Health and Social Services Committee HSS(2)-10-04(min)

MINUTES

Date: Wednesday, 14 July 2004

Time: 9.00am to 12.20pm

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
John Griffiths	Newport East
Jane Hutt (Minister)	Vale of Glamorgan
Ann Jones	Vale of Clwyd
Val Lloyd	Swansea East
Jonathan Morgan	South Wales Central
Jenny Randerson	Cardiff Central
Gwenda Thomas	Neath
Rhodri Glyn Thomas	Carmarthen East & Dinefwr

Professor Vivienne Walters	Expert Adviser to the Committee

Officials In Attendance

Chris Burdett	Children & Families Directorate
Jonathan Corbett	Deputy Chief Inspector, Social Services Inspectorate Wales
Dr Ruth Hall	Chief Medical Officer
Ann Lloyd	Head, Health and Social Care Department
Graham Williams	Chief Inspector, Social Services Inspectorate Wales

Secretariat:

Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions and Declarations of Interest

1.1 An apology had been received from Kirsty Williams. Jenny Randerson substituted.

Item 2: Review of the Interface between Health & Social Care (9.05 – 10.30am) Papers: HSS(2)-10-04(p.1)

2.1 Professor Vivienne Walters, Expert Adviser to the Committee, gave an overview of the emerging themes. A copy of her presentation is attached at Annex A.

2.2 Members made the following comments:

- Capacity within the NHS was a problem.
- The provision of intermediate care outside the hospital setting would help free up hospital beds. There were indications that the independent sector would like to be involved in this.
- Whilst joint funding contributed to effective joint working it did not appear from the evidence to be the key issue. Evidence received from Wrexham Social Services Department, Local Health Board and NHS Trust had shown it was possible to work together without having pooled budgets.

- The Committee should not try to prescribe how organisations should work together. The evidence from Wrexham and Caerphilly showed that different models were effective. The most important factors were a shared vision and sustainable arrangements for joint commissioning.
- There needed to be flexibility to provide adequate services seven days a week . Day centres should be kept open at evenings and weekends. Similarly social services buses should be available every day.
- Local authorities' community plans should be the vehicle for addressing many issues that impact on health and well being including continuing care.
- Terms and conditions of working for frontline home carers were unacceptable.
- There was evidence that there was still inadequate planning for hospital discharge.
- There was a need for better medium and long term planning for capacity in the residential and care home sector. The voluntary and independent sector should be involved in this.
- There was a case for providing incentives for people to work together. Organisations that could demonstrate joint working practices should be rewarded. Joint performance measurements and targets were needed to underpin this, they should not be punitive.
- Fining authorities with high levels of delayed discharge was not advocated. It would be better to provide a financial incentive that would reward the best performers.
- The weakness in the system that led to inappropriate admissions needed to be identified and addressed. For example, some people believed they would not be treated unless they referred themselves through Accident and Emergency services.
- Many innovative initiatives for intermediate care and helping people live independently at home were set up using joint flexibilities funding but were not absorbed into mainstream services once the funding ran out.
- Professionals were often unaware of each other's roles. Co-location, work shadowing and training opportunities pre and post registration would help to break down barriers.
- There was disparity in terms and conditions of working between the sectors.
- There was also evidence of mistrust of other professionals' judgement, leading to duplication of effort. This wasted time, was stressful for patients and costly for the service.
- Early unified assessment process was important .
- The changing role of primary care and the impact it would have on service provision needed to be recognised.
- It was essential that Information Technology (IT) systems in health and social care were compatible. Pharmacies should also be integrated. The single electronic patient record would be vital in improving efficiency.
- The Blaenau Gwent Assist Project worked in partnership to find ways of using technology to let people stay in their own homes. This could be rolled out to other parts of Wales and could be the subject of joint commissioning.
- There was a lack of capacity to offer care to people with mental health problems.

2.3 The Chair identified the following key indicators to demonstrate joint working, and emphasised the need for strong political leadership:

- Unified assessment.

- Hospital discharge.
- Carers' support.
- Integrated teams of health and social care providers.
- Early intervention.

2.4 The Minister agreed that there were issues about delayed transfers of care in relation to mental health, and all Local Health Boards had been asked to include mental health in their Wanless Action Plans.

Item 3: Children in Need - The Local Authority Response to the Victoria Climbié Inquiry Report. Overview Report and the Inspection of Child Protection Services (11.10 – 12.20pm)
Papers: HSS(2)-10-04(p.2)

3.1 The Minister introduced the report and outlined the background to the review. The Minister and the Chair welcomed the action SSIW proposed to take as set out in paragraph 31 of the Committee Paper.

3.2 Graham Williams, Chief Inspector of Social Services, said that he had already discussed the report with Directors of Social Services and the Welsh Local Government Association (WLGA). They had found it a useful document and it would help them to identify good practice and address shortcomings. There was evidence of good practice in some areas and this needed to be drawn upon for other authorities to learn from, but generally there was still some way to go to improving services to an acceptable level. He proposed to have further discussions with the Association of Directors of Social Services and the WLGA which focussed on positive steps that must be taken to bring about the service improvement needed.

3.3 In response to comments from Members, the Chief Inspector and Deputy Chief Inspector, made the following points:

- Local authorities' information systems were in the process of changing to a new electronic system. The existing systems were not able to generate detailed information about referrals. The importance of collecting this information was recognised, as was the need to give greater attention to those children who were currently not getting into the system.
- The Integrated Children's System was being piloted and should be implemented by 2006.
- There were examples of authorities not adhering to statutory guidance on quality assurance. This was a widespread problem across the UK, not peculiar to Wales. Since the introduction of the assessment framework, where the timescales were set down, authorities had experienced difficulty particularly with delivering the core assessment to time.
- The assessment framework had been most successful in authorities that had involved staff and other agencies from the start of the planning process.
- Core assessments were seen by some as bureaucratic, possibly because staff had received inadequate training in carrying them out. Where they were used they were found to be extremely

helpful to children and families in developing a better understanding of the role of social workers.
- It was not widespread practice for team managers to carry a caseload. It tended to occur as a temporary measure where authorities had difficulties in fully staffing teams. This reduced team leaders' ability to undertake frontline management and impacted on the other functions of the team.
- The next stage would be to follow up the findings with individual authorities. Authorities would be encouraged to undertake a further self-assessment in 18 months time to assess the progress made.
- The need to give political priority to and the importance of improving services to children in need and child protection services had been discussed with the WLGA and would be a major feature of future discussions.
- Consideration was being given to how earlier support and intervention could be developed. This would require a range of organisations in Wales to work more closely together and a determined partnership approach to bring about the necessary service improvement.
- Quality of records was patchy. The importance of keeping clear records and the way they should be structured needed to be understood by all staff. The Children Bill contained provision for information databases to be set up and this should help clarify the position.
- Consideration would be given to how the SSIW development programme could be used better to promulgate good practice.
- Multi-agency working was effective in some places but this needed to be strengthened in other areas.
- HM Inspectorate of Constabulary was undertaking a single inspection of child protection in six police forces, one of which was in Wales, and was due to report later in the year. Their report would be helpful in identifying whether the same issues were common across England and Wales.
- It was important that the implications of the CHI and SSIW Reports for Health and Social Services provision and for improved joint working be considered as a priority.
- Blame culture was a fundamental issue. Attention often focused on weaknesses and it was important to maintain a balance between highlighting good points as well as those needing further attention.
- There were some very positive examples of other agencies, such as the Fire Service, becoming aware of child protection issues. Joint training to generate a better understanding of the issues needed to be developed further.

Item 4: Committee's Detailed Forward Work Programme - Autumn 2004 (11.00 – 11.05am) Papers: HSS(2)-10-04(p.3)

4.1 Gwenda Thomas, Chair of the Equality of Opportunity Committee, said that at its meeting on 17 June, the Committee had considered the Health and Social Services Committee's strategic forward work programme. It was noted that one of the Committee's priorities was services for the mentally ill and it was suggested that consideration could be given to the stigma attached to mental illness. One of the topics that had been suggested for a possible future review was "the links between advertising, junk food and childhood obesity" and the Equality of Opportunity Committee asked that should that review go ahead, care be taken not to perpetuate stereotypes of the ideal body shape. They also raised general

concerns that matters relating to equality of opportunity did not have a high enough profile in the work programme.

4.2 The Chair noted the comments and agreed to give further consideration to raising the profile of equality of opportunity in the work programme.

4.3 Ann Jones asked that the report of the Child Poverty Task Force be added to the items for possible consideration.

4.4 The draft forward work programme was agreed. Business Committee approval would be sought to holding a formal meeting on 14 October.

Action • Clerk to write to Business Committee.

Item 5: Short Policy Review - Standard 2 of the Mental Health National Service Framework - User and Carer Empowerment (11.05 – 11.10am)
Paper: HSS(2)-10-04(p.4)

5.1 The terms of reference were agreed. It was also agreed that reference to the stigma associated with mental health problems would be included in the consultation letter.

5.2 Members were asked to provide the Clerk with details of any individuals or organisations they would like added to the consultation list.

Item 6: Minutes
Paper: HSS(2)-08-04(min)

6.1 The minutes of the meeting held on 23 June 2004 were agreed.

Any Other Business

7.1 Rhodri Glyn Thomas expressed concern that paper HSS(2)-10-04(p.5) - Capacity for Child and Adolescent Therapy and Counselling Services - appeared to concentrate more on prescribing drugs to young people and contained little reference to counselling services.

Annex A

INTERFACE BETWEEN HEALTH AND SOCIAL CARE

CULTURE

- Lack of shared vision and goals around which people can unite.
- Reactive, intervention at times of crisis (vs early intervention and prevention…. 'upstream approaches).
- Hospital centred system with language and targets that reinforce this model.
- Professional solitudes working with different models and reinforced by differences in status.
- Culture that is risk averse and too ready to blame.

PREVENTION

- 'You don't need to be ill to be assessed'
- Low level care for those falling below eligibility criteria.
- People who refuse.
- Advice re. benefits.
- Social support - day centres, visiting.
- Neighbourhood/environmental issues (pavements, lighting, safety, etc).
- Care of house and garden.
- Home modifications.
- Alternative care provision for those with chronic conditions.
- Response to emergencies.
- What happens at weekends?
- Pathways in social care less clear.

FUNDING AND OTHER STRUCTURAL ISSUES

- Who pays? Who benefits? [Discharge planning]
- Free vs. means tested services.
- Different targets, priorities and timetables for planning.
- Employment conditions.
- Temporary/short term joint funding which may remove best staff for projects which are not subsequently mainstreamed or used to change the way things are done.
- Limited use of shared core resources.
- Short term vs. long term budget commitments (5-10 years).

COMMUNICATION

- Professional boundaries (lack of respect for other skills and models, not knowing what each other

do…. joint training, co-location, combine in one person).
- Unified assessment process (lack of trust, practical problems of sharing information).
- Incompatible IT systems.
- Lack of opportunities to share best practice/innovations.
- Involving patients/clients/carers and the most vulnerable in planning processes.
- Providing better and more accessible information for patients/clients/carers.
- The client pathway in social care is least clear.

ACCOUNTABILITY/REGULATION/PERFORMANCE INDICATORS

- Separate systems, lack of joint performance indicators.

- Performance management often focussed on failures of the system (waiting times, delayed discharges) and little emphasis on what the system achieves (independent living in the community, complete care pathways).
- Targets that one can't reach without the other…….. possible around discharge planning, for example?
- Joint reviews of health and social care.
- Development of indices of effective joint working… recognition for those who achieve this?

PLANNING FOR THE FUTURE

- Projections for the future?
- Long term planning?
- Workforce planning - balance of skills that will be needed.
- Joint training in generic skills at management and practitioner levels.
- Sustainability of current initiatives.
- Diversity of provision… retirement villages for those on benefits.