Health and Social Services Committee

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

Date: Wednesday 24 November 2004
Venue: Committee Rooms 3 & 4, National Assembly for Wales
Title: Review of the Interface between Health and Social Care

Purpose

The Committee is invited to approve the draft report at Annex 1. It will then be translated and printed with the aim of publishing it in the new year.

Committee Service
November 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

In June 2003, the Welsh Assembly Government published the report of the project team on the Review of Health and Social Care in Wales. The project team was advised by Derek Wanless and in his foreword to the report he highlighted the challenges facing the NHS in Wales in the short and longer term. He concluded that the radical reforms necessary to secure sustained improvement to services would not be achieved without health and social care services "integrating their thinking about enhancing productivity and learning what a holistic patient-centred service really means".

In the light of what has become known as the "Wanless Report" the Committee decided to undertake a policy review of the interface between health and social care to stimulate debate and discussion about the strengths and weaknesses of current practice.

From the evidence the Committee received it is apparent that because of the different constitution, accountability and structures of the NHS and local authorities, progress towards more effective integration of services will happen only if there is strong political leadershipat local and national levels. The Committee recognised that the local health boards are making an impact, but there is still much work to do.

I was pleased that the Committee was able to take evidence from front line health and social care providers and service users, through the visits Committee Members made to projects and the work that Professor Vivienne Walters, the Committee's expert adviser on the review, undertook with focus groups.

The Committee heard of many instances where health and social care staff are working closely together in providing services and we noted the enthusiasm and commitment to providing more efficient and effective services based on patient / client need. The Committee commends the dedication of staff in providing services under what are often challenging and difficult pressures.

On behalf of the Committee I should like to thank all those who gave their timein providing written and oral evidence, as well as those who hosted the Committee's visits to projects and arranged and took part in the focus groups. In particular I should like to thank Derek Wanless for his contribution and Vivienne Walters for her work with the Committee.

Members of the Committee

Contents

Section 1 – Summary of Recommendations

Section 2 – Introduction

2.1 Following the publication of the "Wanless Report" in June 2003, the Members' Research and Committee Services undertook some preliminary scoping work to inform members on the issues on which the policy review might focus in a review of the interface between health and social care services.

2.2 The Committee agreed the following terms of reference for the review on 8 October 2003:

To review the mechanisms for joint planning and provision of services in health and social care and the quality of the evidence base.

To examine the accountability arrangements for joint planning and service provision.

To evaluate the effects (both positive and negative) that decisions in one service can have on another.

To examine 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.

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

2.3 A letter of consultation was issued on 9 October to known organisations who might be interested, and the review was advertised in the Health Service Journal and Community Care. Over 70 responses to the consultation were received. A list of those who agreed that their names could be published is at annex 1.. . Copies of their responses are available for public inspection at the National Assembly for Wales, Pierhead Building, Cardiff Bay. (Telephone: 029 2089 8600). A summary of most of the evidence provided was given to the committee at its meeting on 14 July 2004 (Insert hyprerlink : paper HSS2-10-04p1.)

2.4. In December 2003 the Committee appointed Professor Vivienne Walters, Professor of Health Policy in the National Centre for Public Policy at the University of Wales, Swansea, as its expert adviser on the review.

2.5 The Committee started to take oral evidence in November 2003 when Derek Wanless addressed the Committee about the findings of the report of the Review of Health and Social Care in Wales on which he had advised. Oral evidence was taken until 8 July 2004, when the Committee met in Wrexham .

2.6 In the Spring of 2004 Professor Walters ran three focus groups, one comprising Age Concern staff and volunteers, another service users and the third managers and staff from statutory providers of health and social care. Also in the Spring Committee Members visited four projects that demonstrated partnership between health and social care. These were the Dinefwr Community Intermediate Care Team (CICT); The Forge Centre, Port Talbot; The Neath Port Talbot Re-ablement Service; and the Blaenau Gwent Assist Project (Smart House).

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 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 (LHBs) 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 militates 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 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 as LHBs refine their Needs Assessments, and Health, Social Care and Wellbeing Strategies.

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 confidently to 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. (See section 3.5.9.)

Recommendation 1: The two ICT strategies should be integrated as soon as possible to facilitate the provision of more effectively integrated health and social care and the development of the electronic patient record.

3.2.4. The evidence the Committee received from Wrexham LHB and Social Services and Caerphilly LHB showed that different models of joint working could be effective and there is no need for prescriptive, uniform 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 2: See Recommendation 17

3.2.5. The voluntary sector provides vital services. 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. The Committee noted that the move to 22 commissioning LHBs has created problems for some organisations in having to negotiate more contracts. It concluded that there may be a need for some services provided by the voluntary sector to be commissioned over a larger, regional area.

Recommendation 3: The Welsh Assembly Government should review guidance to LHBs, trusts and local authorities to secure the engagement of the independent and private sectors in joint strategic and service planning and commissioning

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 4: Proposals for all short term funding schemes should include:

- a statement of the aims and objectives and a plan for evaluating the scheme’s success in meeting them;
- an assessment of the impact of the scheme on core services; 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 by the Social Services Inspectorate Wales and the Audit Commission 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. Forward planning needs to take account of new and developing forms of service provision and other changes, such as direct payments. The Committee noted 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 5: In giving guidance to the statutory agencies on strategic planning, the Welsh Assembly Government should emphasise 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 developments 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. Their performance is monitored primarily through Service and Financial Frameworks. Local authorities have to balance the needs of social care services against those of other service areas. Performance indicators, inspections and the Wales Programme for Improvement are the main measures for local authorities' performance. 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 6: 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;
- involvement of voluntary and independent sectors.

Recommendation 7: The Welsh Assembly Government should make evidence of comprehensive joint working a clear and central performance indicator in the Service and Financial Framework and similarly it should be included as a performance indicator under the Wales Programme for Improvement. Although the Committee does not believe that sanctions to promote joint working are appropriate, rewards are a clear way to mainstream good practice.

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 8: The Welsh Assembly Government should review the guidance on Health, Social Care 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 certain 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 9: Local Authorities and their partners should collaborate in identifying which social services are currently provided around the clock, seven days a week, and whether additional services should be available at all times.

3.4.4. Services provided by the NHS may save the need for other services to be provided by social services and vice versa. The Welsh Therapies Advisory Committee said that there are tensions at an operational level when therapy funded by one agency benefited another. Furthermore, when health service funds support social services they 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. 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

Hospital Discharge

3.5.1. 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 to access directly 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.

3.5.2. The focus group of staff and volunteers 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.

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

3.5.4. 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.

Recommendation 10: NHS Trusts and local authorities should take steps to ensure that:

- discharge staff of different disciplines co-operate and receive training to facilitate better understanding of the roles of the different professional in the discharge team;
- discharge teams should have access to joint finances or joint resources to enable them to put services in place more quickly;
- the procedures for discharge planning should be established as soon as a patient is admitted to hospital;
- patients are assigned an identified key worker within the discharge team.

Intermediate Care

3.5.5. 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 needed 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 11: The Welsh Assembly Government should explore the scope for innovative provision of intermediate care, including outside the hospital setting.

Residential and Nursing Home Services

3.5.6. 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.

3.5.7. 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 12: Health, Social Care and Well Being Strategies should address the issue of long term planning for social care needs for people with mental and / or physical care needs.

Domiciliary Care Services

3.5.8. The service users' focus group expressed a strong desire to stay in their own homes with adequate support. They had very positive experiences of public sector provision. . Apprehension about the independent sector highlights the need for service users to be fully informed about, and closely involved in, the planning of services. 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 for the independent sector to providie intensive home care over a large geographical area and recruitment is often difficult. The advent of Direct Payments will have an effect of service delivery.

3.5.9. In Wrexham, the LHB and Social Services have a joint Workforce Initiative Group, bringing together different constituent organisations to address workforce pressures. They have joint management training and joint training for care assistants with the opportunity for them to progress to NVQ level 3 and enter nursing. Access to joint training could help recruitment.

3.5.10. 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.

3.5.11. The Committee concluded that domiciliary care is crucial in maintaining independent living and preventing hospitalisation. Forward planning to meet future needs should be included in local authorities' community plans.

Recommendation 13:. Commissioning agencies should have greater regard to the independent and private sector and involve them fully in the planning of services at all levels.

Recommendation 14: Service users should be informed about, and closely involved in, the planning of services.

Involvement of the Independent and Private Sectors

3.5.12. 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.

3.5.13. 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.

Recommendation15: See recommendation 3.

Support for Carers

3.5.14. 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.

3.5.15. The Committee acknowledges that the carer's role can be stressful, particularly for elderly people, those with other commitments, or those who have become socially isolated. This can have an adverse effect on the carer's own physical or mental health and their personal relationships. The Committee accepts the importance of respite care, both inside the home and away from it.

Recommendation 16: Care plans should take account of the level of care being provided by carers. Agencies should work together to ensure that they understand the role and needs of carers and that they support them as members of the care team

3.5.16. 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

3.5.17. It is clear from the evidence that a number of networks and programmes across Wales are used to share good practice. These include Innovations in Care conferences, meetings of LHB members from

across Wales, and 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, examples of good practice in joint working.

3.5.18 The Committee noted that while there is sharing of innovation and 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 17: 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

3.5.19. 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.

3.5.20. 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 obtain a better understanding of rehabilitation.

3.5.21. 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.

3.5.22. 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 18: 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

3.5.23. There was general agreement among witnesses that unified assessment was the keystone supporting seamless service provision. However, there were concerns about its implementation. Several witnesses referred to the need for the assessment process to start early in the care pathway, to prevent hospital admission or to facilitate an early discharge.

3.5.24 The Committee heard from witnesses about the problems caused by delays in housing adaptations. (See also Section3.6.) Housing needs should be addressed as part of the unified assessment process.

3.5.25. 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 electronic patient record was introduced.

3.5.26. The Committee agreed that unified assessment is key. The process requires mutual trust and respect of members of the team, the person being assessed and their family and / or carers. The needs of the patient or client may not always be compatible with that of the carer, and care is needed to achieve an equitable balance.

Recommendation 19: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. It should include housing needs.

Recommendation 20: The Welsh Assembly Government should review the guidance on the unified assessment process to

- address the concerns about its implementation;
- ensure that housing needs are taken into account;
- highlight the involvement of the voluntary sector in planning and delivering care where appropriate; and

- identify and disseminate good practice.

Access to services in one place

3.5.27. The benefit of services being provided in one place in the community has 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.

3.5.28. 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.

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 vulnerable 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 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 enable 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 had not yet been evaluated. The Committee took the view that assisted technology has the potential to support and safeguard people in their home, and the potential should be explored.

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 to prevent a decline in a person's condition if identified early enough.

Recommendation 21: Health and social care providers should be alert to the benefits of assessing care needs early in a care pathway in discussion with the patient or client and the carer(s), with a view to preventing deterioration and possible hospitalisation .

Recommendation 22: Evaluation of the Blaenau Gwent Assist Project should be disseminated to the rest of Wales, and consideration given to how assisted technology can be used effectively to help vulnerable people live safely in their own home..

Examples "good practice" to be inserted as highlighted boxes scattered through the text of Section 3

Blaenau Gwent Assist Project was set up to see how the use of technology could help people with dementia to continue living independently for longer. The project was developed by a community psychiatric nurse and a social worker, but it involved partnership between all the main statutory agencies, the voluntary sector, private sector suppliers of technology and a pharmaceutical company. A house was set up to demonstrate the new and existing technology . These include flood, gas, smoke, and carbon monoxide detectors. There are also sensors to monitor bed occupancy, incontintence and falls; and personal safety devices such as intruder alarms.

The team acknowledges that the technology is of secondary importance to the

effective working relationships.

The Forge Centre Port Talbot has provided a comprehensive, multi-discipline service for over ten years for people with varying degrees of mental health problems. It is housed in purpose built accommodation, which also houses other community facilities. It is staffed by a consultant psychiatrist, mental health nurses , social workers, a psychologist and administrative staff. Most are employed by the NHS Trust, but local authority social workers are also based there.

Most patients are referred by GPs or consultants, and the Centre aims to respond by offering an appointment for assessment within 10 days of a referral. Patients may have to wait longer to see the consultant psychiatrist. Therapy and counselling are provided at the centre, but patients may also receive care at their home.

The Centre is funded by the trust and the local authority, but the budgets are not merged. There is a multi-agency planning forum, and service users are involved in setting standards.

Dinefwr Community Intermediate Care Team (CICT). The team comprises a range of health and social care professionals, who provide a service aimed at enabling adults who need limited rehabilitation to restore their levels of functioning to help them to live independently.

The scheme aims to improve the quality of life of the patient and carer, prevent unnecessary hospitalisation or residential / nursing home care.

The team meets weekly to discuss clients' treatment and therapy and each client has a nominated care co-ordinator. The team is managed by a steering group representing the NHS trust, therapy managers and social services.

The team uses a single client record and the client also holds a copy.

Since the project began in the Amman Valley in 2002 there have been fewer admissions to acute and community hospital beds.

There have been some difficulties over differences in working practices, but overall the Carmarthenshire Health and Social Care Partnership has rated it a success and is extending it to other parts of the county.

The main aim of the Neath Port Talbot Re-ablement Service, based at Cimla Hospital, is to enable people who normally live independently at home, but may have lost the confidence or physical ability to do so, to regain their independence. Re-ablement provides individually designed, intensive programmes. This may include support to regain skills in personal care, meal preparation, domestic and social activities, as well as exercises to improve mobility and physical function. Services may be provided in the service user's home or in a residential / respite care home setting.

Referrals come from primary care, therapists, hospital consultants, discharge liaison nurses, ward staff and social workers.

The service is funded from a variety of sources, initially from the "invest to save" initiative. It has received money through joint working special grant, the six weeks free home care funding and health improvement programme. In line with Wanless recommendations the service is being mainstreamed.

The two community re-ablement teams together have the capacity to offer services to up to 32 clients

at any one time. The residential re-ablement unit offers places in single bedrooms to five service users at a time. The residential re-ablement unit is staffed 24 hours a day, and is therefore appropriate for service users who have more intensive support needs than could be managed in the community.

The multi-disciplinary team is managed by a steering group which reports on outcomes to the Neath Port Talbot Joint Executive Group. The team estimates the savings made as a result of its work for each client discharged from the service. In September 2003 it was estimated that was an annual saving of £50,000 for the clients discharged during that month.

The scheme has had some problems, for example in recruiting physiotherapists. This is thought to be due to the work involving more assessment and planning than "hands on" physiotherapy.

The Springfield Project, Wrexham) is a residential flat that has been adapted to by social services to provide short term rehabilitation to enable independent living, or to house people temporarily while adaptations are made to their home. Occupational therapists (OTs) from health and social services agree rehabilitation programmes with the client and support staff in the flat. Social Services pay the health service for training in rehabilitation work for their generic workers who support the residents for 6 to 8 weeks.

Pembroke / Pembroke Dock integrated health and social care service is testing the multi-agency working. The NHS trust is the lead agency, with social service staff seconded to work in the NHS. The integrated team will work in a new resource centre, focussing on unified assessment and care management. The project is underpinned by joint training, unified policies and procedures and the plans are eventually to integrate management and pool budgets to purchase customer focussed support services. This should secure better hospital discharge. The scheme offers home-based care to maximise independence and prevent accidents through comprehensive assessments, rapid response teams and 24-hour district nursing service.

Annex 1

Schedule of evidence received

Written evidence

Age Concern Cymru
Age Concern Swansea
Association of Directors of Social Services
Association of Welsh CHCs
Audit Commission in Wales
Balenau Gwent LHB
Brecknock & Radnor CHC
Bro Tâf Local Medical Committee
Caerphilly LHB
Cancelled
Cancelled
Cardiff & Vale NHS Trust
Cardiff County Council / Cardiff LHB
Cardiff University School of Social Work
Care & Repair Cymru
Care Council for Wales
Carers Wales
Carmarthenshire NHS Trust
Cartrefi Cymru
Chartered Society of Physiotherapy
College of Occupational Therapists
Community Pharmacy Wales
Community Practitioners' and Health Visitors' Association
Daybreak
Denbighshire Strategic Partnership Board for Health Social Care & Well Being
Disability Rights Commission
Expert Reference Group Domiciliary Care Wales
Gwynedd Council – Care Directorate
Gwynedd LHB
Leonard Cheshire
McCarrison Society
Mencap Cymru –(Part of the evidence given in confidence)
Mind Cymru –(Evidence given in confidence)
Monmouthshire CC / LHB
Morgannwg Local Medical Committee
Mr Orwig Owen
MS Cymru
National Public Health Service
NCH
Newport LHB
North Glamorgan NHS Trust
North Wales Association of Approved Domiciliary Care Providers

North West Wales NHS Trust
Parkinson's Disease Society Wales
Pembrokeshire CC / LHB / Pembrokeshire & Derwen NHS Trust
Quality Resource Management Ltd
RCN Wales
Rhondda Cynon Taf CBC / LHB
RNIB Cymru
Royal Pharmaceutical Society
Stroke Association – Chief Executive
Swansea Council for Voluntary Service
Swansea LHB –(Evidence given in confidence)
Swansea NHS Trust
The Stroke Association – Regional Manager – Community Services, South & Mid Wales
UK Home Care Association
University of Wales College of Medicine – Department of Child Health
University of Wales College of Medicine
Wales Centre for Health
Wales Council for the Blind
Wales Gerontology Practitioners Network
Welsh Ambulance Service NHS Trust
Wales Council for Voluntary Action
Welsh Food Alliance
Welsh Institute for Health and Social Care
Welsh Local Government Association
Welsh Nursing and Midwifery Committee
Welsh Therapies Advisory Committee
Wrexham LHB / Social Services

Oral evidence

Age Concern Cymru
Association of Directors of Social Services
Association of Welsh Community Health Councils
Audit Commission in Wales
British Medical Association General Practitioners Committee (Wales)
Caerphilly Local Health Board
Care and Repair Cymru
Care Forum Wales
Derek Wanless
Expert Reference Group Domiciliary Care Wales
NHS Confederation in Wales
Pembrokeshire County Council / Pembrokeshire Local Health Board / Pembrokeshire and Derwen NHS Trust

Royal College of Nursing
SCOVO
Wales Council for Voluntary Action
Welsh Institute of Health and Social Care
Welsh Local Government Association
Welsh Therapies Advisory Committee
Wrexham Social Services / Wrexham Local Health Board

Committee fact finding visits

The Blaenau Gwent Assist Project
The Dinefwr Cict (Community Intermediate Care Team) Project
The Forge Centre, Port Talbot
The Re-ablement Unit at Cimla Hospital

Focus Groups

Staff and Volunteers from Age Concern, Swansea
Service users in Swansea
Service Providers in Ceredigion

Annex 2

Committee Papers

Summary Documents

Meeting date	Paper reference	
14.01.04	HSS(2)-01-04(p1)	Summary of responses to written consultation
14.07.04	HSS(2)-10-04(p1)	Summary of evidence received and emerging issues

Supporting Papers

11.12.03	HSS(2)-08-03(p1)	Welsh Local Government Association
11.12.03	HSS(2)-08-03(p2)	Association of Directors of Social Services, Wales
11.12.03	HSS(2)-08-03(p3)	Wales Council for Voluntary Action.
11.12.03	HSS(2)-08-03(min)	Minutes
14.01.04	HSS(2)-01-04(min)	Minutes
04.02.04	HSS(2)-02-04(p2)	NHS Confederation, Wales
04.02.04	HSS(2)-02-04(min)	Minutes
12.02.04	HSS(2)-02-04(p1a)	Caerphilly LHB
12.02.04	HSS(2)-02-04(p1b)	Expert Reference Group Domiciliary Care, Wales
12.02.04	HSS(2)-02-04(p1c)	Care and Repair Cymru
12.02.04	HSS(2)-02-04(min)	Minutes
24.03.04	HSS(2)-05-04(p1a)	Association of Welsh Community Health Councils
24.03.04	HSS(2)-05-04(p1b)	Welsh Therapies Advisory Committee
24.03-04	HSS(2)-05-04(p1c)	Royal College of Nursing, Wales
24.03-04	HSS(2)-05-04(min)	Minutes
26.05.04	HSS(2)-07-04(p1)	Age Concern Cymru
26.05.04	HSS(2)-07-04(p2)	Pembrokeshire County Council, Pembrokeshire LHB, and Pembrokeshire and Derwen NHS Trust
26.05.04	HSS(2)-07-04(p3)	SCOVO
26.05.04	HSS(2)-07-04(min)	Minutes
08.07.04	HSS(2)-09-04(p1)	Care Forum, Wales

08.07.04	HSS(2)-09-04(p2)	British Medical Association, General Practitioner Committee, Wales
08.07.04	HSS(2)-09-04(p3)	Audit Commission, Wales
08.07.04	HSS(2)-09-04(p4)	Wrexham Social Services and Wrexham LHB
08.07.04	HSS(2)-09-04(p5)	Creating a Unified and Fair System for Assessing and Managing Care Guidance April 2002 (Unified Assessment Process)
08.07.04	HSS(2)-09-04(min)	Minutes
14.07.04	HSS(2)-10-04(min)	Minutes