Health & Social Services Committee

Minutes (HSS(2)-04-05)

Meeting date: Wednesday 2 March 2005
Meeting time: 9.00am to 1.05pm
Meeting venue: Committee Rooms 3&4, National Assembly for Wales

Assembly Members in Attendance

Assembly Member	Constituency
David Melding (Chair)	South Wales Central
Jocelyn Davies	South Wales East
Brian Gibbons (Minister)	Aberavon
John Griffiths	Newport East
Val Lloyd	Swansea East
Jonathan Morgan	South Wales Central
Lynne Neagle	Torfaen
Karen Sinclair	Clwyd South
Rhodri Glyn Thomas	Carmarthen East and Dinefwr
Kirsty Williams	Brecon and Radnorshire

Officials in Attendance

Name	Job title
Anna Daniel	European Policy Analyst, Members' Research Service
Ann Lloyd	Head of Health and Social Care in Wales
Dr Ruth Hall	Chief Medical Officer

Peter Lawler	Community, Primary Care and Health Service Directorate
Freda Lewis	Children and Families Directorate
Ed Mitchell	Office of the Counsel General
Dr Gladys Tinker	Senior Medical Officer
Adam Van Doorninck	Children and Families Directorate
Dr Sarah Watkins	Senior Medical Officer
Graham Williams	Chief Inspector of Social Services

Others in Attendance

Name	Representing (if applicable)	Agenda item(s)
Andrea Davies	Pembrokeshire and Derwen NHS Trust	Item 6
Stephen Pearce	Newport City Council	Item 6
Dr Matthew Sargeant	Pembrokeshire and Derwen NHS Trust	Item 6
Anna Tee	Pembrokeshire and Derwen NHS Trust	Item 6

Committee Service

Name	Job title
Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions and Declarations of Interest

1.1 There were no apologies or substitutions.

1.2 There were no declaration of interest.

Item 2: Ministerial Report (9.05 to 10.25)

Paper: HSS(2)-04-05(p.1)

2.1 The Minister made a statement on his priorities. A copy is attached at Annex 1.

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

Section 1: Informing Healthcare

- The Minister was satisfied that the work in hand would ensure compatibility between IT systems in England and Wales. Systems did not have to be the same, just capable of communicating with each other.
- The principle of the whole project was to have a single patient record so there had to be inter-connectivity with all providers of care.

Section 2: Agenda for Change - Report on Job Matching Progress

- The job matching exercise should be completed in September.
- Regular updates on the progress of the job matching exercise would be provided
- A study had been commissioned to establish why some newly graduated physiotherapists had failed to find positions.
- Levels of graduate training places for allied health professionals were determined in consultation with local health boards (LHBs) in light of the projected need.

Section 3: Access to Dental Services

- There had been an increase in the number of people registered with an NHS dentist and a greater percentage of people were registered in Wales than in England.
- There was a reasonable distribution of dentists across Wales, but many were not engaging with the NHS because they were unhappy with the way they had to work under the current dental contract.
- The British Dental Association in Wales (BDA) was not in negotiation with the Welsh Assembly Government over the new dental contract, although the Minister would be meeting the BDA to explore options for a way forward in Wales.
- It was hoped that the new contract would be implemented by April 2006.
- In future, LHBs would have enhanced responsibility for securing adequate dental services.

Section 5: Welsh Assembly Government Relationship with the National Institute for Clinical Excellence

- The All Wales Medicines Strategy Group, would fill in any gaps in the services provided by NICE. They would not be an added level of scrutiny in the process.

Section 6: Role of John Griffiths as Deputy Minister

- The Deputy Minister would report to the Committee as appropriate.

Section 7: Delayed Transfers of Care - Visits to Carmarthenshire, Caerphilly and Swansea

- A wide range of visits was being undertaken to review local Wanless action plans with the local health communities. The leadership of the LHBs engaging with local authorities had been crucial in changing attitudes from three to five years ago.
- Carmarthenshire and Caerphilly had been identified because of their significant progress in tackling delayed transfers of care in recent years.
- In the event of poor performance, the reasons would be investigated with the local health community and support provided to help them improve.

Section 8: Visits to Accident and Emergency Departments

- Access to existing services needed to be improved, rather than setting up new services, such as walk-in centres.
- Greater public awareness of access to primary care services was needed. This could reduce the pressure being put on A&E services.
- Part of the problem at UHW in Cardiff was delayed transfers of care and there would be little benefit in increasing capacity until this was addressed.
- Lessons could be learned from the Royal Glamorgan A&E Department, where bed managers played a key role in moving patients through the system.
- Officials had been asked to look at ambulance handover times to see if there was anything that could be done to speed them up.
- Recent problems along the M4 corridor were attributable to arbitrary unilateral decisions. Contingency plans were needed to tackle high peaks in demand.

Section 11: Merthyr Forum: Launch of Public Discussion on Future Configuration of Services in Merthyr

- Good progress was being made on the implementation of the Townsend Formula, and it was envisaged that it would be fully implemented within the five year timescale.

Section 12: North Wales Cardiac Configuration

- The decision to locate the service at Ysbyty Glan Clwyd had been agreed by the stakeholders and was reasoned and rational.

Section 13: Inspection of Children's Social Services in Blaenau Gwent and Cardiff

2.3 Members welcomed the improvements made and congratulated all staff involved. There were still some concerns regarding budget priorities for social services, particularly children's services, and recruitment and retention of staff.

2.4 The Minister said that improved performance demonstrated what could be achieved with strong ownership at a political as well as officer level. Without this, changes would not happen across the health and social care field. There was a determination in local government not to poach staff and there was an increasing emphasis on investing in and developing existing staff.

2.5 The Chief Inspector of Social Services endorsed the importance of political and corporate commitment and of strong service leadership from senior managers. He would continue to monitor both authorities for evidence that the improvements could be sustained, and the next step would be to look at the quality of services, as performance data improved. An inspection of children's service in Cardiff would be undertaken shortly as part of SSIW's normal programme of work.

2.6 The number of people entering social work training had increased in 2004, and there were many reasons for this, including a stronger commitment by employers to supporting staff undertaking social work training courses, and to ongoing post-qualification training, better messages being sent out about career structure and the availability of bursaries. The Association of Directors of Social Services (ADSS) had led on a piece of work to look at the role and function of social workers, the numbers needed and the impact of pay on recruitment and retention. Positive messages were being received from the Welsh Local Government Association (WLGA) in terms of recognising social services as a priority for local government and the need to work together to support social services and focus more on improvements.

Item 3: Schedule of Secondary Legislation
Papers: HSS(2)-04-05(p.2a) and HSS(2)-04-05(p.2b)

3.1 The Committee identified the following items for consideration:

Reference No:	Title
HSS 79(04)	The National Health Services (Charges for Drugs and Appliances) (Wales) Regulations 2005

Reference No:	Title
FSA 26(03)	The Bovine Meat (Restriction on Sale) (Wales) Regulations 2004

3.2 Clarification was sought on whether HSS 79(04) covered changes to provision of oxygen services.

Item 4: European Commission Work Programme
Paper: HSS(2)-04-05(p.3)

4.1 The Chair welcomed Anna Daniel, European Policy Analyst, Members' Research Service, based at the Brussels Office.

4.2 The Committee noted the priorities set out in paragraph 8 of the paper, and agreed it would want an opportunity to influence the Green Paper on a European programme for nutrition and health and possibly the directive updating measures for the control of avian influenza. They would also want to scrutinise the Welsh Assembly Government on how the implications of the Working Time Directive. The Committee should also monitor the progress of the proposed Services Directive, in particular the UK Government’s response to it.

Item 5: Fertility Services
Paper: HSS(2)-04-05(p.4)

5.1 Members raised the following concerns on the proposed social criteria for IVF treatment funded by the NHS:

- There was no mention of single women.
- Only one cycle of treatment would be offered but evidence showed two or three cycles were more likely to result in a live birth.
- Same sex couples must demonstrate that they had been in the same relationship for at least two years, but there was no such requirement for heterosexual couples.
- Couples with an adopted child would be excluded, but there were many different reasons why people adopted, for example some people adopted a sibling on the death of the parents. There may also be circumstances where birth parents no longer had contact with a living child.
- Neither partner must have undergone a sterilisation procedure, but in some cases sterilisation was carried out for medical reasons.
- The conditions that would apply to couples who smoke do not apply to people who abuse alcohol or drugs. It should also follow that treatment should be conditional on the couple following other advice on increasing their fertility.
- It was not accepted that the maximum age at the time of referral should be 38 years and 6 months when the cut off age for treatment was 40.

- Women with a Body Mass Index (BMI) of 30 or over should be given the opportunity to lose weight.
- Many couples were forced to seek privately funded treatment when IVF treatment could not be obtained from the NHS. They should not be excluded from receiving NHS treatment because of this.

5.2 The Minister made the following points:

- The criteria had been developed by the All Wales Assisted Fertility Working Group.
- Single women had been excluded due to the limited resources available but the Working Group would give further consideration to the issue.
- From 1 April 2005 one cycle of treatment would be available in England and Wales. The intention was to have more uniformity of access and eliminate postcode lotteries.
- Legal advice had been sought as to whether the criteria were legal and could be subject to challenge.
- IVF treatment would be available only to same sex female couples who demonstrated subfertility.
- Smoking had been included because it reduced the chances of conception.

5.3 Peter Lawler said that the working group had spent a long time deliberating the issue of not having a living son or daughter to be eligible and concluded that the criterion as drafted was unambiguous and least likely to result in challenge.

5.4 The Committee remained concerned about the issues raised and the Chair would write to the Minister setting out these concerns. The Committee may return to the subject once the Minister's response had been received.

Action

- The Chair asked that legal advice should be sought specifically on whether the criteria for same sex couples to demonstrate they had been a relationship for two years could be subject to legal challenge under current legislation and legislation due to take effect in 2006.
- Evidence that smoking reduces fertility to be made available to the Committee.
- Chair to write to the Minister setting out the Committee's concerns.

Item 6: Policy Review: The National Service Framework for Mental Health: Standard 2 - User and Carer Participation
Papers: HSS(2)-04-05(p.5) and HSS(2)-04-05(p.6)

Newport City Council

6.1 The Chair welcomed Stephen Pearce, Operational Partnership Manager for Community Care and

Adult Services.

6.2 In response to questions from Members, Mr Pearce made the following points:

- It was accepted that carers or parents of adults with mental health problems felt they did not receive sufficient information or were excluded when the patient was in crisis. There were often real conflict of interest between users and carers and the need for patient confidentiality was more important given the stigma attached to mental illness.
- One possible solution could be to obtain the agreement of the user to the involvement of their carer/parent when they were not in crisis.
- The impact of the draft Mental Health Bill was not yet known but it was feared that it could result in increased bureaucracy.
- Continual reorganisation and changes to services damaged relationships between professionals and users and carers.
- More positive messages needed to be given to the public to make mental illness more acceptable.
- More imaginative ways needed to be found of meeting the needs of both users and carers. Traditionally respite for carers had been provided by admitting the user to a mental health unit, but this could be more stressful for both parties.
- People with severe mental health problems were often denied a voice in their families or local communities. In many cases family conflict may have exacerbated the person's problems.
- There were severe recruitment problems in social work and mental health generally. It was not seen as a particularly attractive profession to enter and professionals within this sector often felt stigmatised themselves, but those that were attracted to it were very committed.
- More dedicated professional time was needed to support carers.
- Independent advocacy should be a priority. People with severe mental health problems often lacked the capacity to express their own views.
- A national advocacy service that was directly accountable to the Assembly and did not involve any statutory organisations would be welcomed.

Pembrokeshire and Derwen NHS Trust

6.3 The Chair welcomed Dr Matthew Sargeant, Andrea Davies and Anna Tee.

6.4 In response to questions from Members, the presenters made the following points:

- The draft Mental Health Bill was too long, too vague and too restrictive.
- Users and carers were involved in the recruitment process although not at all levels. Work was underway to identify different ways of involving users and carers and formalise the process.
- Although it was sometimes difficult to find an appropriate person, there was not any element of tokenism in involving users or carers in the recruitment process. They were equal partners in the process and their input was highly valued.
- The tidal model was felt to be a very helpful way of changing staff attitudes.

- It often took a long time and a lot of work to involve users and carers in care planning.
- The care planning process was complex and difficult to deliver. Professionals were being trained in the process and it was intended to train users and carers.

Item 7: Special Guardianship (Wales) Regulations 2005
Paper: HSS(2)-04-05(p.7)

7.1 The Committee identified the regulations for detailed scrutiny at its meeting on 14 January 2004. The proposed regulations were considered under the protocol for dealing with secondary legislation agreed by the Committee on 11 June 2003, whereby Members notify in advance any queries or amendments they wish to make to the draft. There were no proposals for amending the regulations, but Plaid Cymru raised eight points of clarification as indicated below.

i. **Can the Minister detail the cost to each local authority?**
ii. **Can the Minister detail what assessments has been made to determine the preparedness of local authorities in terms of financial ability, staffing, to acquire these new responsibilities?**
iii. **Can the Minister confirm that these new regulations are subject to full funding by the National Assembly as part of the agreement by Sue Essex to fully fund new initiatives and responsibilities passed on to local authorities?**

    Response: Uptake was expected to be small and slow and not place much demand on local authority resources. Demand should be covered by the planned increases in the children first budgets. There may be occasional cases of children with special needs, but those cases were likely to be receiving services already.

iv. **Can the Minister clarify how the wishes of the child / young person are taken into account in decisions regarding whether that child person / young person can (i) become subject to a Special Guardianship Order, (ii) continue being subject to a Special Guardianship Order?**

    Response: The child would be consulted and his or her wishes taken into account in the report that is made to the court.

v. **Can the Minister clarify the support available to (i) child, (ii) carer, during the transition period where a child is no longer subject to a Special Guardianship Order?**

    Response: There would be a statutory requirement on local authorities to continue to provide support through the transition period, according to the child's needs.

vi. **Can the Minister clarify whether financial support can include money that may be placed into the Child Trust Fund of a child subject to a Special Guardianship Order, and whether**

this facility differs to that of financial support available to children within other care settings?

Response: The local authority could contribute at its discretion, as could the natural parents or the guardian.

vii. **Can the Minister clarify what criteria are considered when deciding which persons can be eligible as Special guardians, and does this criteria differ from other childcare carers?**

Response: It would be for the courts to determine eligibility, the regulations did not exclude anyone.

viii. **Can the Minister list all groups/ individuals that were consulted, and can he clarify how their views were taken into account within the draft regulations?**

Response: Consultation included the Children's Commissioner and Voices from Care, to ensure that children's views were taken into account.

7.2 In response to an additional question on the regulations, the Minister confirmed that special guardians would have access to the same training as foster parents.

7.3 The Committee was content with the regulations as drafted.

Action

- Chair to send the Committee's report to the Chair of the Business Committee.

Item 8: Minutes
Paper: HSS(2)-02-05(min) and HSS(2)-03-05(min)

8.1 The minutes of 27 January and 2 February 2005 were agreed.

Annex 1

Priorities for Minister for Health & Social Services

The main priorities are to: -

- Protect and promote the health of the population in Wales.

- Work to create a popular culture of a positive healthy lifestyles in Wales through the all party Health Challenge Wales (HCW)

- Recognise the very heavy burden of illness, morbidity and an increasing older population which will require an NHS in Wales that is tailored to meet this challenge.

- Ensure ill patients have a quality service that will be responsive to their personal needs. This will include:

    - Ease and speed of access which will be consistent with the requirements of clinical governance.
    - Improving the patient experience.

- Central to this is tackling the "inverse care law" and unequal health experience of patients across Wales through initiatives such as the Townsend funding allocation reform, the Health Equalities Fund and funding local government in line with the needs. .

- Configure services so that they deliver the right care in the right place at the right time.

- Eliminate the barriers to effective delivery that exist between health and social care on the one hand and within the health service itself.

- Encourage all organisations to work together across professional, organisational and political boundaries.

- There is excellent practice in place all over Wales - we need to ensure this is shared and put in place across the country. Equally we must be willing to learn from what is being done elsewhere and not be afraid to apply the lessons to a Welsh context.

- To value the staff that are working in health and social care, often in demanding and difficult circumstances. We must promote their personal and professional development and listen to what they say on how the service can be improved.

- To fully engage with the public both in clinical, health promotion and policy fields.

- To pay special attention to the needs of the most vulnerable, the most marginalised and those whose voices often struggle to be heard. The role of the voluntary sector is crucial in achieving this.