Date: **Wednesday 14 January 2004**

Venue: **Committee Room 3, National Assembly for Wales**

Title: **Ministerial Report to the Health and Social Services Committee**

1.	Health Gain Targets
2.	Diabetes Services in Wales
3.	Five Yearly Review of the Multi-Centre for Research Ethics Committee for Wales (MREC)
4.	Review of Health and Social Care in Wales – Production of Local Action Plans
5.	Patient Confidentiality
6.	Possible transmission of vCJD through blood
7.	Impact of the Children's Bill for Wales
8.	Safeguarding Vulnerable Children Review
9.	Training for Expert Patients
10.	Implementation of Domiciliary Care Regulation
11.	Raising Standards in Social Care – Extension of Registration across the Social Care Workforce
12.	Waiting Times Second Offer Scheme
13.	Modernising Pharmacy Services - Automation of Dispensing Systems in Hospitals

14.	Good Delivery and Performance of the LHBs
15.	Updates 15.1 GMS Contract 15.2 Stroke Services 15.3 Epilepsy Action Plan 15.4 Joint Reviews of Local Authority Social Services
16.	Budgets / Allocations to Local Health Boards (LHBs) and Health Commission Wales (HCW)

1. Health Gain Targets 2002-2012

In response to the NHS plan, *Improving Health in Wales-A Plan for the NHS with its Partners*, an Expert Group on Health Gain Targets was established to review the existing health gain targets and establish new targets and inequality indicators for the period 2002 to 2012 in five priority health areas; coronary heart disease (CHD), cancer, mental health, children and older people.

Membership of the group reflected knowledge of and experience in health monitoring and targeting particularly in the wider determinants of health. Relevant academic disciplines, the NHS, local authorities, the voluntary and community sectors and equal opportunities bodies are represented on the group as well as appropriate representation from within the Assembly.

In line with the Welsh Assembly Government commitment to partnership working, the targets and indicators were developed following a two-stage consultation process. First, regional workshops were held with local organisations and agencies, resulting in the development of a framework for the targets and indicators, *Targeting Health Improvement for All: a consultation document*. Second, there was a consultation exercise on the proposed framework, comments being received from the NHS, local authorities, community and voluntary organisations and the academic sector.

To maintain the consultative approach, the Expert Group recommended that small sub-groups be established in each of the five health priority areas identified in the new framework. These sub-groups, comprising health and other professionals, were asked to identify ‘Headline’ national level health outcome targets for achievement by 2012 and to propose inequality indicators for those health outcomes. In developing the targets and indicators, sub-groups took into account factors influencing their health area, including improved prevention, earlier detection and effective intervention, co-ordinated efforts of organised and appropriate services and available evidence on available treatments. Statistical information and relevant current and developing strategies, policies and action plans were also

considered.

The aim of the new targets and indicators is to provide the focus and direction for improving health and reducing health inequalities in Wales. They are high level targets and, as such, provide an overarching direction for, and link across, existing and future policies and action plans at national and local levels. The targets, together with the health inequality indicators, will continue to inform and monitor strategic direction in health at the national and local level.

The new health gain target baselines are set at 2002 and progress will be monitored as appropriate over time. Health gain targets and accompanying inequality indicators for CHD and older people were announced in March 2003 and November 2003, respectively. Those for cancer, mental health and children were announced earlier in January 2004. The complete set of targets and indicators are as follows:

Coronary Heart Disease (CHD)

The health outcome target for CHD is:

- To reduce CHD mortality European Age Standardised Rate (EASR) in 65-74 year olds to 400.0 in 2012.

The health inequalities target for CHD is:

- To improve CHD mortality in all groups and at the same time aim for a more rapid improvement in the most deprived groups.

Cancer

The health outcome target for cancer is:

- To reduce cancer EASR mortality in those aged below 75 years by 20 per cent by 2012 (excluding non-melanoma skin cancer).

The health inequalities target for cancer is:

- To improve cancer mortality in all groups and at the same time aim for a more rapid improvement in the most deprived groups.

Mental health

The health outcome targets for mental health are:

- To increase the mean Mental Component Summary Score (MCS) (the MCS is based on a validated set of questions (the SF-36) on mental health status) for Wales to 50 by 2012.
- To reduce the EASR from suicide at all ages (included undetermined deaths) by at least 10 per cent by 2012.

The health inequalities target for mental health is:

- To increase the mean MCS score for carers by one point by 2012.

Older people

The health outcome targets for older people are:

- To reduce the EASR for stroke mortality by 20 per cent in 65 to 74 year olds by 2012.
- To reduce the EASR for hip fractures in the 75-and-over age group by 10 per cent by 2012.

The health inequalities target for older people is:

- To increase the present rate of moderate-to-vigorous exercise undertaken by people aged 50 to 65 to 30 minutes by 2012.

Children

The health outcome targets for children are:

- To eliminate sustained person-to-person spread of measles, mumps and rubella by 2015.
- To reduce child (aged 0-14) pedestrian injuries from motor vehicle accidents by 35 per cent by 2012.

The health inequalities target for children are:

- To reduce the incidence, severity and mortality ratios of pedestrian injuries in the 0-14 age group by 2012.

2. Diabetes Services in Wales

The Audit Commission Report – Diabetes Services in Wales – a baseline review of service provision was published on 4 December 2003. This report, together with 22 individual local reports was commissioned by the Assembly to help inform the development of the Diabetes National Service Framework Delivery Strategy. The local reports will be an aide to the development of local implementation plans to achieve the requirements of the 12 Standards.

Each LHB will submit their implementation plans to the Assembly by 31 January 2004. These will be used together with the actions from the implementation plans Service and Financial Framework process to monitor future progress.

The Audit Commission reports that 3.5 per cent of the population in Wales has diagnosed diabetes. Of those diagnosed, 15 per cent will have Type 1 diabetes and the remainder will have Type 2 diabetes. Being totally insulin dependent due to the body's inability to produce insulin is characteristic of Type 1 diabetes. It is controlled by regular insulin injections, diet, and exercise. Type 2 diabetes is not totally dependent on insulin and results from the resistance of the body to produce enough insulin. It is treated in a number of ways including diet, exercise, tablets, and injections where appropriate.

There are an estimated 50,000 people with undiagnosed diabetes in Wales. The number of people with diabetes is predicted to double worldwide, rising to at least 5% of the population by 2010.

Press and media coverage following the publication of the Audit Commission report indicated that more must be done to prevent diabetes and the earlier identification of diabetes.

Type 2 diabetes

Much work is ongoing across Wales to enhance awareness of the risk factors associated with the development of diabetes and the symptoms, which would indicate a diagnosis of diabetes. The symptoms are less marked or absent with Type 2 diabetes.

Many health promotion projects are underway across Wales. The Health Promotion Division of the Welsh Assembly is supporting and co-ordinating activities within the NHS and voluntary sector to address the education of health care professionals and the general public. Posters and educational literature to advise and enhance awareness of the risks and symptoms of diabetes are produced and distributed by the Assembly, in association with other key partners including Diabetes UK Cymru.

Existing screening to detect diabetes

High-risk groups are presently being screened in primary and secondary care; by identifying those at high risk through their records. These include people with a -

- Family history of diabetes
- History of cardiovascular disease (This is also indicated in the CHD NSF)
- History of gestational diabetes
- History of impaired fasting glycaemia (IFG) or impaired glucose tolerance (IGT)

Those who are -

- Overweight or obese
- New patients attending a general practice and asylum seeker
- Black and ethnic minority communities, especially those over the age of 40 years

It is indicated in the action plans of the Diabetes NSF Delivery Strategy that these two groups should be screened by their general practitioner at least annually to determine the diagnosis of diabetes. It is anticipated that people in these groups will, once they have been identified, be entered onto a register for follow-up and recall for annual screening. This will be monitored via the Annual Audit Reports.

Future screening

The National Screening Committee recommends supporting targeted screening as listed above. The results of the pilot studies currently being undertaken in England on the best methods of screening are awaited and mass media screening should be limited until these results are known.

Given the magnitude of the growing burden of cardiovascular disease and diabetes, health officials in the United Kingdom have made chronic illness a high priority. The Department of Health has allocated funding for the development of the Diabetes, Heart Disease and Stroke Prevention Project

(DHDS) under the auspices of the National Screening Committee of the National Health Service.

The studies are combining diabetes with cardiovascular disease. The National Screening Committee selected nine sites for the pilot through a process of competitive tender and the sites that have been chosen include: Bradford, Bristol, Coventry, Haringey, Leicester, Liverpool, Luton, Portsmouth, and Sunderland.

An evaluation team is currently being recruited in England; the study will be completed by September 2004. The report on the recommendations on methods of screening is not anticipated until January 2005 and will be used to inform future action for screening services. The Welsh Assembly Government will be assessing progress and considering the most appropriate way forward for services in Wales.

3. Five Yearly Review of the Multi-Centre for Research Ethics Committee for Wales (MREC)

In January 2001 a programme of reviews of non-executive Assembly Sponsored Public Bodies and Tribunals was initiated. The Multi-centre for Research Ethics Committee for Wales (MREC) was included on this list. Members may wish to note that a review of the MREC has been conducted and Sue Essex and I have agreed the review’s recommendations.

The main recommendations and conclusions of the review were that the MREC for Wales should continue to exist in its present state as it is the only body in Wales able to review multi-centre research, it provides good value for money and has a UK wide reputation of excellence.

A copy of the report can be found in the Members' Library Cardiff Bay.

4. The Review of Health and Social Care in Wales – Production of Local Action Plans

The recommendations set out in The Review of Health and Social Care in Wales, advised by Derek Wanless, present significant challenges for health and social care in Wales. One key focus is the need to remodel and redesign services across the health and social care spectrum, to ensure the appropriate balance of provision to meet the health and social care needs of local populations.

In the plenary debate on 18 November, I set out details of the Implementation Plan, concentrating on three priority areas:

- providing services that meet demand more effectively
- strong financial management with an ending of NHS deficits, accompanied by robust performance management
- real engagement of communities in decisions about services and about how their health and social care needs should be met.

I also announced that outline Local Action Plans should form part of the overall planning process of the Health, Social Care and Well Being agenda and that Plans should be available in the Spring of 2004.

The NHS and its partners, have now been asked to prepare such plans. A framework to inform the production of the plans has been sent to Local Health Boards and Local Authorities, who have been asked to address in particular the following three areas:

- Referrals from primary care
- Delayed transfers of care
- Remodelling and redesign.

Local Action Plans should be consistent with the resources available and should show how, over time, existing resources could be progressively redirected to the new patterns of service. The £25 million announced recently will be a key source of funding and should support the delivery of Local Plans and stimulate further changes in the future.

The engagement of all of the local organisations and local communities is an essential prerequisite of the process. Local Health Boards and Local Authorities are an important vehicle for overseeing this process and for securing appropriate involvement of other key partners, NHS Trusts, Community Health Councils, voluntary sector and all other parties. Similarly the health and social care workforce must also be engaged, as well as local communities.

5. Patient Confidentiality

Further to our discussion at the last Committee about The Review of Health and Social Care (Wanless report), I agreed to provide an explanatory note on confidentiality and data protection in relation to electronic patient records.

Work in Progress

The Welsh Assembly Government has been working with the NHS, for a number of years, producing guidance for ensuring confidentiality, as recommended in 'The Caldicott Report' which aimed to improve the way in which the NHS handles and protects the patient-identifiable information it collects through its processes. Recently the Welsh Assembly government has produced a 'Confidentiality Code of Practice' to aid Data Protection Officers and others.

This code of practice has been developed in conjunction with the Welsh Confidentiality and Security Advisory Group, and will be issued as guidance. A full public consultation is envisaged to enable the guidance to be effectively tailored to the needs of Wales, and for the guidance to be mandated.

The code of practice builds on the legal requirements of the Data Protection Act, and extends earlier guidance based on 'Caldicott' guidelines. Strong emphasis is placed on the obligations of staff, and the requirement for informed consent from the patient.

Planned work

The *Informing Healthcare* programme has initiated a number of projects specifically concerned with confidentiality and security. Additionally the 'Technical Proof of Concept' (TPoC) project for the Single, Integrated, Electronic Health Record will be looking at some specific scenarios. These will explore aspects of confidentiality when extending the electronic health record beyond the boundaries of a single organisation. It is clear that we need to consider how information is shared within a single hospital as well as the additional considerations when records are viewed by clinicians within a different organisation. The programme, as a whole, will consider how information can be shared according to clinical or care-based need to know, across disciplines, professions and organisations within and across both health and social care. All this will need to be achieved taking full account of the patient's rights and wishes.

6. Possible transmission of vCJD through blood

On Wednesday 17 December, the Secretary of State for Health made a statement in the House of Commons concerning the UK blood supply and the unknown risk of variant Creutzfeldt-Jakob disease (vCJD) being transmitted by blood.

A patient who died recently with vCJD had received a blood transfusion six years previously, prior to precautionary measures being implemented. The patient received blood from a donor who developed vCJD three years after making the donation.

It is possible that vCJD was transmitted from the donor to the patient by the blood transfusion. Although it is also possible that both individuals separately acquired vCJD by eating BSE infected meat or meat products.

This is only a single incident, so it is impossible to be sure of the route of infection. However, the possibility of this being transmitted by blood cannot be discounted.

Since 1998 the UK Blood Transfusion Services have introduced a number of measures as a precaution against the unknown risk of vCJD being transmitted by blood. These have included:

- Importation of US plasma for manufacture into plasma products (such as Albumin) since 1999.
- Leucodepletion of all blood components (the removal of the white cells) since October 1999.
- Withdrawal and recall of any blood component or plasma product made from a blood donation since 1997 from any individual who later develops vCJD.
- Encouraging the appropriate use of blood by promoting the Welsh Assembly Government's Better Blood Transfusion 2.
- They are also about to start to source US Fresh Frozen Plasma (FFP) for babies and young children born after 1st January 1996.

The Welsh Assembly Government, along with the UK Blood Transfusion Services, and other medical and scientific experts, are continuing to review the current precautions against vCJD and any other precautions that could be implemented.

7. Impact of the Children's Bill for Wales

The UK Government announced in the Queen's Speech its intention to introduce a Children Bill to improve services that protect children, following the Green Paper, *Every Child Matters*, responding to the Laming Report. A plenary debate on the Children Bill is to be held this afternoon where I will outline the following actions. I intend to take advantage of this legislation to make changes appropriate to our policy approach in Wales.

Children and Young People's Frameworks

Local children and young people's Partnerships have been set up under the Children and Young People's Frameworks to ensure that services are planned jointly and to listen more carefully to the views and concerns of children and young people. We have issued guidance that makes it clear that local Health, Social Care and Wellbeing strategies should base their consideration of children's and young people's issues on the work of the Framework Partnerships.

I intend to seek powers to make the Framework and Children's Partnerships a legal requirement, to increase their profile and rationalise their relationship with Young People's Partnerships which are

already recognised in statute in the Learning and Skills Act 2000. I also propose to introduce a duty to co-operate on the statutory partners in order to encourage a universal approach to the development of joint working arrangements across Wales. This will include local co-operation between different statutory bodies, and also co-operation between local authorities.

To strengthen accountability, local authorities will be required to identify a lead director for children and young people with responsibility for planning under the Framework, thus giving a high profile and focus to children and young people's issues. The director's role will be reinforced by a lead council member for children and young people.

Local health boards and NHS Trusts will also be asked to identify lead directors and members for children and young people.

Safeguards

In order to strengthen safeguards for vulnerable children and young people, we published in September our response to the recommendations in the Laming Report and work is underway to ensure that these are put into action.

Area Child Protection Committees perform vital roles of accountability and partnership but have not been equally effective in all areas. We intend to enhance their work by placing them on a statutory basis, in line with Lord Laming's recommendation. This will be complemented by a new duty on health services, the police and other relevant local bodies to have regard to safeguarding children, promoting their wellbeing and working together through local partnership arrangements.

Supporting Delivery

Children and families require services from a range of agencies and professionals who need to work together and share information appropriately to make sure that service provision is effective. We need to reduce any opportunities for misunderstanding, uncertainty and variation in practice that can prevent this taking place. We therefore propose to implement legislation for Wales that removes barriers to information sharing. This by itself will not put all of the necessary infrastructure in place, but we cannot miss this opportunity to deal with legal barriers.

The Children and Family Court Advisory and Support Service - CAFCASS

I am currently discussing with Whitehall colleagues the possible transfer of the functions of the Children and Family Court Advisory and Support Service (CAFCASS) to the Assembly Government. CAFCASS looks after the interests of children involved in family proceedings, advising the family courts on what it considers to be in the children's best interests. This would be analogous to the transfer of responsibility in England from the Department of Constitutional Affairs to Margaret Hodge as Children's Minister.

Children's Commissioner for Wales

I welcome the UK Government's intention to appoint a Commissioner for England, as set out in the Green Paper. This is an area in which Wales has set the lead for the UK.

The intention to create a Children's Commissioner for England provides the opportunity to address the anomaly that the Welsh Children's Commissioner has only a restricted role in relation to non-devolved services. I have written to the Rt. Hon. Margaret Hodge MP proposing that a way should be found of addressing this anomaly through the Children Bill.

8. Safeguarding Vulnerable Children Review

The First Minister and I have jointly appointed Gwenda Thomas AM to head a review of the progress made to date in safeguarding vulnerable children in Wales.

Four years after the publication of the Waterhouse Report the review will assess progress on the delivery of services on the ground. It will identify how lessons have been learnt and guidance on good practice implemented. We want the review team to see the extent to which services on the front line match up to the policies and guidance we have set out and the investment we have made. This is part of our on-going agenda, which follows our responses to Waterhouse, the Carlile Report and the Victoria Climbié inquiry. The group's work will take account of the existing activities of the Social Services Inspectorate for Wales. The group will also be expected to consider the implications for their work of the inquiries established by the Home Secretary in the light of the Soham trial.

The team will carry out a number of visits throughout Wales, taking evidence from providers of services on the ground. Professional advice to the team will be provided by the Social Services Inspectorate for Wales. Sources of evidence will include:

- Local authorities;
- Voluntary sector groups, including youth and sporting groups;
- The Children's Commissioner;
- The police and fire services
- Providers of training for social work qualifications;
- Employer and employee groups, such as teachers' organisations; and
- Groups which represent young people.

We want to make sure, in collaboration with our partners in local government, that changes and good practice are taking place across Wales in all areas to protect children in all circumstances. This detailed review will establish the situation and we will look at any recommendations which are made as a result.

I shall shortly be announcing the names of the other members of the task group to carry out the review, which I expect to take around 12 months.

9. Training for Expert Patients

A number of volunteer organisations in Wales have expertise in the area of running self-management training. Arthritis Care in Wales, Diabetes UK Wales, MS Cymru, Endometriosis Society, and Manic Depression Fellowship have been involved in the delivery of either condition specific or generic self-management training programmes for some time. The experience within the voluntary sector has contributed to the planning and development of the Expert Patient pilot projects in Wales. Partnership working with national and local voluntary organisations has enabled the sharing of expertise in the planning and delivery of self-management courses.

The Expert Patients Programme (EP) is an NHS-based training programme to help people living with long-term chronic conditions to develop new skills to manage their condition better on a day to day basis. EPP courses are geared to help people who are living with chronic conditions such as: heart disease, stroke, arthritis, diabetes mellitus, mental illness, asthma, back pain multiple sclerosis, epilepsy, ME and many others.

The course is based on research, which shows that people living with chronic illnesses are often in the best position to know what they need in managing their own condition. Given the necessary self-management skills will help to empower people to become key decision-makers in their own care. More effective management of chronic diseases can minimise their impact on daily life. The EP initiative is very much in line with a key recommendation in the Wanless Review that people should take more responsibility for their own health.

EP courses are based on a chronic disease self-management course developed at Stanford University, and are delivered over 6 weeks of 2 ½ hour sessions. They are run in community settings and delivered by volunteer tutors who are living with a long-term illness themselves. Volunteer tutors are trained on a 3 to 4 day residential course, and are assessed on the delivery of the first two EPP courses.

Evidence demonstrates that people who have attended EP courses feel more confident and in control of their lives; experience less pain, fatigue depression and anxiety; communicate better with healthcare professionals; and make fewer visits to GP’s

Two EP pilot projects based at Swansea LHB and Gwynedd LHB commenced in March 2003. Both pilot sites will have delivered three courses by the end of April 2004. In both areas a great deal of work has been done to develop partnership working with local voluntary organisations and community groups, referral protocols with local GP's and hospitals, and marketing and awareness raising to publicise the courses. The pilot projects are overseen by a national steering group with representatives from NHS Wales, professionals, voluntary sector, Community Health Councils and Welsh Assembly Government. A reference group has been set up to ensure a diversity of views.

At the national level, we plan to strengthen the network of EP trainers in Wales by running a residential

course to train new volunteer tutors in February 2004.The residential workshop will enable the training of up to 16 EPP tutors. Places have also been secured on the workshop to train volunteers for Diabetes UK, Arthritis Care and Endometriosis Society. We are also looking at the scope to develop links with an EP website in England to help Welsh people access courses and train to be EP tutors.

As with any new initiative, time must be allowed for development. Feedback from participants at both pilot sites indicates clear benefits gained by course participants. An independent evaluation of both EP pilot projects will be undertaken in May 2004 and will be used to inform the way forward.

10. Implementation of Domiciliary Care Regulation

I informed the Health and Social Services Committee in November that I had asked the Care Standards Inspectorate for Wales to manage the implementation of domiciliary care regulation. I agreed to tell Committee of these plans. The implementation strategy has a number of components at both national and regional levels. The strategy has been developed following discussion with the Task and Finish Group.

A National Provider Liaison Group has been set up consisting of representatives of providers, many of whom were members of the original Task and Finish Group. The group will support the implementation programme. It will also be a channel of communication about progress over the coming months. The first meeting will take place on 19 January 2004.

Group Membership

Sandy Acathan	National Home Care Council
Yvonne Apsitis	UK Home Care Association
Shirley Bowen	Carers Alliance Wales
Christine Brooks-Dowsett	British Association of Domiciliary Care Organisations
Barry Gallagher	Representing Housing Associations
Gill Haram	NHS Trusts
Wenda Hatherly	Children’s Services
Mario Kreft	Care Forum Wales
Janet Morgan	Association of Directors of Social Services

Ros Thomas	Association of Directors of Social Services
Richard Wilson	Representing Housing Associations

CSIW has begun producing the necessary documentation and guidance for its staff. This will be supported by training for staff of the Inspectorate on the new regulations and national minimum standards and on the particular nature of domiciliary care. The National Provider Liaison Group's advice to CSIW on these matters will be crucial.

A national conference for providers has been organised for the 9th February. This will give providers across Wales the opportunity to discuss CSIW's plans and hear how CSIW deals with registration, inspection, complaints and enforcement. The broad timetable for the first year of regulation will also be explored. Considerable time will be spent looking at how Agencies can best go about the registration process with CSIW and in identifying any further issues that CSIW will need to address. Agencies will also have the opportunity on the day to meet senior regional CSIW managers.

It will take time to develop a full understanding of the new regulations and standards. Success will require close-working arrangements between individual agencies and CSIW locally. A series of regional roadshows will be held in April 2004 to give agencies the opportunity to explore the implications of the regulations before they make an application to register. The workshops will also help providers and local inspectors to get to know each other. These and the National Conference will be key to building understanding and will provide the platform for discussion between individual providers and CSIW.

A communication strategy to ensure that providers and service users are kept up to date on progress has been planned. In addition to the use of CSIW's Internet site and newsletter there will be a leaflet and poster campaign to coincide with the making of the regulations and standards. Posters will also be placed in each sub post office around Wales to raise the awareness of the need for registration from 1 March.

The introduction of regulation of domiciliary care is both important and challenging. The plans I have outlined above provide the right framework for this. It is designed to build the close working relationships between providers, commissioners of services, service users and CSIW that will be necessary to make regulation work for service users.

11. Raising Standards in Social Care – Extension of Registration across the Social Care Workforce

On 8 October I reported to you that now that the Care Council for Wales has opened the register for social workers, I want us to move towards our objective of inclusive registration of the social care workforce. The social care sector itself that has called for inclusive registration in Wales this was clearly

demonstrated in the consultation on the Social Services White Paper ‘Building For The Future’.

I indicated in my letter to Council that in the first instance I want to focus on those staff defined at sections 55 2(b)(c)(d) of the Care Standards Act 2000 as social care workers with specific reference to:

- those working in direct care roles in children’s homes and adult care homes and managers of those settings; and
- staff and managers in domiciliary care;

and that I want to give priority to those working in residential childcare settings as has been indicated previously. I aim to have all relevant parts of the register open by late 2006 with the first tranche of registration beginning in Autumn/winter 2004.

I wrote to the Care Council for Wales seeking their views on the scope and pace for the extension of registration, in order that we may move forward on this important development. I indicated that I would also be pleased to hear their early views on how they will be approaching the setting of fee levels and training requirements for registration for these staff groups as I am anxious to ensure that we have an approach which is inclusive and accessible but which also promotes public protection and improved standards.

I also indicated that we must ensure that the standards that are set are coherent with other standards particularly those set in our National Minimum Standards (NMS) for regulated care settings and our National Training Targets as well as with the Council’s work on induction and qualification frameworks.

I have now received advice from the Care Council for Wales proposing a programme of registration which reflects the principals set out in my letter with priority being afforded to staff in children’s homes.

The Council has indicated that they will consult with the sector on realistic fee levels in line with Council policy that fee levels should broadly reflect the earnings of workers. On this basis consultation on an annual fee level of £30 for managers and £15 for care workers will be undertaken.

The Council has also acknowledged the need to ensure coherence of training standards and will reflect the National Minimum Standards (NMS) in the registration requirements. However the Council have also advised that the requirement for adult residential and domiciliary care workers should also include either the NMS requirement or completion of the Council's Induction Framework. This would enable individual care workers to be brought onto the register at an earlier date since qualification attainment for some of these groups is likely to take some time due in part to their current mobility and the generally low levels of qualifications. The Council anticipate that the Induction Framework could be used as a means of confirming the skill levels of those care workers who may have worked in the sector for some time but have not achieved formal qualifications.

The programme proposed by the Council provides a framework within which we can advance our

objectives for raising standards and protecting vulnerable people and provide a sound basis for the development of the necessary legislation to support the registration process. It provides a challenging but achievable timetable and takes proper account of the need to work in partnership with employers and employees. I have therefore written to the Council asking them to develop the necessary arrangements, including Registration and Conduct Rules, to invite applications for registration based on the timetable below. I will bring forward the necessary legislation to support the opening of the register in due course.

Group	**Currently Known Approximate Numbers**	**Qualification** **Level for entry to the register to be consulted on**	**Fee** **Per Annum to be consulted on**	**Date Register to Open**
Residential Child Care Managers	200	NMS Qualification	£30	September 2004
Residential Child Care Workers	1,000	NMS Qualification	£15	April 2005
Residential Adult Managers	4,500	NMS Qualification	£30	April 2005
Residential Adult Workers	26,000	Induction framework or Relevant NMS qualification	£15	Sept 2005
Domiciliary Care Managers	500	NMS Qualification	£30	April 2005
Domiciliary Care Workers	13,000	Induction framework or Relevant NMS qualification	£15	Sept 2006

12. Waiting Times Second Offer Scheme

The 2nd Offer Scheme is designed to guarantee a second offer of inpatient or daycase treatment to any patient who would not otherwise receive first treatment within the 18 months maximum length of wait

target. A Second Offer Commissioning Team, comprising a small team of Commissioning Managers, is being established who will manage the scheme on behalf of LHBs and Trusts on an all-Wales basis. Welsh Assembly Government support will be available to support the implementation of the project.

Given that this completely new and innovative approach will operate in the context of the 2004/05 planning round (SaFF), and the year-end position for waiting lists, there will be a lead in time to prepare full implementation of the treatment guarantee over the first few months of 2004/05, to enable a smooth take off for the 2nd Offer Scheme. This will include an initiative to further reduce the number of potential over 18 month waiters by March 31, analysis of the problem lists and communications with potential suppliers.

The testing and consultation process is now underway, within NHS Wales Department and with representatives of the NHS, to ensure the detailed guidance on the scheme is comprehensive, consistent, and that it will work. Officials are expecting to complete this process and produce formal protocols on the workings of the 2nd Offer Scheme by the end of January 2004, which will then be published as a letter. The consultation process will include the Community Health Councils.

13. Modernising Pharmacy Services - Automation of Dispensing Systems in Hospitals

The robotic dispensing systems installed at the West Wales General Hospital, Carmarthen, Llandough Hospital, Penarth and Glan Clwyd Hospital, Bodelwyddan are now operational. I launched the systems at Carmarthen and Llandough in September and November respectively, and will officially launch the system at Glan Clwyd Hospital on 22 January.

The systems which facilitate automated dispensing by means of robotics ensure the safe and speedy dispensing of medicines. In addition to improving the process of the dispensing of individual prescriptions, the systems installed in Wales are the first in Europe to include ward box assemblage. . This means that the supply of most routine stock items to wards is also automated, this development has improved the efficiency of services to wards, particularly those in community hospital settings.

All three sites have taken the opportunity to re-engineer services to deploy staff more effectively particularly at ward level where improved medicines management systems are being introduced, in line with the recommendations of the Audit Commission, thus enabling services to be more patient focused.

The project is being evaluated independently by Dr Cate Whittlesea, a pharmacist based at the Welsh School of Pharmacy, and Dr Ceri Phillips, a health economist based at University College Swansea. An interim report is expected at the beginning of February with a further report in April.

Phase one of the project is nearing completion and the project board is now considering the next phase which will involve a further eight sites at:

University of Wales Hospital, Cardiff

Royal Gwent Hospital, Newport
Royal Glamorgan Hospital, Ynys Maerdy
Princess of Wales Hospital, Bridgend
Withybush Hospital, Haverfordwest
Ysbyty Gwynedd, Penrhosgarnedd
Prince Philip Hospital, Llanelli
Singleton or Morriston, Swansea

The final selection of sites for phase two will be dependent on a number of factors including the ability of individual sites to accommodate the new systems.

An advertisement for the second phase has been placed in the European Journal. The project has stimulated interest across Europe and the Assembly has been commended for its innovative approach to this type of service redesign. The Project Board and the staff of the three initial sites are to be congratulated on the way in which they have delivered this phase of the work which has improved services to patients. It has also raised the profile of hospital pharmacy services in Wales and aided the recruitment and retention of staff.

14. Good Delivery and Performance of the LHBs

This report provides the committee with a Progress Report in relation to the work that they new Local Health Boards have undertaken since their inception on 1 April 2003.

The performance of all health organisations within the restructured NHS is monitored by the regional officers lead by the regional directors. Tasks set for Local Health Boards in the first 9 months of their existence have been:

- To establish themselves organisationally to ensure that they are fit for purpose in undertaking their new role in relation to commissioning and providing a network of primary care services.

- To establish new working relationships with their partners particularly Local Authority's and their NHS Trusts,

- To develop the Health and Social Care Wellbeing Strategies which will be published for consultation in April 2004.

Regional directors, whose organisations were also established on the 1st of April, have established a network of quarterly reviews during which each organisation within the region are reviewed against a set of targets which emanate from the role and purpose of the local health boards, and the annual NHS targets set through the Service and Financial Frameworks, and local targets inherited from the previous health authorities. To date Regional Directors have undertaken two rounds of quarterly reviews during which progress has been duly monitored good practice praised, and areas where improvement is

necessary.

As we move forward onto the next financial year, the new performance and review framework for the NHS will be implemented in full, with the role out of the Balanced Scorecard approach to performance management in Wales. This will provide, within an overall matrix, a set of indicators against which all health organisations including Local Health Boards will be monitored and their performance assessed.

I intend to provide the committee with a briefing on the new performance and review framework in my monthly report for March.

15. Updates

15.1 GMS Contract

Since I last updated you on the new GMS contract in November substantial progress has been made. Four key documents, which were published in draft form in England at the end of December, are being developed in Wales which will underpin the transition to the new arrangements in April 2004. These are:

GMS Contract Regulations
Statement of Financial Entitlement (SFE)
Model Contract
Comprehensive Guidance

GMS Contract Regulations

The GMS Contract Regulations are currently in draft form and I shared these with members in November last year. These constitute the secondary legislation needed to enact transition to and future management of the new GMS contract. The regulations set out national rules around what must be included in local GMS contracts between LHBs and contractors. A further draft of the regulations is being considered and it is hoped that a near final version will be posted to the GMS project website shortly.

Statement of Financial Entitlements

This is the document that will replace the old ("Red Book") Statement of Fees and Allowances. The Statement of Financial Entitlement (SFE) will take the form of a legislative direction and will underpin the financial arrangements for the new GMS contract. The SFE has been agreed with the NHS Confederation and the General Practitioners Committee of the BMA. The draft SFE produced by Department of Health (DoH) is very detailed with some significant differences in arrangements in Wales. Officials are currently working on this draft to ensure applicability in Wales. A draft of the SFE should be published by the end of January to the project website.

Model Contract

A model contract for the new GMS arrangements will be produced and will be used by LHBs and practices in drawing up GMS contracts locally. The standard contract will reflect the GMS contract regulations. Work is underway on the draft model contract and it is anticipated that a near final draft will be published to the website mid to end of January.

Guidance

This document provides comprehensive guidance on the implementation and operation of the new GMS contract. It is divided into chapters that mirrors the guidance contained within the document "Investing in General Practice" which issued on 17th February last year. This guidance will assist both LHBs and practices when discussing contracts. A draft of the guidance should be published to the website by 16 January.

Publication

As I have outlined, all of these 4 key documents should be published on the project website by the end of January. Whilst these will be in draft form, I am committed to sharing this and other important documentation as soon as it is available to ensure that stakeholders are kept fully informed of developments and are able to prepare for the introduction of the contract. Once available, final versions of these documents will also be posted to the website.

Communication

As well as posting documents to the website, the communications sub-group, set up as part of the project, is ensuring effective communication with both professional and public audiences.

Regular briefings and newsletters are issued to the service, Assembly Members have been provided with NHS Confederation briefings, three roadshows are planned for January and there is a dedicated website to the new contract on Health plan on line.

A public information campaign will also be held from February to April. This will include the dissemination of a toolkit for use by LHBs and GP practices to inform the public about changes to services and a joint media relations campaign between the Assembly, the BMA and the NHS Confederation in early February, to raise public awareness of changes to primary care services.

I will provide you with further updates as necessary as we progress towards implementation of the contract.

15.2 Stroke Services

We are taking steps to help prevent strokes and provide appropriate services for stroke sufferers across Wales.

Work is currently underway on the development of the National Service Framework for Older People in Wales. Standard Five of the framework will address stroke issues. It will ensure that older people who are thought to have had a stroke have access to diagnostic services, are treated appropriately by a specialist stroke service, and subsequently, with their carers, participate in a multidisciplinary programme of secondary prevention and rehabilitation. The key aim of Standard Five will be to reduce the incidence of stroke in the population and ensure that those who have had stroke have prompt access to integrated stroke care services.

Local Health Boards are responsible for the development and commissioning of local stroke services. As part of the Service and Financial Framework planning for 2004/05 I have requested that LHBs, in partnership with Trusts and other agencies, including voluntary sector organisations, undertake a review of stroke services as the first step in the review of current stroke service provision across Wales.

15.3 Epilepsy Action Plan

At the 'Epilepsy Services – Moving Ahead Conference', held in July last year and supported by the Welsh Assembly Government, I announced my commitment to make changes in the way epilepsy is perceived and provided for. The conference was an important starting point in bringing together the expertise to help develop an Epilepsy Strategy meeting the specific needs of the people of Wales.

Work is currently underway to form a Planning and Implementation Group, which will contribute to the planning and implementation of an epilepsy policy and action plan in Wales. Nominations to join this group have been requested from relevant professional groups and positive responses have been received. This multi-agency, multi-professional partnership will draw upon representatives from across Wales including healthcare representatives, the voluntary sector and service users who will help to determine the content, delivery and implementation of the policy and action plan and its delivery. The Epilepsy Planning and Implementation Group will meet in February 2004.

15.4 Joint Reviews of Local Authority Social Services

The Social Services Inspectorate for Wales (SSIW) and the Audit Commission in Wales (ACiW) are continuing their work to develop the new cycle of joint reviews in Wales, assisted by staff from the current joint review team.

The consultation exercise produced 27 written responses. The summary of responses, with comments, will be placed in the Members' library this week. SSIW and ACiW are arranging regional discussion meetings with service users and carers and setting up a reference group of stakeholders, to advise during the development of the detailed methodology.

More detailed proposals about the methodology and delivery arrangements will be available as the work progresses.

16. Budgets / Allocations to Local Health Boards (LHBs) and Health Commission Wales (HCW)

2004/5 Cash increases

LHB and HCW discretionary allocations have been uplifted by 10.3% of which 6.3% for inflation and cost pressures and 4% to pay the increased employers contributions to NHS pensions. The 6.3 % uplift includes increases to pay and prices of 5.04 % awaited uplift to capital charges of 9.11% and allows sufficient resource to meet the implications of NICE recommendations. These figures have been agreed with the NHS.

LHBs, Trusts and HCW are expected to achieve and deliver the annual SaFF targets from within this allocation. These are three exceptions to this:

- The funding for Pay Modernisation (Agenda for Change and the Consultants Contract) is being held centrally.
- A non-recurring sum will be held centrally for the second offer scheme operating from April.
- The funding for Informing Healthcare is being held centrally.

Jane Hutt

Minister for Health and Social Services