

Health and Social Services Committee

HSS(2)-08-05(p.6)

Date: Wednesday 22 June 2005

Venue: Committee Room 2, National Assembly for Wales

Title: Ministerial Update

1. Hospital Discharge Planning Guidance
2. Welsh Language in Healthcare Conference and Awards
3. Telehealth
4. Launch of new pharmacy dispensing robot
5. Hillside Secure Centre
6. Meeting with Dr Frank Wells - Wales Cancer Bank
7. Inspection of Services for Disabled Children in Ceredigion County Council
8. New musculoskeletal physiotherapy service
9. Want 2 Work Launch - Merthyr
10. 'An Acute Problem' A Report of the National confidential enquiry into patient outcome and death
11. Food Standards Agency Legislation
12. Update on the implementation of Children Act 2004

1. HOSPITAL DISCHARGE PLANNING GUIDANCE

1.1 Updated hospital discharge planning guidance was issued in April as a joint Welsh Health Circular/ National Assembly for Wales Circular. The guidance requires NHS Trusts and Local Health Boards to work with their partner local authorities to review current hospital discharge policies, and to work together to deliver timely assessment, planning and commissioning arrangements to support discharge from hospital. The issue of this guidance supports the recommendation that actions are necessary to improve the discharge process identified within the Committee report on *The Review of the Interface between Health and Social Care*. The implementation of the discharge planning guidance is supported by the Innovations in Care Good Practice Guide issued in October 2004, which provides practical advice and support and improvement tools relating to patient flow and discharge planning.

2. WELSH LANGUAGE IN HEALTHCARE CONFERENCE AND AWARDS

2.1 Over 150 people attended the Annual Conference and Awards Ceremony held on May 26th 2005.

The conference provided an opportunity to review progress in implementing Welsh Language Schemes, share good practice and consider the findings of the research work into Welsh language awareness within the NHS in Wales. Workshop sessions focused on issues, such as speech and language services, mental health services and the role of higher and further education sector.

2.2 The Healthcare Awards highlight and reward good practice from which the sector can benefit. This year sixty nominations were received, from organisations across Wales. Deputy Minister John Griffiths AM and Richard Greville, ABPI presented awards to the following:

- Best Implemented New Initiative – Ophthalmology and Corporate Communications Department, North West Wales Trust
- Recruitment and Retention Schemes for Welsh Speaking Staff - Recruitment Department, Conwy and Denbighshire NHS Trust
- The Learning Environment and Commitment to use Welsh at Work - Training and Development Team, North West Wales NHS Trust
- Innovative Practice in Primary Care - Dyfed Road Surgery, Neath
- Improving Access to Effective Bilingual Communications - Administration Department, Bro Morgannwg NHS Trust
- Welsh Language in Healthcare in Education - Welsh School of Pharmacy, Cardiff University
- Overall Achievement - North East Wales NHS Trust.

3. TELEHEALTH

3.1 Wales has been at the forefront of telemedicine development in the UK for a number of years, starting with the Tele-Education and Medicine Team Project in the mid-1990s, which considered the potential for telemedicine and Tele-education in a rural setting. This was followed by the Keeping Care Local Project and Transforming Local Care Project.

3.2 In 2000 the Welsh Assembly Government announced a centrally supported and part funded All Wales Telemedicine and Telecare Programme. The Team, leading this Programme, has been responsible for the implementation and strategy development and co-ordination of telemedicine and Telecare services across Wales. Whilst Deputy Minister for Health, I chaired the All-Wales Telemedicine and Telecare Programme (currently being chaired by an active Chief Executive of a Welsh NHS Trust), which was instrumental in developing a Programme which included Demonstrator Projects for North Wales Tele-dermatology and Minor Injuries; Pembrokeshire to Powys, Patients to Powys; and Burns/ Paediatric Intensive Care. The Programme, which was completed in March 2004, also developed a technically advanced videoconferencing network that is available to NHS Organisations in Wales and has published a number of service orientated, evidence based advisory documents. The Project was closed in time and on budget with all its deliverables achieved.

3.3 In 2004 Management Board agreed an allocation of £1 million recurrent annually, to enable an ongoing programme of work. The All-Wales Telehealth Programme encompasses the following

activities:

- Programme management and co-ordination
- Telehealth Wales strategy and development
- Telehealth Awareness Activities
- Linkage to Designed for Life, Wanless and Informing Healthcare
- Intelligence Gathering/Horizon Scanning and Knowledge Gain
- Linkage/Liaison Europe E-Health and Telehealth Activity
- Telehealth R&D
- Support of Telehealth Wales Projects, including the procurement, implementation and commissioning of the Welsh Health Video Service (which the Minister launched on 19th May 2005)
- Staff Training/Education

3.4 In the recent Ministerial announcement dated 16th March 2005, on the scope and focus on the capital programme, an additional £2.7 million has been earmarked for an extended programme of Telehealth related activity which will include:

- Remote mental health services from GP practices to acute care
- Expanding the Welsh Health Video Service to desktop PC's in GP practices.
- Primary Care Clusters VideoClinics Demonstrator providing traditional acute sector services locally in the community.
- Cancer Genetics Counselling in North West Wales.
- Paediatric Cardiology from UHW, Cardiff to Swansea and Carmarthen.
- Skin Cancer Service from Swansea to Ceredigion.
- Home monitoring for Asthma, Chronic Obstructive Pulmonary Disease, Hypertensive Diabetes and Renal Dialysis.
- Trust/LHB Telehealth Co-ordinators and Assembly Regional Development Officers Training Programme.
- Developing definitions for recording and analysing Telehealth activities.

3.5 Recently Telehealth/Telemedicine was discussed at the most recent British-Irish Council (BIC) Summit. BIC recognised the potential of Telehealth to modernise the delivery of health and social care and that successful implementation of telemedicine relies on investment in the associated information and communications technology infrastructure. The Council has agreed to the development of an ongoing programme of collaboration and joint working between the member states.

3.6 NHS Wales is now at an advanced stage of Telehealth development and implementation of the pre-requisite infrastructure. The technologies and expertise that exist in Wales could now be fully utilised in modernising NHS Wales and addressing the Wanless recommendations, by permitting access to expert medical opinion and specialist services anywhere in Wales.

4. LAUNCH OF NEW PHARMACY DISPENSING ROBOT

4.1 Hospital and community pharmacy services are under severe pressure throughout the UK. The main reason is that prescribing volumes have increased steadily whilst pharmacy staffing numbers have not kept pace.

4.2 In November 2001 the Audit Commission published *A spoonful of sugar* - its report on medicines management in NHS hospitals. The commission highlighted the incidence of medication errors and drew attention to their human, organisational and financial costs. The commission recommended that additional pharmacy staff time needs to be invested at ward level to help reduce the incidence of medication errors but recognised that this would be impossible to achieve against the current workforce situation: it therefore recommended the automation of hospital pharmacy services. The same recommendation was also made in the *Task and Finish Report on Prescribing*.

4.3 In January 2002 the Minister for Health and Social Services announced that the Assembly was providing funding of £500k per annum for 5 years to pilot automated pharmacy systems (APS), which dispense original packs. The APS was installed in three Welsh hospitals – Carmarthen, Glan Clwyd and Llandough. A project board, chaired by the Chief Executive of Carmarthen NHS Trust, oversaw the scheme.

4.4 Capital funding to the sum of £1.333 million was allocated in 2004/5 for the second phase. Three hospitals were chosen for this phase; Princess of Wales, Royal Glamorgan, and Royal Gwent. All three have been installed and are in use. On 8th June I launched the APS at the Princess of Wales and arrangements are also being made for me to launch the robots at Royal Glamorgan and Royal Gwent Hospitals.

4.5 The Assembly is funding the scheme with the expectation that the staff time released will be re-deployed at ward level to contribute to a more comprehensive pharmacy service as advocated by the Audit Commission in *A spoonful of sugar*. The pharmacy staff have been reassured that there is no intention to reduce pharmacy-staffing levels as a result of the installation of the APS.

4.6 A multi-centre R&D project to establish the benefits and costs of the APS was established in phase 1. The brief for the R&D Project was to establish:

- Whether the introduction of an APS leads to a smarter way of working,
- How much pharmacy staff time is released,
- Whether an APS represents value for money.

4.7 This early evaluation discovered that several early benefits were realised with faster turnaround times in dispensing drugs to patients and pharmacy staff being released to work on the wards. Further benefits are expected to emerge over time when the systems have been fully integrated into the departments' day to day operation.

4.8 With regard to the future, further rollout of the APS to the remaining Trusts in Wales will be considered in light of the full and final evaluation of Phase 2.

5. INSPECTION OF HILLSIDE SECURE CENTRE, NEATH

Introduction

5.1 This Triennial inspection was undertaken in October 2003 and February 2004 by the Social Services Inspectorate for Wales, the Care Standards Inspectorate for Wales, and Estyn, the Education Inspectorate for Wales.

5.2 The purpose of the inspection was to obtain information about the nature, range and quality of services provided by the secure centre for children and young people whose liberty is restricted.

Findings

5.3 This inspection showed that Hillside provides a satisfactory standard of care with some aspects of work being carried out to a high standard. Most of the recommendations from the previous inspection have been implemented.

5.4 Practice development, safety and security are given priority and progress is being made across a range of areas. There is clarity about managerial and supervisory roles along with improvement in the number of staff who have professional qualifications. There are also personal risk assessments on all young people and imminent improvement in access to psychology services.

5.5 Some areas of work continue to pose a significant challenge to managers. These include:

- recruitment and retention of staff
- providing therapeutic work of a consistently high standard
- ensuring education and care staff work together effectively
- evaluating practice and measuring outcomes for children.

5.6 Feedback from young people indicated a high level of satisfaction with the care they receive at Hillside. Most felt that staff listened to them, felt they got on well with staff and were able to contribute to their personal plans. Feedback from placing authorities indicated they were generally satisfied with the service provided. Some authorities would like to see "therapy" given a higher priority and would welcome an up to date information pack and end of placement review.

5.7 Neath Port Talbot, the Council responsible for the centre, along with the manager and staff at Hillside, have taken seriously the findings of the report and developed an action plan to meet the recommendations set out in the inspection report. There has been progress since the inspection with

some aspects of the action plan being implemented to improve services.

5.8 As a result of this inspection the approval for the Centre to continue to provide secure accommodation for up to 18 residents has been granted up until November 2006.

6. MEETING WITH FRANK WELLS, WALES CANCER BANK

Background

6.1 The Minister met with Dr Frank Wells, Chairman of the Wales Cancer Bank (WCB) on 17 May 2005 to discuss the operation and funding of the WCB.

6.2 The WCB was established in April 2003. Assembly funding of £459k per year has been agreed from April 2003 until 31st March 2006 by top-slicing the LHB budget. The ultimate aim of WCB is to collect and store cancer tumour, tissue, and blood samples from consenting patients, allowing analysis to determine the most appropriate type of treatment for patients.

Operational matters

6.3 The WCB has made good progress over the past 6 months and has now started collecting samples in all four pilot sites – Cardiff, Swansea, Bangor and Haverfordwest. The implementation of the Wales Cancer Bank has moved ahead of its English counterpart and is leading the way in national tissue banking in the UK.

Status of the WCB

6.4 The legal status of the WCB is currently being discussed. The WCB aims to become part of the services provided by the NHS. However, the WCB is also exploring the possibility of changing its status to become a company limited by guarantee with charitable status. The WCB is currently seeking legal advice to identify the feasibility of these two proposals.

Funding

6.5 Funding for the WCB is secured until 31 March 2006. Continuation of funding for the WCB is currently being discussed. The WCB is aiming to expand their activities and roll the project out to 6 new geographic sites in Wales from April 2006. In order to do this, they would require in excess of £ 1 million per year.

7. INSPECTION OF SERVICES FOR DISABLED CHILDREN IN CEREDIGION

7.1 Ceredigion Council has a strong commitment to providing effective services for disabled children

but there is room for improvement, according to an inspection undertaken by the Social Services Inspectorate for Wales (SSIW) in collaboration with the Commission for Health Improvement and Estyn (the education inspectorate).

FINDINGS

7.2 Inspectors found a range of support services for disabled children and their families that were generally sound, with some examples of some very well resourced services for children with complex needs. The authority needs to improve the quality and consistency of assessments of disabled children, making use of the same assessment framework as their child care colleagues. Greater involvement of children and their families should be part of the improvements in multi-agency planning, commissioning and development of services. This would build on the strong ethos of joint working between the authority and its partner agencies.

7.3 Ceredigion County Council has drawn up an action plan to meet the recommendations of the report and has already made improvements.

8. NEW MUSCULOSKELETAL PHYSIOTHERAPY SERVICE

8.1 This is a dynamic new service for Newport patients with musculoskeletal problems is being set up in a joint venture between Newport Local Health Board and Gwent Healthcare NHS Trust. (The service is already established in Caerphilly, and will commence in Torfaen in June 2005).

8.2 The aim of the service is to provide early assessment and treatment for patients with musculoskeletal problems who do not need the skills and expertise of an orthopaedic surgeon to manage their problem.

8.3 Lorraine Warr, the first Consultant Physiotherapist to be appointed in Wales, will lead the Newport and Torfaen teams which will consist of Clinical Specialist Physiotherapists and Podiatrists, and GPSIs. (A second Consultant Physiotherapist, Bill Orr will lead the Caerphilly service).

8.4 It is expected that this new service will have a dual impact:

- It will ensure short waiting times for assessment and treatment, with patients being offered an appointment within six weeks of referral.
- It will reduce the number of patients added to the orthopaedic waiting list, and therefore lead to a reduction in waiting times to see a consultant surgeon.

8.5 Starting on 5th April about 1,000 patients are expected to use this new service in Newport each year. The service will be based at St Woolos Hospital, and will run weekly specialist assessment clinics, with additional mainstream physiotherapy and podiatry sessions throughout the week.

8.6 A 'Physio Direct' telephone advice service for patients with musculoskeletal problems is also being

planned. This service will allow patients to talk to a physiotherapist who can, if appropriate, follow up this initial consultation with a face-to-face appointment. From there patients are either treated within the physiotherapy service or referred to another appropriate health professional. This self-referral service will relieve pressure on GP appointments and thus save time for GPs.

9. WANT TO WORK INITIATIVE

9.1 Working in partnership with Jobcentre Plus, the Assembly Government launched *Want2Work* in May as a joint initiative to help economically inactive people to move into employment. Operating in specific wards within the Merthyr Tydfil, Neath Port Talbot and Cardiff areas, it brings together local employment services and local health services in a community based initiative supported by European Structural Funds.

9.2 A package of support is available to help people to move from benefits to employment. In addition to financial support, it includes community-based support and advice to aid access into learning and voluntary opportunities, short bursts of training to meet immediate needs linked directly to employment and confidence building support. The Local Health Boards in each of the three pilot areas will use a health professional to deliver appropriate advice and support on health and lifestyle related topics to users of Jobcentre Plus services to help overcome health and health-related issues that could be barriers to returning to work.

9.3 *Want2Work* illustrates well the scope to make better connections between different public services as part of a more integrated approach to policies and programmes. It is also an example of organisations responding to *Health Challenge Wales* by providing more help for people to look after their health and breaks new ground by using Jobcentres as a channel to reach people with health advice and information.

10. 'AN ACUTE PROBLEM' – A REPORT OF THE NATIONAL CONFIDENTIAL ENQUIRY INTO PATIENT OUTCOME AND DEATH

10.1 The National Confidential Enquiry into Patient Outcome and Death (NCEPOD) launched its report, 'An Acute Problem?' on 12th May 05. 'An Acute Problem?' is the second study relating to the review of medical cases. It has been designed to link together the provision of critical care facilities with the care of severely ill medical patients throughout hospitals. The study aimed to include general intensive care units (ICUs) in all hospitals in England, Wales, Northern Ireland, Guernsey, the Isle of Man, the Defence Secondary Care Agency and those hospitals in the independent sector that participate in the work of NCEPOD.

10.2 The data was aggregated and anonymised prior to analysis and there were no findings specific to services in Wales. The study covered 1,677 medical cases which were admitted to intensive care in one month, June 2003. Of these cases, 560 patients died, from which 439 were then investigated fully.

10.3 The report highlights key findings and makes recommendations under each finding. The main

finding is that the needs of emergency medical admissions and critically ill medical patients are poorly served by the current system.

10.4 One of the key recommendations is that trusts should ensure that consultant job plans reflect the pattern of demand of emergency medical admissions and for wider out of hours cover.

11. FOOD STANDARDS AGENCY LEGISLATION

11.1 At the meeting on 25th May, Members raised certain concerns about the timeliness of Food Standards Agency (FSA) sponsored legislation reaching the Assembly. In particular Members observed there were delays in comparison with parallel legislation in England, and questioned whether this was indicative of a capacity issue with the FSA Wales Executive.

11.2 After consulting with FSA Wales I am satisfied the specific assertion, that legislation coming from the FSA in Wales is badly delayed when compared to similar legislation that is being passed in England and Scotland, is not correct. In large measure legislative proposals move at a consistent speed across all countries through to the stage when the final draft Order is ready for consideration. In the Assembly the Orders are normally subject to an affirmative vote in plenary, possibly after scrutiny in Committee. This procedure does usually take longer than the processes employed in Parliament and the Scottish Parliament. In addition there is the need to allow time for translation of the draft Order.

11.3 The majority of the proposals that come forward from FSA are concerned with domestic implementation of measures deriving from EU legislation. Many of these are of a technical nature. Where there is a particular public health dimension FSA will propose an accelerated route to plenary to ensure consumers in Wales are not placed at a disadvantage compared to those elsewhere in the UK.

12. UPDATE ON IMPLEMENTATION OF THE CHILDREN ACT 2004

12.1 This update provides background information on implementation of the Children Act 2004 in Wales. A copy of the Draft Guidance on Local Co-operation, relating to sections 25, 26 and 27 of the Act, was issued for consultation on 1 June and is available as a consultation document on the Assembly Government's website.

Local Co-operation to Improve the Well Being of Children and Young People: Lead Minister, Jane Davidson AM

12.2 Section 25 of the Act provides a statutory basis for co-operation between a local authority and key partner agencies to improve the well being of children and young people aged 0-25. It also provides for specified partners to pool budgets and other resources, thus widening the existing ability of local authorities to pool budgets with the NHS.

12.3 Section 26 enables the Assembly by regulations to require local authorities to provide a plan for

children and young people, to cover the services provided by the local authority and its partners, including the NHS. It is intended to use this power to implement proposals made in the Assembly Government's Plan Rationalisation proposals. From 2008, it is proposed to require a single three year strategic Children and Young People's Plan.

12.4 Section 27 requires each local authority in Wales to designate a lead director and lead member for children and young people's services with responsibility for co-ordination and oversight of the partnership planning arrangements. NHS Trusts will also have to designate lead executive and non-executive directors, and Local Health Boards lead officers and members, to handle arrangements for co-operation.

Safeguarding the Vulnerable, Lead Minister, Brian Gibbons AM

12.5 Section 28 requires local authorities and specified partners, including local health boards and NHS Trusts, the police and other relevant bodies, to have regard to safeguarding and promoting the welfare of children in the discharge of their functions. Joint guidance by the Assembly and the Home Office is being issued for consultation in June and will be published in November or December.

12.6 Sections 31 to 34 require local authorities to set up Local Safeguarding Children Boards (LSCBs) with their partners. LSCBs will build on the work of Area Child Protection Committees, which have performed vital roles of accountability and partnership but have not been equally effective in all areas. The intention is to consult on draft statutory guidance on the function and management of LSCBs in the early summer, to publish new regulations and guidance in November and to bring the new arrangements into force in April 2006.

Information Sharing: Lead Minister, Jane Davidson AM

12.7 Section 29 of the Act makes provision for the establishment of a database or databases to facilitate contact between professionals who are supporting individual children or who have concerns about their development, well-being or welfare, with the aim of securing early coherent intervention. This represents a major project, which will require discussion and testing of feasibility with partners and identification of appropriate funding.

Inspection: Lead Minister, Brian Gibbon AM

12.8 A Concordat between bodies inspecting, regulating and auditing Health and Social Care in Wales has been agreed and issued. It aims to support the improvement of services for patients, service users and carers and to eliminate any unnecessary burdens to do with external review. The aim is to ensure that duplication and confusion is avoided, enabling inspection processes to take place in a coherent and effective way and strengthening their ability to reinforce one another's findings.

Other Issues

12.9 Section 55 abolishes the need for social services committees and departments, a technical change to reflect the fact that the vast majority of local authorities now operate on a Cabinet basis.

12.10 Section 46 provides for the strengthening of notification arrangements in respect of private fostering, while Section 47 is a 'sunset' provision allowing for a registration system to be introduced if the strengthened notification arrangements prove to be ineffective (Lead Minister, Brian Gibbons AM).

12.11 Section 49 allows the Assembly to set the minimum level of payments to foster carers. Again, there will be consultation before implementation. Work is in hand jointly with DfES. (Lead Minister, Brian Gibbons AM).

12.12 Part 4, enabling the functions of CAFCASS in relation to children ordinarily resident in Wales to be conferred on the Assembly, has been implemented, from 1 April 2005. (Lead Minister, Edwina Hart AM).

12.13 Section 61 gives the Children's Commissioner for Wales powers of entry to any premises, apart from a private dwelling, to interview any child accommodated there when reviewing and monitoring government functions. (Lead Minister, Jane Davidson AM).

12.14 Section 50 gives to the Assembly Government the same powers of intervention in an authority that is not properly performing its children's social services functions as currently exist for education functions under the Education Act 1996. This will give greater flexibility in the type of interventions that might be made. It will not be implemented before detailed discussion with local government in the context of the existing intervention protocol. (Lead Minister, Jane Davidson AM)

12.15 Finally, there are a number of detailed provisions concerned with, amongst other things, the registration of daycare providers, payment of adoption panel members and financial support for parenting.