

## Health and Social Services Committee HSS-04-01(min)

### MINUTES

**Date:** Wednesday, 28 February 2001

**Time:** 2.00 to 5.20pm

**Venue:** Committee Room 1, National Assembly Building

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

Kirsty Williams (Chair) Brecon & Radnorshire

Geraint Davies Rhondda

Brian Gibbons Aberavon

Brian Hancock Islwyn

Jane Hutt (Minister) Vale of Glamorgan

Ann Jones Vale of Clwyd

Dai Lloyd South Wales West

David Melding South Wales Central

Lynne Neagle Torfaen

#### **In Attendance**

Dr David Gordon Head of Research Team, NHS Resource Allocation Review

Prof. Peter Townsend Chair of the National Steering Group, NHS Resource Allocation Review

#### **Officials**

Carys Evans Policy Unit

Dr Ruth Hall Chief Medical Officer

Richard Hughes Public Health Division

Rosemary Kennedy	Chief Nursing Officer
Ann Lloyd	Director, NHS in Wales
Nick Patel	NHS Finance Division
Mike Shanahan	Social Care Policy Division
<b>Secretariat:</b>	
Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

## **Item 1: Apologies and Substitutions**

1.1 There were no apologies or substitutions.

1.2 Members were reminded of the requirement, under Standing Order 4.5, to declare any interests before taking part in proceedings. The following declarations were made:

Geraint Davies, Pharmacist and member of Rhondda Cynon Taff County Borough Council;

Brian Gibbons, General Practitioner;

Brian Hancock, Self-employed health, safety and environment Consultant, Registered Safety Practitioner (RSP) and married to a community midwife;

Dai Lloyd, General Practitioner and member of the Council of the City and County of Swansea.

1.3 The Chair congratulated Ann Lloyd on her appointment as Director of the NHS in Wales and welcomed her to the Committee.

## **Item 2: Minister's Monthly Report**

### **Paper: HSS-04-01(p.1)**

2.1 The Minister made a statement on the provision of free nursing care. A copy is attached at Annex 1.

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

- The hospital waiting list figures for January showed the largest percentage decrease in the inpatient/daycase list since March 1999 and the outpatient list since January 1999. Tribute was paid to the staff in trusts and health authorities for their significant efforts in achieving this decrease whilst facing increasing demand for

services.

- The NHS Plan contained clear commitment to adopting the waiting times strategy.
- The Strategy for Older People in Wales Steering Group would take into account the findings of the Chief Nursing Officer's Stakeholder Group.
- It was acknowledged that there was a backlog in orthopaedic surgery but additional surgeons were not necessarily the answer. Funding had been made available for the development of innovative treatment and care paths.
- The Inequalities in Health Fund would be an important way of targeting funding at the most deprived communities. Any NHS, local authority or voluntary sector organisation could submit a bid against the Fund.
- The Children's Commissioner Bill had reached the House of Lords stage. Members' concerns about access in relation to non-devolved functions had been conveyed.
- It was acknowledged that a more strategic approach to return to practice courses for nurses and midwives was needed as there appeared to be a problem with accessibility in North East Wales.
- It was important to ensure there were no differences in working practices in Wales and the Human Resources Strategy would play a key role in this.
- The valuable contribution of bank and agency nurses should be recognised but the need to minimise use of agency staff was acknowledged.
- The Voluntary Sector Partnership Council would be asked how best to disseminate information on the provision of free criminal record checks for volunteers.
- The need for increased academic/teaching staff to respond to the increase in training for doctors, nurses and professions allied to medicine (PAMs) was recognised.
- The Minister had recently met with students from the University of Wales College of Medicine and had encouraged them to contribute to the Assembly's investigation into student hardship.
- An announcement on the Rhondda Hospital was imminent.

2.3 Mike Shanahan confirmed that all Carers' special grants to local authorities for 2000-01 had been signed off and issued and roll overs agreed as necessary. Delays in voluntary organisations receiving funding could be occurring locally. The position would be monitored by the newly-established Carers' Panel. For 2001-02, the aim was to ensure that the special grant report reflected the provisions of the Carers and Disabled Children Act 2000 when commenced in June. When being consulted on the terms of the special grant shortly, local authorities would be asked to put work in hand on their 2001-02 reports and would be provided with pro formas to enable bids to be quickly processed once the special grant report had been approved.

2.4 Ann Lloyd confirmed that there was a problem throughout the UK in registering overseas nurses and representations had been made to the United Kingdom Central Council for Nursing (UKCC). She said that in some cases it was taking longer than the usual three months for registration, and whilst they were not able to work as registered nurses during this period they could be employed as auxiliaries or extended healthcare assistants.

2.5 Members made the following points:

- The Minister's commendation of the hard work and commitment of NHS staff was endorsed.
- It was important to move away from waiting list targets to waiting times.
- The Diabetes Centre at the Royal Gwent Hospital was commended for its excellent work and should be recognised as an example of good practice.
- Concern was expressed that little progress had been made in improving terms and conditions of service in the NHS. It was felt that a measure to look at employment practices was needed. It was also suggested that

nurse training be developed in conjunction with the expansion of medical school training.

- Concern was also expressed at the level of expenditure on agency nurses that would be better spent on NHS-employed nurses.
- It was felt that the image and culture of nursing needed to be addressed and that people who wished to care for people without becoming trained nurses should not be disadvantaged.

### Action

- Copies of Welsh Health Circulars would be routinely distributed to members.
- Peter Clarke should be invited to attend the Committee as soon as possible.
- The Chair would write, on behalf of the Committee, to the UKCC regarding the delays in registering overseas nurses.
- A technical briefing session on the strategy for older people/provision of free nursing care would be arranged as soon as possible.

### **Item 3: Phillips (BSE) Inquiry Report**

#### **Paper: HSS-04-01(p.2)**

3.1 The Chair thanked Dai Lloyd, David Melding, Lynne Neagle, Jane Westlake and Claire Morris for their hard work in bringing together the Committee's conclusions and recommendations. She also thanked Richard Hughes of the Public Health Division for his contribution. She confirmed that the Plenary debate on the report was scheduled to take place in late March.

3.2 Subject to the following amendments, the report was unanimously approved by members:

Para 3.2 : remove "multiple sclerosis"

Para 3.4, second recommendation : change "properly" to "fully"

Para 3.6 : the recommendation needed to include reference to fast tracking aids and adaptations

Para 5.1, conclusion : accuracy of figures in the last sentence to be double checked and if necessary reworded

Paras 5.6 & 5.7 : greater emphasis needed on communication between scientists in Wales and other departments/organisations

Para 5.9, conclusions and recommendations : insert additional bullet point, "the Committee recognises the importance of the independence of the Chief Medical Officer in the advice she provides to the National Assembly."

### Action

- In relation to the second bullet point under 3.4, Dr Ruth Hall would consult with clinical colleagues to find out whether there was any guidance to help inform the clinical process.

## **Item 4: NHS Resource Allocation Review - Emerging Findings of the National Steering Group**

### **Paper: HSS-04-01(p.3)**

4.1 The Chair welcomed Professor Peter Townsend, Chair of the National Steering Group and Dr David Gordon, Head of the Research Team, who set out the background and terms of reference for the review and outlined the progress to date and issues to be addressed in the final report.

4.2 In response to questions from members, Professor Townsend and Dr Gordon made the following points:

- A direct approach to allocating resources would measure the relative need for health services of a particular geographic area on the basis of direct information about the health of the population. An indirect approach would measure need based on statistical information about the utilisation of services by different age groups adjusted for social circumstances. In principle, direct measurement of health need would be more valid and accurate.
- The link between deprivation and poverty and ill health was recognised and allocating resources on the basis of health need should help capture this.
- The primary data needed to calculate additional costs of providing hospital services in rural areas in Wales was not yet available. The Research Team was therefore taking the assumptions used in Scotland and applying them to Wales on an illustrative basis until the Welsh data could be produced.
- Consideration of the World Health Organisation's theory that focussing on primary care rather than secondary and tertiary care would narrow the health gap was not within the Research Team's remit.
- The allocation mechanism would extend to Local Health Group (LHG) level but there was insufficient data to go any lower than this.
- Joint working between agencies and departments in health, housing, social exclusion, environment, etc was vital as they shared many common problems. This had been indicated in the work of Julian Tudor Hart who had advocated that GPs were well placed to lobby for improvements in social care
- Addressing the additional healthcare needs of single elderly people was a question of apportionment between healthcare programmes and planning.
- It was acknowledged that people in deprived areas were less likely to report illness. There was well established practice in using self reporting surveys and adjustments would be made to the data obtained from the Welsh Health Survey to take account of this.

4.3 The Chair thanked Professor Townsend and Dr Gordon for their informative presentation and the work they, and all the steering group members, had carried out on the Committee's behalf, and looked forward to receiving the final report in due course.

### Action

- The Chair would write to Julian Tudor Hart inviting him to address the Committee on what he thought had been achieved since publication of his inverse care theory, 30 years ago.

## **Item 5: Strategic Forward Work Programme**

### **Paper: HSS-04-01(p.10)**

5.1 It was suggested that a joint meeting be held with the Local Government and Housing Committee to look at the increasing problems facing social care workers. The Minister confirmed that she would be receiving the report of the task force set up to look at recruitment and retention in the social care field in April. It was suggested that a joint meeting be arranged after that date.

5.2 The Chair noted the concerns that the Committee's work on patient advocacy did not duplicate that of the working group. It was agreed that the time allocated for discussion on patient advocacy would remain in the programme until the working group's findings were available.

#### **Item 6: Minutes of Meeting 7 February 2001**

##### **Paper: HSS-03-01(min)**

6.1 The minutes of the meeting were agreed.

6.2 David Melding advised that he had written to the Presiding Officer seeking independent legal advice on whether the responses to the Adult Mental Health Strategy could be made available to members.

##### Action

- Enquiries would be made regarding the position of the Practice Premises Working Group report.

#### **Item 7: Paper to Note - Forward Work Programme of the Culture Committee**

##### **Paper: HSS-04-01(p.9)**

7.1 It was agreed that the terms of reference for the Culture Committee's review of the Welsh language would be obtained and, if appropriate, comments on the use of Welsh in the NHS be fed into that review.

7.2 It was also agreed that, given the contribution of sport and exercise to healthy living, the Chair would write to the Chair of the Culture Committee asking that Brian Hancock be included in any discussion of the health benefits of sport.

##### Action

- Clerk to draft letter for Chair to send to Chair of Culture Committee.

**Annex 1**

#### **Developing a Strategy for Older People in Wales**

##### **Free Nursing Care**

In Committee on 14 September last year, we discussed my various proposals to improve the funding for long term care following on from the Sutherland Report. I announced then my intention to remove the anomaly whereby some people in nursing homes have to pay for their nursing care while everyone else receives it free. This proposal and the other elements of the package were all reflected in our subsequent budget discussions. Free nursing care will benefit 2,000 in Wales who currently pay for their own care. They will each save up to around £5, 000 of the annual fees for a year's stay in a nursing home.

In launching the NHS Plan on 2 February I said that I wanted to see free nursing care implemented in a sensitive and unbureaucratic fashion and that I was not persuaded that we need rigid demarcations between nursing and related types of care to achieve this.

I am very grateful for the work and advice of the stakeholder's group on nursing care which is chaired by Rosemary Kennedy. The Group has a wide representation including BMA, RCN, Age Concern Cymru, Carers National Association, care home providers, registration and inspection units. There remains much to be done, but in the light of the discussions within that group, I want to say a little more today about how we propose to take this forward.

I have recently examined two models of paying for nursing care.

The first is a graduated system under which the amount which the NHS would pay for nursing care in a nursing home would vary according to the category in which an individual is placed following an assessment of their nursing needs. This arrangement might involve up to 4 categories and would allow movement between levels following further assessment

The second model is a flat-rate approach under which the NHS pays the same amount per individual irrespective of the input of registered nursing time.

We would expect both models to produce a similar overall cost for the policy when averaged across the client group.

I am proposing to consult on the proposal that we adopt the flat rate model in Wales. Within the nursing home, I believe that among the advantages over the graduated model are that :

- It avoids problematic distinctions about who actually provides the care (as between a nurse and a care assistant) and that this is closer to "real life" in a nursing home
- It properly distances the professional from the financial issues. It avoids the perverse financial incentives in a graduated approach to play up an individual's dependency (which might be counterproductive to rehabilitation) or to "dumb down" the role of the registered nurse
- It avoids the need for frequent re-assessments purely for funding reasons, and also disputes and appeals arrangements would be simplified. It also involves fewer transactional costs.
- It will be easier for everyone to understand and cheaper for nursing home owners and the NHS to administer.

I will send copies of the consultation papers to the Committee and report to you on the responses to the consultation.

We propose that 1 October 2001 should be the implementation date for free nursing care for self-funders but much further work will be needed before we can finalise these arrangements. In particular we will want to take account of the outcome of consultation and prepare guidance and training for commissioners and providers of care and their staff. A smooth transition to the new arrangements will be essential.

I am conscious that the subject area is complex and the Committee might wish to explore some of this in a little more depth. If the Committee would find it helpful, I will ask officials to provide a separate technical briefing on this proposal and, indeed, on free personal and free nursing care more generally.