Health and Social Services Committee **HSS-07-02(min)**

MINUTES

Date:	Wednesday, 13 March 2002	
Time:	9.00am to 12.50pm	
Venue:	Committee Room 2, National Assembly for Wales	
Attendance:	**Members of Health & Social Services Committee**	
	Kirsty Williams **(Chair)**	Brecon and 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
	Other Member (Constituency Interest)	
	Jonathan Morgan	South Wales Central **(Item 3 Only)**
	Cynog Dafis	Mid and West Wales **(Item 5 only)**
	In Attendance	
	Lord Carlile of Berriew QC	Chair of Review on Safeguards for Children and Young People Treated and Cared for by the NHS in Wales

Kathleen Brown	Pembrokeshire & Derwen NHS Trust
Dorothi Clowes	North West Wales NHS Trust
Officials	
Chris Burdett	Children & Families Division
Dr Ruth Hall	Chief Medical Officer
Ann Lloyd	Director, NHS in Wales
Peter Lawler	Primary & Community Health Division
Maria Michael	Social Services Inspectorate for Wales
Mike Shanahan	Social Care Policy Division
Graham Williams	Social Services Inspectorate for Wales
Secretariat:	
Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions

1.1 An apology was received from Gwenda Thomas, who had been invited to represent the interests of the Local Government and Housing Committee for item 5.

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, registered medical practitioner and married to a child care social worker
- Dai Lloyd, general practitioner and member of the Council of the City and County of Swansea.

Item 2: Report of the Review on Safeguards for Children and Young People Treated and Cared for by the NHS in Wales
Papers: HSS-07-02(p.1)

2.1 The Chair welcomed Lord Carlile of Berriew, QC, Chair of the review panel.

2.2 Lord Carlile thanked the Assembly for giving him the opportunity to undertake such a worthwhile and rewarding exercise and also the Minister, her officials and members of the panel for their support. The review had been extremely wide ranging and he hoped the methodology adopted would prove useful in other policy reviews.

2.3 Whilst the ideal would have been to produce a report which resulted in an abuse-proof NHS, it was recognised that this would be impossible to achieve as there would always be people who would evade any form of protection put in their way. The panel concluded, however, that there was much that could be done to prevent those sorts of people getting into the Service by way of vigilance, good policy and best practice. There were good policies in Wales, the biggest problem existed in co-ordinating and putting them into practice. There should be standardised policy and practice that could be understood across Wales. The Assembly should now take ownership of the protection of children in Wales.

2.4 The panel had some shocks during the course of the review. For example, in general practice, there were some areas with excellent child protection policies in place but others with none. Optometrists examined children in a darkened room often without a parent or guardian being present, but had no specific child protection policy.

2.5 Lord Carlile highlighted the four main areas for action:

- Getting rid of the shocks. This would involve no additional cost as it simply meant telling professionals that they needed to improve their working practices. It would require support from relevant professional bodies, e.g. General Medical Council.

- Proper sharing of information. Chapter 6 of the report contained a template which set out for professionals the sort of information they could share when they believed a child to be at risk. A guide to the law had also been included at Annex 8. Ultimately, if a child was perceived to be at risk it was not wrong to share information.

- Practices for employing new staff. There was some confusion regarding employment law. Some human resources professionals believed personal references could only be sought after a job offer had been made. This was not the case and it was recommended that employment practices include taking up references prior to making a job offer.

- Child and Adolescent Mental Health Strategy. The implementation of the Strategy was commended and the review regarded this as a top priority. The inverse care law stated that those with the greatest need received the least and there was no group more vulnerable than mentally ill children.

2.6 In response to comments from Members, Lord Carlile made the following points additional points:

- The group had not been required to carry out any economic assessment of its recommendations.
- Strengthening the school nursing service was strongly recommended and could save a considerable amount of money in the long term in provision of secondary services. There was evidence that school nurses were leaving the service for career development and better salaries.
- Advocacy services were necessary and good value for money. Independence was very important and it was believed that a national advocacy service ran the risk of becoming bureaucratic and bound by rules. Neither was it appropriate for them to administered by the Chief Executive of a trust, which could even breach the Human Rights Act. Advocacy organised through the voluntary sector was seen as the best way of providing an independent service and this could be organised on a small scale.
- The need to safeguard whistle blowers was recognised.
- Suspension was a necessary part of any investigation. It was acknowledged that there was stigma attached to the term, but a suitable alternative was not apparent.
- A robust procedure should enable investigations to be carried out at an appropriate level.
- Health services for children detained in prison had not formed part of the review.
- Qualifications provided a necessary kitemark for professionals.
- Unfortunately there was little that could be currently done to prevent people who were temperamentally unsuitable from becoming clinicians, but the report identified this as an area that needed to be addressed.
- Psychiatrically ill children had a very good chance of a full recovery but without access to appropriate mental health services problems were being created for the future.

2.7 The Minister advised that the Government's response to the Carlile Report would be debated in plenary in April and a group had been set up to work through proposals for implementing many of the recommendations. Many were already being taken forward and it was a question of bringing together existing policies related to the needs of children. The Child and Adolescent Mental Health Strategy was key to this and many of the recommendations would be picked up in implementing this strategy. It would also need to link into the development of a National Service Framework for Children. Provision of advocacy services was already being considered, with a number of pilot schemes running throughout Wales, and the recommendations of the Carlile Report would be fed into this. Guidance on working together to safeguard children was in place but clarity about complaints and procedures was needed and this was very much at the top of the agenda.

2.8 The Chair thanked Lord Carlile for his work on the review and his attendance at the Committee.

Item 3: Minister's Monthly Report
Paper: HSS-07-02(p.2)

3.1 The Minister made a statement on the Hazelcroft Home in Cardiff. A copy is attached at Annex A.

3.2 In response to Members' comments on the statement, the Minister said that the Social Services

Inspectorate for Wales (SSIW) was reviewing the material about care at Hazelcroft, which included reports by the inspection unit for Cardiff and the Vale of Glamorgan. Cardiff City Council was conducting its own investigation into staffing arrangements and personnel issues and had engaged Eversheds to oversee this. Copies of their report would be made available to the Assembly.

3.3 Graham Williams, Chief Inspector for Wales, advised that the powers of SSIW related to the discharge of local authority functions. The handling of disciplinary matters was an issue for the employer, in the first instance. Questions were beginning to emerge about the nature of the contract between Cardiff City Council and Hafod Housing Association and whether it was sufficiently clear in terms of accountability.

3.4 The Minister made a statement on the Wales Care Strategy Group. A copy is attached at Annex B.

3.5 In response to Members' comments on the statement, the Minister made the following points:

- Work was being undertaken to establish the number of nursing home places available across Wales. The results would be made available to Members.
- Consideration would be given to extending the membership of the strategy group to include Trade Union representation.
- The group would include representatives of the care sector but not necessarily Care Forum Wales.

3.6 In response to Members' comments on the monthly report, the Minister made the following points:

- The commissioning of ambulance services was being considered as part of the implementation strategy for restructuring the NHS and a progress report would be provided to the Committee in due course.
- The Waiting Times Task Group would be asked to consider waiting times for angiograms and the impact of the new facilities at the University Hospital of Wales.
- In England, consideration was being given to amending the Care Home Regulations so nursing homes would be required to provide a breakdown of their fees, as many had increased them with the advent of free nursing care. This was not such a problem in Wales with the introduction of a £100 flat rate, but events in England would be monitored and a report provided to the Committee.
- Until NICE recommendations and guidance on new drugs had been issued it was up to individual health authorities to choose whether or not they prescribed them. This situation was being monitored carefully. The Chief Medical Officer confirmed that NICE was aware of the problem and was trying to find a way to provide guidance before the issue of new drugs but that would be some time in the future.
- A paper to note would be provided on the health service arrangements in place at the juvenile secure facility at HM Prison Parc.
- The provision of six weeks support at home for vulnerable people would not affect other state benefits, such as Attendance Allowance, that they were receiving.
- Clarification would be sought on whether the Royal Glamorgan Hospital would be providing

respite.
- Health authorities were spending more than the required 0.4% on substance misuse. Further information would be provided on the extent to which need was being met.

3.7 Ann Lloyd made the following points:

- Costings for the NHS restructuring would be available at the end of March.
- The information provided on cancer services was being analysed and a report should be available in April.

3.8 The Chair and the Clerk were developing a procedure for handling secondary legislation. Members asked that an explanatory note be provided for regulation numbers 23, 24, 25, 36, 37, 59, 60, 61, 66, 72 and 77 to enable them to decide whether they needed to be considered by the Committee.

3.9 The Chair suggested that Members might wish to consider visiting the juvenile facility at HM Prison Parc as part of the Committee's review of services for children with special health needs and asked that they advise the Clerk if they would be interested in such a visit.

Action

- The results of the work being undertaken to establish the number of nursing home places available across Wales to be made available to Members.
- Update to be provided on events in England in relation to the Care Home Regulations.
- Paper to note to be provided on the health service arrangements in place at the juvenile secure facility at HM Prison Parc.
- Members to advise Clerk if they wish to visit HM Prison Parc.
- Clarification to be sought on the provision of respite care at Royal Glamorgan Hospital.
- Further information to be provided on the use of substance misuse grants.
- Explanatory note to be prepared on identified regulations (see paragraph 3.8).

Item 4: Report of the Chief Medical Officer
Paper HSS-07-02(p.3)

4.1 The Chief Medical Officer introduced her report highlighting some significant issues.

- Circulatory disease and cancer remained the greatest causes of death, with cancer causing the highest number of premature deaths measured in potential years of life lost.
- Dr Hall was chairing an expert working group reviewing the targets for 2002 to 2007, building on experience since 1997.
- A concerted effort by all agencies was needed if substantial improvements in health were to be achieved.
- The health divide between more prosperous and deprived individuals was increasing as the health

o f the better off improved.
- Inequalities in health needed to be addressed through better housing, community regeneration and healthy schools as well as through health initiatives.
- There was concern about the rise in sexually transmitted infections and a campaign to raise awareness was underway. This was entering its second phase when it would target chlamydia.
- Teenage pregnancy had fallen between 1998 and 2000.
- Smoking remained the largest single cause of ill health and early death.

4.2 In response to comments and questions from members, Dr Hall made the following points:

- It was not surprising that more progress had not been made against some of the targets in the short time since they were set and there had been progress in some difficult areas.
- Targets needed to be set scientifically and realistically and the Expert Group would advise on that.
- The success of the Health Inequalities Fund would be evaluated on the basis of individual projects and as a whole.
- All adults, not just smokers, needed to be aware of anti smoking and cessation initiatives. Efforts had to be targeted at preventing and stopping teenagers from smoking.
- Measures to promote sexual health had to be accessible and explicit to the targeted audience.
- The Chief Medical Officer shared the concern about accidents to children and obesity in the young.

4.3 Further discussion of the report was then adjourned until the next meeting of the Committee.

Item 5: Review of Services for Children with Special Health Needs
Paper HSS-07-01(p.4)

5.1 The Committee had been concerned that no written response to the consultation exercise had been received from the Speech and Language Therapy profession. Many of those responding in writing and giving oral evidence had referred to the problems associated with a shortfall in speech and language therapy provision. The Chair introduced Kathleen Brown and Dorothi Clowes and advised the Committee that the paper had been prepared as a contribution to a response by a professional body but had not been taken forward by that body.

5.2 Dorothi Clowes said that it was difficult to disaggregate children’s services from adult. Latest figures showed that there were 236 speech and language therapists in Wales. Recommendations in 1989 were for 26 therapists for every 100, 000 population. On that assumption there was currently a shortfall of 517. The average individual caseload was 141 against a recommended figure of 44. The range in caseload was from one therapist to 44 to one to 246 clients.

5.3 Kathleen Brown said that services were provided in a number of different types of locations. The legal requirement to provide services for children with a special educational needs statement and initiatives such as Sure Start had created extra burdens which made it more difficult to meet the needs of

mainstream children.

5.4 David Melding declared an interest as a Chair of the Governors of a special school and Brian Gibbons declared that he had received support from MSF. Ms Brown and Ms Clowes responded to questions from members as follows:

- There were not enough training places for speech therapists and potential undergraduates may not consider it for their first degree.
- More postgraduate training was also needed and it would be easier to fill postgraduate training places.
- Some training could be undertaken at a distance, but much of the learning was in a clinical setting.
- The shortage of qualified staff added to the difficulties in training and developing new speech and language therapists.
- In the educational setting, speech and language therapists felt disadvantaged through poorer pay and fewer holidays than their teaching counterparts.
- Many speech therapists were women who gave up when they had a family.
- There were vacancies in most areas for speech and language therapists. Research across in England Wales and Northern Ireland over three months in 1999 showed that only 50% of the 276 vacancies advertised were filled.
- There needed to be a sharing of responsibility between health and education authorities. The sectors had different priorities, but there were examples of good practice in collaboration.
- The establishment of development posts could enhance the career structure and retention of staff, but there would be funding implications.

The Minister acknowledged the shortfall in current service capacity. The NHS Trusts workforce plans showed a requirement for 541 more speech and language therapists by 2005, but the number of students due to qualify by then was 120.

Item 6: Minutes of the Meeting on 27 February 2002
Paper HSS-06-02 (min)

6.1 The minutes were accepted. The Minister would circulate the information on the Carers Grant Scheme.

Action by the Minister.

Item 7: Papers to Note

Safety of Blood and Blood Products
Paper HSS-07-02(p.5)

7.1 Dai Lloyd asked whether the Welsh Assembly Government would follow Scotland and consider the question of compensation for people who had been infected by blood products where the NHS was not to blame.

7.2 The Minister said that she would look at the findings of the Scottish group. She was currently looking at services for haemophiliacs and would report back.

7.3 Kirsty Williams and Brian Hancock had points they wished to raise but would write to the Minister.

Any Other Business

8.1 David Melding queried the figures the Minister had quoted earlier in the meeting relating to the number of nursing home places available in Wales which he thought conflicted with the published statistics.

Annex A

EXAMINATION BY THE SOCIAL SERVICES INSPECTORATE FOR WALES OF ARRANGEMENTS FOR SAFEGUARDING AND MEETING CARE NEEDS BY CARDIFF AND THE VALE OF GLAMORGAN FOR RESIDENTS IN HAFOD HOMES

I wish to inform the Committee about action being taken following concerns raised with me and in Plenary about care at Hazelcroft Home in Cardiff. This home has now closed and the residents have moved to other homes in the area. The Home was provided on the basis of a contractual agreement between Cardiff City Council and Hafod Housing Association whereby the building was provided by Hafod and the Care Services by Cardiff City Council.

The Social Services Inspectorate has been reviewing material about care at Hazelcroft including reports by the inspection unit for Cardiff and the Vale of Glamorgan. This review has raised questions about whether the arrangements in place between Cardiff and Hafod Housing Association in respect of Hazelcroft were sufficient to ensure that the needs of residents for safeguarding and support were met.

While the concerns expressed to us focus on Hazelcroft, there are other homes in Cardiff and the Vale of Glamorgan which are also subject to the same arrangements between the authorities and Hafod. As a result, I have asked the Social Services Inspectorate for Wales to examine these arrangements in more detail to establish whether they need to be strengthened and make recommendations as to how these can be brought about. . I am concerned that any lessons that might be learned from SSIW's examination are applied generally. The scope of the examination will be:

- the nature of the contract between Cardiff, Vale of Glamorgan and Hafod to see if responsibilities for the wellbeing of residents are clear and consistent with any requirements under the Community Care legislation and the Registered Homes Act 1984;

- the authorities safeguarding arrangements ;
- their arrangements for investigating complaints in relation to care ;

The outcome of this examination will be a published report on which I will inform the Committee.

Annex B

WALES CARE STRATEGY GROUP

I would like to make a statement on the Wales Care Strategy Group and some related matters.

Whilst the legal responsibility for planning and providing or commissioning care services rests with local authorities, the Welsh Assembly Government has a strategic role in helping to ensure that there is a confident, flexible and viable care home sector for the future and in helping to ensure that viable services are in place to support vulnerable people.

The services provided by responsible independent care home providers are very important, both to the individuals who live in this sector and to the overall delivery of health and social care in Wales.

Difficulties of viability within the sector have been reported throughout Britain over recent months, and are having an impact in Wales. Where problems occur it is important that they are resolved through positive discussion and negotiation between local providers and local commissioners of their services.

Recently this process has been made substantially more difficult in a small number local authority areas, where a number of care home providers have set out ‘non-negotiable’ demands for increased fees, far in excess of the council’s ability to pay. These developments add a new urgency to the announcement which I made in the plenary debate on National Minimum Standards and Care Standards Act Regulations on 12th February where I announced that I would be establishing a Wales Care Strategy Group.

I would now like to provide the Committee with more details of the new Group which will bring everyone around the table to plan constructively for the future. This is an opportunity which needs to be grasped, but let me be clear, at the outset, that it is one in which all parties must come to the table openly and without preconditions.

The new group will be established as an advisory task and finish group. Its aims will be:

- to provide a Wales wide focus for discussion about the future of the "care sector" as a whole (residential care, domiciliary care and care services provided as an adjunct to housing)
- to act as a source of advice to the Welsh Assembly Government on:
- the strategic development of the "care sector" to secure, in the medium term, a viable, confident and responsive industry to deliver quality services; and

- ways of addressing the shorter term problems currently impacting on the "care sector"

Its membership will include representatives of the Welsh Local Government Association, the Association of Directors of Social Services, Health Authorities, British Association of Social Workers, the Care Council for Wales, individual home owners, Voluntary Sector representatives offering user and carer perspectives, a local authority Director of Housing and the Welsh Federation of Housing Associations. It will also include Welsh Assembly Government Officials from relevant policy divisions and Assembly sponsored bodies. I intend to chair the first meeting which is planned for 21st March.

I am expecting it to meet three times between now and next January. I will review the work programme and frequency of meetings at the turn of the year.

Among the Group's early tasks will be:

- Mapping and analysis of the key features of a "blueprint" for the development of high quality and sustainability in the Care Sector in Wales by 2010;
- Advice on moving towards new and more flexible models of care and the change management action to achieve effective transition
- Advice on development of action to address the Workforce and Training problems covered in the Chief Inspector's Task Group Report
- Advice on draft Statutory Guidance on Commissioning and Contracting for care by Local Authorities including monitoring of provision and trends in the sector, use of commercially developed care costing models
- Advice on developing a framework for the intelligent use of regulation and inspection to raise the quality of care

I will report to this Committee on the progress of the Group's work.

This work plan will need to be set alongside work already in hand on the improved monitoring of the patterns and trends in the provision of care. This includes the training and business developments needs of the care sector as a whole, the provision of additional funding for local authorities to recognise the pressures on the sector and to help to tackle delayed transfers of care, the new national standards and independent registration and inspection through the Care Standards Inspectorate for Wales.

I recognise, of course, that money plays a significant part in stabilising and improving the pattern of care, and particularly the contribution which the social care sector as a whole makes to resolving delayed transfers of care. Commissioning in this policy area must be part of a whole-systems approach. Local authorities are already working with the NHS and care homes to strengthen their plans and the outcomes which are achieved in this area.

The Assembly Government has provided £10m over 2 years to assist in this process. I am now able to announce that I am increasing the funding for next year to £12m, a total of £17m over the two years. As

for the current year, the money would be in the form of a specific grant available to

- reduce delayed transfers of care by facilitating discharge from the NHS to nursing or residential care home settings or to a person's own home with the support of domiciliary care services;
- help to strengthen the care home sector within the whole system of care; and alongside work on minimum standards and the establishment of a single independent regulator to help to deliver improved standards;
- reduce avoidable hospital admissions

As for the current year, I will also expect local authorities delayed transfer of care action plans to achieve an agreed level of reduction in delayed transfers of care.

This further significant further uplift in funding available for these purposes is additional proof, if any were needed, of the seriousness with which this administration is addressing the present position of the social and residential care sector. It is against this background that I want to end by reiterating the importance of the engagement of independent sector providers in this strategy effort. It cannot be reasonable, however, for private sector providers to seek a role in strategic planning at the national level while holding back from responsible negotiations at the local level. I have to make it clear that I will not extend membership of the Strategy Group to those who are involved in giving notice of withdrawal of services to local authorities. I call directly on those providers who have tried to put pressure on some local authorities in this way to rescind those notices.

The only way forward is for issues to be resolved through proper negotiation between local providers and local commissioners without threats and pre-conditions.

It is my clear intention that the work of the Strategy Group will be conducted in a constructive and forward-looking way, and I look forward to all participants joining me in just that spirit.