

Health and Social Services Committee

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Meeting date: Wednesday 5th April 2006

Venue: Committee Room 2, Senedd, National Assembly for Wales

Title: Minister's Report

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2. Update on improving the quality and consistency of the assessment process and Issue of the Revised and Renamed Nurses' Workbook on NHS Funded Nursing Care
3. New Welsh Assembly Government and Medical Research Council (MRC) Partnership Fund
4. Designed for Life: Quality requirements for adult critical care in Wales
5. Tackling Renal Disease in Wales
6. Update on progress and consequences of the European Working Time Directive and Welsh Junior Doctors throughout Wales
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- Salt Reduction Targets
- Benzene in soft drinks

Legislation updates:-

The NHS Blood and Transplant (Amendment) (Wales) Directions 2005

1. Visit to Cam Ymlaen

1.1 On 9 February 2006, I visited the Cam Ymlaen (Step Forward) project in Llandudno.

1.2 Cam Ymlaen's projects are designed to re-integrate people with mental health problems by means of supported employment with supplemental training as required.

1.3 Cam Ymlaen receives funding to deliver their projects through Objective 1, other European funding and DWP funding. It works in partnership with Community Mental Health Teams, Conwy Social Care and Housing Department and Conwy and Denbighshire NHS Trust. Due to increasing awareness and popularity of the projects, more referrals are coming from GPs, the Employment Service (JobcentrePlus), local colleges, local employers and the general public.

1.4 The projects use a modified version of the supported employment model of vocational rehabilitation. The focus is placed on the individual's abilities rather than their disability.

1.5 Cam Ymlaen's activities relate very closely to Standards 1 and 3 of the revised NSF for adult mental health services 'Raising the Standard';

- Standard 1 - Social Inclusion, health promotion and tackling stigma
- Standard 3 - Promotion of opportunities for a normal pattern of daily life.

1.6 The project is uniquely successful with almost 300 individual clients with severe and enduring mental health problems being supported into mainstream employment and training.

2. Update on improving the quality and consistency of the assessment process and issue of the revised and renamed nurses workbook on nhs funded nursing care

2.1 NHS Funded Nursing Care is a weekly payment made to care homes by Local Health Boards (LHBs) for all residents assessed as requiring registered nursing care.

2.2 The Nurses Workbook on NHS Funded Nursing Care by Registered Nurses in Wales was first issued in 2001 to support the implementation of the original guidance. Since that time, there has been new guidance, and developments in policy and practice, including the introduction of the Unified Assessment Process.

2.3 There has also been increased attention on assessment processes generally: for example, the Ombudsman's Report on Long Term Care in 2003 identified that many people had not been properly assessed, and their eligibility for funding for continuing NHS health care not identified. Recent television programmes have further highlighted these issues.

2.4 The nursing assessment is very important because it is a key opportunity to identify if the resident may be eligible not just for NHS Funded Nursing care, but also possibly for continuing NHS health care (and thus be referred for further assessment).

2.5 A revised and renamed version of the Workbook has been produced, with a supporting training programme, extending its relevance to nursing assessments in a much wider context.

2.6 The issue of this revised document, together with the supportive training programme, will improve assessment and decision-making around the provision of long term care. These will help to ensure that people receive the care they need, and the appropriate funding, helping to prevent the kinds of problems which give rise to the Ombudsman's report, and the ongoing publicity around people inappropriately paying for their care.

3. New welsh assembly government and medical research council (MRC) partnership fund

3.1 A partnership agreement has been formed through which the MRC has agreed to provide funding of £1million to support high quality pilot studies and specialist research fellowships in Wales.

3.2 Fellowships. The Partnership Fund enables WORD to fund a number of fellowships that directly support the work of the thematic research networks at the heart of the new research and development infrastructure.

3.3 Pilot and feasibility studies. The Partnership Fund enables WORD to increase the size of the Research Funding Scheme budget and fund larger scale pilot and feasibility studies than could previously be accommodated within the Scheme. The completion of such studies places researchers based in Welsh institutions in a far stronger position to apply for further grants from external funding bodies such as the MRC.

3.4 The Partnership Fund supports WORD's implementation of the Welsh Assembly Government's strategic work programme for research and development in Wales. The programme of work supported

by the Partnership Fund commenced in 2005-06 and will continue to build in 2006-07 and 2007-08.

4. Designed for life: quality requirements for adult critical care in Wales

4.1 In 2000, the Emergency Pressures Taskforce produced a report that established that there was a deficit in adult intensive care beds in Wales. The former Minister for Health and Social Services, Jane Hutt AM, recommended a review of adult critical care provision across Wales and the development of services at a strategic level.

4.2 The All Wales Critical Care Development Group was established in 2001, to develop and consult on a set of Quality Requirements for adult critical care along with a strategic framework to direct and support their implementation. The Quality Requirements have now been published and the Group considers them to be the key to improvement, through underpinning the planning, organisation and delivery of critical care.

Implementation of the Quality Requirements:

4.3 The strategic framework sets out targets until March 2008 and a service framework will direct implementation according to these, in line with the approach set out in Designed for Life, the 10 year plan for health and social services.

4.4 To drive the implementation of the Quality Requirements through the commissioning process, three Critical Care Networks will be established by March 2008, as required by the Welsh Health Circular that accompanies the Quality Requirements. The Networks will commission and deliver critical care services according to the Quality Requirements, thereby leading to improved patient care and outcomes. Recurrent revenue funding has been identified for the Network's establishment.

4.5 There is a need for increased capacity of critical care services, but much improvement can be achieved through strategic and efficient use of existing resources. By working together, commissioners of critical care and the providers of health and social care services in Wales will be able to use resources more effectively over a wider geographical area. The Quality Requirements will be used to inform the outcome of the regional reconfiguration plans that are currently being planned across Wales as a result of Designed for Life. Members of the All Wales Critical Care Development Group have joined the working groups in each of the 3 regions to help ensure the draft Quality Requirements are used to inform the process.

5. Tackling Renal Disease in Wales

5.1 A public consultation on the draft policy statement on tackling renal disease in Wales and the Renal Services National Framework (NSF) standards was launched on 13 March 2006 and ends on 16 June 2006.

5.2 Standard 1 of the NSF focuses on the need to provide a more patient centred renal service. A key action towards achieving that is to establish an all Wales multidisciplinary group to advise the Welsh Assembly Government on policy and quality issues and to support Local Health Boards, Health Commission Wales and service providers in implementing the policy aims and the NSF standards. This group will be chaired by Dr Arun Midha, who is Welsh lay member of the General Medical Committee.

5.3 The Wales group will include representation from kidney patient groups, doctors, nurses and others involved in the care of patients with renal disease, those responsible for commissioning and delivering renal services and Community Health Councils. This will ensure that the views of all key stakeholders are included in the development of the NSF.

5.4 One of the initial tasks for the group will be to set up renal networks to plan and deliver renal services in a collaborative way, one for North Wales and one for South Wales. Once established, the Networks would also be part of the all Wales group.

5.5 Following the consultation, I want the group to take over responsibility for producing the NSF standards which will be published by the Welsh Assembly Government later this year. It is vital that people in Wales receive the best treatment regardless of where they live. By developing national standards we can ensure this happens. I hope everyone who has a view on renal services takes part in the consultation.

6. Update on the European working time directive (EWTD) and Welsh junior doctors throughout Wales

6.1 Since the last update the Employment Council of the European Parliament has met but unfortunately, the subject of EWTD was removed from the agenda. Therefore, we do not have any further clarification of SiMAP/Jaegar or a position on 'inactive on call time' – the situation therefore remains the same. Indeed a recent European Court ruling has confirmed that all night spent on shift counts as work.

6.2 Therefore, it is recommended that NHS Trusts throughout Wales continue in their current planning to achieve the 48 hour target for August 2009. These plans include systems that utilise the staff available in a more effective and efficient way – this includes the principle of "Hospital at Night".

6.3 Officials continue to work hard with NHS Trusts and LHBs to advise on how the directive can be met while maintaining high standards of service and continuing education. This includes an evaluation document on the compliance position of EWTD within NHS Trusts, which should be ready for publication by late Spring 2006.

6.4 Recent data shows the NHS in Wales is approximately 96% compliant with the interim 2004 working hours target of 58 and well on the way to achieving the compliance target of 56 hours by August 2007.

7. Emergency Ambulance Service – update of performance

Demand

7.1 Demand for services remains high with more than 71,500 emergency calls received in the quarter ending 31st December 2005, 4% up on the same quarter of the previous year. This is the first time the number of calls has exceeded 70,000 in a single quarter.

7.2 Demand has increased significantly over the last 6 years with the total number of emergency calls rising from nearly 195,000 in 1999-2000 to over 267,000 in the year to 31st March 2005, an increase of 37%.

Performance

7.3 All Emergency Calls

82.6% of all emergency calls in Wales arrived within the target times for the quarter ending 31st December 2005.

7.4 Category A – First Response in 8 minutes (60% Target)

- 55.7% of first responses to Category A (immediately life threatening) calls arrived within 8 minutes for quarter ending 31st December 2005.
- Performance in individual LHB areas against the Category A 8-minute target ranged from 38.7% in Bridgend to 72.2% in Conwy.
- Figures provided by the Welsh Ambulance Trust for monthly performance show that performance against the 8 minute target increased to 58% in January. Performance ranged from 42.06% in Monmouthshire to 72.48% in Conwy. Bridgend was 43.15%.

7.5 Category A – First Response in 9 minutes (70% Target)

- 62.1% of first responses to Category A (immediately life threatening) calls arrived within 9 minutes for the quarter ending 31st December 2005.
- Figures provided by the Welsh Ambulance Trust for monthly performance show that performance against the 9 minute target increased to 64% in January. Performance ranged from 44.4% in Monmouthshire to 77.9% in Conwy.

7.6 Category A – First Response in 10 minutes (75% Target)

- 67.3% of first responses to Category A (immediately life threatening) calls arrived within 10 minutes for the quarter ending 31st December 2005.
- Figures provided by the Welsh Ambulance Trust for monthly performance show that performance against the 10 minute target increased to 69% in January. Performance ranged from 50% in Monmouthshire to 83% in Conwy.

7.7 Category A – Response by an Ambulance Able to Transport a Patient (95% Target)

- 84.4% of responses arrived within target times (14/18/21 minutes in urban/rural/sparsely populated areas) for the quarter ending 31st December 2005. Performance ranged from 70.5% in Caerphilly to 97.9% in Denbighshire.
- Figures provided by the Welsh Ambulance Trust for monthly performance show that performance remained at 84% in January. Performance ranged from 68% in Rhondda Cynon Taf to 99% in Denbighshire.

7.8 Category B - Response by an Ambulance Able to Transport a Patient (95% Target)

- 80.9% of responses arrived within target times (14/18/21 minutes in urban/rural/sparsely populated areas) for the quarter ending 31st December 2005. Performance ranged from 65.0% in Caerphilly to 96.7% in Conwy.
- Figures provided by the Welsh Ambulance Trust for monthly performance show that performance remained at 81% in January. Performance ranged from 63% in Vale of Glamorgan to 98% in Conwy.

7.9 Urgent Journeys

- 67.2% of urgent journeys arrived not more than 15 minutes later than the requested arrival time for the quarter ending 31st December 2005. Performance in individual LHB areas ranged from 41.4% in Torfaen to 86.9% in Pembrokeshire.
- Figures provided by the Welsh Ambulance Trust for monthly performance show that performance increased to 70% in January. Performance ranged from 41% in Monmouthshire to 88% in Conwy, Denbighshire and Pembrokeshire.

8. Consultation responses and revised terms and conditions for the joint working grant 2006-08

8.1 The Joint Working Grant was introduced in 2001 and forms part of the Welsh Assembly Government's commitment to achieving greater joint working between the NHS and local government.

8.2 I announced in September 2005 that the grant was to be extended until the end of the financial year 2007-08 (an additional two years) and the revised terms and conditions were issued for consultation in October.

8.3 The grant conditions have been strengthened to reflect the recommendations of the HSSC review into the interface between Health and Social Care, designed for life and the Wanless review.

- exit strategies with impact assessments if project is not being mainstreamed.
- In line with targets set in the NSF for Children, young people and maternity services the conditions take into account the need to advance services to children
- Encouraging the use of assistive technology and joint community equipment stores

8.4 The main issues raised in the responses to the consultation are as follows;

- All responses welcomed the extension of the grant for a further two years
- The majority of responses were disappointed at the lack of an inflationary uplift.
- There were some responses which wanted the ring fenced element of the grant to be maintained in the longer term.
- The emphasis on children and young people was welcomed

9. Inspection of Rhondda Cynon Taff Local Health Board

9.1 Healthcare Inspectorate Wales (HIW) published its inspection report on clinical governance, commission and public health arrangements within Rhondda Cynon Taff Local Health Board on 8 March 2006. HIW was positive about the LHBs performance and a copy of the report is available from The Committees Secretariat.

9.2 Examples of initiatives taken forward within the last two years by the LHB are:

- The first LHB in Wales to be credited with the Investors in People Award.
- In partnership with Caerphilly LHB has also become the first Teaching LHB in Wales.

- The LHB is one of only two Welsh LHBs piloting The Pathways to Work Project – Condition Management Programme.
- Produced the first Integrated Estates Strategy for primary care premises in conjunction with Welsh Health Estates.
- Two active Public and Patient Forums in Cynon and Rhondda Valley with a third in Taff Ely area being developed.
- The GPs with special interest in dermatology provide a local more accessible service, reducing hospital referrals.
- The service model operating between Pontypridd and Rhondda NHS Trust and optometrists within Rhondda Cynon Taff has provided a localised service and reduced waiting lists.
- The development of the Primary Care Support Unit and employment of salaried GPs to meet the needs of the community.

Areas noted for further improvements:

- Updating the Public and Patient Involvement Strategy (PPI) and ensuring it is fully integrated and formalised within the LHB;
- The LHB Board should consider having a non-executive with designated responsibility for PPI;
- Improving the flow of information and support it provides to primary care contractors especially those that are not GPs.

9.3 The report makes 10 recommendations and the LHB has been encouraged to share learning from the initiatives above across Wales. In response the LHB is required to develop an Action Plan in collaboration with other agencies.

10. Tertiary Autism services in South Wales

10.1 The Chief Executive of Cardiff & Vale Trust, Mr Hugh Ross, has assured the Welsh Assembly Government, via the South East Regional Office, that the service is not being closed down in the short term and that more detailed work is to be undertaken over the next 6 months.

10.2 In the interim they are continuing to work with Cardiff and the Vale LHBs from where the majority of referrals have emanated and has written to all other LHBs in Wales to establish a referral protocol in relation to the funding of the patient.

10.3 The Welsh Assembly Government will continue to take an interest in this issue and will expect full briefing on the developments over the next 6 months.

10.4 The Autism Spectrum Disorder (ASD) Action Plan, which will go out to consultation in April, will also address the need for such services to be formally agreed and supported through the established commissioning processes.

11. Analysis of children first management action plans and progress reports

11.1 A report by Wales College of Medicine and Keele University - An Analysis of Children First Management Action Plans & Progress Reports for Wales (1999 – 2004) has been published. The report contributes to the evaluation of progress made by the Children First Programme in transforming the management and delivery of social services for children in need and their families to ensure they gain maximum life chances and benefits from education opportunities, health care and social care. Over £150 M of additional resource has been made available to local authorities for Children First, and an additional £45 in 2006/7.

11.2 The report indicates that Children First has made a significant impact on service provision for most local authorities particularly for looked after children and care leavers where services have improved but for most children those in need, including disabled children it has had limited impact. In addition, whilst services for looked after children have improved, outcomes remain poor.

11.3 Similar messages were reported in the Chief Inspectors for Social Services for Wales's Annual Report for 2004/5, where it highlights the need for further progress and at a much greater pace in areas of: improving service quality, management information and performance, to ensure a broader range of preventative and targeted services to support vulnerable children and their families.

11.4 A number of measures have been place and under development to improve performance and services delivery and outcomes for vulnerable children and their families, including looked after children. These include: the new Improvement Agency at the WLGA and the Children Commissioning Support Resource Unit. This summer I will issue a Social Services Directions Paper. This will set the vision for a challenging change agenda over the next 10 years to work towards a service of excellence so that a world class service for the most vulnerable people in society are the norm across all areas of Wales.

12. Children First conference 2006

12.1 In February the Assembly hosted a major Conference in Llandudno to promote improvements in service delivery for children in need and looked after children and care leavers. The aim of the event was to; reflect on progress made since the introduction of the Children Programme in 1999, and to explore how local authorities and their partners can make existing structures work more effectively to transform future services to meet the acute challenges of today.

12.2 Over 200 delegates, including local elected members attended. Key presentation and workshops set the vision of future services, that would be predicated on partnership, early identification and intervention to deliver a broader range of services in a more effective and coherent way. Presentations included creative approaches and developments in regional commissioning and collaboratives, including the work of the Children's Commissioning Support Resource and the establishment and role of the Welsh Local Government Association (WLGA) Improvement Agency.

12.3 Councillor Meryl Gravell – WLGA spokesperson on Social Affairs and Children's Services spoke on the important role of elected members as corporate parents in leadership in the delivery of effective services and championing the needs of vulnerable children.

13. City & County of Cardiff: social services for children

Introduction

13.1 I provided an update on progress to the end of December 2005 in my March Report. The Chief Inspector had put in place a formal programme for monitoring performance in children's services under the protocol for responding to serious concern about social services in November 2003. Since that time, he has set quarterly performance targets and these have been monitored by Inspectors visiting the authority and in quarterly meetings between the Chief Inspector, the Director of Social Services and the Chief Officer, Children's Services for Cardiff.

13.2 The objective has been to move the authority to the point where:

- It responds promptly and appropriately to referrals of concern about children;
- The management of work with children and families is strengthened, there is compliance with regulations and guidance, and services safeguard children and promote their welfare.

13.3 The targets set by the Chief Inspector cover the production and implementation of guidelines and procedures, the strengthening of management information systems and improving service performance. The process has sought to identify targets that are intended to minimise the risk to children and young people and to drive the overall process of improvement. This Committee had an opportunity to consider the approach being adopted by the Chief Inspector at its meeting in November 2003.

13.4 I have provided updates on the progress made by the authority for each quarter in my Ministerial Reports to this Committee.

Progress made under the Protocol

13.5 Steady progress has been achieved between 2004 and the quarter ending 31 December 2005. Whilst

there are sometimes quarterly dips in performance, these have been small and short lived, and the overall direction of improvement continues to be positive. The authority has adopted a proactive approach to recruitment and retention of staff. The implementation of the electronic record and management information system, Care First, continues and staff are increasingly positive about the new system as their confidence in it grows. This provides a solid foundation for robust management information to be available in the future, and is an essential pre requisite for strong and effective performance management.

13.6 The authority has co-operated fully with the Inspectorate throughout the period and the relationship with the Director and Chief Officer, Children's Services has been open and constructive throughout. This has continued following the arrival of the new Director, Mrs Neelam Bhardwaja in December 2005. SSIW monitoring has seen evidence of a great deal of focussed activity to address the deficiencies identified and of the clear commitment at officer and political level to bring about the necessary improvements. Members have played an important leadership role in the improvement process and scrutiny of the service by members is now well developed. Taken together with arrangements in place at officer level, there is evidence of a rigorous framework within the authority for managing the performance of children's services.

13.7 I have met twice with the Leader, portfolio member for social services, the second time also involving the Chair of the Scrutiny Committee, together with the Chief Executive and the Senior Officers in Social Services. These meetings have reviewed progress and provided me with assurances as to the continued political commitment and priority being given to social services and to children's services in particular.

The Findings of SSIW's Review of Children's Services

13.8 The review report was published on 21 March and presented by inspectors to a full meeting of the Council. It will also be presented to the Scrutiny Committee next month. The review focussed on "Planning and decision making in order to achieve stability and permanence for children". The position found by the inspection team is one where services are improving. The judgement in the report is that "While some children receive a good service, overall the authority provides services that are inconsistent and is uncertainly placed to sustain and improve services". The service position is a considerable improvement over that found in the 2003 inspection which led to the Chief Inspector's use of the protocol.

13.9 The improved timeliness of managing referrals and carrying out assessments and reviews reported during the monitoring period was clear to the inspectors and they also confirmed that the quality of this work had improved. Child protection work and the work of the child health and disability team have improved. There are a number of sound services available to children, although there are shortfalls, noticeably in choice and availability of local authority foster placements and in limited access by parents of disabled children to short stay respite services. Some teams were working in isolation of each other. There was some commendable practice in working with unaccompanied asylum children. Overall, the quality of assessment was inconsistent, and improvements are needed in linking assessment, care

planning and service provision to provide better outcomes for children.

13.10 The judgement on how well placed the authority is to sustain and improve services remains uncertain, as was the case in 2003. There are improvements in recruitment of staff although this has yet to result in an experienced and skilled workforce at social work practitioner and management levels. Work is needed to develop a greater clarity of roles and responsibilities for team, operational and service managers and to support these to become confident leaders and managers. Partnership working is improving. There is generally a clarity of vision from managers and staff in respect of the change management agenda but there is a need for improved communication of this right across children's services. The inspectors confirmed that there is sound political leadership and cross-party support for children's services with increasing challenge from members through improving scrutiny arrangements.

13.11 Both the monitoring programme and the review conclude that there is now a need for some key ingredients to be in place in order that the authority becomes better placed to sustain the progress it has made and to continue the process of improving services in the future. It needs to show that it has implemented work:

- to enhance the capacity and capability of managers
- to put in place a quality assurance and audit system at operational management levels throughout the authority
- to introduce improved business planning arrangements.

13.12 The Chief Inspector has written to the authority setting out what he would expect to see in relation to each of these.

The Current Position

13.13 I have congratulated members and officers for the progress that has been made and indicated that the intensity of the Chief Inspector's monitoring will now reduce, but not end, in recognition of what has been achieved. Performance data will continue to be scrutinised by SSIW and in addition to pursuing further improvements in performance, the authority will develop and implement arrangements to strengthen performance in the three areas identified above. SSIW will consider whether this has been achieved no later than the autumn of this year, or earlier if the authority feel the necessary progress has been made. If that proves to be the case, I anticipate that SSIW's monitoring through the protocol will come to an end. The Inspectorate would, of course, follow up progress on the action plan produced by the authority in response to the findings of the review report and through its other performance evaluation arrangements. I will keep the Committee informed of progress.

14. Social Services Inspectorate for Wales (SSIW): updates

SSIW Reviews of Social Services for Adults and for Children

Review of Adult Services in Monmouthshire County Council (Published 14 February 2006)

14.1 Monmouthshire County Council has laid the foundations for better services for adults and some people already get a good service from the Council. More needs to be done, however, to achieve greater consistency of service across the county and among the people who need the Council's help.

14.2 Reviewers found that people using social services for adults generally receive help quickly. There is a good track record of supporting people at home rather than in residential care and there are plans to widen the range of services that are available. But currently there are several significant gaps including community reablement and intermediate care for older people and community provision for people with mental health needs. The authority has invested time and effort in establishing good partnership arrangements with the health service. The Council now needs to achieve tangible results from its investment in planning and commissioning.

Review of Adult Services in Flintshire County Council (Published 7 March 2006)

14.3 Flintshire County Council has good social services for adults, especially for older people. The Council is well placed to sustain and make further improvements.

14.4 Reviewers found that Flintshire County Council provided good information about services and responded quickly to adults who need help. Service users and their carers often praised the help given by workers in social services. The care arrangements were usually well organised and managed. Where problems existed they were mainly due to insufficient frontline care staff or inability to cover for staff absence.

14.5 The Council now needs to increase the range of services for people to increase their independence and mobility.

Joint Reviews (Conducted by SSIW in partnership with the Wales Audit Office)

Joint Review of Torfaen County Borough Council Social Services (Published 15 February 2006)

14.6 Torfaen County Borough Council has transformed its social services over the last five years. It now offers mainly good services and it is judged as being well placed to sustain and further improve services.

14.7 This result represents significant improvement since the first joint review report was published in 1999.

14.8 The review team reported a strong move away from care in institutions to services that protect people well and support them to live independently, wherever possible. They found strong leadership and councillors who understand the priority and investment needed when providing help for vulnerable people and their carers. Major strengths in Torfaen included good access to services and a sound, safe response to requests for help.

14.9 The reviewers say that the Council still needs to do more work to help people receive support in their own communities and also to provide consistent standards between different groups of people who use services

14.10 The report recommends priorities for action by the Council, including areas such as working more in partnership with other organisations and with the people who use social services.

Joint Review of Powys County Council Social Services (Published 27 February 2006)

14.11 Powys County Council has agreed an action plan to improve its social services but it has much work to do in meeting consistently the needs of vulnerable people. In particular, there are some fundamental problems in services for children.

14.12 The review judges the Council as 'having inconsistent services and as being uncertainly placed to sustain and improve services'.

14.13 The reviewers found that the problems in children's services have adversely affected the lives of vulnerable children and their families. The range of services available is very limited. Arrangements for families to get access to help, to assess children's needs and to make plans for them all need to be improved. The Council has not been able to ensure that these difficult areas of work are always done by staff with appropriate skills and qualifications.

14.14 Efforts are being made to increase investment in social services, to develop partnership working with others in delivering health and social care services, and to tackle the gaps in services. However, reviewers were concerned about the slow pace of change in adult services and about the need to make sure that services focus more on helping people to lead independent lives.

15. Update: Food Standard Agency

Salt reduction targets

15.1 The Food Standards Agency (FSA) has a strategic target to reduce average salt intakes to 6g per day by 2010. This is being pursued through raising consumer awareness (i.e. by advertising campaigns) and by encouraging industry to reduce the salt content of key processed foods. A range of voluntary targets have been developed and these were the subject of consultation late last year. The responses to the consultation have now been analysed and the voluntary salt reduction targets were published on the

Agency's website on 21 March

15.2 To take account of some technical difficulties brought to light by manufacturers some of the initial targets will be adjusted. It is proposed the targets will be reviewed again in 2008 and adjusted as appropriate in the light of progress being made toward meeting the 6g per day target. A programme to monitor urinary sodium levels will commence in 2006/07 and this will provide data that will inform the review. It remains our objective to achieve this intake target by 2010.

Benzene in soft drinks

15.3 I have previously received advice concerning benzene in soft drinks. Benzene is a chemical that can cause cancer in humans, and which has been found at low levels in some soft drinks, where it can, under certain conditions, be formed by interaction of sodium benzoate (used as a preservative) and ascorbic acid (vitamin C).

15.4 The Agency previously advised me that they had asked UK manufacturers to measure benzene levels in their products. Results for 230 products sold in the UK showed that levels of benzene, where detectable, were very low and not a cause for concern. You may also be interested to know that the highest level found was 8 micrograms per litre of soft drink. Most levels reported were lower than this. On average UK consumers drink one third to half a litre of soft drinks per day. The average exposure to benzene from urban or suburban air has been estimated to be 220 micrograms a day (the equivalent of drinking more than 27 litres of soft drinks every day containing the highest level of benzene reported).

15.5 The Agency has announced it will be conducting its own survey. Testing is expected to be completed by the beginning of April. In the event that results identify high levels of benzene in particular products action will be taken to protect consumers.

16. Legislation update

The NHS blood and transplant (amendment) (Wales) directions 2005

16.1 The NHS Blood and Transplant (Gwaed a Thrawsblaniadau 'r GIG) Directions 2005, have been amended by the NHS Blood and Transplant (Gwaed a Thrawsblaniadau 'r GIG) Amendment Directions 2005 to make a consequential amendment as a result of the coming into force of the Civil Partnership Act 2004.

16.2 Paragraph 5 of the original Directions set out the priority of categories of persons who may be allocated organs for transplantation, and include members of the HM Forces Crown servants serving abroad and employees of the British Council, or the Commonwealth War graves Commission all of whom are serving or employed abroad or the spouse of such persons. Following, the introduction of civil partnerships, this paragraph has been amended to include the civil partners of persons in the relevant categories