

Health and Social Services Committee

HSS(2)-13-04(min)

MINUTES

Date: Wednesday, 3 November 2004

Time: 9.00am to 12.50pm

Venue: Committee Rooms 3&4, 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
Gwenda Thomas	Neath
Rhodri Glyn Thomas	Carmarthen East & Dinefwr
Kirsty Williams	Brecon & Radnorshire

In Attendance

Dr Lenni Charles	Mind Cymru
Ruth Coombs	Policy Manager, Mind Cymru
Debbie Jenkins	Mind Cymru
Jeff Williams	US Network

Officials In Attendance

Chris Burdett	Children & Families Directorate
Natalie Cooper	Care Standards Inspectorate for Wales
Dr Christine Daws	Resources Directorate
Dr Ruth Hall	Chief Medical Officer
Ann Lloyd	Head of Health and Social Care in Wales
Rob Pickford	Chief Executive, Care Standards Inspectorate for 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 There were no apologies.

1.2 There were no substitutions.

Item 2: Budget Proposals 2005-06 (9.35 – 10.10am) Paper: HSS(2)-13-04(p.1)

2.1 The Minister introduced the draft budget, as set out in her paper.

2.2 In response to questions from Members, the Minister made the following points:

- Local Health Boards (LHBs) would be producing primary care estate strategies to address the local needs of GPs and dentists.
- An additional £16m had been allocated for primary care estates for 2005-06. Details would be provided of how this was to be allocated.
- Building refurbishment was funded from Trusts' discretionary capital allocations.
- Compatibility of Information, Communication and Technology (ICT) systems in England and Wales was being discussed with the Department of Health. An update on the timescales for Informing Healthcare would be included in the next Ministerial Report.
- The introduction of Service and Financial Frameworks (SAFFs) meant that the NHS in Wales had a more rigorous performance management and monitoring system than ever before.
- The Minister was committed to the implementation of the new Pharmacy Contract and funding would be made available in 2005-06 if the England / Wales implementation were to go ahead in that year.
- As a result of concerns regarding waiting times for breast cancer services, extra clinics had been provided in Royal Glamorgan, Prince Charles and the Princess of Wales hospitals to support the service in South East Wales.
- Further information would be provided on the implications of short term contracts with nurses from overseas coming to an end.
- Further information would be provided on the development of GP specialist clinics.
- £107m investment in capital represented 2.5% of the total budget for 2004-05, and £309m was 6% of the total budget for 2007-08. The increase in capital did not include any money from private sector investors.
- Details would be provided of how the efficiency savings, which the First Minister announced would be achieved by 2010 under "Making the Connections", would be effected in Health spending.
- The second offer scheme was delivering improved services for patients. Maximum waiting times for inpatient or daycase treatment had been reduced from 18 months to 12 and this needed to be sustained before any consideration was given to lowering the target. The scheme was being evaluated.
- Funding would be made available if it were needed to complete the resettlement programme for patients with learning difficulties.
- Health Challenge Wales would play a significant role in tackling inequalities and improving health in communities with the greatest need.
- Initiatives developed using the Health Inequalities Fund should become embedded into core services, and LHBs and Trusts would be involved in taking this forward. Health Challenge Wales would also look at how such initiatives could be sustained and built upon.
- The ring fencing of Carers Special Grant had been extended, but would be transferred from the Health and Social Services' budget into Revenue Support Grant.
- Resources to implement the draft Mental Health Bill had been factored into the budget.

- The availability of personal social services data would help inform the revenue support grant process by identifying need at local authority level. The Minister would be discussing how this could be linked to performance with the Minister for Local Government and Public Services

2.3 The Chair expressed his personal concern that no additional funding had been set aside for diabetes services, even though this had been identified as one of the Committee's priorities.

2.4 The Chair would write to the Minister setting out the Committee's views.

Actions

- Further details would be provided on the allocation of funds within the capital programme.
- Information would be provided on the timescale for implementation of Informing Healthcare.
- Further information would be provided on the implications of short term contracts with nurses from overseas coming to an end.
- Further information would be provided on the development of GP specialist clinics.
- Details would be provided of how the efficiency savings announced by the First Minister would be achieved by 2010 would be effected in Health spending.
- The Chair would write to the Minister setting out the Committee's views

Item 3: Care Standards Inspectorate for Wales - Annual Report 2003-04 (10.10 – 11.00am)

Paper: HSS(2)-13-04(p.2)

3.1 The Chair welcomed Rob Pickford, Chief Executive of the Care Standards Inspectorate for Wales (CSIW), who introduced the report.

3.2 In response to questions from Members, Rob Pickford made the following points:

Chapter 3

- There had been an overall reduction in the number of small care homes but this related purely to younger adult groups. There was a growth in provision for older people and mixed groups. There were changing patterns of service delivery, with many small care home providers moving to provision of domiciliary care. There was seen to be an overall reduction in care homes but the reasons for this were multifaceted and included cost pressures; changing public expectations; and changes to the minimum wage.
- CSIW worked with commissioners and service providers to help them achieve the required standards. Enforcement was seen as a last resort and all other alternatives were explored first.
- The regulations were flexible enough to allow services to develop to suit the needs of service users.

- Fire safety was the responsibility of the service provider – the provider had to carry out the required risk assessment. To assist providers meet these responsibilities fire safety guidance had been developed jointly with the Fire Service in Wales. This guidance might need to be reviewed in the light of recent tragedies in care homes around the UK.
- Lessons could be learned from the regulation of domiciliary care that could inform the planning of services in the future.
- Supplementary guidance on looking after people with dementia in care homes had been developed.
- There had been an increase in the number of complaints. It was difficult to judge why this was as there was no apparent relation to a particular geographical area or type of provider, and could just be in part that people were more aware of their rights. The size of the region was not a determining factor in itself.
- A new approach to regulation was outlined which focused on greater service user involvement in the inspection process with effort being targeted according to individual need.

Chapter 4

- With regard to the role of school governors in respect of provision of childcare, CSIW would provide advice and guidance to schools and governors on their responsibilities under the proposed Day Care (Application to Schools) (Wales) Regulations 2005.
- Regular meetings were held with national childcare organisations and any concerns were raised as they emerged. Discussions were also being held with them on whether the advance notification of inspection was most effective. A mix with some shorter, more frequent and unannounced visits might be a better alternative.
- The report indicated problems with child protection policies but this might in many cases refer to small aspects of the procedure missing rather than absence of an overall procedure. CSIW planned to analyse this further over the coming year.
- The care planning process for adults and children in residential care with complex needs needed to be strengthened.

3.3 Gwenda Thomas asked that CSIW submit evidence to the review of policy for safeguarding children.

3.4. Kirsty Williams asked that her appreciation be recorded of the service given by the Mid Wales Office of the CSIW in response to queries raised by her office.

3.5 The Minister welcomed the Report and the Chief Executive's announcement of the review into the way CSIW undertakes regulation.

Item 4: Policy Review: The National Service Framework for Mental Health: Standard 2 - User and Carer Participation (11.20 – 12.35pm)
Papers: HSS(2)-13-04(p.3) and HSS(2)-13-04(p.4)

4.1 The Chair welcomed Ruth Coombs, Debbie Jenkins and Dr Lenni Charles from Mind Cymru.

4.2 Ruth Coombs outlined the main points, which were contained in the written evidence.

4.3 In response to questions from Members, the Mind Cymru representatives made the following additional points:

- Debbie Jenkins had a very positive experience with the care planning approach and was very much involved in the process. In contrast, Lenni Charles' experience had been very different. She did not have a care plan and had not been allowed to see any of her assessments. She felt that there was a lack of communication between departments, which might be due in part to a reluctance of the different professions to share information. When asked by the committee, which experience was the most common, Dr. Charles' experience was given as being in keeping with the norm.
- Professionals often assumed they understood what was going on in the user's mind better than the user. The view of the user should be sought and valued.
- Practical issues, such as timing of meetings, should to be considered when involving users and carers. There was evidence that people on certain types of medication found it more difficult to concentrate early in the morning. Family and work commitments of carers should also be considered and the venue should be non-threatening for all parties. Guidance should be issued on setting up meetings so that everyone had a similar experience.
- There was a danger that service users who had a bad experience of care planning would withdraw from the process and not speak out.
- Senior House Officers spent only six months in post and often did not have time to read the patient's notes before a consultation. Limited consultation time was therefore wasted while the patient recounted their case history.
- The only link between the four examples of good practice included in the written evidence was that in all cases the users felt involved in the process and that their views were valued.
- Service users and carers should be involved in training for professionals.
- Often service users were given choices but they were not fully explained to them so they were making uninformed decisions.
- Some planning groups included service user representatives, but this was not common practice throughout Wales. Where users were involved they felt it was tokenistic and they did not have the same value as the professional members of the group. Use of medical terminology and jargon should be avoided and user members should have an opportunity to debrief after the meeting in the same way that the professional members did.
- The Assembly had a role in ensuring that good practice set out in the NSF was in place in Trusts and LHBs and in monitoring that it was being done. There should also be a requirement for sharing of good practice.
- The role of advocates was vital. Many service users did not know their rights or what comprised good practice.
- There were very few Welsh-speaking psychiatrists, which created problems particularly in rural areas.

Subsequent to the meeting Mind pointed out that there had been an error in their written evidence. Page nine, "On the acute ward you actually receive a care plan...." should read "On the acute ward if you actually receive a care plan..."

4.4 The Chair welcomed Jeff Williams of the All Wales User Survivor Network (US Network), who outlined the background and role of the group and the main points of his written evidence.

4.5 In response to questions from Members, Jeff Williams made the following additional points:

- He was aware of 50 to 60 cases of bullying by professionals and threats to withdraw services in his 10-year experience.
- Service users were often put under pressure to sign incomplete or illegible care plans, which often resulted in their needs not being met.
- Professional staff were under pressure because of the number of patients they had to deal with. Some found it difficult to cope with that pressure, especially when dealing with more challenging patients. Noisy patients were sometimes drugged or otherwise marginalised.

Item 5: The Day Care (Application to Schools) (Wales) Regulations 2005 (12.35 – 12.40pm)

Paper: HSS(2)-13-04(p.5)

3.1 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 Gwenda Thomas AM

Paragraph 20 of the regulatory appraisal points out that governing bodies of maintained schools have been able to provide childcare facilities since September 2003. Will the Minister confirm that before a school governing body becomes a provider of childcare that all relevant members of the governing body will need to be CRB checked?

(Notwithstanding the current situation in regard to CRB checks on school governors.)

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

3.3 The Minister said that the issues around the role of governors in providing childcare under the regulations should be referred to the Review of Safeguarding Vulnerable Children, which Gwenda Thomas chaired.

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

Item 6: Minutes of Previous Meetings (12.40– 12.45pm)
Papers: HSS(2)-11-04(min) and HSS(2)-12-04(min)

6.1 The minutes of the meeting held on 6 October 2004 were agreed.

6.2 The minutes of the meeting held on 14 October 2004 were deferred to the next meeting to enable external presenters an opportunity to comment on their accuracy.

Item 7: Any Other Business

7.1 The Chair advised that the Joint Committee on the Draft Mental Health Bill was proposing to take evidence in Cardiff on the morning of 15 December. The Assembly would be in recess at this time but he urged those Members that were able to attend. The Clerk would circulate details once they were received.