Health and Social Services Committee HSS-11-02(min)

MINUTES

Date: Wednesday, 15 May 2002
Time: 9.00am to 12.20pm
Venue: Committee Room 3, National Assembly for Wales

Attendance:

Members of Health & Social Services Committee

Kirsty Williams **(Chair)**	Brecon and Radnorshire
Geraint Davies	Rhondda
Jocelyn Davies	South Wales East
Brian Gibbons	Aberavon
Jane Hutt (Minister)	Vale of Glamorgan
Ann Jones	Vale of Clwyd
Dai Lloyd	South Wales West
David Melding	South Wales Central
Gwenda Thomas	Neath

Officials In Attendance

Dr Ruth Hall	Chief Medical Officer
Keith Ingham	Children & Families Division
Peter Lawler	Primary & Community Health Division
Ann Lloyd	Director, NHS in Wales
Helen Thomas	Social Policy Department
Graham Williams	Social Services Inspectorate for Wales

Secretariat:

Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions

1.1 Apologies were received from Lynne Neagle and Rod Richards. Gwenda Thomas substituted for Lynne Neagle. The Chair extended the Committee's best wishes to Lynne Neagle for the forthcoming birth of Huw Lewis' and her baby.

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

- Geraint Davies, pharmacist and member of Rhondda Cynon Taff County Borough Council

- Dai Lloyd, general practitioner and member of the Council of the City and County of Swansea

- Brian Gibbons, registered medical practitioner and married to a child care social worker.

Item 2: Minister's Monthly Report
Paper: HSS-11-02(p.1)

2.1 In response to Members' questions and comments, the Minister made the following points:

- The total budget for NHS running costs was £62,209,000 and the running costs of the new NHS structures would not exceed this. The transition costs associated with the abolition of health authorities and creation of local health boards (LHBs) were not yet known but would be made available to the Committee as they emerged.
- The Assembly's Audit Committee had recommended that all expenditure costs associated with the NHS restructuring should be tracked and monitored centrally. In addition, the National Audit Office would be asked to verify that the exercise had been cost neutral.
- Consideration was being given to what other services, such as ambulance and emergency services, could be added to the remit of the new specialised health services commissioning body for Wales.
- The Voluntary Sector Partnership Council was looking at the sector’s role in the provision of services and there could be scope for working with the new commissioning body.
- Epilepsy Bereaved had commissioned an independent report into epilepsy related deaths. The Chief Medical Officer would provide a paper to note on the content and findings of the report and the proposed actions by all four home countries.
- The report of the Specialised Health Services Commission Body for Wales (SHSCW) review of children's tertiary services had been commissioned by the five health authorities. A wide consultation exercise on the report would take place over the next few weeks and the findings presented to the SHSCW board on 11 July. Time had been made available for the Committee to consider SHSCW’s response at its meeting on 17 July. The Chair had received correspondence on this issue from consultants in Swansea and Cardiff and would copy them, along with her response, to Members.
- No problems were expected in Local Health Boards' (LHB) ability to take forward the implementation of the new GP contract.
- The Minister congratulated everyone involved in NHS Open Week, which had been a great success. A video had been launched aimed at raising the awareness of young people of the whole range of professions available within the NHS. The impact of the

video would be evaluated in due course.

- A statement would be made to plenary the following week about the progress of the National Service Framework for Coronary Heart Disease.
- The Chief Medical Officer would prepare a paper to note on the policy regarding the use of disposable instruments in tonsillectomies, including an assessment of the risk associated with haemorrhage.
- An update on the action plan being developed to tackle the shortage of hospital pharmacists would be provided to a future meeting.
- The examination into arrangements at the Hazelcroft home in Cardiff would look at whether arrangements in place between Cardiff, the Vale of Glamorgan and Hafod Housing Association were sufficient to ensure that the needs of residents for safeguarding and support were met. Should former residents of Hazelcroft who wished to be interviewed need support to do so, arrangements would be made for this. The examination team would be given access by Cardiff to reports they had commissioned in respect of Hazelcroft.
- The unified assessment process would be key to ensuring the right outcomes for elderly and vulnerable people in terms of discharge, and would assist in improving the range and take up of domiciliary care services.
- The Older People's Strategy would address the need to protect vulnerable, elderly people at risk.
- Officials from the Statistical Directorate and Social Policy Group were working with colleagues in the NHS Wales Department to understand the incidence of delayed transfer of care and its impact on personal social services and funding arrangements overall.

2.2 Picking up on concerns expressed by other members about the lack of information, the Chair said that a commitment had been given by the Director, NHS Wales Department to provide detailed costings of the NHS restructuring exercise by March. These had not yet been received and she asked that they be made available to the Committee as soon as possible.

2.3 The Chair confirmed that any subordinate legislation arising out the Health and Social Care Act 2001 (Commencement no2)(Wales) Order 2002 would be considered by party spokesperson's. She would also discuss with Peter Jones, Counsel to Assembly Committee's, a mechanism for handling legislation and the presentation of the timetable.

Action

- Detailed costings, including the transitional costs, of the NHS restructuring to be provided to Members.
- List of services currently commissioned by SHSCW to be circulated.
- Paper to note on epilepsy related deaths.
- Copies of Chair's correspondence re. SHSCW review of children's tertiary services to be circulated to Members.

- Paper to note on policy regarding use of disposable instruments in tonsillectomies.
- Update on action to tackle shortage of hospital pharmacists.

Item 3: Review of Services for Children with Special Health Needs
Paper: HSS-11-02(p.2)

3.1 The Committee was to discuss the evidence it had received in writing, in oral evidence and through the literature review. The Chair referred to the broad remit of the review and the need for the Committee to focus its consideration and agree on what it could achieve. The committee would need to differentiate between these recommendations that could be achieved at little or no cost and those that would have resource implications. It had been hoped that the Committee could report to plenary before the summer recess, but there would probably be a need for a further session to discuss the evidence and the publication of the report could slip into the autumn.

3.2 The Minister said that a number of crosscutting issues had emerged which the Welsh Assembly Government would need to consider. The advent of LHBs and the development of the National Standards Framework for Children could provide opportunities for implementing recommendations.

3.3 The view was expressed that while the cost implications of any recommendations needed to be recognised, and recommendations needed to be realistic, cost should not preclude any recommendations.

3.4 The Chair suggested that the Committee consider each of the eight key aspects of service in turn.

1. Early Identification and Diagnosis

- Conflicting evidence had been received from professionals regarding the effectiveness of child surveillance.
- Concern was expressed that the recommendation contained in the draft report, "Health for All Children" that would allow health visitors to negotiate further reviews with parents according to need rather than conducting routine visits could lead to those children most at risk being missed out.
- A letter from a health visitor to parents was not considered to be an effective substitute for routine surveillance.
- Action was needed to reach marginalised people as well as families in minority groups and midwives and health visitors could provide the first point of contact.
- The report into low birth weight babies in Denbighshire had identified the need for health visitors to make contact, particularly with young mothers-to-be, and continue that contact after the baby was born.
- Child surveillance need not necessarily take place in the home. Some people were more

likely to go to a centre particularly if they felt their home was sub-standard.
- Some conditions were difficult to diagnose, but until a child had received a diagnosis they were unable to access any care or services.
- There was concern about the evidence the Committee had received that indicated some pregnant women were only offered screening if they were agreeable to termination of the pregnancy if any abnormality was found.

3.5 The Minister drew Members' attention to the paper to note on antenatal screening (HSS-11-02(p.3). She said that policies and standards for all-Wales antenatal screening would be developed and asked that the Committee bear this in mind when discussing its budget priorities in July.

Preliminary Conclusions / Recommendations

- Acknowledge difficulties for parents in getting a diagnosis and ways to make the system more flexible so they can access services prior to diagnosis.
- Explore further implications of "Health for All Children" and how best surveillance services are carried out.
- Ensure there are specific plans for disadvantaged families and minority groups.
- Antenatal screening should be available to all with no pre-conditions.

Action

- The Chief Medical Officer would prepare a paper to note on child surveillance and the recommendations contained in the draft report "Health for All Children".
- Report on low birth weight babies in Denbighshire to be circulated.

2. Provision of Information

- Parents had emphasised the lack of comprehensive information services.
- There was a continuing need for information, which could be provided in a range of settings.
- Specialist centres were key to providing effective information.
- Often parents were too shocked to be able to comprehend the information being given to them at the time of diagnosis. They should be able to see a consultant or nurse specialist once they had had an opportunity to assimilate the information.
- Generally, parents did not receive quality information they could understand and be reassured by.
- Staff needed to be trained in the process of giving information.
- The voluntary sector needed to be involved soon after diagnosis.
- Advice and counselling for siblings was needed.
- There should be someone in the hospital whose role was to provide information at the

time of diagnosis, before a key worker was in place. Parents were very vulnerable to poor information and needed someone to ensure the information they were accessing was reliable.

3.6 The Minister said that the Children Act called for protocols on information sharing for children in need. If a child was referred to the disability register that should kick start those protocols, but action may be needed to strengthen them. Care pathways would be taken forward as part of the National Services Framework for Children.

Preliminary Conclusions / Recommendation

- Parents should have the opportunity to go back after the initial diagnosis and discuss their concerns with the appropriate practitioner.
- The need for information should be planned before the diagnosis is given.

3. Co-ordination of Care

- It was important that all parties who needed to be involved in case conferences were given the reasonable opportunity to attend and receive notification of the results of the meeting. Arrangements for meetings should take account of the difficulties for clinicians who had surgery and clinic commitments
- The number of people attending a case conference should to be carefully considered as encountering a room full of professionals could be daunting for parents. Children should also be involved in discussions about their treatment.
- Unexpected situations arising within a family, e.g. a parent being admitted to hospital, needed to be considered, as that could be considerably disruptive to care plans.
- Often a diagnosis was made within the health sector but the treatment lay outside that sector, for example in education, and there was little co-ordination of services.
- The importance of the school nurse in co-ordinating care was highlighted. In Wales, this was an underdeveloped service.
- Telemedicine and video conferencing could play an important role in cutting down unnecessary travelling for children and parents, particularly where they were receiving treatment outside their local area.
- There were some good examples of education, health and social services coming together as a result of the flexibilities grant scheme. These needed to be built upon so a common pattern was developed.
- The need for a key worker had been highlighted repeatedly. A key worker should be appointed at the initial case conference following diagnosis. They would provide a constant point of reference and advocacy.
- The role of the key worker would be different for every family but there would be some key intrinsic values.
- The effectiveness of the key worker would be greatly increased by their having access

to a budget and financial resources.

- Children with special health needs belonged to society as well as their parents and society had a responsibility to provide services and care for such children.
- The Community Dental Service provided services for children with special health needs. They also provided services where there were no NHS dentists and this had a knock on effect on their capacity. Parents wanted to see the service for children with special health needs protected.
- The transition from child to adult services could be very disturbing for young people and parents. Often it was only their age that had changed not their needs. It should also be remembered that many of these young people had the mental age of a child. Officials said that there were many similarities to issues arising from the transition to adulthood for care leavers and it may be possible to transfer elements of procedures and guidanceon good practice which are already available.
- At the transition stage, there was a need for long term planning as parents needed assurance that their child would be looked after when they were no longer able to care for them.
- Care plans should be available to all agencies involved in the care of a child.
- The policy agreements between the Welsh Assembly Government and the local authorities could be used to secure co-ordination of local authority services

Preliminary Conclusions / Recommendations

- Use the examples of good practice that are in evidence to encourage agencies to make better use of the funding flexibilities and to pool budgets, and to help them overcome some of the difficulties in co-ordinating resources.
- Explore the role of the patient held record in assisting information sharing between agencies.

4. Availability of Care and Treatment

- The shortage of speech and language therapists was UK-wide and was not a problem that could be tackled quickly. In the short term, better ways of managing and supporting existing therapists needed to be identified.
- Consideration should be given to the role that could be played by classroom assistants and training routes to bring people from other professional backgrounds into speech and language therapy.
- The provision of therapy services needed to be co-ordinated.
- Speech and language therapists were usually employed in the health sector but provided services in an education setting, yet their terms and conditions, pay and holiday entitlement was not as favourable as that of teachers.
- Provision of school nursing service was very patchy across Wales. A policy for school nursing services needed to be developed with provision for all schools having access to one.

- Concern was expressed that school nurses were not necessarily trained in paediatric nursing and it was felt this contravened the recommendations of the Carlile report. Speech and language therapists and physiotherapists should also receive specialist training in working with children.

3.7 The Minister said that Dame June Clark had undertaken a review of school nursing which had been fed into the Primary Care Strategy. It was agreed that a paper outlining the recommendations of that review would be circulated to Members.

Preliminary Conclusions / Recommendation

- Further work should be undertaken on how classroom assistants and other professional groups, for example retired teachers, could be developed and encouraged into the provision of therapy services, including career structure and professional qualifications.

Action

- Outline of Dame June Clark's review of school nursing to be circulated to Members.

3.8 Discussion of the four remaining aspects of service and care was adjourned until 3 July.

Item 4: Minutes of 25 April and 1 May 2002
Paper: HSS-09-02(min) and HSS-10-02(min)
4.1 The minutes of the meeting on 25 April were agreed.

4.2 The minutes of the meeting on 1 May were agreed.

Item 5: Any Other Business
5.1 Members were reminded to let the Clerk know where they wanted their copy of the draft NHS Wales Bill delivered. She also reminded them that any amendments should be tabled by midday on Friday 24 May. Peter Jones, Counsel to Assembly Committees, would be available to help Members with any queries regarding the scope of the Bill.

5.2 The Committee had been invited to attend a meeting of the Environment, Planning and Transport Committee on 29 May, when they would be receiving a report on public health issues and the planning system. Members were asked to let the Clerk know if they wished to attend this meeting.

Annex 1

No	DRAFT Working Title	Intention of Legislation	Projected date Legislation to be made	Projected Coming into Force Date
HSC 66-02	Health and Social Care Act 2001 (Commencement no2)(Wales) Order 2002	The order commences sections 3(1) and (2), section 5, section 11,sections 19 to 26, sections 28 to 39, sections 42 and 43 of the Health and Social Care Act 2001	30 May 2002	30 June 2002

Annex 2

Review of Services for Children with Special Health Needs

Staffing in NHS

	Staff in post 2000	Staffing requirement forecast 2010	% increase	Predicted increase	Number due to qualify by 2005
Health Visitors	699	892	28%	193	177
Occupational Therapists	513	779	52%	266	289
Speech & Language Therapists	291	542	86%	251	161
School Nurses	150	274	83%	124	85

Source: NHS Human Resource Division Workforce Survey 2000

Notes

1. Figures were collected from and have been validated by NHS Trusts.
2. Health Visitor figures are in respect of all health visitors. Separate figures are not collected in respect of specialist health visitors.
3. Figures for occupational therapists and speech and language therapists cover all such therapists. Separate figures are not collected in respect of paediatric posts.
4. Figures in respect of school nurses only cover posts employed by the NHS. In some areas school nurses are employed by the education authority.
5. Where a key worker or care co-ordinator system is in operation, they can be appointed from any speciality of the professionals in health and social care who are involved in the care and treatment of the child. Numbers of key workers are not collected centrally.