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Venue: Committee Room 3, National Assembly for Wales

Title: Ministerial Report to the Health and Social Services Committee

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2. National Service Framework Programme
3. Tonsillectomy and Adenoidectomy Waiting Lists
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Annex A The Health and Social Services Portfolio

1. General Medical Services (GMS) Contract - Implementation

On 20 June the BMA announced the result of the ballot on the new GMS contract. Nearly 80% of those who voted were in favour of acceptance. The BMA in Wales believes that Welsh GPs are strongly in favour of the new arrangements.

The principles of the contract remain the same as debated by HSSC on 18 December 2002. These can be summarised as better terms, conditions and quality of life for GPs and better, more consistent standards of care for patients

At that meeting there was broad support for the contract and a desire to ensure that Welsh GPs benefited from the contract at the same time as the rest of the UK which means that some of the necessary secondary legislation will have to be fast-tracked

Officials are working closely with the BMA to implement the reforms by April 2004. Formal project management arrangements have been established, chaired by Bob Hudson, NHS Wales Department Regional Director for South and East Wales. A project board, representing NHS stakeholders with responsibility for delivering the project will oversee the work. The project board has met 3 times and has established 9 sub projects:

- Finance
- Quality and Outcomes Framework
- Premises
- Out of Hours Services
- Human Resources
- Organisation, Training and Development
- IM&T
- Demand Management
- Communications

Primary and secondary legislation will be required to allow full implementation of the contract. Primary Medical Services clauses to amend the Health and Social Care Bill were laid on 3 July. The report stage of the Bill will take place on 8 July. Officials in Primary Care Division are working with their counterparts in other health departments to prepare regulations that will follow the new Act

2. National Service Framework Programme

National Service Frameworks (NSFs) were introduced to address variations in standards of care and to achieve greater consistency in the availability and quality of services, by putting in place mechanisms which will enable best care to be provided to all.

Six NSFs have been approved for development and implementation in Wales:

- Coronary Heart Disease;
- Mental Health;

- Diabetes;
- Older People;
- Children, and
- Renal Services.

Current position

Coronary Heart Disease

- The NSF for CHD was launched in July 2001.
- An All Wales Co-ordinating Group has been set up to develop a clinical advisory structure to support the NSF's implementation and to establish the 3 Cardiac Networks. The Networks will drive implementation at a local level.
- Dr Phil Thomas, Consultant Cardiologist at Morriston Hospital has been appointed as Director of Cardiac services.

Mental Health

- The Mental Health NSF was published on the 29 May 2002.
- The Mental Health Strategy was released in September 2001 and the NSF will be underpinned by the Strategy.
- The 'Implementation Project Plan' will be published this Summer.
- The University of Wales College of Medicine has been commissioned to produce a Health Evidence Bulletin for Mental Health services in Wales that will act as a signpost to the best current evidence across a range of mental health areas.
- The Care Programme Approach (CPA) guidance is introduced across Wales by December 2004.

Diabetes

- The Diabetes NSF Delivery Strategy was launched in March 2003, and work is now progressing on the issues relating to its implementation.
- Six Diabetes NSF Delivery Strategy Road shows will be held in September in Cardiff, Swansea, Carmarthen, Newport, Bangor and Wrexham.
- A patient leaflet has been designed and will be available for distribution during the Summer, as will the Delivery Strategy Document.

Older people

- The Older People's NSF was consulted on during 2002 and the feedback was supportive. It was recognised that this would need to be adapted to take account of the specific needs in Wales and addressed in the development of an Welsh implementation plan, building on the Older People's Strategy.
- The process to appoint a project manager has commenced.
- Invitations to join the planning and implementation group have been issued and nominations from key partners across Wales are awaited.
- It is anticipated that the first meeting will be held by September.

Children

- The NSF for Children was announced in September 2001.
- Draft standards will be completed by October 2003. Formal consultation is planned for 2004.
- Dr Huw Jenkins has recently been appointed as Director of Healthcare Services for Children and Young People, and will be taking up his appointment in September 2003. As well as leading the development and implementation of the Children's NSF he will be responsible for planning, policies and strategies that influence children's health services, including the development of managed clinical networks.
- The Welsh Assembly Government has commissioned 'Contact a Family' to work in conjunction with the National Childbirth Trust to carry out consultation exercises with parents and carers for four of the six NSF modules. A report will be prepared by the end of August.
- Parents and carers for the remaining two modules will be consulted through the Fostering Network, commissioned by the Welsh Assembly Government to carry out this exercise.
- Barnardo's and NCH Cymru have been commissioned to carry out consultation with disabled children and young people. One hundred children and young people with a range of conditions including mental, learning and physical disabilities will be consulted. A final report will be made available in September 2003.
- Funky Dragon have been commissioned to consult with 200 children drawn from 17 specialised groups of children that fall within the Children in Special Circumstances module. A report should be available from that exercise in time to feed into the developing standards prior to the formal consultation.
- Other groups of children and young people will be consulted with via an interactive web site and a questionnaire that is being developed for children and young people in schools.

Renal

- A multi-disciplinary Project Board has been established to oversee the development of the NSF and a Project Manager has been appointed
- The standards will be based on a particular area of renal care, namely Effective Delivery of Dialysis, Renal Transplantation, Primary Prevention and Pre-Dialysis and Alternative Models of Care. Chairs for each module have been appointed and work is underway to develop the standards.

Since their introduction, NSFs have been a valuable tool to drive up standards and in tackling inequalities. Vital lessons have been learned about working in partnership with patients, social services, voluntary organisations and other stakeholders. Consideration is being given to the need to modify the Welsh approach to NSFs in the light of current thinking on care pathways and development of clinical standards.

3. Tonsillectomy and Adenoidectomy Waiting Lists

The increase in tonsillectomy waiting lists over recent months is because the use of reusable instruments in tonsillectomies was discontinued in April 2002, on the advice of the Spongiform Encephalopathy Advisory Committee, in response to the theoretical risk of transfer of the infective agent responsible for variant Creutzfeld-Jacob Disease (vCJD) on surgical instruments. In September 2002, the Chief Medical Officer advised the Chief Executives of all NHS Trusts in Wales that surgeons should cease operating with the existing batch of single use tonsillectomy instruments following serious concerns about the quality of some of the instruments. Operations were therefore carried out only in cases of clinical emergency, using new re-usable instruments once only, which were then decontaminated and quarantined.

ENT surgeons, working with the Welsh Assembly Government, identified the appropriate specification for disposable instruments to allow operations to recommence, and to make progress on reducing the waiting lists that have inevitably built up during the time in which operations could not take place. A suitable supplier was also identified. Instruments are now available and can be produced in sufficient quantity for these operations to recommence this month.

In recognition of the fact that these patients have had their operations delayed for safety reasons monies have been released to eradicate the backlog of long waiters. Some patient will be treated through the regular ENT operating lists and others through special initiatives.

Additionally, non-recurrent funds have been set aside to meet the cost of the disposable instruments to clear the backlog of patients in 2003/04.

4. Care Standards Act 2000: Adult Placement Schemes

On 17 June 2003, consultation commenced on the proposed new Regulatory and National Minimum Standards regime for Adult Placement Schemes. Such Schemes are responsible for recruiting, training and supporting adult placement carers and for taking referrals, matching and placing service users with adult placement carers; and for supporting and monitoring the placement.

The draft Regulations and National Minimum Standards were drawn up following discussions with the National Association of Adult Placement Services Welsh Branch. The consultation period ends on 9 September 2003 and, as part of this process, a consultation meeting will be held with interested parties on 6 August. The aim is to commence the new Regulations and National Minimum Standards in January 2004.

5. Social Services Inspection Reports

The Social Services Inspectorate has published the following inspection reports in June/July:

(i) Inspection of services for adults with a physical or sensory impairment in Rhondda Cynon Taff: this report (which was delayed by staffing factors) assesses the authority to be serving most people well, with promising prospects for improvement. There are sound operational procedures and an effective range of good quality services. The Council is seeking to improve consistency across the whole of its area.

(ii) Inspection of services for people with learning disabilities in Merthyr Tydfil: this report assesses the authority to be serving some people well, with promising prospects for improvements. Some sound practice and good service features were weighed against a lack of quality and choice in provision for some areas. The general momentum for improvement in the authority needs more focus on this user group and on actual outcomes.

5.1 Report on SSIW's Examination of Arrangements Made by Cardiff and the Vale of Glamorgan for Safeguarding Older People in Hafod Homes

Following the publication of the SSIW report, both authorities and Hafod Housing Association produced action plans. SSIW have recently required Cardiff and the Vale of Glamorgan to provide an update report on progress to implement their plans. They have reported to SSIW that progress has been made particularly in those recommendations covering staff supervision, training, complaints and adult protection. Cardiff has included their action plan for Hafod homes in the wider Social Care Improvement Programme to address the recommendations of the Joint Review. Cardiff has also reported progress on managing the corporate issues including developing a protocol for relations with the trade unions.

CSIW have been following up the recommendations that related to the regulation of Hafod homes under the Care Standards Act. The concerns identified in the SSIW Examination were twofold, specific issues concerning care practices and the managerial and accountability arrangements to ensure the quality of care. The former has been addressed in the inspection of individual homes and realistic timescales given for full compliance in line with CSIW normal expectations. The robust framework offered by the Assembly's National Minimum Standards is designed to ensure an improvement in standards generally.

The Vale of Glamorgan and Hafod have reached agreement whereby the staff and the registered managers are employed by the Vale of Glamorgan. Hafod are clear however that they have the duty to appoint the registered manager and are completely responsible for all the actions of the registered manager and the care staff and therefore have full responsibility for compliance with Care Standards Act and the associated Regulations and National Minimum

Standards. CSIW inspections will continue to test the robustness of these new arrangements.

There remain outstanding issues on the contractual relationship with between Hafod and Cardiff and achieving clear accountability arrangements, particularly over the direct day to day management of care staff. Some of this hinges on the interpretation of what can be registered under the Care Standards Act on which further legal advice is currently being sought. This has taken Hafod and Cardiff longer to resolve than anticipated and has held up progress on some of the recommendations designed to achieve managerial clarity.

Reports on the action plans of both authorities are now being completed. Some of the managerial issues rest on the outcome of CSIW action outlined above. SSIW are currently actively engaged with the authorities in making sure the action plans are fully implemented and will report to me on progress. A further update will be provided in the next Ministerial report.

6. Health impact assessment

The development of health impact assessment was the subject of a recent short debate. The consideration of health issues by other policy areas featured prominently as part of an integrated approach to policies and programmes that tackle social, economic and environmental determinants of health. This debate, together with the motion passed by plenary when it adopted Well Being in Wales, raises the issues of other committees considering health impacts as part of their business. Committee members may wish to discuss how this might be progressed.

7. Cabinet Sub-Committee on Children

I have now been re-appointed as the Assembly Government's Minister for Children.

In this capacity I chair the Cabinet Sub-Committee for Children and Young People, which co-ordinates the efforts of my Cabinet colleagues and officials across the Assembly to put children's needs at the heart of the Welsh Assembly Government's agenda and ensures that the interests of children and young people are given due priority in all Cabinet and Assembly policy-making.

The Sub-Committee also has oversight of the Assembly Government's role in ensuring implementation of the UN Convention on the Rights of the Child in Wales and the Assembly Government's Seven Core Aims for Children and Young People

Its membership is broad in order to reflect the importance we place on this role. It includes the First Minister, the Minister for Culture, Sport and the Welsh Language, the Minister for Education and Life-long Learning, the

Minister for Social Justice and Regeneration and the Minister for Economic Development and Transport.

One of the key tasks of the Sub-Committee is to take forward the Assembly Government's strategic planning arrangements for children and young people under *Framework for Partnership*, to ensure coherence in cross-cutting policy initiatives which contribute to the realisation of the Core Aims. Framework Partnerships have now been established in all local authority areas, bringing together representatives of local authorities, the NHS and the voluntary sector. The Sub-Committee will determine policy priorities within the context of the local strategic Framework Partnerships, and at the operational level Children's Partnerships for the 0-10's and Young People's Partnerships for the 11-25's. The Sub-Committee has agreed three areas for its forward work programme: children and young people and transport; nutrition and exercise; and transition.

As Minister for Children, I am determined to raise the profile of services for children and young people within the Health Service for example through the development of the Children's National Service Framework (NSF) which spans both health and social care. My aim is that all children and young people in Wales achieve optimum health and well being, supported by the NHS Wales and local authorities in fulfilling their potential.

My role as Minister for Children extends further than health and social care. For example, earlier this year I set up a Child Poverty Task Group which includes representatives of the NHS, local government and the voluntary sector with the task of making representations to the Assembly Government on the production of a child poverty strategy.

Secondly in respect of the physical punishment of children, I have already stated in Plenary the Assembly Government's opposition to physical punishment and have written to the UK Government pressing for them to legislate. I am committed to building on the action we have already taken within our devolved powers to raise awareness and address the issue through promoting positive alternatives to parents.

8. Updates requested by Committee

8.1 Further information on the recommendations of the Wales Care Strategy group

The Wales Care Strategy Group made a presentation to the former Health and Social Services Committee on 5 February this year (paper HSS-02-03 p.2 refers). As promised at the meeting, the Group delivered its report in April. The Group put forward 26 recommendations which could form the basis for a Care Strategy for Wales. The general theme was about action to prevent or delay progression to a higher level of dependency. The Group's conclusions are very relevant to the Review of Health and Social Care and were fed into

the work for the review. The Review and my response to the conclusions will be published in the context of the review in due course.

8.2 Discussions with Minister for Finance, Local Government and Public Services

At the HSSC meeting on 11 June 2003 a report was requested on the outcome of discussions with the Minister for Finance, Local Government and public services regarding policy agreements for individual local authorities. Policy agreements are confidential agreements between the Welsh Assembly Government and individual authorities and therefore will not be made available to Committee Members.

8.3 Impact of Change Agent working

Three change agent posts have been established within the Innovations in Care Team. Two took up posts in June and the third is in the process of being appointed. They jointly offer extensive experience from social services, primary care and the acute sector. The work of the team will be evaluated and reported to the Committee. The team will drive and support change and innovation in order to improve admission to and transfer between community primary care and hospital settings.

Their purpose is:

- to support implementation of whole systems working across health, social care and the independent sector
- to offer targeted intervention to help timely transfer
- to support the achievement of targets as set in performance management frameworks

This will be a joint programme run by both health and social care.

The team will work with specific communities across Wales in locations that have the greatest challenges. Work has already started within Gwent on reviewing their existing systems and the review of action plans that have been developed by local authorities and the Trust.

The team will agree a national programme based on need. The overall objective is to help health and social care communities together to identify and tackle the underlying causes of delayed transfer by:

- providing practical support, assistance and follow up
- informing and influencing local commissioning agendas
- commissioning work across regional or sub-regional areas
- disseminating best practice and sharing information
- strengthening links between local practice and national policy

The change agents will look at and work with the whole system from the patient's or service user's experience. The principle of 'right care, right place, right time' for the service user will drive the programme.

In addition to the short and medium term actions there is a longer term need for the change agent team to focus on the underlying causes of delayed transfers and work towards action to address them.

The team will offer:

- whole systems experience drawn from a range of organisations
- examples of good practice
- project management & action planning skills
- specialist expertise
 - e.g. financial planning/modelling
 - development of intermediate care
 - models for partnership working
 - information management
 - service re-design
- facilitation/'honest brokering' between different parts of the health and social care system; with the independent sector; with elected members and NHS organisations

The change agents will be supported by a wider group of experts drawn from a variety of organisational backgrounds and professional disciplines, including for example the independent sector, housing and clinical backgrounds and the Welsh Assembly Government. These will be called in to undertake specific pieces of work alongside the change agents and to act as a wider reference group for the team.

8.4 Joint review of Social Services in Blaenau Gwent

The joint review report of social services in Blaenau Gwent was published on 14 May. It judged that the authority was not serving people well and had poor prospects for improvement. Following publication, I met the Leader of the Council to express my concern and gain his assurance that the Council would make the necessary improvements. The Social Services Inspectorate will carry out a follow-up inspection in late autumn.

8.5 Joint review of Local Authority Social Services – Consultation document

The Social Services Inspectorate for Wales (SSIW) and the Audit Commission in Wales (ACiW) will be publishing draft proposals in July for consultation. As agreed at the last Committee meeting, Health and Social Services Committee members will receive copies. The draft proposals will be widely circulated. SSIW and ACiW will make particular efforts to involve groups and individuals representing the perspective of service users and carers, with the assistance of the Wales Council for Voluntary Action and with one or more workshops. The consultation will also include independent providers of services and local authorities, the Children's Commissioner and individuals who have expressed an interest in earlier consultations.

8.6 Breakdown of NHS Vacancy Figures

At 30 September 2002:

- 1,515 NHS posts had been vacant for three months or more. This represents a 13 per cent decrease on the 1,747 vacancies reported six months earlier.
- These vacancies account for 2.5 per cent of all NHS posts compared to 2.9 six months earlier and 2.6 a year ago.

The vacancies in different staff groups were as follows:

- **Medical and Dental:** 191 (7.7 per cent of posts) - an **increase** from 176 (7.4 per cent of posts) six months earlier.
- **Consultant Posts:** 168 (8.8 per cent of posts) - an **increase** from 160 (8.8 per cent of posts) six months earlier.
- **Nursing and Health Visiting:** 738 (2.8 per cent of posts) - a **decrease** from 929 (3.6 per cent of posts) six months earlier.
- **Allied Health Professionals:** 175 (5.3 per cent of posts) - a **decrease** from 245 (7.5 per cent of posts) six months earlier.
- **Scientific and Technical:** 72 (1.5 per cent of posts) - a **decrease** from 106 (2.2 per cent of posts) six months earlier.
- **Other:** 339 (1.5 per cent of posts) - an **increase** from 290 (1.2 per cent of posts) six months earlier.

8.7 Guidance available to schools to support young carers

Circular 3/99 - Pupil Support and Social Inclusion - drew attention to the particular needs that young carers might have. Earlier this year the booklet "Is someone you teach a young carer" to all schools was issued giving more detail and examples of how schools and teachers can help. The third report on our strategy for carers in Wales highlights the continuing work of the Young Carers' Advisory Panel. This year a training package for professionals working in schools is being developed, to help raise awareness of young carer issues and the impact a caring role may have on life opportunities. The training package will be piloted this autumn.

It is important that professionals in schools are alert to the signs that a child might be a young carer and are sensitive to their needs. It is recommended that schools nominate a link teacher to encourage peer support, provide opportunities in school time for young carers to complete schoolwork, provide access to a telephone, and offer pastoral support through the Education Welfare Service. It is also important that schools respect young carers' desire for confidentiality, and understand that each individual's needs and requirements are different.

9 **Outstanding requests for next Ministerial Report**

Information on action to reduce expenditure on agency nurses

Report of equal opportunities committee on services for gypsies and travellers

Annexes

Annex A The Health and Social Services Portfolio

Annex A - The Health and Social Services portfolio

Introduction

This is a synopsis of the Health and Social Services portfolio, giving broad headline messages that together should provide a useful overview of the work ahead.

Main themes

Over the past four years a purposeful start has been made on reform in the NHS in Wales, with unprecedented levels of new investment translated into training, equipment, buildings, staff, new drugs and research.

The approach taken has three main tracks. The promise of a *health*, not an illness service – and one that tackles inequality wherever that is found – is essential. An increased emphasis on preventing ill health by addressing the social, economic and environmental factors that affect people's health through joint action across all the Assembly's policy areas is also required. And when people do fall ill, first class treatment must be available.

The reforming agenda for the NHS, set out two years ago in the Plan, *Improving Health in Wales*, will continue. The basis of the agenda is partnership between health and social care because it is not the NHS alone which can improve the health of the people of Wales.

These themes were given a strong endorsement in the Review of Health and Social Care in Wales published on 9 July. This looked at the whole system of health and social care and emphasised the need for preventing illness and on developing primary care and social services, and the responsibility of individuals to take greater responsibility for their own health. Responding to the recommendations of the Review will set a strong framework for developments across the whole of the Health and Social Care portfolio for the coming years.

Partnership

Our Local Health Boards have now taken up their new responsibilities. These new bodies offer an agenda of partnership, co-operation and delivery. Over the coming years the Health, Social Care and Well Being Strategies they produce in partnership with others will focus on meeting local service needs and delivering long-term improvement in the health of their communities. The approach set out in *Well Being in Wales* provides the national context for local Health, Social Care and Well Being strategies. It also provides the rationale for the use of health impact assessment as something that can help to develop more integrated policies and programmes at both national and local levels.

Caring for the most vulnerable

Partnership at all levels is essential if care is to be delivered for our most vulnerable citizens. The appointment of John Griffiths as Deputy Minister allows the Government to press ahead with implementing the Older People's strategy and with establishing a Commissioner for Older People. Improving

health and social services for children and for those suffering from mental health problems will also be pursued with vigour over the next four years.

The less well off must benefit from services to the same extent as those in more affluent areas, and services must be available that are inclusive for all parts of society and sensitive to the language and cultural preferences of our citizens.

Tackling health inequalities

The work of Professor Townsend in ensuring resources are allocated where they are most needed is continuing, together with the application of the Inequalities in Health Fund in targeting specific communities with new action to help people to improve their health and with support to increase people's access to health services. Abolishing prescription charges will support all patients with chronic illnesses needing more than one prescription, and abolishing home care charges for the disabled will also deliver greater fairness and equity.

Children and young people

My portfolio includes responsibility for children and young people and this is strengthened by the Cabinet Sub-Committee on children and young people which I chair. This has important links with the work of health and social care. The outcome of the Framework Partnerships for children and young people in all local authority areas – which bring together representatives of local authorities, the NHS and the voluntary sector – will be incorporated into the local Health, Social Care and Well Being strategies. The Framework Partnerships also oversee the administration of Cymorth, which aims to provide a network of targeted preventative support to children and young people in addition to the services provided by social services and health professionals. The manifesto pledge to provide breakfast in primary schools will improve the learning as well as the health of our children. The Cabinet Sub-Committee ensures co-ordinated work to deliver the policy agenda across the Assembly's functions. It will be focusing on three themes: transport; exercise and nutrition; and transitions.

Service Quality, Inspection and Regulation

Comprehensive standards of service, regularly and robustly monitored, will increasingly provide patients and service users with a clear picture of the quality and range of services they may expect to receive. Performance management, based on good information systems and a common set of priorities, provides a direct assessment of success and an indication of where further changes may be needed. The quality of all health and social care services is being brought within an enhanced framework of regulation, audit and inspection. The Care Standards Inspectorate (CSIW) and Social Services Inspectorate (SSIW) will work to ensure independent, open and fair regulation is applied across all services, with a level playing field between providers in the public, private and voluntary sectors. There will also be more joint work with the Audit Commission in Wales. Local authorities, equally with NHS trusts, are responding positively to the lessons learnt from this programme. The new Health Inspectorate alongside SSIW and CSIW will be

charged with providing effective regulation of health and other associated social and care organisations, taking into account Welsh circumstances.

Developing primary and community care

Improving Health in Wales highlighted the need to develop primary care services, the sector of the NHS most visited by the public. Improving local and community services will also respond better to people's needs, whether in primary health care or social service support. Effective and responsive local services will help people to deal quickly health needs, reducing pressure on acute services. It will also call on a range of health and social care and other local authority services to assist vulnerable people maintain independent lives in their own homes as far as possible. The new GMS contract for GPs will be instrumental in developing this vital sector and improving the quality of services and access to them. Implementing the primary care action plan and associated strategies, and putting in place the basis to ensure that, by the end of the next four years, no-one in Wales should need to wait more than 24 hours to see a GP or another member of the primary care health team will form part of the implementation plan for this contract.

The acute sector

A steady improvement in the quality of services provided by the acute sector and the efficiency of those services is a major priority. The drive to ensure that long waits are reduced will continue, building on the improvements we have seen in recent months. Minimum standards must be met by all organisations, especially in key disciplines such as cancer and heart disease. The new Health Inspectorate alongside SSIW and CSIW will be charged with providing effective regulation of health and other associated social and care organisations, taking into account Welsh circumstances. The coming years will see the evolution of the new commissioning arrangements involving LHBs and Health Commission Wales to give greater local and national focus, respectively, in commissioning. Financial deficits must cease to exist.

The new and existing organisations need to develop and work effectively; Regional Offices will provide the necessary support and assistance. The Innovations in Care Team will continue to drive forward best practice and innovation across Wales. However, the main drive for change must come from within the organisations themselves, which is why we will invest in success and the performance of organisations through the balanced scorecard approach.

Workforce

In line with increased investment in training and the new clinical schools, a considerable increase in NHS staff has been delivered over recent years. Targets to increase doctors, nurses and other staff will be pursued. The opportunities provided by *Agenda for Change* and the proposed changes to the consultants' contract to develop new, more flexible ways of working will be important to ensuring that modern services are provided in Wales. The All-Wales Workforce Development Group will be developing a model of matching workforce with specific health service requirements which will assist with more sophisticated workforce planning. The Task and Finish Group on the Social

Care Workforce has established a wide-ranging programme to improve skills and aid recruitment and retention in the social care sector.

Capacity

Increasing staff numbers is essential, but the way forward for developing capacity – as set out in *A Question of Balance* – is broader than simply adding more beds and staff to the acute sector. It is important that the next few years deliver real progress on issues identified in that report and by the Wanless report.

Infrastructure

Underpinning all of these improvements is a strong infrastructure and modernised estate. *Informing Healthcare* sets out the way in which improved information management and technology will be established. This is vital right across the health service. The equivalent for social care service is now being developed.

Role of patients and service users

In all this, patients also have an important part to play. The number of appointments which are missed, and operations cancelled, simply because people do not turn up for them must be eradicated. Good work is developing across Wales with hospital booking systems being set up in trusts which meet patients' needs with proven results that they are more likely to attend. But people have responsibilities too, and professional staff have a right to expect that patients keep their side of the treatment bargain. Effective ways of developing the involvement of patients, service users and the public in the design and delivery of health and social care services are required, as a strong voice is in itself a strong incentive for maintaining the quality of services.

Moving forward

All these policies provide immediate and long-term gains for the health and well being of the people in Wales. A proper and constructive debate with scrutiny is necessary during the second Assembly term to build on what has already been achieved and to take forward a uniquely Welsh agenda which effectively addresses the issues we face.

Jane Hutt
Minister for Health and Social Services