

MINUTES

Date: Wednesday, 19 June 2002

Time: 9.00am to 11.26am

Venue: Committee Room 2, 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 (Temp Chair –
Item 4) Vale of Clwyd

Dai Lloyd South Wales West

Val Lloyd Swansea East

David Melding South Wales Central

Cynog Dafis Mid and West Wales

Officials In Attendance

Peter Lawler Family Health Branch, NHS Wales Dept

Ann Lloyd Director, NHS Wales

Dr Jane Ludlow Office of the Chief Medical Officer

Maria Michael Social Services Inspectorate, Wales

Dr David Salter

Office of the Chief Medical Officer

Helen Thomas

Director, Social Care Policy Group

Committee Secretariat:

Peter Jones

Counsel to the Committees

Jane Westlake

Committee Clerk

Item 1: Apologies and Substitutions

1.1 Apologies were received from Lynne Neagle and Rod Richards. Val Lloyd substituted for Lynne Neagle.

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 his wife works in social care;
- Dai Lloyd, general practitioner and member of the Council of the City and County of Swansea;
- Val Lloyd, member of the Council of the City and County of Swansea, registered nurse and nurse teacher.

Item 2: Minister's Monthly Report
Paper HSS-13-02(pp1, 1a and 1b)

The Minister advised the Committee that the NHS Reform and Health Care Professions Bill had passed through the final phases in Parliament and Royal Assent was expected next month. A Lords' amendment that would have placed a duty on NHS organisations to safeguard and promote education, training and research had been withdrawn following the announcement that a joint review would be undertaken in England and Wales.

The Minister made the following points in response to questions on the monthly report:

Section

- 1.1
 - The proposal to keep shared support services in their present location for the first two to three years had been welcomed by staff. Local Health Boards (LHBs) would have service level agreements with the service provider. User–stakeholder groups would be involved in the management of shared support services.
 - The Committee would be receiving a paper on the costs of restructuring on 3 July. The National Audit Office was monitoring the costs. The Welsh Assembly Government was keeping in touch with Unison.
- 1.2
 - The capital schemes would not be affected by the restructuring and should proceed as planned.
- 1.3.
 - The current age range for breast screening was 50 to 65 years. Additional finance had been allocated to expand the programme and progress would be reported next year.
- 2.2
 - Emergency pressures were no longer confined to the winter.
 - The Waiting Times Strategy and the action to reduce delayed transfer of care impacted on the management of emergency pressures.
 - The Waiting Times Strategy had set targets for the year;
 - There were various initiatives underway to avoid inappropriate admissions, such as assessment units, the rapid care team at the University Hospital Wales, and at the Royal Glamorgan Hospital the GP out-of-hours service shared premises with the Accident and Emergency Unit.
- 3.1
 - The Minister confirmed that the National Patient Safety Agency collected information on a confidential basis. In the first six months of the pilot scheme 2% of cases reported were deemed to be serious.
- 4.5
 - The difficulty in recruiting social care workers for child protection services was a Wales-wide problem. The Task and Finish Group on the Social Care Workforce was addressing this and there were careers fairs and roadshows promoting careers in social care.

- 5.2
- There had been a number of reports on the provision of residential and nursing home care, including the Rowntree report. An analysis was being presented to the Care Strategy Group. A copy of the analysis would be made available to the Committee

With regard to 2.2, Brian Gibbons, Chair of the Waiting Times Strategy Group, said that pilot projects were now being mainstreamed.

On 4.5, the Chair said that it was important for the Committee to promote social care as a rewarding and challenging career and to counter the adverse image often portrayed in the media.

Action

- Further reports on the expansion of the Breast Screening Programme to be given in the Minister's monthly report in the new year.
- The analysis of the reports on residential and nursing home care to be copied to the Committee.

Item 3: The NHS Reform and Health Care Professions Bill – Proposed Draft Order: The Local Health Boards (Functions) Regulations 200[2] Paper HSS-13-02(p2)

The Chair said that party spokespersons had agreed that in discussing secondary legislation, there should be opportunity for members to make general comments and ask questions. However there was little detail in the proposed draft Order.

The Minister appreciated the concern of the Chair and other members, but she was seeking the Committee's approval for the use of the "excluded function approach", one that was well established. The detail of the schedule was still being worked on, but should be available in a few weeks. There would be consultation over the summer and the final draft would go to Plenary in the autumn.

It was pointed out to the Minister that the Committee had agreed to scrutinise proposed draft orders before the Bill received Royal Assent to avoid the need for full scrutiny in the Autumn. The Committee had wanted and expected to discuss the detail of LHB functions. As there was no substance now to the proposed draft Order the Committee agreed that the chair should write to the Deputy Presiding Officer, asking that when the draft Order was presented to the Business Committee in the autumn under Standing Order 22.5 it should be referred back to the Health and Social Services Committee.

The Committee accepted the principle of the "excluded function approach".

Action: the handling to be discussed at the next meeting of party spokespersons.

Item 5: Minutes of the Meeting on 29 May 2002

Paper HSS-12-02(min)

As the meeting was running ahead of schedule the Chair proposed to take the minutes and comments on papers to note.

The minutes were approved and there were no matters arising.

Second Annual Report of the Voluntary Sector Partnership Scheme

Paper HSS-13-02(p5)

In answer to questions the Minister said:

- the level of funding by individual Health Authorities was their responsibility.
- She would write to the Presiding Officer about promoting the Giving Campaign to Assembly Members and their support staff.

National Sentinel Clinical Audit of Epilepsy Related Deaths

Paper HSS-13-02(p6)

The Committee agreed that more needed to be done to raise awareness that epilepsy is not a benign condition and that more needs to be done to prevent unnecessary deaths. Consideration should be given to a presentation on the report to the Committee.

The Minister said that she would be developing an epilepsy strategy. In response to a question she said that officials were having discussions on funding with the organisation Epilepsy Wales. There were other organisations, for example in Gwent and North Wales, providing support for epilepsy sufferers.

Use of Disposable Instruments in Tonsillectomy and Adenoidectomy Operations in NHS Wales

Paper HSS-13-02(p7)

Dr Salter said that discussions were continuing with professions and agencies who were looking at options to enable the resumption of full operation services. Manufacturers were working to improve disposable instruments and it was hoped that they would be available in four to six months. In the meantime surgeons could use the disposable instruments currently available if they were comfortable with them. Non disposable instruments could be used on a one-off basis in urgent cases.

The Structural Reforms for the NHS in Wales: the Establishment of Strengthened Specialised Health Service Commissioning in Wales

Paper HSS-13-02(p8)

In response to a question about the composition of the Advisory Board, the Minister said that there

would be an opportunity for further scrutiny and discussion in the context of her next monthly report.

Statutory Guidance on Charging for Domiciliary Care Paper HSS-13-02(p9)

The Minister agreed to write to members about whether the statutory guidance intended that costs other than those for specific services to users should be included as part of "providing the service".

Report of the Health and Social Services Committee on its Consideration of the Draft NHS (Wales) Bill Paper HSS-13-02(p10)

The report was approved

Action:

- The Minister to write to the Presiding Officer about promoting the Giving Campaign to Assembly Members and their support staff.
- Consideration should be giving to scheduling a presentation on Epilepsy.
- Further information about the proposals for Health Commission Wales (Specialist Services) to be provided in the next monthly report.
- The Minister to write to members about the statutory guidance on charging for domiciliary care.
- Then Committee's report on the NHS (Wales) Bill to be sent to the Minister, copied to the House of Commons Select Committee on Welsh Affairs and tabled.

At this stage the Chair, who was unwell, left the Committee. Ann Jones was elected as temporary Chair.

Item 4 - Review of Services for Children with Special Health Needs Paper HSS-13-02(p3)

The Chair welcomed Cynog Dafis from the Education and Lifelong Learning Committee who was joining the Committee for the item. Gwenda Thomas, Chair of the Local Government and Housing Committee had sent her apologies.

The Chair reminded members that this was a continuation of the discussion on 15 May when they had started to consider the written and oral evidence that had been submitted, together with literature review. The committee paper (HSS-13-02(p3)) was the same paper as they had in May. It set out the eight key aspects of service that the review was addressing. At the last meeting the Committee had discussed the first four.

4. Availability of care and treatment.

Cynog Dafis said that he had been unable to attend the last discussion, and suggested that in connection with key aspect no 4, the Committee's report should discuss the possibility for accelerated speech and language therapy training for people with relevant qualifications and other flexibilities to address the current shortfall.

In considering key aspects five to eight members made the following points.

5. Support for families and other carers

- Provision of respite care was patchy, but it was improving. The Carers' Strategy was contributing to the improvement.
- There were problems in co-ordinating timing for families who had more than one child who needed respite.
- It was difficult for parents with children under five with severe problems to access respite or childcare.
- Services needed to be more widely available, including a 24 hour learning and caring setting, whether received home or in school.
- Respite should be available for short periods, eg a couple of hours, as well as longer periods.
- Children benefited from continuity of staffing and carers.

6. Equipment and other social service needs

- Equipment supply needed to be co-ordinated between the various agencies and flexibilities such as pooled funding and lead commissioning used to the best advantage.
- Members undertaking visits had heard of problems and frustrations, for example a car had been provided, but funding was not available for the special car seat the child needed.
- The use of equipment should be monitored and anything that was no longer needed re-cycled.
- Some children need more than one wheelchair for different functions, and wheelchairs need constant modification as children grow.
- There were often long waiting times for wheelchairs and the reasons for this needed examination.
- The process for applying for disabled facilities grants for housing adaptations was not user friendly. In some cases substantial work was needed and took too long.
- There was a case for considering whether parents should not have to contribute to the cost of adaptations, especially as home care was far cheaper the institutional care.
- Some parents had reported that the cost of purchasing equipment was unnecessarily high.

7. Children with special educational needs.

- Some parents had experienced difficulties in securing a place at a special school for their child and felt that Social Services were being obstructive. In some cases parents had to apply annually for funding for a place and this was stressful.
- Parents and the child should have the choice between special and mainstream education.

- For the majority of children mainstream education would be better, but it was not the more appropriate schooling for all and it was important that there was a balance in provision.
- The school nursing service had a key role, and school nurses should be encouraged to have a paediatric qualification.

8. Good Practice

- The Committee had received evidence that there were many examples of good practice
- Members had been impressed by what they had seen on their visits to voluntary sector schemes and what had been achieved. In particular the quality of the buildings was high.
- These voluntary sector schemes provided a visible focus and were able to provide families and carers with information and support.
- Funding for voluntary sector projects was unstable and often it was a part time volunteer who had to identify sources of funding and prepare bids.
- Small organisations that were parent led were proving that they could deliver services if they received adequate funds.
- Statutory agencies could learn much from the voluntary sector, from organisations such as Coleg Elidyr, at Rhandirmwyn, Carmarthenshire.
- The Minister said good practice needed to be evaluated, benchmarked and disseminated. This could be achieved through the Children's National Service Framework that was being developed. The key to success would be to embrace diversity, but encourage joint planning and working between agencies.
- It was suggested that the Committee's report might include examples of good practice.

The meeting closed at 11.36am.