

Health and Social Services Committee

Minutes HSS(2)-14-04(min)

Date: Wednesday, 24 November 2004

Time: 9.00am to 12.30

Venue: Committee Rooms 3&4, National Assembly for Wales

Assembly Members in Attendance

Assembly Member	Constituency
David Melding (Chair)	South Wales Central
John Griffiths	Newport East
Jane Hutt (Minister)	Vale of Glamorgan
Ann Jones	Vale of Clwyd
Dai Lloyd	South Wales West
Val Lloyd	Swansea East
Jonathan Morgan	South Wales Central
Gwenda Thomas	Neath
Rhodri Glyn Thomas	Carmarthen East & Dinefwr
Kirsty Williams	Brecon & Radnorshire

Presenters in Attendance

Name	Organisation
Julia Barrell	South Wales Mental Health Advocacy
Liz Griffiths-Hughes	Hafal
Junaid Iqbal	Hafal

Sally Jenkins	Barnardo's Young People's Crisis Service Project
Kay Miller	Barnardo's Young People's Crisis Service Project
Jo Roberts	Hafal
Sarah Smith	Barnardo's Young People's Crisis Service Project
Louis Williams	Barnardo's Young People's Crisis Service Project
Professor Ken Woodhouse	Chair, National Commissioning Advisory Board

Officials in Attendance

Name	Job Title
Dr Ruth Hall	Chief Medical Officer
Ann Lloyd	Head of Health and Social Care in Wales
Huw Jenkins	Director, Child Health Services
Dr David Salter	Senior Medical Officer
Graham Williams	Chief Inspector of Social Services

Committee Secretariat in Attendance

Name	Job Title
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 Jocelyn Davies. Dai Lloyd substituted.

Item 2: Ministerial Report (9.35 – 10.35am)

Paper: HSS(2)-14-04(p.1)

2.1 The Minister introduced her report, welcoming the positive vote for the pharmacy contract.

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

Section 2: Informing Healthcare

- Compatibility with England would be key to the Informing Healthcare programme, as would the development of one system for the whole of Wales.
- The new system in England was being procured regionally but would result in one compatible system. An update would be provided on the situation in England, particularly in respect of regions bordering Wales.
- "Beneficial functionality" referred to the features of the system that would be critical to clinical staff.
- A new director would be in post from January 2005 to take forward the second phase of the programme, which related to Information Management and Technology (IMT) development in primary care.

Section 4: Primary Lymphoedema Services

- A copy of the report by the Cancer Services Co-ordinating Group that contained a number of recommendations for the future provision of lymphoedema services would be circulated.
- A significant amount of the £30m funding announced on 15 November for buildings and equipment would be invested in breast cancer diagnostic equipment.
- Information would be provided on waiting times for diagnostic testing.

Section 6: Dental Vocational Training

- £5.3m had been allocated for the implementation of the new dental contract and an implementation team set up, which included representatives of the British Dental Association.
- 2,000 new dental training places had been created in the last three years. Vocational trainees were benefiting from extra allowances.

Section 12: Direct Payments Scheme

- A Disability Wales Implementation Team would be looking at the way direct payments had been taken forward and how support providers could be brought together to evaluate and share good practice.
- There was a need to raise awareness and ensure that people receiving direct payments were also receiving the support they needed.

Section 14: Community Pharmacy Contract

- The new pharmacy contract would be taken forward on an England and Wales basis, with a target implementation date of April 2005.

Section 15: Out of Hours Provision

- Responsibility for out of hours services lay with Local Health Boards (LHBs), who were monitoring the new arrangements and ensuring that any complaints were dealt with quickly.
- Of the 75,000 calls placed over the last few weeks, less than 0.01% had resulted in a complaint.
- The Welsh Assembly Government had provided LHBs with a template for a publicity leaflet. LHBs also needed to ensure there was regular publicity in local papers.
- Guidance was being developed cross-boundary co-operation between LHBs, particularly where GP surgeries crossed the boundaries.

Section 16.1: Inspection of Children's Social Services in Blaenau Gwent

Section 16.2: Inspection of Children's Social Services in Cardiff

- The Social Services Inspectorate Wales (SSIW) would continue to monitor progress closely and report to the Minister. The Minister would be meeting with the Leader of Blaenau Gwent in the New Year and would keep the Committee informed on progress.

2.3 Members noted there were clear signs of improvement in performance being brought about in Cardiff and early intimations of progress in Blaenau Gwent, and recognised the impact of SSIW monitoring on both authorities.

Section 16.4: Second Offer Scheme

- A sample survey had been undertaken to establish why people were not taking up second offers. It showed that in the first six months, 18% had not taken up a second offer, largely due to reluctance to travel or social reasons. Further scientific analysis of the reasons was needed.

Actions

- Copy of the Cancers Services Co-ordinating Group report to be circulated.
- Information to be provided on waiting times for diagnostic tests for breast cancer.
- An update to be provided on funding for Informing Healthcare and the compatibility of the system with other UK countries, including the English regions bordering Wales..
- Further information to be provided on investment in health services in Swansea.
- Progress reports to be provided on transition of paediatric neuroservices from Swansea to Cardiff.
- Members would be sent a copy of the guidance issued to LHBs on working with GP practices that straddle LHB boundaries.

Section 10: Paediatric Neurosurgery

- The Minister made a statement on the reconfiguration of inpatient paediatric neurosurgery services in South Wales. A copy is attached at Annex 1.

2.3 Members expressed the following concerns in relation to the statement:

- The decision ignored the public concern in Swansea and South West Wales, and the views of Swansea and Neath Port Talbot Community Health Councils (CHCs).
- During the review, Gwent Ambulance Trust had produced a report that said 10% of children could be disadvantaged as a result of moving services from Swansea to Cardiff.
- Paediatric intensive care in Bristol was provided on a different site to paediatric neurosurgery.
- A business case for the option appraisal had not been requested from Swansea.
- Children in Wales should have the same waiting times as children in England.
- There could be a precedent for other regional services being withdrawn in Swansea.

2.4 In response, the Minister made the following points:

- The views of the CHCs were crucial and had been taken very seriously, and it was their view that a proper data set and option appraisal were needed that had led to an independent option appraisal and clinical audit being undertaken.
- All the issues raised by the CHCs had been addressed by the Board.
- Swansea had not been asked to submit a business case because it had not scored highly enough against the criteria for sustainability, viability and safety of services.

2.5 Professor Ken Woodhouse, Chair of the National Commissioning Advisory Board said this had been the single, most robust option appraisal he had seen and the results were very clear. Over 400 stakeholders had been consulted and the Board had been advised by an independent management consultant from the York Health Economic Consortium. He responded to the specific concerns expressed, as follows:

- Only clinical criteria had been used for the option appraisal. Finance had not been a consideration.
- Clinical advice from the experts had been that the benefits to all the children in Wales far outweighed any minor difference in travelling time. There may be a disadvantage in the time it took for some to travel to Cardiff, but this would be outweighed by the quality of the treatment they would receive there.
- The Board had been aware that paediatric intensive care was not co-located with paediatric neurosurgery in Bristol but was advised that it would be within the next few years.
- The co-location of intensive care and other support services had been one of the key reasons for recommending that services be centred at the University Hospital of Wales (UHW).
- The current pattern of service provision was not sustainable. Clinicians needed a level of expertise and throughput to maintain their clinical skills.
- The viability of adult neurosurgery services in Swansea would be improved by retaining

emergency children's neurosurgery in Swansea.

- The Society of Neurosurgeons had advised that the techniques involved in management of emergency surgery in adults and children were similar and should be within the expertise of any neurosurgeon.
- Quality of care was paramount. The operative procedure was only a small part of a patient's clinical journey and one of the key features of the report was to strengthen locally based rehabilitation and support services.
- Within the parameters of the investigation, there had been very little division of opinion. The responses to the option appraisal had been broken down into groups of service providers, service managers, service users, LHBs and officials in Health Commission Wales and how they had rated the different options examined. The order of the options was exactly the same across all the groups and the figures were consistent.

Motion on Paediatric Neurosurgery in Wales

Motion proposed by Dai Lloyd AM

"This Committee proposes that:

There should be a full plenary debate during Government time on the future provision of paediatric neurosurgery in Wales."

2.4 In moving the motion, Dai Lloyd said that there was much public concern in Swansea and South West Wales about the proposals to transfer services to Cardiff and the Assembly had not had adequate time to debate the issues. He submitted that following a similar to approach to England would not work in Wales because of the geographical differences.

2.5 In response, the Minister said that two years ago she had rejected the recommendations of Dyfed Powys Health Authority because they had not been based on robust clinical evidence, and her decision to set up an independent option appraisal and clinical audit had been welcomed by the Committee at that time. Senior professionals in this field had undertaken two years of intensive work and the resulting recommendations were based on clinical grounds. She therefore rejected the motion.

2.6 The Committee voted on the motion as follows:

For: Dai Lloyd; David Melding; Jonathan Morgan; Rhodri Glyn Thomas.

Against: John Griffiths; Jane Hutt; Ann Jones; Val Lloyd; Gwenda Thomas; Kirsty Williams.

Abstain: None.

2.7 The motion was defeated by 6 votes to 4 with no abstentions.

Item 3: Schedule of Secondary Legislation (12.05 – 12.10pm)

Papers: HSS(2)-14-04(p.2a) and HSS(2)-14-04(p.2b)

3.1 The Committee identified the following item for consideration:

HSS-61(04) Children's Act (Staff, Property, Rights and Liabilities Transfer Scheme) (Wales) Order 2005

3.2 The Committee would consider whether it wanted to add an item on CAFCASS to the forward work programme.

Item 4: Current European Legislation (12.10 to 12.15pm)

Paper: HSS(2)-14-04(p.3)

4.1 Members' Research Service would provide further information on a proposal to regulate the provision of services, which included health services.

4.2 The following items were identified as being of possible interest to the Committee:

13880/04 COM(2004) 599 final

Proposal for a Regulation of the European Parliament and of the Council on medicinal products of paediatric use and amending Regulation (EEC) No. 1768/92, Directive 2001/83/EC and Regulation (EC) No. 726/2004.

12683/04 COM(2004) 607 final

Proposals for a Directive of the European Parliament and of the Council amending Directive 2003/83/EC concerning certain aspects of the organisation of working time.

4.3 A paper to note would be provided on the implementation of the European Working Time Directive.

Item 5: Policy Review: The National Service Framework for Mental Health: Standard 2 - User and Carer Participation (10.50 – 12.10pm)

Papers: HSS(2)-14-04(p.3) and HSS(2)-14-04(p.5)

Barnardo's Young People's Crisis Service Project

5.1 The Chair welcomed Kay Miller, Louis Williams, Sally Jenkins and Sarah Smith from the Barnardo's Young People's Crisis Service Project.

5.2 Kay and Louis presented their experiences of mental health services for children and young people. A copy of their presentation is attached at Annex 2.

5.3 In response to questions from Members, Kay and Louis made the following points:

- At the Barnardo's project the staff mixed with the young people so there was no 'them and us' culture. They were made to feel responsible, but they also gave them the space they needed to relax and act like children if they wanted.
- The environment at the Harvey Jones Adolescent Unit at Whitchurch Hospital was grim. Ikea had donated some furniture, which had improved the surroundings slightly, but there was no money available for redecorating.
- Hearing staff in the Harvey Jones Unit talking about their homes and families was difficult, particularly for someone at the unit under section.
- An advocate visited the unit once a week and talked about rights but the patients found it very difficult to make specific complaints about an individual or a particular incident. They felt that the staff were defensive of each other and there was also concern that incorrect assumptions would be made about the young person's state of mind because they were making complaints.
- There was very little professional support for the young people in their home, either before admission to the adolescent unit or after. Support was particularly important on returning home, when help was needed to rebuild bonds with family and settle back into everyday life.
- Schooling at the unit was often secondary to other matters. It needed to be more flexible to suit individual needs. Once a young person left the unit they were expected to return to mainstream school, which was often very difficult. Home schooling or other options should be considered.

5.4 In response to a question on similar projects in North Wales, Sally Jenkins said that they did not have the financial resources to do so. Barnardo's had provided funding for the next year but as they received no statutory funding the future beyond that was uncertain.

5.5 The Minister said that she was very keen to improve Child and Adolescent Mental Health Services and was investing in this area to ensure services were improved. She had visited the Barnardo's project and wanted to try to ensure this type of service was available across Wales.

Hafal

5.6 The Chair welcomed Liz Griffiths-Hughes, Jo Roberts and Junaid Iqbal from Hafal. Jo Roberts had been an inpatient and outpatient for a number of years and now worked as an advocate for people with mental health problems. Junaid Iqbal was a carer and worked with Hafal as a Carer's Advocate.

5.7 In response to questions from Members, the presenters made the following additional points.

- There were special issues in relation to black and minority ethnic groups, particularly where English was not the first language, and a lack of awareness of cultural issues amongst health professionals.
- The way in which people with mental health problems, particularly schizophrenia, were portrayed by the media was very damaging and increased stigma. Hafal tried to get positive stories into the media but these were not always picked up.
- Some health professionals took the views of carers into account, although it was not always possible to do so due to their pressure of work.
- Information about opportunities to get involved in service planning was passed on. Not everybody felt comfortable about taking part in meetings, but those who did were encouraged to feed back to others.
- Bridgend Hafal operated a very successful partnership with the LHB. Members felt that service user input was welcomed and valued, and they were treated with dignity and respect.
- A range of user and carer views were needed, not a token user and carer representative on each LHB.
- The experience of users and carers on LHBs was very mixed. Some felt they were making a contribution and their views were taken seriously, others did not.
- The way in which advocates' views were treated depended on the individual health professional involved. The majority was appreciative of the service.
- Users and carers should be involved in service planning from the initial stage and every other stage thereafter. They were the experts as they were living with the experience.

South Wales Mental Health Advocacy

5.8 The Chair welcomed Julia Barrell, Co-ordinator for the South Wales Mental Health Advocacy.

5.9 In response to questions from Members, Julia made the following points:

- The voluntary sector had involved users in the appointment of staff. This approach would be beneficial for posts involved in commissioning or planning mental health services. They could also have a role in reviewing staff performance.
- Mental health was a complex area, involving lots of different issues and professionals. There were many pressures on the service, such as shortage of specialist staff, the culture of litigation and the risk of adverse practice, which affected the way in which they were able to treat patients.
- It was very easy for people working in an institution to become institutionalised and accept the unacceptable as the norm.
- Service users were involved in some professional training courses.
- To be effective users needed someone whose role was solely to support them in their involvement.
- Service users were becoming increasingly frustrated that their views did not appear to be taken

seriously.

- Most of the services provided by the Advocacy Network were for adults of working age, although they did provide a limited service to the Harvey Jones Adolescent Unit in Cardiff.
- The Care Programme Approach (CPA) could provide a route to adequate user and carer involvement, but they would need someone to ensure their voices were heard in the CPA. There was also some concern that it would be very time consuming and difficult for staff to make the time available to do it properly, and this would be a missed opportunity.

Item 6: Review of the Interface between Health and Social Care (12.20 to 12.25)

Paper: HSS(2)14-04(p.7)

6.1 The Committee ratified the draft report. Some Members were concerned that, despite being a comprehensive report, some of the recommendations were not strong enough.

6.2 The Chair advised Members that they would have an opportunity to raise any concerns when the report was debated by the Assembly in the New Year.

Item 7: Draft Mental Health Bill (12.25 to 12.30)

Paper: HSS(2)14-04(p.8)

7.1 The draft report of the Committee's consideration of the draft Mental Health Bill was ratified.

7.2 The Chair advised Members that Kirsty Williams had expressed an interest in joining him when he gave evidence to the Joint Parliamentary Committee on 15 December. Members were asked to let the Clerk know if they would like to attend.

Item 8: Minutes

Papers: HSS(2)-12-04(min) and HSS(2)-13-04(min)

8.1 The minutes of 14 October 2004 were agreed.

8.2 The minutes of 3 November 2004 were agreed, subject to the inclusion of Jonathan Morgan in the list of attendees.