Health and Social Services Committee **HSS(2)-09-04(min)**

MINUTES

Date: Wednesday, 8 July 2004

Time: 11.15am to 3.10pm

Venue: The Memorial Hall, Bodhyfryd, Wrexham

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

David Melding **(Chair)**	South Wales Central
Eleanor Burnham	North Wales
John Griffiths	Newport East
Ann Jones	Vale of Clwyd
Val Lloyd	Swansea East
Jonathan Morgan	South Wales Central
Rhodri Glyn Thomas	Carmarthen East & Dinefwr

In Attendance

John Darlington	Director of Development & Performance, Wrexham Local Health Board
Dr Andrew Dearden	Chairman, GPC Wales

Jon Falcus	Directorate Manager, Medicine, North East Wales NHS Trust
Bruce Harris	Head of Health Strategy, Audit Commission in Wales
Barry Latham	Policy Adviser, Care Forum Wales
Dr Richard Lewis	BMA Welsh Secretary
Dave Thomas	Studies Manager, Audit Commission in Wales
Sheila Wentworth	Assistant Chief Social Services Officer, Wrexham County Borough Council
Professor Vivienne Walters	Expert Adviser to the Committee

Secretariat:

Claire Morris	Acting Committee Clerk
Catherine Lewis	Acting Deputy Committee Clerk

Item 1: Apologies and Substitutions and Declarations of Interest

1.1 Apologies had been received from Jocelyn Davies, Jane Hutt, Gwenda Thomas and Kirsty Williams. Eleanor Burnham substituted for Kirsty Williams.

Item 2: Review of the Interface between Health & Social Care (11.15 – 3.10pm)
Papers: HSS(2)-09-04(p.1); HSS(2)-09-04(p.2); HSS(2)-09-04(p.3); HSS(2)-09-04(p.4)

Care Forum Wales

2.1 The Chair welcomed Barry Latham, policy adviser, who introduced his paper. A copy of his introduction is attached at Annex A.

2.2 In response to comments and questions from Members, Barry Latham made the following points:

- The development of intermediate care provision was difficult, as CSIW regulations did not allow such care to be provided by the independent sector.
- The independent sector believed it had the potential to provide intermediate care facilities, but needed a mechanism to engage with Local Health Boards (LHBs) and local authorities to develop the concept.

- Pooled resources would be required to make provision of high quality specialist units viable.
- Further work was needed to identify who would benefit from intermediate care.
- Groups had been established in some areas to look at the involvement of the independent sector in the commissioning process but this was not happening in all local authorities.
- Nursing care providers had been badly affected by loss of capacity and the shortage of skilled nurses.
- Independent providers wanted to increase workforce skills and provide a career structure for their staff but this meant investing resources into someone who would eventually leave the sector. Care homes were working together to set up training consortiums to provide training up to NVQ level.
- The number of over-85-year-olds in Wales was set to increase over the next few years, creating a greater demand for social care services. This would be coupled with a decline in the ability to provide the services.
- Small nursing homes were able to meet the needs of local communities, but were often unviable. Commissioners needed to decide how they wanted services to be delivered locally and provide funding for small homes, if that was the preferred option.
- The independent sector was involved in a range of local authority forums, but not at the strategic decision-making level.
- The independent sector needed a greater role in the process of developing strategies, not as a consultee once they had been developed.
- Local independent sector forums could be established in Wales to act as intermediates between the sector and other organisations to ensure the sector's involvement at higher policy levels.
- Joint flexibilities funding provided an impetus for joint working, although some organisations were reluctant to develop schemes that would not be mainstreamed once the funding ceased.
- The greatest benefit to joint working would be the core commissioning of services.
- Community Consortia for Education and Training (CCET) strongly influenced how Education and Learning Wales (ELWa) prioritised their funding for training. The independent care sector had been unable to engage with the CCETs and therefore the needs of the sector were not being reflected in ELWa's priorities. However a senior official of ELWa had agreed to approach the CCET to try and get the sector involved in future discussions.
- The recruitment and retention and training of the social care workforce was crucial.
- There was often spare capacity within residential homes, but not within care homes. A view needed to be taken on capacity planning for the sector as a whole, including how much emergency capacity was needed.
- Often, patients waiting to be discharged from hospital wanted to go to a particular care home, and homes with a good reputation often had long waiting lists. Another disincentive was, once discharged they would be expected to contribute to their care costs. One possible solution could be the use of interim placements while waiting for a vacancy in the home of choice rather than keeping people in hospital.
- There were models of retirement villages in England that were attractive to some people. These included a single setting, with all the facilities needed, but generally nursing or care homes, were not included. There was potential to undertake similar developments in Wales, with care homes included.

- Groups were being established in local authorities to look at involving all partner organisations in the development of strategies for older people, but there was some concern about how the views of the most vulnerable would be incorporated.

British Medical Association General Practitioners Committee (Wales)

2.3 The Chair welcomed Dr Andrew Dearden, Chair and Dr Richard Lewis, Welsh Secretary, BMA, and thanked them for travelling from Cardiff to present their evidence.

2.4 In his introduction, Andrew Dearden said that the interface between health and social care services created a problem throughout the UK. The problems arose when health and social care issues overlapped, creating confusion over which side was responsible for providing and paying for the services. Joint working was successful when both sides had joint aims.

2.5 In response to comments and questions from Members, the presenters made the following points:

- Patients knew where to turn if they were faced with health problems, but often did not know how to access a social worker. Social services required people to complete forms, which was more complex than visiting a GP.
- Local authorities were not funded adequately to be able to pay bedblocking fines.
- GPs often had no choice but to admit patients to hospital as there was no other alternative available in the community.
- Apportioning blame was a barrier to successful joint working. Each side was often quick to blame the other for any failings, rather than trying to identify the underlying problem.
- The National Service Framework for older people referred to a single assessment but this was not happening. The development of a single patient record would make it easier to achieve.
- Social workers were unsupported compared to health workers and often became the target of public criticism when anything went wrong.
- The way funding was currently structured made it difficult to invest in the future. One possible option would be to have a short term expenditure budget and another separate one for long term investments.
- Although the creation of a single organisation running health and social care services would break down some barriers, different managers would still run the separate services.
- The NHS had always had a piecemeal approach to information technology systems and should now be thinking in terms of a joined up approach.
- A joint outcome target which one sector could not achieve without the other might encourage joint working.

Audit Commission in Wales

2.6 The Chair welcomed Bruce Harris and Dave Thomas, and thanked them for travelling from Cardiff to present their evidence to the Committee.

2.7 Dave Thomas said that the evidence had been drawn from a range of work in sectors across health and local government. The emerging challenge was the need for a clear, shared vision across health and social care, backed up by joint planning and commissioning. There were many examples of good practice across Wales but their evidence focused on the generic headline messages that emerged more routinely. A lot of Welsh Assembly Government guidance was geared to joint working across health and social care, but there was a risk in assuming this would happen without understanding fully the challenge involved. He also highlighted the role of regulation, the importance of looking at services from the user's perspective, the need to create baselines to track progress and for common standards for inspection.

2.8 In response to comments and questions from Members, the presenters made the following points:

- Local Health Boards (LHBs) were still relatively new organisations so full advantage had yet to be made of co-terminosity.
- Community hospitals were not being used to their full capacity, with half the beds being empty at any one time. This could provide a partial solution to the problem of delayed transfers of care but there were differences in the way in which health and local authorities understood the problem.
- Turnover levels and lengths of stay were much higher in Wales, while use of theatres was very low. The process needed to be streamlined and made more efficient.
- Performance management targets needed a strong central drive with a limited number of performance measures. The difficulty with centrally driven targets was that they were open to different interpretations and application, particularly where financial benefits were involved. Local targets should be part of local and regional frameworks and robustly managed.
- Definitions of delayed transfers of care were much clearer in Wales than England, but were not used proactively to manage flow.
- It was not felt that an expansion of the balanced scorecard was needed at a central level but there could be scope for more work at a local level to provide explanations of whether or not targets had been achieved.
- There was a case for joint working to feature more prominently in regulators' reports and the Audit Commission’s annual work programme was linked as strategically as possible to the key challenges facing the services.
- There were a lot of regulators involved and they needed to be aligned in terms of work programmes, best practice and what was being gained.
- Audit typically focused on what could not be achieved and there was a need to be more proactive and positive about doing things differently, particularly in complex partnerships.
- Sometimes members of partnerships would use protocols such as standing orders for their organisation as a barrier.
- Health, social care and well-being strategies would provide a driver for joint working.
- Management capacity in LHBs was seen as a key barrier to developing joint working. Other barriers were different understandings of policy and strategic imperative and different performance management systems.
- Managing Health and Managing Social Care needed proper investment. Incompatibility of

information technology systems would create a major barrier to joint working.
- Greater incentives were needed to encourage joint working. A greater understanding of the challenges that existed within organisations and the way in which targets could impede partnership working was also required.
- Joint working needed to happen at all levels of the organisation, not just on an individual officer basis.
- More work was needed to establish what the perceived barriers to joint working were.

Wrexham Social Services and Wrexham Local Health Board

2.9 The Chair welcomed John Darlington, Jon Falcus and Sheila Wentworth. Sheila Wentworth introduced the joint response from the Social Services Department and Local Health Board. A copy of her introduction is attached at Annex B.

2.10 In response to comments and questions from Members, the presenters made the following points:

- The difference in accountability arrangements between organisations was a major issue.
- Joint indicators that were outcome rather than output focused were needed.
- North Wales had a history of joint working due to the relative self-sufficiency of the area. Joint working had been developed to tackle emergency pressures, which had provided a basis to build on.
- Joint seminars and workshops were held across North Wales to share good practice but this did not happen on a Wales-wide basis.
- A joint management training programme had been developed for managers in the trust, LHB, social services and the voluntary sector to try to ensure that the existing joint working practices were sustainable and did not depend solely on the individuals currently in post.
- Compatible IT systems would be key to the development of the unified assessment process.
- National guidance was needed in relation to issues arising from integration of the workforce.

2.11 The Chair asked for further information to be provided to the Committee on joint voluntary sector commissioning.

2.12 The Chair thanked all the presenters and everyone involved in organising the meeting.

Annex A

Review of the Interface between Health and Social Care

Care Forum Wales Oral Presentation
Barry Latham Policy Advisor

Care Forum Wales

- Care Forum Wales is a not-for-profit lobbying organisation representing all independent sector providers of health and social care services throughout Wales
- One of our aims is to Influence national health and social care policy and practice in Wales as the principal voice for the independent care sector
- We also work at local level with Local Authorities an Local Health Boards through our affiliated associations and individual members.
- We currently have 528 health and social care service providers as members.

Today's Presentation

- In making today's presentation I am giving Care Forum Wales' views on joint working across the principality and of course the effectiveness of joint working, partnership arrangements and the inclusion of the independent sector in planning mechanisms varies across Wales.
- We are in Wrexham today and I am pleased to say that here we have a good working relationship and well established consultative mechanisms with our colleagues in social services.
- There are however other parts of Wales where the independent sector is not adequately engaged in planning and strategy development for health and social care services

Welsh Assembly Government Guidance

- Welsh Assembly Government has issued Guidance which provides a sound framework for joint working and effective commissioning through the publication of:
    - Health, Social Care and Wellbeing Strategies Guidance (Feb 2003),
    - Promoting Partnerships in Care -Commissioning across Health and Social Services (March 2003) and
    - Human Resource Planning Guidance – Planning for Caring (March 2003)
- Care Forum Wales does however believe that there is one weakness in the Human Resource Planning Guidance in that it only requires local authorities to produce Human Resource Plans for the social care sector in their area.
- It does not therefore link with the health care workforce.
- With the skills of health and social care workers overlapping and the concept of one sector one workforce this is a weakness.
- Some local authorities are attempting to overcome this problem by engaging Local Health Boards in the preparation of human resource plans. Wrexham is an example of where this is taking place but such initiatives are not backed up by Welsh Assembly Government guidance and are therefore dependent on the willingness of the LHB to participate.
- The Guidance "Promoting Partnerships in Care -Commissioning across Health and Social Services" was published in March 2003 as statutory guidance under Section 7 of the Local authority Social Services Act 1970.
- Care Forum Wales was therefore immensely disappointed by the failure of most Welsh Local Authorities to implement some of the key principles of the guidance in their commissioning of social care services for the year 2004/5 some 12 months after the guidance was published.

- Amongst its provisions the guidance indicated that local authorities should review commissioning arrangements in the light of the need to create a confident and stable market and that they should establish fee negotiations which recognise providers costs and the factors that affect them.
- Failure to implement this aspect of the guidance has meant that the loss of capacity of independent sector beds has continued to be a major problem in the current year.
- The All Wales Unity of the Welsh LGA is evaluating the use of the Joseph Rowntree Foundation Toolkit "Calculating a Fair Price for Care" as a mechanism for local authorities in Wales to use in their commissioning arrangements but have not yet reported their findings.
- A few local authorities have also indicated a willingness to explore the use of the toolkit in commissioning arrangements.
- These initiatives are however unlikely to have an effect before the 2005/6 commissioning round.
- If the guidance is not implemented more effectively there will be an increase in the instability in the care home and domiciliary care markets which is likely to lead to further loss of capacity.
- The guidance also applied to commissioning of Health Services but Care Forum Wales believes that many Local Health Boards are not considering its implications in relation to the delivery of continuing healthcare services by independent sector providers.
- A number of LHB's have been approached to establish consultative mechanisms which would enable them to gather the information required by their commissioning managers to implement the guidance.
- At this time there appears to be a reluctance on their part to establish consultative mechanisms which are fit for the purpose

Transforming Health and Social Care in Wales

- The recently published Audit Commission Report "Transforming Health and Social Care in Wales" identifies the declining availability of independent sector beds as part of a vicious circle causing imbalance in the health and social care system.
- It also identifies the potential to use capacity in the independent sector to reduce pressure on the acute sector.
- If we do not act now to protect this capacity it will not be available in the future to improve delayed discharges of care and develop alternatives to hospital admission.
- As a result of concerns that the guidance is not being followed Care Forum Wales has requested that the Social Services Inspectorate examine the application of the commissioning guidance as part of their review of Social Service Authorities in 2004.
- We also request that Local Health Boards be reminded that the guidance is relevant to their commissioning activities.
- The Health, Social Care and Wellbeing (Wales) (Regulations) 2003 and accompanying Guidance imposes a duty on Local Health Boards and Local Authorities to co-operate with independent sector organisations with an interest in health and wellbeing services when formulating and reviewing strategies.
- In some areas this guidance has been fully implemented however in other parts of Wales there appears to have been a reluctance to involve the independent sector in the decision making

process at partnership board level or at a level where significant policy decisions or recommendations are made.

Local Independent sector Provider Forums

- Care Forum Wales believes that the reluctance to engage the independent sector at this level could be due to the perception that independent sector representatives could have a vested interest in the matters being discussed.
- To overcome this problem we have proposed the establishment of Local Independent Sector Forums which could review strategic issues relating to health social care and wellbeing policy and be represented on Partnership Boards by independent employees or consultants who have no vested interest.
- The establishment of such mechanisms is dependent on the support in principle by Welsh Assembly Government and the agreement of statutory bodies to encourage independent sector providers to participate in the process.
- I undertake this role for members of the North Wales Care Association however my involvement at an appropriate level has only been accepted at four of the six Health Social Care and Wellbeing Partnerships in the area.

The Future Direction of Health and Social Care in Wales

- Care Forum Wales has considered the recommendations of 1. "The Review of Health and Social Care in Wales", 2. "Transforming Health and Social Care in Wales" and the Report of the Wales Care Strategy Group.
- We recognise the fact that these reports make significant recommendations which would, if adopted by Welsh Assembly Government, reshape the way that health and social care services are delivered in future.
- Future demographic trends will place an unsustainable burden on health and social care services for older people unless action is taken to improve their health and reduce their dependency levels.
- We have identified the need for a significant involvement of the independent sector in achieving the outcomes identified in these reports.
- New services need to be developed to provide intermediate care as an alternative to hospital admission. Much work needs to be done to determine where and how these services can be delivered in a viable manner
- Spare capacity in the independent sector can be utilised to reduce delayed discharges of care. .
- A greater emphasis on health promotion and reducing dependency needs to be introduced to all aspects of service delivery by the providers of domiciliary care, care home and nursing care services.
- In order to achieve this rebasing of services a closer integration of health and social care commissioning arrangements is required together with the development of effective partnership arrangements with all stakeholders

Conclusion

Welsh Assembly Government have set out the framework for achieving better integration between health and social care in their guidance. It now needs to ensure that adequate resources are allocated and that the guidance is being implemented appropriately at local level.