

Date: 22 January 2003

Venue: Committee Room 2, National Assembly for Wales

Title: Monthly Report of Health and Social Services Minister

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1. STRATEGY ISSUES:

1.1 'Improving Health in Wales' – NHS Structural change programme

1.1.1 Local Health Boards (LHBs)

LHB Chief Executive Appointments

The second phase of open recruitment is complete. Appointees from the second phase of interviews are as follows:

Ynys Mon	Mrs Lynne Joannou
Monmouth	Mr Alan Coffey
Torfaen	Mr John Skinner
Newport	Mrs Kate Watkins
Ceredigion	Mr Derrick Jones
Swansea	Mr Jack Straw
Carmarthen	Mr Alan Brace
Denbighshire	Mr Alan Lawrie
Pembrokeshire	Mrs Bernie Rees

This now completes successfully the appointments of all Chief Executive Officer appointments to LHBs in Wales.

LHB Second tier appointments

Interviews have/are been taking place for the LHB Finance Director, Medical Director and Nursing Director posts. At present, 9 financial directors, 4 medical directors and 7 nurse directors have been appointed and acceptance of offers is outstanding for three posts (Medical, Nursing and Finance Director).

Part-time appointments made are for:

Vale of Glamorgan Medical Director; and for;

Rhondda Cynon Taf and Merthyr Tydfil LHBs who share full time appointments for the posts of Medical Director and Nurse Director.

Interviews to fill the remain posts have been or are in process of being scheduled for this month

Non officer appointments

Interviews have taken place for the majority of posts with the remaining scheduled interviews to be completed by 24 January.

2. NHS Wales Department

Interviews for the post of Finance Director took place on the 15 January and I hope to be in a position to announce an appointment on the 22 January at the HSSC.

1.2 Health, Social Care and Well-being Strategies

Consultation on the Health, Social Care and Well-being Strategies Guidance ended on 6 January. As part of the consultation exercise, the Health and Social Services Committee discussed the draft guidance on 28 November. In addition, a series of consultative seminars were held throughout November, and were well attended by colleagues in the NHS, local government, voluntary and independent sectors.

Consultation responses, issues raised by the Committee and at the seminar events will be taken into account before the guidance is finalised and issued in February. The Regulations that underpin Health, Social Care and Well-being Strategies are due to be debated in Assembly Plenary on 28 January. The duty on local authorities and local health boards to prepare a Health, Social Care and Well-being Strategy will be in place from 1 April 2003.

1.3 Planning & Commissioning Guidance

Draft guidance for planning and commissioning NHS services is currently out for consultation until 31st January. It issued alongside draft guidance on commissioning mental health services. A series of commissioning and planning events are being planned for February to May and will be held locally to enable partners to work through the planning and commissioning processes. Each of the 12 events will be led by the Regional Director appropriate to the area.

1.4 'Informing Healthcare' – outcome of targeted consultation

Members will recall that the consultation document was discussed at Committee on 4 December. The consultation period closed on 6 December 2002. A total of 99 responses were received, of which 60 were from organisations and 39 from individuals. Several organisations held local consultations. Responses have also been received from a wide range of stakeholders, both individually and from professional bodies.

The consultation was based upon twelve questions within the document, although respondents were also invited to return more general comments if they felt it appropriate. In general, the quality of responses was high. The responses will be carefully taken into account in:

- redrafting Informing Healthcare in a form suitable for issue as Welsh Assembly Government strategy. Officials plan to have draft for approval by late February.
- in developing the Strategy Implementation Programme, and its component "Foundation" streams.

Summary of consultation response

The response to Informing Healthcare is very positive and the document has been very well-received by the overwhelming majority of respondents, notwithstanding their questions, concerns and suggestions about implementation. The response and questions raised by Health and Social Services Committee members on 4 December reflects the tone of this wider response. The main themes in the responses are:

- Considerable support was expressed for the Informing Healthcare strategy, with many offers to take part in its further definition and implementation.
- A general consensus that the early steps in Informing Healthcare should be modest, based on proven technology and deliver early patient and clinician benefits.
- More ambitious steps should only be taken when confidence has been gained or ‘walk, run, then fly!’ to quote one respondent.
- There was broad support for the proposal to appoint a Strategy Implementation Board to oversee and direct the Implementation Programme.
- Financial provision to support the strategy was widely raised. The most common view is that Wales should invest the amount recommended in the Wanless Report which sets 4% of turnover as the target as opposed to the 2% mentioned in ‘Improving Health in Wales’.
- Very few respondents have suggested that greater IT investment is inappropriate in the NHS, although many have made a plea for it to be far better integrated into care delivery.
- A few respondents were concerned that the corporate approach did not remove all local discretion in local investment.
- Confidentiality and security were matters which need to be visibly and urgently addressed if ‘Informing Healthcare’ is to make progress. Others have expressed concern about the level of data security required to protect electronic records, and have suggested that organisations should achieve accreditation (e.g. BS7799) of their security arrangements as part of readiness.
- A number of respondents have expressed concern that Social Care was not more explicitly integrated into ‘Informing Healthcare’, and wish to see integration of information across health and social care in order to support coherent multi-disciplinary team working around the patient.
- A link should be made between ongoing investment in corporate information systems (Human Resources and Finance) and patient information systems.

The response to the consultation exercise confirms that the strategic vision proposed by the Information Task & Finish Group is appropriate, relevant to the requirements of a modern NHS, and challenging but realistic.

The consultation exercise was focussed on the strategic vision, not implementation details. Nevertheless, most respondents also raised questions, comments and suggestions related to implementation. None of these were unanticipated, and that can give us some confidence that the Task & Finish Group’s proposals were well thought through.

There are many details of implementation to be worked out for a strategy of this duration and complexity. My officials will shortly be presenting me with proposals for management and scope of the Implementation Programme. These will include the early appointment of a Strategy Implementation Management Board. The Board will approve details of implementation, in consultation with appropriate stakeholders, over the life of the programme. This approach has been warmly welcomed by stakeholder groups in discussions with them over the last three months, and was broadly supported in the consultation.

I will provide further progress reports in my Monthly Report.

1.5 Review of NHS Policy

As part of our ongoing work to strengthen and develop health policy in Wales, we have undertaken a Health Policy Review. This work sets out to;

- Highlight areas in which the policy infrastructure is fragile or incomplete;
- Identify gaps or shortcomings in terms of sustainability, equality etc;
- Map changes needed to the current process of formulating health policies in Wales;
- Support the identification of future policy needs priorities.

Key policy leads from across health, social care and other related disciplines within the Assembly have been involved in informing the work. Over 600 health and health related policies from across the UK and Europe have been collated and logged.

The findings to date indicate a range of areas to help improve the policy development process as well as help inform future health policy priorities and actions. It identifies the need to develop a more strategic approach to health policy development, addressing the gaps identified and strengthening the integration between health, wellbeing and social care policy.

This work is in its final stages of development and will be produced at the end of January. It will provide valuable information and intelligence to help strengthen future health policy development in Wales as well as the 5 year Strategic Framework.

6. NHS University Consultation (NHSU)

NHSU published its developmental plan 'Learning for Everyone' for consultation in December. It outlines how it intends to contribute to the development of a well-trained workforce for the NHS in England. Discussions have been taking place between officials in the Assembly and NHSU for some

time as to if and how NHS Wales may engage with NHSU. Last year 2 information events were run in Wales to inform both service and higher education providers of developments. Both events generated a good deal of interest. 2 consultation events are to be held in Wales in February to allow all key stakeholders to gain information from NHSWU and to allow them to express their views as to how Wales may be involved in NHSU

These events are jointly hosted by the Assembly and NHSU and will take the form of a presentation by NHSU followed by round table discussions.

The dates and venues are:

February 3 Hanover Hotel, Cardiff

February 14 Cross Keys Old Manor, Wrexham

1.7 Acting Chief Executive for Health Professions Wales.

Dr Barbara Bale has been appointed as Acting Chief Executive for Health Professions Wales (HPW) commencing in March. Barbara will be the acting Chief Executive until HPW becomes an Assembly Sponsored Public Body following completion of the legislative process of the Health (Wales) Bill.

Barbara comes to HPW from the University of Glamorgan where she was Associate Head of the School of Health care Sciences. She has a wide career in both nursing and midwifery joining the University of Glamorgan in 1989. She has been a representative on the Welsh National Board for Nursing, Midwifery & Health Visiting and was an active member of the Change Management Group during the abolishment of WNB.

1.8 Establishment of the Business Services Centre (BSC)

The post of Director for the BSC has recently been advertised nationally in the Health Service Journal, with the closing date 31 December.

Posts for the BSC management team were also advertised during December. Interviews are scheduled to take place during early January.

The consultation process on the range of functions and roles to be undertaken by the BSC was concluded at the end of October and a finalised schedule has since been issued for consultation with the staff affected. Staff transfer arrangements in line with the Human Resources policy are now proceeding for all staff whose roles will be largely unaffected by the re-structuring programme.

While the recruitment process and staff transfers are under way, the work of establishing the BSC's modus operandi is being progressed by five Project Managers who each lead in one of the core

functional areas to be undertaken by the BSC, i.e. Human Resources, Finance, Contractor Services, IM&T and the transfer of CHCs, Research Ethics, Equality Unit and Independent Review Panel. Maggie Aikman remains the overall project manager for the establishment of the BSC.

1.9 Establishment of the National Public Health Service

The consultation process on the range of functions and roles to be undertaken by the National Public Health Service was concluded at the end of October and a finalised schedule has since been issued for consultation with the staff affected. Staff transfer arrangements in line with the HR policy are now proceeding for all staff whose roles will be largely unaffected by the re-structuring programme.

The practical aspects of the creation of this new service are now being handled by Velindre NHS Trust. The statement that I made to Plenary on 10 December on the establishment of the National Public Health Service was supported by all parties in the Assembly

1.10 Health Commission Wales (Specialist Services)

The posts of Chair and Chief Executive for Health Commission Wales (Specialist Services) have been advertised, the closing dates being 16 and 17 January 2003. It is anticipated that the appointments to these posts will be made in mid February.

1.11 Recruitment & Retention - Return to Practice Campaign

I am pleased to inform you that we have developed a range of resources to support returners from the following professions:

Audiology
Diagnostic Radiography
Dietetics
Occupational Therapy
Physiotherapy
Speech and Language Therapy
Therapeutic Radiography

Return to Practice courses for Nursing, Health Visiting and Midwifery are already available at a number of locations across Wales. The Welsh Assembly Government, working in conjunction with higher education providers, professional bodies and allied health professional managers in Wales, has supported the establishment of Return to Practice courses for Radiographers and Dietitians in Wales.

In addition to this, a range of resource information has been developed which will support returners from Physiotherapy, Occupational Therapy, Speech and Language Therapy and Audiology. This information will enable managers to seek out appropriate educational opportunities for returners, and to supplement

these with tailor-made in-house Return to Practice programmes.

Funding is already available for Nurses, Midwives and Health Visitors and the Welsh Assembly Government has now made bursaries of £1,000 available to support AHP returners who complete a Return to Practice programme. This bursary is designed to support costs incurred while attending a programme including the costs of travel, books, resource material and clinical placement work.

Assistance with childcare costs incurred whilst attending a programme will also be available up to working family tax credit levels - up to a maximum of £135 for the first child and £200 for two or more children per week (pro rata dependent upon the amount of time spent participating in the programme).

In order to encourage returners to practice, we will be running a Return to Practice campaign for the professions listed above, from February 2003. The campaign will commence on 10th February 2003 with a distribution of leaflets to Post Offices, Job Centres, Citizens Advice Bureau, libraries and G.P. surgeries. This will be followed by a one month long radio campaign, culminating in press adverts.

"Learndirect", the national response line for adult careers enquiries, will be handling the responses from the campaign and we will be providing them with a range of resource material to support enquiries from the professions listed above.

1.12 National Clinical Assessment Authority (NCAA)

I am pleased to report that an agreement under Section 41 of the Government of Wales Act 1998 has been reached with the National Clinical Assessment Authority (the NCAA) to support and help the NHS in Wales implement systems for assessing the performance of doctors and deal with doctors whose performance gives cause for concern. The NCAA was established on 1 April 2001 as a Special Health Authority in England and the NHS in Wales will utilise its advisory services to support local efforts to resolve difficulties and disputes between doctors and their employers.

1.13 Automated Pharmacy Dispensing Systems

During a visit to Llandough hospital recently I was pleased to announce the first phase of a project to introduce automated dispensing systems into the hospital pharmacy service across Wales. The new system will improve safety and reduce the incidence of dispensing errors.

One of the benefits of modern technology is the opportunity to improve patient safety and reduce the incidence of dispensing errors. Our Pharmacy Strategy for Wales, *Remedies for Success*, aims to ensure that we make the best use of what new technologies can offer and better support people to look after themselves and manage their medicines effectively. It also aims to ensure that Wales offers an attractive and challenging environment to enable the pharmacy profession to fulfil its potential and deliver high quality services to the people of Wales.

The new automated dispensing systems will be introduced to three hospitals initially and £500,000 had been allocated to take this forward. The systems will be in Llandough Hospital, West Wales General Hospital and Glan Clwyd Hospital.

There are substantial benefits to the new automated dispensing systems. A report by the National Academy of Science estimated that over 78 per cent of dispensing errors could be avoided by the use of automated dispensing systems. In addition, the automated system will enhance the benefit of pharmaceutical care by releasing staff from the dispensary to the patient's bedside. This will reduce the incidence of prescribing and administration errors thereby improving patient outcomes and reducing costs.

2. NHS PERFORMANCE:

2.1 Waiting Times

2.1.1 Gwent Orthopaedics

As I discussed in last month's report Professor Brian Edwards undertook a review of orthopaedic services in Gwent in the week prior to Christmas. During the course of the review he spoke to clinicians and managers in the Trust and discussed his early conclusions with both groups. Professor Edwards will be reporting back to the Waiting Times Task Group, chaired by Dr Brian Gibbons, in late January and I will update the Committee after that has taken place.

The work undertaken by Professor Edwards will also be used to inform the work currently being undertaken to deliver sustainable improvements to orthopaedic services and performance in Wales, in particular in the South East Wales health economy.

2. Service and Financial Framework Guidance

On 2 January 2003 Welsh Health Circular WHC(2003) 001 which sets out the Welsh Assembly Government's expectations for the preparation of Service and Financial Frameworks (SaFFs) for 2003-04 was issued to the NHS in Wales. The circular also sets out the requirements and the format of the Health Improvement Planning Statement (HIPs) for 2003-04.

This is the second year that SaFFs have been adopted in Wales. Many valuable lessons have been learned from the previous year, which have been incorporated into this planning guidance and which will inform the SaFF discussions. The HIP planning statement must be an integral part of the SaFF process and hence will form part of the health communities' SaFF submission.

Preparation of the SaFF is the joint responsibility of the Local Health Community. The

process will be led by the Health Authority for all the Trusts and shadow LHBs in its area. From 1st April 2003 the LHBs with the Trusts will bear responsibility for delivering agreed targets and objectives as described in the resulting performance agreements.

The targets set in this years guidance are different in format from those set in the first SaFF round in Wales in 2002/03. Some are minimum targets that must be achieved by all health organisations and are absolute standards. Others contain an expectation that substantial and demonstrable progress will be made towards them – continuous improvement targets. These targets have been set in order that health organisations achieve demonstrable i.e. quantifiable and substantial improvement over the financial year in these areas.

In carrying out their role, Health Authorities will need to take account of the capacity of the shadow LHBs within their area to take a leading role wherever possible. The Health Authority may need to lead in some cases and facilitate and support in others.

Timetable

The impending new structure of the health service in Wales will be effective from 1st April 2003. It is therefore of vital importance that SaFFs are finalised and signed off by all relevant parties by 31st March 2003. The following dates are key milestones to the delivery of the SaFF and must be met.

First draft of SaFF and HIP Statement submitted by	28/02/03
Final SaFF and HIP Statement submitted by	21/03/03
Approved SaFF signed off by NHSWD	31/03/03
Performance Agreements signed off	30/04/03

The final SaFF document will contain all targets which Trusts and LHBs are required to perform against – even though some will not have any financial implications. Similarly, Performance Agreements will be comprehensive and contain all targets subject to performance management.

3. Winter Emergency Pressures

An additional £7 million has been allocated to the management of emergency pressures from November 2002 to 31 March 2003. The funds have been made available through health authorities, with £5 million being targeted to emergency care in locations of high

pressure and £2 million allocated to Social Services, this is in addition to the Delayed Transfers of Care Grant Scheme money.

Comparing the current period (w/e 3 January 2003) with the same period last year pressures are similar. Over the Christmas and New Year period the pressures across Wales generally indicated a well managed situation. However, the first few weeks of the new year are historically amongst the busiest of the year. Work being undertaken by the Met Office indicates that the current weather pattern of a cold snap following a milder spell of weather has a significantly increases the number of emergency admissions

4. Quarterly Performance Reviews

The NHS Wales Department has just completed the second round of Quarterly Performance Reviews with Health Authorities and NHS Trusts across Wales. The purpose of these reviews is to assess the performance of the organisations within the defined communities in addressing both national and local targets as set out in the Service and Financial Frameworks and in the Performance Agreements.

In line with the approach to continuous improvement a balanced scorecard is being devised which summarises each health community's performance against the targets which are expressed as indicators. The delivery of the target and the clinical and managerial processes which are in place are all measured as part of the balanced scorecard technique and the result is an overall view of the performance of the organisation.

This is in an early stage of development and the intention is that the approach should be deployed from 1 April 2003 in its final form. Using this approach it will be clear the areas in which particular health organisations are functioning well and those where improvement is necessary. In this way, improvement can be achieved and where necessary remedial action can be taken.

Particular areas which were dealt with in the recent round of reviews include inpatient/outpatient waiting list targets, standards of clinical governance, financial performance against the agreed financial plans and innovation across Wales.

2.5 Health Authorities Action Plans: Tackling Violence Against GPs and Their Staff

At a meeting held with General Practitioners Committee Wales (GPC[W]) concerns were raised at the lack of progress from Health Authorities in implementing Assembly Guidance on tackling violence against GPs and their staff. In particular GPC(W) wanted to focus on the availability of secure premises to enable GPs to deal with potentially violent patients in safety.

It was agreed by all that HAs would need to have policies in place and the services changes under development before 31 March when responsibility transfers to LHBs. As LHBs develop in shadow form the importance of tackling violence would need to be emphasised.

The Director of NHS Wales wrote to HA Chief Executives re-emphasising the need to take action, copied to Chief Constables. This asked for action plans outlining progress in tackling the issue to be sent to the Assembly by 31 October 2002 with availability of secure premises to be in place by 1 April 2003.

Action Plans have been received and all HAs have been able to demonstrate progress, although some outstanding issues remain. We will continue to monitor progress within the Action Plans but will focus on the delivery of 'safe havens' particularly in Gwent, Dyfed Powys and North Wales, where it is not obvious that the deadline will be achieved. We will shortly be writing out to these Health Authorities highlighting the importance of the need for Secure Premises.

I fully accept the importance of this issue and wish to see Wales a Violence Free Zone. Future guidance to HAs on the development of primary care estates strategies will also address the need to manage violence within the surgery.

2. IMPROVING HEALTH AND TACKLING INEQUALITIES:

3.1 Well Being in Wales

The Assembly adopted Well Being in Wales after plenary debate on 17 December 2002. I was encouraged by the support received for the strategy. We are currently preparing a detailed implementation plan and continuing to make connections with other policy areas. This includes links with the proposed economic research programme that we discussed in Committee the day after the plenary debate on Well Being in Wales.

2. Welsh health survey

Planning is underway for a new Welsh health survey. In line with recommendations from a feasibility study conducted by the National Centre for Social Research, I have agreed to the proposal that two previous surveys (the Welsh Health Survey and Health in Wales Survey) be merged and improved to form a new health survey. The new survey will be continuous throughout the year, and fieldwork is initially expected to be carried out over a two-year period from autumn 2003. This two-year period of data collection will provide robust information at local authority level.

The detailed content of the new survey is still under development, but core subjects are likely to include specific illnesses for which people have been treated, health status, use of the health service, health related behaviours ('lifestyle'), demographic and socio-economic indicators, and other basic questions about respondents and their circumstances.

The main aims of the new survey include: the provision of estimates of health status, health determinants and health service use; to contribute to setting and monitoring health gain targets and indicators; to examine differences between population sub-groups (e.g. age, sex, social class) and local areas; the provision of a direct measurement of need for health care for NHS resource allocation in Wales; the provision of information to assist local health boards and local authorities in monitoring progress with joint local health, social care and well-being strategies.

Six organisations have been invited to tender for the contract to conduct the new survey and it is anticipated that a three-year contract will be awarded in February 2003. A management structure for taking the survey forward is being developed.

3.3 Care and Repair Cymru/Shelter Cymru Health Information Pack

On 10 December, I supported the launch in Ystrad Mynach by Care and Repair Cymru and Shelter Cymru of their new information pack on health and housing. The pack addresses the lack of knowledge among, and information available to, health care professionals on the significant role that housing can play in promoting health and preventing accidents and illness. The pack builds on work previously undertaken by Care and Repair Cymru when they undertook training seminars with social care staff in order to raise awareness and facilitate joint working. The new pack was produced as part of a project supported by the Assembly Government with grant of £26,000 through the health promotion grants scheme for the voluntary sector.

3.4 Smoking Prevention for Primary Schools

A new primary school resource on smoking – Smoke Signals – was launched in Swansea on 12 December. This resource was well received by those present. Packs will be available to schools in the Spring Term, with the support of local health and education personnel.

3.5 Maesgeirchen Healthy Living Centre

I formally launched the Maesgeirchen Healthy Living Centre on 19 December 2002, although the project team has been in place for some time and is supporting development of the Communities First Partnership for Marchog Ward.

The New Opportunities Fund provided a grant of £712,747 to Cywaith Joseff, a church organisation that supports and manages community-based activities, to develop a Healthy Living Centre. The Centre will benefit 4,000 local residents and comprises a partnership of 11 organisations, including Gwynedd County Council, North Wales Health Authority, the voluntary sector and the University of Wales, Bangor.

The services provided include improved information and access to health and social services, counselling and advice on preventing and tackling drug misuse, debt, stress management, benefits and healthy lifestyles. Facilities include a Citizen's Advice Bureau, access to adult education classes, a drop-in cafe, an exercise room and social clubs for senior citizens, young people and mothers and toddlers.

2. QUALITY REGULATION AND INSPECTION:

4.1 Joint Review of Cardiff Social Services

I have continued to monitor progress in Cardiff since the joint review and SSIW has maintained contact with officers of the Council. The Council is carrying out a process of consultation before producing its formal action plan. It has brought in external consultants to advise on arrangements to improve social services. One consultant has been appointed Acting Director of Social Services to take overall management responsibility.

I will meet the Leader of the Council again when the action plan has been produced. Arrangements are in hand for SSIW to inspect children's services in late March/early April.

4.2 The Commission for Health Improvement (CHI)

On 19 December CHI published reports on the Clinical Governance arrangements at North Wales Health Authority and Bro Taf Wales Health Authority. CHI reviews, and more importantly the action taken as a result, are a significant element in our drive to raise standards of care for Welsh patients

In relation to the North Wales Health Authority CHI report areas of good practice highlighted include how information was being used in the care and management of coronary heart disease in Ynys Mon. The Bro Taf Wales Health Authority CHI report highlights how an active recruitment campaign and use of grants has led to the reduction of dental lists in Merthyr from one practitioner per 20,000 residents to one practitioner for every 10,000 residents.

The CHI reports also, importantly, identify a number of areas of importance that are needed to improve clinical governance. Areas for improvement in relation to North Wales Health Authority include the need to identify the specific clinical governance requirements currently under the responsibility of the health authority and to agree how these will be devolved to the local health boards when they become operational in April 2003 and also to determine how the information management and technology skills and expertise currently within the corporate departments of the health authority can best be used over the coming months to support and work with the local health groups. Areas for improvement in relation to Bro Taf Health Authority include the need for a public involvement resource where primary care practitioners can access advice about methods of establishing and maintaining public involvement. and to prioritise the issue of risk management within the LHGs due to the issue of parallel reporting of incidents by community and primary care staff within LHGs.

4.3 New Healthcare Inspection Unit for Wales (HIUW)

In my December monthly report I outlined proposals for a new Healthcare Inspectorate Unit for Wales (HIUW) which will be established to undertake joint reviews and investigations of NHS bodies and service providers in Wales. This report provides an update position.

These proposals have gained the support of Wales Office and are currently being considered by the (Parliamentary) Domestic Affairs Committee. Clearance is anticipated shortly. Proposals are for the Unit to be operational by 1 April 2004.

3. SOCIAL CARE

5.1 Care Council for Wales

The council continues to develop the broad programme of work to regulate and raise standards in the social care workforce. They have been working alongside the other UK councils to develop the registration rules for social workers, which will come forward for Assembly approval before the spring. I am therefore bringing forward legislation, which will enable the council to begin the registration process for social workers in April 2003.

We will then be working closely with the council to phase in registration across the social care workforce.

5.2 UK Play Review

The UK Government has set up a review of play across the UK, chaired by Frank Dobson MP. This will influence the way £200M allocated to the New Opportunities Fund (NOF) is dispersed. I have decided that in participating in this review at an UK level the Welsh Assembly Government will issue a consultation document specific to Wales. I see this consultation as an

opportunity to launch the development of our own play strategy, and wish to see directions to NOF in Wales which reflect views here. The consultation document is due to issue in January.

5.3 Placement of Children and Review of Children's Cases

The Arrangements for Placement of Children (General) and the Review of Children's Cases (Amendment) (Wales) Regulations 2002 were approved in Plenary on 4 December. These regulations provide for a more holistic annual health assessment for all looked after children and increase the number of assessments for children under five. Together, these amendments will bring about relatively minor but worthwhile changes in health care for looked after children. These regulations also provide legislative support for the guidance on the health of looked after children, which will be published early next year.

4. VOLUNTARY SECTOR/ VOLUNTEERING

6.1 Review of Voluntary Sector Grants

In December 2002, following a tendering exercise, the Centre for Advanced Studies at Cardiff University was appointed to undertake a review of voluntary sector grant schemes within my portfolio. The main purpose of the review is to produce a single strategy for the funding that the Welsh Assembly Government provides to voluntary sector organisations working in the field of health and social care.

I have been keen to ensure that the voluntary sector is fully and properly engaged in the review process. The specification for this review was therefore drawn up in consultation with the WCVA and they were also involved in the tender evaluation process. A steering group whose membership comprises Assembly officials and voluntary sector representatives nominated by the WCVA will manage the contract. As part of their work, the Centre for Advanced Studies will be surveying or interviewing previously successful and un-successful voluntary sector grant applicants and undertaking presentations to the WCVA's health and social care network to explain their approach to the project and a 'wash up' session with the network to outline their preliminary findings prior to finalising the report to me.

In undertaking their work, the Centre will need to ensure that recommendations are consistent with our 'Code of Practice for Funding the Voluntary Sector' and take full account of the 'Building Strong Bridges' report. The Centre are due to deliver their final report at the end of June 2003.

5. FINANCIAL POSITION

7.1 NHS Financial Position

Current forecasts for 2002-03 based on November outturn indicate a further improvement to the financial position compared to previous reports with a forecast deficit of between £42.2million and £53.8 million compared to a budgeted provision of £39.7 million.

The most significant risk of overspending against budget continues to be primary care prescribing and dispensing where current forecasts suggest a 12-13% increase over 2001-2002 expenditure.

My officials continue to work closely with those organisations that are reporting the greatest financial difficulty to develop plans that will restore financial balance. In addition to this, work is being undertaken to identify available funds to help meet the budgeted deficit.

7.2 Transfer of Funding

Transfer of Resources affecting the Health and Social Services Main Expenditure Group

In accordance with Standing Order 19.6. I am informing the Committee of the following transfer of funds:

Amount of transfer	Transfer from MEG/SEG/BEL/ Account	Transfer to MEG/SEG/ BEL/Account	Reason for transfer
£30,000	Health and Social Services MEG Other Health and Social Services SEG Drug and Alcohol Initiatives BEL	Health and Social Services MEG Health Promotion SEG Health Promotion BEL	To finance work on establishing a baseline from which to measure progress on achieving the key performance indicators for the Substance Misuse Strategy.

£500,000	Health and Social Services MEG Health Improvement SEG Health Inequalities Fund BEL	Health and Social Services MEG Health Authorities and NHS Trusts SEG HA and Trusts and Central Budgets Revenue Expenditure BEL	To address the difficulties experienced by patients living in rural areas finding a dentist prepared to offer NHS treatment. The funding will be used to support the Dental Grant Scheme in Dyfed Powys.
£680,000	Health and Social Services MEG Health Promotion SEG Tobacco Control BEL	Health and Social Services MEG Health Authorities and NHS Trusts SEG HA and Trusts and Central Budgets Revenue Expenditure BEL	To fund two bilingual smoking cessation advertising campaigns directed at adult and teenage smokers.

7.3 The National Audit Office report of Dyfed Powys Health Community

The NAO external review of the financial problems in the Dyfed Powys health economy area has been ongoing during December. The final report is expected by the end of January, and I will update the Committee with details of the Auditor General's findings in my next monthly report

8. HEALTH AND SOCIAL SERVICES SUBORDINATE LEGISLATION PROGRAMME

A schedule showing the position on proposed Health and Social Services subordinate legislation is attached at Annex A and FSA subordinate legislation is attached at Annex B.

Jane Hutt
Minister for Health and Social Services