MINUTES

Date: Wednesday, 26 May 2004

Time: 9.00am to 12.40pm

Venue: Committee Room 3, National Assembly for Wales

Attendance: **Members of Health & Social Services Committee**

David Melding **(Chair)**	South Wales Central
Jocelyn Davies	South Wales East
Mike German	South Wales East
John Griffiths	Newport East
Jane Hutt (Minister)	Vale of Glamorgan
Ann Jones	Vale of Clwyd
Val Lloyd	Swansea East
Gwenda Thomas	Neath
Rhodri Glyn Thomas	Carmarthen East & Dinefwr

In Attendance

Keith Bowen	Contact a Family
Theresa Burris	Age Concern Cardiff and the Vale

James Crowe	SCOVO
Chris Geake	Cartrefi Cymru
Anne Higgins	Age Concern Morgannwg
Frank O'Sullivan	Pembrokeshire & Derwen NHS Trust
Bernadine Rees	Pembrokeshire Local Health Board
Liz Rees	Age Concern Swansea
Jon Skone	Pembrokeshire County Council
Sarah Stone	Age Concern Cymru
Bryan Williams	All Wales Forum of Parents and Carers
Professor Vivienne Walters	Expert Adviser to the Committee

Officials In Attendance

Dr Ruth Hall	Chief Medical Officer
Ann Lloyd	Head, Health and Social Care Department

Secretariat:

Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions and Declarations of Interest

1.1 Apologies had been received from Kirsty Williams and Jonathan Morgan. Mike German substituted for Kirsty Williams.

Item 2: Review of the Interface between Health & Social Care *(9.05 – 12.05pm)*
Papers: HSS(2)-07-04(p.1); HSS(2)-07-04(p.2); HSS(2)-07-04(p.3); HSS(2)-07-04(p.4); HSS (2)-07-04(p.5)

Age Concern Cymru

2.1 The Chair welcomed Sarah Stone, Liz Rees, Theresa Burris and Anne Higgins, who made the following points of introduction:

- A recent opinion poll had shown that people in Wales wanted to see improved services for older people on discharge from hospital.
- Short term funding was not working. Sometimes by the time a scheme was up and running the funding period had finished. Greater continuity was needed.
- The hospital discharge scheme in Swansea had achieved funding through Targeting Inequalities in Health programme. This had enabled expansion of the scheme to include more volunteers, district nurses, a social worker and benefits officer, and was working well.
- Development of the process for implementing unified assessment in Swansea had been slow. There was plenty of goodwill to move forward but the post within the local authority with responsibility for leading the process had been lost. Many groups were developing their own unified assessment but there was no co-ordination.
- Information was not cascaded from the top of the organisation to staff at the bottom. This was particularly true in hospitals.
- There were no clear pathways for referrals.
- Within a local health board area, there could be variations in working practices and inconsistencies in funding, joint commissioning, and transparency.
- Joint working was taking place at an operational level but not always higher up in the organisation.

2.2 In response to comments and questions from Members, the presenters made the following points:

- The unified assessment process was meant to provide a mechanism to prevent the repeated collection of the same information from patients. However, problems had been experienced locally with implementation working groups and it had been felt that the system was not relevant to the voluntary sector, was overly bureaucratic and needed simplifying.
- It was felt that the voluntary sector was marginalised and considered the 'junior partner' in the unified assessment process, but there were pockets of good practice across Wales.
- Funding from different agencies made it difficult for the voluntary sector to plan strategically.
- New developments often came as a result of new or pilot monies and were delivered at the request of the local authority. However, it was often not built into the planning or commissioning process but there was an expectation that the service would continue to be provided after the funding had ended.
- The social model of care was preferable to the medical model because it helped people maintain their independence.
- There were some excellent examples of intermediate care provision in Wales and these needed to be evaluated and built upon.
- Preventative work needed to be further developed.
- There were positive signs of development and commitment through the use of the Health, Social Care and Well Being Strategies as a tool to bring about the changes identified by Wanless.

- Joint commissioning would enable monitoring of contracts and provide a clearer strategic focus and cohesiveness for what was expected of the voluntary sector.
- An ideal situation would be the involvement of users in the planning process.
- The Older People's Strategy would provide a much-needed focus on the needs of older people, and the Assembly should put pressure on local authorities to ensure the recommendations of the Strategy were achieved.

Pembrokeshire County Council, Pembrokeshire Local Health Board and Pembrokeshire and Derwen NHS Trust

2.3 The Chair welcomed Jon Skone, Director of Social Services, Pembrokeshire County Council; Bernadine Rees, Chief Executive, Pembrokeshire Local Health Board and Frank O'Sullivan, Chief Executive, Pembrokeshire and Derwen NHS Trust.

2.4 In their introduction, Jon Skone outlined the considerable structural changes that had happened in both the NHS and social care sector in the last decade. Frank O'Sullivan highlighted the fully integrated nature of the Pembroke/Pembroke Dock project and talked about some of the difficulties experienced. These included different IT systems, difficulties about charging for services provided by social care that were free in the NHS, and issues regarding regulation. Bernadine Rees said that the Health, Social Care and Well Being Strategies would be instrumental in developing closer working relationships. When LHBs were set up, there was a lack of understanding about the different roles of the health and social care sectors but joint training was being undertaken to overcome this. LHBs were relatively new organisations and partnerships were still fragile. Pembrokeshire had always had a good relationship with the voluntary sector but there had been some difficulties when service level agreements and spending had been reviewed.

2.5 In response to comments and questions from Members, the presenters made the following points:

- The NHS and local authorities had different decision making processes and it was often difficult to keep the two processes inline with each other. They also had different accountabilities and worked to different timescales.
- Charging was a major issue between the two sectors and clear guidance was needed.
- There were often different regulatory regimes, for example regulations on space had been developed for social care accommodation, but these did not apply to health care. This created difficulties where there were integrated health and social care facilities.
- The local authority scrutiny committee had recommended to its cabinet a greater emphasis on Wanless and other modernisation and change agendas and had suggested a work programme which was far more focused on joint working.
- The different cultures in the two sectors was challenging but not insurmountable. Inevitably, it was used as an excuse for not working together and this had to be overcome.
- The voluntary sector was involved in the project group developing the unified assessment process in Pembrokeshire. The Director of a local voluntary association was also a member of the

strategic management board and regularly attended management meetings.

- The unified assessment had concentrated largely on the interface between social services and community services. In principle, unified assessment could be undertaken by anybody that understood the process.
- The view of Age Concern that the voluntary sector was seen as the 'junior partner' in the unified assessment process was not the case in Pembrokeshire.
- There was no compact in Pembrokeshire so a strategy was needed to determine what services were commissioned from the voluntary sector.
- Allied Health Professionals were involved in the management process and had a place on the executive board, as their potential to work across boundaries and bring the two sectors together was recognised.
- A more flexible approach to training for speech and language therapists was needed.
- Work was being undertaken with the Welsh Local Government Association (WLGA) on developing joint performance indicators. Appropriate indicators would be focused on meeting the needs of clients and should include hospital admissions, re-admissions and keeping people at home. Currently, some performance indicators could cause conflict between organisations and in some cases result in an inappropriate outcome for the patient.

SCOVO

2.6 The Chair welcomed James Crowe, Bryan Williams, Keith Bowen and Chris Geake.

2.7 James Crowe said that a balanced interface between health and social services was critically important in the field of learning disabilities. For many years, social services had been given the lead for learning disability services, and it was hoped this would continue. The strategic policy initiatives taken by the Assembly were welcomed. A lot of progress was being made and there was a lot of good practice at local level with links between health and social services. It was recognised that LHBs were still new organisations and the role of Health Commission Wales in commissioning some specialist services was not yet clear. The case study he had submitted with the paper included as evidence highlighted a particular situation in Gwent but there had been a lot of good practice in terms of resettlement in the Gwent area. It did highlight the extent to which the voluntary sector, even when a significant service provider, could be marginalised in planning the future care of patients.

2.8 Bryan Williams talked about his daughter, who was living independently in the community. He felt that joint working was advantageous and particularly relevant to learning disability services, as the general health of people with learning disabilities was worse than the average for the population. Services were received on a daily basis often from both health and social services; and it was a lifelong service, people did not recover from learning disabilities. He said that learning disabilities would be a particularly good area to pilot schemes to overcome cultural differences as the services provided were so intense.

2.9 In response to comments and questions from Members, the presenters made the following points:

- Whilst there was a Wales-wide lack of therapists, there was also an issue about how existing therapists were spending their time, a lot of which was being taken up with the statementing process. There were also difficulties around which sector was responsible for paying for services.
- In Wrexham, work was being undertaken on the administering of medication.
- Services on discharge were disjointed and often it was left to parents because of the lack of co-ordination between the services.
- Children's Centres were good examples of joint working, because partners from health, education and social services had come together to obtain joint funding, and so the joint planning process was more co-ordinated.
- The key worker would ensure delivery of the care programme identified in the unified assessment. The key worker could contribute to the assessment process.
- Despite clear guidance from the Assembly, the voluntary sector had become more removed from the planning process.
- Competing priorities in local authorities meant that learning disabilities received a fairly low focus.
- The supported housing sector enjoyed good relationships with the local authority and had policies and strategic frameworks in place but there was still confusion at the point of delivery.
- Social Services Inspectorate Wales (SSIW) would be organising a seminar with Cartrefi Cymru to look at what could be learned from the case study.
- The issue of consent for adults with learning disabilities needed to be addressed as there was much confusion, malpractice and in some cases illegal practice.

Action

- An update on the unified assessment process would be provided as a paper to note.
- A paper to note would be provided on the guidance for administering medication.

Report of the Focus Groups

2.10 Professor Vivienne Walters, Expert Adviser to the Committee, highlighted the main themes coming from the focus groups:

- People wanted to stay in their own homes, which meant maintaining their health, obtaining appropriate care and housing adaptations, where necessary.
- People needed to retain a sense of control over their lives and know what was going to happen to them. They needed someone they could turn to for information on how the system worked.
- More attention needed to be paid to the 50-70 age group, as this was where work could be done to maintain people's health.
- It was important to meet low level needs for help. Often all that was needed was for someone to undertake simple tasks such as shopping.

- People were very complimentary about the services they received.
- It was felt that care provided by statutory organisations was superior to that received from the private sector.
- There was a lack of attention to the needs of carers but the carers' assessment was viewed very positively. The need for carers to be able to access information was also highlighted.
- Professionals did not know what each other did across the sectors. There was a need to blur the boundaries.
- Joint working was affected by the differences between health and social care, e.g. IT systems, funding, terms and conditions, and unless there was specific guidance from the Assembly the two sectors would continue to work in parallel.

2.11 The Chair expressed his appreciation for the help of Age Concern Swansea in facilitating the focus groups. He said that he believed they had been very valuable and had enabled the Committee to engage groups of people who may not have been able to give evidence in the more formal setting of Cardiff Bay.

Item 3: Budget 2005-2006
Paper: HSS(2)-07-04(p.6)

3.1. The Minister introduced her paper, setting it in the context of the Assembly's three year Spending Review and existing commitments.

3.2 In response to questions from Members the Minister said:

- The Care Strategy Group was working with the Welsh Local Government Association and Care Forum Wales to develop a tool kit on residential care home fees.
- Mental health services remained a priority, along with coronary heart disease and cancer services.
- Health Commission Wales was developing plans for commissioning services to treat eating disorders.
- Provision for free school breakfasts was not in the health and social care budget.
- The Ambulance Service had been given an additional £2.5 million last year to upgrade equipment and vehicles. TETRA was being developed in tandem with England and £9 million had been allocated over the next three years.
- The reduction in income from reduced prescription charges was being met from government resources through supplementary estimates.
- There was a continuing commitment to the capital programme, which was crucial to the implementation of recommendations from the Wanless report. A bid would be made to increase the baseline. There would be a clearer picture of what would be needed by the end of June, when the Wanless action plans will have been examined.
- Private finance would complement the £550 million capital programme; it was not included in that figure.

3.3 Some Members expressed concern about the sustainability of the Air Ambulance Service, which is

partly funded by voluntary donations.

3.4 There was agreement that the following should be the priorities for funding:

Mental Health National Service Frameworks;
Implementing "Fulfilling the Promises";
Implementing "Informing Healthcare";
The Ambulance Service; and
Diabetes Services.

Action

- The Committee to be informed of the outcome of the work on residential care home fees.
- The Chair to write to the Minister with the Committee's recommended priorities.

Item 4: Minutes
Paper: HSS(2)-06-04(min)

4.1 The minutes of the meetings held on 5 May 2004 were agreed.