

Date: Wednesday 14 January 2004

Venue: Committee Room 3, National Assembly for Wales

Title: Review of the Interface between Health and Social Care Services
Summary of Responses to Public Consultation

Purpose

1. This paper provides Members with a summary of the responses to the public consultation exercise (Annex 1).

Background

2. The Clerk to the Committee wrote to several hundred organisations and individuals on 9 October inviting written evidence on the terms of reference (Annex 2). 69 responses were received, although two were subsequently cancelled and four organisations did not want their responses published. Hard copies of the responses are available in the Members' Library.

Discussion

3. The responses reflect the diversity of the terms of reference, but some common themes emerge:

- i. There are problems around the differences in structure, culture and accountability between the Health Service, especially the LHBs, and local authorities. Conflicting priorities and different responsibilities can be a barrier.
- ii. The requirement for Health, Social Care and Wellbeing plans is generally regarded as a positive development that will focus attention on joint planning. However, some respondents suggest that there is a need to harmonise planning and budgeting processes and timetables.
- iii. There are difficulties for the voluntary sector in having to work and contract with so many statutory agencies.
- iv. Many respondents emphasise the importance of good communication at all levels. Information sharing is essential, and the need for a single patient record and problems over confidentiality are vitally important issues to be addressed.
- v. Performance management and monitoring needs to be rationalised with common measures and targets.

Next Steps

4. The Committee will need to decide whether the review should focus on any specific aspect or aspects as a result of the written and oral evidence it has received to date, and whom it should invite to give oral evidence.

Members Research and Committee Services
January 2004

REVIEW OF THE INTERFACE BETWEEN HEALTH AND SOCIAL CARE

Summary of Responses to Public Consultation

1	Bro Taf Medical Committee
Willing to give oral evidence to the Committee?	
	Yes
Summary of response	
<ul style="list-style-type: none">• Commend attachment of social workers to GP practices as happens in Cardiff;• Otherwise GPs do not experience much effective interface between health and social care	

2	The Stroke Association – Regional Manager Community Services
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none">• The Association contracts with 16 LHBs / LAs in Wales to provide community services for people after they have had a stroke and / or are suffering from dysphasia. A more cohesive and proactive approach to joint commissioning in this area would be more effective.	

3	Morgannwg Local Medical Committee
Willing to give oral evidence to the Committee?	
	Yes
Summary of response	

- Difficulties over whether GPs or Trusts prescribe for patients in intermediate care;
- Nursing home care is not included in the GMS contract and GPs are not required to work in them. The needs of nursing home patients may exceed the capacity of the home and staff to provide for them.
- Demarcation lines in domiciliary care need to be addressed.
- Poor interface between the private / independent sectors needs addressing.
- Carers need more support;
- Simple aids, such as walking frames, can be key to a person remaining at home rather than being admitted to hospital. These are often low priority in the NHS.

4	Age Concern Cymru
Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> • Number of partnership, strategy etc groups is a problem for Age Concern; • Cites a number of instances where joint working is ineffective as well as examples of good practice; • Concludes that the voluntary sector should be involved in joint working as a major supplier of services, but more funding for the sector is needed for it to be a reality. 	

5	Welsh Food Alliance
Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> • The importance of nutrition as a preventative public health measure should be recognised through <i>community nutrition services</i> • The nutritional status of hospital patients should be monitored at all stages and data collected by the Audit Commission; • Meals on wheels services should be audited for quality and the availability of special diets, including those required for black and ethnic minority groups. 	

6	North Glamorgan NHS Trust
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Willing to give oral evidence to the Committee?	No
Summary of response	
<ul style="list-style-type: none"> • The Trust has joint planning and service arrangements for older people and some children's services. It is involved on project working in Youth Offenders Teams, Surestart and community First Projects. Evaluation has shown that there is less duplication, more effective use of resources and an holistic approach to meeting needs. • Reablement teams are working jointly in the community to provide care packages and OT equipment, reducing the number of unnecessary hospital admissions. • Problems with organisational boundaries and information sharing. 	

7	DayBreak Wales
Willing to give oral evidence to the Committee?	yes
Summary of response	
<ul style="list-style-type: none"> • Daybreak has submitted its report, published in 2002, on their experiences in developing a social rehabilitation model of intermediate care for people in their home. The model is service user centred and based on outcomes. • There is a need for an urgent and fundamental review of domiciliary care to enable it to be more effective and efficient at the interface between health and social care. 	

8	North West Wales NHS Trust
Willing to give oral evidence to the Committee?	Yes
Summary of response	

- Examples of good joint working in NW Wales health and social care communities include:
- intermediate care services through the multi-agency / discipline emergency Pressures Planning Team; and
- multi-professional / agency specialist Community Paediatric teams and Learning Disabilities Resettlement Programme.
- Potential Barriers to joint working include:
- disruption to working relationships at operational level in health and social care resulting from restructuring of NHS;
- lack of resources for new initiatives, eg no Welsh Assembly Government funding for Unified Assessment process;
- bidding process for additional funds from Assembly Government is not conducive to good planning and time is often insufficient to prepare bids and demonstrate achievement of goals;
- some Assembly government initiatives create difficulties by not understanding how health and social care services can work together locally.

9	School of nursing and Midwifery, University of Sheffield
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none"> ● Have provided a case study of the events preceding the death of a lady with learning difficulties, but do not want it quoted or cited without permission. 	

10	Parkinson's Disease Society in Wales
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none"> ● It has been estimated that the employment of a Parkinson's Disease Nurse Specialist can save the NHS £25,000 in consultant time. The specialist nurse provides access to quick advice, and health and social care signposting and support. ● The Parkinson's Disease Society (PDS) works with local health and social care professionals to provide integrated information, awareness, advice and training for sufferers and carers. ● PDS are working with Rhondda Cynon Taf CBC to provide a part time Community Information Officer and would like to develop the model elsewhere. ● The long term nature of the disease means that people have many continuing needs which should be co-ordinated across the various disciplines and agencies. 	

11	Expert Reference Group Domiciliary Care Wales
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none"> • Domiciliary Care will have an important role in implementing the recommendations of the Wanless report. • Workforce issues must be addressed to improve recruitment and retention. • Adequate support and training must be provided for the implementation of the new statutory regulations. 	

12	Gwynedd County Council Care Directorate
Willing to give oral evidence to the Committee?	
	Yes
Summary of response	
<ul style="list-style-type: none"> • Developing with partners a co-operation and flexibilities agenda to strengthen joint working and joint planning groups for different categories of clients have been established. • Three multi-agency / disciplinary schemes are reducing the incidence of unnecessary hospital admission and ensuring that community services are available to facilitate discharge of hospital patients: <ul style="list-style-type: none"> • a rapid response service in Arfon; • Social Care assessors based in primary care surgeries; • Re-ablement scheme provided by specially trained occupational therapists and home carers to reduce hospital stay and long term dependence. • An action group representing health and social care is preparing for the introduction of <i>Creating a Unified and Fair System for Assessing and Managing Care</i>. 	

13	University of Wales college of Medicine – Department of Child Health
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	

- In the past joint working has been unsuccessful because health and social services have had conflicting priorities. A joint budget and joint management structure outside the local council and NHS Trust, where the child comes first is needed.
- Joint offices and joint databases are also needed especially for child protection.
- The Joint Office for Child Protection in Cornwall could be a good model to follow in Wales

14

Cardiff and the Vale NHS Trust

Willing to give oral evidence to the Committee?

Not stated

Summary of response

- Joint working takes place at all levels, often without formal co-ordination.
- The Trust has provided responses to each of the points in the terms of reference and these are summarised using corresponding numbering:

i. The Trust has established a post of *Head of Partnership Development* to develop a strategic and corporate approach, especially with LHB / LAs. Good practice in working in partnership depends on the willingness of individuals and time is needed to develop relationships. Regular reorganisations mitigate against this. Wales wide systems are needed to reduce reliance on individuals.

ii. In Cardiff the Health Alliance is chaired by the LA cabinet member and the LHB Chair is vice chair. In the Vale, the Strategic Executive Group is chaired by the Director of Community Services. The Trust is actively involved in both of these.

iii. Changes to services in one area impact on another, eg the move to community based social work teams means that without ward based social workers hospital discharge is more difficult to effect.

iv.

- Joint equipment stores would help to alleviate some of the problems in iii above.
- Development of joint care packages can delay discharge – the establishment of single records would help. Shortages of therapy and social work staff prevent seamless services.
- The Welsh Assembly Government needs to give guidance on the *Choice Directive for Nursing and Residential Home placements*. NHS and LAs need to work together locally and nationally, together with housing services and the voluntary sector, to address innovatively the shortage of nursing and residential home places.
- There are difficulties in both Cardiff and the Vale in setting up domiciliary care. The NHS and LAs need to address this together.
- There are examples of good practice at operational level in working with the voluntary sector, but a more strategic approach is needed.
- Better support is needed for carers, through the voluntary and independent sectors.

v. Initiatives such as the Elderly Care Assessment Scheme and the Rapid Response Re-ablement Service are effective in keeping people out of hospital, but they are not cheap money saving options.

- The NHS should be a formal partner to the new LA Social Workforce Confederations.

15	Swansea Council for Voluntary Service
Willing to give oral evidence to the Committee?	
Yes	
Summary of response	
<p>The Council has responded following the points numbered in the terms of reference:</p> <p>iii.- joint funding / equipment stores fail when one partners budget runs out.</p> <ul style="list-style-type: none"> • Change in NHS policy resulted in long term clients no longer having access to old people’s day centre. Not all users were suitable for alternative provision and in consequence health may deteriorate and need higher costing services. • Scope for better joint working in respect of continuing health care at home. <p>iv. - Better communication and better informed hospital staff would facilitate hospital discharge.</p> <ul style="list-style-type: none"> • Intermediate care requires joint planning, budget and training. • Shortage of EMI beds; fees levels are inadequate to provide care to required standards. • There are problems in recruiting and retaining domiciliary care staff and meeting the costs of statutory requirements. • The independent / private sector needs to be more involved in joint planning. • More respite care is needed especially where nursing care is involved. <p>v. The role of health and social services in promoting independence and preventing hospital admission should be reviewed. Good communication and the role of the voluntary sector are important. Often low level intervention is all that is needed and the voluntary sector can provide this effectively.</p>	

16	NCH Cymru
Willing to give oral evidence to the Committee?	
Yes	
Summary of response	
<ul style="list-style-type: none"> • Planning for children’s services is still complex and confusing because of the relationship between the Children’s Framework and Health and Wellbeing Strategies. Legal and political differences between LAs and Health hinder joint planning. • There are problems with joint funding for service providers who often have to contract separately with both "partners", although some examples of good practice are given . • NCH Cymru will be publishing a report on research into the health needs of young carers. (Executive summary appended to the submission.) 	

17	Welsh local Government Association	
Willing to give oral evidence to the Committee?		Oral evidence presented to the Committee on 11 Dec 2003.
Summary of response		
<ul style="list-style-type: none"> • There is a strong commitment to joint working from staff at all levels. • LHBs need time and freedom to demonstrate that they work in meeting local needs. Developing them is resource intensive. • Joint priorities should result from health and well being strategies, but they should operate in a context that rewards success, supports failing areas and creates opportunities for improvement. • The WLGA is promoting the sharing of good practice and working with LHB and LAs to identify good practice and situations where good practice is being sought. • There are difficulties in reconciling LAs' accountability for funding health and social care within their accountability overall for non- hypothecated budgets. This could be resolved by the agreement of joint targets reflecting priorities from the Health, Social Care and Wellbeing Strategies. • Joint targets need to be developed locally reflecting national and local priorities. Significant investment in information m management and technology is needed to enable both the NHS and LAs to manage performance effectively. • The decline in investment in research and development must be redressed to enable managers and practitioners to have a better understanding of what works in a non-clinical setting. 		

18	Association of Directors of Social Services, Wales	
Willing to give oral evidence to the Committee?		Oral evidence presented to the Committee on 11 Dec 2003.
Summary of response		

- The interface between Health and Social Care is a major defining issue in the shape of future services in Social Care.
- The Health and Social Care Review sets a comprehensive framework to address the issues and is strongly supported.
- A whole systems approach, which sees services as a local economy is the right context, but there are concerns about how this will operate because there is significant disparity between Health and Social Care, which needs to be addressed if this approach is to work properly.
- There is a need to re-balance services towards a primary level in which Social Care has a lot to contribute in terms of cost effectiveness and fulfilling people's wish to receive treatment and care close to home.
- The differential treatment in pay is undermining the effectiveness of services and will hold back progress in joint working until it is addressed.
- The fragility of the independent sector is a major risk issue, but there are a wider range of issues than fees alone.
- Progress is being made to improve joint working and more integrated operation, but is variable across Wales. Least progress is being made in Older People's Services in links with primary care.
- Local Health Boards working with Local Authorities to plan local economies of service through Health, Social Care and Well Being Strategies offers a lot of promise in addressing the issues, but needs to be fully supported politically, financially and through performance management.
- Social Services needs to become much more collaborative in sharing, learning and development, and in working collectively to provide a consistent platform of services providing the necessary foundation for an efficient Health Service.
- Clearly designated funds forecast more than a year ahead are necessary to plan local service economies. There are a number of avenues for achieving more integrated funding which require more detailed work.
- Pooling budgets through LHBs is a useful mechanism provided spending is joint agreed through joint plans.
- Social Care is unable to fulfil its potential contribution to the overall cost effectiveness and efficiency of services. This will depend on achieving a major re-balancing of investment towards primary level services as proposed in the Wanless Review.

19	Wales Council for Voluntary ACtion
Willing to give oral evidence to the Committee?	Oral evidence presented to the Committee on 11 Dec 2003.
Summary of response	
<ul style="list-style-type: none"> • Initiatives such as <i>Building Strong Bridges</i> are allowing the voluntary sector to increase its contribution within the new NHYS structures. • Voluntary sector organisations are able to work across boundaries and take an holistic approach to meeting need.. Many are involved in preventative work and are able to respond flexibly to needs. • Flintshire County Voluntary Council undertook research in 2002 to examine the contribution of the sector and the paper includes some examples. The WCVA will be publishing shortly the report on the research, entitled <i>Reaching the Other Parts: Voluntary Sector Health and Social Care Services in Wales</i>. 	

20	The Chartered Society of Physiotherapy Cymru
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Willing to give oral evidence to the Committee?

Yes

Summary of response

- Information systems in both health and social care need to be compatible, with single records. This should extend to education in the case of children.
- A culture change including common definitions, protocols, policies and processes is needed to achieve seamless services. Different management structures hinder seamlessness.
- Following the numbering in the terms of reference:

i.

- The Welsh Assembly Government should build in more sustainability to funding and ensure that partner organisations have the protocols and processes to assist joint working.
- Physiotherapy and other professions should be involved in the development of local health alliance plans.

ii. Accountability needs to be clearly defined and performance monitored jointly.

iii.

- Joint working has positive outcomes, eg joint equipment, aids and adaptations for children in N Wales.
- However there can be tensions over issues such as different policies and criteria for services; different terms and conditions of appointment; and different bureaucratic processes.

iv.

- Discharge planning must be whole systems and needs led process which starts on admission. The procedure should be standardised across Wales to have a full impact.
- Intermediate care services should be reviewed to ensure they meet local need and are sustainable.
- There is potential for LHBs to develop services through block booking beds for intermediate care.
- Better communication and access to information is needed to enable the independent and private sector to play a greater role.
- Carers can be key to discharge, but need more information and empowerment. There are examples of good practice in the voluntary sector which should be disseminated.

v. The sectors need to work together to create a healthy population, with people encouraged to take responsibility for their health and helped to manage any condition.

- Physiotherapy is often an untapped resource, but the profession is keen to adopt new ways of working and to contribute to the modernisation agenda.

Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> • Preventive services should be identified in the terms of reference. • Wales Centre for Health and its partners could develop a stronger evidence base on the effectiveness of joint working initiatives 	

22	RNIB Cymru
Willing to give oral evidence to the Committee?	
	Yes
Summary of response	
<ul style="list-style-type: none"> • A joined up approach between health and social services is vital to people who have a sight problem so that they can be referred from health to appropriate social services departments. Information should be provided in an appropriate accessible manner. • Wales has an increasingly elderly population which is proportionately high compared to other parts of the UK and Europe. This will have implications for future services to help those with eyesight problems to live safely and independently. • Voluntary Sector organisations such as RNIB have considerable expertise and can train people in health and social services as well as providing and facilitating support services. • The Welsh Assembly Government's recent appointment of a Children's Low Vision Advocate who can work across health, social services and education is welcomed. The concept should be applied for people of all ages who have sight loss. 	

23	College of Occupational Therapists
Willing to give oral evidence to the Committee?	
	Yes
Summary of response	

- Conflicting statutory responsibilities, policy drivers, competing priorities, resources and budgets are among the things that prevent effective joint working. As a result therapy services are not used effectively.
- There are not enough occupational therapists in community based rehabilitation and primary care, nor enough opportunities for them to continue to work with a client throughout their care journey.
- The separation of responsibility for different parts of the care process to health or social care results in duplicated referrals, wasted resources and additional waiting lists.
- Access to equipment is bureaucratic and needs to be better integrated and more flexible in meeting people's needs. An All-Wales equipment strategy would help.
- There are a number of staffing issues affecting occupational therapists that need to be addressed in order to reduce stress and improve morale.
- Funding short term projects can be beneficial in encouraging innovation, but the results need to be evaluated and disseminated. They can have an adverse effect in that they are not always well integrated with other services and can drain staff away from other services which are under pressure.
- A number of examples of service configuration which facilitate joint working are given including:
- Giving GPs direct access to inter-professional teams, as in the Elderly Care Assessment Service at Rookwood Hospital.
- Multidisciplinary team at the A&E unit at UHW prevents unnecessary hospital admission.
- Employment of a re-ablement occupational therapist within the Home Care Service in Ceredigion to help individuals retain independence.
- Occupational and physiotherapists supporting rehabilitation in intermediate care, as in the Mardy scheme in Abergavenny.
- In Wrexham, health occupational therapists have direct access to Housing Department budgets for minor adaptations.
- A senior occupational therapist is employed by Gwent NHS Trust and financed by Caerphilly social services to provide a continuum of care to patients who require maximum support to return home.
- The College has submitted an extract from its strategy, published in 2002, for modernising occupational therapy services in local health and social care communities, as it applies in Wales.

24	Wrexham Social Services and Wrexham Local Health Board
Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> ● Health and social services in Wrexham have used opportunities provided by Health Act flexibilities and special grant to develop a number of strategic and operational initiatives such as Integrated Mental Health Provision; joint equipment stores, intermediate care beds; pooled budgets for EMH nursing beds; rehabilitation flat within a sheltered housing scheme. Training has also been given to appropriate staff to understand the frameworks necessary to achieve change. ● A joint Workforce Initiative Group has been formed to support training. Health and Social Care Services in Wrexham are working to identify common service outcomes. 	
25	McCarrison Society
Willing to give oral evidence to the Committee?	Not stated

Summary of response

- Limited intelligent data is available to inform the Committee. The need for information about the performance in the NHS and healthcare needs to be addressed.
- The Committee should consider focussing on the quality of care, patient experience and organisation.
- The committee might also look at the way the professions are regulated: Sir Ian Kennedy concluded that while self regulation should continue, there should be lay involvement. The Committee should consider the role of lay people in health and social care.
- The Committee should have regard to the work Derek Wanless is doing on the public health review in England.

26 **Quality Resource Management Ltd****Willing to give oral evidence to the Committee?**

Not stated

Summary of response

- Much data is collected in Wales, but is not used to inform performance management.
- A strategic review of the collection and use of data should be undertaken urgently.
- The review outcomes should include joint performance indicators for health and social services, portray present services and set targets to bring the quality of the Welsh public sector up to that of England in the next five years.

27 **Cardiff Local Health Board / Cardiff Council****Willing to give oral evidence to the Committee?**

Yes

Summary of response

- the submission details the work of the Cardiff Health Alliance in respect of points i and ii in the terms of reference:
- The Joint Commissioning Group and the Advisory Planning Group were established in 2002, to examine structures and explore scope for improvement, eg a more robust commissioning framework across health and social care.
- The Cardiff Community profile, published in 2002, brought together key plans for health and social care and laid the foundation for the joint Health, Social Care and Wellbeing Strategy.
- The Alliance Board is the project board for the development of the joint Health, Social Care and Wellbeing Strategy
- In 2001 the Alliance established a process for prioritising bids for the Flexibilities Joint Working Special Grant.

28	Mr Orwig Owen
Willing to give oral evidence to the Committee?	Yes
Summary of response	
<ul style="list-style-type: none"> • Mr Orwig sought domiciliary care from social services, shortly before his mother died in May 2003. An assessor was sent but advised Mr Orwig that no help could be given as there was a waiting list for home care. The County Council subsequently advised that help would have been given if it had been appreciated that Mr Orwig's mother had been terminally ill. • Mr Orwig contends that • if no help was available it was a waste of resources sending an assessor; and • the assessor could have contacted the GP from Mr Orwig's home for confirmation of his mother's condition. 	

29	The Stroke Association –Chief Executive, Wales Regional Office
Willing to give oral evidence to the Committee?	Yes
Summary of response	
<ul style="list-style-type: none"> • Interface between social care and primary health care is underdeveloped. Where joint working is effective it is the result of co-operation, trust and mutual respect. • "Delayed transfer of care of a stroke patient due to poor integration of care will impact on trolley waits. We must ensure joint working across professional and organisational boundaries and need true integrated care overcoming the barriers between health and social care" (<i>A practical guide to developing stroke services. March 2003</i>) • Where patients are treated in dedicated stroke units seamless services are good. • Needs assessment should be combined with a service that facilitates the implementation of care plans. • There is evidence that a relatively short term intervention on discharge from hospital by a Home Therapy Service was a good investment and prevented the need for ongoing social services. • Local commissioning of short term contracts for services in Wales compounds the issue of disjointed services. Full integration of services and pooling of funding streams would be more effective and would reduce the number of negotiations needed. 	

30	Royal Pharmaceutical Society of Great Britain, Welsh Executive
Willing to give oral evidence to the Committee?	Yes

Summary of response

- The RCP recommends that medication problems should be addressed when planning services at the health / social care interface. Service commissioners should consider how pharmacists can be used to tackle them.
- The flow of information about medication between care settings should be a priority when patients cross organisational boundaries.
- The submission sets out a number of obstacles relating to commissioning, and communication.
- Pharmacists working across primary and secondary healthcare can provide a seamless interface on medication and can help improve the quality and safety of medicines use. Community pharmacists are able to provide training, information, support and advice to patients and their carers.
- The submission includes examples of good practice.

31 Age Concern, Swansea

Willing to give oral evidence to the Committee?

Yes

Summary of response

- Experience of five years membership of Health and Social Care Joint Planning Committee indicates that staff from NHS Trust and Social Services have different levels of responsibility and some may not be authorised to take decisions. Lack of continuity in people attending is a barrier to progress. Restructuring of the Health Service has hindered the work and led to frustration.
- Hospital staff often disagree about a patient's readiness for discharge and premature discharge can lead to patients not being able to care for themselves. Discharge policies need to be reviewed and brought up to date.
- Nursing staff have insufficient knowledge of community support available.
- Age Concern run a Hospital Discharge Service involving managers and staff from primary health and social care and volunteers.
- Demand for domiciliary care means that the service is task led not client centred.
- Both the voluntary and independent sector need to be involved in planning.
- There is a lack of appropriate respite care. Jointly funded day centres are needed. These could offer preventative/ screening/ assessment services.
- More needs to be done to improve services for promoting independence

32 North Wales Commission Partnership

Willing to give oral evidence to the Committee?	Yes
Summary of response	
<ul style="list-style-type: none"> • A lead commissioning manager has been appointed with New Flexibilities grant to commission services for adults up to the age of 65 with long term health and social care needs. • Work to date includes: <ul style="list-style-type: none"> • plans to set up a pool of health and social care workers trained to support the people with complex needs resulting from physical disability; • working with housing organisations on plans to provide suitable accommodation; • considering options for intermediate care; and • developing advocacy services. • Challenges to date include: <ul style="list-style-type: none"> • incompatibility of IT systems; • developing links with the NHS Trust on commissioning; • staff feeling threatened by change; and • overcoming differences in working practices between health and social services. 	

33	Disability Rights Commission
Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> • Co-ordination of services and communication can be an issue <i>within</i> health and social care as well as <i>between</i>. • The Pan Wales Social Care Commissioning and Contracts Officers Group is trying to develop all-Wales models of good practice in commissioning and contracting with the Independent Sector, including common contracts for domiciliary care and for residential and nursing care. • Independent service providers in Wales are experiencing difficulties due to lack of clarity over responsibility for funding. • Local authorities have been slow to set up and publicise independent living schemes. • Disabled people have been badly served by provider led health and social care services. Their needs must be integral to policy, planning, commissioning, service delivery and performance management. • Seamless care pathways must be based on agreed protocols and shared organisational cultural values. 	

34	Leonard Cheshire
Willing to give oral evidence to the Committee?	Not stated

Summary of response

- The role of the voluntary sector and user representatives on local health boards is welcomed, but there are concerns about some aspects of the new arrangements:
- commissioning high cost specialist care requires expertise as well as resources;
- complex joint / regional commissioning and funding can diminish informed participation and be time consuming; economies of scale in specialist provision may be lost;
- the costs to the voluntary and independent sectors of linking with 45 health and local authorities is high.
- Local plans and strategies are not well developed in many areas, with a lack of an needs analysis and targets for service development .
- The framework of principles for voluntary agencies working in Wales needs to be fully implemented.

35 **Mind Cymru****Willing to give oral evidence to the Committee?**

Yes

Summary of response

- Does not wish to make written evidence public.

36 **Pembrokeshire County Council / Pembrokeshire LHB / Pembrokeshire and Derwen NHS Trust****Willing to give oral evidence to the Committee?**

Not stated

Summary of response

- The statutory bodies are involved in several joint initiatives.
- Details are given of the Pembroke / Pembroke Dock scheme to provide a totally integrated service for home based care. This is testing the reality of multi-agency working.
- With regard to accountability health is the lead agent, with social service staff seconded to in the NHS.
- Robust communication is key to minimising negative and maximising the positive effects of decisions made in one service.
- Scheme focuses on the use of a unified assessment tool and unified process of care management. This is supported by training, unified policies and procedures and eventually integrated management and pooled budgets.
- Fundamental differences which are proving challenging include:
 - different accountability of health and social services – national versus local agenda;
 - professional tensions and differences, eg in perception of risk;
 - Incompatibility in planning and budgeting processes and timescales.
- National guidance on governance and the development of joined up performance indicators would be helpful.

37	Carmarthenshire NHS Trust
Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> • Resources for children’s services have not grown in tandem, with children first money not reaching health. • There are concerns about funding for children from elsewhere being fostered in Wales. 	

38	Mencap Cymru
Willing to give oral evidence to the Committee?	Yes
Summary of response	

- Many people with a learning disability are now receiving good support as a result of effective joint planning and working, with joint service aims, values and principles.
- The submission discusses some of the key issues and cites examples of good practice.
- The following recommendations are made:
- Disability Awareness Training for all health professionals including the needs of people with a learning disability and those whose behaviour may challenge the service;
- joint training for community based health teams alongside their social services colleagues and the independent and private sector providers on appropriate responses to individuals whose behaviour may challenge the service;
- a clear process for agreeing any additional support over and above the hospital provision that is needed on admission and people identified as being responsible for reviewing the support provided at regular intervals;
- research the benefits and risks associated with training non-health staff in some basic health care for specific individuals support packages;
- requirement for primary and secondary health services to meet the needs of individuals who would be more effectively treated at home or greater time allowed; and
- continue the good work started in multi-disciplinary planning and ensure the full inclusion of people with a learning disability and their carers in planning forums.

39	University of Wales College of Medicine
Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> • Pressures on the acute sector mean that an effective system of collaboration and communication between stakeholders is needed to ensure a safe, appropriate discharge. A lead professional should oversee the process. • Reconfiguration of occupational therapy services from its focus in secondary care to a community based service would enable practitioners to support users in the primary care and community liaising with hospital based colleagues during acute care. • Multi professional teams working in the community with people with mental health problems or learning difficulties have worked successfully through effective leadership and joint working policies. The key is the sharing of information between team members from different agencies. • There are problems in providing student placements for occupational therapy students. • There is a need to develop leadership in cross-agency teams and UWCM is considering whether it should provide post registration training. 	

40	<i>Cancelled</i>

41	Multiple Sclerosis Society - MS Cymru
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none"> • National Institute for Clinical Excellence guidelines Management of Multiple Sclerosis in Primary and Secondary Care, 2003 sets out a number of recommendations on joint working. • The MS society advocates the appointment of key workers to help people with MS access services as their needs change. 	

42	Caerphilly Local Health Board
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none"> • A joint planning structure is in place with accountability vested in the Health, Social Care and Wellbeing Partnership - the chief officers' group. • Th LHB and County Council work with the Gwent Association of Voluntary Organisations. • Several schemes have been established using joint flexibilities • The LHB's whole systems action plan includes: <ul style="list-style-type: none"> -rapid response and re-ablement schemes; -respite care; and -Over-75s holistic assessment. • As part of planning a new hospital in Caerphilly, a group has been established to develop service models that will prevent unnecessary admission or re-admission to hospital and facilitate early discharge. 	

43	Blaenau Gwent LHB
Willing to give oral evidence to the Committee?	
	Not stated

Summary of response

- The LHB works closely with its statutory and non- statutory partners and there is a strong and high level commitment to the development of the Health, Social Care and Wellbeing Strategy.
- However there are practical problems and planning timescales need to be harmonised, eg Health, Social Care and Wellbeing Strategies need to be harmonised with the Community Plan.
- Performance Management of the various statutory bodies by different parts of the Welsh Assembly Government needs to be rationalised to provide coherent accountability and feedback.
- The availability of joint working special grant has been welcome. The extension of direct funding for partnerships is advocated, rather than the pooling of budgets.
- Joint working needs to be facilitated at national as well as local level.

44 Carers Wales**Willing to give oral evidence to the Committee?**

Yes

Summary of response

- Despite good discharge policies and joint working arrangements across Wales there are still major problems at operational level.
- Problems over who pays for what will continue as long as there is disparity in the funding and charging arrangements between health and long term social care.
- Carers Wales and the Wales Carers' Alliance are conducting surveys of carers and of services that have been provided by Carers' Special Grant and a risk assessment of what will happen to those services when the grant ends in 2005.

45 Care Council for Wales**Willing to give oral evidence to the Committee?**

yes

Summary of response

- The Council is responsible for developing and promoting the National Occupational Standards for Social Care and is working with the health sector to address the needs of both workforces and the skills blends required to provide those services.

46	Swansea Local Health Board
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none"> • Does not want response published 	

47	N. Wales Association of Approved Domiciliary Care Providers.
Willing to give oral evidence to the Committee?	
	Yes
Summary of response	
<ul style="list-style-type: none"> • Evidence of participation and partnership with the independent sector is patchy in N Wales, although there is a willingness to involve the sector in discussions on planning and commissioning. • In Flintshire the sector participates actively at every level in the planning and commissioning of services for adult social care. 	

48	Brecknock and Radnor CHC
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none"> • The process of joint working is just beginning. • Organisational difficulties and differences might best be addressed by integrating fully health and social services to a single health and social wellbeing organisation, along the model of Holland and other European countries. • Local authority Community Strategy Forums are complicating joint working and public participation. • Hospital discharge in Powys fails to address patient choice and sometimes patients are trying to discharge people to an area at a distance from their home. • There is an imbalance between the powers of the acute hospital sector and the community which weakens the interface. 	

49	Community Pharmacy Wales
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none"> It is critical that under the new Pharmacy Contract new models and standards of service delivery are developed on all-Wales basis for implementation within each locality according to local need. 	

50	Association of Welsh Community Health Councils
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	
<ul style="list-style-type: none"> Consideration should be given to integration of services working via one health and social wellbeing organisation with shared budgets and no overlapping of duties. Consideration should be given to a national tariff for nursing home beds. Funding for social services should be linked to the numbers of people over 65 and numbers of supported children. Primary care services should be developed to monitor people over the age of 65 not in regular receipt of health services 	

51	National Public Health Service
Willing to give oral evidence to the Committee?	
	Not stated
Summary of response	

- Integration of services for elderly people would best be effected by joint older persons' team accessed through the GP practice. A model has been evaluated in Cardiff and the Vale.
- Delegation of appropriate budgets should be the next step.
- Possible constraints around accommodation, resources for clerical support

52	Care and Repair Cymru
Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> ● Needs Assessment mapping process within each LA is key to joint planning. ● Development of compatible IT between Health and Social Care would give evidence of effectiveness of local jointpPlanning and delivery. ● An example of how decisions in one service impact adversely on another is given. Suggests that stakeholders need to be involved in decision process with clear communication. ● The Rapid Response Adaptations Programme, funded by the Welsh Assembly Government, and administered by Care and Repair Agencies across Wales, focuses on hospital discharge and reducing the number of admissions. It is delivered in partnership with health and social care bodies. ● Care and Repair's work leads to health gains, enhancing independence and lessening the need for social care intervention. ● Appropriate housing is key to independence and preventing hospital admission. Care and Repair Cymru and Shelter Cymru have produced a Housing Checklist and Information pack for health professionals. 	

53	Welsh Therapies Advisory Committee
Willing to give oral evidence to the Committee?	Not stated
Summary of response	

Following the numbering in the terms of reference

- i. While welcomed, Joint Flexibilities funding is short term and this can lead to difficulties in recruiting and retaining high calibre staff. There can be tensions over charging and different working practices.
- i. There needs to be greater inclusion and integration in health promotion embracing housing, education, leisure and amenities.
- ii. There are tensions between LHBs and LAs over spending priorities for areas of LA responsibility and accountability problems in a number of operational areas affecting therapists.
- iii. Partnership agreements between health, education and social services are effective in securing joint working, but a number of negative effects listed of tensions resulting from the different cultures are listed.
- iv.

- Multi-disciplinary team working essential to safe hospital discharge. Pressures of bed management and issues around the patient record also impact.

- development of intermediate care has sometimes been haphazard, but there is evidence that it can be effective and sustainable.

- There is potential for residential and nursing homes nursing homes to provide intermediate care, but staff need training to work with community therapy teams.

- Conflicting policies between health and social care sectors can impact on provision of domiciliary care services.

- Communication and access to information is vital to the successful involvement of the private / voluntary sectors. The lack of a single patient records is a barrier.

- There can be problems when the carer is not involved in the discharge process.

- v.
 - A number of ways for improving collaboration to create a healthier population are cited.
 - a joint approach to information management and the introduction of the single patient record is fundamental to the successful integration of services.

54

Newport Local Health Board

Willing to give oral evidence to the Committee?

Not stated

Summary of response

- Differences in structure, culture and accountability, focus etc need to be addressed by the partners and the Assembly Government to realise the full benefits of joint working.
- Challenges include:
 - differences in the overall sizes of the LHB and local authority;
 - short lines of reporting and accountability in LHB compared with the local authority, and resultant difficulties in reaching joint decisions.
- Different policy drivers between the two organisations.
- Ambiguity around statutory planning requirements.
- LHBs are commissioners of service, but LAs both commission and provide services and are also major employers. This can lead to conflicting aims. This could be resolved if LAs separated their commissioning and provision roles

55	Welsh Ambulance Services NHS Trust
Willing to give oral evidence to the Committee?	
	yes
Summary of response	
<ul style="list-style-type: none"> • The Trust is affected by decisions made in other services, eg closure of A and E Departments and would welcome a formal mechanism for assessing the impact of such changes. 	

56	United Kingdom Home Care Association Ltd.
Willing to give oral evidence to the Committee?	
	Yes
Summary of response	
<ul style="list-style-type: none"> • The submission details the current position on independent domiciliary care and discusses future challenges such as the regulation of the sector that will come into force later this year. • The paper makes 20 recommendations including: <ul style="list-style-type: none"> • the need for domiciliary care to be represented on strategic and local policy and implementation groups that advise on the implementation of change at the interface between health and social care; • funding for domiciliary care must take account of the needs of vulnerable people and the workforce. • Commissioners need to understand the implications of the new legal requirements of the Care Standards Act 2000. • Commissioners will need to be more specific about outcomes required to ensure the provider can deliver and providers will need to be supported to enable them to identify and access training for staff. • Joint Review teams should engage with the domiciliary care sector. • New models of targeted domiciliary care can be cost effective and should be adopted. A review of current patterns would ensure best value for service users and money. 	

- The Assembly Government should review domiciliary care to confirm and identify problems and ensure that there are services to meet future needs.

57	Royal College of Nursing
Willing to give oral evidence to the Committee?	Yes
Summary of response	
<p>The response follows the numbering in the terms of reference.</p> <ul style="list-style-type: none"> • i. The use of pooled budgets has tended to be for specific projects and not general service planning and provision. • i. The introduction of Health, Social Care and Wellbeing Needs Assessments should be the foundation for joint working. • i. The implementation of the ICT strategies for health and social care services will be key to improving the interface. • ii. Performance management frameworks need to be used to secure the achievement of "whole system" goals. • ii. Similar accountability arrangements need to be introduced for local authority social services as now apply to the health service in Wales. • ii. It is too early to evaluate the effectiveness of care trusts in England and the Royal College does not advocate merging health and social care into one commissioning body at this stage. • iii. The unavailability of social care is identified as the major cause of delayed discharge. • iii. Discrepancies in hours of operation between health and social services can result in delayed transfers. • iii. Differences in charging regimes often gives the impression that there are no costs associated with NHS care. • iii. Different attitudes of health and social care workers can affect the care pathway. • iv. Protocols and training should be provided so give nurses the authority to discharge patients, to avoid waiting for the consultant's next round. • iv. Patients and carers need to be involved at an early stage of discharge planning, and referral systems reviewed. • iv. Clinicians should be given clear guidance on the rights of patients to remain in hospital to reduce the number of patients and families who do not co-operate on discharge plans. • iv. A number of ways of enhancing community nursing services are suggested with the aim of facilitating discharge and improving patient care, including for patients with serious or terminal conditions. • iv. A range of high-tech services can be provided in a patient's home as part of intermediate care. • iv. Research has shown that up to 25 per cent of hospital patients could be more appropriately cared for in intermediate care. Intermediate care needs to be properly supported though, or patients may deteriorate. • iv. Many of the community hospitals in Wales are not suitable for intermediate care and this should be a priority for the capital programme. • iv. The Assembly Government should give guidance to local authorities on the funding of care homes, including fee levels. • iv. The capacity of care home provision should be properly planned and the process should involve the independent sector. • v. Hospital outreach services, working with community services, can minimise hospital admissions and facilitate discharge. 	

58	Swansea NHS Trust

Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> • Joint working and co-operation is well established in Swansea, with evidence from the external evaluation of the implementation of the joint agencies' Intermediate Care Strategy demonstrating both positive and negative aspects of joint working. • Several areas of good practice are cited. • In the light of Swansea's experience improvements can be made by: <ul style="list-style-type: none"> • streamlining strategic and planning guidance and focusing on outcomes; • joint accountability for joint objectives, with the same outcomes and targets; • increased availability of joint pump-priming funding to test out service changes; • all-Wales policies on issues such as patient choice and reducing delayed transfers of care; and • developing joint budgets, underpinned by performance and outcome measures. 	

59	Rhondda Cynon Taf county Borough Council and Rhondda Cynon Taf LHB
Willing to give oral evidence to the Committee?	Not stated
Summary of response	
Some 21 case studies are provided. These appear to relate to schemes for flexibilities funding.	

60	Cancelled
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61	Monmouthshire Local Health Board and Monmouthshire County Council
Willing to give oral evidence to the Committee?	Not stated
Summary of response	

- There is a formal structure for joint posts and joint planning.
- Examples of joint working are given.
- The following promote joint working:
 - whole systems thinking;
 - unified assessment
 - Wanless;
 - joint flexibilities and s31 agreements;
 - involvement of elected members in LHB;
 - Shared vision and helping people.
- The following inhibit joint working:
 - dominance of acute sector and financial balance in NHS
 - Royal College protection of single disciplines.
 - Cultural, structural and management differences; and
 - High profile of health while social care is still a "Cinderella" service.

62	All Wales Gerontology Practitioner Network
Willing to give oral evidence to the Committee?	Not stated
Summary of response	
<ul style="list-style-type: none"> • Collaboration works well at local level, but fails at the higher level when budgets are involved. • Nurses with gerontology experience should be more widely used to manage more complex care. • There are dangers that health needs may be overlooked as more care is transferred from health to social care. • Social workers, and allied health professions should be trained to work with older people alongside nursing and medical staff, to promote person-centred, holistic practice. • Independent Service Brokerage, eg the Canadian model, would enable a current stereotypical attitudes. more objective view for the service user and would challenge 	

63	Wales Council for the Blind
Willing to give oral evidence to the Committee?	Yes
Summary of response	

- Would like to present oral evidence to the Committee on
- developments in the visual impairment pathway and
- how joint planning would impact on the pathway

64 *Permission to publish withheld*

65 **Audit Commission for Wales**

Willing to give oral evidence to the Committee?

Not stated

Summary of response

- The Audit Commission have provided a comprehensive response covering:
- shared vision and joint planning;
- integrating services;
- information systems;
- managing and measuring performance;
- policy alignment
- promoting independence; and
- role of regulation.
- It concludes that key challenges still need to be met with over-arching policies and strategies that identify the levers and incentives to ensure that services are appropriately refocused and are informed by the views of patients and their carers.

66 **Welsh Nursing and Midwifery Committee**

Willing to give oral evidence to the Committee?

Not stated

Summary of response

- Both professions and agencies are involved in the interface, and structural changes to health and social services do not necessarily result in more joined up services and better user experience.
- The Centre for Mental Health Services Development has evaluated the joint commissioning and provision of mental health services in Somerset since the beginning of the decade.
- Sainsbury Centre for Mental Health study in 2001 produced six key indicators for the development of effective joined up services. Delivering Health and Social Care study found evidence of goodwill and creativity on the part of care providers working across boundaries, which contradicts the view that there are conflicts in inter-professional care. A professional lead co-ordinator is key where there are complex care needs.
- External performance reviews and audits need to be integrated.
- IT systems need development to improve communication.
- Inter- professional education and training is important, but little takes place..

67	Community Practitioners and Health Visitors' Association
Willing to give oral evidence to the Committee?	Yes
Summary of response	
<ul style="list-style-type: none"> • Recommends that the Assembly should, among other things, • support better commissioning of Child Protection Services; • improve the processes of joint planning and remove legal barriers to information sharing in primary and community care; develop a comprehensive school health service. • Recommends for successful joint working: • specific posts to facilitate and manage service developments; • joint training opportunities, to engender trust and professional understanding; and • appropriate strategic lead for projects, so that decisions can be followed through and implemented. 	

68	Welsh Institute of Health and Social Care, University of Glamorgan
Willing to give oral evidence to the Committee?	Yes
Summary of response	

- Suggests three areas of evidence based research and development work on which the Committee might wish to take oral evidence:
- Substitution of In-patient Focused Technologies -which showed that 90% of elderly people on a waiting list for institutional care in Powys could have remained at home with technological support.
- Balance of Care model – developed for Dyfed Powys but not implemented.
- Community Health Alliances through Integrated Networks (CHAIN). Action research project in Rhondda Cynon Taf focusing on improving quality of life for older people. The project has looked at service integration form the strategic, operational planning, management and practice perspectives.

69 **Dr Colin Young, Professional Tutor, Cardiff University**

Willing to give oral evidence to the Committee?

Not stated

Summary of response

- Whole systems approach to health and social care depends on strong *informal* links between professionals.
- Older people need time to adjust and make decisions when their health deteriorates. They should have the opportunity to try an intensive home care package, rather than be admitted immediately to residential care.
- Respite care beds in hospital should be available for the terminally ill who do not need acute palliative care.

Annex 2

To all those on the attached list

Eich cyf . Your ref

Ein cyf . Our ref HSS Pol Rev 03-04

9 October 2003

Review of the Interface between Health and Social Care

The Health and Social Services Committee of the National Assembly for Wales is undertaking a review of the effectiveness of arrangements for the joint planning and delivery of health and social care services.

I am writing to invite you to submit written evidence to the Committee.

The aims of the review are to evaluate the effectiveness of joint working and co-operation between the health and social care services; to identify good practice and to offer recommendations to improve joint working and co-operation between the key agencies.

The terms of reference for the review are:

- i. To review the mechanisms for joint planning and provision of services in health and social care and the quality of the evidence base;
 - ii. to examine the accountability arrangements for joint planning and service provision;
 - iii. to evaluate the effects (both positive and negative) that decisions in one service can have on another;
 - iv. to examine key areas that impact on the quality and provision of a seamless service, particularly:
 - o hospital discharge
 - o intermediate care
 - o residential and nursing home services
 - o domiciliary care services
 - o involvement of the independent and private sectors
 - o support for carers.
- v. to review the role of health and social services in promoting the independence of patients and the prevention of unnecessary admission or re-admission to hospital.

If you wish to submit evidence please send, preferably by e-mail or on disk, otherwise in hard copy, to Claire Morris, Deputy Committee Clerk, Health and Social Services Committee, Committee Secretariat, National Assembly for Wales, Cardiff Bay CF99 1NA. The e-mail address is health-soc-serv.comm@wales.gsi.gov.uk. Please entitle the e-mail *Policy Review 2003-04*.

Submissions should be sent to arrive by Friday 12 December 2003. All submissions will be acknowledged. **It may not be possible to take into account responses received after this date.**

When putting together your submission would you please keep the following in mind:

- Evidence should be factual *not* anecdotal.
- Your response should be as succinct as possible.
- The National Assembly normally publishes responses to public consultation and they may also be seen and discussed by Assembly Members at Committee meetings. **If you do not want your response or name published it is important that you specify this at the end of your submission.**
- Please indicate whether you are responding on behalf of an organisation, or as an individual.
- Please indicate whether or not you would be prepared to give oral evidence to the Committee.

The Committee will consider responses to the written consultation early in the New Year before taking oral evidence in February and March.

If you have any queries please contact me (on the number at the foot of the page) or Claire Morris, the Deputy Clerk (tel 029-2089 8148).

The Committee is proposing to appoint an expert adviser to support its work on the review. I am enclosing a copy of the job specification for your information. I should be grateful if you would pass this on to any colleagues who may be interested.

Jane Westlake
Clerk to the Committee