

Health and Social Services Committee

HSS(2)-11-04(min)

MINUTES

Date: Wednesday, 6 October 2004

Time: 9.00am to 12.10am

Venue: Committee Room 3, National Assembly for Wales

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

David Melding (Chair)	South Wales Central
John Griffiths	Newport East
Christine Gwyther	Carmarthen West & South Pembrokeshire
Jane Hutt (Minister)	Vale of Glamorgan
Val Lloyd	Swansea East
Gwenda Thomas	Neath
Rhodri Glyn Thomas	Carmarthen East & Dinefwr
Kirsty Williams	Brecon & Radnorshire
Professor Vivienne Walters	Expert Adviser to the Committee

In Attendance

Dr Clair Baynton	Food Standards Agency
Hilary Neathey	Food Standards Agency

Officials In Attendance

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
Peter Jones	Counsel to the Committee

Item 1: Apologies and Substitutions and Declarations of Interest

1.1 Apologies had been received from Jocelyn Davies, Ann Jones and Jonathan Morgan. Christine Gwyther substituted for Ann Jones.

Item 2: Ministerial Report (9.05 – 10.45am) Papers: HSS(2)-11-04(p.1)

2.1 The Minister introduced her report, highlighting the following issues:

- The Local Authority Social Services Performance Management Statistics.
- The leading role Wales was playing the field of accreditation of hospital sterilisation and decontamination.
- The success of the expert patients programme pilot project and evaluation by Professor John Borland of the University of Bangor.
- Progress made in the delivery of Welsh language services.

2.2 The Chief Inspector of Social Services introduced the progress report on Children's Services in Blaenau Gwent and advised Members that work was progressing, although the report was based on performance as at 31 July.

2.3 In response to comments and questions from Members, the Chief Inspector made the following

points:

- A recovery plan was in place, which appeared robust, but needed validation.
- The energy with which the Authority was addressing the problems had created an impetus that had not previously been evident. They were starting from a low baseline.
- There were still a number of cases where a social worker had not been allocated. The workforce problems were recognised but this was an area where improvement would be expected.
- Adequate time had to be given to enable targets to be met. It was too early to specify when the intervention process should come to an end but he would be looking for clear evidence of progress at the end of each monitoring period.
- Once the information provided by the Authority during the months following the July reporting period had been validated, targets for the quarter ending 31 December could be set. These would need to be challenging and robust.
- The approach being taken in Blaenau Gwent was to target the areas where greatest improvement was needed first because that would increase the extent to which children and young people were safeguarded.
- Six of the cases referred back for further action were still causing concern. The Authority had provided a response showing the steps to be taken in dealing with those cases and Inspectors would shortly be checking that these had been implemented satisfactorily.
- The next set of targets would be more specific about percentage performance improvement in relation to allocation of cases and responses to referrals, initial assessments within the correct timescales, core assessments and reviews of looked after children and children on the at risk register. This would enable the measurement of actual improvement on the ground.
- The Authority would be expected to provide further information on their quality assurance systems.
- As part of the Wales Programme for Improvement, an Advisory Improvement Board had been set up. This was advising the Authority on its corporate function. An interim management team, committed to driving the improvement process forward, was also in place.
- The Authority reported it had introduced a screening process to identify cases of highest risk within 24 hours of referral, and Inspectors would be looking at how well this was operating.
- A three monthly interval for reporting to the Chief Inspector allowed an adequate period of time to judge progress. The Authority had introduced its own internal arrangements for reporting more regularly on performance.
- It was important that SSIW had an opportunity to validate the information they received from the Authority reporting to the Minister on the extent to which the Authority was improving its performance.

2.4 The Minister said that ultimately it was for the leadership and individual members of a local authority to ensure their corporate parenting responsibilities were being met in safeguarding children. This needed to be a priority for local government throughout Wales. She welcomed the involvement of the Welsh Local Government Association (WLGA). It was important that authorities learned from each other and that good practice was shared. She also reminded Members that the role of the Social Services Inspectorate Wales (SSIW) was to inspect, guide and advise not to take over the management of

children's services at Blaenau Gwent.

2.5 The Chair said that the Committee would continue to monitor progress and asked that the Committee's grave concerns, particularly in relation to the six cases referred back for further action, be passed on to the Authority.

2.6 In response to questions on the remainder of the report, the Minister made the following comments:

Section 4. Local Authority Social Services Performance Statistics 2003-04

- The reduction in delayed transfers of care in Carmarthenshire was welcomed. Concerns that the reduced level would become acceptable and capacity reduced were noted and measures would be introduced to ensure this was not the case.
- The fall in the number of care leavers with one or more GCSE would be brought to the attention of the Cabinet Sub-committee on Children and Young People. They would also be advised of the Committee's concerns that the target number of GCSEs for care leavers was so much lower than the level for other young people.
- The Chief Inspector of Social Services said that there were priorities that took up a lot of SSIW resources, such as working with Cardiff and Blaenau Gwent, but priorities had to be balanced between intervention in these Authorities and the Inspectorate's other programmes of work.

Section 6. "Healthcare Associated Infections - A Strategy for Hospitals in Wales"

- Community Health Councils (CHCs) would have a key role in both inspection of the patient environment and receiving patient complaints.
- A paper to note would be provided on the first tranche of work undertaken by CHCs in scrutinising hospital cleanliness.
- Information on levels of MRSA was held by individual Trusts and anonymised information on an all Wales basis was available from the National Public Health Service. The levels of MRSA in Wales were lower than the rest of the UK. Patients could obtain information from their clinician if they were concerned about the level of risk.

Section 9. Expert Patients Programme (Gwynedd and Swansea): End of Pilot Project Report

- A copy of the evaluation report would be circulated.
- Representatives of Diabetes UK and Arthritis Care had been involved in the pilot projects.

Section 11. Air Ambulance Funding

- The demand for the service was being monitored and would inform any consideration of the need

to extend the hours. Any developments would be reported.

Section 13. North Wales Clinical School

- A paper to note would be provided on the availability of vocational training places around Wales for dental students from Cardiff.
- There were no immediate plans for a graduate entry module in the new Clinical School in North Wales. The way the Swansea graduate entry scheme developed would be monitored first.

Section 14. The Welsh Language in Healthcare

- A paper to note would be provided on the status of case notes in Welsh.

Section 16.1. Second Offer Scheme (Swansea): Further Information on the Reasons for Decline of a Second Offer and Measures being taken to Improve Uptake

- People who declined a second offer would not be disadvantaged and would be treated on the basis of clinical need and in date order.

Section 16.2. NHS Direct

- The Head of Health and Social Care in Wales said that it was not mandatory that NHS Direct be used to provide triage for out of hours service, but that this was one model that was emerging from LHBs.

Section 16.3. Out of Hours Provision

- Local Health Boards were responsible for advising communities about any changes to out of hours provisions.

2.7 The Chair advised Members that he was happy to receive requests for information to be included in the Ministerial Report but they needed to be provided to the Clerk three weeks prior to the date of the meeting.

Action

- Paper to note to be provided on the first tranche of work undertaken by CHCs in scrutinising hospital cleanliness.
- Copy of the evaluation report on the Expert Patient Programme pilot projects to be circulated.
- Paper to note to be provided on the availability of vocational training places for dental students.
- Paper to note to be provided on the status of case notes in Welsh.

Item 3: Subordinate Legislation (10.45 - 10.55am)

The Genetically Modified Food (Wales) Regulations 2004

The Genetically Modified Animal Feed (Wales) Regulations 2004

The Genetically Modified Organisms (Traceability and Labelling) (Wales) Regulations 2004

Papers: HSS(2)-11-04(p.3); HSS(2)-11-04(p.3i); HSS(2)-11-04(p.3ii); HSS(2)-11-04(p.3iii) and HSS(2)-11-04(p.3a)

3.1 The Committee selected the regulations for detailed scrutiny at its meeting on 16 July 2003. The draft regulations were considered in accordance with the Committee's agreed protocol for scrutinising legislation. One point of clarification had been raised.

Point of Clarification raised by Plaid Cymru

"How will the requirements contained within these regulations be monitored and enforced?"

3.2 The Minister confirmed that local authorities were responsible for monitoring and enforcing compliance.

3.3 Hilary Neathey of the Food Standards Agency (FSA) said that the FSA had a responsibility to audit local authorities in terms of their monitoring and enforcement, and regular reports were provided to the Minister.

3.4 The Committee was content with the regulations as drafted. A report would be laid and sent to the Business Committee.

The Suspension of Day Care Providers and Child Minders (Wales) Regulations 2004

Papers: HSS(2)-11-04(p.4); HSS(2)-11-04(p.4a); HSS(2)-11-04(p.4bi); HSS(2)-

11-04(p.4bii) and HSS(2)-11-04(p.4biii)

3.5 The Committee selected the regulations for detailed scrutiny at its meeting on 8 October 2003. The draft regulations were considered in accordance with the Committee's agreed protocol for scrutinising legislation. One point of clarification had been raised.

Point of Clarification raised by Plaid Cymru

"What consideration and provision has been made towards information concerning individuals under suspension is shared amongst appropriate care bodies in Wales, England, Scotland and Northern Ireland?"

3.6 The Minister said that arrangements would be made for the regulatory bodies to share information and to fast track requests for registration. She confirmed that this would also provide a safeguard in event of a worker who was on a short-term suspension seeking employment elsewhere in the UK.

3.7 The Minister agreed to look into the interface between these regulations and the Criminal Records Bureau.

3.8 The Committee was content with the regulations as drafted. A report would be laid and sent to the Business Committee.

Action

- Reports on Committee's conclusions to be laid and sent to Business Committee.
- The role of the Criminal Records Bureau in relation to these regulations to be checked.

Item 4: Schedule of Secondary Legislation (11.20 – 11.25am)

Papers: HSS(2)-11-04(p.5a) and HSS(2)-11-04(p.5b)

4.1 The Committee identified the following item for consideration:

Health and Social Care

HSS 51(04)

The Carers (Equal Opportunities) Act 2004 (Commencement) (Wales) Order 2005

Item 5: Current European Issues (11.25 - 11.30am)

Paper: HSS(2)-11-04(p.6)

5.1 The paper was noted.

Item 6: Other Committee's Forward Work Programmes (11.30 - 11.35am)

Paper: HSS(2)-11-04(p.7)

6.1 The Chair suggested that the minutes of the Social Justice Committee's discussion of counselling services, scheduled for 8 December, should be brought to HSS committee Members' attention

6.2 Christine Gwyther drew attention to the Economic Development and Transport Committee's review of Economic Inactivity.

Action

- Committee to receive a copy of the Social Justice and Regeneration Committee's minutes of 8 December 2004

Item 7: Review of the Interface between Health and Social Care - Draft

Report (11.35 - 12.05pm)

Paper: HSS(2)-11-04(p.2)

7.1 The Committee discussed the draft report, which had been circulated on 21 September.

7.2 It was agreed that Recommendation 3.4.3 was too broad and should be revised to read, "Local authorities, in discussion with NHS colleagues, should consider the feasibility of providing social care service cover around the clock seven days a week."

7.3 Kirsty Williams would provide a form of words for a recommendation on Intermediate Care - Section 3.5.17.

7.5 Mention was made of the contribution of the voluntary sector in providing specialist services, such as counselling, which was often provided across a larger area than a single LHB or local authority and could create problems for their viability. The Chair said that the review had concentrated on strategic planning at LHB/local authority level but the report could acknowledge that there was a regional dimension in commissioning services from the voluntary sector across a wider area.

7.6 The Committee agreed that further recommendations were needed in the following sections of the

draft and the following recommendations were agreed:

Hospital Discharge (3.5.13)

- Greater co-operation and training of discharge staff was needed to facilitate better understanding and appreciation of everyone's role in the team.
- Discharge teams should have access to joint finances or joint resources to enable them to put services in place more quickly.
- Discharge planning should start as soon as a patient is admitted.
- Patients should be assigned a key identified worker within the discharge team.

Domiciliary Care Services (3.5.20)

- The independent and private sectors need to be involved in the planning of services.
- Commissioning agencies should have greater regard to the independent and private sector.
- Service users should be involved in the planning process.

Professor Walters said that this was an area of growing importance and suggested that it be cross-referenced to other appropriate sections in the report.

The Committee agreed that the statement "...the quality of care received from their local authority is superior....." needed qualification.

Support for Carers (3.5.24)

- Agencies need to work together to ensure they understand the role and needs of carers and to support them as part of the care team.
- Care plans should take account of the level of care being provided by carers.

It was agreed that the narrative would be expanded to include references to the strain caring could have on a carer's mental health and personal relationships.

The role of health and social services in promoting the independence of patients and the prevention of unnecessary admission or re-admission to hospital

- The first recommendation should be strengthened to highlight the value of early intervention.
- Greater emphasis was needed on the contribution technology could make to help keep people in their own homes more safely.

There was concern that the process of securing housing adaptations was sometimes overly bureaucratic, with duplication of input of professionals working in health and social care. This was felt to be relevant to effective unified assessment and should be covered under section 3.5.8.

This led to some discussion about unified assessment and it was felt that the process needed mutual trust and respect of the team involved, the person being assessed and their family/carer. It was noted that the needs of the patient/client and the carer might not always be compatible.

Item 8: Minutes

Paper: HSS(2)-09-04(min) and HSS(2)-10-04(min)

8.1 The minutes of the meetings held on 8 and 14 July 2004 were agreed.

Item 9: Any Other Business

9.1 It was agreed that the following organisations would be invited to give oral evidence to the Committee on 3 and 24 November as part of the policy review on Standard 2 of the Mental Health National Service Framework:

- MIND Cymru;
- Hafal;
- Julia Barrel of the South Wales Advocacy Network;
- US Network; and
- The Young People's Crisis Service Project at the Barnardo's Marlborough Road Partnership in Cardiff.