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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref P-04-452
Ein cyf/Our ref MD/00057/14

William Powell AM
Chair
Petitions Committee
National Assembly for Wales

16 January 2014

Dear William

Thank you for your letter of 16 December last year following the Committee's meeting of 26 November at which you considered my earlier letter to you of 6 August. That letter responded to issues that had been raised with the Committee over direct payments in the light of the petition Dr Tymandra Blewett-Silcock had raised in relation to her daughter, Poppy. Your latest letter asked for an update following the completion of Stage 2 proceedings on the Social Care & Well-being (Wales) Bill and whether, as the Bill now stands, it would help resolve the difficulties raised in Dr Blewett-Silcock's petition.

As I explained previously the provisions of the Bill will not only allow direct payments to be provided to meet the care and support needs of adults, children and carers where appropriate to do so, but enhance this provision. They seek to make it easier for people to be aware of the possibility of receiving a direct payment and being fully appraised of what this entails in order to make informed choices about how their care and support needs are met. They are not about the extension of direct payments to healthcare per se, as I am strongly of the opinion that the provision of healthcare is the fundamental role of the NHS. As such the consideration of the Bill at Stage 2 has made no difference in this respect to that I outlined in my letter to you of 6 August.

What is key here, however, is the way care and support is provided by social services (where a person has had a direct payment previously) and the NHS when part or all of that person's care becomes healthcare. The relationship between direct payments and continuing NHS healthcare (CHC) can be, as we know, a real issue of concern particularly for individuals whose care and support needs switch from the social services to healthcare. This issue was one of those debated at length during the recent review of the current National Framework for CHC in Wales. As a result the Committee will wish to be aware that a draft revised Framework has been issued for consultation. Part of this contains guidance which seeks to address this issue. The following extract from the draft framework will therefore be of interest to the Committee:

'Direct Payments and NHS Continuing Health Care'

8.46 As a matter principle, if an individual has existing Direct Payment arrangements, these should continue wherever and for as long as possible within a tailored joint package of care.

8.47 It is currently unlawful for Direct Payments to be used to purchase health care which the NHS is responsible for providing. Direct Payments can only be used for social care provision.

8.48 Where an individual whose care was arranged via Direct Payments becomes eligible for Continuing Health Care funding, the Health Board must work with them in a spirit of co-production. Although Direct Payments will no longer be applicable where an individual has a primary health need, this should not mean that the individual loses their voice, choice and control over their daily lives. Every effort should be made to maintain continuity of the personnel delivering the care, where the individual wishes this to be the case.

8.49 There may be circumstances where it is possible for an individual to retain some Direct Payment for the elements of their care for which the local authority is still responsible, e.g. opportunities for social inclusion. Partner organisations must work together to explore all the options available to maximise an individual's independence.

8.50 An individual in receipt of Direct Payments retains the right to refuse to consent to CHC assessment and /or care package, as detailed in Chapter 5. In such cases partner agencies must work together with the individual and their family/carers to ensure that the risks are fully understood and mitigated as far as possible.

You will see that while direct payments cannot as such be used for healthcare where a person becomes eligible for CHC, we are stressing the need for recipients to be able to continue to maintain a voice over their care and support and for health and social services to collaborate to ensure joint packages of care are provided to meet people's needs. In this way we aim to prevent the issues which we have seen arise previously, such as that experienced in the case of Dr Tymandra Blewett-Silcock's daughter Poppy.

Yours sincerely



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