

Information Further to Ministerial Answers

Information further to OAQ2119(FM) issued by Brian Gibbons, the Minister for Health and Social Services, on behalf of Rhodri Morgan, the First Minister, on 5 December 2006

To Brynle Williams:

I am writing to you in response to the question you asked the First Minister about NHS dental contracts commissioned by North Wales Local Health Boards (LHBs) and Flintshire in particular in Plenary on 5 December.

Local Health Boards (LHBs) have their own budgets and are empowered to commission NHS dental services to meet the local need and the wider oral health agenda. LHBs must, to the extent it considers necessary, meet all reasonable requirements, secure primary dental services and consider where and what services are provided.

The detail of any NHS contract entered into would be entirely a matter between the dental practitioner and the LHB. My Officials have contacted North Wales LHBs who confirm there are no cases of children being unable to receive NHS dental services unless their parents are treated privately within the contracts they have commissioned and have expressed some surprise at the inference. There is nothing in the Regulations that says the provision of NHS treatment of children is dependent on their parents holding a particular status; such a situation would be contrary to the legislation that supports the new dental contract.

We want dentists to maintain continuity of care for their established patient base. The provisions in the regulations are not intended to prevent dentists continuing to see their existing patients, and this applies whether the existing patients are children or adults. The new arrangements extend to dentists the situation that already exists for general medical practitioners, reflecting the principles of an accessible NHS service. The Regulations allow a dentist to give priority to a specific group of patients such as children where the LHB and the dentist in question have agreed this through the commissioning and contracting processes.

Under the new contractual arrangements for NHS dentistry which came into force on 1 April 2006 an additional £30 million has been invested in NHS dentistry from 2006-07 onward which represents an increase of the net spend in dentistry of over 89% since the Assembly was established in 1999. Significant amounts of money have been invested to establish new dental services in Flintshire this year through the dental body corporate Oasis that has created additional capacity for 37,500 new patients. The area has also benefited from further funding totalling £557,865 through Personal Dental Service (PDS) pilot agreements which provided NHS dental services for 9,593 additional patients. In total Flintshire has received an additional £1.470 million. The remaining LHBs in North Wales have similarly benefited from additional funding for increased capacity.

The additional funding has been distributed to LHBs to spend on commissioning NHS dental services and all have received an uplift in the level of resources for dentistry. However, a proportion of this central funding was set aside as additional growth monies available from 2006-07 to specifically target those areas where difficulty remains in gaining access to NHS dentistry.

In June I announced the areas that would benefit from the additional growth funding; North Wales region £1,400,000, Mid and West Wales region £1,280,000 and South East Wales region £265,000. These additional resources are recurrent and ring-fenced for NHS dental services to enable the LHBs to purchase additional dental services through the local commissioning arrangements. Flintshire, Conwy, Gwynedd and Anglesey were areas

identified for this additional funding, and Flintshire has received funds amounting to £121,780 to support proposals to widen access and enhance the development of service provision in the area.

This additional NHS provision is to be welcomed, and it is encouraging to see that LHBs are already re-investing the resources freed up by dentists who chose to reduce their NHS commitment on 1 April to provide replacement and additional NHS services using the control they now have over dental funds.

**Information further to OAQ2126(FM) issued by Rhodri Morgan, the First Minister,
on 5 December 2006**

To David Melding:

On the 5th of December 2006 I undertook to provide you with a detailed response to your question regarding why the Assembly did not seek framework powers or a Welsh clause to the Mental Health Bill 2006.

Before I turn to the substantive points of your question, I would wish to make you aware that the Mental Health Bill does in fact contain two clauses concerning matters in Wales. The first at clause 36 is concerned with Local Health Boards (LHBs). The purpose of this clause is to make it clear (for the purposes of the Mental Health Act 1983) that the managers are the Local Health Board in respect of a hospital vested in a LHB. The second clause, clause 37, amends the provisions in section 143 of the 1983 Act which makes provision in relation to the exercise of regulation, order and rule making powers. In particular it provides the procedure to be applied when such powers are exercised by the Welsh Ministers, as it will be after May 2007.

However I suspect the main point you were seeking me to clarify was the matter of framework powers under this Bill.

The Minister for Health and Social Services decided against seeking framework provisions in respect of the Mental Health Bill for the following reasons:

- Like the Act that it will amend, the Bill is concerned with vulnerable people who are detained and treated under compulsion. The 1983 Act is concerned with the detention of patients to ensure that they receive treatment for their mental disorder where they pose a risk of harm to themselves or to others. As such the Act sets out processes for compulsion which are common to patients whether from Wales or England, rather than reflecting the structural differences between the NHS in Wales and the NHS in England.
- In practice, the definitions and exclusions for mental disorder are the essential elements of who may be detained. It would not be appropriate to have difference in definition between Wales and England, not least because of the significant cross border issues that would arise. This could also affect recruitment and retention of doctors, nurses, social workers and other health professionals.
- The proposed provisions in the Bill for Supervised Community Treatment will provide for compulsion in the community where this is judged by the clinician as appropriate and safe, and the Assembly will ensure that there is extensive guidance on this within the Code of Practice for Wales. The Audit Mental Health National Service Framework (NSF) 'Raising the Standard' sets out in Standard 6 the model of service we require; in particular specifying assertive outreach and crisis resolution and home treatment services and the Code of Practice for Wales will be drafted to be

consistent with the NSF. You will be aware that there will be a separate Code of Practice for England.

- The provisions that are being proposed for the amending Bill in terms of the provisions for nearest relative are to remedy an ECHR incompatibility within primary legislation and therefore much be completed. This is the position also in respect of the Bournemouth safeguards. Such amendments much be made to the primary legislation.
- You will be aware from the Bill that the Assembly will have significant regulation making powers in respect of determining who may perform the functions of the Approved Mental Health Professional approved clinician and the responsible clinician, together with determining their training and qualifications and regulation. This will enable Wales to regulate in such a way as meets our service requirements and if appropriate, adopt a different approach to that adopted in England as to which professionals can undertake these roles.
- The Assembly will also have significant regulation-making powers in respect of determining when the referral periods will occur in respect of the Mental Health Review Tribunal.

These reasons are also set out in the relevant statement of information that has been published following the introduction of the Mental Health Bill into the House of Lords.

There is also a commitment to the development of a separate Code of Practice for Wales which will provide the Assembly with the opportunity to emphasise the importance of our strategies, not only in adult mental health but also older persons and children, with their themes of empowerment and equity.

The Health and Social Services Committee will be discussing the Mental Health Bill 2006 in their January meeting and they will I am sure be watching the parliamentary scrutiny of this Bill with much interest, as will I.

**Information further to OAQ2130(FM) issued by Rhodri Morgan, the First Minister,
on 5 December 2006**

To Alun Ffred Jones:

Convergence 2007 – 2013 Programme

I advised you on 5 December that I would respond in writing to your supplementary question to OAQ 2130 about the structure and implementation of the new Convergence Programmes for West Wales & the Valleys.

My officials are continuing to work with partners on the detailed arrangements for using the Wales Spatial Plan and Strategic Frameworks to help to ensure that Convergence resources are focused in ways which address needs and opportunities and maximise impact. We intend to utilise the considerable expertise that has been built up over the 2000–06 European Structural Fund programme period. It is our intention, however, to ensure that our implementation arrangements are fully integrated and assist in delivering our strategic goals for West Wales and the Valleys in line with the Lisbon strategy for Growth and Jobs.

We therefore propose to have separate Sustainable Regeneration Strategic Frameworks in each Spatial Plan Area. These frameworks will be co-ordinated by the Spatial Plan Area Groups. Partners have welcomed our proposals to establish, with the help of Structural Fund Technical Assistance, European Spatial Support Teams that will operate at a Spatial Plan area

level. These teams will help to ensure that existing expertise is utilised to maximum effect. A Task and Finish Group of the Programme Management Workstream, with representation from all the key sectors, will be established shortly to take forward these proposals.

Following consideration of the responses to the recent public consultation and preliminary discussions with the Commission, I have decided to make a number of changes to the proposed structure of the new programmes. These changes place a stronger emphasis on support for young people within the ESF programme through the inclusion of a separate priority focusing specifically on supporting their integration into employment. We are also proposing to increase the number of priorities in the ERDF Convergence programme from three to five. These changes are largely presentational, but include the creation of a separate priority for R&D and innovation and the inclusion of a new theme linked to investments in strategic infrastructure (incl. strategic sites and premises).

The new structure of the Convergence Programmes is:

ERDF CONVERGENCE PROGRAMME

ERDF PRIORITY 1: BUILDING THE KNOWLEDGE BASED ECONOMY

Theme 1: Fostering research, innovation and technology

Theme 2: Information society for all and ICT infrastructure

ERDF PRIORITY 2: IMPROVING BUSINESS COMPETITIVENESS

Theme 1: Promoting entrepreneurship and supporting growth businesses, including export assistance

Theme 2: Improving access to business finance

ERDF PRIORITY 3: DEVELOPING THE STRATEGIC INFRASTRUCTURE FOR A MODERN ECONOMY

Theme 1: Sustainable transport

Theme 2: Strategic infrastructure (includes sites and premises, educational infrastructure, ports, etc)

ERDF PRIORITY 4: CREATING AN ATTRACTIVE BUSINESS ENVIRONMENT

Theme 1: Renewable energy

Theme 2: Environmental risk management, environmental infrastructure including waste management and flood risk

Theme 3: Environment for Growth – promoting the potential of the environment including maritime and inland waterways

ERDF PRIORITY 5: BUILDING SUSTAINABLE COMMUNITIES

Theme 1: Physical regeneration (including town centre renewal)

Theme 2: Community economic development (including social enterprise)

ESF CONVERGENCE PROGRAMME

ESF PRIORITY 1: EQUIPPING YOUNG PEOPLE WITH THE SKILLS NEEDED FOR EMPLOYMENT

Theme 1: Tackling under-achievement

Theme 2: Raising skills and aspirations

ESF PRIORITY 2: INCREASING EMPLOYMENT AND TACKLING ECONOMIC INACTIVITY

Theme 1: Helping people into sustainable employment

Theme 2: Helping people to remain in work

ESF PRIORITY 3: IMPROVING SKILL LEVELS AND THE ADAPTABILITY OF THE WORKFORCE

Theme 1: Raising the skills base of the workforce

Theme 2: Skills for the knowledge economy

Theme 3: Promoting gender equality in employment

ESF PRIORITY 4: MAKING THE CONNECTIONS: MODERNISING AND IMPROVING THE QUALITY OF OUR PUBLIC SERVICES

Theme 1: Transforming public services through more effective collaborative working

Theme 2: Building the capacity of public service sector to delivery higher quality services