



Martin Turner Chief Executive, Gwent Healthcare NHS Trust

**Officials In Attendance**

Julie Grant Social Care Policy Division

Dr Ruth Hall Chief Medical Officer

Ann Lloyd Director, NHS in Wales

Liz Lockwood Social Care Policy Division

Rob Pickford Care Standards Inspectorate for Wales

Mike Shanahan Social Care Policy Division

Richard Tebboth Social Services Inspectorate for Wales

Graham Williams Social Services Inspectorate for Wales

Bob Woodward Social Services Inspectorate for Wales

**Secretariat:**

Jane Westlake Committee Clerk

Claire Morris Deputy Committee Clerk

**Item 1: Apologies and Substitutions and Declarations of Interest**

1.1 There were no apologies.

1.2 There were no declarations of interest.

**Item 2: Ministerial Report**

*(9.05 – 10.05am)*

**Paper: HSS(2)-01-04(p.1)**

2.1 The Minister introduced the report. She said that the NHS was currently experiencing seasonal pressure and paid tribute to the work of staff within the NHS, social care and the emergency services.

2.2 In response to comments and questions from Members on her report, the Minister made the following points:

### **Health Gain Targets 2002-2012**

- Health gain targets were informed by input at local level and would be monitored primarily through the Welsh Health Survey.
- The targets for cancer covered prevention and diagnosis through to treatment. There were links between the Cancer National Service Framework (NSF), workforce planning and the delivery of the health gain targets.
- The Expert Group on Health Gain Targets included clinicians.
- Cross-cutting issues relating to children would be addressed by the Cabinet Sub-Committee on Children and Young People. There were also links to Local Government responsibilities in respect of issues such as hip fractures.
- The Director of the NHS in Wales had written to all Local Health Boards (LHBs) urging them to recognise the issues relating to the shortfall in funding for the Stroke Association. The possible use of joint flexibilities funding had been raised with them.

### **Diabetes Services in Wales**

- The link between obesity and diabetes in young people was acknowledged. Nutrition would play an important part in the development of the free breakfast for schools scheme and a nutritional expert had been appointed to the planning group. A balance needed to be struck between nutritional value and what children would eat. Further details of the free breakfast scheme would be provided.
- Information on the powers of the Assembly to influence the UK Government and Food Standards Agency on food labelling would be provided for the next meeting.
- Targeting high-risk groups was a key part of the NSF for diabetes. One of the NSF objectives was to identify and monitor local needs and this would be particularly relevant to areas like the South Wales Valleys, with a high prevalence of diabetes.

### **Review of Health and Social Care in Wales - Production of Local Action Plans**

- The latest census figures, which outlined the reasons for delayed transfers of care would be circulated.
- In the past two years £17m additional funding had been transferred to local authorities from the health budget to tackle delayed transfers of care. This would appear in the Revenue Support Grant from this financial year. An additional £4m had been announced in July 2003 to be allocated through LHBs, which would be reflected next year in the budget for LHBs to take this

issue forward. The additional £19.5m allocated would provide additional funding for local authority funded social care.

- LHBs would be taking the lead in the production of action plans and regional offices of the NHS Wales Department would be ensuring the involvement of key partners both locally and across the regions to ensure consistency.

### **Possible Transmission of vCJD through Blood**

- The Chief Medical Officer said that the case of a patient who died recently with vCJD having received a blood transfusion six years earlier was being examined. It was not certain that transmission of the disease was through transfusion and assumptions should not be made in the absence of evidence. Since 1998 stringent measures had been introduced in the UK to ensure the safety of blood transfusions.

### **Impact of the Children's Bill for Wales**

- Consideration would be given to the involvement of children and young people in local Children and Young People's Partnership.
- The needs of children and young people with psychiatric problems following the withdrawal of Seroxat to this group were being considered. The capacity for provision of therapy and counselling services was being reviewed with Child and Adolescent Professionals and LHBs.

### **Waiting Times Second Offer Scheme**

- Additional resources had been made available to make inroads into the number of people waiting over 18 months from January to March to enable a smooth start to the Second Offer Scheme in April.
- By the end of April, anyone currently waiting 18 months on an inpatient list would have received a second offer. People who did not take up the second offer would remain on the list.
- By the time the first waiting list statistics of 2004/05 were published in May, all potential long wait patients would have received a second offer, although they might not have had their treatment.
- There were specialties, such as neurosurgery, and certain health communities where the 18 month target would be difficult to achieve. The Strategic and Financial Framework (SaFF) targets for LHBs would be circulated to the Committee and details of the make-up of the waiting lists would be provided to Members.
- Rumours that hospitals in England had been directed not to treat Welsh patients any quicker than they would be treated in Wales were refuted.
- A tariff had been agreed with the Department of Health in England which set the fee level for the second offer scheme, which would be applied, irrespective of whether treatment was provided in an NHS or private facility.

## **Good Delivery and Performance of the LHBs**

- Each LHB was required to produce a Strategic Change and Efficiency Plan setting out how they would achieve a balanced budget.
- Repayable loans had been made available to reduce inherited debt. All LHBs had reduced their forecast operational deficits. A full report would be submitted to the Committee in May/June following the closure of their accounts.

2.3 Jonathan Morgan asked for the rationale behind the Amendment Directions to Local Health Boards and NHS Trusts in Wales and the cost implications to LHBs in implementing the National Institute for Clinical Excellence (NICE) guidance on the use of photodynamic therapy for age-related macular degeneration to be included in the next Ministerial Report. The Minister agreed to circulate this information before the meeting on 4 February.

### **Action**

- Further details on the free breakfast scheme to be provided.
- The latest census figures, which detailed reasons for delayed transfers of care to be circulated.
- Further details on capacity for child and adolescent therapy and counselling services to be provided.
- SaFF targets for LHBs to be circulated and details of the make-up of the waiting lists to be provided.
- Full report on LHB financial position to be provided in May/June.
- The rationale behind the Amendment Directions to Local Health Boards and NHS Trusts in Wales and the cost implications to LHBs in implementing the National Institute for Clinical Excellence (NICE) guidance on the use of photodynamic therapy for age-related macular degeneration to be circulated prior to 4 February meeting.

The following items would be included in the next Ministerial report:

- Information on the power of the Assembly to influence the UK Government and Food Standards Agency on food labelling.

## **Item 3: Report of the Chief Inspector of Social Services**

*(10.15 – 11.20am)*

**Paper: HSS(2)-01-04(p.2)**

3.1 Graham Williams, Chief Inspector of Social Services, presented his report for 2002/03 on the performance of social services in Wales. A copy of his presentation is attached at Annex 1.

3.2 In response to comments and questions from Members, the Chief Inspector and his team made the following points:

### **Improving Children's Services**

- SSIW were using their performance evaluation meetings with local authorities to try and gain a better understanding of why there was such variation in performance between authorities. As they took place on an annual basis, they also provided a further impetus to the efforts of individual authorities to improve their performance.
- It was inevitable that there would be some variation between authorities because of the differing needs of the local communities. Local authorities must continue to strengthen their work on assessment of need in order to have the necessary information to make decisions about their priorities.
- There was evidence of a link between performance and workforce problems in some authorities.
- There was a lot of pressure on children's services and greater capacity was needed to develop better preventative services.
- More work was needed to draw out good practice and share this with other authorities.
- There were several possible contributory factors to the increase in numbers of looked after children. Drug problems in the family; courts and local authorities increased vigilance with regard to child protection; local authorities' capacity to actively review children in care and put in place rehabilitation programmes with families could all be contributing to this.
- The number of children on the child protection register was not entirely indicative of levels of abuse but reflected more the level of attention being given to children at risk.
- Staffing problems, particularly with frontline social work staff, affected authorities' ability to review cases, which resulted in children being looked after or put on the child protection register without sufficient attention being given to the alternatives. Authorities needed to take active steps through their workforce planning and development programmes to increase the overall supply of social workers.
- Compared with England, spending in Wales on people with learning disabilities was relatively greater, but was relatively lower on children's services.
- Local authorities were being encouraged to develop Children in Need strategies.
- The Inspectorate was looking at how good practice in children's advocacy and handling complaints could be promoted through the development programme.
- There were more signs of improvement in authorities with a strong political drive and support for social services and where there were clear leadership arrangements at officer level. There had been greater involvement of lead council members and officers from the corporate centre in the second round of performance evaluations.
- A great deal of work was needed to strengthen commissioning of social services.
- Work was continuing with authorities to develop key performance indicators and strong information systems for social services. It would not be easy to introduce fully electronic records

system.

## **Improving Adult Services**

- There had been a welcome shift, albeit slight, in the balance towards supporting more people at home and more people were receiving services as a result of assessment, but there was a lot more to be done.
- Transition of young people to adult services was a problem in some authorities, and needed particular attention. This area had been highlighted in inspections and some authorities were planning better than others.
- Mechanisms were being developed to ensure the standardisation of the assessment process and that carers needs were comprehensively addressed.
- There were indications that those authorities with higher levels of delayed transfers of care took a more traditional approach to service delivery, which encouraged dependency. More innovative authorities were trying to tackle the intermediate care agenda. Those with lower levels tended to have good hospital social work departments, and a strong commitment to working together to tackle this issue on the part of senior health and social services managers.
- The establishment of the Healthcare Inspectorate would provide opportunities to work together to tackle joint working issues.

3.3 The Chair asked for a paper to note on the practices adopted by the authorities with low levels of delayed transfers of care to inform the committee's review of the Interface between Health and Social Care.

### **Action**

- A paper to note on the practices adopted by the authorities with low levels of delayed transfers of care to be prepared for the Committee.

## **Item 4: Commissioner for Older People**

*(11.35 – 12.10pm)*

### **Paper: HSS(2)-01-04(p.3)**

4.1 The Chair welcomed Maureen Jenner, Wales Pensioners, Robert Taylor, Director, Age Concern Cymru and Martin Turner, Chief Executive, Gwent Health Care NHS Trust who were members of the Advisory Group.

4.2 The Deputy Minister introduced the report and thanked all members of the Advisory Group for their work.

4.3 Members expressed concern that the work of the Commissioner would be duplicated by the proposed Single Equality Body when it was established.

4.4 In response to this and other comments, members of the Advisory Group made the following points:

- Over half a million people in Wales were aged over 65. There were a lot of policies, agencies and inspection of services for older people, but a focal point for the elderly was needed.
- Older people were vulnerable and many did not understand their rights. The Commissioner would be a champion and focus attention on older people's issues.
- There was little information currently on the role of the Single Equality Body, but it would have a broad equality focus and would not adequately represent the specific needs of older people to the extent that an independent commissioner could. Anti-discrimination legislation matters relating solely to older people might be restricted to employment rights.

## **Item 5: Schedule of Secondary Legislation**

*(12.10 – 12.15pm)*

**Papers: HSS(2)-01-04(p.4a) and HSS(2)-01-04(p.4b)**

5.1 The Committee identified the following items for consideration:

### **Health and Social Services**

HSS-08(04)      Special Guardianship (Wales) Regulations 2004

HSS-16(04)      The Community Care, Services for Carers and Children's Services (Direct Payments) (Wales) Regulations 2004

5.2 A paper to note would be provided to the next meeting on smoking in public places.

## **Item 6: Secondary Legislation**

*(12.15 – 12.45pm)*

**Papers: HSS(2)-01-04(p.5); HSS(2)-01-04(p.5a); HSS(2)-01-04(p.6); HSS(2)-01-04(p.7); HSS(2)-01-04(p.7a); HSS(2)-01-04(p.8)**

In accordance with the protocol agreed by the Committee, all the draft regulations had been circulated in advance of the meeting for members to notify any queries or amendments they wished to make. Amendments had been notified in respect of only one set of draft regulations. Accordingly the remainder were not discussed.

## **The National Assistance (Assessment of Resources) (Amendment) (Wales)**

### **Regulations 2004**

**(HSS(2)-01-04(p.5)**

### **Amendment 1 - Proposed by Kirsty Williams, Liberal Democrats**

#### **Amendment of Principal Regulations - Capital Limits**

*Regulation 2(2): Delete '£20,500' and insert '£60,000'.*

6.1 The amendment was made in line with the recommendations of the Royal Commission on Long Term Care for the Elderly and attempted to offset some of the discriminatory aspects of personal care by raising the capital limits. The cost of care made people question whether their family member should be moved out of the acute sector. There were inequalities in the system, as some medical conditions received free care whilst others had to pay, and people who had saved to buy their own homes were penalised by having to sell to fund their own care.

#### **Response from Minister**

6.2 The amendment was not accepted as it proposed to raise the upper capital limit by a further £40,000. It would not exempt any more people from paying towards their care than the regulations tabled, but it would considerably extend the range over which the "tariff" (the assumed £1 income for every £250 of capital) operated. It was estimated that this would cost local authorities around £20m and money would have to be found from other Assembly programmes to meet that additional cost.

6.3 The Committee voted on Amendment 1

For 5, Abstain 0, Against 5

The following Members voted for

The following Members voted against

Jocelyn Davies  
David Melding  
Jonathan Morgan  
Rhodri Glyn Thomas  
Kirsty Williams

John Griffiths  
Jane Hutt  
Ann Jones  
Val Lloyd  
Gwenda Thomas

6.4 The Chair used his casting vote, in accordance with the Presiding Officer's Guidance on Motions and the Disposal of Business (Casting Vote) in Committee, and voted against the amendment.

6.5 Amendment 1 was defeated.

6.6 Amendments 2 and 3 were withdrawn.

6.7 The Minister advised that she and the Finance Minister were considering and would consult the WLGA on a further, targeted improvement to the proposals in the paper. The change would adjust from £1 per £250 to £1 per £500 the assumption made concerning weekly income from capital assets between the lower and upper capital limits. This would bring the weekly income assumption into line with its treatment under Pension Credit. If she decided to make the change, the draft regulations would be amended before the regulations were finalised.

### **Review of National Minimum Standards for Small Care Homes for Older People in Wales**

6.8 The Minister announced that she would be moving forward under the procedure set out in the paper with the relaxation of the following standards:

16	Meals and meal times	18	Safe Working Practices
20	Staffing Levels	34	Shared Facilities
35	Lavatories and Washing Facilities	36	Adaptations and Equipment
37	Individual Accommodation (space)	38	Individual Accommodation (furniture and fittings)

6.9 Consultation would also begin shortly on relaxation of the equivalent standards for younger adults and, possibly, further changes in respect of small care homes for older people.

### **GMS Contract**

6.10 The Minister advised that due to timing issues the GMS Contract Regulations; the Commencement Order; GMS Prescription Regulation; Transitional Regulations; Goodwill Regulations; and Consequential Regulations would have to be made under the Executive Procedure. This would mean that the Committee would not have an opportunity to scrutinise the regulations. The Performer List

Regulations would be available for scrutiny via the standard procedure.

6.11 Opposition Members did not accept that the executive procedure should be used. The Committee had previously indicated that it wanted to scrutinise the regulations. It was agreed that the Chair and Minister would meet to try and find an acceptable solution to the programming problem.

**Action**

- Clerk to arrange meeting with Chair and Minister.

**Item 7: Forward Work Programme**

*(12.45 – 12.50pm)*

**Papers: HSS(2)-01-04(p.10)**

7.1 The Chair advised that he intended to use the time allocated for committee business on 12 February as a formal meeting of the Committee.

**Action**

- Clerk to seek approval of Business Committee to hold formal meeting.

**Item 8: Review of the Interface between Health and Social Care Services**

*(12.50 – 12.55pm)*

**Papers: HSS(2)-01-04(p.11)**

8.1 Members were asked to let the Clerk know which of the organisations who submitted written evidence should be considered to give oral evidence.

**Item 9: Minutes**

*(12.55 – 1.00pm)*

**Papers: HSS(2)-08-03(min)**

9.1 The minutes of the meeting held on 11 December 2003 were agreed.

**Annex1**





















