Health and Social Services Committee

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

Date: Wednesday 6 October 2004
Venue: Committee Room 3, National Assembly for Wales
Title: Review of the Interface between Health and Social Care - Draft Report

Purpose

1. The Committee is invited to comment on the draft report, annexed to this paper, and to suggest whether further conclusions and recommendations should be included.

The Draft

2. Some comments have been received on the draft that was circulated out of Committee, including some from the Committee's Expert Adviser, Professor Vivienne Walters. The draft has been amended from the one members saw earlier and changes are highlighted.

3. Areas which the Committee may wish to consider further are:

- Hospital Discharge (3.5.13);
- Domiciliary Care Services (3.5.20);
- Support for Carers (3.5.24); and
- The Role of Health and Social Services in Promoting the Independence of Patients and the Prevention of Unnecessary Admission or Re-admission to Hospital.

4. Previous committee papers which may help members' consideration are HSS(2)-10-04(p2) and HSS (2)10-04(min).

Committee Service
September 2004

Annex

HEALTH AND SOCIAL SERVICES COMMITTEE

REPORT OF REVIEW OF THE INTERFACE BETWEEN HEALTH AND SOCIAL CARE

Foreword by the Chair of the Committee

- Reference to Wanless
- Importance of strong political leadership
- Equality of Opportunity

Members of the Committee

Contents

Section 1 – Summary of main conclusions and recommendations

Section 2 – Introduction

- Terms of reference
- Methodology - initial scoping papers (?); appointment of expert adviser; written consultation; advertising; oral evidence; committee visits; focus groups, equality of opportunity issues.

Section 3 – Findings and Recommendations

3.1. Overview

3.1.1 A number of themes emerged from the evidence that cut across the five specific areas in the terms of reference. These relate to the differences in the structure, accountability and cultures of the health service and social care services. However, the three main umbrella organisations for the services [insert footnote: Association of Welsh Community Health Councils; Association of Directors of Social Service; Wales Council for Voluntary Action.] said that local health boards were now breaking down the barriers

and recognising the importance of shared visions, goals and sustainable arrangements for jointly commissioning services.

3.1.2 Differences in terms and conditions of service for personnel employed by health and social care services often preclude effective integration of a service.

3.1.3 A lack of understanding of the role of different professions also mitigates against integration, with professionals in one service being reluctant to accept the assessment of a colleague in the other.

3.1.4 The Committee noted that there was a disproportionate number of mentally ill people who were not receiving appropriate care. The Minister agreed that there were issues about delayed transfers of care from mental health hospital beds and she advised the Committee that all LHBs had been asked to address this in their "Wanless" Action plans.

3.1.5 These issues are covered in more detail below.

3.2. The Mechanisms for Joint Planning and Provision of Services in Health and Social Care and the Quality of the Evidence Base

3.2.1. The Committee did not receive any evidence that advocated a unified health and social care service organisation. There is optimism that the creation of local health boards (LHBS), which are co-terminous with local authority boundaries and have board members from wide sectoral interests, will lead to more effective joint working between the sectors. The evidence that the Committee received indicates that there is still a lot of work remaining to be done.

3.2.2. The sectors are still operating different information and communication technology (ICT) systems. These are often incompatible and make it difficult to share information. The Welsh Assembly Government is developing parallel ICT strategies, *Informing Healthcare* and *Informing Social Care* for the NHS and social service departments respectively. The harmonisation of these strategies is key and the Minister confirmed to the Committee that there will be integration between the systems in the long term. She advised that there are complex legal and social issues that would take time to resolve, but that incremental progress could be made in sharing some of the information in the interim. The Welsh Assembly Government will need to drive this objective hard and monitor progress carefully. It is not possible at this stage to confidently conclude that an integrated information system, necessary to support a unified assessment of care, will be achieved in a timely fashion. Derek Wanless told the Committee that there needs to be a balance between providing individuals with better services and protecting confidentiality, with more scope for abstracting anonymised data for service planning.

3.2.3 The development of the single electronic patient record is allied to the development of compatible ICT. This is discussed in para 3.5.

Recommendation: *The two ICT strategies should be integrated as soon as possible to facilitate the*

development of the electronic patient record.

3.2.4. The evidence the Committee received from Wrexham and Caerphilly showed that different models of joint working could be effective and there is no need for prescriptive central guidance from the Assembly Government. The most important factors in creating the right climate are a shared vision and a sound and sustainable basis for the joint commissioning of services. The Committee concluded that people need incentives to work together and those organisations that demonstrate good working practice should be rewarded.

Recommendation*: See Recommendation xx (following section 3.5.3)*

3.2.5. The Welsh Local Government Association and the Wales Council for Voluntary Action emphasised the need for the voluntary and independent sectors to be involved in planning services. This view was echoed by the Expert Reference Group on Domiciliary Care and Care Forum Wales in respect of the services their sectors provide.

Recommendation: *Statutory agencies should consult and involve representatives of the relevant voluntary and independent service providers in planning and commissioning services jointly.*

3.2.6. A number of witnesses [insert footnote: Association of Welsh Community Health Councils; Welsh Therapies Advisory Committee; Royal College of Nursing; Expert Reference Group on Domiciliary Care; Wales Council for Voluntary Action; Dinfwr Cict] referred to problems with short term funding for projects and the use of grant schemes. In some instances the best staff were seconded to a project, leaving a gap in the core service and it was often difficult to recruit new staff to fill short term vacancies. Projects are established because additional funding is available for them, but evaluation is weak and some successful projects are dropped when funding ceases.

Recommendation: *Proposals for all short term funding schemes should include:*

- *an assessment of the impact of the scheme on core services;*
- *a statement of the aims and objectives and a plan for evaluating the scheme's success in meeting them; and*
- *proposals for mainstreaming the project where evaluation demonstrates there would be benefit in so doing.*

3.2.7 It is clear from the joint inspections of social services authorities that have occurred in Wales that the developments in care and the changing needs of the population are often poorly anticipated. More work needs to be done to enable health and social services to plan ahead and ensure that services are commissioned, sometimes on a regional basis, to meet the changing needs and rising expectations of vulnerable groups. The Committee notes the findings of the Education and Lifelong Learning Committee and its review into Special Education Needs on the need for authorities to plan jointly certain services such as those for people with low incidence diseases/disabilities.

Recommendation: *In giving guidance to the statutory agencies on strategic planning, the Welsh Assembly Government should emphasises the importance of effective research and intelligence gathering so that health and social services can meet the dynamic needs of the population they serve. This should include encouraging links with research and development in higher education.*

3.3. The Accountability Arrangements for Joint Planning and Service Provision

3.3.1. Several witnesses referred to the difficulties presented by the different structures in health and social care organisations. LHBs are accountable directly to the Assembly Government and their objectives are related to health care in the broadest sense. Local authorities have to balance the needs of social care services against those of other service areas. The processes and timescales for budget setting and service planning are different and this makes it more difficult to align policies and priorities. Similarly, local authority officials do not have the same level of delegated authority to make decisions as health service staff, and this can hold up decisions on funding.

3.3.2. The Committee heard different views on the accessibility of budgets and joint funding. In Caerphilly, the LHB is building on partnership working that has taken place for three years, but despite their success they are still seeking ways to overcome problems around accessing budgets. Dinefwr Cict has experienced problems with the ownership and accountability for joint budgets, and the Blaenau Gwent Assist project has experienced tensions over who pays for what. On the other hand, the ADSS takes the view that joint funding or pooling budgets is not crucial to the development of co-ordinated services. The Forge Centre in Port Talbot is run and funded jointly by the NHS trust and social services, but budgets are not pooled. Management there considers that full integration would bring about conflict in accountability and professional governance.

3.3.3. The Committee concluded that joint funding is not crucial to successful joint working, but effective joint planning and commissioning is critical. Local partners should work together to agree a funding regime that suits their needs. It is important that where budgets are not pooled there is a clear understanding of which partner pays for which service and delivery is not delayed because of confusion or extended negotiation.

3.3.4 Joint performance measures and targets should evidence good practice, but should not be punitive. The Committee does not advocate fining authorities with high levels of delayed discharge. A more constructive approach would be to provide a financial incentive to reward the best performers.

3.3.5 The Committee has noted the role of the Audit Commission and other regulators in monitoring performance and standards. In addition to national targets, locally agreed measures and targets are needed to meet local objectives. Several key areas for indicators relevant to the terms of reference emerged during the Committee's discussion of evidence.

Recommendation: *The following key indicators should be assessed within performance management*

arrangements for LHBs, Trusts and LAs to demonstrate progress towards effective joint working:

- *early identification of care needs and early intervention;*
- *implementation of unified assessment;*
- *effective hospital discharge planning;*
- *integrated teams of health and social care providers;*
- *support for carers;*
- *use of voluntary and independent sectors..*

3.4. The effects (both positive and negative) that decisions in one service can have on another

3.4.1. A number of organisations (insert footnote: WLGA; WTAC; ADSS; NHS Confederation; Care and Repair Cymru) spoke of the importance of engaging with other local authority services. LHBs are limited in the influence they have on services such as housing, transport, street works (paving and lighting) and education, but all these impact on health and well being.

3.4.2. The Committee notes that the planning mechanisms are in place to enable local authorities and LHBs to plan comprehensively across service areas. The chief vehicles are the LHBs' Health, Social Care and Well Being strategies and the local authorities' community plans and health impact assessments.

Recommendation: *The Welsh Assembly Government should review the guidance on health and well being strategies, community plans and health impact assessments to ensure that there is adequate consultation and recognition of the impact of local authority services on health and well being.*

3.4.3. Health care services are available, twenty four hours a day, seven days a week, but social services tend to be available only between Monday and Friday during normal working hours. The Committee concluded that local authorities should consider providing services more flexibly. They should also seek to make better use of facilities and equipment, such as day centres and buses, in the evenings and at weekends

Recommendation: *Local Authorities should consider the feasibility of providing social care services around the clock seven days a week.*

3.4.4. At an operational level the Welsh Therapies Advisory Committee said that there are tensions when therapy funded by one agency benefited another. Furthermore, when health service funds support social services it may not provide additional benefit, as corresponding reductions may be made in social service funding. An example was given in one of the focus groups of the consequences of increasing throughput of patients and saving money on hospital care by introducing more day surgery. The savings accrued to the NHS Trust without any transfer of money to the local authority to meet the additional care costs it incurred. Derek Wanless provided the Committee with details of the model of social care in

Sweden, where social services take over responsibility for funding and providing care once a doctor has certified that a patient no longer needs an acute hospital bed. While this method may clarify responsibility for funding the Committee did not feel the time was right to recommend it as a model for Wales. The punitive element of enforcing the transfer of care was not considered to be conducive to effective partnership.

3.5. Key areas that impact on the quality and provision of a seamless service, particularly:

- hospital discharge
- intermediate care
- residential and nursing home services;
- domiciliary care services;
- involvement of the independent and private sectors
- support for carers

3.5.1. As well as the issues highlighted in the terms of reference the Committee received evidence on other issues that help to provide a service that appears seamless to patients and clients. Sharing good practice, communication and understanding between staff of different professions and specialties were foremost.

Sharing Good Practice

3.5.2. It is clear from the evidence that a number of networks and programmes across Wales are used to sharing perceived good practice. These include Innovations in Care conferences, meetings of LHB members from across Wales, the work of the WCVA health and social care facilitators disseminating good practice in the voluntary sector to LHBs. The Welsh Local Government Association referred to the development of *Excellence Wales* and Dinefwr Cict is a member of a network of community rehabilitation teams across Wales. The Committee heard about, and Members visited, many examples of good practice in joint working.

3.5.3 The Committee noted that while there is sharing of innovation and perceived good practice within Wales, no evidence was offered about how practice is assessed or benchmarked. Furthermore, nobody spoke of looking beyond Wales and drawing on good practice elsewhere in the UK, Europe or other parts of the world. For example, in England the Department of Health is funding an Integrated Care Network in partnership with the Office of the Deputy Prime Minister, the NHS and local government.

Recommendation: *The Welsh Assembly Government should consider the need for centralised accreditation and dissemination of good practice (from Wales and elsewhere) and investigate the scope for an award scheme for rewarding exceptional examples of innovation and good practice in joint working.*

Communication and understanding between staff of different professions and specialties

3.5.4. It was apparent from the evidence that there is an increasing awareness of the benefits from staff having a better understanding of other disciplines and work cultures. This may help staff recognise and value each others' differing skills. There are many instances where staff are co-located and work alongside one another. The Forge Centre has provided an integrated community mental health service in Port Talbot for ten years. From the patients' perspective there is a one-stop facility with ease of moving between the different professional services offered. Each professional has a good understanding of what his or her colleagues are able to do.

3.5.5. The Royal College of Nursing recommended a more holistic approach to training. The Welsh Therapies Advisory Committee cited the example of the University of Wales College of Medicine sending students to shadow physiotherapists to get a better understanding of rehabilitation.

3.5.6. On a wider front it was suggested to the South West Wales Regional Committee that there should be integrated training for health, social service and housing staff.

3.5.7. On the negative side there were examples given of how a lack of integration can cause problems and unnecessary duplication. Some professional groups, such as occupational therapists may be employed by a local authority and, or by, the health service. Management practices sometimes precluded a worker in one accepting and acting on the judgement of a practitioner in the other. A contributor to one focus group recounted how she is employed partly by the health service and partly by the local authority. She has to duplicate paperwork in referring a client from the health service to social care

Recommendation: *The Welsh Assembly Government should develop guidance for health and social care managers on providing training and development opportunities with the aim of breaking down barriers between different professionals / practitioners. These should include co-location of staff; reducing duplication of work; work shadowing and pre- and post- registration training.*

Unified assessment

3.5.8. There was general agreement among witnesses that unified assessment was the key stone to seamless service provision. However, there were concerns about its implementation.

3.5.9. The Royal College of Nursing took the view that the guidance on the procedure was clear, but this view was not shared by all. Age Concern Cymru said that implementation was slow, bureaucratic and uncoordinated. In one area it was not seen as relevant to the voluntary sector, despite their being a major provider of care, especially on hospital discharge. The statutory agencies in Pembrokeshire and Rhondda Cynon Taf recognise a role for the voluntary sector, subject to training. Rhondda Cynon Taf suggested that the voluntary sector is most appropriately involved in high dependency cases where the sector's involvement can ensure that the patient's needs are central. The British Medical Association was of the

opinion that unified assessment would be made easier when the single patient record was introduced.

3.5.10. The Committee agreed that unified assessment is key.

Recommendation *The initial unified assessment should be carried out early in the episode of health / social care, so that a care package can be developed quickly and where possible prevent the need for acute care.*

Access to services in one place

3.5.11. The benefits of services being provided in one place in the community have already been mentioned. Committee members visited projects at Cimla Hospital and the Dinefwr Cict project in Llandovery where multi-disciplinary re-ablement services are jointly located. The Audit Commission advised of other areas, for example Wrexham, where the Community Mental Health team is a fully integrated unit with a single files policy and a single point of referral, and Ceredigion, where the team is co-located and managed by an officer who is jointly funded. There are also examples of multi-agency children's centres and other co-located projects.

3.5.12. The Committee commended the practice of co-locating services in the community wherever possible, especially for those groups of service users who receive a variety of services and find it difficult to cope with a plethora of service providers.

Hospital Discharge

3.5.13. The Committee was given information on several successful hospital discharge schemes. The Royal College of Nursing said that many areas already have trained discharge liaison nurses. In Caerphilly these nurses had been trained in social services criteria and are able directly to access funding and social services to enable discharge. Age Concern Swansea runs a hospital discharge service and employs two nurses, a social worker and a welfare benefits officer. They receive funding from the Inequalities in Health fund. There are other good schemes, but it was reported some ran into trouble due to short term funding not being sustained.

3.5.14. The focus group of staff from Age Concern Swansea recommended that discharge planning should start on admission to hospital. The process is not always successful and patients and carers do not always receive the information they need. Ineffective discharge planning can result in re-admission. The focus group of staff and managers said that it was not always possible to complete an assessment if there is inadequate care provision in the community.

3.5.15. Derek Wanless referred to targets placed on the NHS that could be counter productive by encouraging premature discharge, again resulting in re-admission.

3.5.16. Once a patient has been discharged continuing care needs should be monitored and periodically re-assessed. The Age Concern focus group felt that there was a lack of clarity about who was responsible and it often fell to carers or care assistants by default.

Intermediate Care

3.5.17. The Committee was offered very little oral evidence on intermediate care, though examples of use of intermediate care were provided in written evidence. Age Concern Cymru said that there were good examples in Wales, but they need evaluation and development. The Royal College of Nursing advised the Committee that intermediate care should be an integral part of a unified service, not additional to it. The ADSS Wales suggested that Wales could learn from England. Care Forum Wales pointed out that the Care Standards Inspectorate Wales's regulations do not allow the independent sector to provide intermediate care.

Recommendation: *The Welsh Assembly Government should explore the scope for innovative provision of intermediate care outside the hospital setting.*

Residential and Nursing Home Services

3.5.18. The Association of Welsh Community Health Councils, Care Forum Wales and the RCN referred to issues around capacity. Adequate levels of funding are needed to ensure adequate quality of care and a suitably qualified workforce. The RCN said that local authorities are struggling to meet residential care costs and recruit and retain staff. The Welsh Local Government Association and Derek Wanless emphasised the need for long term planning. The WLGA submitted that there needed to be more investment in research and development. Care Forum Wales reminded the Committee of the need for capacity planning to include emergency needs. They also expressed concern that local authority groups which bring together partners to plan strategies for older people do not always take account of the views of the most vulnerable people.

3.5.19. Discharge from hospital is often delayed because patients are awaiting a vacancy in a specific care home. Care Forum Wales suggested that this could be overcome by the use of interim placements.

Recommendation: *Health, social Care and Well Being Strategies should address the issue of long term planning for social care needs.*

Domiciliary Care Services

3.5.20. The service users' focus group expressed a strong desire to stay in their own homes with adequate support. They felt that the quality of care received from their local authority is superior to that of private providers. The focus group of staff and managers pointed out that only those in greatest need receive local authority care services. It could be very challenging providing intensive home care and

recruitment is often difficult.

3.5.21. The United Kingdom Home Care Association contended that domiciliary care interests should be represented on strategic care planning forums. Service commissioners need to be aware of the requirements of the Care Standards Act 2000. They should also be specific about outcomes to ensure the provider can deliver. Providers needed support to enable them to identify and access training for staff.

Involvement of the Independent and Private Sectors

3.5.22. The Royal College of Nursing, whose registered nurses also work in the independent sector, referred to the difficulties in involving the independent sector in joint planning because service providers are fragmented. However, the staff and managers' focus group reported that the involvement of the independent sector had increased flexibility in planning services.

3.5.23. Care Forum Wales said that the independent sector was involved in a range of local authority forums, but not at the strategic level. They would welcome the opportunity for greater involvement in the development of strategies, rather than being merely a consultee once strategies were drafted. Local independent sector forums could be established to represent the sector in high level policy discussions.

Recommendation: *the Welsh Assembly Government should review guidance to LHBs, trusts and local authorities to secure the engagement of the independent and private sectors in strategic and service planing.*

Support for Carers

3.5.24. The Association of Welsh Community Health Councils and the service users' focus group both referred to the lack of appropriate and timely respite care. They also felt that there should be greater recognition of the burden on carers, their need for support and their own health needs. Their needs should be monitored alongside the person for whom they care.

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

3.6.1. Housing adaptations were one of the most important factors in enabling people to maintain their independence and live safely at home. Many witnesses paid tribute to the work of Care and Repair Cymru and the Committee endorsed those views. However, members of the service users' focus groups had experienced delays and problems with the supply of stair lifts and hoists.

3.6.2. Specialist falls clinics can also help prevent hospital admissions. A number of other initiatives are aimed at preventing hospital admission or re-admission, including home crisis management, patient held records to inform out of hours attendance; regular check-ups and holistic services for over 75-year olds; rapid access schemes; and better out of hours services for social care.

3.6.3. Several witnesses pointed to the need for more accessible information, services and sources of help. It was recognised though that, however well this was provided, some service users would have difficulty retaining information about the variety of services available to, and provided for, them.

3.6.4. The Committee heard about the developments in assisted technology that enabled people's safety at home to be monitored remotely. One member reported on his visit to the Blaenau Gwent Assist project which promotes independence for people with dementia. The project has not yet been evaluated.

3.6.5. The Committee concluded that early intervention is the most effective way of promoting independence and preventing unnecessary hospital admission. It is evident that low level measures are often sufficient if identified early enough.

Recommendations

Health and social care providers should be alert to assessing care needs early in a care pathway in discussion with the patient or client and the carer(s).

Evaluation of the Blaenau Gwent Assist Project should be disseminated to the rest of Wales.