Health and Social Care Committee

Committee Remit

Briefing paper

Introduction

The Health and Social Care Committee’s role is to scrutinise policy and legislative matters relating to the physical, mental and public health of the people of Wales, including the social care system.

The Business Committee is expected to report on the portfolios and responsibilities of Committees in the fourth Assembly, although this report has not been laid yet. Members of the Committee will be provided with a copy of the report when it is available. In the meantime, the responsibilities of the Health and Social Care Committee, as provisionally agreed by the Business Committee, are: All aspects of NHS; social care; mental health services; public health and health protection; health improvement and older people and carers; social services activities of local authorities; regulation of residential, domiciliary, adult placements, aids, adaptations and support at home; living independently; care in the community; the Older People’s Commissioner for Wales; food safety; research and development in health and social care; prison service health service; and EU policy matters relating to health and social care.

This paper provides a brief introduction to the main policy areas identified in the Committee’s portfolio as set out provisionally by the Business Committee. The paper is intended to inform Members about the Committee’s remit. The Research Service can provide separate briefing on the key issues within the portfolio; or in-depth briefing on a particular policy area, if requested by Members.

This briefing has been produced by the Research for use by the Health and Social Care Committee.

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Committee Remit Overview

The remit of the Health and Social Care Committee is different to that of the previous Assembly’s Health, Wellbeing and Local Government.

Under the new Committee structure, child health, social care for children, safeguarding and the Children and Family Court Advisory Support Service (CAFCASS) fall within the remit of the Children and Young People Committee.

There is therefore some overlap between the Children and Young People Committee and the Health and Social Care Committee.

Local government falls within the broad remit of the Communities, Equality and Local Government Committee.
Key Policy areas within the Committee’s Remit

Health policy and services

Health policy in Wales

In 1999, responsibility for health policy in Wales was devolved to the Welsh Government under the *Government of Wales Act 1998*. According to Schedule 7 of the *Government of Wales Act 2006*:

- The National Assembly for Wales has powers over: promotion of health; prevention, treatment and alleviation of disease, illness, injury, disability and mental disorder; control of disease; family planning; provision of health services, including medical, dental, ophthalmic, pharmaceutical and ancillary services and facilities; clinical governance and standards of health care; organisation and funding of national health service.
- The National Assembly for Wales does not have devolved power over: Abortion; human genetics, human fertilisation, human embryology, surrogacy arrangements; xenotransplantation; regulation of health professionals (including persons dispensing hearing aids); poisons; misuse of and dealing in drugs; human medicines and medicinal products, including authorisations for use and regulation of prices; standards for, and testing of, biological substances (that is, substances the purity or potency of which cannot be adequately tested by chemical means); vaccine damage payments; welfare foods; Health and Safety Executive and Employment Medical Advisory Service and provision made by health and safety regulations.

Since devolution Wales’ approach with regards to providing NHS services has diverged from that in England; for example in Wales there is less emphasis on private sector treatment, and the internal market no longer operates. Other policy differences such as Wales’ free prescriptions have necessitated clarity around entitlement in border areas, and an England: Wales protocol sets out the arrangements for patients receiving treatment across the border. *Designed for Life* sets out the Welsh Government’s health strategy.

Structure of the NHS in Wales

On 1 April 2003 the NHS in Wales underwent a major restructuring, resulting in 22 Local Health Boards (LHBs), coterminous with local authority boundaries, and 7 NHS Trusts. On 1 October 2009 the 22 Local Health Boards and 7 NHS Trusts were replaced with 7 integrated Local Health Boards, responsible for providing both primary and secondary health care services, and 3 NHS Trusts (Public Health Wales NHS Trust, Velindre NHS Trust and the Welsh Ambulance Services NHS Trust).

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Health services

Health services are usually categorised into primary care, secondary care and tertiary care.

- Primary care – family doctors (General Practitioners (GPs)), opticians, dentists, pharmacists, and other healthcare professionals. Other health care staff providing community-based health services include health visitors, midwives, community nurses, physiotherapists, occupational and speech therapists, practice nurses;
- Secondary care – hospitals and ambulance services; and
- Tertiary care – specialised care provided at some of the larger hospitals or through specialist hospitals treating particular types of illness such as cancer. The Welsh Health Specialised Services Committee (WHSSC) was established on 1 April 2010 by the seven LHBs, hosted by Cwm Taf LHB, and is responsible for the joint planning of specialised and tertiary services on behalf of LHBs in Wales.

In addition, the NHS provides specialist services that support medical diagnosis and treatment and disease prevention, such as screening services.

As mentioned previously although the National Assembly for Wales has devolved power over family planning and the provision of health services, including medical, dental, ophthalmic, pharmaceutical and ancillary services and facilities, it does not have power over the regulation of health professionals, for example, the National Assembly for Wales has no power over GP contracts.

NHS finance

The Welsh Government allocates revenue resources each year to LHBs. This funding is intended to cover the day-to-day running costs of the NHS. The Capital Investment Programme, which is used for funding buildings and equipment, is to ensure that Wales, as stated in the Designed for Life strategy, has the health facilities in place in order to deliver world class healthcare and social services by 2015.

Complaints and accountability

Community Health Councils (CHC) are independent statutory organisations that represent the interests of the patient and the public in the NHS. They can provide help and advice with regards to problems or complaints about NHS services and monitor the quality of NHS services from the patient’s point of view.

Healthcare Inspectorate Wales (HIW) is the independent inspectorate and regulator of all healthcare in Wales. HIW’s primary focus is to review and inspect NHS and independent healthcare organisations in Wales to provide independent assurance for patients, the public, the Welsh Government and healthcare providers, that services are safe and of good

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4 Most GPs are independent contractors who are not directly employed by the NHS.
5 The Welsh Health Specialised Services Committee is sometimes referred to as the Joint Committee.
7 Welsh Government, Health and Social Care, NHS Wales, About NHS Wales [accessed 29 June 2011]

quality. Services are reviewed against a range of published standards, policies, guidance and regulations.

The social care system

Social care

Social care services aim to promote the independence and social inclusion of individuals. They can include a wide range of support including information and advice, counselling and advocacy, aids and adaptations, help with domestic tasks, support to develop social skills, and personal care. Services may be provided in residential care homes, in a person’s own home or in other community settings, such as day centres.

Responsibility for social care is devolved to Wales, although social security policy is reserved to the UK Government.

Social care services are arranged by local authorities for people who meet their eligibility criteria, following a community care assessment. In Wales adult and children’s social services are integrated in local authorities under Directors of Social Services with statutory responsibilities. Wales differs from England in this respect where adult and children’s social services are usually separate.

Social care services may be provided by local authorities or commissioned from private or voluntary sector providers. Services can be provided directly to users, or in the form of a direct payment with which users can purchase their own services. Services arranged by local authorities, including those purchased using direct payments, may be subject to means-tested charges. Alternatively, individuals may purchase services privately.

In some instances the NHS is responsible for both health and social care services for people whose long term needs are primarily health-related. This is known as Continuing NHS Healthcare.

The main users of social care services are disabled people with physical or sensory impairments, people with learning disabilities, older people, and those with mental health problems, people with substance misuse problems, and carers.

Services for carers aim to support them in their caring role, for example by providing respite care. The Welsh Government has published a Carers Strategy for Wales Action Plan (2007)\(^8\) and has legislated for improved support for carers in the Carers Strategies (Wales) Measure 2010.\(^9\)

The Welsh Government has a Strategy for Social Services, Fulfilled Lives, Supportive Communities (2007)\(^9\) and published a paper on the future of social services Sustainable Social Services for Wales: A Framework for Action\(^10\) in February 2011. A social care Bill is

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\(^10\) Welsh Government *Sustainable Social Services for Wales: A Framework for Action* (2011) [accessed 1 July 2011]
planned for the fourth Assembly, and work on changes to the way in which social care services are paid for is underway.

**Aids and adaptations**

Community equipment, such as wheelchairs and communication aids, are provided by the NHS and local authorities, often jointly. Larger adaptations, for example housing adaptations such as stairlifts, are provided through local authority-administered Disabled Facilities Grants.

**Regulation of social care services**

The Care and Social Services Inspectorate Wales (CSSIW) has responsibilities for improving social care and early years services which it undertakes through the regulation, inspection and review of the sector. It performs these functions on behalf of Welsh Ministers and is part of a Department within the Welsh Government. Social care providers register with the CSSIW which carries out inspections and tests compliance with regulations and National Minimum Standards. CSSIW also reviews the way in which local authorities discharge their social services functions.

The Care Council for Wales (CCW) is an Assembly Government Sponsored Body which is responsible for the regulation, training and development of the social care workforce across the public, private and voluntary sectors. As part of this remit the CCW is responsible for the registration of some social care professionals, such as social workers and care home managers, and for standards and conduct of social care professionals.

**Mental health services**

Mental health services are provided by both health and social care services. Community services are often commissioned from the voluntary sector, which also has a significant campaigning and advocacy role in mental health.

Responsibility for mental health services is largely devolved to Wales but aspects of mental health policy concerning compulsion are not.

NHS primary care mental health services include those provided by GPs and other community-based health professionals. Secondary care services are specialised mental health services provided either in hospitals or in the community, the latter often by Community Mental Health Teams which comprise both health and social care professionals. Tertiary care services are more specialist still, e.g. for people with eating disorders or those who are treated in secure settings.

Key documents include the *Mental Health Act 1983* for England and Wales (as amended by the *Mental Health Act 2007*); *Raising the Standard: The Revised Adult Mental Health National Service Framework and an Action Plan for Wales* (2005)\(^{11}\); the *Mental Health (Wales) Measure 2010*.

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Child and Adolescent Mental Health Services (CAMHS) are provided by health and social services within the framework set out in the Welsh Government’s CAMHS strategy *Everybody’s Business* (2001)\(^{12}\). Following a review in 2009 by the Wales Audit Office and the Healthcare Inspectorate Wales the Welsh Government published an action plan in 2010 *Breaking the Barriers: Meeting the Challenges*\(^{13}\) to address the issues highlighted in the report. Whilst issues around CAMHS fall within the remit of the Children and Young People Committee, the Health and Social Care Committee is able to consider cross cutting issues in relation to children’s mental health services, including the transition of young people from children’s to adult mental health services.

Healthcare Inspectorate Wales (HIW) has responsibilities around the inspection and regulation of mental health services, including reviewing the use of the *Mental Health Act 1983*, under which patients may be detained or subject to Guardianship or Supervised Community Treatment. HIW carries out its functions on behalf of Welsh Ministers and is part of the Welsh Government, although it is expected to operate independently.

### Older people

Services for older people are provided by the NHS and local authority Social Services. The Welsh Government has published a *National Services Framework for Older People* (2006)\(^{14}\) which aims to improve health and social care services and equity of access for older people across Wales, and a *Strategy for Older People* (2003 and 2008)\(^{15}\).

*The Older People’s Commissioner for Wales*

The Older People’s Commissioner for Wales was established on 21 April 2008 under the terms of the *Commission for Older People (Wales) Act 2006*\(^{16}\). The Commission’s role is to ensure that the interests of older people in Wales, who are aged 60 or more, are safeguarded and promoted.

The Commission is funded by the Welsh Government but is operationally independent of Welsh Ministers and is accountable to the National Assembly for Wales. Each year the Commission must prepare an Annual Account report, in accordance with directions given by the National Assembly for Wales, and submit it to the Auditor General for Wales, who in turn, must certify the accounts and lay the report, accompanied by his own report, before the National Assembly for Wales.\(^{17}\)

\(^{14}\) Welsh Government *National Services Framework for Older People in Wales 2006* [accessed 4 July 2011]
\(^{16}\) Commission for Older People (Wales) Act 2006, (Chapter 30) [accessed 29 June 2011]
\(^{17}\) Commission for Older People (Wales) Act 2006, (Chapter 30) [accessed 29 June 2011]
Ruth Marks is the Older People’s Commissioner for Wales and Sarah Stone is the Deputy Commissioner.

**Public health including health protection, health improvement and health inequalities**

Public health is the term used to refer to the prevention of disease and promotion of health and wellbeing. The focus of public health intervention is to improve health and quality of life through the prevention and treatment of disease, and other physical and mental health conditions, through surveillance of cases and the promotion of healthy behaviours.

The Labour Manifesto 2011 states, that the previous Welsh government invested £190 million in public health in the last term, covering a wide range of programmes targeted at improving health, including sexual health, smoking and substance misuse. It also states that the public health priorities for this Assembly term will be: alcohol, obesity, smoking, teenage pregnancies and drug abuse.  

Public Health Wales provides independent public health advice and services to protect and improve the health and wellbeing of the population of Wales. It was established as an NHS Trust on 1 October 2009, and incorporates the functions and services provided by the former National Public Health Services for Wales, the Wales Centre for Health, the Welsh Cancer Intelligence and Surveillance Unit and Screening Services Wales.

A five year strategy for Public Health Wales was launched in October 2010. There are seven strategic objectives stated and eight ways to describe the ways in which Public Health Wales works.

Public Health Wales provides each Local Health Board (LHB) and its Director of Public Health with specialist public health support. LHBs have a number of statutory functions in relation to public health, including: investigation and management of communicable diseases; support and monitoring of immunisation programmes; and environmental health issues. Public Health Wales also provide LHBs with specific support on child protection issues.

Public Health Wales provides specialist public health support to the 22 local authorities in Wales.

**Food safety**

The Food Standards Agency (FSA) was launched in Wales, as in other countries of the UK, in April 2000 under the terms of the **Food Standards Act 1999** to protect the public's health and consumer interests in relation to food. The FSA is accountable to the National Assembly for Wales as well as the UK Government. The work of the FSA in Wales is overseen by the Welsh Food Advisory Committee.

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18 [Welsh Labour Manifesto 2011](#)
19 [Public Health Wales Five Year Strategy](#)
20 [Food Standards Act 1999](#), (Chapter 28) [accessed 1 July 2011]
Following the publication of the Pennington Report on the E.coli outbreak in Wales in 2005 the FSA is examining all major causes of food-borne illnesses and has established the Food Hygiene Delivery Programme with the aim of minimising the level of food-borne disease. The programme runs until 2016 and, in addition to implementing the recommendations of the Pennington Report, a review of food hygiene enforcement in Wales is planned to take place in 2014.

The Health, Wellbeing and Local Government Committee undertook an inquiry in June 2010 which examined the progress the Welsh Government had made in implementing the recommendations of the Pennington Report.

**Research and development in health and social care**

The Welsh Government’s health strategy *Designed for Life* aims to strengthen prevention and research activity around public health policy. Current research themes include: Primary Schools Free Breakfast provision initiative; Welsh Health Survey; Health Behaviour in School-aged Children (HBSC) study; and development of determinants of health indicators.

The National Institute for Social Care and Health Research (NISCHR) develops, in consultation with partners, policy on research and development to reflect the health and social care priorities of the Welsh Government. It is a Welsh Government body.

**Prison Service health service**

Prison healthcare facilities are inspected by Her Majesty’s Inspectorate of Prisons. Responsibility for prison healthcare services was transferred from the prison service to the NHS originally under Section 23 of the *National Health Service Reform and Health Care Professions Act 2002* (now repealed). In Wales, a consolidation of Healthcare legislation occurred in 2006; Section 188 of the *National Health Service (Wales) Act 2006* is now the relevant authority for joint working with NHS bodies and the prison service. At this time the provision of healthcare services in prisons became an integral part of the NHS and since then Local Health Boards have been responsible for commissioning healthcare for public sector prisons in their areas. Therefore, any new duties on the NHS could apply to prisoners in Welsh prisons, and to children and young offenders in custody. However, many Welsh prisoners are held in English prisons, including children and all females, where cross border arrangements apply.