

# Health and Social Care Committee

HSC(4)–33–12 paper 1

## Scrutiny of the Minister for Health and Social Services

### 1. Purpose

1.1 This paper provides an update on key priorities and issues across my portfolio, together with information on additional topics specifically requested by the Committee.

### 2. Overview of recent progress and achievements, and portfolio priorities

2.1 Following my last update to Committee in July 2012, I believe we have continued to make strong progress against key priorities across my portfolio. In line with the commitments in “Together for Health”, I have recently published two important strategies and the related delivery plans – Together for Mental Health and ‘More Than Just Words...’ our Welsh Language strategic framework.

2.2 The performance of LHBs continues to improve, with good progress in areas such as treatment of strokes, emergency hospital admissions for chronic conditions, and rates of preventable healthcare associated infections. Public satisfaction with NHS services overall remains strong. Work to prevent poor health and reduce health inequalities is progressing, and this is covered in more detail in a later section.

2.3 The legislation for Health and Social Services remains on track, with the Food Hygiene Rating (Wales) Bill now at Stage 2 and the Human Transplantation (Wales) Bill introduced. The Social Services and Wellbeing Bill is scheduled for introduction over the new few months. Work to deliver our other key Programme for Government commitments is also well underway.

### 3. Strategic developments linked to “Together for Health”

3.1 Last month I gave a detailed update on the work to deliver the Together for Health commitments. This included an update on the service specific delivery plans which set out the outcomes we expect to see by 2016. In addition to the Cancer Delivery Plan launched earlier this year, last month I published the new Mental Health and Wellbeing Strategy. Consultation has also now been launched on the Plans for Cardiac Disease, Delivering End of Life Care, Stroke Care and Oral Health. A diabetes plan will also be issued shortly for consultation.

3.2 Since my last update, I have launched the **Public Information Delivery Plan**. This plan identifies how delivering information to the public can be improved and aims to help the public;

- find more reliable, up-to-date information;
- understand it quickly by seeing it presented in a more user-friendly way

3.3 In May 2012 I launched “**Working Differently – Working Together**”, the Workforce and OD Framework to support Together for Health. A programme Board has been formed under the chairmanship of a Chief Executive to oversee implementation which will be monitored by the Wales Partnership Forum.

3.4 The NHS Employers and trade unions have formed a working group to develop new partnership working arrangements for NHS Wales. A set of proposals have been developed which are currently being considered by all stakeholders.

3.5 In Together for Health, I committed to inviting the people of Wales to join with us in creating a Wales where health really does match the best anywhere. and there will be a sea-change in the relationship between the Welsh Government, the NHS and the people of Wales. The related consultation, entitled “**The People’s NHS**” ran for 12 weeks and finished

on 24<sup>th</sup> October 2012. Responses are currently being analysed and will shape how the process will proceed.

#### **4. Local Integrated Care**

4.1 In my previous update, I referred to the need to develop new models of care to enable services to be delivered within the community, closer to people's homes. Evidence indicates a strong primary and community led NHS can deliver better health outcomes and greater equity in health. The policy direction for NHS Wales, including *Setting the Direction* and *Chronic Conditions Management*, reinforces this.

4.2 I am therefore, looking to improve the pace and scale of transformation of primary and community services and to focus on integration with secondary care and with social care. We need to move away from predominantly reactive illness based hospital services, to a service based upon prevention and early intervention, with proactive, integrated care within local communities. This re-balance of care is part of a whole system model to sustain health and wellbeing in Wales.

4.3 Our 'Delivering Local Integrated Care Plan' will help Health Boards focus on integrated working and new models of care across health, social care and the Third Sector, to best meet the needs of people within their local area. This will include a proactive approach to prevention and health promotion, early identification of concerns and active engagement of patients in their care.

4.4 Patients and the public should be able to see a measurable change in the way local services are delivered, with services being responsive to their needs. Patients will see their health problems being quickly, effectively and systematically addressed through agreed care pathways and protocols. Patients will be offered opportunities to provide feedback to influence continuous service improvement. Individual care plans will provide a basis for the changing nature of health contacts, enabling individuals to make real choices over their care. Imaginative use of

technology will connect individuals to high quality services and sources of support.

4.5 Creating sufficient capacity and effectively utilising existing resources will be key objectives for this change. Next steps will include the development of stronger, multi-professional teams, working across the different care settings to ensure high quality care for patients.

4.6 The Plan will be published for consultation early in the New Year.

## **5. Health Board Service Re-Configuration**

5.1 Together for Health set out the challenges facing the NHS in Wales. These include an ageing population with complex health needs, more cases of lifestyle-related conditions like diabetes, increasing expectations as advances in medical science and treatment are developed, medical staffing pressures and some specialist services being spread too thinly. It recognised that whilst services have improved – dramatically so in some areas – radical change was needed to ensure services remain safe, high-quality and sustainable.

5.2 Health Boards have been responding to the challenges they face by critically reviewing the pattern and location of their services. In doing so, they have recognised that in many more cases care can be given in the community, even people's homes, rather than in hospital. Hospitals need to be there for those who need them.

5.3 The hospital-community interface is being transformed in every Health Board. Each has examples of activity which was formerly acute-based being transferred into the primary and community setting, new referral pathways or service models which are containing or reducing the requirement for outpatient capacity or emergency services. Over 20 services have been transferred from hospital settings into the community e.g. community based clinics for respiratory problems, diabetes, pain, heart failure and osteoporosis.

5.4 Betsi Cadwaladr and Hywel Dda LHBs recently consulted on their proposals for the future shape of services in their respective areas. They are now considering responses to the consultations and will present their final proposals early next year. The LHBs in South Wales commenced an engagement programme on 26 September and formal consultation process will follow next year.

5.5 The formal public consultations are being conducted in accordance with national guidance for engagement and consultation on changes to health services. Where a Community Health Council is not satisfied proposals for substantial changes to services would be in the interests of health services in its district, or believes consultation on any such proposal has not been adequate, it has the power of referral to me under the Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010. Accordingly, it would not be appropriate for any Welsh Government Minister to comment on any specific options put forward by health boards, since doing so might compromise any quasi-judicial function I may have to exercise under the regulations.

## **6. Financial Position of Health Boards**

6.1 Each year the NHS faces considerable cost pressures flowing from inflationary and demand increases, influenced significantly by demographic changes. These pressures are generally accepted as being between 4–5%.

6.2 The 2012–13 financial year is the second year of a flat cash settlement for the NHS and as a result of the cost pressures, at the beginning of the 2012–13 financial year the Health Boards reported savings of approximately £315m were required to achieve financial balance. Despite the requirement to deliver this significant level of saving, all NHS bodies prepared balanced financial plans at the beginning

of the year, but it was clear there was considerable financial risk associated with these plans.

6.3 The NHS financial performance is closely monitored on a regular basis, with detailed financial information provided to the Welsh Government each month. This includes overall performance to date and end of year forecast outturn. Analysis and assessment of this information is supported by frequent dialogue and discussions between my officials and NHS Chief Executives and Directors of Finance. Achieving financial balance was clearly going to be a considerable challenge this year and the difficulties have been evident in each of the monthly reports submitted since May 2012.

6.4 The position reported, as at the end of September, shows a cumulative deficit of £69.1m and a forecast end of year deficit of £69.6m. Whilst the monthly deficit has averaged around £11m for each month to September 2012, there is expected to be improvement during the second half year as saving initiatives begin to have a greater impact in light of the developing position. Therefore, on 28 September, I announced the requirement for a mid year review and stock take of the financial and non financial, performance of the NHS in recognition of the unprecedented pressure the NHS has been experiencing. This work is nearing completion and I will be announcing the conclusions from the review shortly.

## **7. NHS Performance**

7.1 Performance against 3 of the 4 stroke bundles remains above the 95% target, performance in bundle 2, the first 24 hours remains the greatest challenge, and we continue to work with the NHS to improve this area.

7.2 The Royal College of Physicians (RCP) Stroke Audit scores for 2012 indicate a 25% improvement for NHS Wales, and the RCP notes NHS Wales is the fastest improving system in the history of the audit.

7.3 Latest validated RTT performance for September 2012 was 91.1% against the 95% target, with 3,201 patients waiting over 36 weeks. In September 2011, in comparison, there were 7,434 patients waiting over 36 weeks, a large percentage of the breaches being Orthopaedic. Welsh Government investment in Orthopaedics has seen a significant reduction in the long waiters in this area although work is ongoing to support more sustainable services.

7.4 Latest emergency department performance for the month of October was 88.7% of patients waited less than four hours from referral to admission, discharge or transfer for all emergency units against the 95% target. The year to date for October 2012 was 88.9% compared to the year to date for October 2011 which was 88.2%, an improvement of 0.7%.

7.5 Performance against the 31 day cancer target has been sustained around the 98% target, with performance in September being 98.2%

7.6 Performance against the 62 day cancer target in September was 85.8% against the 95% target. Organisations are working hard to treat the long waiting patients and introduce sustainable solutions and improvements should be seen in quarter 3, with a sustainable service in place by the end of quarter 4.

7.7 Although more people are receiving the 8 minute response than ever before, latest ambulance performance for October 2012 shows performance has fallen below 60% for the first time since January 2011 with 59.9% of category A calls arriving within 8 minutes against the 65% target. The Ambulance Service is committed to improving performance over the remaining part of this year.

7.8 The commitment to working towards a zero tolerance of preventable healthcare associated infections (HCAIs) was reinforced in the December 2011 Framework of Actions and achievements reported include:

- C.difficile – In 2011–12, we delivered a national reduction of 33% in cases in patients over age 65 when compared to 2010–11. For the first 6 months of 2012–13 a further 20% reduction has been achieved.
- MRSA bacteraemias – For the first 6 months of 2012–13 the levels of MRSA bacteraemias have been reduced by a further 10%.
- 2011 European HCAI Point Prevalence Survey – our 4.7% HCAI rate compared favourably with the other UK countries (Scotland 4.9%, England 6.5%).

## **8. Dignity in Care**

8.1 Dignity and respect is now a Tier One priority for the NHS and I have regularly updated Assembly Members on our progress on this agenda. The Chief Nursing Officer for Wales monitors the Health Boards and Velindre NHS Trust action plans on a six monthly basis. The last update in September 2012 showed significant progress against the recommendations set out in the NHS organisations individual action plans

8.2 In October 2012 the Older Persons' Commissioner published her report 'Dignified Care – One Year On' Report. It sets out the Commissioner's assessment of progress made over the past twelve months and outlines how a further review will be undertaken. The report states the Commissioner is satisfied dignity and respect is now being accorded the priority it should have.

8.3 Good practice guidance has been posted on the NHS Wales e-governance manual website associated with each of the standards within 'Doing Well, Doing Better' Health Care Standards for Wales. The standards and guidance is currently under review.

## **9. Patient Experience**



9.1 Under the auspices of the Free to Lead, Free to Care Board, six working groups have now been established to take forward the issues highlighted in Fundamentals of Care Annual Audit Report (2010) and 'Dignified Care?' report referred to above. Progress to date includes:

- The Wales Mouth Care Bundle is being rolled out to all NHS organisations under the 1000 Lives Plus programme. An e-learning module to support implementation is being developed.
- The All Wales Continence Bundle has been completed and is out for consultation. It is anticipated the Continence Bundle will be ready for launch at the beginning of 2013.
- The 2012 All Wales Fundamentals of Care Audit commenced in July 2012 and Health Boards/Trusts will submit their audit reports to the Chief Nursing Officer for Wales by 4 February 2013. The 2012 National Fundamentals of Care Audit report is scheduled for publication at the end of April 2013.
- A common dataset for nursing documentation has been agreed.
- The report on professionalism in nursing and midwifery, which includes a review of how ward sisters and charge nurses are prepared for their role, was submitted on 12 November and the recommendations are currently being considered.
- Guidance on compliance with the Cleaning Operative Proficiency standards has been issued to NHS organisations.

9.2 The new Household Survey health results have shown, in relation to primary care, positive results with:

- 92% of people satisfied with the care they received from their GP or family doctor at their last visit. Further analysis indicates the level of satisfaction varies with age, although the variation is relatively small
- 87% of younger adults aged 16 to 24 were satisfied with the care they received from their GP or family doctor at their last visit

9.3 In relation to secondary care, the survey also revealed positive results:

- 92% of people were satisfied with the care they received at their last appointment at an NHS hospital. Further analysis indicates the level of satisfaction varies with age
- 84% of people were satisfied with the care they received when they last attended Accident and Emergency as a patient.

9.4 The All Wales Service User Experience Group held its first meeting on 16 October 2012. The work programme involves developing national principles for NHS organisations to engage with service users regarding their experiences and develop patient experience monitoring activities/tools and to share best practice. The principles have been agreed and were issued to NHS organisations at the end of October along with the Government's expectations that Boards receive regular, ideally monthly, reports outlining how the respective organisation is meeting the needs of service users and drawing on user experience to improve services. A summary of each Board's report will in future form part of the evidence submitted for discussion at the six monthly Joint Executive Team meetings and contribute to the organisation's annual quality statement.

## **10. Supporting Integration of Health and Social Care**

10.1 The White Paper 'Sustainable Social Services for Wales' (2011) sets out the need for greater collaboration between social services and the NHS to deliver services, including an expectation of the use of pooled budgets and other flexibility mechanisms. Additionally, it places a greater focus on reablement and preventative care, and the opportunities which exist to support independent living. Together for Health – also highlighted the importance of health and social care services working together as part of a single integrated system.

10.2 Consultation responses on the Social Services (Wales) Bill reinforce the requirements of *Sustainable Social Services* to create sustainable services to address changing expectations, demographic projections, and the increasing pressures on constrained public sector resources.

Collectively, these factors require new ways of working which create and implement seamless service responses for those at risk of losing what can often be fragile independent living.

10.3 Whilst there are some excellent examples across Wales where services have been brought together in various forms, we know there is more which can be done.

10.4 The need for change is pressing. Demographic projections are clear – the proportion of older people in Wales is the highest in the UK and this will continue to be the case for the next 20 years. Whilst clinical, social and environmental developments over the last decade have led to increasing numbers of older people enjoying independent living, there is no doubt the demographic changes outlined above will lead to an increasing need for care and support, particularly as people enter very old age.

#### 10.5 The proposed model for Wales

Recognising the opportunities which integration offers, and to complement the ‘Delivering Local Integrated Care Plan’, the Welsh Government has developed a proposal to drive forward integrated services for older people across Wales. The key features are:

- The development of an Integrated Services Framework for Older People, setting out Welsh Government expectations and clarifying the scale, scope and pace of progress, seeking to encourage and facilitate work across partnerships to progress integration opportunities.
- The development of a National Integrated Services Board to oversee implementation
- The development of a focused “Masterclass” programme for key Health Board and Local Authority executives, working in

partnership with the Effective Services for Vulnerable Groups programme.

- Support to service leads, professionals and practitioners via a bespoke Community of Practice programme.

10.6 The programme of work will also link with the Knowledge Transfer Partnership (KTP) which we are funding at £140,000 over two years and involved working in partnership with leading academics in Swansea University.

10.7 All of this work is in its early stages, and engagement is getting underway now. It is ambitious in its intention to accelerate the pace of change in the delivery of health and social care services for older people.

## 11. ICT in the NHS

### 11.1 Importance of ICT in Delivering Together for Health

Together for Health is moving into a new phase with the local services plans for re-designing services out for consultation. Patient flows have no regard for organisational boundaries between Health Boards and Local Authorities and successful delivery of all of the plans will depend upon having a common national all-Wales platform for secure and confidential information sharing, so it can be made available to care providers in all care settings and locations, including via mobile devices. The main components of the national information sharing national platform, which is required to support Together for Health are:

### 11.2 The Public Sector Broadband Network

Which provides secure connectivity between Health and Local Government organisations. The current position ensures all NHS and most Local Authorities are connected in this way, which places Wales in a very powerful strategic position to realise the benefits of broadband connectivity to provide joined up services to citizens.

### 11.3 Common Data Storage

A national pan-public sector project has begun to rationalise the way in which we store data to make it easier to provide secure and authorised access. The project will reduce the amount of servers used and decrease the number of operational DATA CENTRES from 80 to 2. There will be considerable financial savings and reductions in power consumption which will contribute to the Welsh Government's Sustainability policies. I will be requiring Health Boards to take a lead role in moving their current storage arrangements into the modern data sharing infrastructure we need to support the delivery of safe care.

### 11.4 Authorised Staff Access to Information

Currently the information contained in over 2 million GP Records has been made available in Out of Hours services. At the moment we have agreement amongst the professional clinical and patient bodies (e.g. BMA, RCN, CHC) to provide access to the GP Record only to Out of Hours Clinical Staff. From a technological perspective, computer access to this information can easily be extended to other care settings but it will require leadership by the clinical professionals to agree the Information Governance rules and procedures to allow this to happen.

11.5 I have previously set up the Welsh Information Governance Advisory Board to provide the appropriate level of independent assurance any proposals to provide wider access to personal information have the appropriate safeguards to make sure patient confidentiality is maintained. This board will require assurance the people of Wales have been properly informed and consulted over broader sharing of information (particularly between agencies), and be satisfied the requirements of informed consent are met.

### 11.6 Patient Identification

Correctly identifying every patient is essential for the safe delivery of care. A national Master Patient Index is being introduced, which identifies everyone uniquely by the NHS Number and which any organisation can

use once the appropriate safety checking processes have been completed. This system is capable of being adopted for use by Social Care if the NHS Number is adopted as the unique identifier.

### 11.7 Information Sharing between Health and Social Care

A national procurement has been started using a common all-Wales specification for Social Care, Community and Mental Health systems to ensure they work to common technical standards and can share information once the appropriate protocols are in place. However, there is a balance to be struck between the legal requirements for personal data protection and following approved protocols for sharing information. This is covered by the Welsh Accord for Sharing Personal Information which all organisations must sign up to for their staff to legally and safely share personal information

### 11.8 Collaborative Working across the Public Sector

As the national information sharing platform, which I have briefly described above, becomes a reality we will need to develop and implement a common, national pan-public service management function to support it. We will also need to improve collaborative working at local and regional levels between Health Boards and Local Authorities. Following Powys Health Board's lead in its successful merger with Powys Local Authority, I am continuing to encourage all Health Boards to seek out partners and develop similar plans for collaborating regionally and nationally to provide modern ICT services and to make the professional development of Welsh ICT staff a much higher priority for the future

## **UPDATE ON KEY PROGRAMME FOR GOVERNMENT COMMITMENTS**

### 12. Improving GP access

12.1 In my previous update I referred to the good progress which had been made in reducing half-day and lunchtime closing. Health Boards have been working closely with GPs within their area, to improve access.

Most Health Boards have established some form of “Access Forums” to lead on and drive delivery of this key commitment.

12.2 We have also been focusing on ensuring more appointments are available early evening, between 5pm and 6.30pm within contracted hours to better meet the needs of working people. There are no additional cost implications associated with this. Information on GP appointment times was published on 8 November and highlighted 93% of GP practices offering appointments between 5.00pm and 6.30pm at least two week nights per week. Nearly two thirds of practices are now offering appointments between 5.00pm and 6.30pm five days per week. These figures show that more patients are now able to see their doctor at a time more convenient for them. However, still more needs to be done to ensure we deliver our commitment of improved access to GP services, in particular, more work needs to be done in relation to access to early morning appointments, particularly in rural areas for people who have long commutes.

12.3 The next phase, to commence in 2013/14, will focus on ensuring extended access after 6.30pm to provide even more flexibility for working people. Health Boards have indicated the costs can be met from within the existing enhanced services budget. A review of the enhanced services budget, to conclude by end December 2012, will provide details of how the current spend could be realigned to cover the enhanced access costs and the rationale behind reducing or removing funding for other enhanced services.

12.4 In relation to access at the weekend, work has been commissioned to develop a model for access to appointments during this period. It is anticipated models to ensure access to planned appointments at the weekend will commence during 2014/15.

### **13. Flying Start**

13.1 We have made a commitment to double the number of children benefitting from Flying Start and in order to deliver this commitment, we are working to develop and recruit an appropriately trained and sufficiently resourced workforce to deliver Flying Start services. We are currently working with Local Authorities and Health Boards to train and recruit health visitors in order to effectively deliver the expanded programme. Health visitors are key to the delivery of this programme and have a crucial role in targeting the hardest to reach families, and the early identification of children with additional and complex needs.

13.2 To support the development of the programme's infrastructure, we have allocated an additional £19 million capital funding between 2012–13 and 2014–15. The success of Flying Start is dependent on the development of the physical infrastructure to deliver the programme's entitlements. In practical terms, this challenge includes the delivery of additional childcare settings to around 4,500 children aged 2–3. Each of these settings, whether newly built or refurbished, has to be developed in the right place and at the right time to provide physical locations for the delivery of childcare and the siting of a newly recruited workforce.

13.3 A review of Flying Start parenting was commissioned by the Welsh Government in 2011 and is due to be published later in the year. The review has been commissioned to explore how far universal parenting programmes are suitable within a Flying Start context and will also examine what outcomes each programme has been proven to achieve against the intended audience, to ensure the right programmes are being applied in the most appropriate way. The findings will inform the future expansion of the programme

#### **14. Over 50 Health Checks**

14.1 We are continuing the developmental work necessary to devise a fit for purpose health checks programme. This work is progressing in line with the timetable in Programme for Government, which indicates



preparatory work will continue until 2013, with implementation to follow over a three year period up to 2016.

14.2 Our work to date has focused on developing the direction of travel which will form the basis of the remainder of the developmental phase. In taking the work forward we have explored the role technology can play in a health checks programme, the need to support and build upon other relevant services, and the need to ensure the programme is accessed beyond the traditional 'worried well'. We have also taken into account the most recent research in this area and will continue to engage with key stakeholders throughout.

14.3 Once fully developed, this programme will provide an important mechanism for empowering and supporting people to learn about and manage aspects of their own health. It will support the concept of ageing well and form part of a wider health improvement agenda aimed at helping people to be healthier for longer. I am keen to ensure an holistic approach which covers a range of issues relevant to people's overall health and wellbeing.

## **15. New Mental Health and Wellbeing Strategy**

15.1 *Together for Mental Health*, launched on 22 October, recognises the factors which contribute to and protect better population mental health and wellbeing, such as adequate housing, vibrant communities, healthy schools and workplaces and nurturing relationships. The Strategy recognises the social and economic costs to Wales of poor mental health, and illustrates the benefits of a joined-up, cross-Government approach.

15.2 The Strategy is supported by a three-year Delivery Plan up to 2016. The Delivery Plan sets out the key deliverables, timescales and measurements required by Welsh Government, statutory agencies and the Third Sector to deliver the outcomes in the Strategy.

15.3 The Strategy further embeds the *Mental Health (Wales) Measure 2010*, which places statutory duties on Health Boards and Local Authorities to improve support for people with mental ill-health. Supported by £5.5m of annual funding from 2013–14 the Measure will ensure:

- An expansion of local primary mental health support services
- Care and treatment planning / co-ordination to encompass wider needs such as employment, housing, finance and education
- Self-referrals for secondary mental health service assessment for those previously discharged
- Widening access to Independent Mental Health Advocacy services

15.4 To oversee delivery of the Strategy, we are establishing a new Mental Health National Partnership Board (NPB). The NPB – involving key stakeholders, service users and carers – will coordinate and give assurance on the cross-cutting approach to implement the strategy. I will publish an annual report on progress.

15.5 Recent achievements in mental health service provision include:

- Annual funding of £1.5m to extend dementia services for older people, establish a new Young Onset Dementia Service and appoint new clinical coordinators
- £485,000 per annum to operate our Veterans Mental Health and Wellbeing Service
- Annual funding of £1m since 2010 to establish and sustain specialist eating disorder services
- Investment in the provision of new facilities for elderly mental health services across Wales – includes £25m and £56m respectively to establish new Units at Wrexham Maelor and Llandough (Cardiff) hospitals. The newly opened Angelton clinic, Bridgend provides 42 beds for older people with dementia on the Glanrhyd Hospital site

- Ongoing financial support to a range of national voluntary organisations operating in the field of mental health, and through our Health Boards, funding to support smaller, local organisations
- Improved access to Mental Health First Aid has seen over 10000 people trained, Youth Mental Health First Aid and Applied Suicide Intervention Skills Training opportunities with over 5000 participants taking part.

15.6 Our continued commitment to mental health is demonstrated by ring-fenced funding, which represents the minimum our Health Boards should spend on mental health services. This has increased year-on-year from £387.5 million in 2008-09 to £577 million in 2012-13.

## **16. Strategy for Older People in Wales**

16.1 The Strategy for Older People in Wales was launched in 2003 and was grounded in ageing as a positive concept and a response to predictions on the pace and extent of demographic change and most particularly how it was going to impact on public services and older people living in Wales. Amongst a range of achievements for the Strategy was the creation of a Commissioner for Older People in Wales. The Strategy for Older People in Wales has received significant, positive recognition nationally and internationally. A Review of phase 2 commenced in June 2011 and has been conducted in tandem with the development of proposals for Phase 3 which had extensive engagement with older people and their representatives. A consultation on Phase 3 was published on 25 October 2012. This is open for 12 weeks to 17 January 2013. Phase 3 of the Strategy will be launched in April 2013. It is proposed this will comprise an overall strategic direction and a series of short-term action plans produced every two to three years.

## 17. Welsh Language Framework for Health and Social Services

17.1 On 21 November I launched “*More than just words...*” the strategic framework to strengthen Welsh language services in health, social services and social care. The framework will help strengthen Welsh language services for patients and service users by recognising that many people can only communicate their care needs effectively through the medium of Welsh. For many Welsh speakers being able to use their own language is a core component of care, not an optional extra.

17.2 The framework contains a 3 year action plan which commences in April 2013. Also an implementation group will be established by April with representatives from the health and social care sectors which will monitor implementation of the actions. The group will report directly to the Deputy Minister and the Welsh Language Task Group.

## 18. Legislative Programme

18.1 **The Food Hygiene Rating (Wales) Bill** will make the display of food hygiene ratings mandatory in food businesses. The Bill is continuing through the National Assembly legislative process and Stage 2 – Consideration of amendments was undertaken by this Committee on 7 November 2012.

18.2 Following the publication of the **draft Human Transplantation (Wales) Bill in June**, I published a summary of the consultation responses in October together with a wider public attitudes survey on organ donation. The findings in this reinforce both support for our work and the need to maintain a sustained focus on communication. This Committee received a briefing from officials on the consultation on 25 October 2012. In September 2012 we appointed Cognition Ltd to undertake specific engagement work with faith and BME communities in Wales, to understand the views of each community on organ donation and the proposed Bill, and to facilitate discussion within those communities on the issue. The Deputy Chief Medical Officer made a

presentation regarding the draft Bill to the First Minister's Faith Forum on 24 October 2012.

18.3 I can confirm I shall introduce the Bill into the National Assembly for Wales shortly, subject to the Presiding Officer's determination, and will make a legislative statement in plenary on 4 December 2012. I cannot anticipate my legislative statement in this paper, but I shall be pleased to receive initial comments from the Committee on the Bill or statement during the evidence session, so I can ensure I can respond in detail during the Committee's formal scrutiny of the Bill.

18.4 On 28 June 2012, the Deputy Minister for Children and Social Services announced the revised scope and introduction date for the **Social Services and Wellbeing (Wales) Bill**, and the intention to introduce a second Bill on Regulation. The Social Services and Wellbeing (Wales) Bill will be introduced in early 2013. The purpose of the Bill is to provide the architecture required to deliver the commitments within the Welsh Government's White paper: 'Sustainable Social Services for Wales: A Framework for Action.' The Bill will also contribute to the Welsh Government's wider programme of public service reform. A White paper will be produced during Spring/Summer 2013 setting out proposals for a separate Regulation Bill.

18.5 The Programme for Government includes a commitment to 'consult on the need for a **Public Health Bill** to place statutory duties on bodies to consider public health issues.' A Green Paper will be published on 29 November and we are seeking views over the need for legislation in this area.

18.6 On 31 May 2012, I outlined my proposals for legislation on age restriction for **cosmetic piercing** of young people. Legislative proposals will be published for full consultation once finalised.

## **OTHER KEY ISSUES**

### **19. Public Health**

19.1 The Programme for Government sets out our clear commitment to establish an annual health campaign to tackle the five biggest public health priorities – alcohol, obesity, smoking, teenage pregnancies, and drug abuse. I am taking forward this commitment through our Change4Life Wales social marketing campaign.

19.2 Over 43,000 families and adults have registered and we are supporting them on their journey to a healthier lifestyle. Games4life, launched on the 2nd July, draws inspiration from the Olympics, Paralympics and other major sporting events. It promotes fun and simple games designed to help children achieve a target of 60 active minutes a day and adults 150 active minutes a week. Individuals and families in Wales who register are sent personalised plans to help them achieve their daily or weekly exercise goals. Approximately 8,700 families and adults have joined Games4Life so far, more than a 25% increase in the membership to Change4Life.

19.3 In the run up to Christmas, the campaign messages will focus on the health harms caused by excessive alcohol through “Don’t let drink sneak up on you.”

19.4 Since launching Fresh Start Wales in February the campaign to raise awareness of the danger to children of smoking in cars has focused on using drive time local radio, roadside billboards, back-of-bus and bus shelter advertising in locations across Wales. During the summer months Fresh Start Wales sponsored Capital FM and Heart FM’s roadshows. At all events, parents were asked to sign the Summer Promise to make a commitment to keep their cars smoke-free.

19.5 Fresh Start Wales is sponsoring the ITV Wales weather, S4C weather and Sgorio in September 2012, and from December 2012 to August 2013. Fresh Start Wales autumn advertising campaign includes roadside advertising in close proximity to schools, cinema advertising and shopping centres. The campaign is also using social media, such as

Twitter and Facebook. It has consistently been stated the Welsh Government will consider pursuing legislative options if children's exposure to second-hand smoke in cars does not start to fall within the next three years.

19.6 The Sexual Health and Wellbeing Action Plan for Wales published in November 2010 adopts a broad-based and integrated approach covering both the promotion of positive sexual health and wellbeing, and the delivery of sexual health services. The Plan includes an action to tackle teenage pregnancy in some of the areas with the highest rates. Phase 1 of the project targets those who access end of pregnancy services having conceived whilst under 18 years of age. It was launched in April 2012 under the banner 'Empower to Choose'. Phase 2 of the project will target vulnerable young women, particularly those in care in areas where teenage conception rates are high. Teenage conception rates fell in 2010 from 41 to 37.7 per 1000 girls under 18.

19.7 The Choose Well campaign has launched an app for i-phone and android mobile smart phones in an effort to signpost patients to the most appropriate healthcare service to their needs. The app features GPS mapping facilities with directions to Emergency Departments, GP services, pharmacies and optometrists and matches user's symptoms to the most appropriate service for their needs. The app has been downloaded over 1200 times since its launch in August. A Choose Well Wales twitter feed has also been established to publicise key campaign messages to social media users.

19.8 Every unnecessary attendance at an Emergency Department costs the NHS £100, and every unnecessary ambulance conveyance costs around £249. We think a one-off payment of £26,000 for an app directing people to the best place for medical treatment, represents good value for money. The app was only launched in July and we expect the number of downloads to grow steadily in time.

19.9 A Choose Well radio campaign which signposts patients to NHS Direct Wales when they are in doubt over the most appropriate service to their needs, has resulted in an increase of over 200% in visits to the website. This is an indication patients are beginning to access less acute health services before considering whether to attend ED or WAST – a key message of the campaign.

## **20. Tackling the inverse care law**

20.1 Whilst much work has been done to address health inequity, outcomes for the most vulnerable groups are slow to improve. In some areas this challenge is compounded by lower provision of services – the inverse care law, as described by Dr Julian Tudor Hart. Work has been undertaken to identify where new models could be developed to benefit local communities and accelerate progress in the development of local integrated care. The areas identified have high concentrations of poor health. We expect learning from the approach taken to influence care for all disadvantaged communities in Wales.

20.2 It is a priority for primary health care services to be strengthened to increase prevention and early identification of health problems, and provide capacity to manage the increasing delivery of care in the community. Although resources are tight, we are committed to improving health outcomes and a targeted approach is needed to transform care in communities which experience greatest unmet need. The approach taken will ensure all services collaborate to meet the needs of local people, making best use of available resources. Community engagement will be a key aspect of this work. An expert group is providing advice and the 1000 Lives Plus improvement methodology will ensure this work will be developed and led by frontline teams. Additional resources will be provided to support the delivery of agreed objectives to ensure rapid progress can be made.

## **21. Capital Projects**



21.1 Our capital allocation for 2012–13 is £261.7 million. Of this, approximately £244 million is available for the All Wales Capital Programme, which supports investment in the NHS estate, equipment and facilities. The remainder is used for capital grants in a number of areas, including £5.690 million for improving substance misuse treatment facilities via Community Safety Partnerships and £5.039 million to provide health countermeasures to enable Wales to respond to a range of emergency situations.

21.2 This year, there are around 30 schemes on site, representing a total investment of over £250 million over their construction period, with schemes continuing under construction including:

- Ysbyty Glan Clwyd Main redevelopment (£94m);
- Children’s Hospital for Wales (£63m);
- Bronglais General Hospital Front of House (£30m).

21.3 4 schemes will start on-site representing a total investment over their construction period of £84 million, including:

- HealthVison Swansea Redeveloping Morriston Phase 1B (£60m);
- Llandough Adult Acute Mental Health Unit (£12m enabling works);
- HealthVison Swansea Combined Speciality Rehabilitation Unit (£9.2m);
- Remodelling of Emergency Unit at the University Hospital of Wales, Cardiff (£2.2m).

21.4 I expect the following schemes to complete by the end of the year:

- Prince Charles Hospital Refurbishment Phase 1 (£53m);
- Welsh Ambulance Services NE Wales Make Ready Depot (£3.7m);

- Welsh Ambulance Services Hazardous Area Response Team (£3.6m).

## **22. Recruitment Plans for Doctors**

22.1 Wales does not have medical staffing issues across the board. The current rate of vacancies across Wales is just over 3% of the directly employed medical and dental workforce. However, I recognise there are still acute recruitment difficulties in particular specialties, grades, and geographical areas, caused by:

- a UK-wide shortage of doctors in certain specialties, such as Accident and Emergency, Paediatrics and Psychiatry
- a reduction in doctors from outside Europe to fill posts due to new immigration rules, which has exacerbated recruitment difficulties
- the fact some parts of Wales have not historically been popular places to train because of issues of rurality and access.

22.2 Following the launch of the second phase of 'Work for Wales' in April, progress to date has included:

- The formation of a network of senior clinicians drawn from across Wales to act as advocates for working and living in Wales. They actively promote Wales in their particular field and location, and are a first point of contact for those considering posts in Wales;
- A new interactive website which brings together a range of information on living and working in Wales and enhanced web access to job opportunities
- A publicity campaign in the specialist press
- Targeting of recruitment and careers fairs across the UK and a substantial presence at the annual BMJ Careers Fair in London last October

- Continuing to raise the profile of Wales and the opportunities for doctors: we recently publicised (jointly with NISCHR) the opportunities for research within medical careers in Wales

22.3 While these measures aim to support Health Boards and Trusts in filling current vacancies, effective workforce planning is vital to ensure the medical workforce is sustainable for the future in an increasingly competitive UK labour market.

22.4 The integrated workforce planning process for NHS Wales requires each Board/Trust to set out in detail their anticipated requirement for junior doctors in each specialty (as well as other staff) for six years into the future. The emerging service plans arising from any reconfiguration of services will be factored into this work. Detailed modelling tools are used to compare and forecast future needs for medical staff at all levels and we are also engaging with the wider UK modelling work regarding the medical workforce. In addition, the recently formed Wales Medical and Dental Academic Board has a remit to look at the development of a sustainable workforce strategy which delivers a medical workforce to meet the future needs of NHS Wales.

## **23. Ambulance Service**

23.1 The Welsh Ambulance Services NHS Trust has faced an extremely challenging period since the last Committee meeting. The NHS in Wales, in common with the rest of the UK, has seen an extended period of pressure since last winter. This has resulted in a continuing increase in overall demand on the ambulance service along with a greater number of patients who are categorised as immediately life threatening.

23.2 Despite this increasing demand profile and a reduced performance against the 8 minute standard, more people in Wales are receiving a life saving response than before and more are being given a better chance of survival, early pain relief, and the life saving care they need.

23.3 However, with further pressure expected in the coming months the situation will clearly remain challenging for the ambulance service and Health Boards. To help mitigate this pressure, £1 million was allocated to Health Boards and WAST on 1 October to work together to specifically deliver ambulance improvement plans as part of the £10 million I made available for an unscheduled care investment fund.

23.4 It is encouraging to see WAST commissioned an independent utilisation review of ambulance control centres and operations across Wales. The review focuses on an analysis of all processes, potential efficiencies around staffing levels and rosters, roles and responsibilities. It is expected to result in short and medium term improvements in effectiveness and efficiencies.

23.5 These improvements are part of the Trust's ambitious strategy which sees itself moving from being purely seen as a transport provider to a highly responsive and effective mobile healthcare provider. The Trust has provided assurances it is focused on achieving the best possible service and attracting the highest level of staff who feel supported and a sense of pride in delivering the very best outcomes for patients.

23.6 However, given the continuing pressures on WAST, I have also commissioned a short review which will consider a wider perspective, including relationships with Health Boards, funding arrangements, targets, structure and whether the current arrangements might be modified; and the relationship between emergency and non emergency patient transport services. My officials are in the process of preparing terms of reference for the review which will be shared with Assembly Members before the end of November.

## **24. Provision of neuroscience services in Wales**

24.1 Neurological conditions can affect people of all ages and can begin at any time in a person's life. They can affect a person's quality of life and for some will result in life-long disability. It is important people who

have a neurological condition receive the right care and treatment at the right time and in the right setting.

24.2 The Adult Neurosciences Review 2008 highlighted the importance of neurology and neurorehabilitation services being delivered more locally, greatly reducing the need for patients to travel and ultimately helping improve their health and quality of life. We acknowledge more highly specialised services will need to be delivered in one or two centres of excellence. The challenge is taking forward this work in the context of reviewing service provision.

24.3 NHS staff are working hard to achieve real progress and there has been significant progress across Wales in implementing the review's recommendations. Key achievements include:

- A fully operational in-patient neurosurgery service for South Wales in Cardiff
- Strengthened and expanded surgical capacity at Morriston Hospital
- Establishment of a 24/7 acute spinal service
- Care pathways and multi disciplinary team meetings established across Wales.
- Improvements in imaging and diagnostics
- Strengthening of key workforce including the appointments of neurophysiologists and neurologists.

24.4 Work is still ongoing to deliver the ambitious requirements set out in this comprehensive review. The Mid and South Wales Project Board has passed responsibility for the outstanding recommended actions from the review to the relevant individual Health Boards, with the Directors of Planning Group being tasked with monitoring progress. Within North Wales, Betsi Cadwaladr University Health Board has established the North Wales Neurosciences Network to take work forward.

## **25. Review of the Balance of Competences between the United Kingdom and the European Union**

25.1 Taking forward the coalition commitment to examine the balance of competence between the United Kingdom (UK) and the European Union (EU), the Foreign Secretary launched the balance of competence review in Parliament on 12 July this year.

25.2 The balance of competence review will explore the impact of the current balance of powers between the UK and EU in the UK national interest and will be open and transparent. UK Ministers have made it clear they want to gather views from across the UK, including the Devolved Administrations and interest groups from Scotland, Wales and Northern Ireland.

25.3 The review will provide an analysis of what the UK's membership of the EU means for the UK national interest. It aims to deepen public and Parliamentary understanding of the nature of our EU membership and provide a constructive contribution to the national and wider European debate about modernising, reforming and improving the EU in the face of collective challenges.

25.4 It will not be tasked with producing specific recommendations or looking at alternative models for Britain's overall relationship with the EU.

25.5 The review is broken down into a series of reports on specific areas of EU competence, spread over four semesters between the autumn 2012 and autumn 2014. 'Health' is one of six areas being covered in the first semester (autumn 2012 to summer 2013).