

Date: **Wednesday 8 October 2003**

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

Title: **Ministerial Report**

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1. PAY MODERNISATION UPDATE

1.1 Moving Forward with Consultants

Following the announcement at the end of July that agreement had been reached on amendments to the existing consultant contract in Wales. Bro Morgannwg and North West Wales NHS Trusts agreed to pilot the changes from 1 August.

These pilots will run until the end of October when an evaluation will be made on whether the agreement needs amendment. The ballot of all consultants and specialist registrars would then take place sometime in November.

In the meantime a series of roadshows are being held at all Trusts in Wales to explain the agreement to as many medical staff and managers as possible. A CD-Rom containing details of the agreement has been sent to every consultant and specialist registrar in Wales.

1.2 Agenda for Change

Following the outline agreement reached in November 2002 staff organisations have consulted their members and completed ballots. All unions, with the exception of the Society of Radiographers and UCATT, have approved the new system by significant majorities. Unison and Amicus are to hold a further ballot, probably around April next year following a review of early implementation in England, to decide whether to approve full roll-out.

On 11 June, approval was formally given to go ahead with implementation; this also triggered the payment of the first 3.225% general pay increase of the three-year 10% pay deal to staff. The twelve Early Implementer (EI) sites in England have begun implementation with new pay bandings effective from 1 June. Many useful lessons for implementation in Wales are already emerging from the EI sites.

Ian Stead has taken up post as Director of Pay Modernisation covering implementation of Agenda for Change as well as any agreed changes to the consultants' contract. Over the past few months a series of briefings have been given to managers and staff representatives in Trusts and other organisations throughout Wales to assist them in their implementation planning.

A sub-committee of the Partnership Forum meets regularly to review the implementation plans and help to ensure a consistent approach to Agenda for Change in Wales. A project board is being established which will formally oversee the implementation made up of senior managers and staff representatives.

A small implementation team is being recruited at present which will assist trusts in introducing the new system with an implementation date of October 2004 (in Wales). Training in such skills as job evaluation and the use of the Knowledge and Skills Framework will be key elements of this.

Information from Early Implementer sites is being circulated to HR directors and partnership forum members as soon as it becomes available on job matching issues, implementation processes, dealing with difficulties etc. A web-site has been established on HOWIS to enable interested parties to gain access to information including links to the DoH web-site.

1.3 GMS Contract

Work on the new GMS contract has continued over the summer. The second reading of the Health and Social Care (Community and Health Standards) Bill took place in the House of Lords on 8 September and the earliest we can expect the Bill to receive Royal Assent is November. Officials are working with their counterparts in other health departments to prepare regulations and guidance that will follow the Act. Legislation will be implemented on a phased basis and priority will be given to Instruments required before 1 April to set up the contract. The timetable remains tight, but I hope that Members will continue to be supportive of these measures to ensure that Wales benefits at the same time as the rest of the UK.

Meetings at UK level between the NHS Confederation and the BMA resumed in September and a programme of meetings has been scheduled for the coming months. These meetings will consider detailed financial mechanisms and the programme of secondary legislation. The Welsh Implementation Project is concentrating on preparing LHBs and practices for the change. LHBs will be responsible for negotiating contracts with every GP practice in Wales over the next 6 months.

Some of the changes do not need to wait until April 2004. New funding will begin to flow very soon through quality preparation payments, improved seniority payments and a new package of enhanced services. Enhanced services are those services that lie outside mainstream GMS eg funding for improved access and INR monitoring (for patients who need blood thinning drugs). This will provide a funded expansion of primary care. I am investing £7m and I hope to be able to make a formal announcement shortly.

2 UPDATE ON NATIONAL SERVICE FRAMEWORKS (NSF)

2.1 Mental Health

The Mental Health NSF for working age adults was published on the 29 May 2002.

Mental Health Strategies relating to working age adults and Child and Adolescent Mental Health Services (CAHMS) were published September 2001.

External '**Implementation Advisory Groups**' (IAG) have been established to oversee and advise on implementation of the mental health strategies and NSF.

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.

An independent 'baseline assessment' of working age adult mental health services across Wales has begun and is being undertaken by the Audit Commission. This will be one of the most comprehensive reviews of mental health services ever conducted in Wales. It will be completed by October 2004.

Guidance on introducing the **Care Programme Approach** (CPA) has been issued in early 2003. A series of training/awareness seminars was also held across Wales. CPA is due to be fully introduced across Wales by December 2004.

Secondees - A team of 5 people, incorporating a service user, a carer and representatives from a NHS Trust, Local Authority and the voluntary sector, were seconded on a part time basis to the Assembly in February 2002. The aim of this team is to work with officials using their specialist knowledge and network of contacts to identify problems obstructing implementation of the working age adult's strategy and NSF and devise solutions to them.

Three of the original team are no longer seconded to the Assembly. Alun Davies was needed by his Trust (NW Wales) on a permanent basis, Bernard Boniface was appointed to a new role within Cardiff County Council and Zoë Thomas resigned. Robin Holden, from Conwy and Denbighshire NHS Trust, has recently been appointed on part time secondment basis to replace Alun Davies, and further consideration is being given to replacing Bernard and Zoë.

The secondee team will be working closely with the new Director of mental health to take forward a strengthened National Service Framework. A new post, Director of Mental Health, has been established that is a first for Wales. Mr. Phil Chick, the Director came into post on 2 June 2003. An '**All Wales Primary Care Mental Health Network**' has now been established, and is being supported by the Assembly Government.

Guidance has been produced on commissioning both adult mental health services and CAMHS. Both advisory groups were involved in drawing up this guidance.

An Anti Discrimination Action Team has been established as a sub-group of the wider advisory group to consider how best to take forward the NSF standard relating to stigma and social inclusion. A paper '**Combating Stigma and Discrimination in Wales**' has been produced and its proposals are currently being evaluated by the mental health policy branch in consultation with the Health Promotion Division.

A further sub-group has been established to explore ways of taking forward the standard on service user

and carer empowerment. The sub-group is developing a draft '**Charter for Service User and Carer Participation**' along with a 'Checklist' for service providers entitled, 'How Good Is Your Involvement of Service Users and Carers'. It is the intention to issue this as part of a policy implementation guidance document within the next year.

Draft guidance has also been developed relating to Hospital Advocacy services, drawing on research from the University of Durham Report. Assembly officials and the Implementation Advisory Group are considering these proposals.

2.2 Diabetes

The Diabetes NSF Delivery Strategy was launched in March 2003, and work is now progressing on the issues relating to its implementation over the next ten years.

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, as will the Delivery Strategy Document. Other developments include a training resource for practice nurses, a GP training course, support for ethnic and other vulnerable groups, and support for LHB's to help establish Local Diabetes Service Advisory Groups (LDSAG's) and patient reference groups.

The Expert Patient Programme, also known as self management programmes has two pilot sites in Wales, one in Swansea, one in Caernarfon providing an opportunity to evaluate urban and rural settings. These schemes will be evaluated in March 2004. It will be important to learn lessons from these schemes.

As part of this, the final year of Diabetes NSF funding, we are to provide funding to extend the training of facilitators to other areas of Wales. This will be generic training but several of the facilitators will be people with diabetes.

The programme provide training and education for people to develop the confidence and motivation to use their skills and knowledge to take effective control over living with a chronic illness.

The LHB structure provides a basis for close partnership working with local health, social care, voluntary organisations, community groups and community health councils. Communication and publicity is a vital issue to ensure that people are made aware of the programmes and the areas where they are available

2.3 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.

Invitations to join the **Implementation Planning Group** have been issued and nominations from key partners across Wales are awaited. A project manager will be starting on 1 October 2003 and the first Implementation Planning Group meeting will be held in October 2003.

2.4 Children

Standards are currently being developed by six external working groups. It is anticipated that drafting will be completed by the end of December 2003 and that the final document will be ready for consultation at the end of May 2004.

A Medicines Group is being established to support the work of the external working groups. Membership of the Medicines Group has now almost been completed and the inaugural meeting will take place on 25th September.

A Workforce Development Group is also being established to support the work of the external working groups. Membership of the Workforce Development Group is also nearly complete. Terms of Reference for the group have been written and it is hoped the first meeting will take place at the end of September.

Consultation exercises with children, young people and carers remain on-going. Final reports on all consultation exercises will be published during the autumn.

A conference on the 20 November will be held at the International Arena, Cardiff '**Gearing up for the National Service Framework: Emerging Themes for Disabled Children**'. This conference is being centred around disabled children, as it is International Year of the Disabled.

A self-assessment audit tool is being developed in conjunction with the NPHS that will be published at the same time as the standards in January 2005. The audit tool will assist local areas in assessing progress in achieving the standards and will also act as a commissioning tool.

3. SINGLE USE INSTRUMENTS FOR TONSILLECTOMIES

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 Creutzfeldt-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 and routine operations have re-commenced.

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. TEENAGE CONCEPTIONS

Teenage conception rates have reduced for the third successive year. In 2001, the conception rate for the under 18s was 45 (per 1,000 females aged 15-17). The latest figure is 20 per cent lower than the 'peak' 1998 level as well as being just below the previous 'low', 1994 level.

The gap between England and Wales has narrowed further - the rate for Wales is now 7 per cent higher than the English rate (of 42 per 1,000 females aged 15-17). This compares well with previous results e.g. in 1998 it was 20 per cent higher.

Rates for under 16s and under 20s follow broadly similar patterns.

This is very welcome news. One of the objectives set out in the *strategic framework for promoting sexual health in Wales* is to reduce teenage conception rates.

£2.5 million has been invested to support the Strategy over the past three years. Work taken forward includes:

- sex and relationships education projects in schools and in the community;
- increasing access to sexual health information and advice through the development of services specifically for young people;
- greater availability and awareness of emergency contraception through patient group directions and campaigns;
- and a grant scheme for innovative projects which makes condoms more accessible to those most vulnerable to teenage pregnancy and sexually transmitted infection.

Teenage pregnancy will continue to be addressed through the Sexual Health Strategy and through three different modules of the Children's National Service Framework - the Healthy Child, Children and Young People in Special Circumstances, and Maternity.

In addition, the Strategy for combating child poverty in Wales will recognise the link between teenage parenthood, poor educational attainment and poverty in adult life.

Joint Circular on Education for Teenage Parents

General consultation on the content of proposed guidance for the 'Education of Young Parents' began in April this year. The aim of this guidance is to help ensure that young parents have access to education, training and employment, to reduce their risks of long term social exclusion. It is intended that formal consultation will begin, alongside other pupil support guidance, later this autumn with the final guidance to be produced in early 2004.

5. BUILDING STRONG BRIDGES

Building Strong Bridges was launched in October 2002 it aims to provide an opportunity to build strong bridges between the NHS and the voluntary sector at national and local levels. The Report contained twenty three recommendations outlining how partnership working can be delivered to ensure that the voluntary sector's contribution is strengthened by being fully involved in new structures and systems being established.

The achievements to date include the development of an Action plan in which good progress has been made against each of the recommendations. At the local level Health & Social Care Facilitators for all twenty two LHBs have been recruited and at the national level financial support was provided to the WCVA to appoint a health and social care co-ordinator, to develop stronger national and local links.

6 PALLIATIVE CARE

6.1 Funding

I announced in January 2003 that £10 million would be made available to voluntary hospices providing palliative hospice care services in Wales. The funding, which extends over three-years on a match-funding basis, provides long-term stability. In the first year alone, we are giving £1,999,563 to 22 hospices.

6.2 Strategy

The Assembly is planning to set up an Implementation Group, as with other strategies, which would be responsible for the development of an implementation plan for this strategy published in February this year. This group will be a multi-disciplinary group including the regional cancer network managers,

LHB representative, Welsh Association of Hospice Palliative Care and voluntary organisations.

7. MAKING CHILDREN'S SERVICES SPECIAL (MANAGED CLINICAL NETWORKS FOR TERTIARY SERVICES FOR CHILDREN)

On 23 October 2002 I announced the way forward for specialised health services for children in Wales. This follows the review carried out by Specialised Health Services Commission Wales (SHSCW) now Health Commission Wales (HCW) on behalf of the then 5 Health Authorities. The outcome of this review and the public consultation that followed agreed that the way forward was to develop Managed Clinical Networks (MCN's). A 2 year project was proposed. A Project Manager has been appointed and has taken up post in August 03.

The project plan is currently being developed and will be presented to the Project Board which oversees the Project in October. This Board is chaired by the Chief Medical Officer. Invitations have gone out to all stakeholders to form the Project Team which will provide the external reference group for the Project.

Between September and December the Project Manager will scope the project, emphasising the involvement of key stakeholder and with particular reference to the involvement of children, young people and their families in the planning and development of the aforementioned MCN's. The Project Manager is working closely with the newly appointed Director of Healthcare Services for Children and Young People and with the Project Manager for the Children's NSF.

Implementation of the Project will start in the New Year following the appointment of the External Working Group (EWG) Chairs for each speciality included in the Project.

The following services have been identified as the priorities for needing MCNs to deliver effective, safe, high quality specialist services to children and young people across Wales:

- Neonatal Services
- Paediatric Neurosurgery
- Paediatric Oncology and palliative care
- Paediatric Nephrology
- Paediatric Intensive Care
- Paediatric specialist surgery
- Paediatric specialist medicine
- Paediatric plastic surgery and burns.

8. DAYCARE REGULATIONS

At the National Eisteddfod on 6 August, I announced changes to the regulations and minimum standards that childcare providers must meet. These alter the deadline by which playleaders must obtain a level 3 qualification, from April 2005 to April 2008.

We are simplifying the registration process for volunteer committees that do not care for children directly, recognising that the most important test of suitability is on the person in day to day charge.

We are ending the requirement for childminders and day care providers to evidence bank references before registration can be considered.

We are making provision to provide the Care Standards Inspectorate for Wales with discretion to consider registration of applicants that would otherwise be automatically disqualified.

The Cabinet agreed the use of the Executive Procedure for the most urgent changes, though there will be plenary debate.

I also announced that we will be consulting on a more wide-ranging review of the regulations and minimum standards, and that childcare facilities provided by schools will be brought into the regulatory framework by next April.

9. RESPONSE TO THE CHILDREN'S COMMISSIONER REPORT – *TELLING CONCERNS*

In July, I agreed to all five recommendations concerning advocacy and complaints systems directed to the Assembly Government by the Children's Commissioner's in his Report '*Telling Concerns*'.

The report, published in February, looked at the local authority arrangements for complaints, advocacy and whistleblowing. The report makes 65 recommendations, of which 39 relate to advocacy. Five recommendations made to the Welsh Assembly Government were considered by Cabinet and accepted.

In 2004, an Advocacy Unit will be established to work with the Advocacy Task Force and children and young people in developing and promoting excellence in advocacy service across Wales. Significant progress has been made. National Standards for children's advocacy in social services settings were issued in February and subsequently adopted by the health service. A major study has been commissioned to map advocacy provision for children in social care, education and health services; to identify service models and consider their effectiveness; and to seek children's views on services. We shall shortly be consulting on new regulations, to be made under the Adoption and Children Act, to make advocacy a statutory right for our most vulnerable children, children in need, including those looked after and care leavers.

I place great importance on advocacy to safeguard children and young people from poor practice and unfair, abusive treatment. Our commitment to extend advocacy more widely to children and young people will provide them with a stronger voice in making representations and complaints and in influencing the planning and delivery of services.

10. COMMISSIONER FOR OLDER PEOPLE IN WALES

I have now established a Task and Finish Advisory Group with relevant representation to consider the status, powers, role and responsibilities of such an Older People's Commissioner. The Group, which is chaired by John Griffiths, met for the first time on 2 October 2003. It has a further meetings planned between October and January 2004. I have asked for it to report to me by the end of March 2004.

11. EXAMINATION OF ARRANGEMENTS MADE BY CARDIFF AND THE VALE OF GLAMORGAN FOR SAFEGUARDING OLDER PEOPLE IN HAFOD HOMES

Care Standards Inspectorate for Wales (CSIW) continue to follow up the recommendations of the Social Services Inspectorate Wales (SSIW) Report 'Examination of arrangements made by Cardiff and Vale of Glamorgan for safeguarding older people in Hafod homes'. The Vale of Glamorgan Council and Hafod have developed new arrangements whereby the staff and the registered managers are employed by the Vale of Glamorgan. Hafod remains the registered provider and has full responsibility for ensuring compliance with the Care Standards Act. This arrangement has been finalised with CSIW.

Whilst CSIW is satisfied that service users health and welfare needs are being met there are some outstanding issues to be resolved in respect of the Hafod homes in Cardiff. CSIW has received further legal advice. CSIW is now in the process of determining a number of applications for registration from Hafod managers and are discussing matters further with Hafod. CSIW is seeking to resolve these outstanding issues as a matter of urgency.

12. INSPECTION REPORTS

The Social Services Inspectorate published the following inspection reports in August:

- i. Best Value Inspection: Review of Children's Services in the Vale of Glamorgan County Borough Council: this report assesses the authority as providing a fair service with uncertain prospects for further improvement. While there is still much to do, this confirms the steady progress since the joint review in 2000. The Council's social services have now moved out of the categories of serious concern. I look forward to further progress.
- ii. Inspection of child protection services in the City and County of Swansea: this report found that the Council is serving well most of the children in the area who are in need of protection. The prospects for further improvement are described as promising.

13. INFORMING SOCIAL CARE

I launched in September a consultation document on 'Informing Social Care'. This asks people to come forward and give their views on some principal themes relating to information systems within the social care sector. The consultation document sets out the challenges now facing social services departments as they consider the next generation of information systems and looks at information sharing, the security

of information and the importance of quality information to management decision making.

As part of the e-government agenda 'Informing Social Care' provides the basis for improvements to information systems. It will also improve the ways in which information can be made to work not only not only for social work professionals but also for those who use the services and have to link to those services. This reflects my determination to see seamless services provided to vulnerable people of all ages in Wales. It is being developed to complement the companion document 'Informing Health Care' and will complete the vision of comprehensive and effective information systems leading the way towards continuous improvement in health and social care services.

14. DELAYED TRANSFERS OF CARE

Delayed Transfers of Care is one of the areas which is already benefiting from closer working between health and social care.

One of the recommendations in the Review of Health and Social Care was the provision of additional funding to tackle delayed transfers of care. In July 2003, I announced additional funding of £4 million to address urgent reductions in delayed transfers of care.

I asked Jane Jeffs to chair a panel to assess bids for funding on the basis of whether these bids had the potential to produce real reductions in the numbers of delayed transfers of care.

£2.7 million has already been allocated for specific projects and the remaining £1.3 million will be allocated shortly.

15. RAISING STANDARDS IN SOCIAL CARE – EXTENSION OF REGISTRATION ACROSS THE SOCIAL CARE WORKFORCE

It is the duty of the Care Council for Wales to promote high standards of conduct and practice among social care workers and high standards in their training. The Council is required to maintain a register of social workers, and a register of social care workers of any other description specified by order, by the appropriate Minister.

Now that the Council has opened the register for social workers, I want us to move towards our objective of inclusive registration of the social care workforce. In the first instance I want to focus on those staff defined at sections 55 2(b)(c)(d) of the Care Standards Act 2000 as social care workers with specific reference to:

- those working in direct care roles in children's homes and care homes and managers of those settings
- staff and managers in domiciliary care.

In particular, I will be giving priority to those working in residential childcare settings. I aim to have all relevant parts of the register open by late 2006 with the first tranche of registration will begin in autumn/winter 2004. I want us to have a programme for registration, which is robust and credible, and fit for its purpose in Wales and which contributes to ensuring vulnerable people are properly protected.

I have written to the Care Council for Wales seeking their views on the scope and pace for the extension of registration including fee levels in order that we may move forward on this important development. I also wish to ensure that the standards that are set are coherent with other standards particularly those set in our National Minimum Standards and our National Training Targets as well as with the Council's work on induction and qualification frameworks.

Once I have received the Council's advice I will be determining the timetable for the opening of the relevant parts of the register and bringing forward legislation to effect that opening.

Social work students get funding boost

I announced on 30 September that from 2004 Social Work students who normally reside in Wales will be able to apply for funding for their studies.

This follows a review that has been carried out into the current funding scheme which formed part of the reform of social work training in Wales.

Social work is important and valuable work and we want to do all we can to support and encourage people to enter the profession. That is why we are introducing a new funding scheme to coincide with the introduction of new degree level training. Students on post graduate courses already receive bursary funding but from 2004 students starting or already on current non-graduate/undergraduate Diploma in Social Work Courses and those starting on the new social work degree will also be eligible to apply for non-means tested funding. From 2004 payments of £2,500 per year of study will be available for students. They will also have the chance to have their fees, up to a maximum of £1,100 paid if they cannot claim these from elsewhere and as is currently the case students will also be able to claim travelling expenses.

Social workers provide an invaluable service to people from all walks of life across Wales and I hope this funding boost will help attract more people to join the profession.

16. MODERNISATION OF PHARMACY SERVICES

The first automated pharmacy system has now been installed at West Wales General Hospital. The introduction of automation will allow pharmacists to spend less time on routine tasks and more time helping patients to understand their medication. It will also improve patient safety by reducing prescribing errors. Further systems are being installed at Llandough Hospital during September and Ysbyty Glan Clwyd in October.

INFORMATION REQUESTED AT THE LAST COMMITTEE

17. REPORT OF EQUAL OPPORTUNITIES COMMITTEE ON SERVICES FOR GYPSIES AND TRAVELLERS

The Gypsy and Travellers report and its recommendations will form the basis for further work in this area. We will set up a task and finish group with specific terms of reference to consider the health actions identified in the report and the actions that may be necessary. This will be done in partnership with the National Public Health Service

18. INFORMATION ON ACTION TO REDUCE EXPENDITURE ON AGENCY NURSES

A report will be provided next month.

19. HEPATITIS C – FINANCIAL IMPLICATIONS

On 29 August, I announced that the Assembly will be working closely with the Department of Health and other health administrations to work out ex gratia payments for people infected with Hepatitis C through blood or blood products by the NHS.

20. BUDGET TRANSFERS

In accordance with Standing Order 19.5 and 19.6, this is to inform the Committee of the following transfer of resources affecting the health & social services main expenditure group in the current financial year.

Amount of Transfer	Transfer From	Transfer To	Reason For Transfer
£50,000	Health & Social Services MEG Childrens SEG Services for Children BEL	Health & Social Services MEG Social Services Inspectorate (Wales) SEG Social Services Workforce & Quality BEL	To meet the costs of employing Ms Adrienne Woolfe as a Children First Development Officer. Ms Woolfe is on secondment from Barnados.

£69,000	<p>Health & Social Services MEG LHB's & NHS Trusts SEG</p> <p>LHB's Trusts and Central Budgets Revenue Expenditure BEL</p>	<p>Health & Social Services MEG Childrens SEG Services for Children BEL</p>	<p>To cover the estimated costs for consultation events planned as part of the work undertaken within the NSF for Children.</p>
£100,000	<p>Health & Social Services MEG Other Health & Social Services SEG Older Persons Strategy BEL</p>	<p>Economic Development & Transport MEG Trunk Roads, Motorways and Transport SEG Public Transport Direct Support Grants BEL</p>	<p>To pay grants to successful applicants under the one-off scheme to support voluntary transport schemes that help older people. The scheme is intended to help local groups to maintain, adapt and improve their transport facilities available locally.</p>

21. NEXT MEETING

The next Report on 5 November will be focusing on the First Minister's Strategic Plan. You will also wish to note that there will be a presentation on the Action Plan on the Review of Health & Social Care in Wales, advised by Derek Wanless.