

# Health And Social Services Committee

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**Date: Wednesday 1<sup>st</sup> February 2006**

**Venue: Committee Room 3 & 4, National Assembly Building**

**Title: Ministerial Report To The Health And Social Services Committee**

GP Recruitment and Retention Conference

Health Challenge Wales

Health Response to the Gypsies and Travelers Report

NHS Wales Cancer Waiting Times Statistics, Quarter Ending September 2005

Continuation of the Advocacy Grant Scheme for Adults with a Learning Disability

Health Inspectorate Wales Inspection Report on Conwy and Denbighshire NHS Trust (Child and Adolescent Mental Health Services)

Visits to Mental Health facilities

Ysbyty Glan Clwyd (Bodelwyddan)

Prince Philip Hospital, Llanelli

Cefn Coed Hospital, Swansea

Visit to New Rhondda Hospital on 12 January 2006

Meeting with Wales Asylum-Seeking Refugee Doctors Group

Launch of the Exercise Referral Scheme Launch on 12 January 2006

Building Strong Bridges: Voluntary Sector Facilitators Network Meeting held on 14 December

Pandemic Flu Update

Update on Designed for Life

Update on Older People's Strategy in Wales

Update on Children's Social Services in Bridgend to end of October 2005

## **1. GP Recruitment and Retention Conference**

1.1 I spoke at a conference held in the Millennium Stadium, Cardiff in the light of the report into GP Recruitment and Retention in Wales. The purpose of the conference was to present the findings of the report, share the experiences of previous recruitment and retention initiatives, and consider future workforce planning and priorities.

1.2 The conference highlighted the urgent actions required from LHBs to improve GP recruitment and retention.

1.3 Officials will shortly be requesting sight of LHBs' recruitment and retention plans so as to:

- assess the general situation across Wales,
- identify and share best practice, and
- consider the potential for collaborative working between LHBs.

## **2. Health Challenge Wales**

2.1 Health Challenge Wales continues to build momentum and this provides a solid platform for more action in 2006. As at 6 January, 72 organisations had responded to the invitation to declare their support for the Challenge. The proportion of people who have heard of the Challenge (aged 16 & over) remains largely unchanged at around a quarter of the population. One third of respondents recognised the logo, which is a slight improvement on the March 2005 figure. The response to Health Challenge Wales from organisations across all sectors remains encouraging, and visits to the website more than doubled to an average of 7700 visits per month during the latest round of advertising in October and /November 2005.

2.2 The Welsh Rugby Union publicly announced its support for Health Challenge Wales in October, and is developing a range of activities as part of its response to the Challenge in the longer term, including the next television advertising campaign to be screened towards the end of February.

2.3 The level of local activity in support of Health Challenge Wales also continues to build. For example, Health Challenge Wales is being linked to the 'Change One Thing' campaign being run by Boots in its Welsh stores, and Cancer Research UK Cymru has proposed linking the 2006 Race for Life

events as a response to the Challenge. Many local organisations in areas across Wales have joined together to respond to the Challenge and in March Health Challenge Bridgend will be launched.

### **3. Gypsies and Travelers Report**

3.1 I have agreed the All Wales Gypsy and Traveller Group (AWGTG) findings and recommendations contained in its report. This recommends that LHBs should consider the following when planning services and support:

Information on how to access 24-hour health care advice.

Consistency, Hand held records or cards to ensure that information is passed on.

Education programmes for care teams, linked to their training needs and which will ensure minimum competencies in providing care with the right approach is sustained.

Integrated pathways of care involving all relevant services such as social work, dietetics, and psychology.

Health education programmes, which are flexible to meet the needs of the Gypsies and Travellers.

Strong partnership working with the voluntary sector. The voluntary sector should be viewed as full partners with the statutory sector in supporting service provision. This includes the establishment of service level agreements with appropriate funding.

There should be sufficient numbers of appropriately trained and educated staff to ensure that access to services is available in all care settings, meeting local needs.

Effective communication across boundaries addressing patients needs.

3.2 The report concludes that health care for Gypsies and Travellers should be considered in conjunction with wider issues and related problems such as psychological, housing and education needs.

### **4. NHS Wales Cancer Waiting Times Statistics**

#### **Quarter Ending September 2005**

4.1 The Welsh Assembly Government published cancer waiting times for the first time on 7 December 2005. This is a new data collection that shows information on meeting the National Cancer Standards set for the NHS in Wales, and forms part of the 2005-06 Service and Financial Framework targets.

4.2 These targets must be met by December 2006 for all cancer sites and specify that:-

Patients referred by their GP with Urgent Suspected Cancer and diagnosed as such by the Cancer Specialist should start definitive treatment within 2 months of receipt of referral by the hospital

Patients who are not referred via the 'urgent suspected cancer' route but are subsequently diagnosed with cancer should start definitive treatment within one month of the diagnosis regardless of the referral route.

4.3 For the quarter ending September 2005, information is shown for four tumour sites, including breast, lung, upper and lower gastrointestinal. The statistical information is labeled as experimental at this stage which means that it is under evaluation in terms of quality.

4.4 Full details in relation to these cancer waits can be found on [www.statswales.wales.gov.uk/](http://www.statswales.wales.gov.uk/)

## **5. Continuation Of The Advocacy Grant Scheme For Adults With A Learning Disability**

5.1 I have agreed that the Advocacy Grant Scheme for adults with a learning disability should continue for a further two years from 2006-07 on the following terms:

That the main part of the grant should be applied to sustain the existing grant recipients;

That during 2006-07 projects in receipt of grant will be evaluated and any underperforming projects should lose their grant;

That any uncommitted or released grant should be applied to new advocacy projects in the priority service areas identified in the British Institute of Learning Disabilities Evaluation Report : that is advocacy for people with high individual support needs and people from black and minority ethnic communities; and

That during this two-year period we will seek to identify and disseminate best practice and develop learning disability advocacy standards that may be applied in any future grant application rounds.

### **Background**

5.2 As part of its response to 'Fulfilling the Promises' the Welsh Assembly Government introduced a 3-year Advocacy Grant Scheme for adults with a learning disability with funding of £1.15m. The scheme was designed to build upon existing investment in such advocacy services and address service gaps.

5.3 The grant scheme is presently managed and administered on behalf of the Welsh Assembly Government by the British Institute for Learning Disabilities (BILD).

## **6. Inspection Of Conwy And Denbighshire NHS Trust Child And Adolescent Mental Health Services**

6.1 HIW published its inspection report on clinical governance arrangements within Conwy and Denbighshire NHS Trust Child and Adolescent Mental Health Services (CAMHS) on 19<sup>th</sup> December 2005.

Examples of initiatives taken forward in the last two years are:-

Processes for dealing with critical incidents, in particular reporting systems and sharing of learning.

Procedures in place for consent and confidentiality at the inpatient service.

Sharing of knowledge with primary and secondary care partners.

Work undertaken to develop links between CAMHS and the Adult Mental Health Service;

6.2 Areas noted for further improvements:

Action to review the management structure in place specifically for CAMHS;

Ensuring a comprehensive approach is taken when planning to re-provide the inpatient service;

Reviewing Child and Adolescent Services that are both commissioned and provided to ensure that needs are being met;

Ensuring the views of patients and carers influence CAMHS service development;

Development of a single information technology strategy for Mental Health Services that includes CAMHS supported by the Informing Healthcare programme

6.3 The report makes 23 recommendations. In response the Trust is required to develop an Action Plan in collaboration with other agencies.

7. Visits To Mental Health Facilities

### **Prince Phillip Hospital, Llanelli**

7.1 On 19 December, I visited the Bryngofal Mental Health Unit at Prince Philip Hospital, Llanelli,

7.2 Bryngofal is an 18-bedded Acute adult in-patient mental health unit, run by Pembrokeshire and Derwen NHS Trust. It serves the Ammanford and Llanelli area. Patients are admitted, typically for short periods in acute mental illness crisis.

7.3 The unit opened in July 2004. Staff and service users contributed to the design process, which has meant that the unit has been highly functional and has a peaceful atmosphere not often associated with in-patient psychiatry. Every patient has his or her own en-suite bedroom.

7.4 The unit operates within an integrated tidal/re-focussing model - exemplified by the "patient time initiative", in which the ward is closed to visitors for a set period each day, to allow ward staff direct therapeutic time with patients.

7.5 The ward team also works very closely with the Crisis Resolution Team, which is based within the unit.

### **Ysbyty Glan Clwyd (Bodelwyddan)**

7.6 On 13 December, I visited the Ablett Psychiatric Unit sited on the Glan Clwyd General Hospital Campus.

7.7 The Unit is a 74 bedded purpose built development comprising:

50 Acute Admission Beds, providing in-patient care and treatment for adults who are considered to be suffering from an Acute Serious Mental Illness

20 E.M.H. (Elderly Mental Health) Assessment Beds providing specialist assessment, treatment and advice on future care for those suffering from Mental Illness in Old Age.

4 Extra Care Facility beds for those patients who require a more secure nursing environment

all of which are supported by a range of therapeutic and recreational facilities, and administrative support.

7.8 The primary catchment area for these services is Denbighshire, Conwy and Flintshire (North Delyn Area)

7.9 Conwy and Denbighshire NHS Trust is working with its partners in LHBs, Local Authorities and the Voluntary Sector in the development and delivery of safe, effective and efficient Mental Health Services.

### **Cefn Coed Hospital, Swansea**

7.10 On 24 November, I had lunch at Cefn Coed Hospital at the invitation of members of the Patients Council, who wished to celebrate good joint working.

7.11 The Patient's Council has been established since 1995 and meets on a monthly basis at Cefn Coed Hospital. The Council is very active and participates in a number of other groups such as the User Focus Monitoring group who helped the Patient's Council with a survey on meaningful daytime activities on the acute wards. The Patient's Council, in partnership with Social Services and Swansea NHS Trust, provides training for Social Workers, Nursing Staff and Voluntary sector workers covering care plan approaches and risk assessments. A member of the Patient's Council participates in the Welsh Office for Research and Development (WORD) group based at Swansea University and the group is in the process of researching into the needs of carers.

7.12 The Patient's Council is also representative on a number of other groups such as the Operational Planning Group Neath & Port Talbot, which was established to plan for the opening of the new Neath Port Talbot Hospital at Baglan. Members of the Council are also part of the Quality Improvement Program set up to take forward recommendations made in the Sainsbury Centre for Mental Health report into the acute wards at Cefn Coed Hospital. One member, Lily Bidmead, has also been appointed a place on the local Community Health Council.

## **8. Visit To The New Rhondda Hospital**

8.1 On Thursday 12 January, I laid the first stone of the new £36m Ysbyty Cwm Rhondda in Llwynypia. The new hospital, for which the Welsh Assembly Government provided almost £37 million worth of financial support, is part of a £795m, three-year programme announced last year by the Welsh Assembly Government to modernise hospitals and equipment throughout Wales. When completed, the hospital will have 108 beds, and will provide intermediate care facilities, in-patient rehabilitation and an outpatient and minor injuries unit, together with a primary care centre and GP out of hours service. Construction of the new hospital is expected to take just over two years and, following a period of commissioning, should be open to patients in the autumn of 2008.

8.2 The name Ysbyty Cwm Rhondda was chosen following an extensive public survey.

## **9. Meeting With Wales Asylum- Seeking Refugee Doctors Group**

9.1 I met with representatives from the Wales Asylum-Seeking Refugee Doctors (WARD) group this month and was pleased to hear not only of how successful this group is becoming but also to hear first hand from some of the individuals who are benefiting from the scheme. They pointed out to me that having started this group in 2002 with 16 members this has now grown to 46, 15 of whom are now job ready.

9.2 Having successfully put in place opportunities for asylum seeking doctors to gain the qualifications that they require in order to work in this country, we have also been able to help with practical

employment opportunities by creating some short term supernumerary house officer posts that allow them to experience working in the NHS and to make them more competitive in the job market. Those members who had taken advantage of this were able to tell me of the value of this but also of the shortcomings. They do still find difficulties in entering into specialist training, particularly at the level that they feel their past experience warrants. I sympathise with their predicament and hope that we will continue to work with the group to support them in gaining employment in Wales and, in the long-term, benefit health care delivery in Wales.

## **10. Launch Of The Exercise Referral Scheme**

10.1 I launched the document 'Exercise Referral - a guide to developing high quality schemes' on 12 January 2006 at Aberfan and Merthyr Vale Community Centre in Merthyr Tydfil.

10.2 The guide was produced in collaboration with experts across Wales and brings together best practice from across the country. The aim of the guide is to provide advice and support to existing exercise referral schemes and information to those embarking on developing new schemes.

10.3 The guide has been developed to provide advice to all professionals involved in delivery of the scheme, with separate sections for co-ordinators, health professionals and exercise professionals. The guide will be sent out to all professionals who have a roll in co-ordinating local schemes. It will also be available on-line on the Chief Medical Officers website to enable individuals to download extra copies and updates.

10.4 The production of this guide represents one part of a project to support and develop further exercise referral schemes across Wales, with the Welsh Assembly Government seeking to invest over £4 million over the next 3 years, as part of its response to Health Challenge Wales.

10.5 Future work will consist of:

A randomised controlled trial to assess the effectiveness of the investment in exercise referral in increasing physical activity and improving health, as well as an analysis of cost benefits to the health service.

A fully comprehensive training programme to ensure we have enough highly skilled exercise professionals delivering programmes on Wales ; and

Support to ensure local delivery in Local Authority/Local health board area across Wales.

## **11. Building Strong Bridges: Meeting Of The Voluntary Sector Facilitators Network**

11.1 At this meeting, held on 14 December, I announced the continuation of funding for BSB for three years from 1 April to ensure ongoing partnership working between Health & Social Care and the



voluntary sector supporting the delivery of Designed for Life and Designed for Care.

11.2 Funding of the Facilitators is to be administered via Local Health Boards with a tapered funding arrangement during year 3 (2008-9) to help ensure integration into mainstream services with a clear exit strategy.

11.3 The Health and Social Care Facilitators outlined the range of approaches taken across Wales demonstrating the added value that their posts provide including:-

- Supporting the voluntary sector to be fully involved in the development, delivery and commissioning of Health & Social Care services;
- Working in partnership to examine joint commissioning;
- Strengthening networks to increase the engagement and capacity of the voluntary sector;
- Supporting the engagement of disadvantaged groups in the planning and development of services;
- Raising awareness with GPs about the voluntary sector within their training;
- Mapping the voluntary sector's provision of local health & social care services;
- Developing and supporting Volunteering for Health & Social Care initiatives;
- Developing and supporting the Expert Patient Programme;
- Supporting the voluntary sector to access new and ongoing funding.

## **12. Pandemic Flu Update**

12.1 Wales continues to play a full part in developing the UK's efforts in reviewing and updating plans in the light of new evidence and expert advice.

12.2 We purchased 730,000 courses of antivirals (oseltamivir -Tamiflu) to treat those expected to develop clinical symptoms and, as at end December 2005, 200,000 courses have been received. Deliveries will be completed in September 2006.

12.3 The UK decision to purchase oseltamivir was based on the best available national and international advice at that time. The UK countries are reviewing the benefits of utilising other antivirals, such as zanamivir (Relenza).

12.4 We expect to access pandemic vaccines once they have been developed (following identification of the virus). A small supply of H5N1 vaccines (against avian flu) has been purchased for healthcare and other essential workers who may become involved in an avian flu outbreak.

12.5 Guidelines for health professionals, promulgated by the Health Protection Agency, are being developed for use in Wales.

12.6 Good personal hygiene, such as hand-washing, and social distancing, will be critical particularly in the first wave when we will not know how virulent is the virus and how effective are antivirals. These measures are being reviewed and guidance will be issued.

### **13. Update On Designed For Life**

13.1 Designed for Life has influenced the Service and Financial Framework targets issued to the NHS for achievement in 2006/07. Other work is being taken forward includes the following:

Work on reconfiguration is continuing in the three regions, and, in each, proposals that are ambitious, achievable, affordable and sustainable are being developed. In each region, there is a process to win the trust and engagement of the local community and of staff and partners in developing those proposals.

There is a major exercise on strengthening commissioning, looking at how to straighten the process overall to improve efficiency, governance and outcomes.

Work on two new themes has been initiated - clinical leadership and engagement, and on reviewing the quality agenda in the light of Designed for Life. A lot of common themes are emerging across these three areas.

A Delivery Plan for achieving the 2009 access targets has been produced.

13.2 The fruits of this activity will be drawn together in a document to appear in March - which we are provisionally calling Designed to Deliver

### **14. Strategy For Older People In Wales**

14.1 Detailed guidance on distribution of the agreed funding of £3 million for 2006-7 will be issued shortly

14.2 As in the earlier years of the Strategy, local authorities will receive the majority of funds (80%). They are key partners in helping to implement the Strategy at a local level and will receive £2.4 million, distributed mainly on the basis of the standard formula for older people. They have made good progress so far and this further tranche of monies will ensure they are able to sustain their efforts in implementing the Strategy across Wales.

14.3 The remaining funding will be equally divided between:

Age Alliance Wales – (£300k) to support voluntary sector projects to better engage older people and

the Assembly Government (£300k) - to fund, for example, the independent evaluation of the Strategy, Intergenerational Practice and Better Government for Older People Cymru.

14.4 An Evaluation Framework for the Strategy has been published, which will provide the basis for a full evaluation to be completed in 2006-07. This will be an independent review process that will provide an important assessment to inform the next stage of the Strategy implementation programme. It is likely to take until early autumn 2006 before a report on the evaluation can be delivered. There is a draft budget of £3 million for 2007-08, which will allow for period of transition to the next phase of the Strategy and provide time to consider the Evaluation Report and to consult with partners on the way forward.

## **15. Update On Children's Social Services In Bridgend**

15.1 In my report of 15 October, I informed Health and Social Services Committee that the Chief Inspector had invoked the protocol for responding to serious concerns about children's services within the County Borough of Bridgend.

15.2 Inspectors from Social Services Inspectorate Wales have subsequently visited the authority to ensure that arrangements had been put in place to begin to address the identified problems. The arrangements put in place immediately as a response to the use of the protocol provides the basis for a more robust framework for the operation of children's services.

15.3 The authority has appointed an interim Head of Children's Services and he has already made a number of changes. A temporary management structure has been implemented to ensure that operational responsibilities are more evenly distributed and a manual audit of files is underway in order to validate the information on the authority's database. One of the issues to be addressed as a matter of priority is the need for the authority to provide reliable data, as it has failed to do so over the past eighteen months. Inspectors identified that the lack of a robust performance management and business culture within the children's division in Bridgend, and a lack of experienced first line managers, adversely affected the quality of assessment and care planning which need significant improvement.

15.4 The authority has developed an action plan. The Chief Inspector will receive quarterly monitoring reports from the authority that will be validated by visits by SSIW Inspectors. The authority has a considerable task to ensure the reliability of the database because they have had to audit the information on the database manually against files on children. The authority is reporting to the Chief Inspector on progress to the 31 December. Inspectors will be visiting the authority to monitor progress and the Chief Inspector will be meeting the Chief Executive and Senior Managers in February to set targets for 2006. I

will update the Committee on progress in my March report.