

MINUTES

**Date: Wednesday, 26 November 2003**

**Time: 9.00am to 12.10pm**

**Venue: Committee Room 1, National Assembly for Wales**

**Attendance: Members of Health & Social Services Committee**

David Melding ( <b>Chair</b> )	South Wales Central
Jocelyn Davies	South Wales East
John Griffiths	Newport East
Jane Hutt (Minister)	Vale of Glamorgan
Ann Jones	Vale of Clwyd
Val Lloyd	Swansea East
Jonathan Morgan	South Wales Central
Gwenda Thomas	Neath
Rhodri Glyn Thomas	Carmarthen East & Dinefwr
Kirsty Williams	Brecon and Radnorshire

**Officials In Attendance**

Therese Gray	Office of the Counsel General
Dr Ruth Hall	Chief Medical Officer

Ann Lloyd	Director, NHS in Wales
Phil Morgan	Food Standards Agency
Helen Thomas	Director, Social Policy Department
Graham Williams	Chief Inspector, Social Services Inspectorate for Wales

**Secretariat:**

Jane Westlake	Committee Clerk
Claire Morris	Deputy Committee Clerk
Peter Jones	Counsel to the Committee

**Item 1: Apologies and Substitutions and Declarations of Interest**

1.1 There were no apologies.

1.2 The following declarations of interest were made under Standing Order 4.5:

- Val Lloyd, registered nurse
- Kirsty Williams, married to a beef producer.

1.3 The Chair welcomed Rhodri Glyn Thomas to his first meeting of the Committee.

1.4 The Chair advised Members that amendments to the Health Professions Wales (Establishment, Membership, Constitution and Functions) Order 2003 had been received from the Welsh Assembly Government that morning. This was not in accordance with the Committee's agreed protocol for handling legislation but he intended to allow the item to proceed if Members agreed that the amendments were not controversial. A copy of the amendments is attached at Annex A.

**Item 2: Ministerial Report (9.10 – 10.20am)**

**Paper: HSS(2)-07-03(p.1)**

2.1 In response to comments and questions from Members on her report, the Minister made the following points:

**Review of Health and Social Care in Wales (Wanless)**

- The role of regional offices would be to facilitate local Wanless Action Plans. These would be Local Health Board (LHB) led because they were the key commissioners.
- There was acceptance that there needed to be some changes to services. Assembly Members should demonstrate leadership in allowing all options for reconfiguration of services to be examined objectively. Where changes were proposed they would be subject to any statutory requirement for consultation.

## **Implementation of the Pharmacy Scheme**

- Recommendations from 'Remedies for Success' were being taken forward, including supplementary prescribing and the implementation of automation in secondary care.
- 'Remedies for Success' was not only about prescribing but also looked at the role of community pharmacists.
- Automated pharmacy had made a significant difference in Llandough, Glan Clwyd and Glangwili hospitals. It was reducing mistakes in relation to medicines management in hospital and had freed up staff to do the job for which they had trained, rather than packaging medicines in a hospital pharmacy.
- The time pharmacists waited to receive payment had been resolved by Health Solutions Wales.
- A pilot study on direct supply of medicine had been undertaken in Gwent and this would be taken forward.
- Discussions had been held with the pharmaceutical industry regarding centralised procurement and the impact of any changes. The All Wales Medicines Strategy Group had taken evidence from stakeholders, who had requested that no changes take place purely on the basis of the National Audit Office (NAO) report on the procurement of primary care medicines. The Assembly's Audit Committee was also considering the issue. Pharmacists and GPs would be involved in any pilot schemes.

## **Healthcare Associated Infections**

- An interim report on the level of healthcare associated infection since the issue of the Welsh Health Circular in April would be included in the next Ministerial report.

## **Update on the Carlile Report**

- The 18 month accelerated training programme for children's nursing was available for registered nurses who were not specialist children's nurses but worked in areas that frequently came into contact with children.

## **Diabetes Services in Wales**

- The additional funding for training for the Expert Patient Project was to support both the pilot

schemes and the roll-out.

- The links between obesity and diabetes were recognised and should be addressed by the nutrition and well being strategy. A change of culture and attitudes was necessary and this needed to start with children and young people.
- Discussions had been held with Professor Geraint Williams, of Diabetes UK Cymru, regarding workforce planning. It was essential that sufficient specialist registrars were being trained in Wales to take up consultant posts as they became available. The new consultant contract should be beneficial.
- The Minister would obtain advice on the feasibility of a screening programme for Type 2 (non-insulin dependent) diabetes.
- An update on the epilepsy action plan would be included in the next Ministerial report.

## **Joint Reviews of Social Services**

### Inspection of Children's Services in Cardiff

- The use of the Assembly's formal powers was seen as a last resort and would only be used if the local authority's response did not appear likely to resolve the serious concern in a reasonable time. The Minister had made a judgement following receipt of the Social Services Inspectorate for Wales (SSIW) follow-up report that she was not content simply to oversee the implementation of the action plan and had invoked the protocol for dealing with serious concerns agreed between the Welsh Assembly Government and the Welsh Local Government Association.

Therese Gray, Office of the Counsel General, said that there were powers under Section 84 of the Children Act 1989 for the Assembly to issue directions to an authority where there was serious concern that it had failed, or was likely to fail in its functions. It was clear that such authorities would be given every opportunity to address those concerns themselves. Section 84 was a last resort and it was expected that there would be protocols that would set out clearly what the Assembly would expect to be done before taking that step. If the Assembly departed from the agreed protocol there would be a risk that the local authority would accuse the Assembly of acting unreasonably or outside its powers. The Minister was not legally bound by the protocol if she felt she needed to depart from it. The advice given to the Minister would have taken into account all inspections and reports on children's services in Cardiff not just the latest, and the view of SSIW that progress had been made and that the authority were acting appropriately in taking action.

### Future Arrangements for Joint Reviews

- The consultation responses would be made available in the Members' library
- A paper on this issue would be brought forward in the New Year.

## **General Medical Services (GMS)**

- Initial costings had been received from LHBs for the provision of out-of-hours services, but until plans were agreed it would not be appropriate to publish the costs.
- The links between the roles of the out-of-hours service, NHS Direct, Accident & Emergency departments and the Ambulance Service were recognised.
- It was acknowledged that providing out-of-hours cover in rural areas was challenging, but it would be difficult to set maximum distances for doctors to travel.
- Telemedicine development was moving forward and would be important, particularly in rural areas.

### **Gwent Value for Money Evaluation**

- The development at St Woolos had gone ahead before Nevill Hall because it would benefit more patients.
- Plans for the development at Nevill Hall were being discussed with the Trust.

### **Consultant Contract**

- £90m would be available for the new consultant contract from 1 December 2003.

### **Domiciliary Care Agencies (Wales) Regulations and Standards**

- The guidance would be published with the regulations.
- The Minister was unaware of any problems with funding for stroke patients at Cardiff LHB. She asked Jonathan Morgan to pass on any information he had and the Director of the NHS in Wales would look into the matter. At the request of the Chair the Minister agreed to report back on funding for chronic conditions such as stroke now that the new commissioning arrangements via LHBs were in place.

### **Waiting Times**

- By April 2004, nobody would be waiting 18 months without being offered treatment at an alternative location. It would not be an appropriate solution for everyone, and a decision would have to be made about people who felt unable to accept the second option. Further information would be included as a separate item in the next Ministerial report.

## Action

- The consultation responses on the future arrangements for joint reviews would be made available in the Members' library.
- A paper on the future arrangements for joint reviews would be submitted to the Committee in the New Year.
- Consideration to be given to inviting members of Gwent NHS Trust to attend a future Committee meeting.
- A report would be provided on funding for chronic conditions such as stroke now that the new commissioning arrangements via LHBs were in place.
- The following items would be included in the next Ministerial report:
- An interim report on the level of healthcare associated infection since the Welsh Health Circular was issued in April 2003.
- An update on the Epilepsy Action Plan.
- Update on the Second Offer Scheme to be included as a separate item.

### **Item 3: Inspection of Social Services for Children and Young People: City and County of Cardiff (10.20 - 10.50am)**

**Papers: HSS(2)-07-03(p.2); HSS(2)-07-03(p.2a); HSS(2)-07-03(p.2b);**

3.1 In response to comments and questions from Members, the Chief Inspector of Social Services made the following points:

- Cardiff would have been recommended for an inspection in 2004 if they had not been due for inspection as part of the five yearly programme.
- It was not intended to bring the inspection forward from the end of 2004 because the authority needed time to bring about the required improvements and SSIW would be involved in monitoring progress in achieving the targets set.
- Comprehensive guidance on workforce planning had been issued to all authorities in Wales earlier in the year. Authorities would be required to submit information on workforce planning in 2004.
- Exit surveys suggested authorities experienced problems in retaining staff because of inadequate levels of management and supervision and workload pressures. Cardiff would be required to provide evidence that frameworks and safeguards had been put in place to ensure staff were better supervised, were clearer about the standards expected of them and felt safe to carry out their jobs.
- The authority was expected to identify the key information necessary to make a proper assessment of children's needs. If a full assessment could not be undertaken then a

comprehensive risk assessment was needed, which took changing circumstances fully into account.

- Ways to improve placement choice and stability needed to be developed.
- The importance of professional leadership as well as political leadership had been emphasised to the authority.
- The response from Cardiff had been encouraging in terms of commitment from officers at corporate and management levels, and their willingness to work with SSIW.
- The authority had put in place interim improvements but permanent plans were needed to strengthen services. A new management team had recently been appointed and should undertake work to bring about improvements in service delivery as a priority.
- An inspection of services to protect vulnerable adults was currently being undertaken.
- The move by SSIW to undertake annual performance evaluations was important as it would ensure the Inspectorate was informed of social services departments' continuing performance. This would draw upon the findings of joint reviews and inspections which would continue on the basis of a five year programme.

3.2 The Minister made the following points:

- The protocol had been developed over two years in partnership with local government.
- The next stage of the process, should the authority not resolve the serious concerns, would be the use of formal powers.
- Whilst children's services were of the greatest concern, there was an action plan for the whole of social services in Cardiff.
- Regular updates on progress on all the action plans would be provided to the Committee.

3.3 The Chair said that the Committee would continue to monitor the situation and would be expecting to see comprehensive improvements.

#### **Action**

- Regular updates on progress on all the action plans would be provided to the Committee.

#### **Item 4: Welsh Assembly Government's Response to the Review of Health and Social Care (11.20 - 11.40am)** **Paper: HSS(2)-05-03(p.3)**

4.1 The Committee continued its discussion of the Welsh Assembly Government's response to the Review of Health and Social Care in Wales, which had been adjourned from the meeting on 5 November.

4.2 In response to comments and questions from Members, the Minister made the following points:

- An explanatory note would be provided on confidentiality and data protection in relation to electronic patient records.
- 'Informing Healthcare' would be launched in December and would engage all professions in the healthcare sector.
- The capacity for Community Health Councils (CHCs) to provide alternative service models if they were opposed to any proposed service reconfiguration had been noted.
- A system was being developed to reward good delivery and improved performance by Local Health Boards (LHBs) and withdraw independence from those that were not delivering. Further details on this would be provided to the Committee.
- There was a framework including policy agreements designed to put social care at the top of local authorities' agenda. Performance indicators had been introduced for transfers of care.
- Budgets needed to be planned and put together at a local level and LHBs were the appropriate vehicle for developing health, social care and wellbeing strategies. They were representative of the local community and accountable to it. CHCs also represented the community in monitoring the LHBs.

#### **Action**

- An explanatory note would be provided on confidentiality and data protection in relation to electronic patient records.
- Further details to be provided on the system being developed to reward good delivery and improved performance by Local Health Boards (LHBs) and withdraw independence from those that were not delivering.

#### **Item 5: Progress in Implementing the Recommendations of the Previous Committee's Report on the Implications for Wales of the Phillips (BSE) Inquiry Report (11.40 - 11.50am)**

**Paper: HSS(2)-07-03(p.3)**

5.1 In response to comments and questions from Members on her report, the Minister made the following points:

- The Minister was consulting with fellow UK Ministers regarding the Food Standards Agency's review of the Over Thirty Month Rule. Any decision would need to be beneficial to the consumer and public confidence.
- A paper would be provided on the risks associated with blood and blood products.
- The Palliative Care Strategy would address the needs of non-cancer patients.



5.2 Dr Ruth Hall, Chief Medical Officer, said that the guidance for GPs was constantly under review and was a standard item at her regular meetings with GP representatives. There had been no progress in the ability to diagnosis vCJD, as it could only be confirmed post mortem, but it was important to keep it at the forefront of clinicians' minds. It was also an important issue for psychiatrists and the mental health service, and it had been an item at a recent national conference.

### **Action**

- A paper would be provided on the risks associated with blood and blood products.

### **Item 6: Schedule of Secondary Legislation proposed by the Welsh Assembly Government (11.50 - 11.55am)**

**Paper: HSS(2)-07-03(p.4a) and HSS(2)-04-03(p.4b)**

6.1 No new items were identified for consideration.

### **Item 7: Health Professions Wales (Establishment, Membership, Constitution and Functions) Order 2003**

**Papers: HSS(2)-07-03(p.5) and HSS(2)-07-03(p.5a)**

7.1 In response to points of clarification raised by Members, the Minister made the following points:

- Government amendment to article Article 6(5) a - The Chief Executive of Health Professions Wales would advise on what qualifications would be valuable in the exercise of its functions.
- A paper would be provided on the number of statutory advisory committees in Wales and their roles.

7.2 Peter Jones, Counsel to the Committee, said that responsibility for appointing members of HPW was vested in the Assembly and it would be for the Assembly at the end of the day to decide what was appropriate in terms of qualifications and experience. There was no reference to an important enabling power in the Order, i.e. that relating to the constitution of HPW, and there were one or two other drafting points which he would take up with Assembly Government lawyers.

7.3 The Chair would write to the Chair of the Business Committee advising that the Committee had looked at the Order and had accepted the amendments put forward by the Government and did not have anything to add.

7.4 Kirsty Williams asked that the Committee received a regulatory appraisal with draft regulations in the future.

## **Action**

- Chair to write to the Chair of the Business Committee.
- Peter Jones, Counsel to the Committee, to discuss drafting queries with the Office of the Counsel General.

### **Item 8: Minutes (12.05 - 12.10pm)**

#### **Paper: HSS(2)-05-03(min)**

8.1 It was noted that Ann Jones had attended the meeting on 5 November and not Lynne Neagle. Subject to this amendment the minutes were agreed.

### **Item 9: Any Other Business**

9.1 The Chair had received a letter from Leighton Andrews AM about the Nantygwyddon Landfill Site. A copy would be circulated to Members.

9.2 The Minister said that the Local Health Board had accepted the concerns raised. She would be writing to Leighton Andrews and would copy her response to Members.

## **Annex A**

### **The Health Professions Wales (Establishment, Membership, Constitution and Functions) Order 2003 - Amendment**

This Order was drafted before the results of consultation on the Constitution and Appointments of Board Members of Health Professions Wales ended and before a final analysis could be undertaken. The timing has resulted in proposed changes to the Order to ensure maximum inclusiveness and representation

The final analysis has now taken place and in light of this the following amendments to the Order have been made, as it was found that some professionals were excluded. The amendment proposed is a positive one that would broaden the membership of HPW.

#### **Under Members of HPW: article 6 (5) (a):**

All the professional groups within the remit of HPW are not currently represented by the Welsh

Scientific Advisory Committee (WSAC), Welsh Therapies Advisory Committee (WTAC) or the Welsh Nursing and Midwifery Committee WNMC, [i.e. Paramedics, Orthotists, Prosthetics, and aspiring professions to HPC (ODP's and Clinical Psychologists at present)], that to be totally inclusive this clause be expanded to add "professionals having such qualifications, interests or experience as would be valuable in the exercise of its functions."

The Order would then read:

The members of HPW shall be

- a. (i) Persons from professions represented by the Welsh Therapies

Advisory Committee, the Welsh Scientific Advisory Committee and the Welsh Nursing and Midwifery Committee;

(ii) professionals having such qualifications, interests or experience as would be valuable in the exercise of its functions; and

(iii) from persons representing Healthcare Support Workers.

**Under Members of HPW: article 6 (5) (b):**

In addition, it has been suggested that the groups from whom the lay members will be drawn could also include retired or non-active registrants (i.e. those who have been or are on the register but have not paid fees to remain in active practice) from the NMC and HPC registers. To ensure that no valuable groups are excluded this clause should be changed to read:

- (b) Persons having such qualifications, interests or experience as

will be valuable to HPW in the exercise of its functions but who are not council members or on the registers of the Nursing and Midwifery Council, the Health Professions Council or other regulatory body relating to health care professions and Health Care Support Workers.

**Under Members of HPW: article 6 (8)**

In line with officials recommendations it is intended to limit the term of membership to 10 consecutive years.

# **Under Accounts and audit: article 11 (4)**

It is also intended to include further technical provisions requiring HPW to submit its accounts to the Auditor General for Wales for examination and certification. The Order will also make provision enabling the Auditor General to examine the economy, efficiency and effectiveness with which HPW has used its resources in carrying out its functions.

## **Under Removal from Office: article 7**

It has been decided to include the number of absent consecutive meetings in the clause below:

- b. If the Assembly is satisfied that the person has been absent from 5

consecutively missed meetings of HPW without reasonable excuse or the

permissions of HPW or is otherwise unfit or unable to carry out the functions of chairman, vice-chairman or other members.