

Health and Social Services Committee

HSS(2)-09-05(p.1)

Date: 13 July 2005

Venue: Committee Room 3, National Assembly for Wales

Title: Minister's Response to Report on Interface between Health and Social Care

Purpose

This purpose of this paper is to inform the committee of the minister's response to the Report on the interface between Health and Social Care.

Summary / Recommendations

The committee is invited to note and comment on:

- The Welsh Assembly Government written response at Annex 1.
- The Welsh Assembly Government oral statement at Annex 2.

<http://www.wales.gov.uk/organicabinet/content/statements/2005/index-e.htm>

Background

In March 2005 the Health and Social Services Committee published its report on the review of the interface between Health and Social Care. A written response was published on the internet on May 4 and an oral statement and debate took place in Plenary on May 10.

The Welsh Assembly Government accepted all the Committee's recommendations, which built upon the work in train following the Wanless review.

Financial Implications

There are currently no additional financial implications as a result of the cabinets' response to the review of the interface between health and social care.

However the response accepted the need for exploration, review and assessment of current policy in certain areas. An assessment of any further financial implications that arise as a result will be undertaken as these issues are taken forward.

Action for Subject Committee

To note and comment on the content of this paper.

Dr Brian Gibbons AM
Minister for Health and Social Services

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Llywodraeth Cynulliad Cymru
Welsh Assembly Government

CABINET WRITTEN STATEMENT

TITLE: Written statement in response to the Health and Social Services Committee's report of the review of the Interface between health and Social Care

DATE: 4 May 2005

BY: Brian Gibbons, Minister for Health and Social Services

Purpose: To present the Welsh Assembly Government's response to the Health and Social Services Committee's report of the review of the Interface between health and Social Care

Responses to the report's recommendations are set out below. The recommendations follow the report's headings and numbering.

The mechanisms for joint planning and provision of services in health and social care and the quality of the evidence base

The Committee recommends that:

1. The two information and communication technology (ICT) strategies should be integrated as soon as possible to facilitate the provision of more effectively integrated health and social care and the development of the electronic patient record.

Accept – We support the Committee's view that the two ICT systems need to work well at the interface between health and social care. We need to address

issues of equipment, applications, security access arrangements, staff/user/patient identification and governance.

One priority will be further exploration of the social services systems which will support the social care information (and other selected items) with an interconnectivity hub that allows the exchange of information between systems.

The Informing Healthcare-led all-Wales project on Unified Assessment will increase the level of collaboration and tease out some of the complexities surrounding the health social care interface.

Financial Implications – There are no additional financial implications.

The Committee recommends that:

2. See Recommendation 17

The Committee recommends that:

- 3.** The Welsh Assembly Government should review guidance to local health boards (LHBs), trusts and local authorities (LAs) to secure the engagement of the independent and private sectors in joint strategic and service planning and commissioning

Accept – We whole-heartedly share the Committee’s view of the need to engage the independent sector and are aware of the variability of this engagement across Wales currently.

LHBs and LAs, when developing and reviewing their local health, social care and well-being strategies, already have a statutory duty to co-operate with any private, business, voluntary or other organisation which is concerned with or has an interest in the provision of health and well-being services for the local population. The statutory provision also requires LHBs and LAs to prepare a procedure of co-operation with the responsible bodies involved before developing the strategy. This is amplified in the related policy guidance. Levels of engagement will be considered in discussions when evaluating local experience in preparing the strategies.

Current planning and commissioning guidance is already under review with a view to developing more robust joint guidance for both health and social care. The importance of engaging the independent sector in joint strategic service planning and commissioning will be emphasised in the new guidance. This will also address the current variability of engagement.

Financial Implications - None

The Committee recommends that:

4. Proposals for all short term funding schemes should include:

- a statement of the aims and objectives and a plan for evaluating the scheme's success in meeting them;
- an assessment of the impact of the scheme on core services; and
- proposals for mainstreaming the project where evaluation demonstrates there would be benefit in so doing.

Accept - We accept the importance of these points. As part of the follow-up to the Wanless report, there will be a close examination during 2005/06 of how best to improve evaluation and accelerate take up of best practice, which will consider these issues.

Financial Implications -There are no additional financial implications.

The Committee recommends that:

- 5. In giving guidance to the statutory agencies on strategic planning, the Welsh Assembly Government should emphasise the importance of effective research and intelligence gathering so that health and social services can meet the dynamic needs of the population they serve. This should include encouraging links with research and developments in higher education.**

Accept – We share the Committee's view of the importance of research and intelligence to improve health and social services planning and provision for the future. We will emphasise this in statutory guidance (for example on strategic commissioning) and appropriate policy and framework documents.

Research and evaluation will be an integral part of this process, to ensure that both policy and practice are evidence based.

Financial Implication – There are no additional financial implications

The Accountability arrangements for joint planning and service provision

The Committee recommends that

6. The following key indicators should be assessed within performance management arrangements for LHBs, NHS trusts and LAs to demonstrate progress towards effective joint working:
 - early identification of care needs and early intervention;
 - implementation of unified assessment;
 - effective hospital discharge planning;
 - integrated teams of health and social care providers;
 - support for carers;
 - involvement of voluntary and independent sectors.

Accept - Although the above principles are not specifically measured as indicators through the performance management arrangements, information is collected on all these activities through a range of mechanisms, for example the performance agreements, Service and Financial Framework, Balanced Scorecard and inspection regimes. Current guidance reinforces the importance of these as will the National Service Framework for Older People on which we plan to consult in the Summer.

Financial Implications - None

The Committee recommends that:

7. The Welsh Assembly Government should make evidence of comprehensive joint working a clear and central performance indicator in the Service and Financial Framework and similarly it should be included as a performance indicator under the Wales Programme for Improvement. Although the Committee does not believe that sanctions to promote joint working are appropriate, rewards are a clear way to mainstream good practice

Accept in part - We accept the spirit of this recommendation and fully agree that effective joint working between the NHS and local authorities is essential, across a range of issues and services. We have put in place a number of measures to capture and implement effective practice.

It would be difficult to include in the Service and Financial Framework (SaFF) an indicator on comprehensive joint working in the way suggested, as the SaFF does not cover non-NHS organisations, and as the targets included focus more on service delivery outcomes and less on the mechanisms that support delivery.

However, the Balanced Scorecard introduced for NHS Wales specifically requires organisations to evidence joint working arrangements with all stakeholders and partner organisations. It also requires organisations to evidence that they work with, learn from and share knowledge with partners.

The extent to which local authorities and others work in collaboration, and the effectiveness with which they do so, will continue to be assessed under the Wales Programme for Improvement for local government. Any weakness in this area would be identified as a risk by a local authority's regulators, which would then need to be addressed

The Assembly voted unanimously on 8 March to support a new performance measurement framework for local government which focuses on outcomes (such as a reduction in delayed transfers of care) rather than processes (such as the extent of collaboration to that end).

We are looking at what incentives might be appropriate and what are considered to be successful outcomes.

Financial Implications – None

The Effects (both positive and negative) that decisions in one service can have on another

The Committee recommends that:

- 8.** The Welsh Assembly Government should review the guidance on
 - Health, Social Care and Well Being Strategies,
 - Community Plans and
 - Health Impact Assessmentsto ensure that there is adequate consultation and recognition of the impact of local authority services on health and well being.

Accept - We support the Committee's view of the importance of adequate consultation and recognise the powerful impact local authority services can have on health and well being.

On Health, Social Care and Well Being strategies, the legal requirements (The Health and Well Being Regulations 2003) and current guidance already provide for adequate consultation and recognition of the impact of local authority services on health and well being. Any future guidance will look to reinforce the continued inclusion of local authority services in the development of joint strategies.

Future guidance on community strategies will be informed by evaluation of those prepared in the first round. We intend to adopt a two-stage approach.

The first stage, which is largely complete, is an in-house assessment of the individual Community Strategies.

The second stage is an evaluation of the process of preparing the strategies which will be undertaken by external consultants who are expected to report by early Autumn. The consultants intend to approach a number of councils / partnerships to examine aspects of their community strategy processes. The evaluations will contribute to the development of our policy towards Community Planning and the revision of existing guidance on the preparation and implementation of the strategies. We will consult on proposals towards the end of this year.

The 2004 *Practical Guide to Health Impact Assessment* reflects the experience of working with the NHS, the WLGA and Communities First partnerships. The guidance is highly relevant in helping to clarify the health contribution of local authorities and its application is assisted by a nationally funded support unit.

Financial Implications – There are no additional financial implications

The Committee recommends that:

9. LAs and their partners should collaborate in identifying which social services are currently provided around the clock, seven days a week, and whether additional services should be available at all times.

Accept – We share the committee's view on the need for collaboration. Several initiatives are underway to improve emergency services (Developing Emergency Care Services, Welsh Emergency Care Collaborative). Social services have been engaged and this engagement will develop further. Work now beginning will pick up the issues of extended access and more integrated working of emergency services and will address the priority areas that could make the greatest contribution to improvement.

Financial Implications - None

Key areas that impact on the quality and provision of a seamless service

The Committee recommends that:

10. NHS trusts and LAs should take steps to ensure that:

- discharge staff of different disciplines co-operate and receive training to facilitate better understanding of the roles of the different professionals in the discharge team;
- discharge teams should have access to joint finances or joint resources to enable them to put services in place more quickly;
- the procedures for discharge planning should be established as soon as a patient is admitted to hospital;

Accept – We fully support the Committee’s view and have developed hospital discharge planning guidance for issue in May 2005 as a joint Welsh Health Circular/National Assembly for Wales Circular. The guidance sets out the key requirements for effective multi-agency discharge planning arrangements and includes detailed guidance on all the areas identified within this recommendation.

Financial Implications - None

The Committee recommends that:

11. The Welsh Assembly Government should explore the scope for innovative provision of intermediate care, including outside the hospital setting.

Accept – We agree with the Committee on the need to consider the range of provision of intermediate care. The development of intermediate care will be the focus of one of the standards of the draft National Service Framework for Older People. This will identify the need for schemes in a range of settings. Such schemes have already been a feature of both the Wanless Local Action Plans and the more recent Health, Social Care and Well-being Strategies.

A scoping study has been commissioned for an audit of intermediate care services in place or planned in Wales.

Financial implications – There are no additional financial implications

The Committee recommends that

12. Health, Social Care and Well Being Strategies should address the issue of long term planning for social care needs for people with mental and / or physical care needs.

Accept– Guidance on Health, Social Care and Well-being strategies requires local bodies to plan services for all major client groups on the basis of the local needs assessment. The initial Strategies cover a 3-year period, and local bodies are now starting to act on those, but subsequent planning rounds will cover a 5-year period. In the course of this year we expect further policy development and guidance will emphasise the need for long term planning as identified in this recommendation.

Financial Implications – None

The Committee recommends that

13. Commissioning agencies should have greater regard to the independent and private sector and involve them fully in the planning of services at all levels.

Accept – We fully support the Committee’s view of the need to engage the independent and private sectors in planning services at all levels and the response to recommendation 3 sets out the actions in hand.

Financial Implications – None

The Committee recommends that

14. Service users should be informed about, and closely involved in, the planning of services.

Accept – As services develop we are committed to an approach that more openly engages the public at all levels, in accordance with *Making the Connections*.

We share the Committee’s view that service users should be consulted in the planning of services. This is already reflected in current guidance, for example *Shaping Health Services Locally*, which was issued in January 2005. This builds on *Signposts – a practical guide to public and patient involvement in Wales*, published in October 2001 to provide guidance to NHS organisations on how to undertake Public and Patient involvement (PPI) activities in a range of different circumstances. It also placed a duty on Welsh NHS organisations to carry out a baseline assessment of PPI activities and to develop and publish annual PPI plans which, for the first time, set out priorities for public and patient involvement.

Signposts Two – putting public and patient involvement into practice was published in September 2003. This provided further guidance to help NHS bodies develop joint working with other stakeholders on PPI, how to engage staff to improve PPI capacity, and how to monitor and evaluate PPI to gauge the impact it had made. Work is currently being undertaken to develop the networks for Trusts and LHBs to work together more and share good practices, and at training packages for PPI leads to educate all NHS staff.

The review of the planning and commissioning guidance encompasses the involvement of service users at each stage of the planning and commissioning cycle. Closer engagement with service users was also an element within the Wanless implementation programme.

Financial Implications – None

The Committee recommends that

15. See recommendation 3.

The Committee recommends that

16. Care plans should take account of the level of care being provided by carers. Agencies should work together to ensure that they understand the role and needs of carers and that they support them as members of the care team.

Accept - We support the Committee's view. SSIW has recently issued guidance to clarify how carers' assessments should integrate with the unified assessment process for adults and link with the children's assessment framework. Welsh Assembly Government hospital discharge guidance (to be issued shortly) will reinforce the need to involve and support carers.

In April 2005, the Carers (Equal Opportunities) Act 2004 powers were commenced in Wales. This legislation places new duties and responsibilities on authorities, including a duty on local authorities to inform carers of their right to an assessment of their community care needs. When undertaking assessments, the local authority must also consider whether a carer wishes to pursue work, education, training or leisure activities.

Financial Implications – There are no additional financial implications

The Committee recommends that

17. The Welsh Assembly Government should consider the need for centralised accreditation and dissemination of good practice (from Wales and elsewhere) and investigate the scope for an award scheme for rewarding exceptional examples of innovation and good practice in joint working.

We fully agree with the Committee's view on the importance of good practice and have set up the National Leadership and Innovation Agency for Health care (NLIAH) in order to foster innovation and improvement within service delivery.

NLIAH will promote Health improvement and achieve excellence by providing a range of services that

- build leadership and management capacity and capability
- increase organisational effectiveness
- promote and support the redesign of the workforce
- engender and embed innovation.

In support of this agenda the organisation aims to hold an annual conference at which awards are given for innovation and good practice which has led to real meaningful improvements. A category for good practice in joint working might well be included. Importantly, awards are given on the understanding that any organisation that receives such an award is contracted to share their learning.

We understand that "Excellence Wales" take a formal approach to best practice for local government and there is therefore scope to bring our ideas together in a considered way. We will pursue this further.

Financial Implications – There are no additional financial implications

The Committee recommends that

18. The Welsh Assembly Government should develop guidance for health and social care managers on providing training and development opportunities with the aim of breaking down barriers between different professionals / practitioners. These should include co-location of staff; reducing duplication of work, work shadowing and pre-and post-registration training.

Accept – We share the Committee's view and recognises the importance and benefits of joint training and this commitment to breaking down barriers is a central element in *Making the Connections*.

Current guidance emphasises the importance of joint training and all healthcare education providers are encouraged to ensure that they encompass interdisciplinary and multi-organisation issues within their training programmes.

Local Health Boards are already drawing together a range of organisations and agencies involved in delivering health and social care with the intention of ensuring an integrated service for clients/patients. This includes the development of appropriate training.

Financial Implications - None

The Committee recommends that

19. The initial unified assessment should be carried out early in the episode of health / social care, so that a care package can be developed quickly and where possible prevent the need for acute care. It should include housing needs.

Accept - We agree that unified assessments should be carried out early in the patient care pathway. The current guidance on unified assessment states the need for all levels of assessment and consequent care planning to be undertaken in a timely manner and to take account of a range of needs, including housing.

Financial Implications - None

The Committee recommends that

20. The Welsh Assembly Government should review the guidance on the unified assessment process to:

- address the concerns about its implementation;
- ensure that housing needs are taken into account;
- highlight the involvement of the voluntary sector in planning and delivering care where appropriate; and
- identify and disseminate good practice.

Accept – We are carefully monitoring and evaluating the implementation of the unified assessment process. An advisory group has been established to advise the Welsh Assembly Government on the need for future developments.

The successful implementation of unified assessment will be hugely important to individual service users and to ensuring that services are effective and professional skills are used well.

Financial Implications – There are no additional financial implications

The role of health and social services in promoting the independence of patients and the prevention of unnecessary admission or re-admission to hospital

The Committee recommends that

21. Health and social care providers should be alert to the benefits of assessing care needs early in a care pathway in discussion with the patient or client and the carer(s), with a view to preventing deterioration and possible hospitalisation.

Accept – We agree with the Committee’s view and the response to recommendation 19 sets out the actions in hand.

Financial implication - None

The Committee recommends that

22. Evaluation of the Blaenau Gwent Assist Project should be disseminated to the rest of Wales, and consideration given to how assisted technology can be used effectively to help vulnerable people live safely in their own home.

Accept - We welcome the Committee’s view on the importance of assistive technology and the need to learn quickly from good practice. Work has been commissioned on guidance to help local authorities/ Local Health Boards and their partners to develop a strategic approach towards the implementation of tele-care and assistive technology.

This guidance will be shared with local authorities and Local Health Boards through a conference or regional workshops. The opportunity will also be taken to share good practice that is developing across Wales, including the Blaenau Gwent project.

Financial Implications – There are no additional financial implications



Llywodraeth Cynulliad Cymru
Welsh Assembly Government

CABINET STATEMENT

TITLE: The Welsh Assembly Government's Response to the Health and Social Services Committee's Report: Review of the Interface between Health and Social Care Services

DATE: 10 May 2005

BY: Brian Gibbons, Minister for Health and Social Services

I welcome the report of the Health and Social Services Committee on the review of the interface between health and social care. I appreciate the hard work that went into collecting evidence from a large number of organisations and individuals in order to produce such a wide-ranging report.

The canvas was broad and the task was by no means easy. I am encouraged by the close cross-party co-operation that has ensured a fair and balanced report based on the evidence received. The report makes 22 recommendations that cut across five specific areas at the interface between health and social care. The committee looked at mechanisms for joint planning and the provision of services, accountability, the effect that decisions taken in one place can have on another, key areas that impact on the quality and provision of seamless services and the role of health and social services in promoting the independence of patients and the prevention of unnecessary admission or readmission.

During the research and evidence-gathering phases of the review, the committee took evidence from front-line providers and service users and made several visits to projects such as the Blaenau Gwent Assist Project and the Neath Port Talbot reablement scheme. The committee was impressed with what it saw and recognised the dedication and enthusiasm of staff working within health and social care. It also identified the commitment that exists towards joint working in order to provide a more effective and efficient service through breaking down barriers, recognising the importance of shared visions and the achievement of goals and sustainable arrangements for jointly commissioning services, which bodes well for the future of the joint agenda and whole systems working throughout Wales. Closer partnership working between health, social care and other care providers is central to our vision of a seamless, responsive, patient-centred care service for Wales. This vision was given added strength and impetus through the recommendations of the review of health and social care in Wales, advised by Derek Wanless, and much work is already under way as a result of that review.

The committee recognises the need to develop and build on the partnerships between the NHS and local government. This is important and forms the foundation for delivering better integrated services at the health and social care interface. We have made progress towards better joint working between health and social care, but barriers still exist. Providing a patient-centred service is not just about changing cultures; it is also about ensuring that professionals working at the interface have the tools to do the job, that they are given access to joint training and development opportunities and that local partnerships provide an environment that encourages partnership working by pooling joint resources. It is also about identifying what works and sharing good practice. We know that the population of Wales has an increasing number of older people and this means that we have considerable challenges ahead. We must face them if we are to deliver appropriate services. Policy and long-term planning must be informed by strong evidence-based research. Effective local partnerships that engage with the independent and voluntary sectors, and service users and carers are key to ensuring a robust joint commissioning and service delivery strategy. I agreed with the committee when it identified that it is important that we recognise the significance of adequate consultation and the powerful impact local services have on the health and wellbeing of the people that they serve. All of these issues are covered in the report and I fully accept most of its recommendations, as my written statement makes clear.

I agree with the committee in recognising the importance of performance management if we are to ensure that services are delivered in accordance with local and national targets and timescales. In order to ensure a more robust performance management system, service and financial frameworks, inspection regimes, and performance agreements have been amended and a balanced scorecard introduced. I will also consult in the summer on a national service framework for older people. Several of the recommendations call for revised guidance or a review of existing guidance. In most cases, I am pleased that this work has already been identified and commissioned, for

example, community plans, or the hospital discharge planning guidance, which is to be issued on 13 May 2005. We have introduced initiatives to improve collaboration and develop emergency care services, such as the Welsh emergency care collaborative. We have commissioned a scoping study for an audit of intermediate care services and established an advisory group to advise us on future developments with regard to unified assessments. The Welsh Assembly Government is also in the process of developing several policy and framework documents. These will emphasise the importance of research and intelligence to improve strategic planning and the need for health, social care and wellbeing strategies to address the issue of long-term planning for all client groups, including those with mental and physical care needs. The committee was right to identify the dissemination of good practice as a vital strand for developing better services throughout Wales. We shall pursue the issue of accreditation and dissemination of good practice in joint working with the National Leadership and Innovation Agency for Healthcare and Excellence Wales, with a view to possibly extending the services that they currently offer.

As an Assembly Government, we continually emphasise the need for effective joint working at the interface between health and social care. We intend to deliver the best possible services, which will continue to be the key priority in the delivery of health and social care across Wales. We must keep in our sights the ultimate goal. Individuals must receive the best possible services regardless of how they access it, or who delivers it. I am sure that you will agree that that must be our common aim.