

Date: 28 February 2001

Venue: Committee Room 3, National Assembly for Wales

Title: **Monthly Report of Health & Social Services Minister**

## **1. STRATEGY ISSUES:**

- 1.1 "Improving Health in Wales" - Implementation Plan
- 1.2 Telemedicine
- 1.3 Development of a Strategy for Older People in Wales

## **2. IMPROVING HEALTH AND TACKLING INEQUALITIES:**

- 2.1 Coronary Heart Disease Prevention
- 2.2 Diabetes National Service Framework Implementation Group
- 2.3 Waiting Lists
- 2.4 Winter Emergency Pressures
- 2.5 Inequalities in Health Fund

## **3. QUALITY REGULATION AND INSPECTION:**

- 3.1 Annual Report of Chief Inspector: Social Services Inspectorate for Wales 1999-2000
- 3.2 Performance Management Information: The Challenge for Social Services in Wales
- 3.3 Care Council for Wales
- 3.4 Organ and Tissue Sample Retention following Post-mortems.
- 3.5 Commission for Health Improvement report on Carmarthenshire NHS Trust

## **4. CHILDREN'S SERVICES:**

- 4.1 Children's Commissioner
- 4.2 Looked After Children in Wales: improving placement choice and stability

## **5. SOCIAL CARE**

**5.1 Health Act 1999 " Flexibilities"**

**5.2 Carers Strategy in Wales- Implementation Plan**

**5.3 Resettlement for the Long Stay Learning Disability Hospitals**

## **6. VOLUNTARY SECTOR**

**6.1 Criminal Records Bureau**

## **7. HUMAN RESOURCES:**

**7.1 Recruitment and Retention**

**7.2 Initiatives Relating to Nurses, Midwives and Health Visiting**

## **8. FINANCE**

**8.1 Financial Position**

**8.2 Transfer of Resources**

## **1. STRATEGY ISSUES**

### **1.1 "Improving Health in Wales" – Implementation Plan**

An implementation framework has been agreed and distributed to all the stakeholders involved in the Plan. The proposals include the establishment of a Steering Group Chaired by myself, to oversee the project, an Implementation Group Chaired by Ann Lloyd (the Director of NHS Wales) to manage the implementation process and a series of Task and Finish Groups which will make recommendations on the implementation of the detailed actions from the Plan. All these Groups are in the process of being set up with nominations for membership being sought from all interested parties.

### **1.2 Telemedicine**

Arrangements are well advanced in planning the committee session dedicated to Telemedicine on 28 March. The Party Health Leads have considered a draft session outline.

A Welsh Health Circular will be issued shortly to the NHS in Wales inviting proposals from the service for inclusion in the All Wales Telemedicine Development initiative. A substantial amount of work has already been undertaken by NHS organisation in initial discussion and preparation of the bids.

To take this programme of work forward the NHS Directorate has now been able to appoint 2 project managers both with substantial relevant experience. Both will take up post in early March 2001. One post will focus on the development of an All Wales Telemedicine and Telecare Strategy. This will

identify key areas for development over the next 3 years including extending work into areas of joint working with social care agencies. The 2nd post will drive the implementation of the video conference network and telemedicine field projects. Both posts will work closely with the Innovations in Care team."

### **1.3 Development of a Strategy for Older People in Wales**

Following discussion in Committee about implementation in Wales of the Royal Commission on Long Term Care, I announced that a Strategy for Older People will be developed in collaboration with all our partners over the next 12 months. It will cover the Assembly's commitments to older people in need of long term health and social care and move on to consider the impact on older people of other aspects of policy for which the Assembly is responsible.

I have asked Brian Gibbons to Chair a Steering Group to take forward the strategy. The details of the organisations that have been invited to nominate a representative to join the Steering Group and a summary of the project plan for the Strategy will be made available to the Committee today (28 February). The planned approach to gathering evidence will be inclusive, including sessions at each Regional Committee, an all Wales conference, focus groups of older people across Wales (through Age Concern Cymru) and written consultation. The aim will be to complete the Strategy by early 2002 for consideration by the Health and Social Services Committee in Spring 2002 and to publish it for completion of consultation by Summer 2002. The draft terms of reference for the Strategy are:

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

## **2. IMPROVING HEALTH AND TACKLING INEQUALITIES**

### **2.1 Coronary Heart Disease Prevention**

On 16 February I launched "Calon Lân", the North West Wales Heart Disease Prevention Campaign. The campaign is in line with the action recommended in Standard 1 of the Wales Implementation Plan for Coronary Heart Disease, and I am very pleased to see work being taken forward in this area in anticipation of the final version of the Plan.

### **2.2 Diabetes National Service Framework Implementation Plan**

We are in close touch with the work to develop a National Service Framework for England and, expect to adopt similar or identical standards in Wales. In anticipation of this we have worked with relevant professionals and with Diabetes UK Cymru to set up an Implementation Group. This group will be responsible for drawing up plans to roll out the NSF findings across Wales. The first meeting was held on 25 January and was attended by representatives of relevant health professionals, Diabetes UK Cymru and a number of lay representatives. We see the lay representatives as being of particular importance in

the context of diabetes where self-management and often self treatment form a major part of the control regime.

### **2.3 Waiting Lists**

The waiting list figures for January are published today (28 February). I will table an update of the latest position later.

### **2.4 Winter Emergency Pressures**

I have continued my visits to health and social care organisations. I have recently opened a re-ablement scheme in Maesteg Hospital that is a joint venture between Bro Morgannwg Trust and Bridgend County Borough Council.

Daily Situation Reports are now being collected by acute hospital site rather than whole trust. This is helping us identify problem areas more quickly. Weekly reporting is still being carried out at trust level. The daily and weekly information is being fed back to the NHS on Cymruweb and information is also being reported on the National Assembly Internet Site.

Since the New Year, all Welsh hospitals have remained open.

### **2.5 Inequalities in Health Fund**

Information on the support available from the new Inequalities in Health Fund was released on 9th February by way of a Welsh Health Circular (WHC 2001 06). The Circular was disseminated to organisations and groups in the NHS, local government and the voluntary sector, all of whom can apply for support from the Fund. The Fund will support new projects to reduce inequalities in health or factors that contribute to inequalities in health, including inequities in access to health services. The priority for the Fund's first year is coronary heart disease and the implementation of action as part of the National Service Framework for Coronary Heart Disease. I wished to avoid a detailed and time-consuming bidding exercise where considerable effort is wasted on unsuccessful bids and therefore, the first stage of seeking support from the Fund involves the submission of a declaration of interest and a simple project outline. The deadline for this is 6 April 2001.

The sum of £3 million has been set aside to support projects in 2001-02. This will rise to £5 million in 2002-03 and £6 million in 2003-04. However, in launching *Improving Health in Wales: A Plan for the NHS with its partners*, I was pleased to announce an additional £1 million per year for the Fund. The additional money will be used to tackle the inequalities in oral health that exist. It will support an expansion of the existing dental initiative scheme and a dental fissure sealant programme for children in areas of high dental decay. This element of the Fund will be deployed following discussion with representatives of the dental profession in Wales.

### **3. QUALITY REGULATION AND INSPECTION**

#### **3.1 Annual Report of Chief Inspector: Social Services Inspectorate 1999-2000**

This report charts the progress in meeting the Assembly's agenda for change in social care and sets out the challenges, trends and budgetary position for social services in Wales.

The report describes the plans for establishing the Care Standards Inspectorate for Wales, and the Care Council for Wales, which were included in the Care Standards Act 2000. It summarises the results of Social Services Inspectorate Wales inspections and joint reviews and identifies potential management issues which authorities must be sensitive to when seeking to realise the opportunities associated with the modernising local government agenda. The report covers a broad agenda of development work including that to support the implementation of the Looked after Children system, and new policies or initiatives such as Sure Start, Youth Justice work and the protection of vulnerable adults. It also highlights actions to implement the findings of the North Wales Tribunal "Lost in Care".

The report itself will be discussed along with the Inspection and Development programmes during the Health and Social Services Committee in March 2001.

#### **3.2 Performance Management Information: The Challenge for Social Services in Wales**

The White Paper 'Building the Future' identified the need to develop improved approaches to performance management in Social Services in Wales. The Nuffield Institute for Health was commissioned to evaluate the capacity of Social Services Departments to provide management information to support the development of a performance management scheme for Social Services across Wales and I am pleased to present their summary and key findings.

A senior local authority officer has been seconded to the Social Services Inspectorate to lead the development work in implementing the recommendations in this report. This work, conducted in a close and positive collaboration with local authorities, has:

- formulated a framework for the future development of performance management in Social Services in Wales;
- identified and fully defined a set of baseline indicators which are now being incorporated in the sets of Best Value and Policy Agreement performance indicators;
- and will shortly be establishing a Wales-wide training and development programme for senior Social Services managers.

Current work also involves the shaping of a support scheme to assist local authorities in modernising and upgrading their management information systems; this will in turn enable the further development

of an improved performance indicator set and the provision of better quality information and data for use at all levels in the management of Social Services. I have also recently reported on the recent publication of new planning guidance for social services, which stresses the need to incorporate performance management approaches in the management of social services.

### **3.3 Care Council for Wales**

The Social Services White Paper for Wales "*Building the Future*" set out a programme of work designed to raise standards in the social care workforce. The overall aim is to secure in Wales a social care workforce that is "properly trained, appropriately qualified and effectively regulated". At the same time, the White Paper suggested, the workforce itself should be able to expect "proper support and recognition". The central proposal is to create a new statutory body called the Care Council for Wales, or Cynor Gofal Cymru, to regulate the social care workforce and to raise standards of training. The new body will be an executive Assembly sponsored public body (ASPB).

The new council will have three sets of functions

- it will regulate the social care workforce through setting codes of conduct and practice for both employees and employers, and through registering the individual practitioners who make up the workforce;
- it will take over CCETSW's responsibilities for regulating both qualifying and post-qualifying social work training, and for administering the bursary scheme for post graduate social work students;
- It will discharge in Wales the functions employed of the employer-led National Training Organisation for the Personal Social Services (TOPSS). These include the development of a National Training Strategy for social care in Wales as promised by the White Paper.

The new Council will be established through the provisions of Part IV of the Care Standards Act 2000, which received its Royal Assent on 20 July. The more detailed decisions about scope and operation of the Council will fall to the Assembly. These will be implemented through the Assembly legislation and through the Council's Rules for the approval of training programmes and the registration of the workforce, all of which have to be approved by the Assembly.

The Council will be very different from a traditional regulatory body, run largely by the profession itself. All of the key interests will have a voice and service users, carers and the general public will be in a majority. The Council will have a lay chair, and its remaining membership will represent employers from all sectors, professional associations and trade unions, and education and training interests.

The Assembly advertised the appointment of the chair of the Council in February and members will be sought during April. The Care Council of Wales (Appointment, Membership and Procedure)

Regulations is currently out to consultation (end of consultation 12 March 2001). These regulations are available on the Assembly website. The appointment of the Chief Executive of the Council is under discussion with Personnel Management Division.

### **3.4 Organ and Tissue Sample Retention following Post-mortems**

Anticipating the concern many people might have on Post-Mortems (PMs) undertaken on their relatives, I arranged for NHS Direct in Wales to be made available as a help-line for those who wished more general information, and for all hospital Trusts in Wales to have guidance on dealing sensitively and openly with requests from concerned relatives for detailed information. National Assembly officials have met representatives of the NHS to ensure this guidance meets the needs of parents and relatives in what is an extremely distressing experience both for them and the NHS staff dealing with their enquiries.

I welcome and strongly support the Government's proposed change in the law, as announced by the Secretary of State for Health in his statement to the Commons. I also support the formation of the Commission to advise the NHS in England on the proper cataloguing, storage and return of any human material retained and I have since written to the Secretary of State for Health to ask that this Commission also advises the NHS in Wales.

Our aim now is to provide relatives, who have enquired about the circumstances relating to their particular loved one, with accurate and complete information as quickly as possible. However, one of the key findings of the Redfern inquiry was the inability of the Trust at Alder Hey to have reliable and complete PM records, to the extent that parents of those affected, who were already understandably distressed, had this compounded by being given incorrect and incomplete information, in many cases on several occasions. This is a situation that the Government and I do not wish to see repeated and for this reason we have, on the advice of the Commission, placed a temporary moratorium on the release of information to relatives who have enquired now. This is to allow Trusts time to check not only their local PM records, but to also receive information from collections of organs and tissue samples where human material may have been sent after PMs for diagnostic, teaching, education or research.

Given our smaller number of hospitals, and consequent fewer retentions, I have agreed with the Commission that we can move this issue forward quicker in Wales. Working with my officials the NHS are establishing a small number of review teams to contact each Trust to ensure that their PM records are as complete as they can be and that each Trust is making all the appropriate checks needed to enable them to reply as fully and as accurately as possible to relatives' enquiries. I anticipate this process will be completed in the next month to allow Trusts to release information as soon as possible thereafter.

In dealing with these difficult circumstances we must remember the legitimate need to retain organs and tissue samples after PMs. This will be required in certain cases to establish or confirm the cause of death, for teaching, education, audit and research, and, on occasions, for legal reasons. However, we need to ensure that in the light of Alder Hey these needs are properly balanced against the need for the NHS to be more open and informative to patients and their relatives in order that proper informed

consent is obtained on all occasions.

### **3.5 Commission for Health Improvement report on Carmarthenshire NHS Trust**

The Commission for Health Improvement (CHI) published its report on its investigation of the Carmarthenshire NHS Trust on 15 November, and it was discussed by the Committee a week later. Since then I have met with the Chief Executives of the Trust and Dyfed Powys Health Authority and the Commission to discuss outstanding issues from the action plan. The Trust has now addressed these and, in consultation with CHI, I have signed off the action plan.

## **4. CHILDREN'S SERVICES**

### **4.1 Children's Commissioner**

Peter Clarke, Director of Childline Cymru, takes up the Commissioner's post on 1 March.

The Children's Commissioner for Wales Bill, which will widen the scope of the Office's powers, received its Third Reading in the House of Commons on 8 February and is now proceeding to the House of Lords for consideration.

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. External consultations on these are planned for March.

### **4.2 Looked After Children in Wales: improving placement choice and stability**

I have approved the setting up of a Task Group to develop a new strategic framework for placement of looked after children in Wales. The purpose of such a framework will be to promote placement choice and stability, suitability and quality. The Task Group will bring together local authorities, other statutory agencies, voluntary and private providers, researchers and training organisations.

The development of such a strategic framework was one of the main recommendations of the Report of the Examination Team on ChildCare Procedures and Practice in North Wales, chaired by Ms Adrienne Jones. Sir Ronald Waterhouse made a related recommendation in the Report of the North Wales Child Abuse Tribunal of Inquiry. I am delighted to announce that Ms Adrienne Jones has agreed to Chair the Task Group. I expect the Task Group to report by October this year.

## **5. SOCIAL CARE**

### **5.1 Health Act 1999 "Flexibilities"**



A summary of the discussions and findings of the Flexibilities Conference that was held in Llandrindod Wells on 29 November was issued and published on the Internet in February.

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

## **5.2 Carers Strategy in Wales - Implementation Plan**

I am pleased to announce that a review panel has been set up to monitor, review and evaluate the Carers Strategy in Wales - Implementation Plan. This fulfils one of the commitments made in the implementation plan. The findings of this group, which met for the first time on 16 February 2001, will be reported to the Assembly in due course and will feed into the next update of the Strategy.

## **5.3 Resettlement from the Long Stay Learning Disabilities Hospital**

At the end of January, I was pleased to announce how we are intending to use the extra £25 million over the next three years made available by the Assembly to support our learning disability resettlement programmes. £17 million is being used to implement the final stage of the resettlement programme from the Hensol Hospital. This will mean that the resettlement programme from Hensol will be finished by March 2004 and the hospital can then close. £8 million is being made available to enable a comprehensive resettlement plan for Bryn y Neuadd Hospital to be prepared and for substantive resettlement to commence. I visited Bryn y Neuadd Hospital to meet the Project Team on 16 February.

The extra £25 million is on top of the £60 million or so that the Assembly has already committed over the next three years to support the resettlement programmes.

## **6. VOLUNTARY SECTOR**

### **6.1 Criminal Records Bureau**

Following representations I and voluntary organisations in Wales had made to the Home Secretary, on 7 February I was able to announce that the Government had concluded that the Criminal Records Bureau should provide criminal record checks free of charge to volunteers.

## **7. HUMAN RESOURCES**

### **7.1 Recruitment and Retention**

I am determined to reduce shortages in the NHS workforce by increasing the numbers of staff being trained and by improving their working conditions so that NHS Wales is seen as an attractive employer. The recruitment and retention of nurses and midwives is part of the overall strategy to improve the recruitment and retention of all NHS staff in Wales.

### ***Recruitment and Retention Team***

I have established a NHS Wales Recruitment and Retention Team with 3 staff in the NHS Human Resources Division and allocated £175,000 for return to practice courses for nurses and a further £175,000 for general Recruitment and Retention initiatives in the current year.

### ***Staff Vacancy Data***

My officials have developed a data collection system to identify long term vacancies across all NHS staff groups. The first set of data is currently being analysed and will provide a base line for agreeing a target vacancy rate for NHS Wales.

### ***Careers information***

Careers information publications - marketing NHS Wales as an employer have been commissioned. These include English and Welsh language versions of general NHS careers information for distribution to all secondary schools and colleges within Wales. Information about individual employers and NHS careers in Wales for use at Healthcare training establishments, jobs fairs and careers events both within and outside Wales is also being produced.

### ***Working with Department of Health***

My officials are building on links with the DoH Employment Division to ensure that NHS Wales benefits from any national initiatives taking place. Current developments include utilising the NHS Careers Service information and Website, the use of electronic recruitment and the setting up a NHS staffing agency.

### ***Partnership Working***

The NHS Partnership Forum, which I chair twice a year, has set up a number of Sub Groups, including the Recruitment and Retention Sub-Group which is making good progress. It is setting up a Planning Team to look at the feasibility of establishing an Open Day for all NHS Wales organisations.

### ***Working with NHS Wales to improve the workplace***

I am determined to make NHS Wales a better employer. Targets for employers will be developed for employee friendly policies, flexible working, internal communication, equality issues, improving workplace facilities and conditions, job design, career maturity and retirement, all of which impact on the retention of staff. The effectiveness of initiatives will be evaluated. I want to see good practice as well as policies. A directory of initiatives to increase the flexibility of employment within NHS Wales

will be co-ordinated to enable examples of good practice to be shared throughout the service. A long term NHS Staff Development Programme to support NHS staff in delivering these objectives is also being commissioned from NHS Staff College and NHS Personnel

### ***Therapy Consultants***

A Working Group, led by my officials, is being established to plan the strategy for NHS Wales to develop the role of Therapy Consultants within the service. This Group will include representatives from the service and the professions and will work with colleagues in England to create new career opportunities within the therapy professions which will assist in recruitment and retention.

### ***Research into Recruitment and Retention issues***

The Welsh Office of Research and Development will be funding a research project relating to Recruitment and Retention issues. My officials are currently in the process of identifying the most suitable area for research.

## **7.2 Initiatives relating to Nurses, Midwives and Health Visiting**

In the past we have trained around 1134 nurses each year in Wales. Since 2000 we have been training at least 1325 nurses, midwives and health per year. This is an increase of 16.8% compared with 1999. The funding announced by the Chancellor last March has allowed for an additional 190 training places for nurses, midwives and health visitors to be commissioned. This increase will continue year on year so that by 2004 an additional 760 nurses will have been trained in Wales.

### ***Return to Practice***

I have emphasised the importance of helping nurses who have not practised for some time to return to work in the NHS. This year I have funded 160 places on Return to Practice courses for nurses and midwives throughout Wales. I have also set up a staffing helpline for people who wish to return to work in the NHS. Their information is then passed on to employers.

### ***Overseas Recruitment***

To address immediate recruitment difficulties, my officials are working with employers within NHS Wales to develop an ethical and co-ordinated approach to overseas recruitment, ensuring that all employers have access to surplus trained staff from other countries.

### ***New routes into Nursing***

And finally we are developing new routes into nursing by providing financial support for healthcare support workers during pre-registration nursing courses. Over 60 Healthcare Support Workers have

progressed through this scheme in the last 3 years.

## **8. FINANCE**

### **8.1 Financial Position**

#### **CASH POSITION - Change in health Sub Expenditure Groups cash position**

The forecast cash underspend the health Sub Expenditure Groups has increased from £14 million to £24.7 million since the last monthly report - due to slippage (£10 million) on capital programmes.

All the underspend on capital programmes will need to be carried forward to meet the commitments on this programme when they fall due.

A review of underspends on central budgets to establish which money would need to be re-provided in future years has identified savings which, together with money which had not yet been committed from the Budget Planning Round, has resulted in £9 million being identified as available for investment in support of the implementation of *Improving Health in Wales*.

#### **NHS FINANCIAL (SURPLUS/DEFICIT) POSITION**

The forecast financial surplus now stands at an estimated £14.4 million surplus but there is still considerable uncertainty about the final position.

The surplus has arisen primarily because new developments in both the acute and primary care sectors are starting later than anticipated. In most cases the relevant health authority has stated that this year's surplus will be spent next year in pump-priming these new initiatives.

The main factors causing uncertainty about the financial position are:

- lack of information on primary care drugs expenditure
- actual costs of winter pressures
- final position on implementing new developments.

#### **Transfer of Resources affecting the Health and Social Services Main Expenditure Group**

In accordance with Standing Orders 19.6 and 19.7 I wish to inform the Committee of the following transfers of resources during the current financial year (2000-2001) which have been agreed by myself and the Minister for Finance, Local Government, and Communities.

BEL	Budget Expenditure Line
SEG	Sub Expenditure Group
MEG	Main Expenditure Group

Amount	Transfer From	Transfer To	Reason for Transfer
£100k	<p>Drug and Alcohol Initiatives BEL of the of the Other Health &amp; Social Services SEG</p> <p>Before Transfer £2.784m</p> <p>After Transfer</p> <p>£2.684m</p>	<p>Research/Publicity/ Miscellaneous Payments BEL of the Other Health &amp; Social Services SEG</p> <p>Before Transfer £1.711m</p> <p>After Transfer £1.811m</p>	<p>The transfer is necessary to enable the Welsh Drug and Alcohol Unit to undertake a major reprinting exercise to enable prevention material to be distributed to a range of authorities and agencies.</p>
£210k	<p>Promoting Equality BEL of the Other Health and Social Services SEG</p> <p>Before Transfer:</p> <p>£210k</p> <p>After Transfer:</p> <p>Nil</p>	<p>Promoting Equality BEL of the Valuation Office Services etc SEG of the Housing MEG</p> <p>Before Transfer:</p> <p>Nil</p> <p>After Transfer:</p> <p>£210k</p>	<p>The funds relate essentially to grants to promote equality and further the recommendations of the MacPherson report. The funds are being transferred to accord with Ministerial responsibility for this area.</p> <p>This transfer will need to be the subject of a motion in plenary approximately 13 March.</p>

<p>£25k</p>	<p>White Paper Implementation BEL of the Other Health and Social Services SEG</p> <p>Before Transfer:</p> <p>£1.000m</p> <p>After Transfer:</p> <p>£975k</p>	<p>Grants in Support of Child and Family Services BEL of the Children's SEG</p> <p>Before Transfer:</p> <p>£4.642m</p> <p>After Transfer:</p> <p>£4.667m</p>	<p>Interim funding is needed to maintain the "Bite Back" Group for the period to commencement of new arrangements next financial year. This will enable the Group to continue bi-monthly meetings, continue to employ part-time staff and cover travel and administrative costs.</p>
<p>£15k</p>	<p>Care Standards Regulation BEL of the Other Health and Social Services SEG</p> <p>Before Transfer:</p> <p>£301,000</p> <p>After Transfer:</p> <p>£286k</p>	<p>Research / Publicity / Miscellaneous Payments BEL of the Other Health and Social Services SEG</p> <p>Before Transfer:</p> <p>£1.811m</p> <p>After Transfer:</p> <p>£1.826m</p>	<p>To provide a budget for a communications strategy for the Care Standards Inspectorate for Wales which involves the publication of a newsletter.</p>
<p>£50k</p>	<p>Care Standards Regulation BEL of the Other Health and Social Services SEG</p> <p>Before Transfer:</p> <p>£286k</p> <p>After Transfer:</p>	<p>Staff Costs BEL of the Central Administration MEG</p> <p>Before Transfer:</p> <p>£74.661m</p>	<p>Funding of secondments from Local Authorities and Health Authorities to support the implementation programme</p> <p>This transfer will need to be the subject of a motion in plenary approximately 13 March.</p>

	£236k	After Transfer:  £74.711m	
£1.346m	Support for the Voluntary Sector/ Volunteering BEL of the Support for the Voluntary Sector SEG  Before Transfer:  £4.516m  After transfer:  £3.170m	Community Services for Adults BEL of the Other Health and Social Services SEG  Before Transfer:  £51.724m  After transfer:  £53.070m	The provision relates to Section 64 grants to voluntary bodies in the physical/sensory, older people and carers sectors. The transfer will place these grants alongside other social care grants to which they have a closer affinity.

**Jane Hutt**  
**Minister for Health & Social Services**