

Date: Wednesday 19 June 2002

Venue: Committee Room 2, National Assembly for Wales

Title: Monthly Report of Health and Social Services Minister

1. STRATEGY ISSUES:

- 1.1 'Improving Health in Wales' – NHS Structural Change Programme
- 1.2 Capital Schemes
- 1.3 NHS Breast Screening Programme
- 1.4 Update on Primary Care Strategy
- 1.5 Report on UV Awareness event at Cardiff International Airport

2. NHS PERFORMANCE:

- 2.1 Waiting Times
- 2.2 Emergency Pressures

3. IMPROVING HEALTH AND TACKLING INEQUALITIES:

- 3.1 National Patient Safety Agency (NPSA)

4. QUALITY REGULATION AND INSPECTION:

- 4.1 7th Wave for Work programme for NICE
- 4.2 Best Value in Social Services
- 4.3 Torfaen Disability Report
- 4.4 Bridgend Care Management Report
- 4.5 Bridgend Child Protection Report

5. SOCIAL CARE

- 5.1 Health Act 1999 – Flexibilities

- 5.2 Delayed Transfer of Care
- 5.3 Children First Corporate Parenting Conference
- 5.4 Adoption Act 1976: Application of Approval by the Catholic Children and Family care Society (Wales) as a Voluntary Adoption Agency
- 5.5 The Voluntary Sector Partnership Council
- 5.6 UK Voluntary Organisations based in Wales
- 5.7 Operational Independence of CSIW

6. FINANCIAL POSITION

7. HEALTH AND SOCIAL SERVICES SUBORDINATE LEGISLATION PROGRAMME

1. STRATEGY ISSUES:

1.1 "*Improving Health in Wales*" – NHS Structural Change Programme

Delivery

The programme to deliver structural change is on schedule. The emphasis within the delivery of the programme will now shift. The priorities have been clarifying functions, overall structures and policy issues and making senior appointments.

The priorities for the next 2-3 months will be directed at:

- planning the implementation of shadow running and transition;
- establishing detailed structures;
- clarifying the processes for allocation of funding and streams;
- clarifying the process for the next tier of senior appointments and all other staff moves; and
- agreeing a plan for the priorities of organisational development and training.

Functions

Most of the outstanding detailed issues on functions have been cleared. I have agreed the advice from the NHS Structural Change Programme Steering Group that, in the short-term (2-3 years), a range of shared support services to LHBs will remain largely in their existing locations and that the management of the services will be hosted by Powys Health Board. This decision will provide stability to the 400 or so staff working in these locations and reduce significantly the risk to the existing systems.

The services to be managed would include:

- Financial Services
- Contractor Services
- Human Resources
- Management Information and Computer Technology
- Estates Support
- Procurement

I announced at the last meeting of the Committee that Velindre Trust would host the National Public Health Service. The Public Health Director posts should be advertised in late June, with other public health posts being advertised in July.

Appointment of LHB Chairs and Boards

The LHB chairs, with the exception of Powys, have been appointed. I hosted a successful introductory meeting of all chairs on the 22nd May to remind them of their responsibilities, accountability and standards of public appointments. A programme of induction and preparation meetings has been arranged to take place through the summer and the autumn. The first of these will be at the end of June with a session on the role of chairs as appointing officers for senior staff.

The procedures for the selection of other board members in accordance with the codes of the Commissioner for Public Appointments and Assembly are nearing completion. Appointments will take place over the summer and autumn and the representative bodies have been informed of the new arrangements.

The separate Powys chair appointment was advertised on 2 May. The Powys project team has submitted its report on the proposal for a Health Board. The formal consultation on winding up the NHS trust will be taking place shortly.

Management and Personnel Issues

Advertisements for Regional Directors were placed on 15 May and for LHB Chief executives on 16 May. Enquiries have been healthy. Interviews will take place in July and initial appointments from August/September onwards. The central NHS Wales Department posts that are to be filled are planned to be advertised in July, with interviews in September.

The policy for the transfer of staff between NHS organisations has been agreed and issued. The outstanding issues under consideration are the policies on staff transfer from the NHS to the Assembly and the detailed processes for appointing the next tier of senior staff and placement of other staff.

Detailed work is continuing on the estimation of the transitional costs of establishing the new structure and its operational running costs. A note on the latest estimates and the underlying assumptions of these costs will be provided to the 3 July meeting of the Committee.

1.2 Capital Schemes

This month, approval was given for £8.6 million of Capital Funding for the full business case for the re-development of the accident and emergency and intensive care unit at Morriston Hospital.

Central funding of approximately £3.8 million has been approved by Ministers for the new Neath and Port Talbot Hospital residential accommodation scheme subject to the production of a revised Full Business Case.

£1.694 million has been awarded for essential upgrading work to the Electrical Infrastructure at West Wales General Hospital. 0.75 million was provided in 2001/2002 for the enabling works.

Conwy and Denbighshire NHS Trust have been given approval to move forward to producing a full business case for the major fire safety and asbestos scheme at Ysbyty Glan Clwyd, estimated at £61 million.

1.3 NHS Breast Screening Programme

In the Summer of 2000, I announced that I had asked Breast Test Wales to start putting in place the manpower and resources to enable the introduction, from last year, of two-view mammography for all routine screens undertaken within the NHS Breast Screening Programme. This was to improve the quality and reliability of the service. Breast Test Wales have now confirmed that this is being provided for all women across Wales. I also asked that, once this has been achieved, they should start to work towards issuing automatic invitations for breast screening to women aged between 50 and 70, in 2003. Officials from the Assembly's Equality Policy Unit have discussed the issue of disabled access to mobile units run by Breast Test Wales.

1.4 Launch of the Eye Examination Scheme

On 1 May, I launched the first part of the National Assembly's Eye Care Initiative, the eye examination scheme aimed at vulnerable groups particularly prone to eye disease. The launch took place at the Department of Optometry and Vision Sciences, Cardiff University, and the speakers included the (then) temporary head of the Commission for Racial Equality Wales, Mr Andrew Housley and Nigel Walker former Wales rugby player and athlete. All speakers stressed the importance of the scheme and how necessary it is to convey this message to those in the at risk groups. My officials are presently consulting on how best to do this. They have already had invaluable advice from the Chair of All Wales Ethnic Minorities Association and discussions are continuing.

279 optometrists have already signed up to the scheme, representing very good coverage throughout Wales.

I expect to launch the second part of the Initiative, an all-Wales screening programme for diabetic retinopathy, on 31 July and the third part, a Low Vision Aid Service, in September.

1.5 Report on UV Awareness event at Cardiff International Airport

I attended an event at Cardiff International Airport to promote sun safety to holidaymakers. It was organised by the Health Promotion Division of the Welsh Assembly Government, supported by Cardiff International Airport and the Vale Local Health Group Health Promotion Unit, as part of a pan-European campaign organised by dermatologists to highlight skin cancer prevention.

A stand was set up in the Airport's departure lounge and was staffed between 13th and 17th May to coincide with 21 holiday flights. It was well received and staff talked to over 2000 holidaymakers about how to take care in the sun and reduce the risk of skin cancer.

The importance of such messages can be seen from the fact that in Wales in 1998 (the latest year for which figures are available) there were 233 newly diagnosed cases of malignant melanoma and 3593 newly diagnosed cases of other skin cancers.

2. NHS PERFORMANCE:

2.1 Waiting Times

On Monday 13 May, Gwent Healthcare NHS Trust met the Assembly Waiting Times Task Group, chaired by my deputy, Dr Brian Gibbons. The Trust was represented by the Chair, Chief Executive, Senior Clinicians and Managers who reported on their review of the whole patient episode from admission through to discharge. The review covered the hold-ups and blockages found in the system and how they were tackling them, as well as the experience in trusts of comparable size in both England and Wales.

The Trust will now be evaluating the potential impact of their initiatives and will be reporting back to the Group in six months time. In the meantime, Assembly officials will be working closely with the Trust to help implement best practice from other areas and to agree performance levels for the year.

A similar meeting with the Cardiff and Vale Trust had taken place in April. Both meetings agreed that there was scope for developing better working relationship between health and social services and reducing the number of delayed transfers of care. Close collaboration is essential and the Group was pleased to hear that in both communities initiatives are underway aimed at improving joint working. The Assembly will monitor progress.

2.2 Emergency Pressures

The number of emergency admissions remained high throughout May. Admissions (up to week ending

27 May 2002) have been slightly higher than the same period last year, averaging just over 5,000 per week.

This has placed great pressure on the NHS and has resulted in high bed occupancy and the need for some operations to be rescheduled to accommodate emergency patients.

This is an inevitable consequence of fluctuating emergency admissions. Staff in the NHS continue to work hard to ensure that these pressures are planned for and better managed.

3. IMPROVING HEALTH AND TACKLING INEQUALITIES

3.1 National Patient Safety Agency (NPSA)

The National Patient Safety Agency (NPSA) and the Welsh Assembly Government have agreed a joint scheme, using Section 41 of the Government of Wales Act to enable the NPSA to operate in Wales in the same way as it will in England. This agreement was reached at the NPSA Board meeting on 15th May and announced on 24th May at the conference of the Association of Welsh Community Health Councils

The primary purpose of the NPSA is to promote patient safety by reducing clinical error. This will be achieved by the introduction of a new national reporting system for recording and learning from errors, adverse events and near misses. The NPSA is aiming to promote an open and fair culture for the reporting of errors and change the culture within the NHS from one of blame to one of learning. The NPSA will work with organisations to identify the root causes of why things go wrong and work to produce national solutions to prevent the risk of it happening again.

A Project Board has been set up in Wales to advise on implementation issues. A key task of the project has been to conduct a baseline assessment of existing systems for reporting and learning involving all NHS organisations in Wales. In addition the NPSA has undertaken a national piloting scheme to develop and test systems and standards for reporting. Two Welsh organisations participated in this national pilot: Pembrokeshire & Derwen NHS Trust and Swansea Local Health Group.

4. QUALITY REGULATION AND INSPECTION

4.1 7th Wave Work Programme for NICE

On 21 May, the National Assembly for Wales and Department of Health informed the National Institute for Clinical Excellence (NICE) of its 7th Wave Work Programme.

The Wave included Cannabinoids for treatment of the symptoms of Multiple Sclerosis, single photon-electron computed tomography (SPECT), an imaging technique for the diagnosis of heart disease and

newer hypnotic drugs for the treatment of insomnia.

I am pleased that, while the programme covers key Assembly priorities of cancer, coronary heart disease and mental health, it also takes in a wider agenda - for example producing guidance on issues such as the management of wounds and of nutrition.

4.2 Best Value in Social Services

The Social Services Inspectorate for Wales have published seven reports on best value in social services which will provide an independent assessment following Councils' own reviews of services.

Two reports have been published on services in Blaenau Gwent, three on Bridgend and one each on Flintshire and Monmouthshire. The reports cover services for older people, for people with physical disabilities, and for people affected by learning disabilities and by mental illness.

Inspectors judged services as good in three reports and fair in the other four. They judged that improvement was likely in five services but only uncertain in the other two.

4.3 Torfaen Disability Report

Torfaen's social services for people with disabilities are generally appreciated by those who use them and are well placed to improve, according to the Social Services Inspectorate for Wales. In the report inspectors say that practice had "significantly improved" since a critical joint review in 1999. The Council has accepted recommendations in the report for further improvements in services.

The inspection examined services for adults with physical disabilities or sensory impairments. Councils have to assess their social care needs and provide services, including aids and adaptations, day care, specialist accommodation, respite care, home care, and direct payments to enable some people to organise their own care. Inspectors found the Council had good operational procedures, that staff were sensitive to people's needs and involved them in decisions. Many people receiving services commented positively on the staff, who were knowledgeable and experienced.

To improve services further, the Council needs better planning with others involved, such as the health service and voluntary organisations, and should develop multi-disciplinary assessments. The report makes fourteen detailed recommendations.

4.4 Bridgend Care Management Report

Inspectors report that Bridgend's care services for older people are well managed and generally meet the needs of those who use them. The inspection looked at how social workers assessed the needs of those seeking help, arranged care services for them and carried out reviews to check that all was well. Most people receiving care are well satisfied with the service they receive. They told inspectors they were

involved in planning their care, felt their needs were met and had confidence in the social workers dealing with them.

4.5 Bridgend Child Protection Report

An inspection of Bridgend's child protection services shows that they are getting better. The report says that the services have been through a difficult time but the council is beginning to deliver on a plan of action and the prospects for improvement are promising.

Social services inspectors from the National Assembly carried out the inspection last year. They found that staff in Bridgend have been working hard to provide good services to protect vulnerable children at risk of harm but this was not done consistently enough. One of the key issues has been the difficulty in recruiting enough social workers who have the skills and experience needed for this specialist job. As a result, some children's cases did not always receive all the attention which child protection guidance says they must. However, recent changes made by the council to the systems for assessing the needs of children and their families are beginning to have a positive effect. More services for children who need intensive help in dealing with the consequences of past abuse are needed.

The report praised the council's efforts to provide child protection services with a clear direction and to work together with other groups who have a responsibility for protecting children such as doctors, health visitors, teachers and the police. The local Area Child Protection Committee co-ordinates this activity and it was seen to be working well. The report suggests 25 ways in which Bridgend can continue to improve child protection services in the area. The council has agreed a plan of action to make sure that these recommendations are put into effect.

5. SOCIAL CARE

5.1 Health Act 1999 – Flexibilities

Local Authorities have now received payment for the first quarter of the Special Grant, which will distribute £4.8m to facilitate the uptake of the Health Act 1999 Increased Flexibilities provisions.

The practical guide to using the Flexibilities regulations of the Health Act 1999 was published in May 2002 and can be accessed on the joint working web site.

The web-site has been developed to include information about joint working health and social care interface issues. It includes details about Flexibilities, such as grant approvals and summary information on projects, including contact names and addresses for schemes and projects to facilitate networking between partners across Wales.

5.2 Delayed Transfer of Care

Payment of the first quarter of the £12m Grant Scheme for 2002-3 to help reduce delayed transfers of care and support the care sector is now in progress.

Detailed Delayed Transfers of Care Action Plans have been drawn up by local authorities in partnership with colleagues in the NHS and in the independent and voluntary sectors. These set out projected expenditure for the grant funds and the action planned to meet the objectives of the Grant. These Action Plans are currently in the process of being assessed and approved by officials.

The new database for collecting and reporting numbers of delayed transfers of care went live on 8 April. Training has been provided to health and social care staff responsible for inputting and validating delayed transfers of care data.

5.3 Children First Corporate Parenting Conference

On 22 May, I addressed an audience of elected members and local authority senior officers at a Corporate Parenting Conference organised by the Assembly Government Children First Team.

The aim of the conference was to restate the vital role that elected members have as corporate parents to looked-after children in need in their care. It also gave delegates an opportunity to share good practice.

The event was well attended by around 100 delegates, roughly half of whom were elected members.

Feedback from the event will be used to inform a future programme of work by the Assembly Government to assist elected members in their corporate parenting role.

5.4 Adoption Act 1976: Application of Approval by the Catholic Children and Family Care Society (Wales) as a voluntary adoption agency

I have recently approved an application by the Catholic Children & Family Care Society to act as an adoption agency for a further 3 years.

5.5 The Voluntary Sector Partnership Council

The Council met at Cefn Coed Community Centre, Merthyr Tydfil on 10th May. The meeting was well attended by members of the public (around 20). Papers were presented on:

- Extending Entitlement;
- The Active Community Initiative - Phase 2;
- Freedom and Responsibility In Local Government;
- Criminal Records Bureau;
- The Role of the Voluntary Sector in Public Service Delivery;

- Race Relations (Amendment) Act - Implications for Public and Voluntary Sector Working;
- Report on Voluntary Sector Networks;
- Draft 2nd Annual Report on the Voluntary Sector Scheme;
- Review of Assembly Procedures - Follow Up; and
- Mainstreaming Equality in Public Appointments' Action Plan;

5.6 UK Voluntary Organisations based in Wales

A conference entitled "Working within Wales: Shared Principles" took place at the Celtic Manor Hotel, Newport on 6th June and was very well attended by Chief Executives and Directors of some thirty-eight UK voluntary organisations, Assembly officials, colleagues from the Home Office and Welsh Language Board.

The conference programme featured a number of speakers, including Roger Singleton, Chief Executive of Barnado's, Tom Shebbeare, Chief Executive of The Prince's Trust and Graham Benfield, Chief Executive of the Wales Council for Voluntary Action. A workshop on the meaning of devolution for UK organisations and the potential for a voluntary Code of Shared Principles followed.

The Wales Council for Voluntary Action agreed to come forward with a draft code of principles document based on the discussion held.

5.7 Operational Independence of CSIW

I was pleased to be able to visit the North East Office of CSIW on the 24th May. I was able to meet a range of staff and discussed with them their plans for the future. I have asked Rob Pickford, the head of CSIW to arrange for Assembly Members to visit CSIW offices over the coming months. I intend to visit other offices over the next year as my diary allows.

6. FINANCIAL POSITION

Financial information is not collected centrally during April and May. Out-turn figures for 2001-02 are still undergoing audit.

7. HEALTH AND SOCIAL SERVICES SUBORDINATE LEGISLATION PROGRAMME

A schedule showing the position on proposed FSA subordinate legislation is available in HSS-13-02 (p.1a) and Health and Social Services subordinate legislation in HSS-13-02(p.1b).