

Health and Social Services Committee HSS-14-02(min)

MINUTES

Date: Thursday, 27 June 2002

Time: 2.00 to 4.30pm

Venue: Committee Room 1, National Assembly for Wales

Attendance: Members of Health & Social Services Committee

Kirsty Williams (Chair)	Brecon and Radnorshire
Geraint Davies	Rhondda
Brian Gibbons	Aberavon
Brian Hancock	Islwyn
Jane Hutt (Minister)	Vale of Glamorgan
Ann Jones	Vale of Clwyd
Dai Lloyd	South Wales West
Val Lloyd	Swansea East
David Melding	South Wales Central

Officials In Attendance

Dr Ruth Hall	Chief Medical Officer
Ann Lloyd	Director, NHS in Wales
Paul Parker	Primary & Community Health Division
Stephen Redmond	NHS Human Resources Division

Secretariat:

Jane Westlake

Committee Clerk

Claire Morris

Deputy Committee Clerk

Peter Jones

Counsel to the Committees

Item 1: Apologies and Substitutions

1.1 Apologies were received from Jocelyn Davies, Lynne Neagle and Rod Richards. Brian Hancock substituted for Jocelyn Davies and Val Lloyd for Lynne Neagle.

1.2 It was agreed that the Chair should write to Lynne Neagle and Huw Lewis offering the Committee's congratulations and best wishes on the birth of their son.

1.3 It was also agreed that the Chair should write to Jocelyn Davies, who was recovery from surgery, offering the Committee's best wishes.

1.4 Members were reminded of the requirement, under Standing Order 4.5, to declare any interests before taking part in proceedings. The following declarations were made:

- Geraint Davies, pharmacist and member of Rhondda Cynon Taff County Borough Council;
- Brian Gibbons, registered medical practitioner;
- Dai Lloyd, general practitioner and member of the Council of the City and County of Swansea;
- Val Lloyd, member of the Council of the City and County of Swansea, registered nurse and nurse teacher.

Item 2: NHS Reform and Health Care Professions Bill - *proposed* draft Order

Local Health Board (Wales) Regulations - Constitution, Membership & Procedures

Papers: HSS-14-02(p.1) and HSS-14-02(p.1a)

2.1 In accordance with the procedure previously agreed by the Committee for handling legislation, amendments to the *proposed* draft Order had been circulated in advance of the meeting and can be found in paper HSS-14-02(p.1a). It had also been agreed that there would be an opportunity for Members to put any questions or seek clarification from the Minister prior to moving to any formal

amendments.

2.2 The Minister said that the regulations included a range of provisions about the board membership and constitution including their procedures and administrative arrangements and would be subject to wider consultation with key stakeholders. Members would also have the opportunity to participate in the consultation exercise, which would run from July to September.

2.3 In response to Members' questions, the Minister made the following points:

- The Bill had received Royal Assent.
- A clear definition of the circumstances in which a carer "intends to provide care" would be included in the guidance.
- "First members" were members who had been appointed in advance of the regulations coming into force.
- The structure of Local Health Board (LHB) members had been determined through extensive consultation with key stakeholders. There was no link to the geographical areas covered by the LHB. There was a need to balance the professions represented on the board.
- "Associate members" represented specific interests and were nominated by the group they represented. They were there by right and could speak but had no voting rights.
- The Chair was the only Assembly made public appointment but it was expected that all appointments would be under the Nolan procedure.
- The appointment of Chief Officers for a period of no longer than five years was the same as in the English Primary Care Trust regulations. It was agreed that this could be a disincentive to some applicants so the Director of the NHS Wales and her team would consider whether this limit was appropriate to Wales.
- A clear definition was needed of the type of personal relationship that could equate to "married persons living together" in respect of pecuniary interests. David Melding advised that the Standards Committee had already looked into this issue in the context of the Assembly's Standing Orders and obtained legal advice from the Office of the Counsel General.
- "Remote or insignificant" was a standard phrase used in regulations and it would be very difficult to narrow down or be more specific as it would vary according to circumstances.

2.4 The Chair pointed out that future appointment of LHB Chairs would be staggered over a period of time. She thanked David Melding and Brian Gibbons for their work in the appointment of the initial 21 Chairs.

Amendment 1 – proposed by David Melding, AM

In Section 2., under para. starting "carer": delete "aged 18 or over".

Response from Minister

The amendment was accepted.

Amendment 2 - David Melding, AM

In Section 3, under sub para. (4)(c): delete "four" and insert "three".

Response from Minister

The amendment was not accepted. It would reduce local authority representation, when a key commitment in the structural change process had been to increase local authority representation to include elected members, and was important in terms of the partnerships being forged with local authority members.

Conclusion

David Melding said that his intention in proposing this amendment had been to create room for an NHS consultant but if the Minister accepted Amendment 7 he would withdraw this amendment.

Amendment 3 - David Melding, AM

In Section 3, under sub para. (4)(m): delete "three" and insert "four"; and

Amendment 7 - David Melding, AM

In Schedule 2, para. 17: delete "three" and insert "four".

And add new sub para. (d):

"d). one must be an NHS consultant working for an NHS Trust".

Response from Minister

Both amendments were accepted. The Minister said that she would also be looking for LHB representation on NHS Trust boards.

Amendment 4 - David Melding, AM

In Section 3, under sub para. (5): delete whole sub para. and insert

"(5) The Board may appoint observers to assist the Board to discharge its functions".

Response from Minister

This was not accepted, as it did not change the substance and was felt to be less clear than the draft.

Main Points of Discussion

David Melding said he had been trying to make a clear distinction between co-opted members and the

members listed in Section 3 (4) (a)-(m). There would need to be a clear statement that co-opted members were not full board members.

Conclusion

The amendment was not moved.

Amendment 5 - David Melding, AM

In Section 14: delete "co-opted members" and insert "observers"

and add extra sentence:

"Observers may only speak when invited to do so by the Chair of the Board".

Response from Minister

This was not accepted. The Minister did not wish to limit the speaking rights of co-opted members to invitation by the Chair.

Conclusion

The amendment was not moved.

Amendment 6 - David Melding, AM

In Schedule 1, add new points 3 and 4:

"(3) The Board shall submit arrangements for the selection and appointment of members to the Assembly for approval".

"(4) Any proposed changes to arrangements for the selection and appointment of members shall be submitted by the Board to the Assembly for approval".

Response from Minister

The amendment was accepted.

Amendment 8 - David Melding, AM

In Schedule 3: add new paras. 8 and 9:

"(8) Subject to the exceptions listed in (9) below, Board meetings shall be held in public. Subject to the exceptions listed in (9) below, the minutes of Board meetings shall be publicly available".

"(9) The Chair of the Board may deem that specified items of business shall be restricted for legal or public interest reasons. In making such a determination, the Chair must be satisfied that it is reasonable to exclude the public for the discussion of such items. The Chair shall give notice of such items that are to be restricted and shall arrange the Board's agenda so that restricted items are separated from all other business. Under no circumstances shall the public be excluded from any part of Board meetings that deal with non-restricted items. The minutes of restricted items shall not be publicly available".

Response from Minister

There was already provision in the Act for meetings to be held in public but it would not be a problem to re-emphasise this in the regulations. The amendment was accepted. David Melding said he would be content for the Minister to re-word the amendment, if appropriate.

2.5 The Chair stressed the need for gender neutral drafting in the regulations. She would write to the Minister outlining the Committee's discussion and conclusions.

Action

- Chair to write to the Minister outlining the Committee's conclusions.

Statement on the Draft Mental Health Bill

The Minister made a statement on the draft Mental Health Bill. A copy is attached at Annex A.

Members expressed concern about the provisions of the Bill including the human rights implications and the capacity to implement the safeguards such as advocacy services and tribunals. Mental Health was one of the Committee's priorities and it was important that the Committee and the Assembly had the opportunity to consider the Bill in detail during the consultation period. Members agreed that representation should be made to Business Committee to schedule a Plenary debate on this subject before the summer recess. It was also agreed that the Health & Social Services Committee should seek the Presiding Officer's approval to reconvene on 11 September to discuss this issue prior to the end of the consultation period on 16 September.

Action

- Chair to write to Chair of the Business Committee and the Presiding Officer

Item 3: Staffing Targets for the NHS in Wales

Paper: HSS-14-02(p.2)

3.1 The Minister said that the Committee had received the results of the 2001 workforce Planning Data in

December 2001 and these had now been validated. The staff targets had been based on information provided by the NHS and were based on need rather than affordability. A steering group, chaired by the Director of the NHS in Wales, had been established and would be responsible for planning the future workforce and also ensuring future staff needs could be met through the availability of education and training programmes.

3.2 In response to the paper and the Minister's introduction, Members made the following points:

- Information on the breakdown between the different medical specialties was requested.
- If the figures were based on a head count, rather than full time equivalents, the increasing trend to part time flexible working may negate any real increase in staff numbers.
- Concern was expressed that healthcare support workers in some areas were not being given the opportunity to take part in the nurse training scheme.
- The NHS needed to become an exemplar employer that valued its staff if it was to attract people into the Service and retain staff.
- There were huge financial and capacity implications in training the additional doctors and nurses required.
- Members had received information on the 'Compact Scheme' being run by the University of Wales College of Medicine (UWCM) for pupils who had no family tradition of higher education but this appeared to involve almost exclusively the Bro Taf area. Members asked that this be looked into to ensure pupils from other parts of Wales also had the opportunity to access the scheme.
- Short-term targets were needed to measure progress.

3.3 In response to comments from Members, the Minister made the following points:

- The steering group was working on a breakdown of the headline targets by trust and specialty. This information would be available in the autumn.
- The figures were based on head count not whole time equivalents.
- A clear picture of the number of GPs needed was only just emerging. A workforce planning training programme for the primary care sector had been carried out and this would have an impact on the 2002 plans.
- Trusts and health authorities would be required to provide a recruitment and retention strategy to feed into a national strategy, addressing issues such as flexibility, childcare support, continuing professional development and good employment practices.
- A pilot was being run in Conwy and Denbighshire for 12 healthcare support workers to be fully funded by the Assembly Government to access nurse training courses. If this proved successful it would be rolled out throughout Wales.
- An NHS open day had been held in April and a video produced for schools. This needed to be more than an annual event and should be aimed at attracting young people from all backgrounds into NHS employment.
- 8,400 people had joined the NHS since 1997. This roughly equated to 4,500 nurses, 1,100 healthcare support workers, 1,200 allied health professionals and 1,600 doctors and others

(including dentists).

- It was recognised that it would not be possible to recruit 200 speech and language therapists in the short term so other methods were being investigated, such as training support workers to assist them.
- The new GP and consultant contracts should have a huge impact on the number of people deciding to join the medical profession.
- A dental strategy for Wales was being prepared, and would cover the remit of both dentists and dental support staff.
- A pharmacy strategy, for community and hospital pharmacy, was about to be launched. A number of initiatives to try and address the recruitment and retention problems in hospital pharmacy were being supported. Pharmacist training was not a devolved issue.

Action

- Availability of UWCM 'Compact Scheme' to pupils throughout whole of Wales to be investigated.
- Further information in the breakdown of the figures to be provided in the autumn.

Item 4: Public Health Service Structures

Paper: HSS-14-02(p.3)

4.1 The Minister introduced the paper, which provided an update on the creation of the National Public Health Service (NPHS) in Wales. In response to comments from Members, she made the following points:

- Ideally, a Specialist in Public Health would serve only one LHB but they may have a wider remit if they had a specialist knowledge, for example communicable diseases.
- The NPHS would be accountable to the Chief Medical Officer for professional and performance issues and the Director of the NHS in Wales would be the accounting officer for management.
- The day to day accountability of a Specialist in Public Health would be to the Chief Executive of the LHB they had been appointed to serve.
- 350 people were currently employed in public health services in Wales. These would transfer into the NPHS, as would the 290 staff currently employed by the Public Health Laboratory Service.
- Each Specialist in Public Health would have a small team of locally based staff.
- Environmental control would be a key part of the role of Specialists in Public Health. The Wales Centre for Health would also provide an important route for community interest groups to access public health services and information. LHBs would contain representatives from primary care, local government, voluntary sector and carers, which would facilitate much closer involvement in local issues.
- LHBs would have the statutory powers necessary to exercise public health functions.
- The NPHS would have an all Wales remit for child protection.

4.2 The Chief Medical Officer said that the Chief Executive of the LHB would secure a service level agreement with the NPHS. The NPHS would have three regional directors through whom performance and professional matters would be dealt. The NPHS would also provide a service to health trusts and local authorities.

Item 5: Paper to Note

The Juvenile Secure Facility, Parc Prison, Bridgend

Paper: HSS-14-02(p.4)

5.1 Brian Hancock highlighted the fact that there were no facilities for females at Parc Prison. He also drew attention the facility being provided at Prescoed Prison Farm where young offenders from Parc Prison were actively obtaining qualifications in word working and forestry management, and highlighted their need for additional funding to continue rehabilitating young people back into the community.

Annex A

Statement on the Draft Mental Health Bill

As I am sure you are all aware, on Tuesday the Government announced publication of a draft Mental Health Bill for public consultation. The draft Bill was signalled in the White Paper *'Reforming the Mental Health Act'* which was published in December 2000, and has been in preparation since then. It is widely accepted that revision of mental health legislation applying to England and Wales is needed to bring the existing legislation up to date with new models of care for meeting the mental health agenda, and to comply with the European Convention on Human Rights.

The UK Government is committed to producing more of its Bills in draft form before they are formally introduced into Parliament. This allows advanced scrutiny of the Bill, as well as public consultation on the terms of the proposed legislation, which in turn helps the planning of the legislative process. The decision to consult on the draft Mental Health Bill also acknowledges the fact that some of the proposals, particularly those relating to assertive outreach and dangerous and severe personality disorder, have already provoked some concern amongst stakeholders/are of a controversial nature. Against that it should be said that many of the proposals in the draft Bill should be seen as progressive, in as much as they strengthen the rights of patients affected by the Act, ensure better advocacy support for detained patients and demand more explicit and rigorous processes relating to the compulsory examination, assessment and treatment of patients. In those respects, the spirit of the Bill is undoubtedly consistent with the principles that we espouse in both our CAMHS Strategy and our Mental Health Strategy for Adults of Working Age. We have to recognise however the considerable capacity issues that Welsh services will be faced with in meeting the requirements of the Bill. These issues are not, of course, exclusive to Wales.

On behalf of the Wales Office, who have a central role in the consultation process, my officials are distributing the consultation papers to our partners in the NHS, social services and voluntary sector. Their views will be vital to the consultation process.

The Assembly too has a pivotal role in the consultation process and will be replying as a consultee. The consultation papers are being circulated to all Assembly Members, as well as key Assembly officials, for consideration and comment. In addition, arrangements are currently underway to set up two or three consultation events in Wales, to which AMs and Key Stakeholders will be invited, which will be used to help inform the Assembly's response. It is hoped that these will be held sometime during August. Because of the far-reaching implications of this Bill, and the timing of the Government's consultation period, which runs until Monday 16 September, it may be necessary to convene a special meeting of the Health and Social Services Committee during recess to facilitate this. Party Spokespersons and I discussed this possibility on Tuesday evening.