

4. IMPROVING HEALTH, REDUCING INEQUALITIES AND SUPPORTING VULNERABLE PEOPLE

Reducing Health Inequalities

4.1 *Well Being in Wales* is the follow up to *Better Health Better Wales* which did much to raise awareness of the social economic and environmental factors that affect people's health. *Well Being in Wales* reinforces the Assembly Government's action to tackle inequalities in health and improving people's health and well being through an integrated approach to policies and programmes.

4.2 *Well Being in Wales* was adopted by the Assembly in December 2002; it sets out a range of action across all the Assembly Government's policy areas.

(i) Inequalities in Health Fund

Where we are today

4.3 The Inequalities in Health Fund was established by the Welsh Assembly Government in 2001. It aims to stimulate and support new local action to address inequalities in health and the factors that contribute to it, including inequities in access to health services.

4.4 The Fund's initial focus has been on developing and supporting local partnerships to reduce coronary heart disease. The 67 projects funded cover a range of approaches but they are all aimed at providing action to help people improve their own health and that of their families in the fight against coronary heart disease. Projects help identify people at risk and improve access to services for those already suffering from heart disease. All projects have been encouraged to develop link with other Inequalities in Health Fund projects in their area and with other Assembly Government initiatives such as Communities First. Some examples include:

What we are doing

4.5 The Fund has an annual budget of £5m with additional funding being deployed separately, for the expansion of existing dental health initiatives and for a fissure sealant programme for children in areas of high dental decay.

(ii) Keep Well This Winter

4.6 The *Keep Well This Winter* campaign focuses on 3 main themes and, in doing so, draws together complementary initiatives from different parts of the Assembly, and from outside organisations. A key feature of the campaign is its partnership approach. The themes of the campaign are:

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Health Promotion

4.7 In November 2000, the Assembly approved the national health promotion strategy,

Promoting Health and Well Being, along with the first of a series of action plans to deliver the strategy. Since then the Assembly, in partnership with a large number of organisations, communities and individuals has been working to deliver the wide range of agreed activities.

4.8 The national health promotion strategy highlighted the need to tackle the underlying causes of poor health through a concerted and sustained effort working across all the Assembly Government's policy areas.

Where we are today

4.9 **Local Health Alliances** (LHAs) are well established with agreed action plans in all twenty-two unitary authority areas. Many are involved in working with communities, including support for Communities First Partnerships. A Wales Health Alliance Network has been established to support LHAs and disseminate good practice.

4.10 **The Welsh Network of Healthy School Schemes (WNHSS)** currently has over 500 of the 2000 schools in Wales involved. The target is to involve 600 schools by March 2004. Schools identify their own health-priorities within an agreed framework. Local schemes are accredited as part of the national schemes which aim to involve all staff and pupils in identifying needs.

What we are doing

4.11 Within the WNHSS schools are encouraged to participate in other all Wales initiatives such as the Smoke Bugs Club for 8-11 year olds, and the Smokefree Class Competition for 11-13 year olds. As many of the WNHSS schools are in Communities First areas, this encourages pupils from these deprived communities to consider health-related issues.

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4.12 All primary schools in Wales will also receive two new resources – *'The Class Moves!'* which encourages exercise and promotes self esteem; and *'Smoke Signals'* which aims to encourage a positive attitude to remaining smokefree.

Healthy Lifestyles

Where we are today

4.13 **Smoking:** The prevalence of smoking remains higher among certain ethnic groups and blue-collar workers than in the overall population. Among professional workers around 15% of men and 14% of women smoke cigarettes. Among unskilled workers smoking prevalence

reaches 45% for men and 33% for women.

4.14 Teenage pregnancy and sexual health: Individuals from socially excluded communities are often the most vulnerable to teenage pregnancy and sexual ill health.

4.15 Healthy eating: Disadvantaged and vulnerable groups face a number of barriers to healthy eating such as the cost of fresh food, accessibility to reasonably priced, nutritious food and availability of nutritional advice.

What we are doing:

4.16 Smoking: Cessation services in Wales, funded through the Welsh Assembly Government, are targeted in terms of access and location to meet the needs of deprived communities across Wales. Smoking cessation services staff have received training and guidance on working with clients from ethnic minorities or those with mental health needs. An evaluation of the services was carried out in 2002-03, and the findings will be used to inform a new contract for delivery of services through the National Public Health Service.

4.17 Teenage pregnancy and sexual Health: Initiatives from the "*Strategic framework for promoting sexual health in Wales*", which targets vulnerable groups include: a grant scheme which supports innovative models of sexual health advice and service provision for young people at greatest risk of teenage pregnancy and sexually transmitted infection; a national programme of HIV health promotion targeting gay men; and a national sexually transmitted infection prevention campaign aimed at young people across Wales.

4.18 Healthy eating: A joint Food Standards Agency and Welsh Assembly Government programme "*Food and Well Being - Reducing Inequality through a Nutrition Strategy for Wales*" was launched in February 2003. The Strategy document outlines the actions required by key players to improve the overall diet of people in Wales. It prioritises the groups who are particularly likely to

suffer diet and health inequality, including low income and vulnerable

consumers. The action plan particularly focuses on one of the Assembly's key strategic aims of tackling social disadvantage and, specifically, action to eradicate food poverty.

4.19 Over the last two years the Assembly Government's Community Food Initiative has funded thirty-two innovative projects. It aims to address the barriers to healthy eating among disadvantaged and vulnerable groups by increasing access to healthy food, improving basic skills and addressing issues of cost, preference, accessibility and availability. The twenty

projects currently funded across Wales include breakfast clubs and fruit tuck shops for children, the teaching of cooking skills, community cafes, and food growing schemes. The grant scheme has recently been evaluated and an enhanced scheme will be launched in Autumn 2003.

Sustainable Action Research Programme (SHARP)

4.20 SHARP is a five-year action research initiative focusing on community health development. Its aim is to establish an overarching programme of research to support and strengthen the evidence on the effectiveness of intervention in health determinants at community level. The initiative is primarily research driven unlike other community based initiatives to improve health. Projects employ an action research approach that is marked by collaboration between interested practitioners, relevant organisations and communities in a cyclical investigation of issues as articulated by the participants.

Where we are today

4.21 The *Better Health Better Wales Strategic Framework* set out some parameters for the initiative, including: a focus on communities with the highest incidence of ill-health and premature death; social exclusion and poor life chances; a principle of collaborative working and the involvement of public, private, voluntary and academic sectors working with local communities. Seven projects from across Wales were selected for funding in Summer 2000.

What we are doing

4.22 From Autumn 2002, all seven projects have moved on to the second phase of the initiative, taking their work up to March 2005. The work over this period will build on the foundations established in the first phase, with particular focus on evaluating progress and assessing what projects have achieved over the course of their funding.

Access to health services

4.23 Exclusion from health services, taken as difficulty in access to services or isolation resulting from difficulty in access, includes issues such as:

- long waiting lists for treatments to improve mobility or social involvement ;
- charging for services, that might deter use of services;
- geographical distance from services;
- poor availability of services for e.g. homeless people; and
- poor coverage of services e.g. dentistry.

Where we are today

4.24 Existing Assembly policies that address these issues include work on setting minimum standards across Wales; action to drive down long waits for treatment; extending waiting times monitoring; freezing of prescription charges; initiatives to recruit and retain staff to improve access in under-serviced localities; and the resource allocation review to channel funds to the areas with highest need.

4.25 Each NHS Trust and existing Local Health Group is required to publish an annual plan for public and patient involvement. The guidance from the National Assembly that specifies the task and provides advice explicitly requires that plans for future initiatives seek involvement from marginalised and vulnerable groups and includes suggestions and contact addresses to help achieve this effectively. The first annual plans for 2002-03 were published in September 2002.

What we are doing

4.26 The introduction of the new NHS structures in 2003, including the establishment of Local Health Boards and the requirement for preparation of Local Health, Social and Wellbeing Strategies based around a careful needs assessment will strengthen the focus on local service availability. The first Strategies will be adopted by 31st December 2004.

Welfare Rights and Benefits

4.27 *Better Health Better Wales* identified that: "...a person's social and economic circumstances are probably the strongest influence on health, avoidable sickness and premature death".

4.28 *Better Advice: Better Health*, by the provision of welfare rights and benefits advice to patients, aims to help improve their health and well being. GPs have to deal with many clinical problems where the solution is not medical but dependent more on improving the patient's

quality of life. This initiative is designed to help just such patients.

Where we are today

29. *Better Advice: Better Health* aims to improve the availability of information on welfare rights and benefits advice to patients through the existing network of GPs surgeries. The scheme enables GPs to refer patients requiring benefits advice and social care services to expert advisers. The primary objectives of the initiative are:

- Improving the up-take of unclaimed benefits;
- Improving income levels for poorer people; and
- Reducing the time GPs spend resolving non-medical queries.

29. The National Association of Citizens Advice Bureaux (NACAB) delivers the scheme across Wales in partnership with local authorities, local health groups, voluntary bodies and primary care interests. It is receiving £2 million from the Assembly over a three year period. Currently 19 of the 22 Unitary Authorities are delivering advice through 94 health care settings.

What we are doing

30. The project is being evaluated by John Borland of Bangor University, the final report is to be made available in November 2003. The final evaluation will form part of the *Better Advice Better Health* Conference to be held in February. The CAB in England have initiated discussions at how the scheme could be implemented across the border.

Primary Health Care

4.32 Primary and community care need to be readily accessible to all. These are the health services most people need most often. Dentists, optometrists, GPs and pharmacists and all deliver vital front line services which both safeguard our health and well being and act as the "gatekeepers" through which we gain access to more specialised services when needed.

4.33 There is evidence that vulnerable and socially excluded people find it hard to access these services and to maintain contact with them. This is a circle that needs to be broken. Outreach and out of hours services can help and these need to be developed. However, the real challenge is to find radical methods of ensuring not only that these groups of people know the services that are available to them, and to which they are entitled, but that services take steps to become accessible to them.

Where we are today

4.34 The *Action Plan for Primary Care in Wales* was issued in September 2002. It puts in place the specific actions required for implementing the vision for a quality and invigorated primary care service for the people of Wales. A

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key action is that Primary Care Services are to be available equally to all, irrespective of status. As part of this Action Plan, strategies for the future development of each of the contractor services are being developed. For GP services this will form part of the work to implement the proposed new GP contract, if agreed.

Dentistry

4.35 Wales has relatively poor oral health. The high levels of dental disease that exist must continue to be addressed. It is recognised that the general dental service provides around 90% of the NHS dental treatment in Wales.

Where we are today

4.36 The Welsh Assembly Government is ensuring vigorous action is taken to address areas of unmet need and working with the profession to find further ways of addressing the issue. The Assembly has:

- Introduced free dental checks for those under the age of twenty-five and those aged sixty and over;
- Frozen the maximum patient charges;

- Introduced a fissure sealant programme in the Communities First areas for children in the six to eight age group; and
- Enhanced the services of NHS Direct to enable patients to locate their closest dentist when needed.

What we are doing

4.37 In 2003, the Assembly will continue developing strategies that will increase patient access to NHS dentistry, including:

- Taking forward action in response to the consultation document "Routes to Reform, A Strategy for Primary Dental Care in Wales";
- The purchase by Health Authorities of additional access sessions from practitioners in the general dental service with the aim of stabilising and enhancing access to emergency cover; and occasional treatment to those patients who are unregistered with a dentist for continuing care;
- Extending the range of treatments available to unregistered patients as occasional treatment;
- Enhancing the role of the community dental service by continuing to support the innovative scheme introduced in 1995 to deliver dental treatment in accordance with general dental service terms;

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- Continuing to support the development of the Personal Dental Service in Wales; and
- Ensuring that children and young people under the age of nineteen in full time education, patients in receipt of income support or other benefits receive NHS dentistry free of charge. Other patients are required to pay 80% of the cost of treatment, although some may receive assistance through the provisions contained in the low-income scheme.

Optometry

4.38 The problems associated with impaired vision and failing eyesight are a key issue in primary care and the health and well-being of a wide range of people.

Where we are today

4.39 Optometric services are provided by a variety of professionals operating within different settings, some in the NHS, community services for people with special needs (children in particular) and within the specialist hospital services. In the main, services are provided by independent contractors providing either private services or NHS services under the General Ophthalmic Services contract.

What we are doing

4.40 The Welsh Assembly Government is improving the co-ordination of and access to services to all patients and offering real opportunities to achieve significant improvement in the health and well-being of people with low or impaired vision. The extension of the role of the community optometrist facilitates the delivery of patient eye care in the community thereby avoiding inappropriate and often unnecessary referrals to hospital.

4.41 The following initiatives focused on patients considered to be most 'at risk' are currently being implemented:

- Direct referral by optometrists within LHG guidelines to secondary ophthalmology services for patients requiring specialist treatment;
- A programme of eye examinations at no cost to the patient, available to 'at risk' groups of people in Wales which are specifically designed to detect eye disease;
- An All-Wales screening programme for diabetic retinopathy;
- The establishment of an all-Wales low vision service;

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- Co-management with the secondary sector, under agreed protocols, of certain eye conditions, e.g. cataract and glaucoma; and
- Consideration of responses to the strategy *"The Future of Optometric Services in Primary Care in Wales"* published in 2002. Options include equality of access to optometric care and the availability of services particularly in deprived areas of Wales.

General Medical Services

Where we are today

4.42 GPs are currently required to provide access to health care for all patients regardless of their social status. People who are homeless or moving on a frequent basis can still have health care provided by their GP, either as a temporary resident, or as immediately necessary or emergency treatment. Where groups of residents are found to be hard to reach, powers exist to develop specific services to meet any special needs.

What we are doing

4.43 The proposed new GP contract will offer opportunities to encourage Local Health Boards to develop new services. Model schemes have been developed and agreed, including the provision of GMS services to the homeless, travellers, refugees and asylum seekers.

4.44 As previously mentioned, the Health Inequalities Fund has been used to stimulate and support local action to address inequalities in health, and factors that contribute to them, including access to health services. Examples of the sorts of schemes resourced through this Fund include:

4.45 Bilingual health care advice and information is available to the population of Wales, 24 hours a day, 365 days a year from the telephone advice line NHS Direct Wales (NHSDW). Advice is also available on the NHS Direct website. NHSDW has a social inclusion advisory group and is committed to improving access to the service for vulnerable people. Simultaneous translation for those whose first language is neither Welsh or English is available via a three way telephone link up to Language Line services

Where we are today

4.46 In September 2002 the Welsh Assembly Government published a draft consultation strategy for pharmacy in Wales. Over 100 substantive comments have been received and are being considered, alongside parallel developments including the Office of Fair Trading's recommendations on the regulations governing contracts for pharmaceutical services.

4.47 The All Wales Medicines Strategy Group, established in 2002, is taking forward the recommendations of the prescribing task and finish group. The Assembly has issued guidelines on good practice for pharmaceutical aspects of palliative care in the community, and is now working with the service to ensure that it is extended across Wales. The first phase of Nurse Prescribing has been successfully rolled out across Wales and further investment for training in extended prescribing for nurses and pharmacists has been announced for 2003-04. The Assembly has helped GPs deal with the recognised problem of addiction to prescribed benzodiazepine drugs by enabling them to issue daily repeatable prescriptions where this is clinically appropriate.

What we are doing

4.48 A final strategy and implementation plan will be published in 2003. The key elements of the strategy are likely to include:

- closer working with Social Services to support patients in domiciliary and care settings;
- promotion of health and well being through Local Health Group (LHG) led activities such as smoking cessation schemes, substance misuse services and contraceptive services;
- development of the LHG led prescribing role of the pharmacist in respect of repeat prescribing, substance misuse harm minimising schemes and the management of minor ailments; and
- improved arrangements to ensure timely access to services.

4.49 Following on from the freezing of prescription charges and exemption from charges of all persons under 25 in Wales, the Assembly is reviewing the rationale for the present arrangements of prescription charges, exemptions and remissions.

Social Care

People with Learning Disabilities

4.50 The Welsh Assembly Government is concerned to ensure that people with learning disabilities are able to lead fulfilled lives. It has speeded up the process of supporting resettlement into the community of people with learning disabilities who were inappropriately housed in long stay hospitals and worked to improve the support for those living in the community.

Where we are today

4.51 In 1983, some 2,089 people were resident in long stay learning disability hospitals. Over the last 19 years this total has fallen to 278 (as at 31 March 2002). Since 1997, three long stay learning disability hospitals in Powys and the Ely Hospital in Cardiff have closed. Resettlement from the remaining three long stay hospitals in Wales (Llanfrechfa Grange, Hensol and Bryn y Neuadd) is continuing.

What we are doing

4.52 In 2002-03, the Welsh Assembly Government agreed the comprehensive resettlement plan for Bryn y Neuadd Hospital. Over the next three years the resources the Assembly is providing to support resettlement programmes will total over £70 million. This funding will ensure that all resettlement programmes are completed by the end of 2006.

4.53 Over £7 million in extra resources will be made available over the next three years to support the implementation of the Assembly's response to the external Learning Disability Advisory Group's report '*Fulfilling the Promises*' which puts forward a framework for services for people with learning disabilities. The Assembly will:

- issue guidance to authorities setting out the service principles for adults with learning disabilities and the service responses that health and social services should adopt;
- fund the further development of self, citizen and short term/crisis advocacy services across Wales for people with learning disabilities to build upon existing investment in advocacy services and address service gaps;
- fund the further development of the Direct Payments Scheme throughout Wales for all disabled people; and

- establish a new external Implementation Advisory Group to oversee the implementation of our response to *'Fulfilling the Promises'*.

Physical/Sensory Disabilities

4.54 The Welsh Assembly Government is helping to ensure that people with physical and sensory disabilities are enabled to lead as full lives as possible, that services are accessible and that individuals' legal rights are promoted.

Where we are today

4.55 The number of people who are registered with local authorities as having a sensory disability has more than doubled since 1980 and is now approaching 30,000. Around 15,000 assessments of adults with physical and sensory disabilities are undertaken each year by social service departments across Wales.

What we are doing

4.56 During 2002-03 the Assembly is providing some £2.7 million in grant to support the core activities of 28 voluntary organisations operating on an all-Wales basis in the social care sector. Organisations funded include Disability Wales, the Wales Council for the Blind, the Wales Council for the Deaf, Mencap Cymru, the Royal National Institute for the Deaf, Age Concern Cymru, Mind Cymru, the National Autistic Society, SCOVO and Carers Wales. This grant ensures that not only are some of the most vulnerable people provided with help and support but also with a representative voice to contribute to shaping the Assembly Government's policies.

Carers

4.57 Informal carers can be among the poorest because their caring responsibilities are difficult to combine with employment responsibilities and they can have insufficient contributions to qualify them for certain benefits.

Where we are today

4.58 In Wales it is estimated that there are over 370,000 informal carers who have an important role to play in contributing to community life. Research indicates that carers face dangers to their health, including physical injury such as back strain, which is particularly common in older carers. Carers are also vulnerable to mental health problems, including the

effects of emotional stress and depression. It is necessary to ensure that the assessed needs of carers are met within communities and that they are given opportunities and choices.

What we are doing

4.59 The Assembly Government has produced the *Carers' Strategy in Wales Implementation Plan*, the principal objective of which is to improve the longer term health and well-being of carers and those for whom they care. The

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Implementation Plan is being taken forward in partnership with local government, the voluntary sector and other key agencies. It is reviewed and developed each year. The *Carers' Strategy* translates values into practical measures to support and assist carers under the main headings of:

- Information;
- Health and social care;
- Support;
- Employment; and
- Young carers.

4.60 A key to the delivery of the Carers' Strategy is the Assembly's Carers Special grant to local authorities to enhance services and support to carers. In 2002-03 resources will total some £4.6 million.

4.61 The provisions of the Carers' and Disabled Children Act 2000, which extends the right of carers to a social services assessment, allows services to be provided direct to carers and allows local authorities to offer direct payments in lieu of directly provided services came into effect in Wales in July 2001.

The Strategy for Older People in Wales

4.62 In Spring 2001 an Advisory Group was established to support the development of a Strategy for Older People in Wales. The process of developing the Group's report "*When I'm 64 ... and more*" was informed by research and an extensive consultation programme involving over 1,000 people. It made over 100 recommendations to improve services for older people and other issues related to their well being to guide the Welsh Assembly Government and other statutory bodies to develop future policies and plans to reflect the changing demography and social circumstances.

Where we are today

4.63 The *Welsh Assembly Government Strategy and Implementation Plan* has now been developed taking into account the Advisory Group recommendations and external consultation responses. It identifies a number of strategic aims and objectives, provides a policy rationale and outlines an Implementation Plan to take forward more detailed actions and projects. The Strategy provides a framework for the Assembly Government, local authorities and others over the next decade to address the implications of an Ageing Society and improve services to the benefit of older people. The Strategy addresses the key themes of:

- Valuing Older People;
- Older People in a Changing Society;
- Living Longer and Healthier; and
- Coping with Increasing Dependence.

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What we are doing

4.64 The Strategy was launched on 30 January 2003. Guidance on access and use of agreed support funding of £10m over 3 years has been published to commence from April 2003. A Cabinet sub committee is being established to ensure continued and coherent focus on the needs of Older People by the Assembly Government. A National Partnership Forum for Older People is also being introduced to ensure progress on the Strategy is monitored and that older people and their representatives have a voice at national level. Objectives are set to tackle discrimination, ageism and poor engagement and participation of older people, social exclusion, isolation, poverty and gaps between the generations. A research and evaluation plan is also set out as a basis for further development.

Mental Health

(i) Adult Mental Health

4.65 The National Service Framework (NSF) for Adult Mental Health Services was launched in May 2002. The NSF aims to set standards for services in Wales, drive up quality and reduce unacceptable variations in service provision. It establishes the practical guidelines that will ensure the consistent and comprehensive implementation of the Strategy's vision across Wales.

4.66 The NSF focuses on adults of working age, normally those between 18 to 65 years of

age. It covers public health challenges; health promotion and social inclusion; the needs of service users and carers; access to services; and provision of comprehensive assessment and treatment. The aim of the NSF is to drive-up quality, tackle variations in access to care, increase the effectiveness of care and enhance user and carer experience by ensuring changes are systematic and sustainable.

4.67 In order to implement the eight standards set out in the NSF, 44 key actions are listed, each setting out the time-scale and identifying the organisation responsible for implementation. Services are expected to follow the aims set out in the strategy and to work together in order to provide a spectrum of care appropriate to the level of need.

4.68 Performance indicators within the performance assessment frameworks of health, social services and others should include key actions within the NSF where appropriate. There are also specific performance targets set within the NSF itself, and a system will be set up to ensure effective monitoring takes place. Implementing the key actions of the NSF is a specific objective in the Service and Financial Framework (SaFF) planning guidance for 2003-04.

Where we are today

4.69 An Implementation Advisory Group has been established to prioritise the recommendations of the Strategy and NSF and from this draw up an Action Plan. In addition to the wider advisory group, a team has been appointed on a secondment basis to take forward this work.

What we are doing

4.70 Implementation guidance will be issued in 2003 relating to the priority areas of Commissioning, Care Programme Approach, Stigma and Service User and Carer Empowerment. Further priority areas are to be determined by the Implementation Advisory Group for 2003-2004. Other activities include the following:

- Establishing an independent Baseline Assessment of adult mental health services across Wales by the end of 2003;

- Publishing an implementation plan by the end of January 2003 to take forward the aims and objectives of the adult mental health strategy and the NSF standards; and
- Producing a forward looking implementation plan by December 2003.

(ii) Child and Adolescent Mental Health Services (CAMHS)

4.71 In September 2001 the Minister for Health and Social Services launched the first All Wales Strategy for Child and Adolescent Mental Health Services (CAMHS) a central recommendation of which, was the setting up of an Implementation Group.

Where we are today

4.72 An Implementation Group for CAMHS has been set up and has identified the following areas of work:

- Services Development;
- Commissioning Mechanisms;
- Working Concepts Informatics and Research & Development; and
- Workforce Development & Training.

What we are doing

4.73 CAMHS Sub Groups have been established to take forward the work areas identified above and are focusing on:

- Prioritising, short, medium & long-term service development needs;
- Specifying "customer" requirements;

- Commissioning work on needs assessment;
- Establishing research requirements; and
- Updating the 1999 Value for Money Study.

Improving the Physical/Mental Health of Prisoners

4.74 Many prisoners have significant physical and mental health problems that may adversely affect their resettlement in the community if untreated. It is estimated that 90% of all prisoners have a diagnosable mental health problem (including personality disorder), substance misuse problem, or both. 24 per cent of prisoners report having injected drugs, and rates of infection with Hepatitis B and C within this group are 20% and 30% respectively. Others have acute or chronic health problems requiring diagnosis, treatment and management.

4.75 In the past healthcare services in prisons have been demand rather than needs led, and often of poor quality. Since 1999 the Welsh Assembly Government has been working in partnership with the Prison Health Task Force and Policy Unit to provide prisoners with access to the same quality and range of healthcare services as the general public receives from the NHS.

Where we are today

4.76 In 2001, in conjunction with health authorities and university researchers, the prisons in Wales completed initial Health Needs Assessments. The prisons, together with their Local Health Groups, are now in the process of establishing Prison Health Steering Groups that will meet regularly and annually review the Needs Assessments and produce Health Improvement Plans. This work will enable key areas for development to be identified, targeted at existing resources at specific needs.

4.77 Also in 2001 the Assembly committed £360,000 per year to the development of Mental Health In-Reach Services in the four Welsh prisons. The NHS staff appointed provide the equivalent of a community mental health service to the prisoner population of each establishment. Particular attention is being paid to securing continuity of care on release.

What we are doing

4.78 Within the past year the Prison Health Task Force and Policy Unit has published various reports and strategies encompassing the work of doctors in prisons, mental health, and health promotion, and others will follow within the next few months. The Assembly, prisons and Local Health Groups are currently exploring ways in which these strategies can be implemented in the four Welsh prisons.

4.79 By the end of March 2003 all prisons and their Local Health Group partners are expected to have completed their initial Health Improvement

Plans. These must be realistic and achievable, and it is anticipated that some reconfiguration of existing resources will be necessary to bring about the planned improvements in areas such as mental health, primary care, substance misuse, health promotion, dentistry and workforce development during 2003.

Domestic Violence

4.80 The Assembly is committed to reducing the incidence of domestic violence in Wales. It provides core grant to Welsh Women's Aid (WWA) and the Black Association of Women Step Out (BAWSO) for the provision of advice and guidance to local agencies. Grant is also provided to individual women's refuges and to registered social landlords.

Where we are today

4.81 Within the last 5 years, domestic violence fora have been established all over Wales, encouraging better co-operation between the different agencies involved in the provision of domestic violence services.

4.82 A manual of guidance has been issued to health professionals on how to deal with domestic violence cases. This is shortly to be distributed in hard copy, in addition to the website version already available (www.wales.gov.uk/domesticviolence). The Assembly also takes into account schemes for the protection of women against violence in its transport grant to local authorities.

What we are doing

4.83 New projects and initiatives are being considered as part of this year's grant round. For the three year period starting 2003-04, the level of Welsh Assembly Government funding will be increased to some £1.5 million. The Assembly has set up a Working Group to consider the development of an all Wales Strategy in respect of domestic violence and violence against women. The Group has recommended the development of a comprehensive domestic violence strategy for Wales, as well as a national telephone helpline and improved arrangements for dealing with domestic violence victims in Accident and Emergency Departments. These proposals are currently under consideration.

Substance Misuse

4.84 Wales has its own distinctive substance misuse strategy, *Tackling Substance Misuse in Wales: A Partnership Approach*, which was launched in May 2000. The approach to tackling substance misuse in Wales is focused on the twin goals of promoting community safety and the provision of timely and appropriate treatment.

Where we are today

4.85 Work is currently underway to refocus the strategy towards the delivery of treatment and rehabilitation services, particularly relating to Class A drugs. Despite previous increases in funding for substance misuse treatment, there are still concerns over increased heroin and crack cocaine use and the availability of, and access to, treatment services. Increasing the number of substance misusers in treatment remains a key objective. Health Authorities in Wales fund substance misuse treatment to varying degrees, with the total Health Authority Expenditure for 2002-3 estimated at £12 million.

What we are doing

4.86 As a consequence of Health restructuring in Wales the 5 existing Welsh Drug and Alcohol Action Teams (DAATs) are being abolished. From April 2003 responsibility for planning and implementing action to tackle substance misuse will rest with the 22 Community Safety Partnerships. A strategic level of support will be established in the four Welsh police areas and will be delivered by Welsh Assembly Government staff.

4.87 The Drug and Alcohol Initiatives budget, which currently stands at £3.4m, will be increased by an additional £3m next year, £6m in 2004-05 and £9m in -2005-06 to increase the capacity of the substance misuse treatment sector in Wales. The NHS element of funding for substance misuse treatment will be ringfenced from 2003-04.

4.88 Providing prisoners who are substance misusers with support on their release from prison is a development priority. Support workers within local communities will be provided specifically to address the needs of discharged prisoners with substance misuse problems. The intention is to prevent relapse and the potential for drug related deaths, and to facilitate access to employment and education by working with other government initiatives. Support will also be increased within prisons to develop the key life and social skills of prisoners who have undergone treatment for substance misuse whilst in custody. This will better equip them to make use of post discharge support to cope with re-entering society.

4.89 Timely and accurate management information from the local partnerships will be essential to ensure that the substance misuse strategy is being delivered effectively at the local level and that the Assembly is obtaining value for money for the new investments. In 2003-04 the Assembly will be setting up new data collection arrangements and work will begin on developing a research programme.

