Date: **26 February 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 Transitional costs

The transitional costs of structural change are becoming progressively clearer as the programme of appointments proceeds and business decisions are made, and the transition costs budget is under constant review. Budgets for the Extended Employment Scheme, as well as protected salary and excess fares costs will be given in my March report to the Committee. By then, details of staff likely to transfer to the Scheme will be available, and protected salary and excess fares costs, will be known for the

majority of staff who have been 'slotted in'. The costs incurred to date are consistent with original expectations.

As staff are identified into posts in the new structure the numbers who will enter the Extended Employment Scheme are reducing. I now anticipate that less than 50 staff will have their contracts transferred to the scheme at 31 March and of these some are either due to retire during the 12 month period or are close to finalising new posts.

1.1.2 Running costs

To meet the cost neutral budget envelope, the Health Commission Wales (Specialist Services), the NHS Wales Department, and the Local Health Boards have delivered a staffing structure within budget. The transition periods over which the Business Services Centre and the National Public Health Service are being required to achieve cost neutrality will be reviewed and will be signed off by the Director shortly.

In year one, the anticipated running costs of the Business Services Centre are likely to be in the order of £20.8 million, comprising £11.4 million staff costs and £9.4 million non-staff costs. Work is underway to refine these figures further.

1.1.3 National Public Health Services

Local Public Health Directors, who are non-officer members of Local Health Boards, are being selected from the pool of available Consultants in Public Health Medicine employed within the National Public Health Service.

Cardiff	Dr Stephen Monaghan
Rhondda Cynon Taff	Dr Paul Tromans
Vale	Dr Jane Wilkinson
Newport	Dr Marysia Hamilton Kirkwood
Caerphilly	Dr Gill Richardson
Blaenau Gwent	Dr Jane Layzell (Locum)
Neath Port Talbot	Dr Annie Delahunty
Bridgend	Dr Nona Williams
Swansea	Dr Quentin Sandifer
Carmarthenshire	Dr Judith Greenacre
Pembrokeshire	Dr Lyn Harris
Powys	Dr Paul Walker (Locum for 6 months)
Wrexham	Peter Stevenson
Ynys Mon	Ruth Parry
Gwynedd	Paul Elliston
Merthyr	Dr Layla Al Jader
Monmouth	Dr Lawrence Hamilton-Kirkwood

Appointments are underway in:

Conwy, Denbighshire, Flintshire, Ceredigion and Torfaen

Work on a service level agreement between the Welsh Assembly Government and the National Public Health Service) is nearing completion as is the development of a template for agreements between Local Health Boards, the Local Authorities and the National Public Health Service. Work to develop a performance framework for the National Public Health Service is also in hand. Provision of services such as the All-Wales Child Protection Service will feature prominently.

1.2 NHS Careers Information in Wales

I am pleased to advise you that NHS careers information in Wales will be centralised, commencing in April 2003. This means that any member of the public will be able to access information on all NHS careers from a central point for the first time in Wales.

The freephone helpline, 'learndirect', will be used to handle all NHS careers information enquiries, with a facility to refer onto other agencies when appropriate. A project manager will be employed to market and manage the new service. Fully bilingual information will be available in English and Welsh, with a view to providing information in relevant minority languages in the long-term. Provision will include standardised careers information conforming to agreed standards. This will also include information which is suitable for users with learning disabilities or special needs.

Contacts with professional associations will be established to provide information and advice when needed. This new service will match that offered by the NHS in England, and will assist in boosting the recruitment of new staff to the NHS in Wales.

1.3 Fundamentals of Care Consultation

The Welsh Assembly Government's formal consultation on 'Fundamentals of Care' took place between 29 August and 18 November 2002.

Fundamentals of Care provides quality indicators for addressing the essential or basic aspects of care within health and social care and in statutory, private and voluntary services.

There were three consultation documents:

- Flyer for service users
- A5 Booklet for service users and staff
- A4 User Guide for staff

During the consultation 70 responses were received. The respondents are listed in the consultation report and include health and social services organisations, Community Health Councils, professional bodies, educational institutions and patient representative charities. My officials and I are very grateful for the high quality of response that this consultation has generated and the responses have been used to amend the documents significantly.

There was strong support for the initiative along with a variety of useful suggestions about the wording and format of the documents. Some respondents felt that the relationship between Fundamentals of Care and related standards could be clearer and the documents have been adjusted accordingly.

The consultation report provides an overview of the key points made in the responses. The individual responses are also available.

The launch of Fundamentals of Care is planned for 13 March 2003. The standards will form part of the new balanced scorecard performance management system.

1.4 Carers' Issues in Health, Social Care and Well Being Strategies

The Health and Social Services Committee discussed the draft guidance for Health, Social Care and Well-being Strategies on 28 November. A main issue for the Committee was the Carers' Strategy and how carers issues could be dealt within the Health, Social Care and Wellbeing strategy.

In discussion with Carers' Wales the guidance has been strengthened.

The guidance identifies the Health, Social Care and Well-being Strategy as the integrated strategic planning tool for carers and carers services. Annual operational implementation plans will be developed from the overarching strategy. That way both local government and the NHS will become directly involved in planning for carers and carers services.

Carers and their representative organisations are identified as among the bodies with whom co-operation, consultation and public participation must take place. The guidance refers particularly to the role that local carers' consultative groups can play in these processes.

The regulations that underpin the Health, Social Care and Well-being Strategies were agreed in Plenary on 28 January. The guidance is being finalised ahead of it being issued in March.

1.5 Secure Premises for GPs

At the last HSSC meeting in January I agreed to report back on steps that have been taken in Dyfed Powys, Gwent and North Wales to provide secure premises for GPs.

My officials have written to the three Authorities highlighting the importance of this issue and

reminding them that arrangements for secure schemes for the treatment of potentially violent patients should be in place by 31 March. We have requested fuller details of plans and confirmation of implementation dates.

Gwent HA have responded and advised us that they are making every effort to ensure that systems will be in place within the timescale expected. Arrangements have been set up to provide secure accommodation at Maindee Police Station. However, legal issues have been raised by Gwent Police which they are currently trying to resolve.

Other alternatives are being investigated including the possibility of sharing Bro Taf's facility at Pontypridd. Gwent also continue to liase with Gwent Healthcare NHS Trust with a view to using Trust accommodation and are looking at the feasibility of using facilities at a Drugs and Alcohol Unit based in Newport.

In North Wales, there has been separate correspondence with Flintshire LHG who has confirmed that proposals for a secure site in North Wales are under discussion with North Wales Police. I hope to receive fuller details on this within the overall response from North Wales HA.

We are waiting for a response from Dyfed Powys.

1.6 Primary Care Support Service

I announced the introduction of a Primary Care Support Service at an all-Wales Health and Safety Conference on January 23 2003. The service, which is based on a service that is already running in North Wales, is planned to be in place by the late Spring 2003. The service will be run under the auspices of the new National Public Health Service in Wales. It will eventually provide confidential and anonymous access for all primary care staff to accredited counselling and support services, and will be complementary to the services offered by the Doctors Support Network (DSN). This is a valuable development to support front line primary care practitioners in Wales.

1.7 Child Poverty Strategy

I announced on January 31 that the Assembly Government will develop a Strategy for combating child poverty in Wales. In support of this aim, I am setting up a Child Poverty Task Group. I have invited representatives of the End Child Poverty Network and other relevant organisations to be members of the Group, and Charlotte Williams of Bangor University has agreed to be its Chair.

The Group's work will include:

- Reviewing existing information about the root causes of child poverty in Wales;
- Producing a workable definition of child poverty;
- Conducting an audit of existing Welsh Assembly Government policies and programmes which

impact on child poverty;
- Taking into account relevant UK Government initiatives and policies, and where appropriate, suggesting areas for change;
- Identifying a range of indicators by which performance could effectively be measured; and
- Preparing a report on which the Assembly Government can develop firm proposals for action from 2003-04.

The task group will be asked to consult with children, young people and their families about their direct experience and views of poverty.

1.8 Specialised Health Services for the Children of Wales

At the Health and Social Services Committee on 23 October, I reported the outcome of Dyfed Powys Health Authority public consultation and set out the action now being taken to develop specialised healthcare services for the children of Wales. Since that report, progress has been made against a number of the actions.

In regard to paediatric neurosurgery and the optional appraisal process, the appointment of the independent chair for the option appraisal process looking at the provision and organisation of paediatric neurosurgical services in South and West Wales. An announcement will be made shortly in respect of this position. However, preparatory work for the option appraisal has begun. A parent group/panel is being established to work with the option appraisal group.

Additionally, arrangements have been finalised and work has now commenced on the independent retrospective audit, which will be led by a team from the Royal Liverpool Children's Hospital. Although the complete audit will not be available until July 2003, it is hoped that details of the intermediate audit will be available in May.

In regard to paediatric nephrology, Dyfed Powys Health Authority has completed its post consultation discussions with the two community health councils (CHCs) which objected to the proposal. Following these discussions, the CHCs have now withdrawn their objection. The Dyfed Powys Health Authority Board has now formally approved the proposal to transfer specialised paediatric nephrological inpatient care from University Hospital of Wales, Cardiff to Bristol Children's Hospital. The Specialised Health Services Commission for Wales (SHSCW) will work with both Trusts to finalise long-term arrangements for staffing and collaborative working based on agreed clinical standards and care pathways.

The appointment of a Director of Healthcare Services for Children and Young People, a job description has been agreed and the post will be advertised shortly.

Work has commenced on preparing a strategy for specialised and tertiary services and this should be completed as planned during the summer of 2003.

The Specialised Health Service Commission for Wales (SHSCW) have established nine subgroups that include patients and clients, to develop standards for the provision of tertiary children's services in Wales.

Underpinning the work on specialist paediatric services in Wales, a steering group and project board have been established which will draw together all the work on standards, their implementation and the overarching strategy. The individual specialty groups will feed into this. It's first meeting is to be held next week and work from the All Wales Child Health research network will feed into the considerations of the steering group.

2. NHS PERFORMANCE:

2.1 Developing Access and Capacity for NHS Wales

2.1.1 Capacity in NHS Wales

I accepted the recommendations of Paul Williams' report at the end of October 2002. As an immediate response, I was able to allocate a figure of £7million to improve capacity and access, particularly for the winter period, when emergency pressures are at their height. The funds were made available through health authorities, with £5million being targeted to emergency care in those Trusts facing the highest pressures, and £2milion allocated to social services to augment the Delayed Transfer of Care Grant Scheme money.

Much work has been done since then across all sectors in order to identify the major bottlenecks to be addressed; whilst some of these relate directly to capacity, others involve modernisation of working practices or patient pathways. These are being used to inform the development of a series of local action plans and a national action plan, which I look forward to receiving later this year. A Project Board is currently being established to oversee the detailed progression and implementation of these approaches. Local partnership arrangements are also being strengthened to facilitate an increased emphasis on whole systems working. Interim findings have been provided as a secondary source for the Review of Health and Social Services being conducted by Mr Derek Wanless.

In addition, in order to facilitate a series of early improvements, health communities have benchmarked themselves against a series of 'Just Do It' schemes (JDIs) covered in the report which may be implemented for maximum impact. These have been analysed according to Health Community and form the basis for the allocation of £5 million recurrent funding which I have allocated to address current capacity shortfalls for 2003/04. This has been awarded on a capitation basis across Wales for initiatives which can have an early impact. Examples include:

- increased admission alternative schemes (DVT service, COPD outreach service etc);
- proactive discharge lounges facilities;

- rapid access/emergency clinics.

2.1.2 Sustainable Orthopaedic Solutions

Work is currently being undertaken to deliver sustainable improvements to orthopaedics services in Wales. I am firmly committed to improving access and equity of waiting times in this specialty. Considerable progress has been made in meeting national waiting times targets set by the Welsh Assembly Government, and Trusts continue in their attempts to reduce waiting times. The number of people waiting over 18 months for an orthopaedic inpatient/daycase appointment at the end of December 2002 was 155. This is a fall of 22 (-12.4%) compared with November and a reduction of 166 (-51.7%) over the quarter. Nevertheless, in many areas of Wales, increasing demand is outstripping capacity, despite increases in resources and the implementation of best practice in service provision and management.

An orthopaedic working group has been working to develop a long term strategy, which will include investment and policy formulation. This will require a phased, all Wales approach to the orthopaedic problems. The first phase of the strategy identifies the need for:

- Targeted, phased investment in additional capacity solutions;
- Extending the number of Specialist Registrar training places;
- Re-establishing the academic chair in Orthopaedics to raise status within the profession and improve clinical recruitment and retention;
- Continuing Innovations in care Programme, particularly waiting list management; outpatient bookings; theatre utilisation;
- Ringfencing of orthopaedic beds for cold elective surgery;
- Rationalisation of prosthetics costs to facilitate increased activity.

I will provide a verbal update to the committee on investment plans for the future.

2.1.3 Review of Orthopaedic Services in Gwent

As the committee is aware, Professor Brian Edwards' Review of Orthopaedic Services in Gwent was submitted at the end of January, with media coverage, and a formal response was promised within one month which will be presented to the Committee.

The report finds that the current orthopaedic waiting times in Gwent are far too long. It confirms that the NHS in Wales and Gwent in particular does not have enough capacity in this specialty to handle current pressures and predicted future demand. A series of clear recommendations are give, focusing on:

- tighter management
- capacity
- innovation

The recommendations of the report have been accepted. Whilst a shortfall in capacity is recognised, this is not the sole solution to reducing long waiting times in Gwent. There is much else to be done. Professor Edwards also states clearly that, whilst the Trust has worked hard to reduce its waiting times, there is more that they can do to improve their own efficiency and waiting list management.

Detailed work has now been initiated and an outline action plan developed to address the findings and recommendations in the report. Close involvement of all members of the health community is an essential part of this process, and all will be involved in implementation. A robust project management process has been set in hand to deliver the key objectives identified to achieve sustained service improvement. An essential consideration in achieving change is the need to commit to additional capacity solutions as an integral part of the improved management and modernisation process.

2.1.4 Plastic Surgery

In view of major commissioning issues and service shortfalls for plastic surgery in Wales which were identified in the review undertaken by the Specialised Health Services Commission for Wales on behalf of the Health Authorities, an additional sum of £1 million recurrent revenue has been provided from 2003/04. This will provide an uplift to current levels of service available and contribute to bringing down waiting times. It will help underpin the action plan which has been agreed following the outcome of the review. The new Health Commission Wales (Specialist Services), which will commission plastic surgery from April, will develop detailed proposals for the use of this funding which will set out clear targets for improving access to this services and reducing waiting times.

2.1.5 Waiting Times

On 2nd January 2003 the Welsh Assembly Government's annual priorities and planning guidance for the preparation of Service and Financial Frameworks (SaFFs) for 2003/04 was issued to the NHS in Wales. In order to reduce waiting times a number of Trusts have been undertaking ongoing waiting list initiatives over the last 12 months or working with the private sector to provide opportunities for additional inpatient and outpatient activity. This has been supported through a mixture of recurrent and non-recurrent additional funding in year.

In order to ensure that new revenue provision allocated is focused on sustainable solutions and not undermined through use on short term initiatives, I have made special one off allocations for 2003/04. I can confirm that £5 million has been awarded recurrently for waiting times; this will be distributed on the direct needs allocation method. Additionally £4.7 million (non recurrent) has been allocated for waiting lists which will be distributed as per the 2002/03 allocation. This will allow the continuation of current short-term strategies to allow increased throughput, pending the implementation of longer- term solutions. However, this cannot be regarded as a sustainable approach and LHBs/Trusts will need to address this as a matter of priority in their future planning, which will link to long term national approaches.

2.2 Differences in Waiting Times Collections in Wales, England and Scotland

The paper entitled "NHS Wales Waiting Times: targets, time trends and comparisons with waiting times in England: November 2002" provided by the Members' Research Service (ref: CBE 02/1778/C/sml) for the HSSC meeting of 22 January noted that:

"Caution should be exercised in comparing information from two different collection systems as definitions may not be interpreted in exactly the same way" and

"Figures relating to those people waiting for a first out-patient appointment are not collected in exactly the same form in England and Wales".

I undertook to provide information on these differences. Members also requested information on comparisons with Scotland.

Out-patient waiting times

In England, the published figures are based on the collection of *the number of GP written referrals* for a first out-patient appointment not seen by the end of the quarter who have been waiting 26 weeks and over. Published results for the quarter ending September 2002 for Wales show that about 70 per cent of referral requests received in the quarter were written requests from GPs.

http://www.doh.gov.uk/waitingtimes/2002/q2/qm08_y00.html

In Wales we collect the *total* number of people waiting at the end of each month for a first out-patient appointment with a consultant, irrespective of the source of the referral, with the minor exclusion that referrals by the same consultant are excluded. (The latter case could arise, for example, following a home visit, or where a consultant holds clinics in different locations).

Thus, the main difference between counts of out-patients waiting over 6 months in Wales and England is that in Wales we include virtually all patients, i.e. including those referred from one consultant to another or from A&E, while in England only those referred in writing by GPs are included. To put both sets of figures on a roughly comparable basis, the figures by Wales should be reduced by around 30 per cent.

Obviously our collection gives a more complete picture of the total numbers waiting and we believe it to be preferable to the system used in England. Although the English figures show that GP referrals account for around 70 per cent of all referrals in some circumstances we believe the figure may be much less. A pilot collection undertaken in 2002 of patient-level data relating to out-patient attendances from two Welsh trusts suggested that in those trusts GP referrals accounted for only 25 – 30 per cent of all their referrals. Obviously therefore, counting only written referrals from GP could make a significant

difference to the numbers reported as waiting for a first out-patient appointment but this is not a change we are inclined to make.

In Scotland, numbers waiting for an out-patient appointment are not collected centrally.

In-patient/day case waiting times

Broadly the same definitions are applied to the different collections undertaken in Wales and England. This includes the use of the concept of suspending a patient from the waiting list (and hence not including them in the counts) when the patient is temporarily unable to be treated either because of their clinical condition or because of social reasons. Once the patient is again available for treatment they are again included in the counts. In Wales, we expect Trusts to ensure that suspended patients account for no more than 5 per cent of the total numbers waiting.

In Scotland, their "headline" waiting list count is of patients on what they call the "true" waiting list. They also have a deferred waiting list which comprises patients who at one time were temporarily unable to be treated (for the same sorts of reasons as used to define the suspended patients in Wales and England), or who missed an appointment. Once included in the deferred list, patients are never added back into the "true" list. An Audit Scotland report on the management of waiting lists in Scotland noted that "The rationale for the existence of two waiting lists, the true list and the deferred list, is unclear."

2.3 Clinical negligence - Alternative Dispute Resolution Pilot Projects

During my speech made at the Annual Report of the Health Service Ombudsman on 30 October 2002, I announced that I intended to pilot two alternative dispute resolution schemes in the field of clinical negligence.

Background

The cost of clinical negligence claims to the NHS in Wales is rising alarmingly. Not only are the numbers of claims rising, the cost of achieving settlement is rising.

For the financial year 1999/2000 the total clinical negligence bill in Wales, including damages paid to claimants and fees paid to expert witnesses and solicitors, was £19.49 million. By 2001/2002 this figure had increased to just over £50 million. Of this total, just over £7 million was spent on experts’ fees and legal costs. Research has shown that legal costs exceed damages in 65% of clinical negligence claims in England and Wales where damages awarded are £65,000 or less.

These figures led my Ministerial colleagues and I to request an evaluation of the options and scope for reducing legal costs through the use of alternative dispute resolution in clinical negligence claims against the NHS in Wales. The evaluation was performed by the Counsel General.

The Counsel General recommended, following a detailed study of the use of alternative dispute resolution, that it has the potential to afford the following benefits:

- a reduction in legal costs;
- a reduction in the length of time taken to resolve claims; and
- an opportunity to offer more patient focussed remedies.

Two pilot projects will be established: a fast track system for the resolution of small to medium value claims, and a court based mediation pilot that will, in all probability, tackle the higher value claims.

It is hoped that the pilots will lead to the development of a more responsive, patient focussed approach to the handling of claims which can provide remedies more closely tailored to individual patient's needs. It is also hoped that the pilots, with their emphasis on swift resolution, can help address the spiralling cost of resolving clinical negligence claims and the distress suffered by claimants and clinicians alike when subjected to the traditional court process.

Progress

I announced in October that the Counsel General would be meeting with representatives from Cardiff Civil Justice Centre. He has met with His Honour Judge Graham Jones, and several of his judicial colleagues, to determine whether or not the court at Cardiff would be prepared to support the general mediation pilot project. The judges to whom the Counsel General spoke were enthusiastic about the idea and have agreed that the court in Cardiff can be used as a base for the pilot project.

It was also decided, in consultation with the judges at Cardiff, that the most appropriate way to progress the pilot projects would be to establish a working party to draw up detailed proposals for the two schemes and implement the same.

The Counsel General has approached a cross section of people with an interest in and experience of clinical negligence litigation and/or mediation to sit as members of the working party.

The response received has been very positive. We now have confirmed acceptances from members of the judiciary at Cardiff Civil Justice Centre; an accredited mediator; a claimant clinical negligence solicitor; a defendant clinical negligence solicitor; a member of the Legal Services Commission; a director of Mediation Wales; a representative of the National Health Service Litigation Authority; a representative of NHS Trusts in Wales and representatives from the Office of the Counsel General, including the Counsel General himself.

We are awaiting responses from a Community Health Council member.

The terms of reference for the group have been prepared and the first meeting of the group will be held in March. I understand that one of the first tasks of the group will be to draw up a work plan and a

reporting timetable. The aim is to produce an interim report in the first week of June, with the final report three months thereafter

The Counsel General is keeping me appraised and I will make further reports to this Committee when I have further information.

3. IMPROVING HEALTH AND TACKLING INEQUALITIES:

3.1 NHS Breast Screening Programme

At the meeting of the Committee on 19 June last year I promised to update you in my monthly report this month on progress to expand the NHS Breast Screening Programme (NHSBSP) in Wales.

You will recall that in 2000 the National Screening Committee recommended two enhancements to the NHSBSP in the UK. One was the introduction of "2-view" mammography for all screening undertaken within the Programme; this is where two views of the breast are taken at each screen to improve yet further the quality and reliability of the Programme. The second was the introduction of an extension to the age range for routine screening from 50-64 years of age to eventually 50-70 years of age. At that time I confirmed that I had asked Breast Test Wales (BTW) to put in place the manpower and equipment necessary to introduce these changes in Wales in a phased approach, with a view to introducing "2-view mammography during 2001 and introducing the age range extension as soon as possible thereafter. I have made available up to an additional £1.6m recurrent revenue and over £0.700m capital to facilitate these.

Breast Test Wales achieved the introduction of "2-view" mammography in all screens undertaken in the NHSBSP in Wales in the summer of 2001, ahead of certain areas in the UK. As a consequence they have recommended that as a first step in the extension of the age range change, we should pilot routine screening in the 64-67 age group for a period of 6 months. This is to assess the actual workforce implications such a further l change to the NHSBSP in Wales would have to inform future decisions on its extension. Women over 67 in the pilot area would still be able to self-refer to BTW to be screened, as would women over 64 in the rest of Wales, so that no women would be denied screening if they should wish this.

I have agreed to this pilot and BTW will now introduce such a pilot from May this year in one of its Divisions. BTW will report the outcome of this pilot to me in the autumn and based on its workforce findings, will recommend a programme to extend this first step in the implementation of the age range extension to other parts of Wales and to the 68-70 age group.

3.2 NHS Equality Unit

I am pleased to report to the Committee the work activity of the NHS Wales Equality Unit for the period from November 2002 until now.

Policy and Practice Development

- Doctors Support Network (DSN)

The Unit has supported the DSN in Wales to ensure that as many doctors as possible are aware of the support provided by the network. The increase in publicity has already lead to positive results both in providing support to individual doctors and in raising the profile of mental health problems amongst the medical profession.

Doctors Hospital Retainer/Returner Scheme

In January 2003 I launched the Doctors Hospital Retainer/Returner Scheme. The guidance has been published and distributed throughout the Service. Early indications suggest that the response has been excellent. Introduction of this scheme is a direct response to medical workforce needs for more part time and flexible working, and for requirements for career breaks at younger ages.

Directory of Flexibility and Best Practice

The Welsh Assembly Government commissioned a Directory of Flexibility and Best Practice, which includes case studies in best practice from across NHS Wales. The Directory was launched at a Work-Life Balance Seminar in Narbeth in November 2002, and it will be distributed throughout the Service in February 2003. The Directory will also be promoted at Work-Life Balance events in Cardiff and Mid Wales in February and April 2003.

Local Health Boards Equality Policies

In conjunction with the Joint all-Wales Health Authority Human Resources Steering Group, the Unit has produced 14 equality related employment policies in preparation for the establishment of the Local Health Boards on April 1 2003. The policies provide a common foundation of employment policy for all LHBs and cover equality, recruitment and selection, flexible working and various forms of carer leave.

Race Equality Schemes

Under the Race Relations Amendment Act, all NHS organisations were required to have a Race Equality Scheme in place by May 2002. With the support of the Equality Unit this deadline was met. A review day, with the Commission for Race Equality, was held for the Service in January 2003. Progress on the implementation of race equality schemes was reviewed, together with Scheme revisions and examples of best practice. Consideration was also given to supporting the development of Race Equality Schemes by the Local Health Boards, who will initially inherit existing Health Authority schemes. A report will be published in due course.

Advice and Information Service

The Unit has continued to provide a range of information and advice to both organisations and individuals around equality. A newsletter is provided on a quarterly basis. The next one will be distributed in March.

'Linkworker' meetings for Trusts and (currently) Health Authorities are held on a bimonthly basis. In future, membership will include LHB representatives. These meetings focus on mainstreaming equality and sharing best practice. A bullying and harassment sub group has been set up to look at ways of promoting dignity at work.

Workshops/Conferences

- Employment Law

The Unit has been running a series of employment law seminars across the Service. The seminars focus on providing up to date information on new employment rights and responsibilities that impact on the way in which the Service works. These will continue throughout the year and subjects covered included the Race Relations (Amendment) Act 2000, the new Fixed-Term Worker Regulations and the Employment Act 2002.

- Disability and Access

The Unit in conjunction with the Disability Rights Commission and Welsh Health Estates has planned a one-day workshop to explore issues of access in preparation for compliance with Section 21 of the Disability Discrimination Act 1995. The workshop will be held on Monday 24 February 2003 and will be attended by senior estates personnel and service planners. A report will be published after the event.

Training and Development

The Unit continues to provide a range of training interventions and in the last three months has delivered training programmes on equality, bullying and harassment, discrimination law, customer care and cultural diversity to a number of NHS Trusts and Health Authorities.

Mediation/Conflict Resolution

The Unit has provided an external mediation service in respect of four cases within two NHS Trusts. The Unit has also been involved in two major investigations of bullying and harassment; one has been concluded, the other is ongoing. The Unit has also conciliated in partnership with the Commission for Racial Equality and UNISON on a discrimination complaint. This was concluded in December 2002.

Partnership Working

The Unit acts in an advisory capacity on a number of internal/external groups including the Royal College of Nursing Diversity Group, the Recruitment and Selection Sub Group of the Joint Partnership Forum, the SME Equality Project Steering Group and all Trust Equality Steering Groups.

The Unit, in partnership with the Wales Women National Coalition, is running a seminar in March to encourage women from diverse backgrounds to put themselves forward for regional and national public appointments. The Unit is pleased that Dame Rennie Fritchie, Commissioner of Public Appointments, will be the key speaker.

3.3 Food and well-being launch and key content

On Thursday 13 February I was pleased to launch *Food and Well Being*, an action plan aimed at encouraging the people of Wales to understand and act upon the need to adopt a healthy diet. I was also glad to be able to launch this document as part of the British Heart Foundation's Women's Heart Health Week event at the National Botanic Gardens in Carmarthenshire.

Food and Well Being sets out to enable the achievement of a healthier diet for the whole of the population of Wales and to reduce inequalities in health. I particularly support the emphasis at the heart of *Food and Well Being* on addressing food poverty and the promotion of food equality, by improving physical and economic access to food and support for community action.

To fully realise the strategy's ambitions, the dietary inadequacies that have been identified will need to be tackled in a variety of ways. *Food and Well Being* highlights working with primary producers and others to facilitate developments aimed at improved food access and, at the same time, focussing on education and training, both within our schools and in the community generally.

Food and Well Being will be of particular importance in providing direction and context to the new Local Health Boards and local authorities in their preparation of local health, social care and well being strategies.

4. QUALITY REGULATION AND INSPECTION:

4.1 Quinquennial Review of the Welsh Committee for the Professional Development of Pharmacy

Edwina Hart and I have formally commissioned the quinquennial review of the Welsh Committee for the Professional Development of Pharmacy (WCPDP), which is an advisory Assembly Sponsored Public Body. The terms of reference are:

"Against the Background of "Remedies for Success : A Strategy for Pharmacy in Wales", the modernisation of the regulatory role of the Royal Pharmaceutical Society and other major policy developments affecting the field of the professional development of pharmacy, to consider whether there

is a continuing need for the Committee and whether it provides good value for money and is efficient and effective. The review will consider the Committee's cost effectiveness, the value of its work and whether that work can be done by the Assembly or other body(ies).

The review will make recommendations about the composition and operation of the Committee and its management and staffing support. The review will also consider the way the Assembly sponsors the Committee and monitors its performance. The review will also consider whether the Committee's role in the current commissioning process is effective and what scope there is to improve the process.

The review will make appropriate recommendations, in particular in the context of the Plan for Wales and the three key themes of social inclusion, equality and sustainable development."

The WCPDP was established in its current form in 1998 to advise the Assembly on the post-graduate education and training needs of pharmacists and their support staff. The Committee will be consulted on the draft report of the review during this Spring.

4.2 NHS Funded Nursing Care in Care Homes

Background

'Improving Health in Wales, A Plan for the NHS with its Partners' published in 2001, committed the National Assembly to implement reforms to the funding of long term care. Section 49 of the Health and Social Care Act removed local authorities' responsibility for arranging care by a registered nurse as part of community care. The intention was that the NHS should provide (or purchase) nursing care, in whatever setting it was provided.

Since 1 December 2001, the Act has been commenced for those people paying fees for care homes from their own resources (self funders), who thus have not had to pay for care by a registered nurse from that date. The local authorities have continued to purchase nursing care in care homes, so no individual should now be paying for their nursing care in a care home. The intention was that the Act would be implemented for local authority funded residents of care homes from 1 April 2003. Consultation has taken place on the guidance for the new commissioning and other arrangements needed to implement these changes.

Delay in transfer of funding

The proposed transfer of funding from local government to the NHS which was planned to take place in April 2003 would have provided the financial basis for the NHS (through the LHBs) to take over the responsibility for purchasing the nursing element of care in care homes. Local authorities would continue to purchase the accommodation and personal care elements.

In 2002 the local government Distribution Sub Group agreed to transfer to the NHS the funding for the

provision of nursing care in care homes currently in the settlement for 2003-04. They agreed that this would be done on the basis of client data from 31st March 2001, collected by the Statistical Directorate. More recent data was not available for the transfer calculations.

Subsequently, a number of authorities indicated that the data being used to determine the amount of the transfer out of each authority's budget was out of date and did not reflect the current position. The result was that some authorities would lose a disproportionate amount of funding for next year with a potentially serious affect on a number of existing services. On that basis, it has been agreed to delay that transfer.

Implications of non-transfer of funds

- The policy that no individual should pay for their nursing care is currently in place, as the provision for self-funders achieves this. The delay in transfer will not disadvantage any individual.
- The Commencement Order will not now proceed according to the original timetable. It is necessary to allow local authorities to continue purchasing nursing care in care homes until the new arrangements are fully in place. The Commencement Order will now be processed to ensure that it will be in place in readiness for the transfer in 2004.
- During 2003-04 the NHS and local authorities will be encouraged to work in partnership with the Local Health Boards, to ensure that the implementation of arrangements for NHS Funded Nursing Care will proceed. Timescales for the proposed new arrangements for joint commissioning of nursing care in care homes by local authorities and LHBs will be reviewed. The aim will be to develop these as soon as possible; the additional time will enable the new LHBs to engage effectively with local authorities on these arrangements.
- England is proceeding with the transfer of funds, and the implementation of NHS Funded Nursing Care. The cross-border protocol with the Department of Health which would in any case have been necessary to co-ordinate arrangements will be established to take into account the changed situation in Wales.
- Currently Health Authorities are employing staff on a temporary basis to undertake nursing assessments of existing care home residents likely to require NHS Funded Nursing Care. This has proved very valuable in developing joint working in the care of older people in particular, and is providing a context where other developments, such as Unified Assessment, are being taken forward. Discussions are taking place between relevant departments of the Welsh Assembly Government, local authorities and LHBs to ensure this work continues.

5. SOCIAL CARE

5.1 Consultation on Small Care Homes Standards

I made an announcement on 3 September 2002 about the application of National Minimum Standards in Wales. Part of that announcement said:

"In Wales, we also have a substantial number of homes with 3 or fewer beds. I recognise that these homes are more akin to domestic settings. Before 1 April 2002 these small homes were not subject to consistent physical standards and providers may have more problems in meeting new requirements. I will therefore invite views on possible changes to physical and administrative requirements for these small homes to see if any relaxations can be sensibly introduced"

With the introduction of Care Standards Inspectorate for Wales as the single regulator of social care for Wales and a common set of regulations and standards introduced for the first time, the expectations on small home providers has increased substantially. Early experience suggests that there may be problems for the small homes sector to met the full rigour of the new framework given the nature of their businesses and limited incomes from only a few clients. There is no intention that regulation should force out good care homes including those who provide care in small more domestic-like settings. I believe that without compromising the needs and protection of services users, it should be possible to relax some of the provisions set out in National Standards which may be less appropriate to apply to small homes with three or less beds rather than to larger care homes.

Following initial discussions with sector representatives, a consultation paper has issued setting out proposals for change in respect of Regulations and Standards for small homes for older people. We would welcome comments on our proposals from as wide a range as possible of providers and users and their representatives. Responses must be submitted by 30 April 2003.

Standards for small homes for younger adults ie for people under 65, are not included in these proposals since they are covered by a separate set of Regulations and National Standards which have some different and distinctive features. To ensure that there is not a prolonged period where the standards as between the 2 sectors are out of kilter with each other, a review of the younger adults standards as they apply to small care homes is also being undertaken. A separate consultation paper is expected to issue by the Spring.

5.2 Delayed Transfers of Care

On 31 October, I confirmed that an additional £7m would be provided to Health Authorities to help deal with emergency pressures over the winter months. Of this, the Health Authorities were required to allocate £2m to their partner Local Authorities to support ongoing work to tackle delayed transfers of care.

A review of the action plans submitted by each health and social care community shows how the additional money received by Local Authorities is being spent. The plans indicate that the main ways in which the additional £2m has been used are:-

- Additional home care packages (**£619k**) which is expected to provide at least **35,000** hours of care to clients in their own home.

- Additional long term placements in care homes (**£164k**) should fund around **13** extra placements

- Additional short stay beds (**£296k**) have been purchased from the independent sector for respite care, intermediate care, step down and reablement services. These services will help to support timely discharge and prevent avoidable admission to hospital and long term care and will be used by approximately **115** people.

- Extra staff (**£395k**) Occupational Therapists, Social Workers, Care Workers to extend the level of service provided by reablement, rapid response and intermediate care teams. Example: in Anglesey 40 bed weeks and 1120 hours of intermediate care packages will be provided as a result of the development of an intermediate care service that will include the purchase of 2 residential beds for 20 weeks and employment of 6 reablement assistants and a physiotherapist.

- Aids and equipment (**£257k**). Example: Merthyr Social Services have purchased 8 hospital-type beds for use in patients own homes.

5.3 Carers Grant Scheme

During December 2002, I announced that, following a consultation exercise, the Carers Grant would continue for a further two years as an Assembly grant.

Since my announcement we have also reviewed the statutory basis for the Carers Grant Scheme. For the last three years the grant has been operated as a special grant drawing on the powers of Section 88(b) of the Local Government Finance Act 1988. These powers are not intended to be used to support particular grant schemes for the medium to long term. It was therefore necessary to identify another statutory basis to operate the grant scheme. With the agreement of the Office of the Counsel General, it has been concluded that Section 28(b) of the National Health Service Act 1977 provides an appropriate statutory basis for the Carers Grant Scheme.

For 2003-2004, the available resources for the Carers Grant Scheme will rise from the present £4.6 million to £5.6million.

5.4 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**

£1,000,000	Health and Social Services MEG Other Health and Social Services SEG Flexible Care and Joint Working BEL	Health and Social Services MEG Support for the Voluntary Sector SEG Support for the Voluntary Sector/ Volunteering BEL	Support for the employment of Health and Social Care Facilitators by Community Voluntary Councils

6. VOLUNTARY SECTOR/ VOLUNTEERING

6.1 Voluntary Sector Partnerships Council

I chaired the Council meeting on 14 February at the Newport Centre, Newport. The meeting was well attended by members of the public.

The agenda included presentations and papers on :

- Cardiff University research on the Wales: Active Community initiative;
- Cardiff University research on effective partnership working;
- Proposals to develop a Welsh Assembly Government 10-Year Strategy For The Voluntary Sector;
- Criminal Records Bureau Working Group Report;
- Action Plan for a Bi-lingual Wales;
- Review Of The Code Of Practice On Funding;
- Update on Financial Data Collection;
- The Budget Planning Process;
- Guide to Relationships Between Local Government and the Voluntary Sector;
- Response to Strategy Unit Report on "Private Action, Public Benefit":
- Social economy Working Group paper:
- Voluntary Sector Scheme Action Plan 2003/4.

7. FINANCIAL POSITION

7.1 NHS Financial Position

There has been a further marginal improvement in the year-end forecast, which now indicates an operating deficit of between £41.1 million and £53.3 million. The upper range of the forecast is based on an assumption of primary care drugs expenditure increasing by 13% over previous years costs, although prescribing cost information to the end of December 2003 indicates that this increase is likely to be between 11% and 12%. However, this remains a volatile area of expenditure.

The majority of NHS organisations are planning to achieve the financial targets approved by the NHS Wales Department at the beginning of the financial year. My officials continue to work closely with organisations forecasting the greatest financial difficulties to develop robust plans to restore financial balance, and to identify funds to meet the budgeted deficit.

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 & Social Services