

**Date:** Wednesday 11 June 2003

**Venue:** Committee Room 3, National Assembly for Wales

**Title:** Ministerial Report to the Health and Social Services Committee

## **Nid yw'r papur yma ar gael yn y Gymraeg**

### **1. Introduction**

This is my first report to the Health and Social Services Committee following the election. I have decided to change the format considerably from the previous Monthly Reports, which I believe were unwieldy in the detail provided. By narrowing down the subjects covered in my report to a few topics of wide importance, it is possible to present them in a little more depth and – if appropriate – for the Committee to discuss the items in a more focused way within the allotted time.

As well as specific topics which may be of immediate interest and importance for Committee Members, I intend to cover a number of standing items in forthcoming reports. Every quarter, I will include a report of waiting times performance. Each month will have a progress update on a strategy or report – such as the care strategy or Townsend report – and a contribution related to an NSF or clinical development, as well as one related to patients, carers and service users. Whenever appropriate, there will be an item on the workforce, population figures, developments on legislation and the financial position. The aim throughout is to avoid over-elaboration and to focus on key areas worthy of the Committee's time and consideration.

I hope Committee Members will find the new approach helpful.

### **2. The Assembly's New Health and Social Care Department**

In order to deliver my agenda for Health and Social Care and focus on delivering effective change in areas of greatest importance across the whole of my remit, I am creating a new Health & Social Care Department in which the Assembly's NHS Wales and Social Policy Departments will combine. The department's collective role is to deliver high quality policy, administration and professional support for all aspects of the Health, Wellbeing and Social Care agenda of the Welsh Assembly Government. The new department will develop policy and strategy – and ensure implementation and delivery – through integrated teams involving officials, the Assembly's professional advisers and external expertise as necessary.

This will spearhead an integrated strategy for health and social care. Ann Lloyd, Director of NHS Wales, will lead the department with Helen Thomas, the Director of Social Policy, maintaining a leading role for social care within the department. Dr Ruth Hall remains directly accountable to Ministers for public health policy across the range of Assembly interests. As Chief Medical Officer, she will continue to provide independent medical advice. There will be no change in the independent professional accountabilities of the Chief Nursing Officer, Rosemary Kennedy, and the Heads of Profession (eg the Chief Dental Officer). Dr Hall additionally will co-ordinate the provision of the independent professional advice of other health and social care professionals. She will also lead on the continuing development and training needs of the professional staff.

The Social Services Inspectorate and Care Standards Inspectorate will continue to carry out their distinct inspection and regulatory responsibilities as at present, while also contributing where appropriate to teams within the new department.

Working arrangements are in the process of being finalised so that minimum disruption is caused and the new arrangements are quickly put in place. In doing this, the department will refocus to ensure that managerial and professional skills are maximised to deliver the health and social agenda for the people of Wales.

### **3. The Deputy Minister**

The Welsh Assembly Government has a strong commitment to older people in Wales. To provide a firm focus for delivering change and progress, the First Minister has appointed John Griffiths as Deputy Minister with specific responsibility for Older People.

John will ensure that a strong lead is given to the Strategy for Older People in Wales, which is the first of its kind in the UK. The strategy has some important aims, including:

- Valuing Older People: National Partnership for Older People, improved engagement and participation of older people, local authority older people champions, and promoting an enhanced image of older people.
- Promoting older people's capacity to continue to work or otherwise contribute, tackling age-based discrimination, promoting entrepreneurship, and lifelong learning.
- Promoting the health, well being and independence of older people through integrated service delivery and more responsive diagnostic and support services.
- Research monitoring and evaluation framework.

The Minister for Older People was a role envisaged by the Advisory Group on the Strategy for Older People. He will also be taking forward the development of a National Service Framework for Older People, which develops further the ideas covered in the strategy. The Deputy Minister will also lead an advisory group on the role and responsibilities of an Older People's Commissioner, one of our manifesto commitments.

John's appointment also helps us respond to the first Wales Care Strategy Group report in the context of the Wanless Review, as well as providing focus for the future of care services for the elderly, the balance of care and developing relations with independent sector care providers.

#### **4. Carers Week**

This week (9 to 15 June) is Carers' Week. This is a week dedicated to raising the awareness of the general public about carers' issues throughout the UK.

I will be launching the Third Report on the Strategy for Carers in Wales on Wednesday 11 June following a statement about the Third Report in Plenary. A reception is being held in the Assembly Building in the evening to be attended by representatives of the agencies working on the carers' strategy and a number of adult and young carers.

#### **5. Updates:**

##### **(i) "A Question of Balance"**

##### **Background**

In October 2001, Paul Williams, Chief Executive of Bro Morgannwg NHS Trust was commissioned by Ann Lloyd as Director of NHS Wales to undertake a review capacity in the Health Service in Wales. 'A Question of Balance' reviews the actions resulting from the recommendations of the Capacity Working Group and Emergency Pressures Task Force Reports in 2000, the changes which have taken place over the last 2 years, the pressures currently endured by the service and future trends. This review was submitted at the end of July 2002, and was accepted in October 2002.

##### **Initial Action**

As an immediate response £7million was allocated to improve access to services in Wales, particularly for the winter period when emergency pressures are at their height. The funds were made available through health authorities, with £5 million being targeted to emergency care in Trusts facing the highest pressures and £2 million allocated to social services to augment the Delayed Transfers of Care Grant Scheme money.

In order to facilitate a series of early gains, health communities have benchmarked themselves against a series of 'Just Do It' (JDI) schemes covered in the report which may be implemented for maximum impact.

Health communities have analysed these and form the basis for the allocation of a further £5 million recurrent funding to address current capacity shortfalls for 2003/04. This has been awarded for initiatives that can have an early impact on releasing a substantial number of beds days. Examples include:

- Increased admission alternative schemes (DVT service, COPD outreach service);
- Proactive discharge lounges facilities;
- Rapid access/emergency clinics.

### **Ongoing Work**

Much work has been done across all sectors in order to identify those major bottlenecks which if addressed would have the greatest impact. This has been done at three levels:

- Confirmation of strategic approaches already underway address some of the recommendations;
- Welsh Assembly Government's national assessment/benchmarking of problem areas;
- Health Community analysis of main bottlenecks in their locality.

Whilst some of the bottlenecks relate to physical capacity, others involve modernisation of working practices or patient pathways. All these are being used to inform the development of a series of local action plans and a national action plan. The plans will be agreed with the NHS Wales Department and jointly monitored by the department and the regional offices. A project is in place to oversee the detailed progression and implementation of these approaches.

### **(ii) Orthopaedic Services in Gwent**

Late in 2002, Professor Brian Edwards was invited to review Orthopaedic Services in Gwent. The Edwards' report was published in January 2003 and it included a number of recommendations which were grouped under the three headings of Capacity, Innovation and Tighter Management. In response to this Gwent Healthcare Trust, working in partnership, set up an Orthopaedic Project Board to oversee the production and implementation of an action plan in line with the recommendations of the report.

The Orthopaedic Project Board which is chaired by an LHB Chief Executive, includes the Chief Executive, the Clinical Director and senior managers in the Trust, LHB Chief Executives, General Practitioner representatives and CHC representation. The action plan to implement the report's recommendations was formally signed off by all members of the Project Board in March. The Board meets monthly with the explicit purpose of overseeing and monitoring the implementation of the action plan.

At HSSC on 26<sup>th</sup> February I announced that revenue and capital would be made available to support the implementation of the Edwards' Review. Gwent Healthcare Trust has submitted an outline business case, agreed by the Project Board, to increase orthopaedic capacity in Gwent. The evaluation process is underway against a tight timescale. Officials met with representatives of the Gwent Health Community and further information has been requested to ensure best value. All are working to resolve this matter quickly.

Gwent Healthcare Trust worked hard throughout last year to reduce the number of long waiters. They achieved no over 18 month waiters for treatment in February, and maintained this through to the end of April (latest available figures). It is important that this momentum is maintained and that it does not displace other major priorities for the population of Gwent.

I will report on the developments arising from the Edwards Report in due course.

## **5. NHS Workforce Figures**

On 14 May, staffing statistics for September 2002 were published. The "NHS Staff in Post" and "NHS Vacancy" data shows that the whole time equivalent (WTE) number of staff directly employed by the NHS in Wales has risen to 60,144 in 2002. This is an increase of 2,550 (4.4%) in one year and an increase of 6797 (12.7%) since 1997. In terms of head count, numbers have increased to 81,400 in 2002, compared to 68,620 in 1997 (an increase of 18.7%).

In detail, WTE consultant numbers have increased to 1377 – an increase of 65 (4.9%) in one year and 315 (30%) since 1997; qualified nurse numbers (WTE) have increased to 18,766 in 2002, an increase of 678 (3.7%) in one year and 1,538 (8.9%) since 1997; scientific, therapeutic and technical staff (WTE) have also increased significantly, to 8104 in 2002 - an increase of 499 (6.6%) in one year and 1,385 (20.6%) since 1997.

At the same time the number of vacancies has fallen by 13 percent in the six months to 30 September 2002 and accounted for only 2.5 per cent of all NHS posts.

## **6. Agenda for Change**

Following the outline agreement reached in November 2002, staff organisations have been consulting their members and carrying out ballots.

To date, all trade unions that have declared results, with the exception of the Society of Radiographers, have approved the new system with significant majorities. Two results are awaited, from UNISON and the GMB.

Formal agreement to the scheme is expected later in June 2003. This will lead to the payment of 3.225% backdated to April 1<sup>st</sup> 2003. This is the first payment under the three-year pay deal for a 10% uplift.

A Director of NHS Pay Modernisation has been appointed in Wales who is currently giving a series of briefings to managers and staff representatives in Trusts. An implementation team is being recruited to assist Trusts and LHBs in introducing the new system which is planned to take effect from October 2004.

## **7. Innovations in Care Board**

The first meeting of the National Innovations in Care Board was held on 21 March (details of membership were provided in my last Ministerial Report HSSC-04-03(p.1)). The board agreed to support three new programmes of work outlined below and the Director of the NHS agreed to provide funding of £3.5 million to support these programmes in 2003/04.

### **Day Surgery**

Hospital capacity continues to dominate the health agenda for Wales and day surgery can make a significant contribution to increasing overall capacity and treating more patients faster. Within 2003/04 Innovations in Care will be taking forward a National Day Surgery Programme aiming to achieve shorter waiting times for treatment, allow for patient choice, make best use of NHS Wales capacity, bring about change and spread good practice.

### **Endoscopy**

A National Endoscopy Programme will be launched in 2003/04. The programme will seek to provide ready access to endoscopy services to all patients which is patient centred, supports treatment and innovative in its practice. The specific aims of the programme are to establish an effective redesigned service across Wales, let patients choose and pre-book the date of their appointment, bring about change and spread good practice whilst sustaining improvements.

### **A&E Streaming**

Streaming is a system whereby patients attending A&E departments are allocated to different routes according to their needs. These routes or patient flows are individually staffed and continue to function whatever the pressures in other streams. Patients receive the correct care in a timely manner in the most appropriate location. A programme will be run in 2003/04 to initially ensure that simple streaming (minor cases, major cases, and resuscitation) is introduced in all A&E departments.

## **8. Health (Wales) Act 2003**

The Health (Wales) Bill became the Health (Wales) Act 2003 after receiving Royal Assent on 8 April.

The Act:

- Reforms and strengthens Community Health Councils in Wales and establishes a statutory body to support them.

- Establishes an independent Wales Centre for Health to disseminate research and provide multidisciplinary advice and evidence to support decision-taking.
- Establishes Health Professions Wales to quality assure the continuing training and education of health care professionals.

The draft Bill went through an extensive process of pre-legislative scrutiny which involved the Health and Social Services Committee as well as the Welsh Select Committee in Westminster and extensive public consultation. As a result, the Bill presented to Parliament went through the parliamentary processes without being amended.

The Act confers powers on the Assembly which we now need to take forward in secondary legislation. Regulations needed include:

- The Community Health Council Order
- The Community Health Council (Wales ) Regulations 2003
- The Wales Centre for Health (Functions) Regulations
- The Wales Centre for Health (Appointments, Membership and Procedure) Regulations 2003
- Health Professions Wales (Establishment and Functions) Order
- Health Professions Wales (Appointment and Procedures) Directions 2003.

Dates for these are in the process of being agreed.

## **9. Wales Care Strategy Group**

The Wales Care Strategy Group was set up last year as an external task and finish group to provide advice to the Welsh Assembly Government on the strategic development of the care sector and to provide a framework within which key partners could work to secure, in the medium term, a viable, confident and responsive care sector focused on delivering quality services. The old Health and Social Services Committee received a presentation from the Chair of the Group, Professor Ken Woodhouse at its meeting on 5 February this year.

I received the Group's report in April. The Group commissioned a range of projections of the demand for social care services looking 10 and 20 years ahead and making a number of assumptions about changes in choice and dependency levels. The projections are that, if nothing changes, demography would drive demand for all community services to very high levels and that only if dependency levels fall could we manage with around current levels of provision. The report sets out a basic strategy which aims to prevent or delay for as long as possible people moving to a higher level of dependency and a series of recommendations to support this.

The Group's report has been considered as part of the Health and Social Care review. I met with the Chair of the Group on 9 June to discuss the report and will now consider the future of the Group, its work programme and how the findings of the report might be taken forward.

