

Health & Social Services Committee HSS-03-01 (p.1)

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Venue: Committee Room 3, National Assembly for Wales

Title: Monthly Report of the Minister for Health and Social Services

1. STRATEGY ISSUES :

1.1 Strategy for NHS Wales

1.2 Social Services Guidance

1.3 Primary Care :

Out of Hours Workshop

Practice Premises Working Group

Carmarthenshire Local Health Group

1.4 Services for the Elderly

2. IMPROVING HEALTH AND TACKLING INEQUALITIES :

2.1 Waiting Lists

2.2 Winter Emergency Pressures

3. QUALITY REGULATION AND INSPECTION :

3.1 Conwy Children's Services

3.2 Personal Social Services Training Support Programme

3.3 Update on the adverse incident in Prince Philip Hospital, Llanelli

3.4 Five Yearly Reviews of Seven Health Professional Advisory Public Bodies

3.5 SEAC Recommendations on Decontamination of Medical Devices

4. VOLUNTARY SECTOR :

4.1 Voluntary Sector Partnership Council

5. CHILDREN'S SERVICES :

5.1 Children's Commissioner

5.2 Children (Leaving Care) Act

6. HEALTH PROMOTION AND IMPROVEMENT :

6.1 Plenary Debate on Health Promotion

6.2 Health Impact Assessment

6.3 Influenza Immunisation Programme

6.4 Childhood Immunisation Programme

6.5 Phillips (BSE) Inquiry

6.6 Substance Misuse Advisory Panel

7. HUMAN RESOURCES:

7.1 Workforce Planning

7.2 Delivering for Patients

7.3 Recruitment and Retention

7.4 Health Care Support Workers

7.5 Pay Review Bodies

7.6 Dissolution of the Welsh National Board for Nurses, Midwives and Health Visitors (WNB)

8. SOCIAL CARE :

8.1 Care Standards Inspectorate for Wales

8.2 Health Act 1999 "Flexibilities"

8.3 Carers and Disabled Children Act 2000

9. OTHER ISSUES :

9.1 GP Referrals of Cancer Patients

9.2 Government Legislative Programme - Health and Social Care Bill

9.3 Financial Position

9.4 Telemedicine

9.5 EU Health Council

9.6 HIV/AIDS Screening Committee

9.7 Reorganisation of Divisional Responsibilities

1. STRATEGY ISSUES

1.1 Strategy for NHS Wales

This will be brought to the Committee on 7 February and a plenary debate is planned for 13 February.

1.2 Social Services Guidance

I launched new Planning Guidance for Social Services at the Association of Directors of Social Services/Welsh Local Government Association Social Services Conference on 8 December.

1.3 Primary Care

Out of Hours Workshop

On 2 November delegates attended a highly participative workshop, to look at the future of Out of Hours GP provision in the principality. Speakers included representatives from Healthcall, NHS Direct and the English National Review team. Assembly officials are now examining the feedback from the discussion groups and will produce a report of their findings shortly. This report will form the basis of a comprehensive strategy for funding, planning and evaluating Out of Hours services in Wales.

Practice Premises Working Group

This group has now finalised its investigations into the adequacy of primary care premises across Wales. The final report, including a stocktake of premises and recommendations for future policy, is now being prepared and I expect to receive it shortly.

Carmarthenshire Local Health Group

The LHG has been working with the Kings Fund and Health Quality Service to develop accreditation standards for LHGs, by participating in the accreditation process. I am delighted to say that after a year of preparation, Carmarthenshire LHG has been awarded accreditation by HQS, with 16 areas of commendation. I must congratulate Carmarthenshire for a singular

and significant achievement. They are not only the first LHG in Wales to be so accredited; but are indeed the first primary care group in the UK to receive such recognition. I hope to formally present their certificate in the near future.

1.4 Services for the Elderly

Work on the development of a Strategy for Older People in Wales is now underway. A Steering Group chaired by Dr Brian Gibbons AM is being assembled; official level Task Groups will follow covering devolved and non devolved issues impacting on lives of older people. The Groups will involve representatives from a wide range of statutory, voluntary and independent organisations.

The draft terms of reference are: "To formulate a strategy for the health and well being of elderly people in Wales that will be responsive to their needs, provide services in a timely and appropriate way and promote their independence whenever possible".

A report on progress in developing the Strategy will be made to the Committee next year.

The Health and Social Care Bill was published on 21 December and contains a range of legislative changes which effect the funding of long term care and which follow the UK Government's response to the Royal Commission on Long Term Care. These changes were foreshadowed in the paper considered by the Committee on 14 September.

Following the report to the Committee on the Government Response to the Royal Commission on Long Term Care, the Chief Nursing Officer was tasked with taking forward the preparatory work on the provision of free nursing care in Wales. The Chief Nursing Officer chairs a Stakeholder's Group, representing a wide range of interests, and this group has met regularly. In particular they have been examining the feasibility of the development of a single assessment tool across Wales for implementation of free nursing care as well as looking at related issues such as training, workforce planning, operational procedures etc. The Group are expected to report in the next few months.

2. IMPROVING HEALTH AND TACKLING INEQUALITIES

2.1 Waiting Lists

The waiting list figures for December are published on 24 January. I will table an update of the latest position at the meeting.

The improvement in waiting lists figures over recent months is a reflection of the hard work by

the NHS staff in Wales, together with the £40 million that I allocated in May which is starting to make a difference to Welsh patients. Dr Brian Gibbons is taking forward the Waiting Times Strategy with the NHS to agree waiting time targets, taking into account clinical and Assembly priorities.

2.2 Winter Emergency Pressures

I have been working closely with the NHS and its partners to ensure that preparations for the winter are in place, and I met with my Expert team on the 18 December to look at an Out of Hours Service in Taff Ely and to discuss a number of issues related to preparations for the winter.

During December and January I have visited a number of NHS and social services organisations and seen a range of initiatives in operation. I would like to commend those I met on their continuing hard work and dedication to providing a high quality of service to their patients.

Situation Reporting went live on the 5 December. Hospitals are required to report daily on their emergency pressures status and weekly on a wider range of indicators, designed to provide an early warning of increasing demand and emergency pressures. A 24-hour service at the National Assembly for Wales has been set up to manage this. I will be informed of the situation and officials will monitor the problem with the trust until the situation returns to normal. The detailed daily and weekly information is being reported back to the NHS on Cymruweb and a summary is being published on the National Assembly Internet site.

Welsh trusts reported no hospital closures over the Christmas and New Year period despite the poor weather conditions. The period immediately following Christmas and the New Year is usually a time of increased hospital emergency admissions and pressures on beds. I will provide a verbal update of the position at the Committee.

3. QUALITY REGULATION AND INSPECTION

3.1 Conwy Children's Services

An inspection report by the National Assembly's Social Services Inspectorate

Wales into Conwy Children's Services shows that managers at the council have worked hard to improve services since inspections began in 1996 and 1997. But practice is still inconsistent and resources are very stretched.

The report finds that managers had done much to unite children's services, to produce common policies and procedures, to provide equal services in English and Welsh, and to work

with other public services and voluntary organisations for the good of children.

But the report also concludes that practice standards varied too much from very good to poor, and staff were too thinly stretched to meet rising demands for services. The report makes thirteen recommendations to the Council for further improvements. The Council has responded with an action plan and a budget increase.

The Social Services Inspectorate will follow up the report, which is based on a visit to Conwy in 1999, to check the recommendations are implemented.

3.2 Personal Social Services Training Support Programme

This is the ninth annual report on this programme produced by the Social Services Inspectorate for Wales. It reports on the use of the programme of over £3.3m in 1999-2000.

Around 42,000 staff or service users attended Training Support Programme funded training events. This was approximately 5% down on the figure for the previous year.

However, more than 900 specified social work, social care and management qualifications were gained during the year. This was approximately 50% up on the previous year, and continues the marked upward trend of recent years.

3.3 Update on the adverse incident in Prince Philip Hospital, Llanelli

National Assembly officials met with the chief executive of Carmarthenshire NHS Trust to review the action taken by the trust following the unfortunate incident in Prince Philip Hospital one year ago where a patient's healthy kidney was removed instead of the diseased one. Immediately following the incident, recommendations of a Royal College of Surgeons report and the trust's own internal investigation were incorporated into an action plan. This has been adopted trust-wide and now completed (with most of the actions being taken forward very rapidly after the incident). Importantly, a compliance-testing regime has been established with audits against the action plan of all the trust's theatre departments and day case centres every six months. The first sweep of audits was completed successfully in autumn. The results of the second sweep of audits will be presented to the February meeting of the trust board which, subject to nothing adverse arising from the audits, will sign the action plan off as completed. Compliance testing will continue.

The incident is still under police investigation, and two members of staff remain under suspension until the investigation has concluded and the disciplinary process can continue.

3.4 Five Yearly Reviews of Seven Health Professional Advisory Public

Bodies

Edwina Hart and I announced the start of the 5-yearly reviews of seven health professional advisory public bodies, on the intranet, on 21 December 2000.

The bodies are:

Welsh Dental Committee

Welsh Medical Committee

Welsh Nursing and Midwifery Committee

Welsh Optometric Committee

Welsh Pharmaceutical Committee

Welsh Scientific Advisory Committee

For completeness the Joint Professional Forum Health and Wellbeing will be reviewed at the same time.

It is over five years since four of the above bodies had their most recent reviews, and on advice from the Assembly's Chief Medical Officer and Chief Nursing Officer, we have decided that all the bodies should be reviewed at the same time.

Further details can be found on the Cabinet Statements section of the intranet. Committee members will see the reports, in draft, during early Spring.

3.5 SEAC Recommendations on Decontamination of Medical Devices

A series of measures to reduce hospital acquired infection and the possible risk of transmission of variant CJD via surgery were recently announced in England. Wales will match the work being undertaken in England and a major audit of decontamination and sterilisation procedures in the NHS including the primary care sector will begin in February. This audit will check the procedures in place - and compliance with those procedures - for decontamination and sterilisation of medical devices. The analysed results will inform plans to raise standards. We are also planning the introduction of single-use surgical instruments for tonsillectomies following those same Spongiform Encephalopathy Advisory Committee recommendations. (See also section 6.5 on the Phillips (BSE) Inquiry).

4. VOLUNTARY SECTOR :

4.1 Voluntary Sector Partnership Council

The Voluntary Sector Partnership Council met in Cardiff on 15 December. The agenda included the Assembly's Budget Planning Round, a proposal for a Code of Practice for working with the Black and Ethnic Minority voluntary organisations, building capacity with the voluntary sector and the impact of the Criminal Records Bureau. The discussion on capacity building was particularly useful and will help us as we develop plans for allocating resources for capacity building in the coming months.

5. CHILDREN'S SERVICES :

5.1 Children's Commissioner

Peter Clarke, Director of Childline Cymru, has been selected for appointment to the Commissioner's post.

The Children's Commissioner for Wales Bill, which will widen the scope of the Office's powers, received its Second Reading in the House of Commons on 16 January. The motion carried after our plenary debate on the Queen's Speech on 19 December requested this Committee to report to the Assembly on the Bill by 13 February. I wrote to all members of the Committee on 12 December enclosing a summary of the effects of the Bill and indicating that the Bill and its Explanatory Notes were both in the Assembly Library and on the Parliamentary website. I should like to invite members to use the discussion of my monthly report to indicate their views on the Bill so that the Committee can report back as requested.

Work is now in hand on the Assembly regulations to commence and inform the Commissioner's core functions and powers under the Care Standards Act 2000. The draft regulations will be brought to the Committee in the Spring.

5.2 Children (Leaving Care) Act

The Act received Royal Assent at the end of November, some six months later than originally anticipated. This left little time to prepare for implementation from 1 April 2001 as had originally been intended. National Assembly secondary legislation would have had to be fast tracked, and local authorities expressed concern that they had insufficient time to prepare. Similar concerns were expressed in England. It was decided to postpone implementation by six months, to 1 October 2001, and I wrote to local authorities and other interested parties on 11 December to make that decision known. It has been widely welcomed.

Secondary legislation and guidance will now be prepared by the summer, allowing for proper consultation. On 14 December, the National Assembly ran a conference and workshops for local authority social services and education managers, health authority representatives and representatives of voluntary organisations, to discuss early draft guidance. The guidance will be developed with the help of task groups made up of representatives of the key interest groups, including young people. Local authorities will be urged to make preparation in advance of full implementation and to use some of the central resources to be distributed to them for Children First to do so. Local authorities will be asked in their bids to set out their plans for implementation.

6. HEALTH PROMOTION AND IMPROVEMENT :

6.1 Plenary Debate on Health Promotion

The plenary debate on our national health promotion strategy and action programme plan took place on 30 November 2000. The motion and amendments were carried. One part of the motion urges the Assembly's other Subject Committees to consider the impacts of their policies and programmes on people's health. This is an important step towards harnessing the potential of other policy areas to contribute to improving health and to develop further the Assembly's integrated approach to policies and programmes. We will wish to return to this in due course to consider action that takes place as a result of the motion.

6.2 Health Impact Assessment

The first two developmental workshops for the voluntary sector took place in November in North Wales and Swansea. The events, attended by more than 75 representatives of voluntary and community organisations, were well received. In addition to providing organizations with an overview of health impact assessment, the event drew out a range of issues relevant to developing the use of health impact assessment by the voluntary sector.

6.3 Influenza Immunisation Programme

As promised I have sent information to all AMs on progress for the programme and immunisation rates. GPs have been very slow to send returns so at present we only have very rough estimates of coverage. It is anticipated that we will be able to provide by March a more robust set of coverage figures direct. This year more emphasis was placed on establishing systems that will deliver sustainable improvements to efficiency and effectiveness of immunisation campaigns. In spring, officials will use the analysis of this year's programme to plan for the following winter.

6.4 Childhood Immunisation Programme

An examination has begun to examine the way in which childhood immunisation programmes are delivered in Wales. The first area to be discussed is MMR, and a 'Mythbuster booklet' developed by North Wales Health Authority has been purchased by the Assembly for distribution throughout Wales. We are developing methods by which we can give parents better information on which to base decisions on whether to have their children vaccinated and to warn them of the dangers of childhood diseases such as measles and whooping cough.

6.5 Phillips (BSE) Inquiry

The Health and Social Services Committee has been examining the findings of the Phillips Inquiry into BSE and whether or not sufficient improvements have been made since the period considered by the Inquiry. The Committee has already met with victim's families and representatives of the CJD Support Network. The Committee is discussing with the chair of SEAC (Spongiform Encephalopathy Advisory Committee) arrangements for providing scientific advice, and with the Food Standards Agency (FSA) and representatives of the Directors of Public Protection the measures now in place to protect the human food chain.

The Committee is now looking at, with the CJD unit Care Co-ordinator and representatives from the NHS and Social Services, the arrangements for caring for the victims of vCJD. A care package to be offered to victims of CJD is under development, closely based on the experiences of the families of the victims of vCJD.

6.6 Substance Misuse Advisory Panel

The National Assembly's Substance Misuse Advisory Panel was set up as an ad hoc advisory group in July 1999. I have decided that the Panel should be put on a permanent footing as a Tier 1 Assembly-Sponsored Public Body (i.e. one with unpaid posts) in accordance with the Code of Practice on Public Appointments. The Panel's Terms of Reference will be: 'To advise on the implementation of the Welsh Substance Misuse Strategy and on other issues relating to substance misuse, as requested. To meet at least 3 times a year and to report to the Health and Social Services Minister of the National Assembly for Wales'.

7. HUMAN RESOURCES :

7.1 Workforce Planning

The Workforce Development Group has had its first meeting. The members of the group have been tasked with consulting their colleagues and submitting proposals for the Welsh workforce planning review document by mid January. On the 18 January there will be a workshop with all

Trusts and Health Authorities to discuss and agree a comprehensive workforce planning process for 2001 as an interim system before the full review is completed.

7.2 Delivering for Patients

In order to take forward the key objectives of the Human Resources Strategy, *Delivering for Patients*, we have set up a number of sub-groups. Representation is from the NHS Wales Partnership Forum and the HR Directors group.

A Recruitment and Retention group met on 30 November, a Health and Safety and Occupational Health group met on 1 December and a Strategy Implementation and Monitoring group met on 15 December. The purpose of the initial meetings was to establish the role and remit of each group, the terms of reference and a meeting schedule. A Measuring Staff Attitudes group is due to meet on 15 January. It is possible that other groups will be set up if and when the need arises.

7.3 Recruitment and Retention

The Recruitment and Retention Sub-Group of the Partnership Forum has met for the first time and will be meeting on a regular basis to develop key action points. We have set up a special phone line for former staff who are thinking of coming back to the health service. This was promoted over Christmas.

Return to Practice courses for Nurses are being run by various colleges across Wales in conjunction with local Trusts in order to support nurses who need to update their practice before returning. A long-term staff development programme to support the NHS in delivering the Human Resources Strategy for NHS Wales has been commissioned from NHS Staff College and NHS Performance.

Staff vacancy data is being collected from employers but is slow in coming in. Corporate NHS Wales literature is being prepared to market NHS employment opportunities both in Wales and beyond.

7.4 Healthcare Support Workers

The National Assembly has established a Healthcare Support Worker Initiative (HSWI) to offer financial assistance to healthcare support workers wishing to undertake pre-registration nurse training. For each intake of students (April and September each year), Trusts are provided with one healthcare worker salary (up to a maximum of £15,000) to support one worker or to split between a number of workers to assist them financially through pre-registration nurse training. To be eligible for consideration, applicants must:

- be employed in a nursing support role and have been accepted onto a three-year pre-registration course.
- have at least 12 months work experience with their present employer and be willing to commit to continued employment with their Trust for a minimum of two years post registration.

The scheme so far has enabled over 60 Healthcare Support Workers to access pre-registration nurse training, with funding in excess of £500,000 being made available this financial year. A comprehensive review of the scheme is planned early next year.

7.5 Pay Review Bodies

Pay rises for doctors and nurses were announced before Christmas for the first time. Nurses and professions allied to medicine will receive from 1 April an across-the-board settlement of 3.7% while some higher grade staff will get between 5.2% and 5.7%. Doctors and dentists have been recommended an overall increase of 3.9% but general practitioners will receive a small addition to seniority payments to give an overall figure of 4%.

7.6 Dissolution of the Welsh National Board for Nurses, Midwives and Health Visitors

At the 29 June 2000 Health and Social Services Committee meeting, members accepted recommendations concerning the functions that a new Welsh body might perform when the Welsh National Board is dissolved on 31 August 2001. The Committee also agreed the form the new body might take. Subsequent legal advice revealed that the chosen option would not be able to fulfil all the required functions. The main fall back position is the creating of an Assembly Sponsored Public Body (ASPB).

We have been advised that the Assembly cannot establish an ASPB in advance of receiving a request from the new UK-wide Nursing Midwifery Council, which is due to come into being on 1 September 2001, to perform work on it's behalf. In the interim, the Office of the Council General has asked that the Department of Health includes in the Order the general power for the Assembly to set up an ASPB.

Legal advice is being sought on whether the Assembly has powers to establish an ASPB to undertake these functions of the Welsh Nursing Board that will not transfer to the Nursing Midwifery Council and whether the ASPB could subsequently be asked to undertake some of those functions that will transfer to the Nursing Midwifery Council.

If there prove to be further obstacles, another alternative might be the creation of an Executive Agency of the Assembly. This would ensure that the key functions of the Welsh Nursing Board are maintained in Wales after it's dissolution. However, we have previously tried to avoid this option, as the functions would not sit comfortably within or be sufficiently removed from the

Assembly. If there are no alternatives to this given, the time constraints in setting up an ASPB, then we could still work towards the long term objective of establishing an ASPB once the Nursing Midwifery Committee has made it's decision on how long the functions under discussion can be delivered in the longer term.

8. SOCIAL CARE :

8.1 Care Standards Inspectorate for Wales

The Care Standards Inspectorate is to be set up as part of the Assembly on 1 April 2002. The consultants appointed to work on the project (Hedron) have produced their interim report on the implementation programme and a final report will be completed by the end of March. A submission outlining proposals for a regional structure will be put to Assembly Ministers in the new year.

Conferences for the Regulation staff who will be transferring to the Assembly in 2002 were held in Cardiff, Carmarthen and Llandudno in November. Regular meetings are being held with the Heads of Inspection Units. Meetings with employers, unions and staff representative bodies will commence in the new year.

A newsletter and website launch is planned for January.

Also in January the procurement will commence for an all Wales Regulation and Inspection database.

Information on the legislative programme forms the subject of a separate report to the Committee.

8.2 Health Act 1999 "Flexibilities".

A summary of the discussions and findings of the Flexibilities Conference (Llandrindod on 29 November) discussion and findings is currently being finalised and should be issued and published on the internet by the end of January.

Officials are currently working-up a monitoring and evaluation research programme for joint and flexible working between the NHS and local government.

8.3 Carers and Disabled Children Act 2000

In late December 2000 I started consultation on regulations and guidance to implement the Carers and Disabled Children Act 2000 in Wales. The consultation will run until 30th March: copies of the consultation papers have been lodged in the Assembly library.

9. OTHER ISSUES :

9.1 GP Referrals of Cancer Patients

During the Committee's discussion on 25 October of my monthly report (HSS-18-00 p.1), information was requested on GP referrals of patients suspected of having cancer. This was in relation to paragraph 27 of part 1 of that report, which informed the Committee of the revision and re-issuing to the NHS of minimum standards of care for the major cancers.

If a patient is suspected of having cancer, the GP should request from the relevant cancer specialist an urgent appointment and forward information on the patient to the specialist. The final decision on whether the patient needs to be seen urgently currently resides with the cancer specialist based on information received from the GP and, if appropriate, an early appointment will be made.

All GPs in Wales should have been informed by their local hospitals who their cancer specialists/teams are, or a specific contact point to ensure the request for an urgent referral gets to the right specialist. GP referral guidelines for patients suspected of having cancer will be piloted in Wales in the coming months, after consultation between primary care and the relevant cancer specialists to test their robustness and impact on hospital activity. Patients suspected as having cancer should not normally be referred to a non-cancer specialist and, if that happens, there is a clear expectation that the appropriate inter-consultant referral will take place.

9.2 Government Legislative Programme - Health and Social Care Bill

On 6 December 2000, the Queen set out the Government's legislative programme for the next session. The speech announced that the programme would include a Health and Social Care Bill which aims to deliver proposals responding to the Royal Commission on Long Term Care for the Elderly and commitment to the NHS outlined in the NHS Plan.

The Bill aims to deliver proposals responding to the Royal Commission on Long Term Care for the Elderly and commitment to the NHS outlined in the NHS Plan and "A Healthier Future for Wales". The Bill was published on 21 December, following its introduction into the House of Commons on 20 December.

Following approval of the motion proposed at the plenary debate on the Queen's Speech on 19 December, the Assembly reported that the Health and Social Services Committee would need to further consider the provisions for Wales and discuss how the Assembly might wish to use the new powers. HSSC is required to report back to the Assembly by 13 February 2001.

On the day of publication, I wrote to Cabinet and HSSC colleagues to outline the main provisions of the Bill and their effect on Wales. My officials have also written to key stakeholders in the Health and Social Service communities in Wales.

Second reading of the Bill took place on 10 January 2001. Those of you who followed the proceedings will have noted that provisions relating to patient representation, in particular, were debated at length. As you know, the Bill proposed the abolition of Community Health Councils in England. However, I have made provision in the Bill to allow the Assembly to make our decisions about the future of CHCs in the light of conclusions emerging from the current consultation exercise.

Committee stage commenced on 18 January to consider and debate further amendments to the Bill. My officials are following the process closely to ensure that the interests of Wales are safeguarded.

The Bill also enables us to commence in partnership with England those parts of the Bill which would ensure equity of service, for example, the provision of better public protection for the proper use of patient information.

Of equal importance is the need to have an appropriate amount of discretion in Wales over the commencement of other provisions, particularly in view of the forthcoming NHS Strategy for Wales, for instance in the provision of pharmaceutical services and the establishment of Care Trusts.

My officials have worked hard with their counterparts to secure a balance between the two, and will continue to do so as the Bill proceeds through Parliament.

9.3 Financial Position

The financial situation this year is subject to change with the NHS currently forecasting a net in-year income and expenditure surplus of £7.9 million. There are a number of major issues that will affect the eventual out-turn including winter pressures and the clearance of the backlog of prescription pricing. This position has undoubtedly been assisted by some £38 million of non-recurrent funding provided to the NHS in this year's settlement including the £24 million debt and deficit reduction package.

The underlying position this year (that is excluding non recurrent income and expenditure items) is closer to a £10 million deficit which is an improvement on the 1999-2000 underlying deficit of £18.6 million. It is also a significant improvement compared to the 1998-99 audited position that showed an in-year deficit of £21.7 million.

It is essential that the NHS maintains strict financial control, even in the improving NHS

financial climate, if Assembly priorities are to be realised. There are early indications of new financial pressures emerging from within parts of the NHS community that will need to be quickly resolved to keep the Assembly on track to deliver the BetterWales.com target, which is to eliminate in year net operating deficit of NHS bodies by March 2003.

As previously reported Health and Social Services continue to forecast a cash underspend for the year reflecting the anticipated profile of spending this year against programme commitments. This underspend is currently £18.8 million (£14 million relating to health and £4.8 million to social services). They will be the subject of bids to carry forward these underspends to future years to meet commitments as they fall due.

9.4 Telemedicine

Arrangements are in hand planning for a committee session dedicated to Telemedicine. A draft outline for the session has been considered. Clarification of Committee standing orders is awaited from Committee secretariat on venue and format.

9.5 EU Health Council

I attended the meeting of EU Ministers of Health at the Health Council on 14 December 2000 where I spoke for the UK on health and nutrition. The Council's resolution on health and nutrition will be taken forward by Sweden, which will hold the Presidency between January and June. I met briefly with my Swedish counterpart after the Council meeting and discussed an event Sweden is hosting early next year on young people and alcohol. I expect to receive an invitation to attend an informal meeting of EU Ministers which is scheduled to take place at this event.

We have developed a good working relationship with the Department of Health on EU health issues and my attendance at the Council with Gisela Stuart, Parliamentary Under Secretary of State at the Department of Health, reflects this. The EU agenda is highly relevant to this Committee in terms of the implications of EU policy developments. The Assembly's approach to improving health and well-being and our development of, for example, health impact assessment fits well with the direction being taken across Europe.

I have provided a list of Health Council agenda items as an attachment to this report. This list will be useful as a framework for the visit to Brussels by a delegation of Members from this Committee.

OUTLINE AGENDA

- Proposal for a Decision of the European Parliament and of the Council extending certain programmes of Community Action in the field of public health adopted by decisions no 645/96/EC, no 646/96/EC, no 647/96/EC, no 102/97/EC, no 1400/97/EC and no 1296/1999/EC and amend those decisions.
- Proposal for a decision of the European Parliament and Council adopting a Community action program in the field of public health (2001-2006)
- Council Resolution on health and nutrition
- Tobacco
 - i. Review of regulatory and administrative legislation of the member states on the subject of advertising of tobacco products;
 - ii. Tobacco labelling Directive;
 - iii. World Health Organisation Framework Convention on Tobacco Control
- Council Resolution on Paediatric Medicines
- Action Plan "e-Europe 2002-An Information Society for All" (presented by Commissioner Liikanen)
- Clinical Trials Directive
- Communicable diseases
 - i. Implementation of the European Network for Surveillance and Rapid Reaction;
 - ii. BSE – Epidemiological situation of nvCJD;
- Presentation of new texts by the Commission
 - i. Recommendation on Alcohol and the health of Young People

(ii) Blood Directive proposal

- European Approach to clinical trials on AIDS research.

9.6 HIV/AIDS Screening Conference

The National Assembly is hosting a HIV/AIDS Screening Conference at the Cardiff International Arena on the 8 February 2001. The Conference will allow midwives and others to discuss the implications of the subject, develop good practice strategies and consider cultural aspects that could impact on access to service.

9.7 Reorganisation of Divisional Responsibilities

On 8 January changes were made in the management of policy for Social Services, Housing, Community Regeneration, Crime Reduction and the Voluntary Sector in the National Assembly

The changes have been made in order to concentrate efforts on discrete and inter-related policy areas, to ensure better focus in policy development, and shorten lines of communication between Ministers and key officials. It will also mean that there is a better match between Divisional functions and Ministerial and Committee portfolios. In most cases there will be no change in terms of the individual officials working on each policy area: it is the grouping of teams within Divisions that will change, rather than the people in those teams. However, at senior level there will be some changes.

The key changes are as follows:

- A new Community Regeneration and Social Inclusion Unit, led by Norma Barry, will take over responsibility for policy on the Communities First programme, social inclusion, the Assembly's relationship with the voluntary sector, substance misuse and youth justice. The Unit will be responsible for co-ordinating action to promote social inclusion across all areas of the Assembly's responsibilities, and will report to a Board to be chaired by George Craig, Senior Director for Social Policy and Local Government Affairs. The Unit will support the Minister for Health and Social Services as regards the voluntary sector, substance misuse and youth justice and the Minister for Finance, Local Government and Communities in relation to community development and social inclusion.
- A new Housing Directorate will bring together all policy in relation to Housing under the direction of John Bader .
- The Crime Reduction Unit, led by David A'Herne, the Home Office Crime Director for Wales, will join the Local Government and Housing Group, led by Adam Peat.

The new arrangements will enable officials to provide a better service to the Cabinet, the Assembly and our partners in local government and the voluntary sector. By bringing together, within the Local Government and Housing Group, Housing, Community Planning and Crime Reduction, we should be able to work more effectively with local government in integrating and taking forward these key strands of policy. Conversely, social care policy, which will continue to be led by Helen Thomas, will have a clearer focus on the delivery of effective social services for adults and children, the promotion of joint working, and establishing the new inspection and regulation responsibilities of the Assembly under the Care Standards Act.

Jane Hutt

Minister for Health & Social Services