

Date: Wednesday 23 January 2001

Venue: Committee Room 1, National Assembly Building

Title: Strategic Forward Work Programme January 2002 to May 2003

Purpose

To offer members the opportunity to comment on the Committee's draft Strategic Programme for the period May 2002 to May 2003.

Background

The Committee's forward work programme is in two parts. Part 1 is the strategic framework which normally covers an eighteen month period from May in one year to December the following year and is rolled forward annually. Because of the Assembly elections next year, the revised programme will run only until May 2003.

Once the committee has agreed the draft it will be circulated firstly to other subject committees for comment and then to the Assembly Cabinet. The committee will then review the draft in the light of comments received with the aim of laying and publishing the document by May.

The Chair has consulted the Assembly Minister and other party spokespersons on the attached draft.

Action

Members are invited to give any comments on the strategic programme to the Committee Clerk. Once the strategic element is agreed by the Committee work will begin on the detailed programme for the summer.

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(p3), 4 July 2001 - extract at Annex*

Annex

Extract from Paper HSS-11-01(p3), 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.