

Date: Wednesday 23rd October, 2002
Location: Committee Rooms 3&4, National Assembly for Wales
Title: Monthly Report of Health and Social Services Minister

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1. STRATEGY ISSUES:

1.1 “Improving Health in Wales” – NHS Structural Change Programme

This progress report provides a broad summary of the latest position regarding the NHS Structural Change Programme.

Appointments

LHB Chief Executives

- ◆ Twelve LHB Chief Executives have been appointed following the first restricted round of recruitment. A second round of LHB Chief Executive appointments is taking place.

Regional Directors

- ◆ Acting regional directors have been appointed as follows:
 - Stuart Fletcher acting regional director for Mid & West Wales regional office (Chief Executive of Pembrokeshire NHS Trust)
 - Margaret Foster acting regional director for South East Wales regional office (Chief Executive of Pontypridd and Rhondda NHS Trust)
 - Geoff Lang acting regional director for North Wales regional office (Director of Finance at North Wales Health Authority)
- ◆ The substantive Regional Directors will be appointed in November and will take forward the work started by Stuart, Margaret and Geoff including the continued development of effective relationships between LHBs, NHS Trusts, Local Government, the voluntary and private sectors
- ◆ The Regional Directors will be responsible for holding LHBs and Trusts to account on a day-to-day basis for the effective discharge of their statutory functions.

Public Health

- ◆ The National Public Health Service NHS Wales (NPHSW) interviews for the post of Director were held on 3 October and Dr Cerilan Rogers was appointed. Dr Rogers has an extensive experience in public health that will be of great value in taking forward the new NPHSW when it comes into being in April 2003.
- ◆ Health Directives will be issued to health authority chief executives in the next few days. The posts will be open to all consultants and directors employed on a substantive basis in round 1

Management and Personnel Issues

- ◆ The procedures for the selection of other LHB board members, in accordance with the codes of the Commissioner for Public Appointments and Assembly have been agreed. The posts were advertised in early October
- ◆ The LHB Chairs continue with their development programme. The latest event took place on 2 October. A similar development programme has been prepared for LHB Chief Executives, the first event was held on 5 September.

NHS to Welsh Assembly Government HR Policy

- ◆ The policy on transfer of health authority and Powys NHS Trust staff to posts in the Welsh Assembly Government was published on 4 October by Ann Lloyd, Director of NHS Wales and Peter Gregory, Director of Personnel, Management and Business services. The policy has the full agreement of managers and unions at the Assembly, Health Authorities and Powys NHS Trust.
- ◆ Staff who work for health authorities or the Trust will have the opportunity of taking up posts in the Assembly's NHS Wales Department and its three Regional Offices when the NHS reorganisation takes effect on 1 April, 2003. The policy gives the details of the transfer package involved.

- ◆ The policy also outlines a 12-month extension of employment for any permanent member of health authority or Powys Trust staff who has not secured a new permanent post at the time of re-organisation.
- ◆ The policy has been developed jointly between civil servants, health authority and Powys Trust human resources teams, UNISON and National Assembly for Wales trades union representatives.

Accommodation

Regional Offices

- ◆ The three Regional Offices of the NHS Department will be in Bromfield House, Mold for the North Wales Regional Office; Brecon House, Mamhilad, Pontypool for the South East Wales office; and Carmarthen for the Mid and West Wales Office (exact location to be confirmed).

Health Commission Wales (HCW)

- ◆ Four sites have been identified as potential accommodation for HCW. Option appraisals are currently taking place although Specialised Health Services Commission for Wales (SHSCW) can remain at Hensol until December 2003. A decision is expected shortly.

LHBs

- ◆ The current LHG accommodation is being examined to ensure that either the existing accommodation or plans in hand are adequate for the new accommodation requirements. A report will go to the next LHB Project Board meeting.

Information systems

- ◆ The final reports from the Information Management & Technology (IM&T) Migration project (Service Model & Options Report and the Handover Plan) were presented to the IM&T Migration Project Board on 30 September. Confirmation is now being sought to ensure that the items detailed in the Handover Plan will be picked up by the relevant projects within the restructuring programme.

Legislation

- ◆ The NHS Reform and Health Care Professions Act received Royal Assent on 25 June 2002. Most items of subordinate legislation have been put to the Health and Social Services Committee and are on target.

Priorities

To come in the next 2 months:

- ◆ Finalising and implementing the revised programme management and shadow running/transition arrangements.
- ◆ Appointment of Regional Directors, NHS Wales Department Directors and National Public Health Service Directors.
- ◆ Second round of LHB Chief Executives and other senior appointments.
- ◆ Issue of the first draft of the LHB and Health, Social Care and Well Being Strategy guidance.
- ◆ Issue of implementation projects for LHBs.
- ◆ Confirmation of the proposals for locations of the regional and LHB offices.
- ◆ Finalising the detailed structure of the new organisations.
- ◆ Implementation of the detailed study into the operation of management information and other systems.
- ◆ Implementation of the organisational development and training framework, linking it to detailed functions, guidance, desk instructions and accountability.

1.2 Primary Care Strategies: Dental, Pharmacy & Optometry

Three new strategies, which set out how key primary care services will change, improve and modernise over the next ten years, were published for consultation on 23 Sept. The strategies for dentistry, pharmacy and optometry set out the future developments of the services including recruitment, information technology and premises.

For many of our citizens their first and only contact with the health service is with primary care. It is a vital part of the health service and plays an active and important role in our communities. The strategies outline how we propose to take this forward in partnership with the professions.

Routes to Reform. A Strategy for Primary Dental Care in Wales

The Dental Strategy announces our plan to commission a feasibility study into expanding the number of dental undergraduates in training in Wales. This study will also consider further development of undergraduate training initiatives within the primary care setting. Dentists have a key role in addressing health inequalities and the strategy sets out how we can improve the oral health of Wales.

Remedies for Success. A Strategy for Pharmacy in Wales

The Pharmacy Strategy sets out a 10-year vision to provide people with fast, convenient access to pharmaceutical care, when they require it, tailored to their needs and delivered to a consistently high standard. The strategy aims to build public understanding of the role of pharmacy and the support it can provide to people. It will enable the profession to fulfil its potential and deliver high quality pharmaceutical services through service redesign and effective use of resources.

The Future of Optometric Services in Primary Care in Wales

The draft strategy on Optometry looks at the future development of optometry and deals with the increasing demand on the profession and pays particular attention to meeting the needs of an ageing population. It looks at ways of improving access to optometric services and how better use of IT can play an important role in this.

The strategies are out to consultation until 31 December 2002.

1.3 NHS Complaints Procedure

During a plenary debate on 14th March, members gave unanimous support for changes to the present complaints procedure. These changes embody several principles: of ensuring that as many complaints as possible are resolved at a local resolution stage; making the process faster and more independent; providing adequate support for complainants and the complained against; and ensuring that the NHS in Wales learns from complaints. This has led to the development of an implementation plan which covers a number of areas to strengthen the front line experience for patients and the complaints procedure itself by April 2003.

At the plenary debate members also recognised links between the NHS complaints procedure and the process for pursuing clinical negligence claims. I now intend to pilot a mediation scheme and a fast track system for the resolution of clinical negligence claims. The aim will be to facilitate swifter resolution of claims and assess the potential these schemes will afford for the saving of legal costs associated with the bringing of these claims. I have also asked officials to bring forward proposals for improving the links between complaints and claims managers and the monitoring of

complaints, to help reduce the risks of complaints re-occurring in the future.

2. NHS PERFORMANCE:

2.1 Waiting Times

My deputy, Dr Brian Gibbons, met with representatives of Swansea NHS Trust on 12 September in his role as Chair of the Waiting Times Task Group. The Trust Chief Executive explained the process that she has put in place to meet the undertakings expressed in the locally agreed Service and Financial Frameworks (SaFF).

The meeting was extremely productive in sharing the Trust's experiences with the Assembly. The Trust informed the Group that they have initiatives in place to help reduce waiting times and are evaluating the impact that they will have. The Trust is working closely with partner organisations and this was shown with a representative of the local health group being present at the meeting. In addition, the chief executive of North West Wales NHS Trust has been asked to review the reasons behind Swansea and Carmarthenshire Trusts and Dyfed Powys Health Authority not meeting the 18 month orthopaedic waiting time target.

The next Trust to present to the Group will be Carmarthenshire NHS Trust, followed by Cardiff and Vale NHS Trust to see how they have progressed since their first meeting in April.

2.2 Emergency Pressures and Preparations for Winter 2002/03

The number of emergency admissions remained consistently high throughout July, August and September at approx. 5,000 per week. This is comparable to the same period last year.

NHS Wales Department is working closely with colleagues in health and social care to improve the management of emergency pressures over the coming winter period. Revised emergency pressures planning guidance was issued on the NHS Intranet in early October setting out arrangements for improved planning and management.

Better monitoring of pressures, through assessing Accident and Emergency (A&E) workload and examining reasons for cancelled operations will provide the NHS with opportunities to manage more proactively. Organisations will also be using a capacity-planning model to help predict emergency activity and link this to elective demand and available capacity across health and social care. Escalation policies are being strengthened to ensure an early warning of increasing pressures is communicated to all partners, thus ensuring that remedial action is initiated as soon as possible.

Work is on going to improve the position relating to delayed transfer of care patients, with £12 million allocated to local authorities this year. An emergency care support and intervention facility has been set up to work with organisations where performance requires improvement and an A&E modernisation programme shares current good practice.

2.3 Innovations in Care

The Innovations in Care Programme was established to support the renewal agenda with a remit to work with the NHS in Wales to act as a catalyst to drive change and innovation. This programme has developed considerably in key areas to modernise services and develop sustainable solutions to improving access to care for patients.

A pathfinder Regional Service Development Team has been set up from within the Innovations in Care team to work with NHS organisations in the Mid and West Wales to facilitate the achievement of good practice and will report via the Innovation in Care Programme.

Orthopaedics

The "Standards for the Organisation and Delivery of Trauma and Orthopaedic Services in Wales" was launched for consultation at the Orthopaedics Conference in Swansea in June 2002. The keynote address was provided by Dr Brian Gibbons. We are currently in the process of visiting all Trusts that provide Orthopaedic services to help develop the Standards. An all Wales learning event was held to continue improvements in Orthopaedic Services on 9th/10th October. The workshops were led by Innovations in Care, by representatives from the DoH Modernisation Agency. Teams of senior clinicians and managers attended from each trust in Wales with representation from primary and secondary care as well as Social Services.

Dermatology

A consultative group set up to look at the current organisation of services, to examine best practice from across Wales and England and to advise and plan the modernisation of services in Wales. Work has been done to examine new ways of delivering Dermatology services from specialist GPs to telemedicine and extending the role of nurses. Funding has been made available to the NHS in Wales to support this initiation.

Emergency Pathway

Innovations in Care has provided funding to support a partnership project between Bro Morgannwg NHS Trusts, its partner Local Health Groups and the Centre for Health Leadership, which will model, test and re-design care provision for emergency medical patients within a whole systems framework.

Funded Schemes

20 general schemes have been funded by the Innovations in Care team this year to test new ways of working. Brian Gibbons and I attended a conference and dinner in July to celebrate success and provide a platform for these schemes to share their work with others, which was attended by over 200 clinicians and Managers from across the service in Wales. The course launched a "A Guide to Good Practice in NHS Wales - Conference Book" which documented both the schemes which were funded and those which the NHS in Wales wished to put forward as examples of good practice.

We are committed to spreading good practice and raising in a number of ways. A continuous programme of learning is underway, that includes training staff in change techniques and exposing them to new ideas and new ways of working. Regular learning events are key to raising the knowledge and awareness of modernisation and renewal across the NHS in Wales. Feedback and evaluation informs us that these events have contributed greatly to clinicians' and managers' motivation and their willingness to take forward the modernisation agenda in Wales. These programmes will continue to concentrate on process mapping and working to balance capacity and demand through service redesign.

Other examples of good practice

Pontypridd & Rhondda Early Discharge Scheme (PREDS) for Chronic Obstructive Airways Disease

I visited this project on 25th September. The project, which commenced in April 2001 aims to assess and promote early discharge of patients, admitted to the Royal Glamorgan Hospital with this disease, to reduce hospital admissions and to encourage an effective multi disciplinary approach across primary and secondary care.

In the first six months £170,000 had been provided by the Assembly, on what was considered an example of good practice. By July 2002 the team had dealt with 284 referrals of which 170 were actioned. The project saw a reduction in the average bed based days from 9.75 to 2.5 days.

2.4 Informing Healthcare

Informing Healthcare is the developing information and IT strategy for NHS Wales. Its broad themes have now been issued for targeted consultation across NHS Wales and partner organisations. The strategy and a short summary can be accessed on the Health of Wales Information System (HOWIS, which can be reached via a link from the Assembly internet). Paper copies will be available soon and will be distributed widely.

Informing Healthcare gives a vision of how day-to-day life in the NHS could be transformed through better information management and IT skills. It promotes partnership-based decision making between clinicians and patients based on shared knowledge and information. It recommends that health and healthcare should be supported by a single (electronic) record per patient – ‘one patient, one record’ – accessed under strict control both by clinicians who need to see it and by the patient themselves.

The consultation invites feedback on 12 key questions as well as more general comments. We have also organised workshops at locations across Wales during November.

Dates are as follows:

13th November, Kinmel Manor, Abergele, North Wales
15th November, Halliwell Centre, Carmarthen
25th November, Hensol Conference Centre, Bridgend
28th November, The George Hotel, Brecon

2.5 Performance Improvement Framework

The new performance management system for NHS Wales is now under development, as proposed in ‘Improving Health in Wales.’ The work of the Performance Management Task and Finish Group culminating in their report ‘Getting Better’ provided a framework for continuous improvement for health and health services in Wales. It is firmly based upon the balanced score card approach, which measures performance in the round, and takes into account a range of factors which influence delivery.

The development of the new performance framework for Wales will comprise 3 phases

- Provision of a initial pathfinder balanced scorecard to be piloted within the existing Health Authority quarterly review process

- Refinement of the balanced scorecard approach to be implemented within the new NHS structures from 1 April 2003.
- Review and further development of the tool to achieve a robust and inclusive performance framework for NHS Wales

An initial balanced scorecard has already been developed and shared with performance managers across the Service. Further work is in progress to refine this and to develop acceptance and ownership of the new system. A reference group is being convened, involving key stakeholders to offer an authoritative commentary on this work at key stages.

A balanced scorecard approach has been adopted within some Trusts in Wales as an internal management tool. This will provide an opportunity to build upon experiences to date. An Assembly circular will be issued in due course to explain detailed objectives of this approach and outlining incentives and sanctions that will be adopted.

Training workshops will be provided.

3. IMPROVING HEALTH AND TACKLING INEQUALITIES

3.1 Nutrition Strategy for Wales

Consultation with stakeholders was a key component in the development of an effective nutrition strategy and, in addition to holding five consultative workshops around Wales between October 2001 and April 2002, around 80 broadly supportive responses were received from a wide variety of stakeholders including local authorities, health professionals, voluntary organisations, health alliances and academics. There was widespread agreement that a nutrition strategy was needed.

A final draft of the strategy is now in preparation. The final document will reflect a joint Food Standards Agency Wales/Assembly programme of action with a strong emphasis on the cross-cutting nature of the strategy with other Assembly strategic aims of tackling social disadvantage and reducing inequalities. For example, there are very clear links with the aims of the recently published Assembly consultation paper "Well Being in Wales".

The Cabinet is keen to tackle nutrition in Wales as a cross-cutting policy issue and I will officially launch the final strategy.

3.2 Modernising Audiology Services and Provision of Digital Hearing Aids

Last year I informed you of the key objectives of the Modernising Audiology Services Project (MASW). £2.25 million was made available to modernise NHS Audiology Services in Wales and a programme of improvements to facilities and training of audiologists was undertaken at all Trusts.

The project has provided essential equipment and test facilities to enable all Audiology departments to fit modern hearing aids to patients. An additional £1.7 million, to purchase modern technology hearing aids (including digital hearing aids) and provide for the necessary additional audiologists, was divided between all Trusts from April 2002 so that they could be routinely provided at all Audiology departments.

I launched the project at Gorseinon hospital on 27 August and I attended the final meeting on 3 September of the Project Board that facilitated and monitored these improvements to hearing aid services across Wales. A survey was undertaken in August and the Board has been informed that digital hearing aids are now being provided at all Trusts.

As well as the provision of digital hearing aids, all patients can now expect a minimum standard of service across the whole of Wales. This service revolves around several key principles, namely the very best accommodation, including acoustically soundproofed rooms accessible by disabled wheelchair users, the very latest computerised hearing test equipment and technology supported and delivered by highly trained and experienced technical staff.

The MASW project was supported by RNID Cymru who, as representatives of the voluntary sector, worked in partnership with NHS professionals on the project team.

3.3 Well Being in Wales

I was very pleased to launch *Well Being in Wales* on 24 September 2002 at the Aberfan Community Centre as another significant step forward in our work to improve health and to reduce inequalities in health. The document, which has been published

for consultation, is the follow-up to the successful *Better Health Better Wales* strategy. I arranged for a personal copy of the document to be sent to all Assembly Members in advance of its publication.

Well Being in Wales cuts across all the Assembly Government's policy areas. It makes more explicit their links with people's health and well being and sets out proposals for more joint action in other policy areas to tackle inequalities in health. We agreed that we would discuss the document at our Committee meeting on 6th November 2002, which is prior to the close of the consultation period on 19th November 2002.

The new document:

- highlights the importance of health and well being in every day life, and stresses the importance of health to the economy;
- sets out proposals for more action to reduce the differences in levels of health within Wales;
- encourages the NHS and social care services to help build strong communities through their day-to-day work;
- informs the work that the new Local Health Boards and local councils will undertake locally to improve health and well being.
- *Well Being in Wales* emphasises that everyone in Wales shares responsibility for health and well being – it isn't the job of the Assembly Government or the NHS alone. Voluntary organisations, as well as local councils, community groups, employers and businesses all have an important role. Individuals also have a key role – and more needs to be done to help people take greater care of their own health.
- The closing date for comments is 19th November 2002.

3.4 Inequalities in Health Fund

In the last three months, I have visited seven of the projects supported by our *Inequalities in Health Fund* and I have more visits planned. Brian Gibbons has also visited one project. I have been impressed with what the projects are doing at grass-roots level in some of our most disadvantaged communities. I have been struck by the commitment of staff and their morale in implementing projects that can help to make a real difference to the health of local people. The projects are reaching out into the communities and improving people's access to the services that can help to prevent heart disease and help those who are already suffering from it. They are also helping to raise the profile of action by local organisations working in partnership to prevent ill health and to reduce inequalities.

3.5 Health Impact Assessment – WHO Recognition

I am pleased to say that the World Health Organisation has recognised the Assembly Government's work in developing the use of health impact assessment in Wales in a new report. The report, which is part of the World Health Organisation's Policy Learning Curve series of documents, is being disseminated widely throughout Europe. I am arranging for Members of the Committee to receive a copy.

3.6 Pan European Festival of Oral Science Conference

On 25th September, I spoke at the opening of the Pan European Festival of Oral Science conference, which took place in the Cardiff International Arena. This was a significant event because it brought together for the first time the separate events held annually by the British, Irish, Scandinavian and Central Europe Divisions. This

combined event was the inaugural meeting of the Pan European Federation of the International Association for Dental Research. The fact that Wales was asked to host the event reflects the expertise we have in this field.

3.7 Healthy Schools Schemes

On 24th September I launched the Merthyr Tydfil Healthy Schools Scheme at Pen-y-Dre School. Altogether six local schemes have been accredited to the Welsh Network of Healthy Schools Scheme and some 400 schools are involved.

3.8 Epilepsy Wales

I agreed to update the Committee about Epilepsy Wales as discussed at the 19 June meeting. I have made a formal offer of funding to the Epilepsy Wales organisation, subject to certain conditions. However, we are yet to hear any formal response from Epilepsy Wales, so no funding has yet been provided.

3.9 Welsh Dental Initiative

Owing to the success of the Welsh Health Authorities attracting new dentists into Wales, I can confirm that, at my request, the Minister of Finance and Local Government has approved the transfer of £500k into the dental grant element of the Initiative from the Dental Health Inequalities Fund. Progress on the Fissure Sealant Programme and Additional Access Sessions Scheme funded through Health Inequalities are unaffected by this transfer.

As a result of this additional and existing funding, I am pleased to report that twenty agreements in principle have been reached between Welsh Health Authorities and General Dental Practitioners who are prepared to open new, or to expand existing practices, in designated areas. Following these agreements, six practices have opened or expanded across Wales. These are in Barmouth, Machynlleth, Aberystwyth, Llansamlet, Treorchy and Merthyr.

Officials continue to receive expressions of interest for the grant scheme from Health Authorities, and funding will be made available to those Health Authorities whose need is greatest, based on the clinical needs of the population across the whole of Wales.

3.10 Wales Eye Care Initiative

3.10.1 The Eye Health Examination.

Following the launch of the eye health examination in May, Health Authorities are now beginning to submit their claims to the Assembly for payment. We have received claims covering a two-month period from: North Wales for 96 examinations and Dyfed Powys for 177 examinations.

3.10.2 Diabetic Retinopathy Screening Programme.

The Assembly is negotiating on a lease on a building, north of Cardiff, to house the national screening centre. Negotiations for the Service Level Agreement with an NHS Trust are nearing completion, and the preferred provider remains Cardiff and the Vale NHS Trust.

The Assembly's project board has made provision for the secondment of an officer of the Trust to the Assembly for further operational development of the scheme. The All-Wales scheme will build on those services already available in some areas across Wales, adopting best practise wherever it is found. Some of these will naturally fit into the all Wales programme.

3.10.3 Low Vision Aids Service.

The Low Vision Aids Service will be launched early in November in North Wales. The scheme will offer visually impaired patients low vision aids, which will be available on prescription from optometric practices in the high street.

Practices providing this specialised low vision service offer an early assessment of the users' needs based on an eye examination, a service as close as is practical to the patient's home and the opportunity to reduce the waiting time for an assessment.

It is intended that patients will be referred into the scheme in a number of ways, such as through an optometrist, a General Practitioner, social services, community services, or an ophthalmologist (in the Hospital Eye Service). Any of these will be able to send a patient to an accredited optometrist for an examination and assessment.

The low vision assessment will comprise a specialised examination by the optometrist, who will then be able to assess how low vision appliances may help the patient. This will take on average 30-40 minutes, but this may vary in accordance with the specific needs of the patient. The low vision aids will be supplied by prescription on a "loan" basis. Aids not being used should be returned to the prescribing practice. In this way, aids may be serviced and re-issued.

4 QUALITY REGULATION AND INSPECTION

4.1 A Report of the Joint Review of Social Services in Cardiff

The report of a joint review, published in September and carried out by a special team on behalf of the Audit Commission and the Social Services Inspectorate for Wales, places Cardiff in the lowest category both for current standard of service and potential for improvement, with failings in services and a culture not conducive to openness and involvement. The report expressed particular concern about children waiting for assessments and whose cases were unallocated, but there were also serious problems in adult services.

I met the leader of the Council to discuss my concerns. I proposed action on two specific fronts. First, the Council should seek appropriate outside assistance in improving the management and delivery of services. Second, the Leader should establish a task group, including all the stakeholders, to bring about a necessary change in culture and to drive the work on strengthening social services. I will see the Leader again in a few weeks' time to hear the Council's response to these proposals.

The Council has prepared a provisional action plan on which it is consulting widely. The Social Services Inspectorate for Wales will monitor progress and keep me informed.

4.2 Examination of arrangements made by Cardiff and the Vale of Glamorgan for Safeguarding Older People in Hafod homes.

The report of this examination will be published at the committee and I will be making a statement.

4.3 Inspection Of Child Protection Services In Denbighshire

An inspection of Denbighshire's child protection services found a real commitment by the Council to its responsibility for safeguarding children. Services do need to be more consistent but the Council is beginning to deliver improvements.

The report, published in July, suggests 23 ways in which Denbighshire can build on this good work and the Council has agreed a plan of action to make sure that these recommendations are put into effect.

4.4 Inspection of Child Protection Services in the Vale of Glamorgan

The report of an inspection of child protection services in the Vale of Glamorgan, published in July, shows that services are improving following their critical joint review report in September 2000 but there is still a need for considerable improvement.

The report says that:

- the services have been through a difficult time and children are not well served at present
- the prospects are still uncertain but the council is beginning to deliver on a plan of action.

The inspection, carried out last year, found that social services staff in the Vale of Glamorgan 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.

A further brief updating inspection will be carried out early in the New Year.

4.5 Inspection of Services for People with Physical or Sensory Disabilities in Carmarthenshire

Carmarthenshire's social services for people with disabilities are generally appreciated by those who use them and are well placed to improve, according to a report published in July by the Social Services Inspectorate for Wales.

Inspectors received many positive comments from individuals and groups of service users, particularly about services for people with impaired sight or hearing. Inspectors say Carmarthenshire serves some people well and the prospects for improvement are excellent. The Council has taken steps to develop and improve services. 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. To improve services further, the Council will need to continue to improve its care management, adaptations, information and direct payments services.

4.6 Inspection of Services for People with A Physical or Sensory Disability in Wrexham

Wrexham provides a good range of social services for people with a physical disability, according to a report published by the Social Services Inspectorate for Wales in September.

The social services department has worked hard to improve its equipment and adaptation services. It provides excellent welfare rights service and has made progress in developing a direct payments service to allow disabled people to have more control over service provision. Wrexham also enjoys good working relationships with other agencies.

Areas for improvement include the need to develop a more consistent approach towards the care management of services for disabled people and the need to develop a commissioning strategy to ensure a better fit between needs and service provision.

Inspectors also recommend that the authority conduct a formal evaluation of its compliance to date with the Disability Discrimination Act 1995. Wrexham has developed an action plan, which is published as part of the inspection report.

4.7 Triennial Inspection of Hillside Secure Centre

A report published in August by the National Assembly for Wales' Social Services Inspectorate shows Hillside Secure Centre, in Neath Port Talbot, has consolidated good practice and made improvements since the last inspection three years ago. The report makes 20 recommendations for further improvement and to rectify some deficiencies. Neath Port Talbot Council, which runs the centre, has provided a formal response outlining how it has implemented the recommendations or plans to do so.

Hillside accommodates up to eighteen young people in secure accommodation, some are young offenders and some are placed for reasons of their own welfare. The centre, which is the only such facility in Wales, has to combine security with a high level of care and requires formal approval from the National Assembly. This has been granted for a further three years.

5. SOCIAL CARE

5.1 Delayed Transfers of Care

Over the summer, officials facilitated regional Emergency Pressures Seminars to bring together local health and social care partners to work through delayed transfers of care and related issues on a "whole-systems" basis. These seminars will continue to be held regularly to share good practice and innovation.

In addition, a programme of visits to local health and social care communities has begun. This programme of work builds on the delayed transfers of care workshops carried out last year in each local authority area and aims to provide practical help to local partners in identifying and addressing the causes of delays in their areas.

The additional £17m I made available to local authorities for the 2 years, 2001/2 - 2002/3 to help reduce delayed transfers of care and support the care home sector is continuing to fund a range of services and schemes that can provide alternatives to

hospital care. This includes discharge support, rapid response and reablement services and additional home care services. For example, in Cardiff, an additional 5,500 hours of home care for this year is being provided to support the Rapid Response/ Reablement and Elderly Care Assessment Services. In Flintshire, the local authority and the health authority are working together to set up an intermediate care bed facility. This will provide rehabilitation to ensure timely discharge from hospital and added support at home to prevent unnecessary readmission to hospital.

5.2 Torfaen Reablement Scheme

In September I launched the Torfaen Reablement Scheme which is a joint initiative between Health and Social Services designed to help people regain their independence in their own homes and prevent the need for hospital admission.

The Reablement Service is provided free to clients and gives planned short-term intensive help to people to maximise their independence, following a period of illness, disability or loss of confidence. The service is provided in the client's own home and the team includes physiotherapists, social workers, community nurses and reablement assistants.

5.3 Adult Placement Schemes

In August, as an interim measure, I issued 'Policy and Practice Guidance for Adult Placement Schemes' to local authorities under Section 7 of the Local Authority Social Services Act 1970. A 'scheme' is responsible for recruiting, assessing, training and supporting Adult Placement Carers; for taking referrals, matching and placing service users with Adult Placement Carers; and for supporting and monitoring the placement. The existing regulatory and standards framework for Adult Placements under the Care Standards Act apply, in the main, to Adult Placement Carers. I have previously announced my intention to develop a new regulatory and standards framework with the emphasis on Adult Placement Schemes and there will be future consultation on this. In the interim, the Policy and Practice Guidance for Adult Placement Schemes provides a framework to ensure that schemes apply best practice.

5.4 Further Changes in Department of Work and Pensions Support for People in Residential Care

The planned abolition of the Income Support Residential Allowance and "Part III" rate from October 2003 are part of a continuing process by the Department for Work and Pensions (DWP) to simplify the rules governing the payment of income support to people in care homes. These particular changes will coincide with the introduction of pension credit. They follow on from the abolition of "preserved rights" for all residents and the abolition of "residential allowance" for new residents from 8 April 2002.

As a result of the removal of the residential allowance for existing recipients and the Part III rate, local authorities will need to be funded to make up the shortfall between residents' contribution and care home charges. Officials here are in discussion with those in DWP concerning the appropriate level transfer of funding from the DWP and have also met with the Welsh Local Government Association and the Association of Directors of Social Services to discuss the level of funding required to cover the administrative requirements of the changes. The same changes are taking place in Scotland and England.

5.5 Workforce Regulation – Staffing Standards for Care Homes

Officials are working with a representative group of providers to produce interim guidance on appropriate staffing levels for residential care homes. The National Minimum Standards do not presently define appropriate levels and Care Standards Inspectorate Wales (CSIW) are therefore having to inspect against the inherited and varying levels which existed prior to April 2002.

I hope that the interim guidance can be produced before the end of the year. Thereafter, the same group will turn its attention to requirements over the longer-term, which will ultimately become amendments to the National Minimum Standards.

5.6 Supported Housing Guidance

In August I issued statutory guidance entitled “Clarification of the Registration Requirements for Supported Housing & Extra Care Schemes under the Care Standards Act 2000”. The guidance follows on from a wide-ranging consultation exercise during December 2001-February 2002. The policy assumption underpinning the guidance is that the significant majority of supported housing and housing extra care schemes will fall to be registered under the domiciliary care agency regulations and standards when made. A small number of schemes will still require registration as care homes where care and accommodation are provided in an establishment where the care forms an integral part of the individual’s tenancy.

5.7 The Wales Care Strategy Group

The Care Strategy Group, chaired by the Dean of the University of Wales College of Medicine, Professor Ken Woodhouse, has now met twice in its full form since the preliminary meeting in March. It has been mapping what we know of the care sector, analysing current policies which impact upon the sector and seeking to identify the key levers, pressures and opportunities for change drawing on experience in other countries. It has also considered draft guidance for care commissioners. Over the next two meetings, it will prepare strategic advice to me in the form of a blueprint of the care sector for the next decade.

5.8 Strategy for Older People

The Strategy Advisory Group's Report ‘*When I’m 64.....and more*’ was published in May and the consultation period ended on 30 August. Over 100 responses to the consultation have been received and the vast majority are positive. The wide range of helpful comments submitted are now being analysed. My present plans are that the Welsh Assembly Government’s Strategy, together with our response to the Advisory Group recommendations, will be available for discussion by the Health and Social Services Committee prior to being published before a Strategy Implementation Conference in January. This conference is being organised in conjunction with Age Concern Cymru for local authorities, other statutory bodies and the independent sector who will all play a crucial role in taking the Strategy Implementation Plan forward.

5.9 Regulation of Care Homes

On 3 September I made a statement about our approach in Wales to the National Minimum Care Standards for Care Homes for Older People. We have taken an early

opportunity to assess the impact of some of the physical standards and our approach to achieving them. My statement re-iterated my commitment to the underlying principles of the new regulatory regime to ensure that the arrangements in Wales are robust and work effectively. A balance must be struck between ensuring that, over the next few years, we build on the efforts already made to raise quality, but do not place an excessive burden on providers nor place good homes in danger of being closed down.

A pragmatic and balanced approach to compliance with the Standards is needed, which recognises both the needs of the resident and the homeowner. In order to reflect this approach, the Head of the CSIW will issue new Operational Guidance to his Inspectors about how he expects the regulations and standards to be applied. Details of this Operational Guidance will be published by CSIW, following a period in which the Head of the Inspectorate will hold discussions with providers and users about its content.

Additionally, I propose to take an approach tailored to Welsh needs in respect of small homes with three or fewer beds. There are around 900 of these in Wales, accounting for about 2000 beds. These settings have not been subject to consistent physical standards prior to 1 April 2002. In addition to looking at the physical standards we will also review the administrative and record keeping requirements for these more domestic settings. Representatives of small home providers and users will be involved in discussions with officials about the details of the proposed changes before we undertake a formal consultation.

5.10 Meeting with Funky Dragon - the Children and Young People's Assembly for Wales

I am pleased to report that Jane Davidson and I held a first meeting with representatives from Funky Dragon – the Children and Young People's Assembly on 20 August. During the meeting we discussed a range of issues that the young people had chosen. I was particularly pleased at the priority they gave to health promotion and sex education in schools. I am aware of the difficulties of getting health messages across to children and young people. I welcomed their views that they need to be taught about relationships as well as biological information and on the importance of access to health information and advice. As a result we intend involving young people in a conference addressing these issues planned for the New Year.

Jane and I were delighted that, following the meeting, we now have an agenda of work to take forward the points raised. We will meet with Funky Dragon again in December to discuss progress made and twice yearly thereafter.

The establishment of Funky Dragon means that we are making it possible for young people to voice their opinions direct to Ministers and Assembly.

5.11 Care Standards, Primary Care Practitioners and the Criminal Records Bureau

Criminal Records Bureau (CRB) disclosures are required for the registered persons and staff of all care settings regulated by the Care Standards Inspectorate for Wales - day-care provided to children under 8, childminding, care homes, children's homes, and private and voluntary health care. Members will be aware that the CRB have not provided timely disclosures, and this has created severe difficulties for providers in complying with the regulations made by the Assembly. In order to allow summer

playschemes to be properly registered, the Executive Procedure was used to make temporary amendments to the relevant regulations so as to allow unchecked staff to begin work under supervision, providing other checks were in place and the CRB check was applied for. Over the summer, it became clear that the performance of the CRB was not improving, and the requirements of the regulations for CRB disclosures was putting care across all sectors at risk. Accordingly, the Cabinet agreed to the Executive Procedure once again, on this occasion to allow previous police checks to be taken into consideration, and to allow unchecked staff to start work under supervision, provided full employment histories and references were in place. I will continue to keep this matter under close review.

Primary Care Practitioners and Criminal Records Bureau Checks

Regulations introduced in the summer do not explicitly require CRB checks, however it is our policy that Health Authorities undertake CRB checks on all new applicants to medical, dental and ophthalmic lists. Agreed to postpone implementation of checks on existing listed practitioners until CRB have the capacity to cope.

Non principal doctors (e.g. locums and registrars) are the most affected group with the introduction of supplementary lists regulations for the first time. The regulations are being amended by executive procedure to change the date for completing checks on supplementary list applications that are received before 31 October to 31 December. We have agreed that GP registrars who can provide evidence of a recent CRB check by the college will not need to undergo a further check. We have asked the college to provide details of other checks they undertake on GP registrars to avoid duplication of effort and speed up the process of listing.

Supplementary list applications are processed by Gwent HA, 800 application packs have been sent out and 440 have been returned. The first returns of CRB checks have been received in under 2 weeks. We are continuing to work closely with Gwent HA to monitor the situation. If problems with CRB checks do occur we will be able to act and agree action with HAs without the need for further amending regulations.

5.12 Victoria Climbié Inquiry

I understand that the report of the Inquiry will probably be published in November or early December, although this depends upon the date of the Government's receipt of the report from Lord Laming. Although the report will be addressed to the Home Secretary and the Secretary of State for Health, I will want to consider its implications for Wales and, in particular, how we might respond to the Inquiry's recommendations.

5.13 Care Council for Wales

On 23rd September, the care council for Wales unveiled the codes of practice for social care workers, and employers of social care workers.

The codes were prepared in consultation with workers, service users and carers and are a crucial part of our agenda to improve protection and raise standards for those who use social care services.

For the first time they set down what people can expect from social care workers and employers and are agreed common standards for the whole workforce across Wales Scotland England and N Ireland.

This is an important step forward for the social care sector and it will now be essential to ensure that the Codes become embedded in practice at every level.

I have asked the Council to make copies of the Codes available to Members of this Committee.

6. VOLUNTARY SECTOR / VOLUNTEERING:

6.1 Voluntary Sector and Inclusion Division

A new Voluntary Sector and Inclusion Division has been created in the Welsh Assembly Government to reflect the importance of the Voluntary Sector. The Division is headed by Sanjiv Vedi.

Helen Thomas will have oversight of the work of the new division.

6.2 Voluntary Sector Partnership Council

The Voluntary Sector Partnership Council meet on 18th October at the Conwy Business Centre, Llandudno Junction.

The key issues are:

- Welsh Assembly Government Strategic Priorities
- Local government relations with the voluntary sector
- The role of the voluntary sector in delivering public services
- Assembly funding of the voluntary sector
- The relationship between Assembly Sponsored Public Bodies and the voluntary sector
- A proposed code of principles for UK voluntary organisations working in Wales
- The Voluntary Sector Scheme Action Plan

An update will be included in the next Monthly Report.

6.3 The Active Community - Phase 2

I have commissioned a review by Cardiff University of the Wales: Active Community initiative. I expect the review to report in January next year.

6.4 2nd Annual Report on the Voluntary Sector Scheme

The 2nd Annual Report on the Voluntary Sector Scheme was published on 18 October.

6.5 The Code of Practice for Funding the Voluntary Sector

The Code of Practice for Funding the Voluntary Sector has now been reissued in a bound format, similar to a personal organiser.

The operation of the Code will be reviewed jointly by officials and the voluntary sector every six months. Proposed changes will be put before the Voluntary Sector Partnership Council.

7. FINANCIAL POSITION

7.1 NHS Financial Position

The NHS is currently forecasting an operating deficit for 2002-03 of between £42.5million and £57.5 million. The cancellation of historic loans to Dyfed Powys Health Authority that I announced earlier this year will have the effect of reducing this deficit to a likely reported deficit for 2002-03 of between £18.8 million and £33.8 million.

There continues to be a significant risk of overspending on primary care prescribing and dispensing due to expenditure rising faster than planned during the first part of the financial year. Financial information from Health Solutions Wales is now fully up to date but large fluctuations in prescribing expenditure from one month to another have made for more volatile forecasts than in previous years and explain the significant range in the forecast position. The main areas contributing at present to the growth in costs have been cardiovascular drugs, following on from the publication of the National Service Framework for coronary heart disease, and anti-psychotic drugs following publication of the National Institute for Clinical Excellence's guidelines.

My officials are working closely with those organisations that are reporting the greatest financial difficulty to develop plans that will restore financial balance.

The NHS Director has asked Sir John Bourn to undertake a review of the financial performance of Trusts and the Health Authority in Dyfed Powys for the Welsh Assembly Government.

Key outputs in **phase 1** would include:

- ◆ A report on the existing and underlying financial problems facing the health community and each Trust and the rigour and deliverability of existing action plans;
- ◆ Possible short term measures that might safely be taken to achieve financial balance, reduce or contain financial deficits in 2002-03, without compromising Assembly priorities.
- ◆ A view on whether the financial reporting and corporate governance arrangements are 'fit for purpose'.

Key outputs for **phase 2** would include:

- ◆ An outline recovery plan, with line items and assessments of deliverability, risk and impact. This would provide the basis for assessing delivery over time
- ◆ A medium term financial performance assessment including outline potential savings from Trust and service reconfigurations
- ◆ An operational performance improvement plan including potential improvements resulting from Trust and service reconfigurations
- ◆ Recommendations on improving financial and performance management and reporting within each Trust and the wider health economy

8. HEALTH AND SOCIAL SERVICES SUBORDINATE LEGISLATION PROGRAMME

A schedule showing the position on proposed FSA subordinate legislation is attached at Annex B and Health and Social Services subordinate legislation is attached at Annex C.