

# Health, Wellbeing and Local Government Committee

HWLG(3)-11-10-p5: 10 June 2010

## General Scrutiny Session with the Minister for Health and Social Services

### 1. Purpose

This paper provides background information to inform the Committee's scrutiny of the Minister for Health and Social Services at a meeting of the Health, Wellbeing and Local Government Committee on 10 June 2010.

### 2. Background

This paper notes actions against some of my main priorities, many of which are set out in One Wales. They include a combination of improving health and well-being by reducing inequalities in health and improving services through reorganisation to support better health and social care services, ensuring access and improving patients' experience.

### 3. Progress on Priorities

#### Chronic Conditions Management

The Chronic Conditions Management (CCM) programme of work has been helping to drive and support mainstream change in service delivery, with a transition of appropriate services from hospitals into the community. Results from the CCM Maturity Matrix demonstrate significant and consistent service improvement in all five domains of the CCM Model across Wales; the maturity matrix is used annually to monitor service improvement as part of the Annual Operating Framework (AOF).

The report produced in November 2009 showed a very positive response across Wales, with all organisations making consistent progress in implementing the CCM policy. The CCM programme of work has made considerable progress in developing community services for the high number of people living with chronic conditions. In particular the numbers of emergency medical admissions for diabetes, coronary heart disease and chronic obstructive airways disease have all reduced significantly at an all Wales level. The average length of stay in hospital for the same chronic conditions has also reduced significantly.

The three National Chronic Conditions Management Demonstrators have been continuing to share their learning and actions with non-demonstrator sites in a coordinated and action focussed way so that the CCM model is mainstreamed and lessons applied across Wales.

To date an annual report and 12 learning papers have been produced and disseminated, a national website established, 3 workshops and a National Learning Event held. These show that real improvements are taking place and that practical challenges are being overcome, with useful lessons for others. Early indications suggest that CCM and community based planning is beginning to impact on targets. Better integrated care is evident as a result of better communication, a shared vision and cultural understanding between agencies. Social Services restructuring has informed the identification of the CCM Demonstrator GP clusters, ensuring that integrated care is provided in a more efficient and co-ordinated way across sectors.

#### Continuing NHS Health Care

On 13 May 2010, I issued the revised national framework for Continuing NHS Health Care for adults, which is to be implemented by LHBs by 16 August 2010. By that date, LHBs are also asked to report back to the Welsh Assembly Government on their preparedness to implement the new framework.

A small national implementation project group, comprising NHS and local government colleagues most directly involved in implementation, will be established and will advise on practice and operational matters arising from the framework. This will include such issues as communications and standardised documentation. I have given a commitment to review the framework after a year of operation. My officials are continuing to develop a framework for children.

#### Current Economic Climate

Annual growth in the Health and Social Services revenue budget has reduced from 5.2% in 2007-08 to 2.6% in 2010-11. The current planning assumptions are for a reduction in the revenue budget of approximately 3% a year from 2011-12 onwards. Normal operational cost pressures add 3.5-4.5% to NHS operating costs each year, so the increasing gap between costs and funding is pushing up the requirement for savings well beyond the reach of basic efficiency and productivity savings.

The NHS has a year in year "presenting demand" for health services that typically grows by 3-5% a year. Patient demands are becoming more complex overall, with an upward pressure on average "per capita healthcare costs" as a consequence of changing demography (this trend is expected to accelerate with the projected growth in the over 85 cohort of the population). In addition, NHS cost inflation typically runs at 1-2% above RPI, because of the impact on nationally negotiated pay awards and its dependence on high cost consumables (e.g. blood products), which are subject to high levels of annual cost inflation.

Even with growth of 2.6% in 2010-11 there is insufficient new funding to meet the impact of the NHS pay awards. The NHS is targeting

savings of £436m to break-even this year. The planning assumptions for the next three financial years from 2011-12 will require NHS organisations to reduce their costs by 7% pa, or 19.6% over this period. This equates to a reduction of £1.1bn on the current revenue budget over the next three years in addition to the current years target.

The programme is being managed through the 5-Year Service, Workforce and Financial Strategic Framework Programme Board, chaired by my Director General.

### **Delivery of One Wales Commitments**

Over half of the One Wales Commitments in Health and Social Services have been met, and the Directorate General is on target to deliver the remaining commitments by 2011.

One of our main achievements was transforming the NHS, replacing 32 organisations with 7 integrated Health Boards responsible for the primary, community, specialised and tertiary services for their population, and establishing Public Health Wales; whilst, at the same time, meeting the target to reduce waiting times to 26 weeks from referral to treatment in December 2009.

A table containing progress on all Health and Social Services One Wales Commitments is published quarterly on the Assembly Government website and can be accessed at:

<http://wales.gov.uk/about/programmeforgovernment/strategy/publications/1walesdeliveryplan/?jsessionid=SFypMH9Rm1LsQHRbsNyd3fdXMDpmQpG8KsZWG6hw3DmRQg2k23QC!-463154188?lang=en>

### **Healthcare Standards for Wales**

'Doing Well, Doing Better - Standards for Health Services in Wales' set out the Assembly Government's common framework of standards to support NHS Wales and partner organisations in providing effective, timely and quality services across all healthcare settings. The standards have been revised and come into force from 1 April 2010. The updated standards set out the requirements of what is expected of all health services in all settings and are key to underpinning the vision, values, governance and accountability framework for NHS Wales.

The standards are used by all NHS organisations and services at all levels and across all activities as a key source of assurance to enable them to determine what areas of healthcare are doing well and those that may need to do better. The Standards are also used by Healthcare Inspectorate Wales to undertake a level of testing and validation of organisations self-assessments each year, as part of their public assurance role.

### **Mental Health Services**

(i) Child and Adolescent Mental Health Services (CAMHS) - following the publication of the Wales Audit Office and the joint inspectorates report on services for children and young people with emotional and mental health needs, a group has been established to develop an Action Plan for Wales by May 2010. This will be reported to this Committee on 24 June 2010.

(ii) Secure Mental Health Services - a review of secure mental health services has been undertaken in order to ensure that an efficient interagency, multi-agency, multi-disciplinary whole system is in place to deliver effective services to people who require this care to be delivered in secure environments due to the risk they may pose to the safety of themselves or others.

I established a Secure Mental Health Services Committee, chaired by Dr Ed Roberts, Vice Chair Abertawe Bro Morgannwg University LHB. This Committee has developed an all Wales Action Plan, which will enable NHS Wales, working in partnership with statutory and third sector service providers, to realise high quality secure mental health services within Wales.

(iii) Dementia Plan - four priority areas have been identified by stakeholders:

Improved service provision through better joint working across health, social care, the third sector and other agencies;

Improved early diagnosis and timely interventions;

Improved access to better information and support for people with the illness and their carers; Greater awareness of need for advocacy; and

Improved training for those delivering care.

Operational action plans have been developed by stakeholder Task and Finish Groups, and published in May on the Assembly Government website. An Intelligent Target has been established for dementia, and is a key requirement within this year's Annual Operating Framework. The new Mental Health Programme Board has been tasked to ensure that delivering actions on dementia is given a top priority.

(iv) Crisis Resolution/Home Treatment Services (CRHT) and Care Planning through the Care Planning Approach (CPA) - the establishment of a CRHT service was a SAFF target in 2005-06, requiring such a service to be established by 31 March 2006. The integrated LHBs are reporting steady progress in the provision of CRHTs and role out of CPA.

(v) Capital Schemes - there has been significant investment in the provision of new facilities for the provision of Mental Health services including:

New CAMHS units in North and South Wales at a cost of over £40 million;

A new Adult Acute and EMI unit at Wrexham Maelor at a cost £25 million;

£29 million investment in Bridgend to develop acute and community facilities to replace Glanrhyd Hospital; and

A new EMI Unit for Cardiff and Vale located on the Llandough site at a cost of £56 million.

Further investment in excess of £100 million is planned in Cardiff and Swansea.

## **NHS Reform**

(i) Management Costs - The NHS Reform programme significantly reduced the number of NHS Trusts and LHBs from 32 to 10. Each of the former 32 organisations had a Board of Directors. As a consequence of this programme of reform the overall number of board posts in NHS organisations has fallen from 180 to 78, a reduction of 102 posts. These structural changes have resulted in an immediate reduction in costs of Board level structures by an order of £6m-£7m. Over the 12 month period to March 2010 the total number of A&C staff employed in the NHS in Wales has fallen by 1.7% (265 WTE).

(ii) Specialised and Tertiary Services - following consultation, on the 14 July 2009 I issued a Written Cabinet Statement confirming proposals to establish a new national service for specialised and tertiary services, with the 7 LHBs fulfilling these functions through a Joint Committee. Cwm Taf LHB was confirmed as the host of the Joint Committee.

To facilitate a smooth transition, in September 2009, I agreed that HCW, on behalf of the Welsh Ministers, would continue to exercise those functions it currently undertook, for the period from the 1 October 2009 to the 1 April 2010. I issued a further Written Cabinet Statement on the 8 October 2009.

This allowed the Welsh Health Services Specialised Committee (the Joint Committee) to be formally established and to plan for 2010-11. The Joint Committee became fully operational from the 1 April 2010.

My officials are working closely with Professor Sir Mansel Aylward in developing a robust and transparent mechanism for decision-making around individual patient funding requests.

(iii) Community Health Councils - on the 1 April 2010, I established six new Community Health Councils (CHCs), to replace 17 of the former 19 CHCs. The new CHCs are co-terminous with the LHB boundaries, but are made up of local committees whose boundaries correspond with the local authorities in the area. I am of the view that the new arrangements will give patients and the public a stronger voice within the new NHS structure, whilst at the same time drawing on local views and opinions. The two CHCs in Powys remain in place pending merger discussions between Powys LHB and Powys County Council, although their membership numbers reduced in line with the other CHCs' local committees.

## **National Advisory Board**

The National Advisory Board (NAB) was established in April 2009, and is responsible for providing independent advice to assist me in discharging my functions and meeting my accountabilities for the performance of the NHS in Wales. I chair these meetings, which are held in public on a bi-monthly basis.

The agenda and board papers for the meetings are published in advance on the Welsh Assembly Government website and minutes of the meetings are published shortly after each meeting. These can be found at:

<http://wales.gov.uk/topics/health/nhswales/organisations/advisory/?lang=en>

From April 2010, these meetings are being recorded and can be heard in full through the Assembly Government website.

The NAB has focused on the Patient Experience, in particular how best to reach those "hard to reach" groups, and Community Health Councils have been invited to attend its next meeting in July to discuss how they engage with the public. In addition, it has focused on the importance of Information Technology and Medicines Management in the new NHS.

## **NHS Estate**

Over £400 million was invested on the NHS Estate and infrastructure during 2009/10 and an equivalent sum is planned to be spent in 2010/11. Capital has been allocated as follows:

(i) Discretionary capital allocations to NHS Health Boards and Trusts - In 2010-11 I have allocated £56 million directly to these organisations to provide for:

Maintaining and enhancing the fabric of the estate

Meeting statutory obligations such as health and safety, environmental and firecode issues, and

The timely replacement of equipment, including diagnostic equipment.

(ii) Replacement of Ambulances - each year we make provision of £5 million to the Wales Ambulance service to continue with an annual vehicle replacement programme.

(iii) Information Systems - £9 million per annum is set aside for replacement and new Information systems for NHS Wales.

(iv) Strategic Development - the remainder of the capital provision is used to support the strategic development of the NHS and the NHS Estate in Wales. It underpins the 10 year All-Wales Capital Programme (AWCP) which was established in March 2007. The AWCP includes a range of diverse schemes across the whole of Wales. They can be grouped under the following headings:

Provision of new technology - this includes provision of new Linear Accelerators in designated cancer centres plus the provision of new MRI and CT scanners and other diagnostic services. This capital expenditure has been key to facilitating the delivery of DHSS access and waiting time targets; and

Upgrading and Modernisation of Secondary Care, Mental Health and Primary Care Facilities.

Well-being Centres" - "I have agreed the following two pilot sites for Well-being Centres:

Cardiff Royal Infirmary where enabling work costing £3.32m was completed in March 2010. Further Business Justification Cases are being developed and will be submitted on a phased basis during the year; and

Merthyr Health Park where the site purchase transaction was completed on 1 April 2010, and an Outline Business Case from Cwm Taf LHB has been received.

### **Patient Safety (1000 Lives Plus)**

The 2 year all-Wales Patient Safety Campaign - "1000 Lives" ended on 21 April 2010. It aimed to save 1,000 lives and prevent 50,000 episodes of harm by April 2010. In figures published on 21 April, the Campaign estimated that 852 additional lives had been saved in its first eighteen months and over 29,000 episodes of harm had been averted in its first twelve months.

The 1000 Lives Campaign has shown what a difference can be made when staff are united in working towards one goal. Improvements have been seen across Wales and I am particularly proud that we are the only country in the world to have embraced the whole healthcare system including our primary care and ambulances services.

The programme aims to improve the patient experience by using effective tools and methods. Staff are able to redesign processes releasing time, which is reinvested in patient safety and quality of care, for example:

On two wards at Worthybush Hospital in West Wales, nurses are now spending one third more of their time with patients and this continues to grow;

Morrison Hospital is leading on the prevention of hospital acquired Pressure Ulcers, with their award winning "SKIN Bundle" now being rolled out. The pioneering work on Anglesey ward has resulted in them having gone 638 days without an ulcer;

GPs have worked to improve the reliability of instruction given to patients, particularly in relation warfarin;

Making changes is not all about new technology and high cost drugs it is often the most basic of things that can make such a fundamental difference to the quality of a patient's care. Mortality data is so often in the news these days we can no longer justify not being open and transparent about our mortality rates. I am grateful to the LHB Medical Directors for the work they are doing in this area, by reviewing mortality data. The latest 9 months data reported on adverse incidents are all below the mean average, which represents significant improvements. I expect the improvements to continue, and I am looking for at least a 5% reduction in mortality and harm over the next year.

The next phase of the work - 1000 Lives Plus - was launched on 11 May 2010 and is being taken forward as part of the 5-Year Service, Workforce and Financial Strategic Framework for the NHS, in order to fully embed patient safety and the pursuit for higher quality standards in Welsh healthcare.

### **Update on the Legislative Programme**

On 4 November 2009, I provided Committee with a detailed paper outlining the legislative programme at that time. There have been a number of developments in this area and I have included an Annex with details for your information (Annex 1).

### **Using IT to achieve a more integrated care**

Safe access to patient information where and when it's needed by healthcare professionals, is driving the increased use of information and IT within NHS Wales. Greater efficiencies are being delivered through service re-design supported by better use of IT and information.

To give health professionals the information they need, NHS Wales is developing a single integrated health record, which is using new messaging technologies to bring together patient information from existing computer systems and data sources. It has four key components:

The Individual Health Record - linking out of hours services with information held by the patient's GP. This new service is currently in use in Gwent and parts of Pembrokeshire and Ceredigion, with national coverage by early 2011.

The Welsh Clinical Portal - a secure health space uniting the many sources of information stored on hospital computer systems. The first

phase of the Portal is now running as a live pilot in Hywel Dda at West Wales Hospital, allowing health professionals to request and review test results at the patient's bedside.

E-referrals - electronic patient referrals from the GP to the hospital consultant. GPs across Wales refer around 650,000 patients a year, each requiring an individual letter. Early adopters of the new e-referral system in Cardiff and Vale and ABMU health boards have seen immediate improvements in referral time, reduction in administration, no letters 'lost in the post' and better tracking.

My Health Online - the website that allows patients to go online to book appointments with their GP, request repeat prescriptions and keep a personal health diary. Currently, in the final phases of the design stage with roll out scheduled to be in autumn 2010.

#### **4. Summary/Recommendations**

All these policies are part of the wider Welsh Assembly Government's determination to improve the quality of the patient experience and to continue to build on existing achievements.

## **Annex 1: Update on the Legislative Programme**

One Wales made a number of commitments to develop and improve NHS and local authority services. This paper provides an up-date on the legislative matters being taken forward by the Health and Social Services Directorate General (HSS DG), including Assembly Measures (Measures) and the implications of Westminster legislation and Reviews.

The following issues are considered to be of interest:

(i) Assembly Measure:

NHS Redress (Wales) Measure 2008 - this Measure received Royal Approval on the 9<sup>th</sup> July 2008. Draft Regulations, in part drawn from these powers - The NHS (Concerns, Complaints and Redress Arrangements) (Wales) Regulations - were published for consultation on the 11<sup>th</sup> January 2010. The consultation ended on the 2<sup>nd</sup> April 2010 and a consultation report will be produced shortly. The Regulations set out revised arrangements for the handling of concerns about NHS care and treatment, including a duty on NHS bodies to consider whether they are liable for any harm caused. The Regulations will be subject to the National Assembly's affirmative resolution procedure and will be laid before the Assembly after the summer recess.

Children and Families (Wales) Measure (2008 programme) - the proposed Measure (as amended at Stage 2) is set out in four parts. Health and Social Services specific elements include:

A duty on Welsh Authorities, which includes LHBs, to prepare and publish a strategy for contributing to the eradication of child poverty in Wales;

New duties on Local Authorities and LHBs to set up new Integrated Family Support Team (IFST); and

New arrangements for providers of adult health services to take into account the effect on children and the consequent need to consider referral for provision of social services.

The Measure, as amended, was approved by the National Assembly in November 2009, and Royal Approval was granted on the 10<sup>th</sup> February 2010.

A Commencement Order and Regulations (4 sets) in respect of IFST will be made in late Spring to bring the legislation into force in the pioneer areas in September. IFST duties will initially extend only to families in pioneer areas, where parental substance misuse is linked to concerns for a child's welfare.

The Mental Health (Wales) Measure (2009 programme) - the proposed Measure was laid in the National Assembly on the 22<sup>nd</sup> March 2010, and introduced the following day. This Measure has five key policy objectives:

Expansion of local primary mental health support services;

Care coordination and planning for secondary mental health services

Enhanced access to secondary mental health services for previous service users;

Expansion of Independent Mental Health Advocacy (under the Mental Health Act 1983) for short-term sections, which do not currently attract this safeguard; and

Inpatient mental health advocacy.

This Measure is now in Stage 1 scrutiny, which is expected to last until mid July 2010. To support understanding of the legislation, officials have undertaken a series of technical briefings with Health Boards and Local Authorities and have also met with campaigning organisations, advocacy providers, and professional bodies.

The Social Care Charges (Wales) Measure 2010 - the Measure was approved in Plenary on the 19<sup>th</sup> January 2010, and received Privy Council approval on the 17<sup>th</sup> March 2010. Regulations will be developed during 2010/11 to implement the provisions of the Measure

from April 2011.

The Measure provides Welsh Ministers with the power to make provision in regulations about the types of services which may or may not be charged for, the client groups which may be charged, the detail of the financial assessment process, the standard or maximum charge which may be made for services or for particular service users and the review of a services users charge.

It also places an obligation on authorities to provide free of charge, to existing and prospective service users, information about the services for which charges are made, their standard charges and means testing. Where an authority decides to impose a charge it will also be required to provide service users with information about the charge to be made, how this has been calculated and the procedure for having this charge reviewed should the user wish.

The Assembly Government intends to pursue an incremental approach to the introduction of greater consistency in local authority charging for non-residential social care services, with an initial "First Steps Package" of improvements followed by further improvements over time. This "First Steps Package" takes into account the advice received from the stakeholder task and finish group and the independent research that was undertaken during preparation of the Measure.

The proposed First Steps Package will consist of:

- (i) Regulations to make the statutory elements of the Fairer Charging Guidance mandatory, e.g. the "buffer" and the disability related expenditure disregard to protect the level of disposable income a service user retains after charging has been effected;
- (ii) Regulations setting out a maximum weekly charge of £50 for all those services that fall within the scope of the Measure and for which an authority makes a charge;
- (iii) Regulations requiring local authorities to disregard Constant Attendance Allowance and Severe Disablement Allowance in charge assessments;
- (iv) Regulations prohibiting authorities from charging for the provision of transport to day centres; and
- (v) Regulations requiring authorities to introduce a procedure for reviewing charges.

The process of developing the subordinate legislation necessary to implement the First Steps Package has commenced, with the drafting of instructions to lawyers and a series of working group meetings, involving local authority and stakeholder representatives, to assist in the formulation of the draft regulations and guidance. Once the drafts have been finalised they will be subject to public consultation later this year.

It is anticipated that the "First Steps Improvement Package" will be implemented by local authorities from April 2011.

Proposed Carers Strategies (Wales) Measure - (2009/10 programme) - this Measure will utilise the powers conferred through the Carers LCO, which received Royal Assent in November 2009. It will enable a new requirement to be placed on the NHS and Local Authorities in Wales to work in partnership to produce a joint strategy in relation to carers.

The strategy will provide for the provision of information to carers and for the relevant authorities to consult with carers both about the broader planning of their services for carers and for the person they care for and before they make decisions at individual levels regarding the provision of services to carers or to the person they care for.

The Measure was introduced into the National Assembly on the 25<sup>th</sup> January 2010 and Stage 1 scrutiny will end on 8 June with a debate in Plenary on the general principles of the proposed Measure. If agreed, Stage 2 scrutiny will commence on 9 June.

(ii) Whitehall Legislation:

A number of Bills received Royal Assent on the 8<sup>th</sup> April 2010:

Sunbeds (Regulation) Act 2010 - this Act, which began life as a Private Members Bill launched by Julie Morgan MP in January 2010, prohibits under 18's from accessing and using Sunbeds. It also provides Welsh Ministers with regulation making powers to further regulate in this area.

Children, Schools and Families Act 2010 - co-ordinated through DCELLS but includes provision in respect of safeguards (as a result of Baby P) to strengthen the provision of information to be made available to Local Safeguarding Children Boards (LSCB) and CSSIW in respect of serious case reviews.

The Equality Act 2010 - makes provision for the Welsh Ministers to impose a Socio-economic duty on public authorities exercising strategic functions in Wales, as well as specific public sector equality duties on relevant and listed public authorities in Wales. DH commissioned a review to look at the implications of the ban on age discrimination in health and social care, which Welsh officials fed into. This was completed towards the end of last year. Welsh Health Officials are currently scoping the recommendations made in the review.

The Personal Care at Home Act 2010 - this is an England and Wales Act, which provides Regulation making powers that would provide free home care for those clients with substantial care needs. There have never been any plans for this to be implemented in Wales and the new UK Government has now announced that it will not be commencing the provisions in the Act in relation to free home care in England.

The following is an update on Acts that have an impact on Wales:

Children and Young Persons Act 2008 - this came into effect in December 2008. The Act will require significant rewrite of all principal regulations (approximately 10 sets) that govern the system for looked after children including, care planning, review, placement, children homes, foster care, CSSIW enforcement provisions, visiting regulations and introduction of new contractual arrangements (establishing of Independent panel for the Independent Review Mechanism (IRM) of Adoptions and Fostering appeals). Consequential changes are also made to regulations on residence order and special guardianship orders.

The Assembly Government will take the opportunity to consolidate and rationalise existing regulation and statutory guidance as part of the implementation of new powers.

Implementation of Phase 1 is complete as of the 2<sup>nd</sup> April 2010. Phase 2 has started and a number of consultations on a number of regulations will be issued over April/May. Ministers have been asked to sign a Commencement Order (No 4) for the making of regulations under the various provisions in the Act.

Current consultations on Regulations include:

Children and Young Persons - Care Standards Act 2000 (Notification) (Wales) Regulations 2010;

Children and Young Persons, The Accommodated Children Visiting Arrangements Regulations 2010;

The Parental Responsibility and Measures for the Protection of Children (International Obligations) (England and Wales and Northern Ireland) Regulations 2010

Consultations planned for May - July 2010:

Children and Young Persons Care Planning, Placement and Case Review (Wales) Regulations 2010 [includes a consolidation of 4 sets of regulations];

Children and Young Persons, Children (Leaving Care) (Wales) Regulations 2010;

Children Act 1989 (Visits to Former Looked After Children in Detention) (Wales) Regulations 2010.

Coroners and Justice Act 2009 (Royal Assent on the 12<sup>th</sup> November 2009) - Powys tLHB is a pilot site for the Death Certification elements of the Act. Revised Death Certification procedures are expected to commence in 2011. Welsh Ministers will need to make Regulations providing for fee-setting and operational matters concerning medical examiners.

Health Act 2009 (Royal Assent on the 12<sup>th</sup> November 2009) - provides regulation-making powers to Welsh Ministers to prohibit or regulate the display of tobacco products at the point of sale, and to prohibit tobacco vending machines. A consultation document and draft Regulations for Wales was issued on the 12<sup>th</sup> April 2010.

Criminal Justice and Immigration Act - sections 119-120 provide that it is an offence to cause nuisance or disturbance at NHS premises. Welsh Ministers must keep these sections under review and can decide when the sections are commenced in Wales.

(iii) Other Issues:

The Green Paper Paying for Care in Wales: options for reform - was published for consultation in November 2009. The consultation period closed on the 28<sup>th</sup> February 2010. Just over 150 responses were received from individuals and organisations. Welsh stakeholders generally favoured a compulsory system whereby everyone in society would contribute to their care costs according to their means, preferably over an individual's lifetime. Those who developed care needs would then receive it free when they needed it.

The Assembly Government is unable to push forward with long-term reform in Wales on its own. The main levers for change remain with the UK Government, and long-term reform will require primary legislation at Westminster or wider legislative competence for the Assembly.

The new UK Government has said that it will establish a commission on long-term care, to report within a year. The commission will consider a range of ideas including both a voluntary insurance scheme to protect the assets of those who go into residential care, and a partnership scheme as proposed by Derek Wanless.

Adult Social Care Law Review - on the 24<sup>th</sup> February 2010, the Law Commission launched for consultation its proposals to bring together and update the vast range of adult social care law operating in England and Wales. The consultation runs until July. The goal is to create an effective legal framework that can accommodate current and future policies, whilst maintaining the existing core entitlements and obligations.

In summary, the proposals are:

There should be a single and explicit duty placed on a local authority to undertake an assessment;

An assessment and the use of eligibility criteria should be the sole means by which a person's eligibility for services is determined;

There be a single duty to assess any carer who is providing or intending to provide care to another person; and

Local authorities should be required to use a mandatory national eligibility framework in exercising their power to provide carer's services.

Other key proposals include the introduction of a statutory care plan; the introduction of a single code of practice for adult social care and the introduction of a broad list of community care services. A set of guiding principles is also proposed. Officials will continue to work closely with the Department of Health on matters of joint interest.