

## **Health and Social Services Committee HSS-15-02(min)**

### **MINUTES**

**Date:** Wednesday, 3 July 2002

**Time:** 9.00am to 12.00pm

**Venue:** Committee Room 2, National Assembly for Wales

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

Kirsty Williams ( <b>Chair</b> )	Brecon and Radnorshire
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Brian Gibbons	Aberavon
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Brian Hancock	Islwyn
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Jane Hutt (Minister)	Vale of Glamorgan
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Ann Jones	Vale of Clwyd
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Dai Lloyd	South Wales West
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Val Lloyd	Swansea East
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David Melding	South Wales Central
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Janet Ryder	North Wales
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Cynog Dafis (Item 1)	Mid and West Wales
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#### **In Attendance**

Les Clarke	Member, Care Council for Wales
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Tony Garthwaite	Member, Care Council for Wales
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Rhian Huws Williams	Chief Executive, Care Council for Wales
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Mutale Nyoni	Chair, Care Council for Wales
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## **Officials In Attendance**

Sarah Beaver	NHS Finance Division
Keith Ingham	Children & Families Division
Peter Lawler	Primary & Community Health Division
Ann Lloyd	Director, NHS in Wales
Graham Williams	Social Services Inspectorate Wales

## **Secretariat:**

Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

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

1.1 Apologies were received from Geraint Davies, Jocelyn Davies, Lynne Neagle and Rod Richards. Janet Ryder substituted for Geraint Davies, Brian Hancock for Jocelyn Davies and Val Lloyd 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:

- Brian Gibbons, registered medical practitioner;
- 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: Review of Services for Children with Special Health Needs**

### **Paper: HSS-15-02(p.1)**

2.1 Papers to note on child health surveillance (HSS-15-02(p.5) and the school nursing service (HSS-15-02(p.6) had been previously circulated.

### ***Child Health Surveillance***

2.2 The Minister said that a working group, under the leadership of the Chief Medical Officer, had been set up to consider the recommendations of the fourth edition of the Royal College of Paediatrics and Child Health guidance on child health surveillance and make recommendations for a way forward for Wales. A paper would be presented to the Committee in October.

2.3 It was agreed that the Committee would await the findings of the working group before finalising their recommendations in this area.

### ***School Nursing Service***

2.4 The Minister said that the Committee would be discussing the Primary Care Strategy at its meeting on 17 July, including how the school nursing would feed into it. The Strategy Action Plan would also include an implementation plan which will cover school nurses.

2.5 It was acknowledged that there were plans in primary care that would support the recommendations. Members reiterated their belief that the recommendations of 'A Review of Health Visiting and School Nursing Services' were still very relevant and the Committee would be looking for those recommendations to be fully implemented. A comprehensive school nursing service that reflected pupil numbers was needed, as well as the development of a training programme towards a specified professional qualification.

2.6 In continuing their consideration of key aspects five to eight, Members made the following points:

### ***5. Support for families and other carers***

- Evidence suggested that parents of children with severe disabilities often received less care and support than other parents, who had access to nursery and childcare places. It was only when a child reached the age of five that the local authority had a statutory duty to provide a place for them.
- There was some excellent practice in providing respite care in both local authority and voluntary sector facilities but this was often dependent on where you lived and "how loudly you shouted". A comprehensive service based on need was necessary from a very young age, not just when a child entered the formal education setting.
- Often the needs of siblings were overlooked. It was essential that in developing services the needs of the whole family were considered, not just the child with special health needs.
- Services needed to be flexible to reflect the differing needs of every family.
- The importance of providing links to other families and support groups was stressed, as was the need for families to be able to obtain advice on benefits.
- The ability to recruit people into the care sector was being hampered by difficulties in obtaining timely police checks.

### **Preliminary Conclusions/Recommendations**

- It was felt that guidance should be issued on support for families of young children with special health needs. This guidance should also include good practice. This guidance could be part of the Children's National Service Framework or other guidance.
- Criminal Records Bureau should work in a timely fashion to ensure checks for people wanting to work in the care sector were completed quickly.

### Action

- Clerk to obtain further information on the Children's Information Bureau.

## ***6. Equipment and other social service needs***

- A lead agency approach was needed. Currently, the provision of equipment was disjointed with some equipment being provided through social services and some through the NHS.
- Equipment should also include the provision of toys that helped develop manipulative skills, and the development of toy libraries should be considered.
- The level of investment for equipment for children should be regarded as a priority because of their continually changing needs.
- Often a child was waiting for a particular piece of equipment whilst another family was waiting for it to be collected from their home because their child had outgrown it.
- The system for obtaining Disabled Facilities Grants, including how parental contributions were assessed, needed to be reviewed.
- Housing adaptations could cost up to £25 – 30,000 which many families were expected to bear. These adaptations could then result in the de-valuing of their property should they wish to sell it at a later date.

### Preliminary Conclusions/Recommendations

- Recommend lead agency approach to supply of equipment.
- It was recognised that any changes to the system for obtaining Disabled Facilities Grants would require Westminster legislation but the Committee wished to highlight the problem in its recommendations.
- The provision of toy libraries and support for such services should be a matter of good practice.

## ***7. Children with special educational needs***

- Special education was not an either or service. Most children with special needs did not need to attend a special school full time.
- The way the service was developing had improved the quality of education children with special needs were receiving.

## Preliminary Conclusions/Recommendations

- Cross refer to developments underway in special needs education
- Highlight good practice.

### ***8. Good practice***

- Some excellent services were being developed and delivered across Wales and ways were needed to spread this good practice.
- There should be opportunities for professionals to share their experiences.

## Preliminary Conclusions/Recommendations

- Examples of good practice should be included in the Committee's report.

2.7 The Clerk would circulate a first draft of the Committee's report in September for discussion in October.

### **Item 3: Budget Priorities 2003-04**

#### **Paper: HSS-15-02(p.2)**

3.1 The Minister highlighted the progress made in 2001-02 and the significant achievements, which reflected the Committee's priorities and commitment to addressing social deprivation and equality issues. She also outlined her priorities for 2003-04, which were:

- To sustain core health and social services to enable the drive forward of policies which:
  - improved accessibility and eliminated inequalities;
  - raised quality through regulation and inspection;
  - promoted high standards in the workforce;
  - focused on prevention, choice and independence;
  - tackled social exclusion and promoted joint working and partnership.
- To maintain planned uplifts in the main areas of the health service budget.
- To provide for the implementation of pay reform and the new GP and Consultants' contracts.
- To seek to secure recurrently the £49m which followed the Chancellor's pre-budget statement.
- To seek additional funding for emergency ambulance services and for the implementation of the Townsend review.
- To ensure appropriate investment in Information Communication Technology that was fundamental to the delivery of quality health services.
- Subject to final decisions on business cases and affordability, to seek to fund the clinical education expansion programme for North Wales and Gwent, as well as the Swansea graduate entry course.

- For social care, a continued commitment to promoting service developments and initiatives which reflected the needs of vulnerable people, including older people.
- More joint working with the NHS to reduce emergency and inappropriate admissions to hospital or residential care; and to ensure speedy and appropriate discharge from hospital, with local support where needed.
- To secure the final stages of the resettlement programme for people with learning difficulties
- To address the problems facing the long-term care sector
- To secure further joint working between social care and health in developing health and wellbeing strategies.
- To address emerging issues of workforce recruitment, training and retention.

3.2 In response to the Minister's introduction, Members supported the priorities and made the following points and suggestions for priorities for targeting additional resources:

- Sufficient funding was needed to ensure the Ambulance Service could be centrally funded. This was felt to be the only way to ensure an equitable service.
- Concern was expressed that areas of greatest need still did not have the capacity to bid for funding under the Health Inequalities Fund.
- The Comprehensive Spending Review allocation for health was £1.8b over the next five years but it was not clear how much of this would go directly to the National Health Service and how much for health in general.
- Increases of around 30% on primary care budgets would be required to effect the new GP contract.
- Concern was expressed at the continuing crisis in the residential care home sector.
- A review of fee levels in the care home sector was needed.
- The proposed amendments to the National Assistance Orders that personal allowances be increased to £20 per week and the capital allowance to £20,000 should be included in the budget priorities.
- Representations had been received regarding the treatment of Schizophrenia. Current drugs cost £70-100 per year per patient but could have distressing side effects. New style drugs were available at a cost of about £1,000 per year but were not being commonly prescribed, even though the side effects were significantly reduced.
- There was concern that the target number of additional doctors in Wales was lower than that in England and its achievement over a longer period of time.
- The capital programme should remain a priority as the condition of buildings and equipment had a significant effect on health outcomes and staff morale.
- Clarification was sought on whether funding for developing drug rehabilitation services had transferred to the Local Government & Housing budget, now that the Minister for Finance, Local Government & Communities had taken on responsibility for crime reduction, including drug and alcohol misuse.

3.3 The Minister confirmed that a paper on the NHS restructuring costs would be included in her monthly report to the meeting on 17 July. She also made the following points in response to Members'

comments:

- The move to central commissioning for ambulance services was to streamline commissioning but also to tackle inequalities and variations in service provision.
- Local Health Boards would encourage and promote more applications for Health Improvement Fund projects.
- The Wales Care Strategy Group had been established to bring a strategic focus to addressing the problems facing the care home sector.
- Increases in fee levels were the responsibility of local government. The Assembly could not tell them what fees to levy or how they should allocate their funding.
- A review of bed capacity was underway, but it was not just a matter of how many beds there were but the way in which they were managed.
- The Mental Health NSF provided a framework for modernising one of the most vital care services and there would be high expectations to deliver this.
- The National Institute for Clinical Excellence provided guidance on prescribing new drugs, and an All Wales Medicines Strategic Group had also been set up. The Minister would obtain professional advice on schizophrenia drugs and respond to David Melding in writing.
- The lead responsibility for drug and alcohol misuse had passed to the Minister for Finance, Local Government & Communities but she still had responsibility for the health aspects of the service provided.
- The workforce plans had been developed in consultation with trusts and health authorities and were based on need, not affordability or comparisons with England.

3.4 The Chair would write to the Minister confirming that the Committee supported the priorities set out in her paper and stressing the ongoing commitment to the coronary heart disease, cancer and mental health NSFs and also inclusion of the Diabetes NSF. The other agreed priorities for funding were:

- the capital programme, including equipment;
- recruitment and retention programmes and staff education;
- addressing health inequalities;
- tackling delayed transfers of care;
- completion of the resettlement programme for people with learning disabilities;
- improvements to the ambulance services;

She would also write about the Committee's concerns about nursing and residential care homes and the need for Ministers to find a sustainable way forward.

### Action

- A written response would be provided to Brian Hancock's comments on funding for the South East Wales Ambulance Service.
- A written response would be provided to David Melding regarding use of drugs to treat

schizophrenia.

- The Chair would write to the Minister outlining the Committee's conclusions.
- The Chair would also write to the Minister for Finance, Local Government & Communities highlighting the Committee's concerns about fee levels and the difficulties facing the care home sector.

#### **Item 4: Care Council for Wales**

##### **Paper: HSS-15-02(p.3)**

4.1 The Chair welcomed Les Clark, Tony Garthwaite, Rhian Huws Williams and Mutale Nyoni of the Care Council for Wales.

4.2 Mutale Nyoni, Chair, outlined the background to the establishment of the Council and the important role it played in bringing users and carers to the fore and empowering them.

4.3 Rhian Huws Williams said that the remit of the Council was to promote high standards of conduct and practice among social care workers and high standards in their training, and this would be achieved by taking forward four key areas of responsibility:

- standards of conduct and codes of practice;
- register of social care workers, and alongside that arrangements for investigation of misconduct and where necessary removal or suspension from the register;
- workforce development strategy;
- regulation of social work training.

There would be two codes of practice: one for social care workers that would set out the standards of conduct expected of them, this would also make clear to service users and the public the standards they could expect. The other was for employers and would set out their responsibility in terms of regulation of their workforce but would not cut across existing employment guidance. Both codes had been approved by the Council and sent to the Minister for Health & Social Services for endorsement.

The purpose of the register of social care workers was public protection. It would be a public record that the people on it had met the required criteria and were deemed to be suitable to work in social care. There would be processes for removing or suspending those deemed not fit and people would be held publicly accountable for their behaviour.

Before the registration process could begin, rules for registration and conduct had to be developed. These were currently being consulted on and would ultimately be approved by the Assembly. Work was also underway, in conjunction with the other three Councils in the UK, to develop an IT system to underpin and co-ordinate the register and a contract had been awarded.

Regulation alone would not raise the standards, it had to be complemented with workforce development



and improvement. Better information, arrangements and systems would be needed to achieve a properly trained workforce. Social care partnerships had been set up in each of the ELWa regions for employers to work together to tackle some of these issues. These were still at an early stage of development but all had recently held job fairs, which had been very successful.

4.4 In response to comments from Members, Care Council for Wales Members made the following additional points:

- Because of the number of staff employed in the social care sector (70,000) it had been necessary to adopt a phased approach to registration. It was intended that qualified social workers would be the first to be registered.
- Although the register would be managed in Wales it was intended that it should be seen as part of a comprehensive UK register, with all parties working to common criteria and standards for registration.
- The codes of practice had been developed in consultation with the workforce to ensure ownership. They put employees on a new platform and professionalised them.
- Users would be the keystone of future development and it was hoped that the work of the Council would eliminate the postcode lottery that currently existed in service provision. Users would be looking to receive equal services irrespective of location or requirements. It should also facilitate greater freedom of movement for users.
- Workers would be able to use the code of practice to discuss with their employers whether their expectations were fair and reasonable.
- The importance of interagency working had been stressed in the code of practice.
- It was intended that lack of formal qualifications should not be a barrier to people joining the social care workforce but the codes would provide a marker of the competence required in the job.

4.5 The Minister congratulated the Council on their work to date and the way in which they had adopted inclusivity and put the service user at the centre of their work. She endorsed the codes of practice and looked forward to their launch in October.

4.6 The Chair thanked the Members of the Council for their attendance and informative presentation.

## **Item 5: Minutes of 19 June 2002**

### **Paper: HSS-13-02(min)**

4.1 The minutes of 19 June were agreed.

## **Matters Arising**

### **Epilepsy Wales**

6.1 The Minister confirmed that she had written to Epilepsy Wales about ways in which the Assembly

could help them with their current funding difficulties. She would provide an update on their response in her monthly report.