

## **HEALTH AND SOCIAL SERVICES COMMITTEE**

### **REPORT TO THE ASSEMBLY 1999 to 2003**

#### **1. INTRODUCTION**

1.1 Standing Order 9.9 requires subject committees to report to the Assembly on their progress in fulfilling their forward work programme. This report provides a summary of the period from May 1999 to April 2001, with more detailed coverage of May 2002 to March 2003.

1.2. Details of the membership of the Committee over the four years are at annex1.

1.3. Since 1999 the Committee has met formally on 79 occasions. All meetings were held in public.

#### **Committee's Remit and Responsibilities**

1.4 The Committee's remit is based on the portfolio of the Minister for Health and Social Services. Currently this covers all aspects of health care; food safety; social services and social care; children and young people, and the Voluntary Sector Partnership. The responsibilities of subject committees are set out in Standing Orders 9.7 and 9.8.

#### **2. MAY 1999 to APRIL 2002**

2.1 The Committee has reported annually on its progress in achieving its programme of work, as required by SO9.9. At the end of the Assembly's first term it is appropriate to highlight some of the most important issues the Committee has addressed.

#### **Children's Commissioner for Wales**

2.2. One of the first major pieces of work undertaken by the Committee was the proposal for an Independent Children's Commissioner, which was supported by all four political parties represented in the Assembly. The Committee consulted widely in drawing up its proposals and looked at models in other countries. The Committee completed its work in conjunction with the Pre-16 Education, Schools and Early Years Learning Committee in May 2000 and reported to the Assembly in Plenary the following month.

2.3. The report's recommendations were taken into account in the drafting of the Care Standards Act and formed the basis for the Children's Commissioner for Wales Act. A separate Committee was established to advise on the appointment process and on 7 December 2000 Peter Clark was appointed as the first Children's Commissioner for Wales.

## **Extension of the Categories of People Entitled to Free Eye Tests**

2.4. On 1 December 1999, the Finance Secretary agreed to allocate funds to enable an extension of the groups entitled to free eye tests, to be implemented from 1 October 2000. This was to be subject to the Health and Social Services Committee and the Cabinet being satisfied of the clinical benefits, the legal power and the relative priority within the Health and Social Services budget. The recurrent cost of any extension of free eye tests after 2000-01 would have to be met from within the existing NHS baseline, and thus at the expense of other currently funded services. The Minister initiated a consultation exercise, the results of which were considered by the Committee in March 2000. The Committee agreed that free eye tests should be extended to those from ethnic minorities, hearing impaired people, unioocular people and those at risk from retinitis pigmentosa, with funding available for 2000-01.

2.5. Experts subsequently advised the Minister that a specific eye disease detection programme would be more beneficial to those at risk. The Committee agreed this approach. An programme was devised which included an examination for eye disease by an optometrist as part of a package to improve visual health. This examination would be available on demand to those groups at particular risk, and a similar examination would be available to others on referral by a general practitioner. Funding totalling £1.7, was also agreed for developing awareness campaigns and screening programmes for eye disease and other initiatives, such as:

- ◆ diabetic retinopathy screening
- ◆ primary eye care developments, including improving referrals to secondary care
- ◆ eye care awareness, especially among ethnic minority and other high risk groups
- ◆ low vision aid service
- ◆ research and development of glaucoma tests and screening
- ◆ increased provision for cataract surgery.

2.6. The Committee has monitored the progress of these initiatives through the Minister's monthly report and papers to note.

## **Phillips (BSE) Inquiry Report**

2.7. The Committee's terms of reference related to three aspects of the Phillips report:

- ◆ the measures in place to protect the human food chain from the effects of BSE;
- ◆ the arrangements for caring for the victims of variant CJD; and
- ◆ the progress of the variant CJD epidemic and the way in which scientific evidence is made available.

2.8. The Committee sought written evidence from the Home Office, the Department of Social Security and the Royal College of General Practitioners and took oral evidence from families of BSE and vCJD victims in Wales, the Human BSE Foundation and a number of other relevant organisations. The experiences of the family members, recounted with dignity, provided poignant evidence of the need for action. The Committee made 21 recommendations, which were debated in Plenary on 8 May 2001.

## **Resource Allocation Formula Review**

2.9. In February 2000, the Committee agreed that there was a need to look at the formula for allocating NHS resources. A National Steering Group was set up and Professor Peter Townsend was appointed to oversee the review. Members of the Committee sat on the steering group. Professor Townsend reported back to the Committee in January 2002. The report recommended:

- ◆ the dual strategy for improving health and reducing inequalities of access;
- ◆ the collection of reliable financial information; and
- ◆ the introduction of the new allocation formula.

2.10. The Committee generally accepted the recommendations, although there were some concerns about the timing and impact of the introduction of the new formula. The majority of the Committee agreed that the new formula should be implemented as soon as possible. It will be phased in from 2003. The Minister has regularly reported on the Health Inequalities Fund and other initiatives to tackle inequalities through her monthly report.

### **Emergency Pressures and Hospital Waiting Times**

2.11. In 2000 the Committee considered the reports of the Waiting Times Strategy Development Group and the Emergency Pressures Task Group. It continued to monitor the progress in implementing both reports' recommendations via the Minister's monthly report, and in November 2002 Paul Williams, Chief Executive of Bro Morgannwg NHS Trust presented for discussion his report '*A Question of Balance – the review of capacity in the NHS in Wales*'.

### **Prescribing Practices Task and finish Group**

In November 2001, the Committee considered the final report of the Task and Finish Group. It endorsed the Group's recommendation for the establishment of an All Wales Medicines Strategy Group, subject to the inclusion of representative of the pharmaceutical industry on its membership, and to its meetings being open to the public where possible.

### **3. MAY 2002 to MARCH 2003**

#### **Priorities**

3.1. The Committee set out its priorities for 2002-03 in the strategic forward work programme at **Annex 2**. The main priorities were to:

- ◆ scrutinise and advise the Welsh Assembly Government on taking forward the proposals for the restructuring of the NHS and the development of the Primary Care Strategy. This was to include consideration of:
  - ◇ secondary legislation emanating from the NHS Reform and Health Care Professions Act;
  - ◇ the draft NHS (Wales) Bill.; and
  - ◇ new policies that did not require legislation.
- ◆ Complete the Review of Services for Children with Special Health Needs.

3.2. The Committee continued scrutiny of the Assembly Minister through her monthly reports.

3.3. The Committee met 21 times between April 2002 and March 2003.

#### **Progress**

3.4. The Committee has achieved its identified priorities.

#### **Policy Development (SO 9.7)**

##### **Review of Services for Children with Special Health Needs (SO9.7(i))**

3.5. The Committee began its review in June 2001. Given the overlapping interests with the work of the Education and Lifelong Learning and Local Government and Housing Committees, both were invited to nominate a representative to be involved. Cynog Dafis and Gwenda Thomas respectively represented those Committee's interests.

3.6. It would have been impossible to do justice to such a wide subject in the time available and so, following informal consultation with professionals and the voluntary sector in the summer, the Committee narrowed the scope of the review to focus on eight specific aspects of service. In October of that year it published the terms of reference.

3.7. An extensive public consultation exercise was carried out, following which 18 organisations were invited to present oral evidence to the Committee. Much of the evidence was anecdotal as it related to people's experience and perception of the services they received. The Committee's consideration of the evidence concentrated on the areas where there was common concern or conflicting views.

3.8. The Committee published its report on 12 December 2002, with a formal launch held at the Special Needs Activity Centre in Margam. The Committee made 27 recommendations, some more specific than others, identifying where action was

needed. The overall conclusion was that there were pockets of apparent good practice across Wales but more needed to be done to ensure that families received the best services from initial diagnosis through to a smooth transition to adult services. This could only be achieved by the sharing of validated good practice and cohesive working between the various agencies and the families and carers.

3.9. In parallel to the Committee's work, the Wales Office of Research and Development commissioned a literature review from the Department of Child Health, University of Wales College of Medicine, working in conjunction with the Families Study Research Centre of Cardiff University (a joint initiative between Cardiff University and the University of Wales College of Medicine). The primary purpose of this work was to inform the Committee's review, but the work will have value for professionals and other interested organisations beyond the immediate needs of the review.

3.10. The Committee's report was debated in Plenary on 11 February 2003. The Minister for Health and Social Services accepted all the recommendations in principle, and published her response and an action plan on the day of the debate.

### **Informing Healthcare and Telemedicine**

3.11 In December the Committee received a report on the draft information strategy proposals contained in the document *Informing Healthcare*. The strategy addressed the need for timely and free flowing information to support health and healthcare, with a single electronic patient record which could be accessed at any location and time by appropriate professionals and the patient.

### **Patient Support and Advocacy**

3.12 The Committee discussed patient advocacy and support in July 2001 and supported a programme of pathfinder schemes to test out different models of patient advocacy and support with NHS Trusts, Local Health Groups and Community Health Councils across Wales. On 5 February it received a report on the evaluation of these pathfinder schemes. The Committee supported the key recommendations for the development of patient advocacy across Wales and the setting up of a task group to review further existing arrangements for patient support and whether such schemes should also be extended nationally.

### **Scrutiny and Monitoring (SO 9.7(ii) and (iii))**

3.13. The Committee has scrutinised the Minister on the Welsh Assembly Government's performance through the monthly reports she provides. It has followed up progress on implementing the recommendations of both the report of the tribunal of inquiry into the abuse of children in care in North Wales (the Waterhouse Report); and the review of safeguards for children and young people treated and cared for by the NHS in Wales (the Carlile Review).

3.14. The Committee continued to monitor action to reduce hospital waiting times and pressures on the NHS, including the delayed transfer of care and the contribution made

by Innovations in Care, proposals for expanding medical education and addressing recruitment and retention problems in Wales.

3.15. The Committee also received reports from the Chief Medical Officer, Chief Inspector of Social Services and the Children's Commissioner for Wales. In July the Committee met the Chair, Chief Executive and two members from the newly established Care Council for Wales and discussed the council's work.

### **Legislation (SO 9.8(i))**

#### ***NHS Reform and Health Care Professions Act***

3.16. It was not possible for formal work under Standing Order 22 to commence until the Bill had received Royal Assent in July. However, the Committee felt it was important that preliminary work on the Orders began during the summer so that the draft Orders could proceed at the earliest opportunity in the autumn. A protocol was drawn up under which the Minister consulted the Committee on the terms of the proposed draft Orders during the summer term, so that consultation under SO22.1 and SO22.2 could be undertaken during the summer recess.

3.17. The Committee considered three proposed draft Orders covering the functions of Local Health Boards and their membership and constitution, and the requirement for Health and Well Being Strategies.

3.18. A number of proposed amendments were debated , five of which were accepted.

#### ***Health (Wales) Bill***

3.19. The publication of the Draft NHS (Wales) Bill on 17 May gave the Health and Social Services Committee the opportunity to be the first subject committee in the National Assembly for Wales to scrutinise a draft Bill that would apply only to Wales.

3.20. The Committee worked with the House of Commons Select Committee on Welsh Affairs in scrutinising the draft. The Chair of the Select Committee, Martyn Jones MP, and three other Select Committee members, Julie Morgan MP, Adam Price MP and Roger Williams, MP attended the Health and Social Services Committee meeting on 29 May. Using the protocol agreed by the Committee, Assembly Committee Members tabled 17 amendments for debate at that meeting, five of which were accepted by the Minister. Following the meeting a formal report of the Committee's recommendations was sent to the Minister for Health and Social Services.

3.21. On 20 November, Don Touhig, the Parliamentary Under Secretary of State for Wales, attended the Committee to give an update on the progress of the Bill. The pre-legislative scrutiny process had worked well and the approach had been commended by the Government Chief Whip in the House of Lords, the Leader of the House of Lords and the Leader of the House of Commons as a model for future Bills.

3.22. The Bill is now progressing through the House of Lords.

### ***Draft Mental Health Bill***

3.23. On 25 June 2002 the United Kingdom Government announced the publication of a draft Mental Health Bill and accompanying consultation paper for public consultation.

3.24. Mental Health was one of the Health and Social Services Committee's strategic priorities. When the Committee met on 27 June, members expressed concern about the provisions of the Bill and their impact on Wales. There was particular concern about human rights issues and the capacity to deliver the safeguards such as advocacy services and tribunals. The Committee agreed that it was important that the Assembly in plenary should have the opportunity to look at the draft Bill and that the Committee should scrutinise it in detail.

3.25. The consultation on the draft Bill and supplementary proposals ran until 16 September, and due to the Committee's consideration of primary and secondary legislation it was not possible to fit in sufficient time in the meetings before the summer recess to consider the draft Bill. The Committee agreed unanimously that approval be sought in accordance with Standing Order 8.25A to hold a meeting of the during the final week of the public consultation on the draft Bill.

3.26. The meeting was held on 11 September, and key organisations in Wales were invited to give their views on the provisions of the Bill and how they would impact on people and services in Wales. Following the meeting, the Chair wrote formally to both the Minister for Health & Social Services and the UK Government asking that the deliberations of the Committee be taken into account.

### ***Subordinate Legislation***

3.27. In addition to the Bills and secondary legislation already, the Committee considered the National Assistance (Assessment of Resources) Regulations 2003 and National Assistance (Sums for Personal Allowance) Regulations 2003.

### **Budget (SO 9.(ii))**

3.28. The Committee considered and commented on the Welsh Assembly Government's proposed budget for 2003-04. The Chair's letter summarising the Committee's conclusions is attached at **Annex 3**.

### **Appointments (SO 9.8 (iv))**

3.29. Over the last year the Committee's nominees have been on the interview panels for the posts of Chairs of the Local Health Boards. David Melding sat on 12 and Kirsty Williams on 11 panels.

### **Cross-cutting Issues**

3.30. The Committee has continued to involve other committees in its work. Discussions on proposed guidance to local authorities on charging for domiciliary care were held jointly with the Local Government and Housing Committee. Members of that Committee also attended the meeting at which the Minister was scrutinised on action to implement

the recommendations of '*Lost in Care*' the Waterhouse report. The Local Government and Housing Committee and the Education and Lifelong Learning Committee were invited to nominate a member to represent those Committees' interests in the review of services for children with special health needs.

## **THE ASSEMBLY'S STATUTORY DUTIES**

4.1. The Government of Wales Act 1998 places a number of duties on the National Assembly to which the Committee has had regard.

### **Section 48 Equality of Opportunity**

### **Section 121 Sustainable Development**

4.2. The two key themes covered by these sections of the Act are core to the Welsh Assembly Government's aims of improving the health of all the people of Wales and their access to health and social services. During the last four years the Committee has examined in detail the Assembly Government's proposals for reforming the Health Service in Wales which culminated in the Government's document *Improving Health in Wales – A plan for the NHS*. The plan proposes a decade of change and development with the aim of improving health and well-being and tackling health inequalities. It includes the aim of improving joint working between the NHS, social care services and other partners. The Committee has continued to scrutinise the implementation of the proposals through primary and secondary legislation, as detailed above

4.3. In November of 2002 the Committee scrutinised the consultation document "*Well Being in Wales*" That paper sought further to develop proposals for improving health and tackling inequalities through an integrated approach to policy and programmes.

4.4. The Committee's reviews have, without exception, addressed issues around equality of opportunity, such as the establishment of the post of Children's Commissioner, services for children with special health needs, the review of the categories of people exempted from charges for eye tests and the health implications of the Phillips report on BSE.

### **Section 114 – The Voluntary Sector**

4.5. The Committee has involved the voluntary sector extensively in its work, particularly in consultations about policy reviews and development, and it acknowledges the role the sector plays in providing care services and support for vulnerable people. The Minister chairs the Voluntary Sector Partnership and has reported to the Committee on its meetings.

## Annex 1

### Committee Membership

	<b>From</b>	<b>To</b>
Kirsty Williams (Chair)	25 May 1999	Date
Nicholas Bourne	23 June 1999	14 September 1999
Geraint Davies	25 May 1999 9 November 2000	10 October 2000 Date
Jocelyn Davies	10 October 2000 21 March 2002	9 November 2000 Date
Dr Brian Gibbons	25 May 1999 9 November 2000	29 March 2000 Date
Brian Hancock	9 November 2000	21 March 2002
Jane Hutt (Minister)	25 May 1999	Date
Pauline Jarman	10 October 2000	9 November 2000
Helen Mary Jones	25 May 1999	10 October 2000
Ann Jones	29 March 2000	Date
Dr Dai Lloyd	25 May 1999	Date
David Melding	25 May 1999	Date
Lynne Neagle	25 May 1999	Date
Alun Pugh	29 March 2000	9 November 2000
Rod Richards	3 May 2001	10 September 2002
Peter Rogers	14 September 1999	29 March 2000
Gwenda Thomas	25 May 1999	29 March 2000

**HEALTH AND SOCIAL SERVICES COMMITTEE**

**DRAFT FORWARD WORK PROGRAMME**

**PART 1 – STRATEGIC PROGRAMME  
May 2002 to May 2003**

Duties of the Committee

The Health and Social Services Committee is one of seven subject committees. The responsibilities of the subject committees are set out in the National Assembly's Standing Orders :

"9.7. Each subject committee shall

- i. contribute to the development of the Assembly's policies within the fields for which the relevant Assembly Secretary is accountable to the Assembly;
- ii. keep under review the expenditure and administration connected with their implementation; and
- iii. keep under review the discharge of public functions in those fields by public, voluntary and private bodies.

9.8. Each subject committee shall also, within the relevant fields,

- i. advise on proposed legislation affecting Wales, including performing its functions under SO22;
- ii. provide advice to the Assembly Cabinet on matters relating to allocation of the Assembly's budget in accordance with Standing Order 19;
- iii. perform its functions under Standing Order 21(complaints);
- iv. perform any functions assigned to it under the Code of Practice on Public Appointments Procedure made by the Assembly under Standing Order 20; and
- v. consider matters referred to it by the Assembly within its fields."

Standing Order 9.9 requires the subject committee to maintain a rolling programme of work covering periods of at least 12 months.

For details of the Committee members click here *[insert hyperlink]*

## The Committee's Aims and Objectives

The integration of health services and social care is the key objective in the Committee's forward work programme. The programme addresses the major issues of tackling health inequalities and the determinants of ill health. The Committee will ensure that in reviewing and developing policy it will be making recommendations that will lead to high quality, value for money services. It will also want to be satisfied that services are properly regulated and inspected, especially those for vulnerable people.

## **The Committee's Priorities**

The Committee's strategic focus for the period of the forward work programme will be on the following issues which, together with its responsibilities under Standing Order 9.7 and 9.8, will be its priorities for meetings:

1. Advising the Welsh Assembly Government on taking forward the proposals for the restructuring of the NHS and the development of the Primary Care Strategy. This will involve scrutiny of
  - secondary legislation emanating from the NHS Reform and Health Care Professions Bill ;
  - the draft NHS (Wales) Bill; and
  - new policies that do not require new legislation.
2. The completion of the Review of Services for Children with Special Health Needs and monitoring the response to its recommendations.

The Committee will also give priority to the continuing scrutiny of the Assembly Minister through the monthly reports.

## The Statutory Schemes

The Committee will also take account of the National Assembly's statutory schemes for relations with the local authorities and the voluntary sector, and the sustainable development scheme.

The Committee will consider a report of the Assembly Minister's meetings with the Voluntary Sector at least once a year in accordance with section 3.7 of the Voluntary Sector Scheme.

## **Other Items**

If there is time available in its programme the Committee may also look at some or all of the following issues between May 2002 and April 2003:

- a policy review of the links between housing and health.
  - proposals for a new GP contract;
  - the Care Council for Wales;
  - Health and Social Care Charter;
  - the Strategy for Older People;
  - domiciliary care – guidance to local authorities on charging;

- fluoridation of water;
- workforce planning and the study of hospital cultures;
- progress in reducing hospital waiting times and pressures on the NHS, including delayed transfer of care;
- the NHS Capital Programme;
- the Kennedy Report on the Bristol Royal Infirmary
- The health aspects of the report of the Environment , Planning and Transport Committee's investigation into the Nantygwyddon landfill site.
- The implications of the report of the inquiry into the death of Victoria Climbié

### **Cross cutting issues**

The Committee will have regard to the inter-relationship of its work with that of other committees. Issues it may be addressing during the next 12 months, which interface with other committees, include:

- Review of Services for children with Special Health Needs (*Local Government and Housing Committee and Education and Lifelong Learning Committee*);
- Review of Health and Housing (*Local Government and Housing Committee*); and
- The health aspects of the investigation into the Nantygwyddon landfill site (*Environment, Planning and Transport Committee*).

### **Budget Priorities 2002 -2003**

During its discussions on the budget priorities for 2002-2003 the Committee identified a number of priorities for the coming year and beyond, and will monitor progress of their achievement. These were set out as follows in the letter of 17 July 2001 from the Chair of the Committee to the Assembly Secretary:

“The Committee supported the priorities set out in section 6 of your paper\*. Members agreed that cardiac, cancer and mental health services continued to be an important priority. It was also important to continue to increase capacity and to sustain the Health Inequalities Fund.

The Committee took the view that the expansion of medical and other health professional education, together with support and incentives for students, should be addressed as a priority.

The Committee also agreed that support for social services should be maintained. The development of school breakfast provision and fruit tuck shops was also important.

In subsequent discussion of Public / Private Partnerships and the Private Finance Initiative the Committee agreed that adequate funding for capital maintenance and development was essential.

The Committee asked that consideration should be given to funding the Ambulance Service centrally.”

\* *Paper HSS-11-01(p.3), 4July 2001 - extract at Annex*

**Extract from Paper HSS-11-01(p.3), submitted to the Health and Social Services Committee on 4 July 2001**

**6. Priorities for 2002–03**

6.1 The BPR process will include an assessment of inescapable spending and pressures within health and social services baselines. It will also examine the scope for flexibility within baseline budgets. Within available resources, it will be essential to prioritise funding requirements.

6.2 A top priority for health and social services will be to maintain existing baseline provision. This would sustain the encouraging progress made towards Partnership Agreement commitments and *Improving Health in Wales*. Maintaining the baseline would also deliver published planning assumptions to the NHS. These include year on year increases of 7 per cent on the health authority discretionary allocation; 9.1 per cent year-on-year on GP prescribed drugs prescribing and 5.7 per cent for family health services. This is the financial planning framework within which the NHS is operating.

6.3 In addition to maintaining baselines, a current top priority for health will be seeking to maintain and build on the £20 million new investment package I announced in March. The package covers spending on most of the Partnership commitments in some key areas this year. New investment has covered:

- primary care- to deliver on GP recruitment and retention and improve GP and dentists' premises;
- NHS capacity- to deliver on waiting list hotspots, cardiac and cancer services and to develop services to NSF standards;
- Nurses - to increase recruitment and retention packages;
- *Improving Health In Wales* - to deliver increased nurse training, clinical networks and orthopaedic services.
- *Health Inequalities* - to tackle health inequalities in our poorest communities in Wales.

This funding needs to be sustained and increased to achieve progress every year.

6.4 Alongside considering any new unfunded pressures which may emerge from the assessment of baselines, we shall be reviewing the scope for increasing further investment if we are to see full progress. Additional funding has been invested in:

- NHS Human Resources Strategy;
- Waiting Times Strategy;
- Innovative solutions to delayed discharge;
- Winter Pressures;

- Information Management and Technology; and
- Improvements to facilities and equipment.

Further progress in these areas requires additional funding. Additional funding will be required also to progress:

- Clinical education expansion in North and South Wales; and
- The Finance Minister's statement on 28 June highlighted progress on funding of the Partnership Agreement. The only outstanding commitment is school breakfasts/fruit tuck shops - *a commitment from the Education and Lifelong Learning chapter of the Partnership Agreement.*

6.5 Capital is essential if we are to modernise the practice environment for health professionals - equipment and information systems as well as buildings. This is becoming a significant issue in recruiting and retaining clinical staff in a number of medical specialities, as well as wishing to provide the people of Wales with the benefits of safe and effective treatment.

6.6 Increasing the Health Inequalities Fund is also a priority area for further investment to ensure that health makes an appropriate contribution to the *betterwales.com* priority of tackling social disadvantage, and to play its part in implementing the recommendations of the Townsend resource allocation review.

6.7 For social services all children's budgets are on a rising baseline, with the exception of that for the Children's Commissioner. Adjustment of that budget will depend on proposals to be received from the Commissioner in July, but the sums involved are unlikely to be significant.

6.8 The Committee may wish to consider whether the planned expenditure on the Childcare Strategy should be further enhanced to reflect recommendations that may emerge from the report of the Childcare Strategy Task Force in the Autumn.

6.9 We will need to review the budget baseline provision for Elderly and Long Term Care when better data become available, including the need to ensure that there is adequate funding for free nursing care and the continuation of the 6 weeks Free Home Care Scheme.

6.10 The present baseline for the Care Standard Inspectorate Wales was based on a best estimate made whilst the Care Standards Bill was still going through Parliament. Detailed costings are now being prepared. It is likely that additional sums will be required in order to ensure that the staff transferring into Assembly, as well as the newly recruited inspectors, are enabled to train for the new nationally recognised inspection accreditation; and to undertake the additional work in the early years on re-registering all the settings currently registered with local and health authorities.

6.11 In respect of the Care Council for Wales, a recommendation of payment of members will increase our requirement. In addition it has been necessary to undertake work on the recruitment and retention of the social care workforce which has led to a need to implement a long term strategy which will tackle the difficulties identified.

6.12 The planned level of support for the voluntary sector needs to be re-examined if we are to fulfil commitments given to help the sector create the capacity necessary for it to deliver on our objectives and expectations. Budgets are fully committed for next year, as a result of the move to three-year funding streams, and decisions will need to be taken about whether some highly desirable measures to assist the voluntary sector can be allowed to proceed.

**Pwyllgor Iechyd a Gwasanaethau  
Cymdeithasol**

**Health and Social Services Committee**

Bae Caerdydd / Cardiff Bay  
Caerdydd / Cardiff CF99 1NA

Eich cyf / Your Ref  
Ein cyf / Our Ref HSS- 18-02

Jane Hutt AM  
Minister for Health and Social Services

25 October 2002

**BUDGET PROPOSALS FOR 2003-2004**

Thank you for your comprehensive presentation of your budget proposals for 2003-2004 at the meeting of the Health and Social Services Committee on 23 October.

The Committee noted the corrections you made orally to the paper (HSS-18-02(p2)) relating to Tribunals and Advisory Committees 9paragraph 190 and the Food Standards Agency (paragraph 28). The amendments have been noted in the minutes.

The Committee welcomes the increased funding for health and social services and we look forward to the resultant improvements in health and social care. The Committee is pleased that its priorities have been recognised in your budget and will monitor the Welsh Assembly Government's progress in achieving them. The Committee will pay particular attention to the funding and performance of the Ambulance Trust.

The Committee also welcomes the involvement of Derek Wanless in leading the review of Health and Social Care in Wales and we will await his findings with interest.

I also would also bring to your attention the views of the Conservative group that the budget should also make provision for any funding required in consequence of any changes to the National Assistance Regulations.

Kirsty Williams AM  
Chair

## Health & Social Services Committee

### **RECOMMENDATIONS OF THE HEALTH AND SOCIAL SERVICES COMMITTEE ON ISSUES THAT THE SUCCESSOR COMMITTEE(S) MIGHT WISH TO CONSIDER INCLUDING IN ITS FORWARD WORK PROGRAMME**

#### **Background**

1. Under Standing Order 9.9 subject committees are required to maintain a rolling programme of work covering periods of at least 12 months. The programme should identify topics or matters within the Committee's remit which are for detailed discussion including urgent matters that may arise from time to time.
2. It has become the practice of the subject committees to draw up their forward work programmes in two parts. The first part is the strategic framework setting out the committee's aims for the coming twelve months. This is supplemented by a detailed programme of work for the coming three to four months.
3. At its meeting on the 26 March 2003 the Health and Social Services Committee agreed that the following items should be commended to its successor as issues it may wish to consider including in its forward work programme..

#### **Strategic Framework**

4. The restructuring of the NHS in Wales was implemented from 1 April and monitoring its implementation and effectiveness should be the foundation stone on which the new Committee should develop its programme. There are related issues such as the review supported by Derek Wanless. Mr Wanless is due to report to the Welsh Assembly Government in the late Spring on how resources for health and social care can be translated into reform and improved performance. Another allied strategic issue is the measures to reduce hospital waiting times and allied pressures. The interface between health and social care and joint planning and working between the agencies are key to the effective delivery of both health and social care services. It is recommended that in its first few meetings the Committee should concentrate on these high level strategic issues, although time will also need to be allowed for other items such as consideration of budget proposals and the annual report of the Minister on his/ her meetings with the voluntary sector, as required under paragraph 3.7 of the Voluntary Sector Partnership Scheme.

#### **Policy Review**

5. The Committee should consider undertaking a Policy Review. During the summer members may like to identify a topic and agree the terms of reference, so that initial consultation can take place over the summer recess. Topics the Committee could consider include the health benefits of fluoridation of water, or the health effects of possible future GM Crop plantings in Wales. The former has been on the current Committee's forward work programme as a possible item for detailed consideration. The latter has been requested by the organisation GM Free Cymru, which considers that the

Assembly's GM crops free Wales policy needs to be more firmly underpinned by scientific evidence. The provision of neurology services has also been suggested by members.

6. The Culture Committee published its report on the policy review on participation in sport and physical exercise in March, and the Chair of that committee has suggested that the successor committee look at its recommendations on the health benefits of exercise.

7. The current committee has undertaken a number of policy reviews, and the new committee should be advised of the importance of evaluating the outcomes of those reviews. The reviews were:

- ◆ The Children's Commissioner for Wales (1999);
- ◆ The extension of categories of people entitled to free eye tests (2000) ;
- ◆ The Phillips (BSE) Inquiry Report (2001); and
- ◆ Services for children with Special Health Needs (2001 to 2002).

8. Lord Laming's report into the circumstances surrounding the death of Victoria Climbié was published in January, but the current Committee has not had the opportunity of considering his recommendations in the Welsh context. It is recommended that the new Committee should satisfy itself that action is being taken to address the recommendations.

### **Other Items for Consideration before the Summer Recess**

9. **Domiciliary Care.** In November 2002 the current Committee examined the guidance that was being issued to local authorities on charging for domiciliary care. The Committee noted that the guidance would not be introduced until after May 3 2003 and agreed that the new Committee should be kept informed of the working group's progress. On 12 March the Committee considered the draft Domiciliary Care Agencies(Wales) regulations 2003 and associated standards. Members raised a number of concerns they would like to see addressed in finalising the regulations.

10. At its meeting on 26 February, the Committee agreed that a recommendation should be made to the successor Committee to examine the proposals for inspecting Social Services, in particular joint inspections, in the light of the response to the consultation process.

### **Legislation**

11. The new Committee may wish to consider undertaking detailed examination of secondary legislation arising from the Health (Wales) Bill and the Community Care (Delayed Discharges) Bill.

12. In September last year the Committee scrutinised the Government's draft Mental Health bill. The Bill was not included in the Government's programme of legislation published through the Queen's speech. Should the Government revive its proposals for such a Bill the new Committee is recommended to consider carefully whether it is compatible with the mental health strategies in Wales.

13. On 12 March the Health and Social Care (Community Health and Standards) Bill was introduced in the House of Commons. The timing of publication may not allow the current Committee to consider the bill before the recess and the new committee may wish to examine at an early stage, so that its views may be fed into the Westminster process through the office of Secretary of State.

Possible Presentation

14. The Network Psychosexual Partnership Cymru provides psychosexual counselling in partnership with the NHS, and the new committee may like to invite the organisation to give a presentation on its work in treating people with sexual problems.

Committee Secretariat  
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