HEALTH AND SOCIAL SERVICES COMMITTEE

REPORT TO THE ASSEMBLY

1. Introduction

1.1 The Health and Social Services Committee is one of the Assembly's seven subject committees. This report is made under Standing Order 9.9, which requires subject committees to report to the Assembly from time to time on their progress in fulfilling their forward work programme. The report covers the period from 1 March 2000 to 31 March 2001.

1.2 The Committee membership changed several times during the year:

<table>
<thead>
<tr>
<th>Member Name</th>
<th>Time Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirsty Williams (Chair)</td>
<td>continuous</td>
</tr>
<tr>
<td>Geraint Davies</td>
<td>March to October 2000</td>
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<tr>
<td></td>
<td>November 2000 to date</td>
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<tr>
<td>Jocelyn Davies</td>
<td>October to November 2000</td>
</tr>
<tr>
<td>Brian Gibbons</td>
<td>To end March 2000</td>
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<td>November 2000 to date</td>
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<tr>
<td>Brian Hancock</td>
<td>November 2000 to date</td>
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<tr>
<td>Jane Hutt (Assembly Minister)</td>
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</tr>
<tr>
<td>Pauline Jarman</td>
<td>October to November 2000</td>
</tr>
<tr>
<td>Ann Jones</td>
<td>March 2000 to date</td>
</tr>
<tr>
<td>Helen Mary Jones</td>
<td>March to October 2000</td>
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<tr>
<td>Dai Lloyd</td>
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<tr>
<td>David Melding</td>
<td>continuous</td>
</tr>
<tr>
<td>Lynne Neagle</td>
<td>continuous</td>
</tr>
<tr>
<td>Alun Pugh</td>
<td>March to November 2000</td>
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</tbody>
</table>
1.3 During the period of the report the Committee met formally 21 times.

2. The Committee's Remit

2.1 The Committee's remit is based on the portfolio of the Assembly Minister for Health and Social Services, and embraces all aspects of health care; food safety, (including genetically modified food); social services and social care; children and young people, including childcare and youth justice, which were added in October.

3. Method of Working

3.1 All the formal meetings of the Committee have been held in public. In taking forward its programme, the Committee continued its dialogue with the key organisations involved in the management and delivery of services. These organisations are listed at annex 1.

They include the Chairs and members of a number of working groups. Members are grateful to all those who contributed their time and expertise to assist the Committee’s consideration of a diverse range of complex subjects.

4. The Committee's Priorities

4.1 "Better Wales" states that the National Assembly will work to transform the performance and quality of health and care services in Wales and that it will increase the fairness, effectiveness, efficiency and financial management, particularly through better planning and collaboration in the commissioning and delivery of services. The Committee has addressed many of the issues that were identified in "Better Wales" and will continue to progress the objectives of "Better Wales".

4.2 The Committee’s priorities for the year were

- **A Children’s Commissioner for Wales.** To finalise its report and to consider how the proposals would be implemented.
- **Health Improvement Programmes.** To monitor the development and implementation of these programmes.
- **Hospital waiting times.** To steer and monitor the work of the expert task groups on hospital waiting times and pressures on the NHS.
- **Fairer funding arrangements for the NHS.** To monitor the review of the NHS Resource Allocation Formula and make recommendations on its findings.
• **Greater protection for those receiving care.** To advise on the establishment of the Care Council for Wales to raise standards in the workforce, and also on the Care Standards Inspectorate for Wales to improve the regulation of services. Also to advise on the implementation of the Children (Leaving Care) Act.

• **A new approach to primary care.** Continue to advise on the development of the primary care strategy.

• **A new community-led approach to health which tackles health inequalities.** To monitor the progress of Local Health Groups.

• **A Carer’s Strategy for Wales.** To monitor and advise on the development of a Carers’ Strategy.

• **A renewed capital programme.** To be involved in early discussions on the capital programme.

5. **Progress**

5.1 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."

5.2 As last year, the Committee has discussed a wide range of issues reflecting the breadth of its portfolio. This work has mainly contributed to the development of policy and the monitoring of progress in important areas, but the Committee has also undertaken some scrutiny of health bodies. Details of work done are provided at Annex 2. The following are some of the Committee’s major achievements

**The Children’s Commissioner**
5.3 The Committee completed its work in conjunction with the pre 16 Education, Schools and Early Years Learning Committee and reported to the Assembly in Plenary in June. The Committee’s recommendations were taken into account in the drafting of Care Standards Act and formed the basis for the Children’s Commissioner for Wales Bill. A separate Committee was subsequently established to advise on the appointment of the Commissioner. The Committee regards the establishment of the Commissioner’s post - the first such post in the United Kingdom - as a major achievement. The work was facilitated by there being all-party agreement on the need and priority for the post, and by the cooperation and significant contribution of the voluntary sector and other agencies. The Committee acknowledges the role played by the Secretary of State for Wales in securing Parliamentary time for the primary legislation.

Extension of the Categories of People Entitled to Free Eye tests.

5.4 This work had also commenced in the previous year, but in June the Committee laid its report and agreed with the administration that the extension of free eye tests should be extended to those from ethnic minorities, hearing impaired people, uniocular people and those at risk from retinitis pigmentosa, with funding for 2000-2001.

5.5 Experts subsequently advised the Minister that a specific eye disease detection programme would be more beneficial to those at risk. An alternative programme was devised which included an examination for eye disease by an optometrist as part of a package to improve visual health. This examination is to be available on demand to those groups who are at particular risk, and a similar examination will be available to others on referral by a general practitioner.

5.6 Funding totalling £1.7m was also agreed for developing awareness campaigns and screening programmes for eye disease, and other initiatives. These include:

- 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; and
- increase provision for cataract surgery

By a majority decision the Committee agreed to this package in June 2000.

Emergency Pressures and Hospital Waiting Times

5.7 In the latter part of 2000 the Committee discussed reports from the Waiting Times Strategy Development Group and the Emergency Pressures Task Group. It will continue to monitor progress in reducing waiting times and alleviating pressure as the groups’ recommendations are implemented. These
issues are closely related to others that the Committee has looked at, such as flexibilities under the Health Act.

**Carmarthenshire NHS Trust**

5.8 In November the Commission for Health Improvement (CHI) presented its report on the clinical governance of the Trust and the Committee discussed the report with the Trust, the Health Authority and a representative of the Community Health Councils. The Committee will meet the Trust again in 2001 to discuss the action plan it was drawing up with CHI and the progress it is making.

**Phillips (BSE) Inquiry Report**

5.9 One of the most significant and challenging pieces of work for the Committee was the consideration of the issues arising from the Phillips Report that fell within the Committee’s remit. As well as seeking written evidence from the Home Office, the Department of Social Security and the Royal College of General Practitioners, the Committee received oral submissions from:

- Communicable Disease Surveillance Centre
- Human BSE Foundation
- Food Standards Agency
- Former Chief Medical Officer for Wales
- National Care Co-ordinator for CJD
- Representatives of Welsh Health Authorities
- Association of Directors of Social Services
- Spongiform Encephalopathy Advisory Committee (SEAC)
- Society of Directors of Public Protection in Wales
- Meat Hygiene Service

5.10 The Committee made a number of recommendations under the three main headings:

- The needs of sufferers from vCJD and their families and carers;
- The measures in place to protect the human food chain; and
- The progress of the vCJD epidemic and the way in which scientific advice is made available

The committee’s report was laid on the 21 March and it is proposed that it will inform a plenary debate on the Phillips report on a date to be arranged.

**Prescribing Practices**

5.11. In March, the Committee received the report of the Prescribing Practices Task and Finish Group. The report was generally welcomed, although there were some areas of concern on which it requested more information. The Committee also plans to look at the proposals for implementing the group’s
Telemedicine

5.12 The Committee held its meeting on 28 March in the Cardiff International Arena with video links provided by BT to two other sites. The meeting demonstrated the practical use of video conferencing and electronic communication to share information and assist in diagnosis and treatment. The Committee received presentations on telecare / telemedicine projects, the nurse-led minor injuries project in Cornwall, and Sharing Information in Primary Care Teams (SCIPiCT), based in a Powys General Practice. Members were impressed by the scope offered for more efficient and effective working. The Committee gave its support to the outline Telemedicine and Telecare Strategy and identified further issues the strategy needed to address.

The committee also took the view that the National Assembly should make more use of video-conferencing for its meetings.

Budget Priorities

5.13 During its discussions on the budget priorities for 2001-2002 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 12 July 2000 from the Chair of the Committee to the Assembly Secretary:

"Improving health and tackling inequalities

The problems of deprived communities, with an emphasis on those with the worst health, should be addressed, especially through the Communities First programme. The potential contribution of health/social care action zones should be considered in these areas.

Children’s Services

Establishing the post of the Children’s Commissioner remains a high priority.

Services for the elderly

Provision needs to be made to enable a positive response to the report of the Royal Commission on the Long Term Care of the Elderly. There would be a cost associated with better regulation and standards. This would have an effect on both local authorities and the voluntary sector. The Committee considers it important that funding for the voluntary sector is stabilised.

Clinical and service developments
In view of the levels of cancer and coronary heart disease in Wales, health authorities must continue to have the resources required for improving services. Authorities must also have the resources to increase service capacity where there is a need. Their effectiveness should be monitored through their Health Improvement Plans.

**Ambulance Service**

The committee was concerned that the Ambulance Service should have the resources to deliver the required standards of service.

**Human Resources Strategy**

Adequate funding for the recruitment and development of staff and for underpinning the strategy is crucial to the achievement of other priorities.

**Information and Communication Technology (ICT)**

The effective use of ICT and telemedicine is also important for the efficiency of the modern health service.

**Voluntary Sector**

The voluntary sector must have adequate and secure funding if it is to sustain and develop its contribution to health and social care."

5.14 Details of other work undertaken by the Committee are at Annex 2.

6. **The Future Programme**

6.1 The strategic forward work programme for May 2001 to December 2002 and the detailed programme for May to July 2001 are attached at Annex 3. Some of the issues it will address are:

- The development of options for delivering patient advocacy and support services across Wales, including the modernisation of Community Health Councils.

- To monitor the implementation of the NHS Plan for Wales.

- To monitor progress in establishing the Care Council for Wales and the Care Standards Inspectorate for Wales.
To consider the final report of the National Steering Group on NHS resource allocations in the context of "Improving Health in Wales - A Plan for the NHS and its Partners"

monitor the development and implementation of Health Improvement Programmes in the light of the proposals in the NHS Plan.

To follow up scrutiny of two NHS trusts carried out during 2000.

To monitor the achievement of its budget priorities set out in para 5.13 above.

Kirsty Williams
Chair
March 2001

Annex 1

ORGANISATIONS WHICH HAVE MET WITH THE COMMITTEE

National Screening Policy Team
Federation of Ophthalmic and Dispensing Opticians
Association of Optometrists, Welsh Council
Royal National Institute for the Blind
Wales Council for the Blind
Welsh Optometric Committee
North Wales Health Authority
Bro Taf Health Authority
NSPCC Cymru
Royal College of Paediatrics and Child Health
Community Practitioners and Health Visitors’ Association
Welsh Administration Ombudsman and Health Service Commissioner
Iechyd Morgannwg Health
North West Wales NHS Trust
Voices from Care
Association of Directors of Social Services
Welsh Local Government Association
Barnados
Welsh Ambulance Services NHS Trust
Prescribing Practices Task and Finish Group
Dyfed Powys Health Authority
District Audit
Waiting Times Strategy Development Group
Audit Commission
Primary Care Reference Strategy Group
Neath Port Talbot Local Health Group
Powys Local Health Group
Bro Taf Health Authority
Specialist Health Services Commission for Wales
Ysbyty Glan Clwyd
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<td>Extension of Categories of People Entitled to Free Eye Tests</td>
<td>Welsh Ambulance Services NHS Trust</td>
<td>Report on the N. Wales Child Abuse Inquiry</td>
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<td>Independent Children’s Commissioner</td>
<td>Dyfed Powys Health Authority - Report by District Audit</td>
<td>Audit of the Working Practices of Social Services Inspectorate, Wales</td>
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<td>Substance Misuse Strategy</td>
<td>Carmarthenshire NHS Trust - Report by Commission for Health Improvement</td>
<td>Welsh Affairs committee report on Childcare</td>
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<td>NHS Wales Strategy Project</td>
<td>Joint Audit Commission / Social Services Inspectorate Wales Review of Local Authorities</td>
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<td>Prescribing Practices</td>
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<td>Adoption and Fostering Regulations</td>
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<td>NHS Resource Allocation Review</td>
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<td>Physical Punishment of Children</td>
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<td>Emergency Pressures</td>
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<td>Long Term Care of the Elderly</td>
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<td>Flexibilities under the Health Act</td>
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<td>Prescribing Practices</td>
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<td>Waiting Times Strategy</td>
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<td>Innovations in Care</td>
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<td>Sustainable Development Scheme</td>
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Duties of the Committee

The Health and Social Services Committee is one of six 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
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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.

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.

This ethos conforms to the principles of "Better Wales, the National Assembly for Wales’s strategic plan.

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 year in accordance with section 3.7 of the Voluntary Sector Scheme.

Cross cutting issues

The committee will have regard to the inter-relationship of its work with that of other committees. For example it has resolved that Brian Hancock should represent the Committee where there are overlaps with the Culture committee on sport and health, and David Melding where there are links with the Education and Lifelong Learning committee on children with special needs.

The Committee’s Priorities

"Better Wales" states that the National Assembly will work to transform the performance and quality of health and care services in Wales and that it will increase the fairness, effectiveness, efficiency and financial management, particularly through better planning and collaboration in the commissioning and delivery of services. The Committee has already addressed several of the issues that were identified in "Better Wales" for early action by the Assembly. It will continue to progress the objectives of "Better Wales".

- **A children’s commissioner for Wales.** The Committee will have the opportunity to comment on regulations and to monitor the progress of the commissioner’s work
- **Health Improvement Programmes.** It will continue to monitor the development and implementation of these programmes as part of its work on scrutinising health authorities.
- **Hospital waiting times.** The Committee will continue to monitor performance on hospital waiting times and pressures on the NHS.
- **Fairer funding arrangements for the NHS.** The Committee has commissioned a review of the NHS resource allocation formula. The Committee will consider the report of the National Steering Group in the context of "Improving Health in Wales - A Plan for the NHS and its Partners"
- **Greater Protection for those receiving care.** The Committee will advise on the establishment of the Care Council for Wales to raise standards in the workforce, and also on the Care Standards Inspectorate for Wales to improve the regulation of services. It will also advise on the implementation of the Children (Leaving Care)Act.
- **A new approach to primary care.** It will continue to advise on the development of the primary care strategy.
- **A new community-led approach to health which tackles health inequalities.** The Committee will monitor the progress of Local Health Groups.
- **A Carer’s Strategy for Wales.** It will continue to monitor and advise on the development of a Carers’ Strategy.
- **A renewed capital programme.** The Committee wishes to be involved in early discussions on the capital programme.
- **Modernising Patient Advocacy and Support.** The Committee will review current arrangements
During its discussions on the budget priorities for 2001-2002 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 12 July 2000 from the Chair of the Committee to the Assembly Secretary:

"Improving health and tackling inequalities"

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Human Resources Strategy

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Information and Communication Technology (ICT)

The effective use of ICT and tele-medicine is also important for the efficiency of the modern health service.

Voluntary Sector

The voluntary sector must have adequate and secure funding if it is to sustain and develop its contribution to health and social care.

Annex 4

HEALTH AND SOCIAL SERVICES COMMITTEE

DRAFT FORWARD WORK PROGRAMME

MAY TO JULY 2001

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<th>Item</th>
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<td>Assembly Minister’s Monthly Report</td>
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<tr>
<td>Welsh Ambulance Services NHS Trust</td>
<td>60</td>
<td>Follow up to scrutiny in April 2000</td>
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<tr>
<td>Modernising Patient Advocacy / Support and Public</td>
<td>55</td>
<td>Report of Advisory Group</td>
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<td>Liaison</td>
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<td>Committee’s Report under SO 9.9</td>
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<td>Approval of draft</td>
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<td>Adult Mental Health Strategy</td>
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Wednesday 16 May

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<td>Public Private Partnerships and the Private Finance Initiative in Wales</td>
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<td>Plenary Decision 5.12.00</td>
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<td>Children’s Commissioner – Draft Regulations</td>
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**Wednesday 6 June**

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<th>Assembly Minister’s Monthly Report</th>
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<td>Health and Well Being of Children</td>
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<td>Initial consideration of priorities</td>
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<td>Budget 2002-2003</td>
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**Wednesday 20 June**

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<th>Local Government prioritising and spending on social services</th>
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<th>Discussion with representatives of local authorities. LGH Committee to be invited</th>
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<td>Recruitment and retention of social care workers</td>
<td>60</td>
<td>LGH Committee to be invited</td>
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<td>Long Term Care of the Elderly - Free personal care</td>
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**Wednesday 4 July**

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<td>Budget 2002-2003</td>
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<td>Final discussion on priorities</td>
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Wednesday 18 July

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<th>Modernising Patient Advocacy / Support and Public Liaison</th>
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<th>Discussion of response to consultation</th>
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<td>Food Standards Agency Annual Report</td>
<td>45</td>
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<td>Report of the Assembly Minister’s Meeting with the Voluntary Sector</td>
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OTHER POSSIBLE ITEMS FOR SCHEDULING IN

- Cardiac Risk in the Young
- Fluoridation - how it might work in Wales
- Children and Young People A framework for Partnership - Consideration of responses to consultation (HSS-18-00 refers)
- Consideration of the implications of further extending entitlement to free prescription charges - (HSS-19-00 refers)
- Carers’ Strategy - Minister’s annual report on implementation (May - paper to note)
- Decontamination / Sterilisation audit (paper to note)
- Coronary Heart Disease - National Standards Framework (paper to note)
- Partnership Council Task and Finish Group on Health and Well Being (paper to note)

Items for September and Beyond

CHI report on Cancer Services (September)

Health Improvement Programmes (paper to note) (September)
Strategy for Older People (February 2002)

Possible further consideration of BSE / vCJD

Peter Clarke - The Children’s Commissioner (Report on first year)

Task and Finish Group for Prescribing Practices in Wales - Implementation of Recommendations