

MINUTES

The minutes were approved by Members out of Committee, as there would not be a further meeting of the Committee.

Date: Wednesday, 26 March 2003

Time: 9.00am to 12.30pm

Venue: Committee Rooms 3 & 4, National Assembly for Wales

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

Kirsty Williams (**Chair**) Brecon and Radnorshire

Geraint Davies Rhondda

Brian Gibbons Aberavon

Jane Hutt (Minister) Vale of Glamorgan

Ann Jones Vale of Clwyd

Dai Lloyd South Wales West

David Melding South Wales Central

Lynne Neagle Torfaen

Member of Local Government and Housing Committee (Item 5)

Gwenda Thomas Neath

In Attendance

Sandy Blair Welsh Local Government Association

Val Doyle Welsh NHS Confederation

Lloyd FitzHugh Welsh NHS Confederation

Tony Garthwaite	Association of Directors of Social Services
Sue Gregory	Welsh NHS Confederation
Joe Howsam	Association of Directors of Social Services

Officials In Attendance

Chris Burdett	Children & Families Division
Dr Ruth Hall	Chief Medical Officer
Rosemary Kennedy	Chief Nursing Officer
Ann Lloyd	Director, NHS in Wales
Maria Michael	Social Services Inspectorate Wales
Dr David Salter	Senior Medical Officer
Helen Thomas	Director, Social Policy Department
Graham Williams	Chief Inspector, Social Services Inspectorate Wales

Secretariat:

Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk

Item 1: Apologies and Substitutions and Declarations of Interest

1.1 An apology was received from Jocelyn Davies.

1.2 There were no declarations of interest.

Item 2: Minister's Monthly Report (9.00 – 9.45am)
Paper: HSS-05-03(p.1)

2.1 The Minister drew Members' attention to Annex A of her report, which contained revised estimates on the affordability on the NHS Wales Structural Change Programme in respect of setting up costs and annual running costs. Members were concerned that the paper did not identify how the £8.5m savings required to achieve cost neutrality would be made. The Minister said that the £8.5m identified by the Auditor General had been made on the basis of estimates available at that time. Since then, significant progress had been made. Local Health Boards (LHBs) had cost neutral budgets and NHS Wales was now within £3m of cost neutrality, with scope to save this through the budgets of the Business Services Centre and National Public Health Service.

2.2 In response to comments and questions from Members on the rest of the monthly report, the Minister made the following points:

Section 1: Strategy Issues

- Voluntary sector representatives would form part of a National Steering Group set up to evaluate the Expert Patient pilot projects. The projects would initially focus on National Service Framework (NSF) areas but could be extended into other areas.
- Negotiations between the British Medical Association (BMA) and NHS Confederation on the new GP contract had reached a sensitive stage. The Minister and her officials had been involved in the process, particularly in discussions with Scottish ministers and the effects of the Cahill formula in different settings and circumstances had been considered.
- The increased Golden Hello payments would be targeted at areas like the South Wales Valleys that had the greatest shortage in GPs and the highest levels of GPs nearing retirement.
- With regard to paediatric neurosurgery, Glen Neil Dwyer had been appointed as the independent chair for the option appraisal process. Meanwhile funding to the Swansea NHS Trust was continuing.

2.3 The Chief Medical Officer confirmed that the first meeting of the Making Children's Services Special project board, of which she was chair, would be held on 7 April.

Section 2: NHS Performance

- The total number of outpatients waiting 18 months had fallen for the fifth month in succession. The benefits of increased investment in the NHS were now beginning to pay off and trusts were expected to develop innovative ways of tackling waiting times.

Section 3: Improving Health and Tackling Inequalities

- The pilot scheme to extend the age range for routine breast screening would need to be evaluated before a timetable for its roll-out across the whole of Wales would be developed. There were also problems relating to recruitment and retention of staff associated with the roll-out.

Action

- Latest waiting time figures to be circulated to Members.

Item 3: Annual Report of the Health and Social Services Committee 2002-2003, and forward look (9.45 - 9.50am)

Papers: HSS-05-03(p.2) and HSS-05-02(p.2a)

3.1 The Committee's draft annual report was approved. The report would now be formally laid in the Table Office.

3.2 The paper for the Chair of the Health and Social Services Committee to send to her successor was agreed, subject to the inclusion of the following:

- a recommendation from the Culture Committee's report on Participation in Sport and Physical Exercise, that the Committee should consider health benefits of exercise;
- Review of the provision of neurology services; and
- A presentation on the work of the Network Psychosexual Partnership Cymru.

Action

- Clerk to formally lay Committee Report in the Table Office.
- Forward look paper to be amended.

Item 4: "Too Serious a Thing"- The Review of Safeguards for Children and Young People Treated and Cared for by the NHS in Wales (The Carlile Report) and "Learning from Bristol" – The Report of the Public Inquiry into Children's Heart Surgery at the Bristol Royal Infirmary 1984 –1995 (The Kennedy Report) (9.50- 11.00am)

Paper: HSS-05-03(p.3)

4.1 The Chair welcomed representatives of the NHS Confederation: Lloyd FitzHugh, Chair of the Welsh NHS Confederation and Chair of North East Wales NHS Trust; Val Doyle, Executive Nurse, North East Wales NHS Trust; and Sue Gregory, Executive Director of Nursing, Bro Morgannwg NHS Trust.

The Kennedy Report

4.2 Sue Gregory said that she would be speaking from a local rather than all Wales perspective. She said that it was important to recognise that the recommendations of the Kennedy Report fitted well into the clinical governance framework. In her Trust it had been treated as integral to governance rather than a separate exercise and the Trust Board had established sub-committees to ensure the implementation of action plans. Bro Morgannwg NHS Trust had been one of the first trusts to put in place a patient experience facilitator and was developing a Children's Charter, in co-operation with children and their families. Clinical pathways ensured that clinicians communicate effectively with patients and a new framework would require that procedures were signed off by the organisation as a whole not just professionals. Progress was being made but limited resources, time and workforce issues did present difficulties.

4.3 In response to comments and questions from Members, Sue Gregory made the following points:

- It was a challenge to integrate the recommendations into day to day practice. Patient involvement took time, effort and resources and this had an impact on activity.
- There was some evidence through complaints reporting and the Community Health Councils that patient experiences were improving, but hard evidence of positive experiences could only be obtained through questioning the public, and this required staff and time. It was not clear whether improvements were a result of the Kennedy Report or other changes being implemented by the Trust.
- To ensure doctors were aware of Trust policy and procedure on communicating with patients, induction included a session with the Patient Experience Facilitator.

- Patient advocacy was still in its early stages in the Trust.
- Kennedy had highlighted the need for properly trained children's nurses, both ward based and in the community, and the Trust had utilised funding from the Continuing Care programme to develop their community nursing service. Nurses were trained to look after children in Accident and Emergency departments and day surgery units.
- Children and adolescents being treated on general care wards sometimes had mental health problems requiring specialist care. Links were being established with the University to provide courses to meet those specialist needs.
- The Trust carried out patient surveys and about a quarter of respondents were visited at home to discuss their experience. They were also working with the CHC on developing a different format for ward visits so that information collected was more evidence based.
- The annual report on patient experience would include measurement of outcomes.

4.4 The Chief Medical Officer said that the Undergraduate Dean at the University of Wales College of Medicine attached high importance to the way in which doctors/consultants related to and communicated with patients was vital and was keen to see it included in the undergraduate programme. In postgraduate medicine the requirement for doctors to have ongoing professional development in order to stay registered with their Colleges was very stringent. As part of the recruitment process for GPs there was a formal mechanism to assess communication skills, although the extent to which this was applied was variable. The establishment of the National Clinical Assessment Authority was aimed at helping doctors who were performing poorly to address their difficulties

4.5 The Minister said that from 1 April, Local Health Boards (LHBs) would have responsibility for commissioning services and action plans had already been produced. They had a statutory duty to involve the public in the planning of those services, and as they included voluntary sector and lay representatives, would have a real opportunity to deliver on public and patient involvement.

4.6 In response to a comment from the Chair that children from Mid and North Wales would not necessarily access the Children's Hospital in Cardiff, the Minister referred to the development of clinical networks for paediatric services in Wales. She said that the National Service Framework for Children would set the standards for services. Support for parents who had to travel further afield to obtain treatment for their children was being considered.

The Carlile Report

4.7 Lloyd FitzHugh said that steady progress was being made in implementing the recommendations of the Carlile Report but there were resource implications for staffing and finance. In his Trust, implementation was driven by the Trust Board and all executives had received child protection training. Little progress had been made in child and adolescent mental health, largely due to recruitment issues.

4.8 Val Doyle said that it was now mandatory for all staff joining the Trust to have at least NVQ level 1 in child protection, and staff were trained to higher levels according to the degree of contact with

children. She said that the Children's Commissioner was involved in monitoring and developing children's services. The Trust had a well-established Child Protection Committee with links to the Area Child Protection Committee. As a result of the earlier Waterhouse report into abuse of children in care in North Wales, many of the recommendations arising from the Carlile Report were already in place in the Trust.

4.9 The Minister said that that Assembly had issued revised guidance on human resource issues raised by Carlile and all pre and post registration nurse education now included children's rights and awareness of their needs. Strong policies on whistle-blowing and disciplinary procedures were in place. A relatively small number of children were admitted to hospital so everybody providing services to children, e.g. family GPs, school nurses, dentists, opticians, needed to be part of the cultural change required by Carlile. Children and adolescents with mental health problems were the most vulnerable and the Child and Adolescent Mental Health Strategy would be crucial in ensuring they were treated appropriately. Opportunities existed through the capital and other refurbishment programmes to separate facilities for children and adolescents. Some accident and emergency departments had been adapted to provide a pathway for children.

4.10 In response to questions and comments from Members, Val Doyle made the following points:

- The Trust would like to see the separation of children and adolescent services from adult services in the future and plans were being developed but this would require significant resources.
- The Trust Medical Director was trying to increase awareness of child protection issues and membership of the child protection committee had been widened.
- There were procedures for A & E staff to identify a child who might be a victim of abuse and on the action that should be taken.

Action

- The Chief Medical Officer would provide figures on the number of adult wards on which children and adolescents with mental health problems were being treated and how many nurses on those wards were specifically trained to deal with children and adolescents.
- The Minister would write to Members on the implementation of the Child and Adolescent Mental Health Strategy.

Item 5: "Lost in Care" – Report on the Tribunal of Inquiry into the Abuse of Children in Care in North Wales (The Waterhouse Report) – *item adjourned from 12 March (11.15 - 12.20pm)*
Papers: HSS-04-03(p.1) and HSS-05-03(p.4)

5.1 The Chair welcomed Sandy Blair, Director of the Welsh Local Government Association; and Joe Howsam and Tony Garthwaite from the Association of Directors of Social Services.

5.2 Sandy Blair said that it had not been possible for a leading member to attend but he would be meeting all leaders at the end of the week and would pass on the Committee's comments and concerns. He said that members appreciated that children's services were their most challenging responsibility and wanted to make sure that the improvement that was starting was driven forward.

5.3 Members made the following points:

- Concern was again expressed that only seven of the fifteen local authorities had appointed a dedicated children's complaints officer, and there was no assurance that the complaints officers in place were not managers of staff who may be the subject of a complaint.
- Local authority leaders and cabinet members needed training to develop greater expertise in social services, particularly children's services.
- There was little evidence that lessons had been learned from joint reviews and good practice disseminated. The conclusions of the most recent reviews were as poor as those carried out at the beginning of the programme.
- Although there were indicators under Children First of the number of children who had received health assessments, there was no indicator that showed whether action identified in the assessment had been taken.

5.4 In response to Members' comments, Sandy Blair made the following points:

- The experience of those authorities that had appointed dedicated children's complaints officers would be useful to other authorities.
- The need for complaints officers to be completely separate from line management was acknowledged.
- Information on the training in dealing with children that was given to generic complaints officers and on the separation of the complaints officer from staff management would be provided.
- All authorities had one member who led on children's issues, either as a cabinet member or member of a cross party board. Authorities also had a scrutiny panel to examine social services.
- Members needed specifically targeted training to help them achieve the relevant level of competence.
- All authorities were committed to the strategies for children with cross cutting activity.
- Members of the ADSS worked as advisers to the WLGA, and were consulted on the development of policies and assessment of practices. They also worked together on the project board for the All Wales Social Services Support Unit to ensure collective understanding and support to improve the framework for social services accountability.
- Current data collection systems would probably not provide the comprehensive evidence of improvements that Members were seeking. This would be raised with the Local Government Data Unit.

- Local authorities were still getting to grips with the relationship between the cabinet and the role of backbenchers, particularly in respect of corporate parenting responsibilities. He would take this up with Syniad and would hope to have better information in six months.
- Policy agreements would provide a mechanism for relating the overarching objectives of the Assembly to the objectives determined at local level.
- Consideration would be given to providing information on the number of children who did well in GCSEs and introducing other indicators of success, not just GCSE attainment.
- Information would be supplied on the progress local authorities were making in achieving the targets for 80% of care staff to be trained to NVQ level 3 by 2005.
- The WLGA had adopted the UN Convention on the Rights of the Child.

5.5 Joe Howsam made the following points:

- All local authorities had a complaints officer and the ADSS was discussing the need for a specialist dedicated children's complaints officer and its response to the Children's Commissioner's report "Telling Concerns".
- Children's Rights Officers had also been appointed in Caerphilly to work with looked after children.
- Independent fostering agencies paid higher rates to foster parents. A task group had been set up to look at problems in fostering services.
- Local authority scrutiny committees were able to check social services performance in respect of anonymised individual case studies of looked after children and were also able to visit.

5.6 The Minister said that a circular would be issued shortly which included a number of indicators on educational matters. It also needed to be recognised that many looked after children had special needs.

Action

- The Clerk would write to the WLGA confirming the information that was to be supplied by the Association.
- Copies of the policy agreements for social services would be circulated to Members.

Item 6: Minutes of 12 March 2003

Papers: HSS-04-03(min)

6.1 The minutes of 12 March were agreed. There were no matters arising.

Item 7: Any Other Business

7.1 The Chair thanked the Members for their support and congratulated the Committee on its achievements. She expressed the Committee's thanks to all the statutory and voluntary organisations and service users who had worked with the Committee. She thanked Welsh Assembly Government officials who had attended the Committee over the last four years for their hard work and her appreciation of the efforts put in by staff in policy divisions in preparing papers for the Committee. She also thanked the Clerk and Deputy Clerk for their help and support during her time as Chair.