my casework. I'd had a number of people come to me raising concerns about top-up fees, which caused me to give pause for reflection and thought. So, I did write out to providers and commissioners as well. I didn't really issue new guidance to them, but I reminded them about the existing guidance. Sometimes it's important just to do that. What I basically said to them was that top-up fees—we use that as the colloquial phrase—should never be used for basic care, for the care that people have through their needs or to address their physical care or their wider well-being; that people's personal allowances should always be protected—it's all you're left with and you need to have some money in your purse or your wallet in the place you call home; and that people should never, ever be threatened with eviction because of issues around funding or top-up fees.

[47] So, they were, if you like, reminders to people that I was watching this area. And I was watching it really because of the financial pressures on the system. So, providers will say, 'We're not getting enough money'. Commissioners will say, 'We don't have any more money to give you.' There's a danger of cost shunting. So, I hadn't seen it as a huge issue across Wales, but enough maybe to issue, if you like, an early warning to people. There were one or two cases that came to me that were quite concerning and I actually wrote to the specific commissioning bodies who weren't aware of the practice that was going on. Actually, they were very grateful to me for having raised that, but, as I pointed out to them, 'You should have known this anyway', and they did take action on the back of that.

[48] So, I'm keeping it under what I would call a watching brief. My engagement and my casework will very particularly be the drivers behind that. If I see that this starts to become more of a problem, then I may well go back and do a more detailed piece of work. I can do that on a national basis or I can do that in relation to one of the commissioning bodies, if I needed to.

[49] **Caroline Jones:** So, was there a combination of your own casework and

your own observations, plus people telling you that they had concerns about relatives and people in the care homes?

[50] **Ms Rochira:** I think it's just sometimes you get a—. My contact and engagement with older people—they're my eyes and my ears really, and sometimes you just start to hear things on the edge, and what you don't want them to do is to grow and to snowball. So, I was just trying to remind people, and it was particularly focused, I have to say, on the point that people should never be evicted. I have once in the past had to threaten legal action—a prohibitory injunction—to stop a person being evicted, and I'm not beyond using that again. It's vigilance.

[51] **Dai Lloyd:** Ocê, symudwn ni ymlaen i'r adran nesaf. Mae'r adran nesaf ar ddementia, eich adroddiad chi a hefyd ar y strategaeth yn mynd ymlaen. Mae Lynne yn mynd i ddechrau a wedyn Rhun yn ymuno.

Dai Lloyd: Okay, we'll move on to the next section and that section is on dementia, your report and also on the strategy, moving forward. Lynne will start and then Rhun will join in.

[52] **Lynne Neagle:** Thank you. Can I just ask about your dementia report, Sarah, and how you are following the recommendations in that up? And then I did want to just ask a question about the strategy.

[53] **Ms Rochira:** Thank you. The two are intrinsically linked for me. I mentioned right at the beginning that I have a particular role. I'm here particularly for those who are most vulnerable and most voiceless. I've spoken many times about how dementia is the game changer for all of us. If it doesn't affect us all now in some shape or form, it will, indirectly or directly. Some of the people I've met with dementia have been the furthest away from the well-being outcomes that we would aspire to here in Wales—the most voiceless, the most disenfranchised, the most powerless and the most lost. I have to say, however, people living with dementia still have so much to tell us and so much that we can learn from. Some of the people I've met with—Karen, Chris, Nigel, Pat, who is no longer with us, and many others—have taught me a huge amount about what needs to change. They are still worth listening to, and not just listened to, but taken seriously.

[54] When I published my report, at the heart of it was something very simple. I asked people with dementia, 'What are the big issues that you face? Tell me about your lives, the good and the bad'. They were all different but they spoke with one voice about being excluded from society, a lack of

emotional and family support, a reactive focus from services—you get the help when a crisis occurs but not to stop the crisis occurring—services that don't meet people's need, a lack of basic information and advice, and so the list went on, but they pretty much spoke with one voice. So, I identified 13 areas that they had told me needed to improve. So, I wrote out to partnership boards across Wales and I said, 'I've listened to them, you need to listen to them as well. I want you to tell me what you're doing on this'. They all wrote back to me in some detail and I've just provided them all with a very detailed critique of their responses to me. I've also provided them with what I hope will be a helpful toolkit, if you like—what are the big outcomes that people should be aspiring to? And a whole range of good practice based on what people with dementia shared with me. And that is designed to grow their knowledge, their thinking, their practice. And what I've said to them is, 'I want you to reflect on this, take it back to your partnership boards, evaluate yourselves in terms of how you're doing against these, and then go and discuss your progress with people living with dementia.' So, that piece of work was very much about growing their ongoing work as partnership boards across Wales.

[55] There were some systemic issues—and I'll talk about those in a second—but I also saw a wide range of good practice developing across Wales. It is the usual story from me—huge variability. But this was, I guess I would say, a postcode lottery bar none, in terms of what I have seen. And that's not good enough, is it, because the basics should be right across Wales? So, I will continue to work with them, to support them to grow their knowledge, to push them to listen to people with dementia, and that's been a big piece of work. And the feedback I've had already has been very positive. People have said, 'This is helpful. This is what we needed from you in terms of growing our work.'

[56] And then we come to the strategy. The strategy is important, because of the point I just made. We have 1,000 flowers blooming across Wales, but it's that uber-postcode lottery. We need a strategic approach where we get the basics right across Wales. So, regardless of where you live, there will be uniformity of support for you. The best thing I can do is take my learning, my knowledge, because that's older people, people living with dementia, their voices, and feed them into that strategy. And I've already done that. I've shared all of my learning, all of my strategic observations, all of the big issues that people with dementia raise with me, with the Cabinet Secretary, and with Welsh Government officials already. I'm already actively involved in supporting them in terms of the development of that strategy, because we

need to get that strategy right.

[57] I thought it might be helpful to share with you what I think some of the issues are, because there is a difference between a strategy and a good strategy. Now, I've never yet heard an older person ask for new legislation, strategy, policy or plan. I'm not taking away from them—they're really important, but it's not what people talk about. They talk about the stuff that makes a difference to their lived lives, on a day-to-day, hour-by-hour basis. So, my job is, in part, to advise Government. Government's job is to listen to me and people with dementia, and make sure they pick up on these issues. So, this is what I think makes for a good strategy. And I'm very happy to write to you with more on this. So, I think there are some strategic things. The first thing is that the strategy must take a life-course approach. It's right, of course, that we focus on issues of diagnosis in the first couple of years, but then what do you do for the rest of your life, the next 20 years, because that's how long people are going to live with dementia? How do you make sure our well-being outcomes are made real for the rest of your life? Twenty years and more. It's got to be measurable and have an outcome focus to it—measurable, outcome focused, and reportable as well, both in terms of process, but also what we've really changed for people.

[58] We need to strengthen partnership working, and I saw that in terms of the responses—it's hugely variable across Wales. Some of it is really good. Some of it is nowhere near where it needs to be. I'm not easily fooled as a commissioner, and pages of pages of words don't necessarily equate to evidence of a strong partnership approach. We need to strengthen the inclusion of people living with dementia. Those people I spoke about earlier—you put them in a room for an hour, and, actually, they'll give you the heart of a really good strategy, because they know what it's like because they live the life. We need to make sure we embed rights—a rights-based approach. One of the things I'm particularly pleased that Welsh Government is doing is that they've commissioned the Dementia Engagement and Empowerment Project to lead on the engagement with people living with dementia. DEEP are very strong on rights, and, actually, so are people living with dementia. All of those were observations from the critiquing and the reviewing that I did, if you like, of those responses from the partnership boards. And all of those, I think, sit at the heart of a good strategy.

[59] But then there are practical things. I like practical things, and so do people living with dementia—they like practical things. These are the things that they've shared with me, and I've shared. So, practical things around the

skills, knowledge and competencies of staff. Not just specialist, but including specialist staff, ranging from GPs, but all the way up across the breadth of public service. There is a fundamental difference between having had some training and knowing what it is like to live the life. Emotional support, relationship and family support—we have this concept of family support for children and young people.

10:15

[60] People with dementia need us to take that concept and that learning and apply it to them as well. The emotional devastation that dementia wreaks on people can be brutal. Clear and flexible pathways—one size does not fit all. In fact, one size will probably not fit anybody. I'm not even sure 'pathways' is the word—life is not that clean or not that linear—but clear and flexible; I think the word is 'flexible' approaches. Strengthened advocacy support—that outcome that sits in the national outcomes framework for social services, 'I have an effective voice or someone to speak for me'—when you can't use your own voice, someone who can. Single points of contact came up all the time from people with dementia. Easier and earlier diagnosis—no-one wants to be labelled, but people would like to know what on earth is going on and how it's going to affect them. Challenge and support to wider society—and this is a leadership role, I think, for Government. It doesn't matter whether you're public, private or third sector. The way that we address these issues now will define us as a society. And one of the big issues that a lady called Karen shared with me very eloquently was around employment and how she lost her job, I think unfairly, because of her dementia, and the devastation that wrought upon her and her family. So, those have all been directly taken from the review and my ongoing engagement with people with dementia.

[61] I just want to leave you with some things that Nigel told me, because all I try and do is give a voice back, but, actually, when you talk to people like Nigel, or Pat and others, they're far more eloquent. So, those are Nigel's words about I think what would make for a good strategy. This is what he wants to be able to say, so in three, four, five years' time, if we're getting the job right, people like Nigel and others, this is what they'll be saying: 'I'll be helped to live independently for as long as possible.' That's a great outcome. Only Nigel and others can judge that. 'I'll be treated as an individual, with those looking after me knowing about my life.' That's a great, nuanced, value-based outcome. The next phrase that he uses I think is really moving, actually. He says, 'I will have the peace of mind that my family will be helped

to remember the person I was after my death.' You just see how the language is so resonant with value and meaning, and legislation, strategies, plans and policies matter. Those are the outcomes that people talk about.

[62] One of the things I am going to be quite focused on in my conversations with Welsh Government is, 'How are you going to judge success?', because I think that's easier than people think. It's when we make the outcomes that sit at the heart of the Social Services and Well-being (Wales) Act 2014 real for everybody. I'll just remind you of what some of those are. I'm slightly biased—we heavily influenced what was in them—but they say things such as, 'Have an effective voice for someone to speak for me', 'I can do the things that matter', or 'I belong'. That's the job of that strategy—to make sure that that's what people with dementia say in years to come, and only they will be able to judge whether a good enough job has been done.

[63] **David Rees**: Okay. Lynne.

[64] **Lynne Neagle**: I don't disagree with a word that you've said—it's all excellent—and we know that the strategy is a work in progress. But you'll have also seen some of the proposals that are being mooted for the strategy, and I just wanted to ask about things like 32 support workers for the whole of Wales and the still relatively low targets for dementia diagnosis. How satisfied are you that the plan is going to be sufficiently ambitious to meet the challenge that you yourself have also described as a game-changer in Wales?

[65] **Ms Rochira**: I've said for some time that I'll take a view on the final strategy, and whether I think it is a good strategy. I will use the voices of people with dementia to help me form that view, but I think that's fundamentally part of my role. I think we have seen significant progress, and we've seen not insignificant investment from Government over the last few years in dementia. I've been listening to debates recently, as I would because they were about older people—well, actually, one was about my work as well in the Senedd—and actually we're now talking about being a dementia-supportive nation. All this is good stuff, but if this is a journey of 100 steps and it's a journey that we will, in a sense, forever be on, we're maybe on the first few steps, and I don't think we should underestimate the scale of the challenge ahead of us. Nor should we underestimate the impact on our future lives if we don't get this right. I think, though, the point I made earlier was really important. The Government has a leadership role, and it's clearly

that which they should do within that, but there is also that which they should enable and cause to make happen. So, the conversations with employers, for example, in terms of keeping people in employment. The conversations that can be had with small businesses across Wales in terms of how you make your local newsagent shop dementia-supportive and friendly as well. We all have to play a part within this. So, that leadership role—that which they must do. The strategy will be their opportunity to show what they're going to change, but it has to be a part of our wider roles.

[66] **Dai Lloyd**: Okay. Rhun.

[67] **Rhun ap Iorwerth**: Rwyf innau, yn sicr, yn cyd-fynd â'r weledigaeth rŷch chi wedi'i thanlinellu ar ein cyfer ni, ond buaswn i'n licio eich gwthio chi ychydig bach ar sut y mae, neu sut y bydd hi'n bosibl i fonitro llwyddiant y strategaeth yn y pen draw. Rŷch chi'n sôn am bethau mesuradwy, rŷch chi'n sôn am 'outcomes', ac rŷch chi'n sôn am ganlyniadau. Beth ydych chi'n gobeithio gallu ei fesur, a beth fydd eich rôl chi yn monitro'r llwyddiant? Hynny ydy, ai dim ond—nid 'dim ond'; mae hynny'n anghywir. Ai'r hyn rŷm ni'n ei glywed gan Nigel a Pat, mewn blynyddoedd, ydy'r KPIs, ynteu a oes yna fwy na hynny?

Rhun ap Iorwerth: I certainly agree with the vision that you've outlined for us this morning, but I would like to push you a little further on how we could monitor the success of the strategy ultimately. You've mentioned measureable things, you've mentioned outcomes and you've mentioned results, but what do you hope to be able to measure, and what will your role be in monitoring the success? Is it not only—I don't mean 'not only'; that's not right. Is it only what we'll hear from Nigel and Pat over the years? Are those the KPIs, or is there more to it than that?

[68] **Ms Rochira**: No, Nigel and Pat are just some real people I wanted to share with you who have very important things to say. It's nice to name people and give them that respect. I think it's a great question. I talk about outcomes all the time. In fact, I'm increasingly becoming quite fixated on outcomes. I'm doing quite a big piece of work next year, looking at outcomes across the public service. So, what we have, I think, is intent. So, it's the intent in a whole range of legislation and strategies and policies. I don't take away from the vast majority of that intent. It seems to be appropriate. Then we have a whole range of things that we do, that public bodies do, that Government does—an industry of activity; almost more than one can possibly track. The big question, of course: what was the point of it

all? Did it deliver what it was intended to? That test back. Just to give you an example, the social services and well-being Act: I have a very dog-eared copy of the initial statement that the Deputy Minister put out, and what was the intent behind the legislation, to keep me rooted on what it was designed to do. One of the things that strategy I think needs to do is define, in a way that is relevant to people living with dementia, what a good job, well done would look like. Now, I can give you some examples, and that's why I shared with you Nigel's voice because, actually—

[69] **Rhun ap Iorwerth:** And that'll be vital, of course—[*Inaudible.*]

[70] **Ms Rochira:** He describes that. There will always be some qualitative measures, but the quantitative measures—. But those tend to be around process than input—that stuff that has to be. It's not a technical term, but all the stuff we do. But it's about those qualitative indicators. Ultimately, only people living with dementia will be able to judge that. The Welsh Government, though—I would respectfully suggest to them—should also be asking themselves the question, 'Are we delivering on our intent? Are we making a difference in the day-to-day lives of people?' I'm sure, at some stage in the future, I will be asking that question. I suspect you might be asking them that question at some time in the future. My role is to help get that strategy right. I will continue, through my casework and my ongoing engagement, and my work with partnership boards, to track what I think that progress is. I'll ask those questions of Welsh Government in years to come. If I think that sufficient progress hasn't been made, but I think it's a particular area where older people are suffering real detriment, then I do, of course, have the opportunity to undertake a piece of work, and that includes a section review, as commissioner. But, fundamentally, that question is one that Welsh Government must be asking itself. It must be putting the answer to that in the public domain. I think all of the scrutiny bodies always make sure that they do ask those questions. They ask the right ones and they get the right outcome indicators.

[71] **Rhun ap Iorwerth:** Ond y *qualitative* a fydd yn bwysig i'r comisiynydd, yn wastad, yn hytrach na'r *quantitative*, ie? Achos mae'r hyn yr ŷch chi wedi'i ddweud yn cadarnhau beth oedd yn fy meddwl i: mai'r unig beth yr oeddem yn gallu ei fesur, o bosib, ydy beth sy'n cael ei

Rhun ap Iorwerth: But it's the qualitative that will always be important to the commissioner, rather than the quantitative. Because what you've said confirmed what was in my thinking: that the only thing that we can measure, perhaps, is what's put into the system. The

roi i mewn i'r system. Y peth pwysig ydy profiadau pobl a phrofiadau pobl â dementia, ond mae'n rhaid hefyd cael rhyw ffordd o weld a ydy'r strategaeth yn gweithio mewn ffordd *quantitative*.

important thing is people's experiences—people who have dementia—but we also have to have some way of measuring whether the strategy is actually working in a quantitative way also.

[72] **Ms Rochira**: I've always thought there were. I'm very happy to share with you next year the work that I'm going to do around outcomes. How do you know whether a 'good job' has been done? It's just a simple question, isn't it? A good job well done. I've always thought there are three levels: there's the strategic level, and then there's the level of services, and then there's the level of the life you live; and I think it's the combination of all three.

[73] I'll just give you an example from a completely different context, where I have done some work around outcomes with health boards, driven, again, by my learning from older people. So, I reviewed for a number of years the annual quality statements from health boards, because they're designed to reassure the public, and I thought, 'Well, I am both a member of the public and I represent many members of the public.' I realised that, the first time around, they didn't really tell me anything I actually wanted to know. They told me a whole range of stuff, but none of it was what I really wanted to know. So, I worked very closely with them—critique, advice—and then I issued them some guidance last year, and I said, 'I want you to report on the following stuff. It's really hard to do, a lot of it is qualitative, but start.' I'll share one example because it goes to the heart of what you were saying. One was about continence care. I have an issue about continence care across a whole range of care settings. It's really important. So, I would go to a health board, and I would say, 'Tell me about your continence care', and they would tell me about their continence bundle and their compliance figures. They'd tell me about their new strategy—both really good. They'd tell me about the specialist staff—really good. I've met many of those specialist staff across Wales. They'd sometimes send me their newsletter—that was a bridge too far. But none of that was what I asked. What I asked them was: 'Are people losing their continence whilst in your care?' It was a simple question and I expected a simple answer.

[74] So, I've been pushing public bodies really hard to answer those simple questions—the questions that, if you were a vulnerable person, you would want somebody at a corporate level to be asking. So, it's been a big feature

of my work about governance scrutiny across public boards, both in terms of working with them, but also in terms of published guidance as well. It's about intent and it's about outcomes, and then you have the stuff that has to be done in the middle.

[75] **Dai Lloyd**: Reit. Mae'r ddwy adran nesaf o dan law Angela. Y gyntaf ar unigrwydd ac unigedd, ac wedyn hefyd ar ddiogelwch personol. Angela.

Dai Lloyd: Right. The next two sessions will be headed by Angela—first of all, loneliness and isolation, and then personal safeguarding. Angela.

[76] **Angela Burns**: Thank you very much, Chair. May I take the liberty of asking just one other question? I can't see anywhere else where it might fit in this.

[77] **Dai Lloyd**: Liberty taken and understood.

[78] **Angela Burns**: Good morning, Sarah.

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

[80] **Angela Burns**: It kind of segues slightly into loneliness and isolation from dementia. I've listened very carefully to what you've been saying about your way of targeting more vulnerable groups, and I absolutely applaud everything you've done. I appreciate that you cannot do absolutely everything and that this is an ongoing process. But, one of the areas I do have a concern about is older people who have some kind of mental health difficulty. They haven't got dementia, necessarily, but they might be autistic. They might have had learning difficulties. They may not be able to read and write. They could be on various spectrums. They could be, actually, just severely depressed. They don't live in a care home, they're in their own homes, and they're not able to access support and services. I have concerns about where, or who, is looking at that area, because they don't fit neatly into any of the boxes. I think on the dementia story you're absolutely right: we're on the early stages of it, but there is an intent and a recognition that there's an issue, and we have to find good outcomes and solutions for that.

[81] But there's that other little group of older people and they tend to be very isolated, which is why I felt it came quite well into this area. But they also tend to be incredibly voiceless. If I can use one example, perhaps they are severely mentally handicapped, but they've been going to the same day

centre for years and years and years. I've met these people. Their parents are in their 80s and 90s, and these people are in their 60s and 70s, but then, you know, social services are under pressure, councils decide to close the day centre, and really change and upset those people's lives. They seem to have no recourse anywhere. Would you perhaps be looking at that section of society at some point—those older people with those kinds of issues?

10:30

[82] **Ms Rochira:** When I was interviewed for post, one of the questions I was asked was, 'What would keep you awake at night?' and the answer I gave then is the answer I'd still give: it's the things I can't get to, or that I can't go into depth on. So, I guess the broader issue, the mental health of older people, in its breadth, hasn't been as significant a piece of work as I would have liked if I had more hours in the day. It's not not been on my radar at all—

[83] **Angela Burns:** No, I totally understand that.

[84] **Ms Rochira:** And I guess my work has probably been with sister organisations, particularly in the third sector, in making sure that I understand what the issues are, trying to get those into things like 'Together for Mental Health', for example, to make sure that older people are not forgotten, making sure that I listen very closely to people with all sorts of challenges in their lives. In fact, I have a phrase: 'everyday heroes'. Some of my everyday heroes are the golden oldies that I meet—older people with learning difficulties who've still got a lot to share and to say. So I guess my role has been very much to support other agencies, other organisations, in every way that I can to shore them up in the work that they do. If I find—well, it won't actually be me in years to come, but I'm sure the next commissioner, in years to come, if they find that there are big systemic issues here leading to significant detriment, that people are being ignored, that rights are being overridden, then of course they have the opportunity to look at any issue relating to older people in some depth.

[85] **Angela Burns:** All right. Because a lot of those people are very marginalised, and it goes into the loneliness and isolation of older people. I'm sure all of us, you included, as people who handle casework, will have seen many elderly people we've come across who've just been completely ignored and are not part of their communities. One of the things I always find slightly surprising is that, sometimes, we are what we make ourselves,

and if you have an elderly person who has never been into social clubs, has never been great at going out and meeting people, who is actually very shy and finds that very difficult, how do you think that we as a society might be able to engage with them and improve, if you like, their lot in life and make sure that they do have a sense of still belonging, albeit on their terms? I meet incredibly well-meaning people who think, 'Right, Mrs Jones is all on her own, let's drag her off down to this club and that club', and Mrs Jones is saying, 'I am very lonely and I am very sad, and I haven't got a family, and Mr Jones has just died, but actually I've never gone to a knitting club and I don't want to start knitting now because I'm 83, or 72, and it doesn't appeal to me.' I just wonder what your view is on how we might be able to start tackling loneliness and isolation, because I do sometimes think we think the easy answer is just to set up lots of clubs and get people involved.

[86] **Ms Rochira:** If I just speak for a moment about loneliness and isolation in its breadth—

[87] **Angela Burns:** Yes, and your Ageing Well in Wales programme, please.

[88] **Ms Rochira:** Oh yes, thank you.

[89] **Angela Burns:** That would be really great.

[90] **Ms Rochira:** In some ways, when I began as commissioner, I think because of my background, I had a bit of a sense check about what I would find. Some of these issues weren't going to be surprises. But, the one I think I hadn't anticipated finding out was about loneliness and isolation, about its breadth, its scale and its impact. It's called 'the silent killer', and it destroys your soul as well, let alone the physical impact it has on people's health. You all know the figure: it's the same as smoking 17 [correction: 15] cigarettes a day. We have all eyes on stopping smoking, yet it's just as devastating for people. It can happen to anybody. I spend my life hoping there were more hours in the day, as I suspect many of you do, and there comes a point when time becomes your enemy, but for a different reason. It's been chilling—that's actually the phrase I would use around it.

[91] It is what I have called one of our modern public health issues, and I want to see it actually recognised by Public Health Wales as a public health issue, but I am pleased that Welsh Government responded to my call and it is now going to be a feature of their programme for government. We've got it also into the well-being of future generations indicators—it's indicator 30,

actually, within that. So, at long last, we're beginning to recognise it as a big strategic health and well-being issue within Wales. Four years or five years ago, we just weren't talking about it at all, so that has been an important step forward, that it is up there with the other big issues—chronic health conditions, loneliness and isolation, they're both of equal status.

[92] I've seen evidence—. Well, 'I've seen evidence' sounds too posh, to be honest. I have visited many fantastic services across Wales and many delivered by the third sector, but others delivered by local authorities as well, and what's really impressed me is how different and diverse they all are. I think this goes directly back to your point. My point: one size never fits all. There are two approaches that we can take. One is to say to somebody, 'Are you lonely? Are you without friends? Would you like us to help you? Would you like to come to our day centre?' I'm not sure I'm ever going to say 'yes' to any of those questions, because who wants to put their hands up and say, 'I have no friends, I have no life'?

[93] **Angela Burns**: Absolutely.

[94] **Ms Rochira**: To paraphrase Oscar Wilde, it's the modern day version of the shame that dare not speak its name. Nobody says that. Or you say to somebody, 'Actually, we need your help. Could you come and help us please?' or 'We've got an exciting new thing happening down the road, would you like to come?' There are so many good examples. We have men's sheds. Apparently, according to the evidence, men make friends in a different way than women do and that's quite right. We've got walking football as well. I've seen tea parties and befriending services—they call them 'befriending services', but people are invited into someone's home to take afternoon tea. The afternoon tea is the lead, but of course, someone is being brought back out into the wider community. I've seen community connectors run by local authorities—hugely powerful. I've seen intergenerational clubs; I really like intergenerational activities. I know I'm the Older People's Commissioner for Wales, I clearly have a vested interest, but it's about generational solidarity. So, we've got the Lewis School in Pengam, for example, where there's a fantastic intergenerational event at lunch time, and you get bingo and lunch. I mean, what's not to love about it? Clwb Ni in west Wales: a fantastic intergenerational approach. It's about having those 1,000 flowers, those different offerings, but it's about taking an asset-based approach that says, 'Could you help us?' So, saying to an older person, 'Could you help us and come and volunteer at our youth club,' for example, 'because, actually, our younger people would like to meet you?'

[95] I think what's been interesting in terms of all the many, many services I've visited and the good practice examples I've seen, I think what sits behind them for me is this idea about an asset-based approach. I'll just share with you one example of how, when we approach the issue of loneliness and isolation properly, it becomes such a rich offering to so many people. It's not a problem to be solved; it's an opportunity missed, I think is what I'm not saying very well, but what I'm trying to say. I'll share an example. I visited an after-school club on the Gurnos estate. It was not a formal visit; I go and have a cup of tea and chat to people. You've got older ladies there, you've got younger children there as well, and it's just a very nice place to be and I'm sure it's great childcare for hard-working parents as well. I was watching what was happening and chatting to people and the older ladies were teaching the younger children to knit, and I thought that was lovely. And then I sat and I watched for a while—I often sit and watch and listen—and I realised what was happening was skills transfer. So, the older ladies weren't just teaching the younger children to knit, they were teaching them to focus, to concentrate, to practice. You take those skills back into the classroom, for example; those are good skills to learn in life. And what a rich model that was and how different that was from offering a day centre: 'Would you like to come because you're lonely?' So, I've seen so many examples of good practice and many of those are driven by our phenomenally good third sector.

[96] But, I go back to the strategy from Welsh Government and this idea about the postcode lottery. We need a much more strategic approach. It is that public health issue; it's epidemic, endemic in proportion, and devastating in terms of people's physical and emotional health. I will work with Welsh Government to get that new strategy right and get it right we need to, as well. I already have a very clear sense of what I think needs to be in that strategy; I'd be happy to advise Welsh Government on that. At the end of the day, you come back to—. Rhun, you mentioned it in terms of outcomes. There's a lady I was told about who stays with me in my memory, and I was told by a third sector organisation how this lady goes every day to Swansea bus station and she sits there for two hours so that she has someone to talk to. Do you know what? That's not good enough, is it? So, support our third sector, support all those initiatives, have all sorts of different offerings like sporting memories too—they're great—but focus on that strategic approach. It was good enough and important enough to put in as a well-being outcome, so let's deliver on that well-being outcome.

[97] **Angela Burns:** But, do you know, in some ways, Sarah, that lady who goes to the bus station for two hours is lucky, a bit like the elderly gent who comes down to my office every Friday, he's lucky—he's got no-one else—because they're mobile. The people who really break my heart are the people who are stuck in their homes because they are not mobile. They may have a carer who comes in for 15 brief minutes, gets them up, puts them to bed at ridiculously early hours, all the rest of it, and then they don't see anybody else. I spent a day with a gentleman in Deer Park View in Stackpole about four years ago, and I've never forgotten it, because he had absolutely nobody but a carer that came in for 15 minutes four times a day. I spent the entire day there; nothing. The phone didn't ring, the bell didn't ring, nobody knocked on his door, nobody walked outside his window, and he just said that's his life. He'd been housebound for—already, I think, by the time we got to him—three or four years. He can't go anywhere.

[98] So, earlier on in your evidence you talked about befriending services, and I wonder if, when you look at this strategy, you might look at or encourage Government, perhaps, to look at what we can do to have another layer on top of carers who go in to look after the social and mental well-being of these people. Because a lot of them are very independent and they do want to stay at home, but, as you say, it's the loneliness and the isolation that does for them in the end.

[99] **Ms Rochira:** I completely agree with you. I've visited many people who are house bound. In terms of some of the things I touched on earlier about strategy and good strategy, what will some of the necessary ingredients be—absolutely, some of the befriending schemes I've seen across Wales where people go and visit people. I remember one gentleman, he said, 'I just like to sit and to music with somebody. That's what makes my week.' People go into people's own homes. But also things such as the bus pass, the concessionary bus pass—it is, rightly, called by me and many older people 'a lifeline'—it gets people out and about, particularly the one in six who live in poverty. Issues around community transport as well: we need to invest in our community transport, it's the stuff that keeps people connected, out and about, being able to get to places. We have a phrase in my office, which I coined, just based on my conversations with people, and it goes like this, 'We need to be careful we don't become a nation of people with great hips—we're quite good at hips—but nowhere to go, no way to get there, and no desire to go on.' That's for me what underpins the whole loneliness and isolation agenda.

[100] **Angela Burns**: And, of course, coming onto my next topic, if we could have some kind of measure of being able to get into people's lives in a very kind way—I mean not in a dictatorial way—we might be able to, perhaps, be better at safeguarding, particularly older people who are subject to domestic violence and abuse. I just wonder if you could perhaps give us a very quick overview of your work in that area.

[101] **Ms Rochira**: In relation to safeguarding people?

[102] **Angela Burns**: Safeguarding, yes.

[103] **Ms Rochira**: Very happy to. If you want more information—because it's hard to do a quick overview on this, because it's huge—I'm very happy to write to you afterwards. So, I guess I would say—. It's one of my five published priorities—and, just to remind people, those priorities were based on what older people told me they wanted them to be—standing up for and safeguarding older people. A number of strands to that work: my casework, the work we've done with partners in the Wales Against Scams Partnership, the anti-scamming charter, and the work with trading standards—it's been really important work; I asked everybody to step up, and they did—work we've done with people such as the Office of the Public Guardian in relation to powers of attorney—I have never known a booklet fly off the shelf so fast, who knew it would be such a popular booklet, but it is, with older people—and work I'm doing around the criminal law. It's not a devolved issue, but we are part of the United Kingdom, and so I consider it part of my business.

[104] You mentioned, though, domestic abuse. This has been one of the big areas of my work. I guess, when I started, five years ago now, we weren't talking about domestic abuse of older people. I lifted up a heavy stone, and I had to shine a bright light into some really dark places. We use the phrase 'domestic abuse', I used the phrase 'dark places': call it out for what it is, we're talking about violence, we're talking about sexual assault and rape, we're talking about coercion, imprisonment, we're talking about theft—the most horrific of things. For many older people, this has gone on for over a decade or more. Many older people don't even recognise it as domestic abuse. It beggars belief, actually, the scale and impact of that. I mentioned the 40,000 figure; actually, that's fairly outdated now.

10:45

[105] So, I've had a very strong focus on this, and, I think, so has

Government as well. So, we have the new domestic violence Act, for example, we've got new safeguarding duties in the social services and well-being Act—about time too; many of us pushed very hard for those. I've seen a whole range of new services across Wales as a result. I've visited—I don't really like to be told, I like to go and look, and I've seen them. So, the Gwent victim support hub—really good work. An integrated approach in RCT and Merthyr—a really good approach.

[106] But I've had my own work as well, and I guess there've been a number of aspects to my own work. The first in terms of seminars for front-line professionals, growing people's knowledge and understanding about domestic abuse of older people, because, whilst there are similarities that run across all age groups, there are also fundamental differences as well. We've had, I think, around 600 professionals attend, though the feedback has been really good, and the early evidence is that we are now seeing increased referrals into the domestic abuse helpline. That's been really important.

[107] I've also been providing advice and guidance to older people. My office produced one of the only, if not the only, small booklets specifically for older people, and you will only ever see one poster with a picture of older people on. That's produced by my office, because, too often, the narrative is of a, I don't know, 30-year-old with a common-law partner and two children. That's not the paradigm that older people can associate with.

[108] The other big piece of my work has been about working with Welsh Government to develop specific guidance for front-line professionals, taking a lot of my knowledge, the work that we'd commissioned from Aberystwyth University, and turning that into front-line guidance, and I understand that's coming out, I think, in the new year. So, those have all been important parts, but, again, they are only a start.

[109] There are, and I'm very clear on this, areas we need to invest in in Wales. The role of independent domestic violence advisers is incredibly important for older people. It helps them slowly walk down the journey of understanding and asking for and being prepared to accept help. We don't have enough of them, we don't use them enough. The role of MARACs—multi-agency risk assessment conferences—and particularly the role of housing. I don't think I understood how important housing was in this agenda until I met with three ladies recently in north Wales, and they all told me how it was for the want of housing they couldn't escape. So, the role of

housing within that—. The role of getting risk assessment right—and we've done a lot of work on this. One of the criteria that are sat within the risk assessment, a kind of standardised approach, is, 'Are you pregnant?' There are better things to ask older people in the limited time that you have, so much more nuanced support—and many other issues as well besides that.

[110] But we weren't anywhere four years ago or five years ago in understanding this. I think we now actually understand it. I work very closely with a wide range of agencies—they have been fantastically supportive. I think, together, we are now just about beginning to recognise what we need to do, and do it we will.

[111] **Dai Lloyd**: Yr adran olaf, gan fod amser yn mynd ymlaen, fydd ar ddeddfwriaeth i ddiogelu hawliau pobl hŷn, ac mae cwestiynau gan Julie Morgan ar hyn.

Dai Lloyd: The final section—because the clock is beating us slightly—will be on legislation to protect the rights of older people, and Julie Morgan has questions on this.

[112] **Julie Morgan**: Diolch. You've said, Sarah, that you do support the rights-based approach for working with older people and that you have called for legislation to create a duty on public bodies to promote the rights of older people. Could you tell us why you believe we need legislation and what stage are you at in promoting this?

[113] **Ms Rochira**: Thank you. I'm so glad you asked me about this. Well, I am a rights-based commissioner, because you made one when you created me. I must, by law, pay regard to the UN principles, and I've worked hard over the last four years to grow our knowledge and understanding of rights and embed them across public service. It's been a big part of my work. So, we had the Welsh declaration of the rights of older people—not legally binding, but actually a big step forward to talk about rights, and published by the former Deputy Minister on behalf of Government. I've done work on integrated equality and human rights assessments with public bodies across Wales and I'm just on my second round of training on how we make the UN principles for older persons due regard in the social services and well-being Act real for people. We've had ageism training, we've worked hard to embed rights in key documents—I spoke about the dementia training framework earlier—professional codes of practice, a rights-based approach to reporting from health boards, for example, and, of course, the national outcomes framework, which I spoke about earlier, is inherently a rights-based document in its approach—and I was pretty determined from day one it

would be—and much, much more.

[114] Why do I do that? Well, I partly do it because of the legislation—. Well, I suppose I do, but I don't really do it because it's in the legislation, I do it because it's the right thing to do. A rights-based approach helps us to deliver better public services, make better decisions. It delivers—[*Interruption.*] Sorry?

[115] **Julie Morgan:** Why does it deliver a better approach?

[116] **Ms Rochira:** Because I think what it gives us is a lens through which to look: a lens that is fairly fundamental, fairly clean, fairly simple, that reminds us about what 'good' looks like. I'll just show you two examples in relation to the declaration of rights for older people.

[117] I was in Llanidloes hospital, just on a visit, and they said, 'We want to tell you about our rights work and how we use the declaration of rights as an everyday tool to help us in our decision making'. I thought that was great, actually, a really good, practical example. And I was in Fleur-de-lis nursing home and I was in the lounge and it was lovely—there was just life going on—and I saw the declaration of the rights on the wall. I can't tell you how excited I was—I said, 'This is the mantra by which we live'. And I already knew, but it reinforced to me, how they're a very practical tool for public services to use. We already see ABMU health board use them in terms of their children's charter and they're developing an older people's charter based around rights as well, and we've seen work done with CSSIW as well. They're a moral compass, a lens, that reminds us about common humanity, common decency, and that some things are right. I've always found them so very practical.

[118] **Julie Morgan:** But you are planning actual legislation.

[119] **Ms Rochira:** Well, I am, and I'll just share with you the reason why. One of my functions within my Act, one of my duties, is to:

[120] 'Keep under review the adequacy…of law'.

[121] I've never called for legislation before. I don't default to legislation easily and I doubt I will call for legislation again, either. The fact that I am this time is for two reasons. One is because it would take me 1,000 years and I would need 100 of me to keep rolling out the work I have done across

Wales. I'd need to be here, there and everywhere—I just can't stretch that far, as I said, not just in four or five years, but in 1,000 years. But also because of the breaches I see, the everyday breaches I see through my work that take place. It does not take away from good practice and intent, but I'll just share with you three examples of the sort of breaches that I see.

[122] An everyday breach—and this is how common it is. I'm in Asda, shopping for my children's tea—an everyday place—a lady comes up to me and says, 'I need to talk to you about my friend. She's told to go the toilet in the bed at night and they clean her up in the morning'. This was not the needle in the haystack, this was an everyday example. Or the lady referred to me by an advocate on a Welsh ward: she wanted to go home—her home wasn't really fit for purpose according to the system, those powers that be. They wanted her to go to a care home, but she didn't want to go there. She wanted to go back to her home. They did nine capacity assessments on her, just waiting for the day when they could prove she didn't have capacity. That was, as far as I'm concerned, state-condoned abuse. And so many other examples, such as the gentleman in a housing sector, who had lived there all his life, a frail elderly gentleman, cared for his wife. He couldn't get the repairs done to his house by his housing provider because they were trying to force him, in my opinion, to move 20 miles away, away from all his independence and his family. Those are just everyday breaches. But think what's behind Tawel Fan, 'Trusted to Care', Operation Jasmine, and so much more. That's what a rights-based approach is all about. A rights-based approach stops some of these awful things happening, because it pulls us up at a much earlier stage.

[123] **Julie Morgan:** Well, I think you are absolutely convincing when you explain the need for it. So, would you see this sort of duty put on all public bodies—a duty that could be made in the Assembly, like, I think, with the Rights of Children and Young Persons (Wales) Measure 2011, which only covers the policies that the Assembly does, but obviously there's a call for that to cover local authorities? Would you see this duty on all public bodies?

[124] **Ms Rochira:** Absolutely. If public service is not about making rights real, I don't really know what public service is about. It should be like a stick of rock. You break it, and it runs through our very ethos and our value base, particularly here in Wales. Of course, older people's lives aren't all about social care. They aren't all about health and social care. They've got a much greater breadth to them. So, I thought it might be helpful just to share with you what I think that legislation should look like. Now, this isn't just my view.

When I made the call last year, I was grateful to all the parties for supporting my call because this has never been a party political issue. This is just about the people of Wales. I got a small group together of older people and legal experts, and they worked with me. I'm really grateful for the advice they provided. So, I think this is what it should look like.

[125] You are absolutely right: in no small part it mirrors the Rights of Children and Young Persons (Wales) Measure 2011. This is not something that we are uncomfortable with in Wales by way of approach. It uses a due regard model, and it is well with our legal competencies. So, the duty for Welsh Government to pay due regard to the UN principles in exercising their functions: actually, they are good enough for me and they are good enough for Government as well. It is a concept that we are familiar with. There would be a duty to review and report, as well as a duty to promote knowledge and rights by Government and public bodies across Wales. We need to reclaim rights. The people I represent fought for our rights, and they fought really hard. Actually, we need to reclaim them and make them something that we are comfortable with on an everyday basis and that we are proud to talk about—everyday rights for everyday people in the places that matter for them.

[126] There would be a provision within that to enlarge that due duty to Welsh public bodies. What I propose is that we use the concept of public bodies as outlined in the Human Rights Act 1998, which gives us consistency. I'm not trying to change things, just bring them home. And then there would be powers to issue guidance. That's of course where rights get really tangible. I will just give you two examples of different ways of looking at things. What makes for good care for people with dementia on a Welsh ward? I could answer that. But what makes for a rights-based approach to care for people with dementia on Welsh wards? Well, I tell you what it doesn't include: if you're a carer, it doesn't include being asked to leave at 3 p.m. when you want to stay, and not being able to stay. That's where it becomes a really practical lens.

[127] I think it's right to take that approach, and I've been very cautious in this. This is not a big bang. This is not something that we can tell people. This is something that we have to learn, and I would rather that we learned over the next decade to 15 years how to do this properly, to focus on areas and get them right. But, as I said, this is not something that we are unfamiliar with. We use the due regard model. We already use the UN principles. It's not a big-bang approach. What it does is give older people

parity with other vulnerable groups. As I said at the beginning, if there was a different way to do this other than legislation, I would be doing it, because I passionately believe that rights are good for public service, good for individuals and good for staff as well.

[128] I would also, just finally, say on that—and I just touched on this a moment ago—I have met the people who fought for our rights: people like Walter and David and Stella. We exist in a free democracy because of them. Actually, they paid a high price. We've let go the sense check of value that we should have. These are not esoteric issues. It is what I have called making rights real for everyday people in everyday places—in their own homes, in their care homes, in their streets. They're a practical tool for public service, and if Government and public service is not about making rights real, meaningful and touchable by people, then I don't know what public service is about.

[129] I am discharging my function as commissioner. One of my functions is to advise Government. This is my formal advice to them. I had a really positive meeting with the First Minister, and a positive meeting with the Minister, Rebecca Evans. I have a further meeting with her next week. We all have a vested interest in this because it is, of course, for me about older people, but actually we all plan to grow older as well.

11:00

[130] It's the ultimate aspiration for all of us, and, one day, we won't be there to protect our children, and they will be older people. This will define the nature of Welsh devolution for generations to come. This is what big government looks like.

[131] **Dai Lloyd**: Grêt, diolch yn fawr am yr ateb yna. Rwy'n credu ei bod hi'n amser priodol, gan ein bod ni wedi rhedeg allan o amser ta beth, i ddod â'r sesiwn i ben. A allaf i ddiolch yn fawr iawn i Sarah Rochira, y comisiynydd pobl hŷn, am ei phresenoldeb, yn gyntaf, y bore yma a hefyd am ei thystiolaeth raenus? Roeddwn i'n clywed eich cynnig eich bod chi'n mynd i ysgrifennu atom ni

Dai Lloyd: Great, thank you very much for that answer. I think this is an appropriate point, as we have run out of time anyhow, to bring the session to a close. May I thank Sarah Rochira, the commissioner for older people, very much, first of all for her attendance this morning and also for her excellent evidence? We heard that you were going to write to us with a little more detail on a few sections.

efo rhagor o wybodaeth ar gwpwl o adrannau. Fe fyddem ni'n gwerthfawrogi derbyn y wybodaeth honno. Wrth gwrs, yn naturiol, fe fyddwch chi'n derbyn trawsgrifiad drafft o'r trafodaethau'r bore yma er mwyn i chi gadarnhau bod y ffeithiau yn gywir. A gyda hynny o eiriau, diolch yn fawr i chi am eich presenoldeb y bore yma. Diolch yn fawr.

We would appreciate receiving that information. And of course, you will also receive a draft transcript of this morning's discussions so that you can verify that it's factually accurate. And with those few words, thank you very much for your attendance this morning. Thank you.

[132] **Ms Rochira:** Thank you all very much. Diolch yn fawr.

11:01

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o'r Cyfarfod ar gyfer Eitemau 4, 5 a 6
Motion under Standing Order 17.42 to Resolve to Exclude the Public from Items 4, 5 and 6

Cynnig:

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

Motion:

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

Cynigiwyd y cynnig.
Motion moved.

[133] **Dai Lloyd:** Fe wnaf i symud yn syth i eitem 3 a chynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o'r cyfarfod ar gyfer eitemau 4, 5 a 6—am yr awr nesaf. Pawb yn hapus efo hynny fel Aelodau? Diolch yn fawr.

Dai Lloyd: I will move to item 3 and move, under Standing Order 17.42, to resolve to exclude the public from the meeting for items 4, 5 and 6—for about the next hour. Is everyone content with that as Members? Thank you very much.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 11:01.
The public part of the meeting ended at 11:01.

Ailymgynullodd y pwyllgor yn gyhoeddus am 12:30
The committee reconvened in public at 12:30

Bil Iechyd y Cyhoedd (Cymru)—Cyfnod 1, Sesiwn Dystiolaeth 1—Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol
Public Health (Wales) Bill—Stage 1, Evidence Session 1—the Minister for Social Services and Public Health

[134] **Dai Lloyd**: Croeso i bawb i'r sesiwn nesaf o'r Pwyllgor Iechyd, Gofal Cymdeithasol, a Chwaraeon, yma yn y Cynulliad. Mae'r sesiwn gyhoeddus y prynhawn yma, o dan eitem 7, i graffu ar Bil iechyd y cyhoedd yma yng Nghymru. Rydym ni yng Nghyfnod 1 wrth ymdrin â Bil iechyd y cyhoedd, felly mae gennym ni sesiwn dystiolaeth efo Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol. Felly, a gaf i yn gyntaf groesawu Rebecca Evans AC, Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol; Chris Tudor-Smith, uwch-swyddog cyfrifol Llywodraeth Cymru; Rhian Williams, gwasanaethau cyfreithiol Llywodraeth Cymru; Chris Brereton, prif swyddog iechyd yr amgylchedd Llywodraeth Cymru; a Sue Bowker, cangen polisi tybaco Llywodraeth Cymru.

Dai Lloyd: I welcome everyone to the next session of the Health, Social Care and Sport Committee, and this afternoon's public session under item 7 is scrutiny of the Public Health (Wales) Bill. This is Stage 1 of the Public Health (Wales) Bill and so we have an evidence session with the Minister for Social Services and Public Health. So, first of all, may I welcome Rebecca Evans AM, the Minister for Social Services and Public Health; Chris Tudor-Smith, the senior responsible officer for the Welsh Government; Rhian Williams from legal services, Welsh Government; Chris Brereton, Welsh Government chief environmental health officer; and Sue Bowker, the tobacco policy branch of the Welsh Government.

[135] Gyda hynny o ragymadrodd, bydd y Gweinidog yn deall sut yr ydym yn cymryd tystiolaeth yn y

So, with those few words of introduction, the Minister will understand how we take evidence in

pwyllgor hwn erbyn nawr—hynny yw, rydym ni'n mynd yn syth i gwestiynau. Felly, gyda chymaint â hynny o ragymadrodd, fe wnaf fi ddechrau gyda'r cwestiwn cyntaf, sef cwestiwn cyffredinol i ddechrau yn nhermau Bil iechyd y cyhoedd. Yn benodol felly, yn nhermau y ddeddfwriaeth benodol yma, a ydy Llywodraeth Cymru wedi manteisio i'r eithaf ar y cyfle i gyflwyno mesurau i fynd i'r afael â rhai o'r materion mwyaf dyrys yn y byd iechyd cyhoeddus—pethau mawr fel, dywedwch, gordewdra?

this committee by now—that is, we move straight to questions. So, having said that, I will begin with the first question, and that's a general question to begin with in terms of the public health Bill. Specifically in terms of this legislation, do you believe that the Welsh Government has taken full advantage of the opportunity to introduce measures to tackle some of the more significant public health issues—major issues such as obesity?

[136] **The Minister for Social Services and Public Health (Rebecca Evans):** Well, the Bill responds to some very significant public health issues, particularly regarding smoking and the potential public health harms of intimate piercings and special procedures if carried out in an unhygienic fashion, for example. But it also takes forward some policies that benefit the whole of communities as well, so, our actions within the Bill on pharmacies, on access to toilets and particularly our health impact assessments as well. So, public health is, as you'll all be aware, a really far-reaching agenda, and one piece of legislation I don't think can necessarily address all of those challenges. The Bill is one part of an important broader suite of measures that we have, so, our campaign activity for example, policies, existing services, various programmes, all designed to tackle the underlying causes of poor health.

[137] In developing the Bill, you'll be aware that there was a great deal of consultation in the last Assembly and, during that consultation, no particular ideas came forward in terms of tackling obesity that specifically required new legislation that would be in the competence of the Assembly to deliver. Ideas did come forward for policies, and we're taking forward some of those ideas in other ways, but, with regard to legislation, there wasn't anything particular that came forward. That doesn't mean that we don't attach great importance to that particular agenda; it just means that there's nothing specific in terms of legislation. I would say many of the levers in this regard are actually either at UK Government level or European level, because most food manufacturers and retailers operate on a UK, EU or even global basis as well. So, we do work

very closely with the UK Government and others, for example, on front-of-pack labelling and other measures as well.

[138] **Dai Lloyd:** Diolch yn fawr i'r Gweinidog am yr ateb cynhwysfawr yna. A gaf i hefyd groesawu Huw Irranca-Davies i'r cyfarfod, sydd yn dirprwyo y prynhawn yma ar ran Dawn Bowden? Mae'r cwestiynau eisoes wedi cael eu dosrannu, ond teimla'n rhydd, Huw, os wyt ti'n cael ambell feddwl gwyrthiol, i ofyn cwestiwn. Diolch yn fawr. Rhun sy'n mynd i ddod i mewn nesaf.

Dai Lloyd: Thank you very much, Minister, for that comprehensive answer. May I also welcome Huw Irranca-Davies to the meeting, who is substituting this afternoon for Dawn Bowden? The questions have been pre-allocated, but do feel free, Huw, to ask a question you might have in order to share any prodigious thoughts. Thank you very much. Rhun will come in next.

[139] **Rhun ap Iorwerth:** I barhau i drafod gordewdra, ac mi gysylltwn ni efo gordewdra anweithgarwch corfforol hefyd, rydych chi'n hollol iawn, rydw i'n siŵr, i ddweud na allwn ni ddisgwyl i Fil iechyd cyhoeddus ddelio efo pob agwedd ar iechyd cyhoeddus. Ond, o ystyried bod gordewdra ymhlith y mwyaf o'n heriau iechyd cyhoeddus ni ar hyn o bryd, oni ddylai'r darn yma o ddeddfwriaeth gynnwys camau tuag at daclo gordewdra, ac o ystyried bod cymaint o'r camau sydd wedi cael eu cymryd efo ysmygu, er enghraifft, dros y blynyddoedd wedi dod drwy ddeddfwriaeth?

Rhun ap Iorwerth: To continue with the theme of obesity, and we will link obesity and physical inactivity, you're entirely right to say that we couldn't expect a public health Bill to deal with all aspects of public health. But given that obesity is among the greatest challenges in terms of public health at the moment, shouldn't this piece of legislation include steps towards tackling obesity, and given that so many of the steps that have been taken with smoking, for example, over the years have been brought about through legislation?

[140] **Rebecca Evans:** Well, obviously, I am keen to listen to any ideas that the committee might have with regard to how legislation could help us with this particular agenda, but we are using the levers that we do currently have in Wales. For example, we recently—well, in 2014, we introduced the food information regulations. They create stricter requirements for mandatory nutritional labelling to allow consumers to have access to the information that they need in order to make healthier, informed choices about food. But we are also using guidance, for example, and secondary legislation. Our

nutritional standards, for example, that we have in schools and hospitals are already in place. We are also seeking to extend those now to early years settings and to care home settings as well. So, there are things that we can already do within our existing powers. I know that the issue of nutritional standards was something that was looked at previously, but it didn't come through this piece of legislation because, actually, it doesn't need legislation. This is something that we can just get on with and do.

[141] **Rhun ap Iorwerth**: Beth sydd yn y ddeddfwriaeth yma sy'n hwyluso'r ffordd i'r Llywodraeth gyflwyno rheoliadau mewn meysydd eraill? Os nad deddfwriaeth ynddi ei hun, beth sy'n bodoli yn y Bil yma sy'n mynd i hwyluso pethau i'r Llywodraeth?

Rhun ap Iorwerth: So, what is there in this legislation that facilitates the Government in introducing regulations in other areas? If it's not legislation in and of itself, what is there in this Bill that will facilitate things for Government?

[142] **Rebecca Evans**: With specific regard to tackling obesity, this Bill, I suppose, beyond the—. The main thing would be the health impact assessment section of the Bill, which puts health at the heart of all policy. So, the public bodies covered under the Well-being of Future Generations (Wales) Act 2015 will, under certain circumstances, be required to have a health impact assessment—for example, major schemes, projects and so on. Clearly, there will be opportunities there to deal with physical inactivity, which you have mentioned, and obesity as well. So, that is covered in that part of the Bill. But, as I said in response to the Chair's initial question, the Bill is only one part of a wider suite of measures, and not everything is necessarily appropriately dealt with in legislation. However, having said that, I would just repeat that I am open to ideas. So, if there are specific concerns that you have as a committee, I would be happy to listen to them.

[143] **Rhun ap Iorwerth**: Mae yna lot ohonom ni yn meddwl—a lot o bobl y tu allan i'r ystafell yma yn meddwl—am beth ellir ei wneud. Ond rwy'n sicr yn croesawu'r cyfeiriad hwnnw at yr asesiadau effaith iechyd. Rwy'n meddwl bod gennych chi bwynt da yn y fan honno. Beth am yr elfen o'r Bil yma rŷch chi'n meddwl sy'n mynd i allu taclo anghydraddoldebau iechyd,

Rhun ap Iorwerth: Many of us here, and many outwith this room, are considering what could be done. But I certainly welcome that reference to health impact assessments. I think that's a good point well made. What about the elements of this Bill that you think will assist in reducing health inequalities, which is one of our gravest problems in Wales? Many

sydd yn un o'n problemau dwysaf ni yng Nghymru? Mae llawer o'n problemau iechyd cenedlaethol ni yn deillio o anghydraddoldeb.

of our health problems at a national level do stem from inequality.

[144] **Rebecca Evans:** Well, there are a number of aspects of the Bill that are specifically designed to address health inequalities. Health inequalities and the health of children are very much, I think, at the heart of this particular Bill. If you take the efforts within the Bill to lower rates of smoking, for example, that has a particular health equality issue because we know that smoking prevalence is higher in areas of deprivation. So, this Bill will have greater impact in those particular communities. Also, improving the planning of pharmaceutical services will also enable us to take a more responsive approach to the needs of particularly disadvantaged communities, again, to ensure that assessed local need is being met by the pharmaceutical provision available. And, again, health impact assessments have health at their core, and would again seek to benefit more deprived communities where those gradients in health inequalities are most well observed.

[145] **Rhun ap Iorwerth:** Un cwestiwn olaf gen i: dechrau'r siwrnai ydy'r Bil yma mewn llawer o ffyrdd. Bydd angen is-ddeddfwriaeth a chanllawiau pellach i gyflawni amcanion y Bil. Pa fath o amserlen sydd gennych chi yn eich meddwl ar gyfer hynny?

Rhun ap Iorwerth: Just one final question from me: this Bill is the beginning of the journey in many ways. We will require subordinate legislation and further guidance to achieve the objectives of the Bill. What kind of timetable do you have in mind for that?

[146] **Rebecca Evans:** We already have detailed or preparatory work ongoing at the moment in terms of the statement of policy intent, a copy of which we have provided to the committee. Some very detailed work will need to be undertaken in terms of developing the secondary legislation and the guidance. But, as I say, we are very much aware of that, and consideration has been given to those parts of the Bill that will need that to come forward. It's the intention to publish a detailed implementation of the Bill in due course as well, and that will give certainty and clarity to those bodies that are subject to the Bill, but also to members of the public and stakeholders with an interest, because obviously there's going to be a process of consultation and engagement with stakeholders as we move to develop those regulations. I don't know if Chris or anybody would like to add anything on that.

[147] **Mr Tudor-Smith:** I think the different elements of the Bill will require a different time frame, because some have more complex issues to deal with. So, for example, with setting up the retail register for retailers of tobacco and nicotine products, it'll take some time, actually, to develop the register and, similarly, setting up the work on special procedures. So, as the Minister said, we will develop a time frame so that people can see how these are developing at the time.

[148] **Dai Lloyd:** Angela, gyda chwestiwn ar y mater yma.

Dai Lloyd: Angela has a question on this issue.

[149] **Angela Burns:** Yes, absolutely, thank you. Minister, the chief medical officer, in his report that we looked at earlier this week, stated very clearly that through their plans, health boards and NHS trusts must present health needs analyses that clearly show how communities differ and how unequal social factors impact on the need and inequality of health. Now, it goes on to say that some health boards are doing this, but a lot aren't, and I wondered if the Public Health (Wales) Bill might be the right vehicle to put some kind of benchmark in place on top of the health impact assessments, and I just wanted to take your view on that so that you might be able to benchmark those health inequalities, because they very clearly say, the chief medical officer, that if there was better measuring of the social gradient fractions the NHS takes—. So, I just wanted to have your view on that, please.

[150] **Rebecca Evans:** I think this is something that I will have to give some further consideration to as to what might be possible and practical in terms of what could be achieved beyond legislation, but also if there would be a need to introduce this as part of the Bill. So, perhaps we could have a more detailed discussion as to what precisely would be required under the Bill or, I suppose, more importantly, what the outcomes are that need to be achieved and how we go about doing them. So, is it through this piece of legislation or is it something that we can just take forward in terms of seeking a more consistent approach across health boards. It might be that we need to issue guidance to health boards, it might be that we need to stress this in our regular meetings with the chairs and chief executives of the health boards and so on as well. There are always various ways of achieving the same aims, so it's about choosing what the most appropriate might be.

[151] **Angela Burns:** Well, we would be—the Welsh Conservatives would be very grateful if you would actually look at this specific issue, because it was a recommendation, or a commentary, in his report, and I do appreciate that

there may be the facility under different pieces of legislation to issue that guidance, but I think one would have assumed that, if there had been, they might have already issued that, because he was saying he just can't get those data, and that's why we wonder if the public health Bill would be a vehicle that we could use, as it's coming through and it would affect a huge section of public health.

[152] **Rebecca Evans**: Well, if I may, Chair, I will explore this idea further and then write to the committee. The committee might want to provide more information as to your thoughts on this as well.

[153] **Dai Lloyd**: Diolch yn fawr. Rwy'n mynd i symud ymlaen at yr adran nesaf. Rydym ni wedi bod yn trafod y cyffredinol, ond fe awn ni i mewn i fanylder nawr ar wahanol rannau o'r Mesur yma, a'r rhan gyntaf ydy sôn am dybaco, ac mae Lynne yn mynd i ofyn y cwestiynau nesaf, ac wedyn efallai Rhun.

Dai Lloyd: Thank you very much. We'll move on to the next section. We've been talking in generalities, but we'll go into detail now, into the various parts of this Bill, and the first part talks about tobacco and nicotine products, and Lynne is going to ask the next question, and then perhaps Rhun will come in.

[154] **Lynne Neagle**: Thank you, Chair. The Bill seeks to make certain areas smoke free, such as playgrounds, hospital grounds, school grounds, but you haven't chosen to go down the road of including other areas in the smoke-free list, such as outdoor cafes et cetera, which would also have an impact on public health. Can you just explain the rationale as to why you've chosen those particular settings?

[155] **Rebecca Evans**: Well, the three particular settings that have been described in the Bill were identified as priority areas in our tobacco control action plan for Wales, and these areas have continued to be highlighted by stakeholders as particular areas of concern, mostly because of the health message that you have in hospitals, but also of sending the right message to children and not making children be surrounded by tobacco and smoking in areas that are designed for them and so on. But there's strong public support for those particular measures. There's another reason as well, and that's because voluntary measures have been in place in these areas for some time, but we know there's been significant difficulty in enforcing these things on a voluntary basis. So, including these in the Bill will enable us also to issue guidance and so on afterwards and provide clarity and consistency, and also provide managers of these particular facilities with the ability to engage with

enforcement officers to make sure that enforcement does take place as well. We recognise, though, that there might be further areas that might be desirable to bring into the scope of the Bill in future, and the Bill does allow for that. It would require stakeholder engagement and consultation, and the agreement of the Assembly as well. Again, I'm open to ideas as to what we could look at in a practical way in future.

12:45

[156] **Lynne Neagle:** You referred to enforcement. We know that there have been difficulties enforcing the ban on smoking with children in the car, and we also know that, when the previous Bill went through, environmental health officers were worried about the implications of enforcing further restrictions on smoking. Can you tell us what consideration you've given to the challenges of enforcing the Bill, particularly in relation to any resource implications locally?

[157] **Rebecca Evans:** In terms of the issue of smoking in cars with children, first of all, this is the same as with other smoking legislation previously. It's been the case that a light-touch enforcement has been undertaken, certainly in the initial stages of it, and just as was the case with wearing seat belts in cars, for example, this is really about creating a shift in culture, a shift in behaviour; so, a cultural change rather than being heavy-handed in terms of enforcement. We do know, however, that the police forces and local authorities, as enforcement bodies, have issued warnings and letters, for example, with regard to smoking in cars with children, and it's something that officials, I know, continue to monitor regularly.

[158] In terms of enforcing this provision and the other provisions in the Bill as well, we're really keen to make sure that we're only asking local authorities to do what they're able to do within the resources that they have. Parts of the Bill will allow local authorities to have an income stream, in terms of licensing and so on, where they're able to charge for the application in order to cover those costs and also to charge people who are licensed as well, and that will give a further income stream to help them enforce as well. So, we're really keen not to create a Bill that is overly burdensome on local authorities and would be a barrier to effective enforcement of it.

[159] **Lynne Neagle:** One final question on smoking—further provisions to restrict smoking in vehicles is included. Can you give us your thoughts on that and under what kind of circumstances you would be looking to

introduce that?

[160] **Rebecca Evans**: This part of the Bill—sorry, these provisions are in the Bill because it's restating what's already in existing legislation, and I might ask Sue to give you some of the details in terms of what that means in practice.

[161] **Ms Bowker**: Currently, we have the restrictions on smoking in vehicles that are workplaces or that carry passengers, and we have restrictions on smoking in cars carrying children, as you said. Those regulations were made under the Health Act, so because we're restating the Health Act, we have to go back to those regulations and look at them all over again. So, that's why it's there: to allow us to do that.

[162] **Lynne Neagle**: So, it's not your intention to further extend that then at this stage.

[163] **Ms Bowker**: No.

[164] **Lynne Neagle**: Thank you.

[165] **Dai Lloyd**: Rhun, a oedd gyda ti gwestiynau yn fan hyn?

Dai Lloyd: Rhun, did you have questions here?

[166] **Rhun ap Iorwerth**: Buaswn i'n licio gofyn cwestiwn, efallai dau, ar y bwriad i wahardd ysmygu ar dir ysbytai. Mi wnaf i ddweud ar y dechrau fy mod i'n cytuno efo'r egwyddor. Mae'n gas gen i weld pobl yn nrws ysbytai yn ysmygu ac ati, ac o bob man, mi ddylai ysbyty fod yn rhywle sy'n cael ei weld fel bod yn ddi-fwg, ond mae o'n gonsýrn gen i ar ambell i lefel. Un, nid oes gan bobl ddim dewis i fynd i rywle arall pan maen nhw mewn ysbyty, a hefyd mi fydd pobl mewn ysbyty, p'un ai'n gleifion neu yn ymwelwyr, mewn sefyllfa o fwy o straen, o bosib, nag mewn unrhyw ran arall o'u bywydau.

Rhun ap Iorwerth: I'd like to ask a question, perhaps two, on the intention to ban smoking on hospital grounds. I will say at the outset that I agree with the principle. I dislike seeing people smoking outside of a hospital and at a hospital door—a hospital of all places should be somewhere that should be seen as smoke free, but I do have a few concerns. Firstly, people don't have any choice—they're not able to go elsewhere when they're in hospital, and that's people, patients or visitors, when they are perhaps under greater pressure or strain than at any other time in their life. There are two

Mae yna ddwy ffordd rydw i wedi meddwl amdanyn nhw ymlaen. Un, y gellid caniatáu neu hyd yn oed annog e-ysmygu fel ffordd o gwmpas hyn, ond rydw i'n ymwybodol, o bosib, ein bod ni ddim eisiau dod ag elfennau o e-ysmygu i mewn i'r Bil y tro yma. Y ffordd arall o'i wneud, o bosib, fyddai mynnu bod ysmygu allan o olwg y cyhoedd ar dir ysbyty, gan gydnabod bod yna sefyllfa unigryw mewn ysbyty. A fyddwn i'n gallu cael eich ymateb chi i hynny a'ch syniadaeth chi ynglŷn â hyn?

ways ahead that I've thought about on these things. First, perhaps we could permit or even encourage e-smoking as a way around this, but I am aware that we might want to avoid bringing e-cigarettes and such issues into the Bill this time around. Another possible thing that we could do would be to state that smoking outside of the public's view on hospital grounds would be okay, acknowledging the unique circumstances in hospitals. Could I have your response to those suggestions and your ideas about this issue?

[167] **Rebecca Evans**: Thank you. I know you've had a particular interest in this part of the challenge of addressing smoking, and the idea of having vaping rooms in hospitals we've previously discussed, as well. Hospital managers are already able to designate rooms in which e-cigarettes would be able to be used, because the Bill restricts smoking in public places and workplaces, but it doesn't restrict the use of e-cigarettes. So, hospital managers can already do this if they want to.

[168] **Rhun ap Iorwerth**: But they're also able to completely ban vaping, which has been done in ABMU, I think. Am I right?

[169] **Angela Burns**: Yes.

[170] **Rebecca Evans**: But the point would be, for us to have anything in the public health Bill, it would have to demonstrate the public health benefits of doing it. On the public health benefits of e-cigarettes themselves, I think the jury is out, to say the least, on this at the moment. If anything, I think the evidence is weighing in the direction of caution at the very least, but perhaps that e-cigarettes are not necessarily a healthy choice.

[171] **Rhun ap Iorwerth**: We don't know that, but as I said, I recognise why we wouldn't want, perhaps, to seek to put e-cigarettes in any form in this Bill this time round. But the second half of the question is that you have people who aren't able to make choices about where they are; that they are at a

hospital, whether visiting or as a patient, at a very stressful time in their lives, and it may actually not be good for their health or their mental state if they were to be forced at that time to come off nicotine. The second suggestion I made there was to have designated—totally out of the view of the public—smoking places allocated in hospital grounds.

[172] **Ms Williams**: The Bill does already allow hospital managers to designate areas in the grounds where smoking is permitted. That's already covered by the Bill.

[173] **Rhun ap Iorwerth**: Okay, and that is clear in the Bill—within hospital grounds.

[174] **Ms Williams**: Section 8.

[175] **Rebecca Evans**: Is that what you were going to say?

[176] **Ms Bowker**: Yes. There would be regulation-making powers under which we can specify those conditions. We could consider, as you're saying, that those areas where smoking is allowed are out of view of the general public.

[177] **Rhun ap Iorwerth**: But it's up to the health boards, of course.

[178] **Ms Bowker**: Yes.

[179] **Rhun ap Iorwerth**: And that's the problem.

[180] **Dai Lloyd**: Ocê, symudwn ymlaen at y mater nesaf, a'r gofrestr o'r sawl sy'n gwerthu tybaco. Mae'r cwestiynau hyn o dan law Caroline Jones.

Dai Lloyd: Okay, we'll move on to the next issue, and that's the register of retailers of tobacco products. Caroline Jones.

[181] **Caroline Jones**: We all agree it's of paramount importance that we protect people under the age of 18 from obtaining nicotine and cigarettes illegally. But can you tell me how retailers being placed on a register will help reduce underage sales, and how will this measurement be monitored? How will it be measured and monitored, this register?

[182] **Rebecca Evans**: Well, the creation of the register of retailers restates,

really, the importance of ensuring that under-18s don't have access to tobacco and nicotine products. The creation of the register will give local authorities for the first time a full picture as to which retailers are selling nicotine products. They don't have that information at the moment. This will help them in their enforcement duties, because they know where these retailers are, but it will also help them in supporting retailers as well, in terms of giving them information and advice to prevent them being in a position where they're selling to under-18s.

[183] **Caroline Jones**: Okay. I had noticed that there is a £30 suggested fee for registering, to cover admin fees. Could you tell me how this has been decided? Are we penalising very responsible traders and retailers for the actions of those who continually break the rules, and so on? The registration in Scotland is free. So, can you tell me how, again, this register is going to be measured?

[184] **Rebecca Evans**: Well, consultation responses to the public health White Paper that we had—I was about to say that there was a divergence in views as to whether or not we should be charging a fee for retailers to register. So, they were split between those who thought that retailers should be charged in order to ensure full cost recovery for the register and those who thought that retailers shouldn't be charged anything at all. But, following the consultation, the fee structure was reviewed and the requirement to re-register with the payment of re-registration fees was removed from the proposals as a result of that consultation—so, listening to a very similar argument to the one that you're making in terms of being fair to retailers.

[185] We're not putting the fee structure on the face of the Bill. They'll be set through regulations and, obviously, we will consult on those regulations, including the level of the fee as well before those regulations are laid. The application fee, though, will be calculated to cover only the administration costs, and that keeps us within the recent Hemming judgment, as well, which we discussed at the recent legislation committee.

[186] **Caroline Jones**: Is that a one-off charge, then, or is it annual charge?

[187] **Rebecca Evans**: It's a one-off charge, and that covers both nicotine devices and tobacco.

[188] **Caroline Jones**: Thank you.

[189] **Dai Lloyd**: Diolch, Caroline. Symudwn ymlaen i'r adran nesaf, hefyd efo tybaco, ac mae Jayne yn mynd i ofyn y cwestiynau hyn.

Dai Lloyd: Thank you, Caroline. We move on to the next section, which is also on tobacco, and Jayne will ask the questions for us.

[190] **Jayne Bryant**: Thank you, Chair. The Bill aims to reduce the risk of young people under 18 accessing nicotine products through the internet and phone sales, for example. How will this part of the Bill be enforced?

[191] **Rebecca Evans**: Local authority enforcement officers will need to undertake test purchasing, and perhaps Sue might like to say a little bit more about the practicalities of that as well. Enforcement officers will use the intelligence that they also gather to select which retailers to test, as they do with current tests, for example, with alcohol—it's based on those retailers who they believe pose a particular risk in terms of potential sales to young people. They'll also be able to use the retail register to identify retailers who offer remote sales and delivery of tobacco and nicotine products. Again, that's access to information that local authorities don't have access to at the moment.

[192] **Ms Bowker**: We have examples of test purchases where a vacant house, for instance, is taken and orders are made to that house with a young person who has agreed to do the test purchasing. So, we have examples of that already having happened, so that's how we would envisage this being measured if there were complaints and we needed to follow that up.

[193] **Jayne Bryant**: Okay, so it puts the onus on the individual who is handing over the product. Will there be extra support or training, for example, for perhaps supermarket delivery people?

[194] **Rebecca Evans**: An offence is only committed if the tobacco is knowingly handed over by the delivery driver to a person who is under 18. Supermarkets should already be really familiar with these kinds of offences anyway and with age verification processes, because they should have similar processes in place already to deal with sales of alcohol. For example, when a delivery driver delivers an order containing alcohol, whether that alcohol is visible or not to the driver, there's a legal requirement under the Licensing Act 2003 and statutory guidance under that Act requiring them to verify the age of the person they're handing the delivery to. So, delivery drivers themselves are already very aware of the need for age verification before handing over age-restricted products.

[195] Part of the guidance that we will issue following the Bill will be highlighting the importance to supermarkets and other retailers of alerting their drivers if any of their deliveries contain tobacco or nicotine products, and there are various ways in which they can do this. For example, in handing over age-restricted products at the moment, some supermarkets put a note at the top of the receipt for the driver, and so on. So, there are various different ways in which supermarkets could make sure that they are supporting their drivers to act within the law.

[196] **Jayne Bryant:** Thank you. Just a last question: how will the impact of this part of the Bill be measured?

[197] **Rebecca Evans:** We've heard about the role that trading standards will play in terms of monitoring complaints and the intelligence gathered in terms of handing over cigarettes or nicotine products to people under the age of 18. This will be continually monitored and tracked over time, so that we'll be able to be aware of any trends. These provisions, of course, will work as a package in terms of the revised tobacco products directive, the regulations on the sale of nicotine products, proxy purchasing of nicotine and tobacco products and the standardised packaging that we have as well. So, all of these things together will seek to stop young people taking up smoking. So, it's a package of measures.

13:00

[198] Ultimately, how will we know if it's working as a package? Well, if we see the number of people smoking falling over time. We've got the aim of 16 per cent by 2020. Young people at the moment are smoking less and less, and fewer young people are taking it up, which is really to be welcomed. Levels are lower now than they have been since records started.

[199] **Jane Bryant:** Brilliant. Thank you.

[200] **Dai Lloyd:** Diolch, Jayne. Symudwn ymlaen nawr i'r darn yna o'r Mesur sydd yn ymdrin â thriniaethau arbenigol, fel aciwbigo a thatŵio. Ac mae'r cyfres o gwestiynau nesaf o dan ofal Angela.

Dai Lloyd: Thank you, Jayne. We'll move on to the part of the Bill that deals with special procedures, such as tattooing and acupuncture. And the next series of questions is from Angela.

[201] **Angela Burns**: Thank you, Chair. Good afternoon, Minister. I was very interested to see that on the Bill you've identified tattooing, piercing, acupuncture and electrolysis as key body—not modifications—procedures, that you would like to have banned. And I don't disagree with that for the age group that you're talking about. What I would like to just explore is why you feel that body modification should not be part of that. I noted that the previous time the public health Bill came for scrutiny, the then Minister stated that greater exploration of associated risks or harms was needed before considering adding them to the legislation. But, if I just take one example, I would have thought that piercing a tongue would be a type of risk, but then cutting that tongue to provide a—tongue-splitting—sorry, I'm not up with the jargon on this—would be an even worse process, and could have even greater harm. So, I'd just like your view on why those kinds of things aren't involved in this as well.

[202] **Rebecca Evans**: Well, the four processes that have been introduced in the Bill at this time—so, tattooing, piercing, electrolysis and acupuncture—were chosen particularly because they pose a harm to human health if not performed in a hygienic manner, but also because they are currently regulated by local authorities. These are things that local authorities are familiar with, so they'll be able to hit the ground running in terms of this new rule. And the Bill does replace what has been an outdated registration system that only required a one-off registration for a fee, whereas this modernised system will give us greater surety in terms of the standards and so on. But, the previous Minister did signify his intention to consult early in terms of adding other procedures to the list of special procedures covered by the Bill, and I would be happy to keep that commitment.

[203] A working group has already been established to consider other potential additions to the list of special procedures, and the scope of that includes body modifications—so, tongue-splitting and other similar procedures, Botox injections, dermal fillers, colonic irrigation, and wet cupping—so we'll be engaging at the earliest opportunity in terms of exploring whether these things should be added to the list. The object of the earliest consultation will be to gather and assess information on these procedures and their prevalence in Wales, to thoroughly explore the legal and ethical questions that could arise in terms of deciding whether to make them licensable by way of affirmative regulations in the future.

[204] **Angela Burns**: Thank you for that. I must admit that when I came to this Bill, I was really surprised to see, for example, acupuncture included,

because I had always assumed that it was a kind of quasi-medical process and that it had its own set of regulations, like many other healthcare professions who have their own regulations and their own body that ensures that standards are applied et cetera. How do you think this Bill will be able to go and deal with the underground, the people who are never going to get licences and who go and do tattooing down the back streets, and on people who are inebriated and are doing it for a laugh, and wake up the next morning and think 'Oh my goodness, what have I done?'? I just wondered how useful you think this Bill will be in trying to capture, or prevent that from happening.

[205] **Rebecca Evans**: Before I address that, can I ask Chris to say a little something in response to the comments on acupuncture particularly, and the discussions we've had with the industry?

[206] **Mr Brereton**: We've had several discussions with the British Acupuncture Council, who represent acupuncturists, and there is an ability in the Bill to exempt certain organisations, and the BAC may well be one of those, because they've received accreditation. So, there's a way of doing that. But, you're quite right in saying that, in theory, anyone could set up as an acupuncturist tomorrow, and what this Bill does is say 'You can't do that unless you're competent and meet the relevant criteria.' For those organisations that are trained and professional and then meet those professional standards and achieve those accreditations, there is the ability to exempt them. [*Interruption.*]

[207] **Angela Burns**: I do hope that's not me. If so, I will eat the humblest pie I can possibly find. It's not me. Phew. [*Laughter.*]

[208] **Dai Lloyd**: Carry on with your—

[209] **Rebecca Evans**: Shall I just say something about illegal tattooists and piercers?

[210] **Angela Burns**: Yes.

[211] **Rebecca Evans**: The aim, really, is for this legislation to make it even more difficult than ever for people to be operating outside the law because this Bill will make sure that people who are operating legitimately have a licence. They'll be able to display that licence. If they don't have a licence to display, they'll be operating outside the law. It will be that simple. So, in that

sense, we're rewarding good tattooists and good piercers who offer their services in a hygienic environment and are able to support their customers with appropriate advice and so on before they leave. But also, it will be easier then for customers to spot those people who are operating in a way that doesn't have those hygienic sureties and so on provided by the legislation.

[212] **Angela Burns:** Of course, this obviously would be a question of law, and we all know that the police are busy doing what I call 'big crime', if you like. So, what we're going to have to do is rely here upon council officials, local standards, trading officers, the local Health and Safety Executive. Do you feel confident that we have enough human resource within our local government to be able to enforce another set of regulations? That almost applies not just to this but also to the tobacco licensing et cetera. Do you think we're at that place yet?

[213] **Mr Brereton:** Minister, perhaps I could respond. As the Minister said, the four procedures currently on the face of the Bill are regulated by local authorities, but the system of regulation is under what I think is outdated legislation—back to 1982. If you were to set up as an acupuncturist, a body piercer or a tattooist, you'd pay a one-off registration for life, and that registration is as of right. You would be granted it, unless you'd previously been convicted under that legislation. So, that doesn't provide much resource for local authorities currently. Now, all of those current practitioners will have to be re-licensed and their premises approved under a new system, which will attract a continued cycle of funding. That funding will provide the capacity for local authorities to work with those regulations to ensure compliance.

[214] In relation to the problem of the underground tattooists and piercers you mentioned—illegal activity—at the moment it's quite hard for local authorities. They have to gather the evidence, go to a magistrate, and convince the magistrate that this activity is happening and that there is a serious risk to public health before a Part 2A Order is granted under the Public Health (Control of Disease) Act 1984. They have to use that and go to the premises, whereas this provides a much more streamlined way of designating an individual, bringing them within the licensing regime and stopping that behaviour at a much faster pace than before. So, I think it will actually assist local authorities who do have a greater capacity as a result of the infrastructure of a cycle of funding, due to the new licensing system being put in place.

[215] **Angela Burns**: Thank you. I take on board that point. I think it's a point very well made. My final sort of area that I'd just like to talk about briefly, Minister, would be your view on the right age for prohibition of some of these activities. For example, I understand now that you cannot get a tattoo, or you shouldn't be able to get a tattoo legally if you are under 18 years of age, but I think that your intent is to look at 16 for some of these areas. I know we've talked before about child protection and about ensuring that, actually, it's not just the child who's protected but also the practitioner, because, of course, they could be vulnerable. So, I just wanted to hear your views on whether all of the age limits should be 18 rather than having a two-tier system.

[216] **Rebecca Evans**: Well, we have put 16 as the age for intimate piercing because we feel that it strikes a balance, really, between the human rights of children and young people to decide what to do with their own bodies, but also the safeguarding of those children and young people as well. We feel that it fits as well with the kind of other decisions that people are able to make at the age of 16. I know this was subject to quite some discussion in the previous Assembly. So, we've kept 16 for intimate piercings for that reason.

[217] **Angela Burns**: Could you just explain to me, perhaps, the difference between an intimate piercing, which I understood could be a stud through a belly button and somebody going to have a tattoo on their bottom, which is more intimate, and therefore exposes both the young child—or the young individual, young person—and the practitioner?

[218] **Mr Brereton**: The belly button wouldn't be intimate within the definition of the Bill, but a young person under the age of 18 wouldn't be able to have a tattoo at all. A young person under the age of 16 wouldn't be able to have an intimate piercing. They could have another piercing—between 16 and 18 they can have other piercings as well.

[219] **Angela Burns**: But that was my point—so we're saying that you can't have a tattoo, and you can have a tattoo in any part of your body, because we want to protect you until you're 18, but we're actually saying you can go and have another procedure that could be even more invasive and even more intimate but we're only going to protect you up to 16. So, I just don't quite see the illogicality of that position.

[220] **Ms Williams**: It's mainly for historical reasons because the age of 18

for tattooing is set out in the Tattooing of Minors Act, which dates from the 1960s, so I think you have to look at that as a product of its time. The age of 16 for intimate piercing was arrived at after detailed consideration of the human rights implications, as the Minister has already said. I think any disparity in the age, which you've drawn out, can be explained by reference to the fact that the Tattooing of Minors Act is a relatively old piece of legislation.

[221] **Angela Burns**: Right. Thank you.

[222] **Dai Lloyd**: Huw.

[223] **Huw Irranca-Davies**: Thank you, Chair. Just a point of clarification following up on Angela's point about the interplay with organisations such as whatever the governing authority is for acupuncturists and so on. Is it the design and intention of this Bill that if there was an authoritative, reputable organisation within a particular area, that that would, in effect, allow them to be recognised as a bona fide premises that could deliver this? Would the very membership of such an organisation allow them to be a registerable organisation here—a licensed organisation?

[224] **Mr Brereton**: The Bill provides that—. There are a number of exemptions on the face of the Bill and exemptions for organisations could be created by regulations, but the governing thing would be that that organisation, the voluntary registry if you like, is accredited by someone like the Professional Standards Authority for health and social care. That's where people like the acupuncture council are already accredited by that organisation and therefore would be allowed to be exempt by way of regulations. So, there is the ability to do it, but they have to show they have adequate safeguards in place and that those safeguards have been accredited and are monitored under a system of robust regulation.

[225] **Dai Lloyd**: Trown ymlaen i'r adran nesaf o'r Mesur ac asesiadau iechyd—*health impact assessments*—ac mae gan Rhun gwestiwn am hyn.

Dai Lloyd: We'll move on to the next part and this is health impact assessments. Rhun has a question here.

[226] **Rhun ap Iorwerth**: Diolch. Yn sicr, rwy'n meddwl bod yna gefnogaeth—cafodd cefnogaeth ei dangos gan y pwyllgor iechyd

Rhun ap Iorwerth: Thank you. Certainly, I think that the previous health committee showed its support for providing a statutory basis for

diwethaf i roi sylfaen statudol i asesiadau effaith iechyd, ond atgoffwch ni o'r dystiolaeth a berswadiodd y Llywodraeth bod yna le i ddeddfu yn fan hyn i wneud asesiadau o'r fath yn statudol yn hytrach na'r drefn bresennol.

health impact assessments, but remind us of the evidence that persuaded the Government that there was room to legislate here in order to make such assessments statutory rather than adopting the current system.

[227] **Rebecca Evans**: Well, you're right, it was the work of the previous committee's scrutiny and the evidence and campaigning by organisations such as BMA Cymru and others that led to the adoption of this particular part of the Bill. The benefits of health impact assessments I think are well recognised internationally. I point you to the World Health Organization, for example, which has noted a number of benefits for them including their role in improving health but also reducing health inequalities and promoting co-operation across sectors as well and across communities. They also say that health impact assessments can provide high-quality evidence to policy makes in terms of helping policy makers take good decisions as well. So, the World Health Organization certainly said that by—it has recognised the value of them in terms of allowing policy makers to make good evidence-based decisions.

[228] **Rhun ap Iorwerth**: Would you expect that over time there would be an increase in the numbers of health impact assessments that were taking place? I think currently there's not an intention to have an explosion even after legislating.

13:15

[229] **Rebecca Evans**: They already take place across Wales in various different situations at the moment. What this Bill does is, again, help improve clarity and consistency of approach across Wales. It'll also complement the well-being of future generations Act as well, because it will help public bodies use health impact assessments to demonstrate how they are making a contribution to the healthier Wales well-being goals.

[230] **Rhun ap Iorwerth**: What about financial implications? Clearly, the more HIAs that are done, the more public money, in some way, perhaps, will have to go towards conducting them. What sort of assessment has been made of the value-for-money element of the post-legislation set-up compared with now?

[231] **Rebecca Evans:** For this part of the Bill, as all other parts of the Bill, the regulatory impact assessment looks at the necessity for legislation, as opposed to other options to achieve the same goal. The estimated costs and benefits of a legislative approach in comparison to a non-legislative approach in the RIA demonstrate that the legislative approach is a cost-effective way in which to take this forward. It says that it will achieve benefits without incurring significant additional costs.

[232] **Rhun ap Iorwerth:** Okay, thank you. Diolch.

[233] **Dai Lloyd:** Os gallaf i jest sôn ar gefn hynny, mae yna bryder allan yn fanna, wrth gwrs, am yr holl fater o lygredd yr awyr rŷm ni i gyd yn ei anadlu. Rwyf i wedi gweld nifer o bobl yn ddiweddar sy'n pryderu ynglŷn â hynny. Sut fuasai hynny'n ffitio i mewn i'r Mesur yma? A oes unrhyw fwriad o dan unrhyw un o'r asesiadau iechyd yma i edrych ar sut mae llygredd yn digwydd o ganlyniad i beth bynnag sy'n cael ei ddatblygu yn ein trefi a'n pentrefi ni?

Dai Lloyd: If I could just mention on the back of that, there is some concern out there on this whole issue of air pollution—it's the air that we all breathe, of course. I've seen a number of people recently who are concerned about that. How could this fit into this Bill? Is there any intention under any of these health impact assessments to look at how air pollution happens as a result of anything that's developed in our towns and villages?

[234] **Rebecca Evans:** Well, there's already work being undertaken elsewhere in Welsh Government on the issue of air quality. The Cabinet Secretary for Environment and Rural Affairs is currently consulting on changes to the way in which local authorities and other public bodies manage the effects of air pollution. So, that consultation relates to the changes in Welsh Government about the local air-quality management regime, so that very much fits in with what you're talking about today.

[235] I think it's important that the public health Bill doesn't cut across other work that the Welsh Government is doing, so in that sense I wouldn't want to pre-empt anything that came out of the consultation with regard to air quality. I know that the National Institute for Health and Care Excellence, today, have launched a consultation on this particular issue as well, so we'll be watching closely in terms of what that NICE consultation determines.

[236] **Dai Lloyd:** Diolch yn fawr. **Dai Lloyd:** Thank you very much. The

Mae'r adran nesaf o gwestiynau ar wasanaethau fferyllol, ac mae hynny o dan law Lynne.

next section deals with pharmaceutical services, and Lynne's going to lead on that.

[237] **Lynne Neagle:** Thank you, Chair. We know that there've been difficulties expanding the additional pharmaceutical services that are offered. Can you just tell us how you feel that the Bill will address those challenges and make sure that community pharmacies are actually able to meet the needs of the community?

[238] **Rebecca Evans:** I think that it is fair to say there has been significant progress in recent years in terms of expanding the services provided by pharmacies. For example, the improved access to emergency contraception, increased provision of the flu jab, for example, and increased commissioning by the NHS of smoking cessation services. So, it is the case that services that are being provided by pharmacies are improving, but I think that this Bill recognises that we can certainly do a lot more.

[239] The Bill will change the way in which pharmaceutical services are identified as being necessary locally. The current regime, actually, is 25 years old, so this brings it very much up to date, and it's not looking particularly or singularly at the dispensing of prescriptions; it's looking at the wider services that pharmacies can provide, particularly in response to the pharmaceutical needs assessment that local health boards will be able to undertake. So, it is a step change in terms of the status of community pharmacies within the provision of health services in Wales, and also an opportunity, I think, to realise the huge potential of community pharmacies as well.

[240] **Lynne Neagle:** And in relation to the pharmaceutical needs assessments, how will the Bill ensure that they are applied consistently throughout all health boards in Wales? And also, how will we ensure that there isn't duplication with the other assessments of well-being that health boards are having to conduct?

[241] **Rebecca Evans:** Well, Part 6 of the Bill provides Ministers with powers to make regulations, and that will include the detail regarding how and when pharmaceutical needs assessments must be undertaken, and the extent to which an assessment is to take account of other matters, the preparation of that assessment, and the consultation that must be carried out in connection with an assessment, as well as any procedural requirements as well. We will be providing a standard suggested template for a pharmaceutical needs

assessment in guidance as well in order to support the delivery of this part of the Bill, and I think that will enable us to deliver a more consistent approach to pharmaceutical needs assessments across Wales.

[242] **Lynne Neagle:** And what assessment have you made of the implications of the Bill on the pharmacy workforce in Wales?

[243] **Rebecca Evans:** The Bill doesn't have any immediate impact for the pharmaceutical workforce in terms of the provisions in the Bill. But the Bill will obviously have an impact on the workforce in terms of providing increased opportunities for the workforce by widening the services that pharmacies provide. And, obviously, that will lead to training opportunities, and the opportunities for pharmacists to work in the spirit of prudent healthcare, providing and working at the top end of the talents and skills and knowledge that they have.

[244] **Lynne Neagle:** Thank you.

[245] **Dai Lloyd:** Reit. A'r adran nesaf ydy toiledau. Felly, ar y pwynt yna, Caroline.

Dai Lloyd: Okay. The next section is in relation to toilets. So, on that point, we'll turn to Caroline.

[246] **Caroline Jones:** Diolch, Chair. Could you tell me please how the Bill will ensure that a consistently robust approach to identifying and planning for the needs of communities is taken by local authorities across Wales?

[247] **Rebecca Evans:** Well, similar to my answer to Lynne in terms of consistency, the Bill will require statutory guidance to be made in terms of the provision and the assessment of needs for toilets to be available by users of highways and active travel routes, significant transport facilities, and sites of particular significance—cultural, sporting, historic, popular or places of national interest. So, all of these will be included, and the guidance will also cover the assessment of needs for toilets located in premises that are publicly funded, and for promoting public awareness of toilets available for the public as well. So, in that sense, we're setting out clearly a framework that would be consistent for all local authorities.

[248] **Caroline Jones:** Okay. Also important is how will the Bill ensure that the specific needs of people with disabilities, and baby changing, be taken into account, and how will adequate information regarding location and access be issued to the public.

[249] **Rebecca Evans:** The Bill also puts a duty on local authorities to have regard to guidance issued by Welsh Ministers, and that guidance will set out that local authorities should engage users to ensure the assessment of need accurately reflects the needs of the local and the visiting population. So, that includes consulting residents, visitors, and different groups with specific needs, such as children, older people, people with disabilities, homeless people, mothers with children, and so on—all different groups who you would normally expect to have a particular interest in access to public toilets.

[250] **Caroline Jones:** And how are we engaging with the wider community, for example, a range of organisations, private entrepreneurs and businesses, and how will the local authorities' performances be measured in this? Because there are people that could provide toilet facilities that have private businesses, so how can we engage more with the public to find out what's around us, basically, and how we can use it?

[251] **Rebecca Evans:** The statutory guidance will recommend local authorities consider whether there are opportunities to work with others: so, working with other local authorities, working with public bodies, commercial and private entities, when assessing the need for, and the availability of, toilets in the local area. So, the toilets are deliberately referred to as 'toilets for public use' rather than 'public toilets', because 'public toilets' conjures up a very narrow idea of what that might involve, whereas 'toilets for public use' really opens up the facilities that are already there. And you're right that it is about also encouraging users to understand what's available as well and to have the confidence—. Again, this is about a culture change, because I know many people are uncomfortable about perhaps going into a cafe or a pub, or a library even, or a public building in order to just use the toilet without engaging with any of the other things that are going on in that particular place. So, it is about making the public aware that actually this is an okay thing to do and it's encouraged and it's welcomed by the people who are offering that service.

[252] **Caroline Jones:** And, finally, how will the local authorities' performances be measured on this?

[253] **Rebecca Evans:** Local authorities will be providing a report. It's an annual report or—. Can you remind me when the reports are due?

[254] **Mr Brereton:** There's a timetable for the production of the strategies

and a review process in it as well so that local authorities would have to review it within the year following an election. There will also be an interim review during the progress of that where they look at what they set out to do, what they've achieved and where the gaps are. It will also be subject—. Through the guidance, we'll be encouraging local authorities to subject their strategies to their own scrutiny process where they can be held to account. Local authorities will also have a duty to consult on their strategies and the review of those strategies with representative persons, people who would be interested in the strategy, and provide them with access to a copy of that strategy as well.

[255] **Caroline Jones**: Thank you.

[256] **Dai Lloyd**: Lynne.

[257] **Lynne Neagle**: Last time round, the issue of public toilets was quite contentious. Lots of people felt that the Bill should have gone further in actually ensuring that local authorities had a duty to provide public toilets. Did you give any consideration to strengthening the Bill this time round? If not, why not?

[258] **Rebecca Evans**: I think the arguments were well discussed in the previous Assembly as well. But, again, I've referred a few times throughout the discussion and in the Plenary sessions as well about the need to give a Bill that's realistic in terms of what local authorities are able to deliver and not to make something that's so burdensome on them that it's going to be very difficult for them to deliver or be financially impossible for them to deliver, which is why we're taking this view about 'toilets for public use' rather than 'public toilets', which will require a change in thinking, I think, from users but also from providers as well.

[259] **Dai Lloyd**: Ar gefn hynny, a allaf i jest gofyn—? Yn naturiol, mae'r holl fusnes yma o gyfleusterau cyhoeddus yn allweddol bwysig i rai categorïau o bobl sydd efo gwahanol glefydau sy'n golygu eu bod nhw angen toiled ar fyrder yn eithaf aml. Weithiau, mae hyn yn eu hatal nhw rhag gadael y tŷ yn aml. Felly, beth mae nifer o'r bobl yma yn gofyn

Dai Lloyd: On the back of that, can I just ask—? Naturally, this whole issue of public facilities is particularly important to certain people who have various conditions that mean that they need toilets as a matter of urgency quite often. Sometimes, that prevents them from leaving the house. So, what many of these people ask is—they want to know

ydy—maen nhw eisiau gwybod yn union le mae'r toiled agosaf gogyfer defnydd y cyhoedd. Byddai'n help cael bas data o union leoliad rhain mewn tref, mewn dinas, a gogyfer Cymru i gyd. Rwyf ar ddeall nad oes y fath fas data ar gael.

exactly where the nearest toilet for public use is. It would be good to have a database of the exact location of these toilets in a town, in a city, and on an all-Wales basis. I understand that there is no such database available.

[260] A fyddai'n syniad felly, fel rhan o'r Mesur yma, i dynnu'r holl wybodaeth at ei gilydd fel ein bod yn gallu dweud wrth bobl lle yn union mae'r toiled agosaf er eich defnydd pan fyddech chi allan, fel eich bod chi'n gallu sicrhau bod yna gyfleusterau cyhoeddus ar agor, ar gael, ac na fydd pobl yn ofni gadael eu cartrefi wedyn? Mae yna nifer o glefydau sydd yn golygu fod pobl yn gorfod chwilio am doiled, dywedwch, bob chwarter awr. Y rhan fwyaf o'r amser, os nad ydy pobl yn gwybod lle maen nhw, nid ydyn nhw yn gadael y tŷ. Mae hyn yn elfen allweddol bwysig. Wedyn, os nad oes casglu'r wybodaeth o le mae'r toiledau yma ar hyn o bryd, fe fuaswn yn eich annog i gael gafael ar y fath fas data a gweithio arno fel rhan o'r Mesur yma. Nid wyf yn gwybod a oes gennych chi ymateb i hynny.

Would it be an idea therefore, as part of this Bill, to draw all that information together so that we can inform people exactly where the closet toilet for public use is, so that you can ensure that there are public facilities that are open and available and people won't be fearful of leaving their homes then? There are a number of conditions that mean that people have to seek a toilet every 15 minutes or so. Very often, if people don't know where those toilets are, they simply won't leave the house. That's a crucially important element. If we don't have that information as to where those toilets are, then I would encourage you to get hold of that kind of information and work on it as a database as part of this Bill. I don't know what your response is to that.

[261] **Rebecca Evans**: Well, the Bill does require local authorities to publish their local toilet strategies, so they should be available for the public to consult. The guidance that Welsh Ministers will set out will say that published strategies should provide for signposting, dissemination, and publication of information on the availability of toilets for the public use within its area. Do you want to add anything?

[262] **Mr Brereton**: We have, during the development of the Bill, looked at national data bases and toilet apps such as SatLav, the Great British Toilet

Map. There is a growth in that type of mapping and app development. It's something we would encourage local authorities, through the guidance, to engage with to make sure that those toilets that are being made available as a result of their strategies and are signposted to in as many accessible forms as possible.

13:30

[263] **Dai Lloyd:** Diolch am hynny. A allaf i jest gofyn i orffen—? Roeddem ni'n cael tystiolaeth oddi wrth comisiynydd pobl hŷn y bore yma—tystiolaeth fendigedig, mae'n rhaid i mi ei ddweud—ac un o'r pethau a oedd yn achosi pryder i'r comisiynydd oedd y syniad yma o unigrwydd, unigedd—*loneliness and isolation*, felly. Mae hynny yn berig bywyd hefyd, ar y fath raddfa hefyd sy'n gallu lladd yr un nifer o bobl ag ysmygu rhywbeth fel 15 sigarét y dydd. A ydych chi felly yn cytuno y dylid trin unigrwydd, unigedd, fel mater o iechyd y cyhoedd?

Dai Lloyd: Thank you for that. Just to conclude, we received evidence from the older people's commissioner this morning—it was wonderful evidence, I must say—and one of the things that caused the commissioner concern was this issue of loneliness and isolation. That can be extremely serious, and can exist at a degree that could kill as many people as smoking 15 cigarettes a day. So, would you agree that we should treat loneliness and isolation as an issue of public health?

[264] **Rebecca Evans:** Yes, I certainly would agree that there are significant public health implications of loneliness and isolation, certainly given the evidence that seems to be emerging about it being as bad for you as smoking and other evidence of that sort. You'll be aware that Welsh Government's committed to tackling loneliness and isolation. It was a manifesto commitment to take a refreshed approach to this. We'll be partly doing that through our older people's strategy, but obviously it will have to be cross cutting, and no doubt will be part of our 'healthy and active' approach, as well. But whether or not there are things that we could do in this Bill in order to address that would be another question. Certainly, it is something we are committed to dealing with.

[265] **Dai Lloyd:** Diolch yn fawr. Yn absenoldeb unrhyw gwestiynau eraill, a allaf i ddatgan felly bod y sesiwn dystiolaeth yma ar ben? A allaf i

Dai Lloyd: Thank you very much. In the absence of any further questions, may I declare therefore that this evidence session has come to a

ddiolch yn fawr iawn i'r Gweinidog am ei phresenoldeb, a hefyd am ei thystiolaeth, a hefyd diolch i'r swyddogion am eu cyfraniad hwythau hefyd?

close? May I thank the Minister very much for her attendance and also for her evidence, and also thank the officials for their contributions?

[266] A allaf i ddatgan y bydd trawsgrifiad o'r cyfarfod yma ar gael i chi i gadarnhau bod y ffeithiau yn gywir? Ond, gyda hynny o eiriau, a allaf i ddiolch yn fawr i chi unwaith eto am eich presenoldeb a'ch tystiolaeth? Diolch yn fawr.

I declare, therefore, that a transcript of this meeting will be made available for you to confirm that it's factually accurate. With that, may I thank you very much once again for attending and for your evidence? Thank you.

13:32

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

Cynnig:

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

Motion:

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

Cynigiwyd y cynnig.
Motion moved.

[267] **Dai Lloyd**: Wrth i ni symud ymlaen i eitem 8, a allaf i gynnig o dan Rheol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod? Fe awn ni i fewn i drafodaeth breifat gyda'ch caniatâd. Pawb yn cytuno. Diolch yn fawr.

Dai Lloyd: We will move on to item 8, and may I move under Standing Order 17.42 to resolve to exclude the public for the remainder of the meeting? We will move into private session with your permission. Everyone agrees. Good, thank you.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 13:32.
The public part of the meeting ended at 13:32.