

## Health and Social Care Committee

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Meeting Venue:  
**Committee Room 1 – Senedd**

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Meeting date:  
**5 December 2012**

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Meeting time:  
**09:30**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



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### Agenda

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#### **1. Introductions, apologies and substitutions**

#### **2. Scrutiny of the Minister for Health and Social Services (09.30 – 10.30)** (Pages 1 – 22) HSC(4)–33–12 paper 1

Lesley Griffiths AM, Minister for Health and Social Services  
David Sissling, Director General, Health, Social Services and Children  
Dr Chris Jones, Deputy Chief Medical Officer

#### **3. Papers to note (10.30)**

##### **3a. European update** (Pages 23 – 29) HSC(4)–33–12 paper 2

##### **3b. Letter from the Minister for Health and Social Services & Deputy Minister for Children and Social Services : Actions arising from 17 October meeting on Budget Scrutiny** (Pages 30 – 35) HSC(4)–33–12 paper 3

**Break 10.30 – 10.40**

#### **4. Social Services and Wellbeing (Wales) Bill: Consideration of**

**appointing an Expert Adviser to assist on the scrutiny of the Bill  
(10:40 – 10:50)** (Pages 36 – 37)  
HSC(4)-33-12 paper 4

**5. Human Transplantation (Wales) Bill – Stage 1: Approach to  
Scrutiny (10:50 – 11:05)** (Pages 38 – 48)  
HSC(4)-33-12 paper 5

**6. Recovery of Medical Costs for Asbestos Diseases (Wales) Bill :  
Stage 1 – Approach to scrutiny (11:05 – 11.20)** (Pages 49 – 63)  
HSC(4)-33-12 paper 6

**7. Recovery of Medical Costs for Asbestos Diseases (Wales) Bill :  
Stage 1 – Evidence session 1 – POSTPONED**

## Health and Social Care Committee

HSC(4)-33-12 paper 1

### Scrutiny of the Minister for Health and Social Services

#### 1. Purpose

1.1 This paper provides an update on key priorities and issues across my portfolio, together with information on additional topics specifically requested by the Committee.

#### 2. Overview of recent progress and achievements, and portfolio priorities

2.1 Following my last update to Committee in July 2012, I believe we have continued to make strong progress against key priorities across my portfolio. In line with the commitments in “Together for Health”, I have recently published two important strategies and the related delivery plans – Together for Mental Health and ‘More Than Just Words...’ our Welsh Language strategic framework.

2.2 The performance of LHBs continues to improve, with good progress in areas such as treatment of strokes, emergency hospital admissions for chronic conditions, and rates of preventable healthcare associated infections. Public satisfaction with NHS services overall remains strong. Work to prevent poor health and reduce health inequalities is progressing, and this is covered in more detail in a later section.

2.3 The legislation for Health and Social Services remains on track, with the Food Hygiene Rating (Wales) Bill now at Stage 2 and the Human Transplantation (Wales) Bill introduced. The Social Services and Wellbeing Bill is scheduled for introduction over the new few months. Work to deliver our other key Programme for Government commitments is also well underway.

### 3. Strategic developments linked to “Together for Health”

3.1 Last month I gave a detailed update on the work to deliver the Together for Health commitments. This included an update on the service specific delivery plans which set out the outcomes we expect to see by 2016. In addition to the Cancer Delivery Plan launched earlier this year, last month I published the new Mental Health and Wellbeing Strategy. Consultation has also now been launched on the Plans for Cardiac Disease, Delivering End of Life Care, Stroke Care and Oral Health. A diabetes plan will also be issued shortly for consultation.

3.2 Since my last update, I have launched the **Public Information Delivery Plan**. This plan identifies how delivering information to the public can be improved and aims to help the public;

- find more reliable, up-to-date information;
- understand it quickly by seeing it presented in a more user-friendly way

3.3 In May 2012 I launched “**Working Differently – Working Together**”, the Workforce and OD Framework to support Together for Health. A programme Board has been formed under the chairmanship of a Chief Executive to oversee implementation which will be monitored by the Wales Partnership Forum.

3.4 The NHS Employers and trade unions have formed a working group to develop new partnership working arrangements for NHS Wales. A set of proposals have been developed which are currently being considered by all stakeholders.

3.5 In Together for Health, I committed to inviting the people of Wales to join with us in creating a Wales where health really does match the best anywhere. and there will be a sea-change in the relationship between the Welsh Government, the NHS and the people of Wales. The related consultation, entitled “**The People’s NHS**” ran for 12 weeks and finished

on 24<sup>th</sup> October 2012. Responses are currently being analysed and will shape how the process will proceed.

#### 4. Local Integrated Care

4.1 In my previous update, I referred to the need to develop new models of care to enable services to be delivered within the community, closer to people's homes. Evidence indicates a strong primary and community led NHS can deliver better health outcomes and greater equity in health. The policy direction for NHS Wales, including *Setting the Direction* and *Chronic Conditions Management*, reinforces this.

4.2 I am therefore, looking to improve the pace and scale of transformation of primary and community services and to focus on integration with secondary care and with social care. We need to move away from predominantly reactive illness based hospital services, to a service based upon prevention and early intervention, with proactive, integrated care within local communities. This re-balance of care is part of a whole system model to sustain health and wellbeing in Wales.

4.3 Our 'Delivering Local Integrated Care Plan' will help Health Boards focus on integrated working and new models of care across health, social care and the Third Sector, to best meet the needs of people within their local area. This will include a proactive approach to prevention and health promotion, early identification of concerns and active engagement of patients in their care.

4.4 Patients and the public should be able to see a measurable change in the way local services are delivered, with services being responsive to their needs. Patients will see their health problems being quickly, effectively and systematically addressed through agreed care pathways and protocols. Patients will be offered opportunities to provide feedback to influence continuous service improvement. Individual care plans will provide a basis for the changing nature of health contacts, enabling individuals to make real choices over their care. Imaginative use of

technology will connect individuals to high quality services and sources of support.

4.5 Creating sufficient capacity and effectively utilising existing resources will be key objectives for this change. Next steps will include the development of stronger, multi-professional teams, working across the different care settings to ensure high quality care for patients.

4.6 The Plan will be published for consultation early in the New Year.

## 5. Health Board Service Re-Configuration

5.1 Together for Health set out the challenges facing the NHS in Wales. These include an ageing population with complex health needs, more cases of lifestyle-related conditions like diabetes, increasing expectations as advances in medical science and treatment are developed, medical staffing pressures and some specialist services being spread too thinly. It recognised that whilst services have improved – dramatically so in some areas – radical change was needed to ensure services remain safe, high-quality and sustainable.

5.2 Health Boards have been responding to the challenges they face by critically reviewing the pattern and location of their services. In doing so, they have recognised that in many more cases care can be given in the community, even people's homes, rather than in hospital. Hospitals need to be there for those who need them.

5.3 The hospital-community interface is being transformed in every Health Board. Each has examples of activity which was formerly acute-based being transferred into the primary and community setting, new referral pathways or service models which are containing or reducing the requirement for outpatient capacity or emergency services. Over 20 services have been transferred from hospital settings into the community e.g. community based clinics for respiratory problems, diabetes, pain, heart failure and osteoporosis.

5.4 Betsi Cadwaladr and Hywel Dda LHBs recently consulted on their proposals for the future shape of services in their respective areas. They are now considering responses to the consultations and will present their final proposals early next year. The LHBs in South Wales commenced an engagement programme on 26 September and formal consultation process will follow next year.

5.5 The formal public consultations are being conducted in accordance with national guidance for engagement and consultation on changes to health services. Where a Community Health Council is not satisfied proposals for substantial changes to services would be in the interests of health services in its district, or believes consultation on any such proposal has not been adequate, it has the power of referral to me under the Community Health Councils (Constitution, Membership and Procedures) (Wales) Regulations 2010. Accordingly, it would not be appropriate for any Welsh Government Minister to comment on any specific options put forward by health boards, since doing so might compromise any quasi-judicial function I may have to exercise under the regulations.

## **6. Financial Position of Health Boards**

6.1 Each year the NHS faces considerable cost pressures flowing from inflationary and demand increases, influenced significantly by demographic changes. These pressures are generally accepted as being between 4–5%.

6.2 The 2012–13 financial year is the second year of a flat cash settlement for the NHS and as a result of the cost pressures, at the beginning of the 2012–13 financial year the Health Boards reported savings of approximately £315m were required to achieve financial balance. Despite the requirement to deliver this significant level of saving, all NHS bodies prepared balanced financial plans at the beginning

of the year, but it was clear there was considerable financial risk associated with these plans.

6.3 The NHS financial performance is closely monitored on a regular basis, with detailed financial information provided to the Welsh Government each month. This includes overall performance to date and end of year forecast outturn. Analysis and assessment of this information is supported by frequent dialogue and discussions between my officials and NHS Chief Executives and Directors of Finance. Achieving financial balance was clearly going to be a considerable challenge this year and the difficulties have been evident in each of the monthly reports submitted since May 2012.

6.4 The position reported, as at the end of September, shows a cumulative deficit of £69.1m and a forecast end of year deficit of £69.6m. Whilst the monthly deficit has averaged around £11m for each month to September 2012, there is expected to be improvement during the second half year as saving initiatives begin to have a greater impact in light of the developing position. Therefore, on 28 September, I announced the requirement for a mid year review and stock take of the financial and non financial, performance of the NHS in recognition of the unprecedented pressure the NHS has been experiencing. This work is nearing completion and I will be announcing the conclusions from the review shortly.

## 7. NHS Performance

7.1 Performance against 3 of the 4 stroke bundles remains above the 95% target, performance in bundle 2, the first 24 hours remains the greatest challenge, and we continue to work with the NHS to improve this area.

7.2 The Royal College of Physicians (RCP) Stroke Audit scores for 2012 indicate a 25% improvement for NHS Wales, and the RCP notes NHS Wales is the fastest improving system in the history of the audit.



7.3 Latest validated RTT performance for September 2012 was 91.1% against the 95% target, with 3,201 patients waiting over 36 weeks. In September 2011, in comparison, there were 7,434 patients waiting over 36 weeks, a large percentage of the breaches being Orthopaedic. Welsh Government investment in Orthopaedics has seen a significant reduction in the long waiters in this area although work is ongoing to support more sustainable services.

7.4 Latest emergency department performance for the month of October was 88.7% of patients waited less than four hours from referral to admission, discharge or transfer for all emergency units against the 95% target. The year to date for October 2012 was 88.9% compared to the year to date for October 2011 which was 88.2%, an improvement of 0.7%.

7.5 Performance against the 31 day cancer target has been sustained around the 98% target, with performance in September being 98.2%

7.6 Performance against the 62 day cancer target in September was 85.8% against the 95% target. Organisations are working hard to treat the long waiting patients and introduce sustainable solutions and improvements should be seen in quarter 3, with a sustainable service in place by the end of quarter 4.

7.7 Although more people are receiving the 8 minute response than ever before, latest ambulance performance for October 2012 shows performance has fallen below 60% for the first time since January 2011 with 59.9% of category A calls arriving within 8 minutes against the 65% target. The Ambulance Service is committed to improving performance over the remaining part of this year.

7.8 The commitment to working towards a zero tolerance of preventable healthcare associated infections (HCAIs) was reinforced in the December 2011 Framework of Actions and achievements reported include:

- C.difficile – In 2011–12, we delivered a national reduction of 33% in cases in patients over age 65 when compared to 2010–11. For the first 6 months of 2012–13 a further 20% reduction has been achieved.
- MRSA bacteraemias – For the first 6 months of 2012–13 the levels of MRSA bacteraemias have been reduced by a further 10%.
- 2011 European HCAI Point Prevalence Survey – our 4.7% HCAI rate compared favourably with the other UK countries (Scotland 4.9%, England 6.5%).

## 8. Dignity in Care

8.1 Dignity and respect is now a Tier One priority for the NHS and I have regularly updated Assembly Members on our progress on this agenda. The Chief Nursing Officer for Wales monitors the Health Boards and Velindre NHS Trust action plans on a six monthly basis. The last update in September 2012 showed significant progress against the recommendations set out in the NHS organisations individual action plans

8.2 In October 2012 the Older Persons' Commissioner published her report 'Dignified Care – One Year On' Report. It sets out the Commissioner's assessment of progress made over the past twelve months and outlines how a further review will be undertaken. The report states the Commissioner is satisfied dignity and respect is now being accorded the priority it should have.

8.3 Good practice guidance has been posted on the NHS Wales e-governance manual website associated with each of the standards within 'Doing Well, Doing Better' Health Care Standards for Wales. The standards and guidance is currently under review.

## 9. Patient Experience

9.1 Under the auspices of the Free to Lead, Free to Care Board, six working groups have now been established to take forward the issues highlighted in Fundamentals of Care Annual Audit Report (2010) and 'Dignified Care?' report referred to above. Progress to date includes:

- The Wales Mouth Care Bundle is being rolled out to all NHS organisations under the 1000 Lives Plus programme. An e-learning module to support implementation is being developed.
- The All Wales Continence Bundle has been completed and is out for consultation. It is anticipated the Continence Bundle will be ready for launch at the beginning of 2013.
- The 2012 All Wales Fundamentals of Care Audit commenced in July 2012 and Health Boards/Trusts will submit their audit reports to the Chief Nursing Officer for Wales by 4 February 2013. The 2012 National Fundamentals of Care Audit report is scheduled for publication at the end of April 2013.
- A common dataset for nursing documentation has been agreed.
- The report on professionalism in nursing and midwifery, which includes a review of how ward sisters and charge nurses are prepared for their role, was submitted on 12 November and the recommendations are currently being considered.
- Guidance on compliance with the Cleaning Operative Proficiency standards has been issued to NHS organisations.

9.2 The new Household Survey health results have shown, in relation to primary care, positive results with:

- 92% of people satisfied with the care they received from their GP or family doctor at their last visit. Further analysis indicates the level of satisfaction varies with age, although the variation is relatively small
- 87% of younger adults aged 16 to 24 were satisfied with the care they received from their GP or family doctor at their last visit

9.3 In relation to secondary care, the survey also revealed positive results:

- 92% of people were satisfied with the care they received at their last appointment at an NHS hospital. Further analysis indicates the level of satisfaction varies with age
- 84% of people were satisfied with the care they received when they last attended Accident and Emergency as a patient.

9.4 The All Wales Service User Experience Group held its first meeting on 16 October 2012. The work programme involves developing national principles for NHS organisations to engage with service users regarding their experiences and develop patient experience monitoring activities/tools and to share best practice. The principles have been agreed and were issued to NHS organisations at the end of October along with the Government's expectations that Boards receive regular, ideally monthly, reports outlining how the respective organisation is meeting the needs of service users and drawing on user experience to improve services. A summary of each Board's report will in future form part of the evidence submitted for discussion at the six monthly Joint Executive Team meetings and contribute to the organisation's annual quality statement.

## 10. Supporting Integration of Health and Social Care

10.1 The White Paper 'Sustainable Social Services for Wales' (2011) sets out the need for greater collaboration between social services and the NHS to deliver services, including an expectation of the use of pooled budgets and other flexibility mechanisms. Additionally, it places a greater focus on reablement and preventative care, and the opportunities which exist to support independent living. Together for Health – also highlighted the importance of health and social care services working together as part of a single integrated system.

10.2 Consultation responses on the Social Services (Wales) Bill reinforce the requirements of *Sustainable Social Services* to create sustainable services to address changing expectations, demographic projections, and the increasing pressures on constrained public sector resources.

Collectively, these factors require new ways of working which create and implement seamless service responses for those at risk of losing what can often be fragile independent living.

10.3 Whilst there are some excellent examples across Wales where services have been brought together in various forms, we know there is more which can be done.

10.4 The need for change is pressing. Demographic projections are clear – the proportion of older people in Wales is the highest in the UK and this will continue to be the case for the next 20 years. Whilst clinical, social and environmental developments over the last decade have led to increasing numbers of older people enjoying independent living, there is no doubt the demographic changes outlined above will lead to an increasing need for care and support, particularly as people enter very old age.

#### 10.5 The proposed model for Wales

Recognising the opportunities which integration offers, and to complement the ‘Delivering Local Integrated Care Plan’, the Welsh Government has developed a proposal to drive forward integrated services for older people across Wales. The key features are:

- The development of an Integrated Services Framework for Older People, setting out Welsh Government expectations and clarifying the scale, scope and pace of progress, seeking to encourage and facilitate work across partnerships to progress integration opportunities.
- The development of a National Integrated Services Board to oversee implementation
- The development of a focused “Masterclass” programme for key Health Board and Local Authority executives, working in

partnership with the Effective Services for Vulnerable Groups programme.

- Support to service leads, professionals and practitioners via a bespoke Community of Practice programme.

10.6 The programme of work will also link with the Knowledge Transfer Partnership (KTP) which we are funding at £140,000 over two years and involved working in partnership with leading academics in Swansea University.

10.7 All of this work is in its early stages, and engagement is getting underway now. It is ambitious in its intention to accelerate the pace of change in the delivery of health and social care services for older people.

## 11. ICT in the NHS

### 11.1 Importance of ICT in Delivering Together for Health

Together for Health is moving into a new phase with the local services plans for re-designing services out for consultation. Patient flows have no regard for organisational boundaries between Health Boards and Local Authorities and successful delivery of all of the plans will depend upon having a common national all-Wales platform for secure and confidential information sharing, so it can be made available to care providers in all care settings and locations, including via mobile devices. The main components of the national information sharing national platform, which is required to support Together for Health are:

### 11.2 The Public Sector Broadband Network

Which provides secure connectivity between Health and Local Government organisations. The current position ensures all NHS and most Local Authorities are connected in this way, which places Wales in a very powerful strategic position to realise the benefits of broadband connectivity to provide joined up services to citizens.

### 11.3 Common Data Storage

A national pan-public sector project has begun to rationalise the way in which we store data to make it easier to provide secure and authorised access. The project will reduce the amount of servers used and decrease the number of operational DATA CENTRES from 80 to 2. There will be considerable financial savings and reductions in power consumption which will contribute to the Welsh Government's Sustainability policies. I will be requiring Health Boards to take a lead role in moving their current storage arrangements into the modern data sharing infrastructure we need to support the delivery of safe care.

### 11.4 Authorised Staff Access to Information

Currently the information contained in over 2 million GP Records has been made available in Out of Hours services. At the moment we have agreement amongst the professional clinical and patient bodies (e.g. BMA, RCN, CHC) to provide access to the GP Record only to Out of Hours Clinical Staff. From a technological perspective, computer access to this information can easily be extended to other care settings but it will require leadership by the clinical professionals to agree the Information Governance rules and procedures to allow this to happen.

11.5 I have previously set up the Welsh Information Governance Advisory Board to provide the appropriate level of independent assurance any proposals to provide wider access to personal information have the appropriate safeguards to make sure patient confidentiality is maintained. This board will require assurance the people of Wales have been properly informed and consulted over broader sharing of information (particularly between agencies), and be satisfied the requirements of informed consent are met.

### 11.6 Patient Identification

Correctly identifying every patient is essential for the safe delivery of care. A national Master Patient Index is being introduced, which identifies everyone uniquely by the NHS Number and which any organisation can

use once the appropriate safety checking processes have been completed. This system is capable of being adopted for use by Social Care if the NHS Number is adopted as the unique identifier.

#### 11.7 Information Sharing between Health and Social Care

A national procurement has been started using a common all-Wales specification for Social Care, Community and Mental Health systems to ensure they work to common technical standards and can share information once the appropriate protocols are in place. However, there is a balance to be struck between the legal requirements for personal data protection and following approved protocols for sharing information. This is covered by the Welsh Accord for Sharing Personal Information which all organisations must sign up to for their staff to legally and safely share personal information

#### 11.8 Collaborative Working across the Public Sector

As the national information sharing platform, which I have briefly described above, becomes a reality we will need to develop and implement a common, national pan-public service management function to support it. We will also need to improve collaborative working at local and regional levels between Health Boards and Local Authorities. Following Powys Health Board's lead in its successful merger with Powys Local Authority, I am continuing to encourage all Health Boards to seek out partners and develop similar plans for collaborating regionally and nationally to provide modern ICT services and to make the professional development of Welsh ICT staff a much higher priority for the future

### **UPDATE ON KEY PROGRAMME FOR GOVERNMENT COMMITMENTS**

#### 12. Improving GP access

12.1 In my previous update I referred to the good progress which had been made in reducing half-day and lunchtime closing. Health Boards have been working closely with GPs within their area, to improve access.



Most Health Boards have established some form of “Access Forums” to lead on and drive delivery of this key commitment.

12.2 We have also been focusing on ensuring more appointments are available early evening, between 5pm and 6.30pm within contracted hours to better meet the needs of working people. There are no additional cost implications associated with this. Information on GP appointment times was published on 8 November and highlighted 93% of GP practices offering appointments between 5.00pm and 6.30pm at least two week nights per week. Nearly two thirds of practices are now offering appointments between 5.00pm and 6.30pm five days per week. These figures show that more patients are now able to see their doctor at a time more convenient for them. However, still more needs to be done to ensure we deliver our commitment of improved access to GP services, in particular, more work needs to be done in relation to access to early morning appointments, particularly in rural areas for people who have long commutes.

12.3 The next phase, to commence in 2013/14, will focus on ensuring extended access after 6.30pm to provide even more flexibility for working people. Health Boards have indicated the costs can be met from within the existing enhanced services budget. A review of the enhanced services budget, to conclude by end December 2012, will provide details of how the current spend could be realigned to cover the enhanced access costs and the rationale behind reducing or removing funding for other enhanced services.

12.4 In relation to access at the weekend, work has been commissioned to develop a model for access to appointments during this period. It is anticipated models to ensure access to planned appointments at the weekend will commence during 2014/15.

### 13. Flying Start

13.1 We have made a commitment to double the number of children benefitting from Flying Start and in order to deliver this commitment, we are working to develop and recruit an appropriately trained and sufficiently resourced workforce to deliver Flying Start services. We are currently working with Local Authorities and Health Boards to train and recruit health visitors in order to effectively deliver the expanded programme. Health visitors are key to the delivery of this programme and have a crucial role in targeting the hardest to reach families, and the early identification of children with additional and complex needs.

13.2 To support the development of the programme's infrastructure, we have allocated an additional £19 million capital funding between 2012–13 and 2014–15. The success of Flying Start is dependent on the development of the physical infrastructure to deliver the programme's entitlements. In practical terms, this challenge includes the delivery of additional childcare settings to around 4,500 children aged 2–3. Each of these settings, whether newly built or refurbished, has to be developed in the right place and at the right time to provide physical locations for the delivery of childcare and the siting of a newly recruited workforce.

13.3 A review of Flying Start parenting was commissioned by the Welsh Government in 2011 and is due to be published later in the year. The review has been commissioned to explore how far universal parenting programmes are suitable within a Flying Start context and will also examine what outcomes each programme has been proven to achieve against the intended audience, to ensure the right programmes are being applied in the most appropriate way. The findings will inform the future expansion of the programme

#### 14. Over 50 Health Checks

14.1 We are continuing the developmental work necessary to devise a fit for purpose health checks programme. This work is progressing in line with the timetable in Programme for Government, which indicates

preparatory work will continue until 2013, with implementation to follow over a three year period up to 2016.

14.2 Our work to date has focused on developing the direction of travel which will form the basis of the remainder of the developmental phase. In taking the work forward we have explored the role technology can play in a health checks programme, the need to support and build upon other relevant services, and the need to ensure the programme is accessed beyond the traditional 'worried well'. We have also taken into account the most recent research in this area and will continue to engage with key stakeholders throughout.

14.3 Once fully developed, this programme will provide an important mechanism for empowering and supporting people to learn about and manage aspects of their own health. It will support the concept of ageing well and form part of a wider health improvement agenda aimed at helping people to be healthier for longer. I am keen to ensure an holistic approach which covers a range of issues relevant to people's overall health and wellbeing.

## 15. New Mental Health and Wellbeing Strategy

15.1 *Together for Mental Health*, launched on 22 October, recognises the factors which contribute to and protect better population mental health and wellbeing, such as adequate housing, vibrant communities, healthy schools and workplaces and nurturing relationships. The Strategy recognises the social and economic costs to Wales of poor mental health, and illustrates the benefits of a joined-up, cross-Government approach.

15.2 The Strategy is supported by a three-year Delivery Plan up to 2016. The Delivery Plan sets out the key deliverables, timescales and measurements required by Welsh Government, statutory agencies and the Third Sector to deliver the outcomes in the Strategy.

15.3 The Strategy further embeds the *Mental Health (Wales) Measure 2010*, which places statutory duties on Health Boards and Local Authorities to improve support for people with mental ill-health. Supported by £5.5m of annual funding from 2013–14 the Measure will ensure:

- An expansion of local primary mental health support services
- Care and treatment planning / co-ordination to encompass wider needs such as employment, housing, finance and education
- Self-referrals for secondary mental health service assessment for those previously discharged
- Widening access to Independent Mental Health Advocacy services

15.4 To oversee delivery of the Strategy, we are establishing a new Mental Health National Partnership Board (NPB). The NPB – involving key stakeholders, service users and carers – will coordinate and give assurance on the cross-cutting approach to implement the strategy. I will publish an annual report on progress.

15.5 Recent achievements in mental health service provision include:

- Annual funding of £1.5m to extend dementia services for older people, establish a new Young Onset Dementia Service and appoint new clinical coordinators
- £485,000 per annum to operate our Veterans Mental Health and Wellbeing Service
- Annual funding of £1m since 2010 to establish and sustain specialist eating disorder services
- Investment in the provision of new facilities for elderly mental health services across Wales – includes £25m and £56m respectively to establish new Units at Wrexham Maelor and Llandough (Cardiff) hospitals. The newly opened Angelton clinic, Bridgend provides 42 beds for older people with dementia on the Glanrhyd Hospital site

- Ongoing financial support to a range of national voluntary organisations operating in the field of mental health, and through our Health Boards, funding to support smaller, local organisations
- Improved access to Mental Health First Aid has seen over 10000 people trained, Youth Mental Health First Aid and Applied Suicide Intervention Skills Training opportunities with over 5000 participants taking part.

15.6 Our continued commitment to mental health is demonstrated by ring-fenced funding, which represents the minimum our Health Boards should spend on mental health services. This has increased year-on-year from £387.5 million in 2008-09 to £577 million in 2012-13.

## 16. Strategy for Older People in Wales

16.1 The Strategy for Older People in Wales was launched in 2003 and was grounded in ageing as a positive concept and a response to predictions on the pace and extent of demographic change and most particularly how it was going to impact on public services and older people living in Wales. Amongst a range of achievements for the Strategy was the creation of a Commissioner for Older People in Wales. The Strategy for Older People in Wales has received significant, positive recognition nationally and internationally. A Review of phase 2 commenced in June 2011 and has been conducted in tandem with the development of proposals for Phase 3 which had extensive engagement with older people and their representatives. A consultation on Phase 3 was published on 25 October 2012. This is open for 12 weeks to 17 January 2013. Phase 3 of the Strategy will be launched in April 2013. It is proposed this will comprise an overall strategic direction and a series of short-term action plans produced every two to three years.

## 17. Welsh Language Framework for Health and Social Services

17.1 On 21 November I launched "*More than just words...*" the strategic framework to strengthen Welsh language services in health, social services and social care. The framework will help strengthen Welsh language services for patients and service users by recognising that many people can only communicate their care needs effectively through the medium of Welsh. For many Welsh speakers being able to use their own language is a core component of care, not an optional extra.

17.2 The framework contains a 3 year action plan which commences in April 2013. Also an implementation group will be established by April with representatives from the health and social care sectors which will monitor implementation of the actions. The group will report directly to the Deputy Minister and the Welsh Language Task Group.

## 18. Legislative Programme

18.1 The Food Hygiene Rating (Wales) Bill will make the display of food hygiene ratings mandatory in food businesses. The Bill is continuing through the National Assembly legislative process and Stage 2 – Consideration of amendments was undertaken by this Committee on 7 November 2012.

18.2 Following the publication of the draft Human Transplantation (Wales) Bill in June, I published a summary of the consultation responses in October together with a wider public attitudes survey on organ donation. The findings in this reinforce both support for our work and the need to maintain a sustained focus on communication. This Committee received a briefing from officials on the consultation on 25 October 2012. In September 2012 we appointed Cognition Ltd to undertake specific engagement work with faith and BME communities in Wales, to understand the views of each community on organ donation and the proposed Bill, and to facilitate discussion within those communities on the issue. The Deputy Chief Medical Officer made a

presentation regarding the draft Bill to the First Minister's Faith Forum on 24 October 2012.

18.3 I can confirm I shall introduce the Bill into the National Assembly for Wales shortly, subject to the Presiding Officer's determination, and will make a legislative statement in plenary on 4 December 2012. I cannot anticipate my legislative statement in this paper, but I shall be pleased to receive initial comments from the Committee on the Bill or statement during the evidence session, so I can ensure I can respond in detail during the Committee's formal scrutiny of the Bill.

18.4 On 28 June 2012, the Deputy Minister for Children and Social Services announced the revised scope and introduction date for the **Social Services and Wellbeing (Wales) Bill**, and the intention to introduce a second Bill on Regulation. The **Social Services and Wellbeing (Wales) Bill** will be introduced in early 2013. The purpose of the Bill is to provide the architecture required to deliver the commitments within the Welsh Government's White paper: 'Sustainable Social Services for Wales: A Framework for Action.' The Bill will also contribute to the Welsh Government's wider programme of public service reform. A White paper will be produced during Spring/Summer 2013 setting out proposals for a separate Regulation Bill.

18.5 The Programme for Government includes a commitment to 'consult on the need for a **Public Health Bill** to place statutory duties on bodies to consider public health issues.' A Green Paper will be published on 29 November and we are seeking views over the need for legislation in this area.

18.6 On 31 May 2012, I outlined my proposals for legislation on age restriction for cosmetic piercing of young people. Legislative proposals will be published for full consultation once finalised.

## OTHER KEY ISSUES

### 19. Public Health

19.1 The Programme for Government sets out our clear commitment to establish an annual health campaign to tackle the five biggest public health priorities – alcohol, obesity, smoking, teenage pregnancies, and drug abuse. I am taking forward this commitment through our Change4Life Wales social marketing campaign.

19.2 Over 43,000 families and adults have registered and we are supporting them on their journey to a healthier lifestyle. Games4life, launched on the 2nd July, draws inspiration from the Olympics, Paralympics and other major sporting events. It promotes fun and simple games designed to help children achieve a target of 60 active minutes a day and adults 150 active minutes a week. Individuals and families in Wales who register are sent personalised plans to help them achieve their daily or weekly exercise goals. Approximately 8,700 families and adults have joined Games4Life so far, more than a 25% increase in the membership to Change4Life.

19.3 In the run up to Christmas, the campaign messages will focus on the health harms caused by excessive alcohol through “Don’t let drink sneak up on you.”

19.4 Since launching Fresh Start Wales in February the campaign to raise awareness of the danger to children of smoking in cars has focused on using drive time local radio, roadside billboards, back-of-bus and bus shelter advertising in locations across Wales. During the summer months Fresh Start Wales sponsored Capital FM and Heart FM’s roadshows. At all events, parents were asked to sign the Summer Promise to make a commitment to keep their cars smoke-free.

19.5 Fresh Start Wales is sponsoring the ITV Wales weather, S4C weather and Sgorio in September 2012, and from December 2012 to August 2013. Fresh Start Wales autumn advertising campaign includes roadside advertising in close proximity to schools, cinema advertising and shopping centres. The campaign is also using social media, such as



Twitter and Facebook. It has consistently been stated the Welsh Government will consider pursuing legislative options if children's exposure to second-hand smoke in cars does not start to fall within the next three years.

19.6 The Sexual Health and Wellbeing Action Plan for Wales published in November 2010 adopts a broad-based and integrated approach covering both the promotion of positive sexual health and wellbeing, and the delivery of sexual health services. The Plan includes an action to tackle teenage pregnancy in some of the areas with the highest rates. Phase 1 of the project targets those who access end of pregnancy services having conceived whilst under 18 years of age. It was launched in April 2012 under the banner 'Empower to Choose'. Phase 2 of the project will target vulnerable young women, particularly those in care in areas where teenage conception rates are high. Teenage conception rates fell in 2010 from 41 to 37.7 per 1000 girls under 18.

19.7 The Choose Well campaign has launched an app for i-phone and android mobile smart phones in an effort to signpost patients to the most appropriate healthcare service to their needs. The app features GPS mapping facilities with directions to Emergency Departments, GP services, pharmacies and optometrists and matches user's symptoms to the most appropriate service for their needs. The app has been downloaded over 1200 times since its launch in August. A Choose Well Wales twitter feed has also been established to publicise key campaign messages to social media users.

19.8 Every unnecessary attendance at an Emergency Department costs the NHS £100, and every unnecessary ambulance conveyance costs around £249. We think a one-off payment of £26,000 for an app directing people to the best place for medical treatment, represents good value for money. The app was only launched in July and we expect the number of downloads to grow steadily in time.

19.9 A Choose Well radio campaign which signposts patients to NHS Direct Wales when they are in doubt over the most appropriate service to their needs, has resulted in an increase of over 200% in visits to the website. This is an indication patients are beginning to access less acute health services before considering whether to attend ED or WAST – a key message of the campaign.

## 20. Tackling the inverse care law

20.1 Whilst much work has been done to address health inequity, outcomes for the most vulnerable groups are slow to improve. In some areas this challenge is compounded by lower provision of services – the inverse care law, as described by Dr Julian Tudor Hart. Work has been undertaken to identify where new models could be developed to benefit local communities and accelerate progress in the development of local integrated care. The areas identified have high concentrations of poor health. We expect learning from the approach taken to influence care for all disadvantaged communities in Wales.

20.2 It is a priority for primary health care services to be strengthened to increase prevention and early identification of health problems, and provide capacity to manage the increasing delivery of care in the community. Although resources are tight, we are committed to improving health outcomes and a targeted approach is needed to transform care in communities which experience greatest unmet need. The approach taken will ensure all services collaborate to meet the needs of local people, making best use of available resources. Community engagement will be a key aspect of this work. An expert group is providing advice and the 1000 Lives Plus improvement methodology will ensure this work will be developed and led by frontline teams. Additional resources will be provided to support the delivery of agreed objectives to ensure rapid progress can be made.

## 21. Capital Projects

21.1 Our capital allocation for 2012–13 is £261.7 million. Of this, approximately £244 million is available for the All Wales Capital Programme, which supports investment in the NHS estate, equipment and facilities. The remainder is used for capital grants in a number of areas, including £5.690 million for improving substance misuse treatment facilities via Community Safety Partnerships and £5.039 million to provide health countermeasures to enable Wales to respond to a range of emergency situations.

21.2 This year, there are around 30 schemes on site, representing a total investment of over £250 million over their construction period, with schemes continuing under construction including:

- Ysbyty Glan Clwyd Main redevelopment (£94m);
- Children’s Hospital for Wales (£63m);
- Bronglais General Hospital Front of House (£30m).

21.3 4 schemes will start on–site representing a total investment over their construction period of £84 million, including:

- HealthVison Swansea Redeveloping Morrision Phase 1B (£60m);
- Llandough Adult Acute Mental Health Unit (£12m enabling works);
- HealthVison Swansea Combined Speciality Rehabilitation Unit (£9.2m);
- Remodelling of Emergency Unit at the University Hospital of Wales, Cardiff (£2.2m).

21.4 I expect the following schemes to complete by the end of the year:

- Prince Charles Hospital Refurbishment Phase 1 (£53m);
- Welsh Ambulance Services NE Wales Make Ready Depot (£3.7m);

- Welsh Ambulance Services Hazardous Area Response Team (£3.6m).

## 22. Recruitment Plans for Doctors

22.1 Wales does not have medical staffing issues across the board. The current rate of vacancies across Wales is just over 3% of the directly employed medical and dental workforce. However, I recognise there are still acute recruitment difficulties in particular specialties, grades, and geographical areas, caused by:

- a UK-wide shortage of doctors in certain specialities, such as Accident and Emergency, Paediatrics and Psychiatry
- a reduction in doctors from outside Europe to fill posts due to new immigration rules, which has exacerbated recruitment difficulties
- the fact some parts of Wales have not historically been popular places to train because of issues of rurality and access.

22.2 Following the launch of the second phase of 'Work for Wales' in April, progress to date has included:

- The formation of a network of senior clinicians drawn from across Wales to act as advocates for working and living in Wales. They actively promote Wales in their particular field and location, and are a first point of contact for those considering posts in Wales;
- A new interactive website which brings together a range of information on living and working in Wales and enhanced web access to job opportunities
- A publicity campaign in the specialist press
- Targeting of recruitment and careers fairs across the UK and a substantial presence at the annual BMJ Careers Fair in London last October

- Continuing to raise the profile of Wales and the opportunities for doctors: we recently publicised (jointly with NISCHR) the opportunities for research within medical careers in Wales

22.3 While these measures aim to support Health Boards and Trusts in filling current vacancies, effective workforce planning is vital to ensure the medical workforce is sustainable for the future in an increasingly competitive UK labour market.

22.4 The integrated workforce planning process for NHS Wales requires each Board/Trust to set out in detail their anticipated requirement for junior doctors in each specialty (as well as other staff) for six years into the future. The emerging service plans arising from any reconfiguration of services will be factored into this work. Detailed modelling tools are used to compare and forecast future needs for medical staff at all levels and we are also engaging with the wider UK modelling work regarding the medical workforce. In addition, the recently formed Wales Medical and Dental Academic Board has a remit to look at the development of a sustainable workforce strategy which delivers a medical workforce to meet the future needs of NHS Wales.

### 23. Ambulance Service

23.1 The Welsh Ambulance Services NHS Trust has faced an extremely challenging period since the last Committee meeting. The NHS in Wales, in common with the rest of the UK, has seen an extended period of pressure since last winter. This has resulted in a continuing increase in overall demand on the ambulance service along with a greater number of patients who are categorised as immediately life threatening.

23.2 Despite this increasing demand profile and a reduced performance against the 8 minute standard, more people in Wales are receiving a life saving response than before and more are being given a better chance of survival, early pain relief, and the life saving care they need.

23.3 However, with further pressure expected in the coming months the situation will clearly remain challenging for the ambulance service and Health Boards. To help mitigate this pressure, £1 million was allocated to Health Boards and WAST on 1 October to work together to specifically deliver ambulance improvement plans as part of the £10 million I made available for an unscheduled care investment fund.

23.4 It is encouraging to see WAST commissioned an independent utilisation review of ambulance control centres and operations across Wales. The review focuses on an analysis of all processes, potential efficiencies around staffing levels and rosters, roles and responsibilities. It is expected to result in short and medium term improvements in effectiveness and efficiencies.

23.5 These improvements are part of the Trust's ambitious strategy which sees itself moving from being purely seen as a transport provider to a highly responsive and effective mobile healthcare provider. The Trust has provided assurances it is focused on achieving the best possible service and attracting the highest level of staff who feel supported and a sense of pride in delivering the very best outcomes for patients.

23.6 However, given the continuing pressures on WAST, I have also commissioned a short review which will consider a wider perspective, including relationships with Health Boards, funding arrangements, targets, structure and whether the current arrangements might be modified; and the relationship between emergency and non emergency patient transport services. My officials are in the process of preparing terms of reference for the review which will be shared with Assembly Members before the end of November.

## 24. Provision of neuroscience services in Wales

24.1 Neurological conditions can affect people of all ages and can begin at any time in a person's life. They can affect a person's quality of life and for some will result in life-long disability. It is important people who

have a neurological condition receive the right care and treatment at the right time and in the right setting.

24.2 The Adult Neurosciences Review 2008 highlighted the importance of neurology and neurorehabilitation services being delivered more locally, greatly reducing the need for patients to travel and ultimately helping improve their health and quality of life. We acknowledge more highly specialised services will need to be delivered in one or two centres of excellence. The challenge is taking forward this work in the context of reviewing service provision.

24.3 NHS staff are working hard to achieve real progress and there has been significant progress across Wales in implementing the review's recommendations. Key achievements include:

- A fully operational in-patient neurosurgery service for South Wales in Cardiff
- Strengthened and expanded surgical capacity at Morriston Hospital
- Establishment of a 24/7 acute spinal service
- Care pathways and multi disciplinary team meetings established across Wales.
- Improvements in imaging and diagnostics
- Strengthening of key workforce including the appointments of neurophysiologists and neurologists.

24.4 Work is still ongoing to deliver the ambitious requirements set out in this comprehensive review. The Mid and South Wales Project Board has passed responsibility for the outstanding recommended actions from the review to the relevant individual Health Boards, with the Directors of Planning Group being tasked with monitoring progress. Within North Wales, Betsi Cadwaladr University Health Board has established the North Wales Neurosciences Network to take work forward.

## 25. Review of the Balance of Competences between the United Kingdom and the European Union

25.1 Taking forward the coalition commitment to examine the balance of competence between the United Kingdom (UK) and the European Union (EU), the Foreign Secretary launched the balance of competence review in Parliament on 12 July this year.

25.2 The balance of competence review will explore the impact of the current balance of powers between the UK and EU in the UK national interest and will be open and transparent. UK Ministers have made it clear they want to gather views from across the UK, including the Devolved Administrations and interest groups from Scotland, Wales and Northern Ireland.

25.3 The review will provide an analysis of what the UK's membership of the EU means for the UK national interest. It aims to deepen public and Parliamentary understanding of the nature of our EU membership and provide a constructive contribution to the national and wider European debate about modernising, reforming and improving the EU in the face of collective challenges.

25.4 It will not be tasked with producing specific recommendations or looking at alternative models for Britain's overall relationship with the EU.

25.5 The review is broken down into a series of reports on specific areas of EU competence, spread over four semesters between the autumn 2012 and autumn 2014. 'Health' is one of six areas being covered in the first semester (autumn 2012 to summer 2013).



## Health and Social Care Committee

HSC(4)-33-12 paper 2

EU update: (i) European Commission Work Programme 2013; and (ii) the Review of Balance of Competences between the EU and UK

Paper to note

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Date of paper:

27 November 2012

This paper has been produced by the EU Office.

For further information, contact Gregg Jones (tel. 0032 2 226 6692) Email:

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## 1. Introduction

Under the fourth Assembly European issues have been mainstreamed (as relevant) into the work of all Committees, and there is no longer a lead Committee responsible for European and External Affairs.

Engagement with EU affairs can take place in a number of ways:

- Engaging in the policy/legislative process (including addressing subsidiarity and other concerns as well as looking at policy detail and potential impact of proposals)
- Assessing participation of Welsh organisations in EU funding programmes and other forms of co-operation
- Benchmarking and learning from best/different practices elsewhere in Europe (outward looking approach to policy formulation in Wales)

One of the standard mechanisms for identifying priorities on EU work for Committees is the European Commission's annual Work Programme, which is usually published during the autumn (October/November), and this falls within the scope of the first of the bullet points listed above.

## 2. Purpose and content of this briefing

This briefing provides an overview of the main developments of relevance to the work of the Health and Social Care Committee in the latest version of the European Commission Work Programme 2013 (WP2013), which was published by on 23 October<sup>1</sup>. It also includes reference to a number of ongoing initiatives carried over from previous European Commission Work Programmes that remain relevant.

Finally it includes a section on the UK Government's Review of the Balance of Competences between the EU and UK, which was announced in July and which will be carried out over the next two years.

To note briefings are also being provided for the Assembly's other Committees.

### Proposed action:

Members are requested to note the contents of the paper.

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<sup>1</sup> COM(2012)629. Available on the [European Commission Work Programme](#) pages of the European Commission web-site.

### 3. European Commission Work Programme 2013 (WP2013)

#### 3.1. *Dynamic process focusing on forthcoming initiatives*

The European Commission views the Work Programme as a dynamic document: it is updated on a monthly basis, and is complemented by various 'roadmaps' providing more details on each of the proposals included (and added during the year). The annual publication, therefore, does not necessarily contain all proposals that will be published during the year, as others may be added as they come to 'maturity' (whilst others may drop off the list or get delayed).

The Work Programme also only includes information on planned or forthcoming initiatives. Once a proposal is published it will not feature in the next year's Work Programme even if the proposal is continuing to be discussed or negotiated with the European Parliament and Council of Ministers.

This is the case with a number of key dossiers including the Multi-annual Financial Framework 2014-2020 negotiations, and the various funding programmes that fall within this (such as EU Structural Funds, Common Agricultural Policy etc.).

#### 3.2. *Main objectives and initiatives for 2013*

There are seven overarching objectives for WP2013, with the planned legislative and non-legislative initiatives grouped under these objectives:

- Getting the foundations right: towards genuine Economic and Monetary Union:
- Boosting competitiveness through the Single Market and industrial policy
- Connect to Compete: Building tomorrow's networks today
- Growth for jobs: Inclusion and excellence
- Using Europe's resources to compete better
- Building a safe and secure Europe
- Pulling our weight: Europe as a global actor

These initiatives have been proposed during a period of great uncertainty within the EU, as a result of the ongoing financial and economic crisis and the instability in the Eurozone.

The agenda is very much focused on delivering jobs and growth, and setting in place the building blocks to move towards closer economic and monetary union within the Eurozone.

### *3.3. Welsh Government (and other UK) priorities*

The UK Government prepares explanatory memoranda (EM), in consultation with the Devolved Administrations (as considered appropriate), on all legislative and non-legislative communications coming out of Brussels.

The UK Government EM for the European Commission's WP2013<sup>2</sup> was prepared on 13 November, and includes references to the views of the Welsh Government (and the UK Government, Scottish Executive and North Ireland Executive) on the proposed priorities.

For Wales the following entry is made:

...The Welsh Government welcomes the Work Programme's focus on sustainable growth and jobs as being broadly consistent with the approach in its Programme for Government. In particular, the Welsh Government welcomes the proposals to boost competitiveness, including through the strengthening of the Single Market, access to finance for SMEs and investing in networks for telecoms, energy and transport. The Welsh Government similarly agrees with the promotion of social inclusion and the raising of skills levels as being one of the priorities of the European semester. The Welsh Government's central organising principle is sustainable development and it therefore supports the Commission's focus on the better use of resources and measures including new proposals to provide a long-term perspective on the move to a low-carbon economy and a new strategy on the adaptation to climate change. [Paragraph 9]

### *3.4. Potential areas of interest to Health and Social Care Committee*

It is clear from the above sections that the economy is the main priority for 2013, with the emphasis on creating jobs and growth, whilst there is also a strong emphasis on environmental dossiers.

There is less of interest to the Health and Social Care Committee's work, and it is suggested that a 'watching brief' be kept on those initiative highlighted below, as these are not likely to be a high priority compared to the other work on the Committee's agenda for 2013:

*Initiatives of relevance to Health and Social Care Committee within WP2013:*

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<sup>2</sup> UK Government EM 15691/12, dated 13 November 2012.

- Use of animal cloning technique for food production [Legislative proposals] – also drawn to the attention of Environment and Sustainability Committee as this may fall more within their remit than Health and Social Care Committee
- Composite products and meat inspection hygiene [Legislative proposals]:
  - following a review (2009) of the implementation of the 2004 EU Food Hygiene Package, the European Commission proposes to amend this legislation to make a number of improvements (including giving clearer scope for ‘risk based’ assessments, reducing administrative burden, giving clarity on certain definitions/practices)

*Initiatives of relevance to Health and Social Care Committee that fall outside of the WP2013:*

- Autism Strategy for Europe:
  - Autism Cymru, the Celtic Autism Partnership and Autism Europe are lobbying for the Irish EU Presidency to seek adoption of Council conclusions on autism, that would call for establishment of an EU-wide strategy for autism [Non-Legislative]

*Other initiatives of relevance to Health and Social Care Committee that carry over from WP2012<sup>3</sup>:*

- [EU Health for Growth Programme 2014–2020](#): main dedicated EU funding instrument for public health. Proposals published in November 2011 are working through the EU decision-making process
- [Modernisation of the EUs Public Procurement Directives](#): potential implications to the health and social care sector of changes to the EU laws. Proposals were published in December 2011 and these are working their way through the EU-legislative process. The Assembly’s Enterprise and Business Committee undertook an inquiry (through a task and finish group) publishing its [report in May 2012](#).

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<sup>3</sup> Details on these were provided in the EU update briefing to the Committee (RS111855) for its meeting on 8 December 2011

#### 4. Review of the Balance of Competences EU and UK level<sup>4</sup>

On 12 July the Foreign Secretary of the UK Government, William Hague, announced his intention to undertake a review of Balance of Competences between EU and UK, within the context of the ongoing discussions about the future governance of the EU:

...The crisis in the Eurozone has intensified the debate in every country on the future of Europe and there is no exception here. Now is the right time to take a critical and constructive look at exactly which competences lie with the EU, which lie with the UK, and whether it works in our national interest.

This will be a thorough and analytical piece of work, involving many Government Departments and taking evidence from representatives from business and other interest groups, the British public and our EU and global partners. I want to take stock of the impact of the EU on our country based on a detailed assessment of those things that derive from EU law that affect us in the UK. [*pages 4-5, foreword of Review document published 12 July*]

On 23 October the Foreign Secretary made a statement setting out more detailed plans on how the UK Government plans to carry out the review over the next two years.

The review will be undertaken through four overlapping semesters, with each semester addressing a number of thematic policy issues, with conclusion of the review by the end of 2014. Those areas of relevance to Health and Social Care Committee are indicated below (full details available from the UK Government web-site):

##### Semester 1: Autumn 2012–Summer 2013

- Health
- Food Hygiene (part of Animal Welfare and Food Hygiene review)

##### Semester 2: Spring 2013–Winter 2013

*Nothing relevant to Committee*

##### Semester 3: Spring 2013–Summer 2013

- Internal Market (services – potentially in context of measures to remove barriers to functioning of an internal market for services within the EU)

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<sup>4</sup> Details available (including the announcements referred to in the section) on the UK Government's [Balance of Competences web-pages](#)

- Social and employment (potentially in context of Working Time Directive and employment legislation affecting health and social care workers)

#### Semester 4: Spring 2014–Autumn 2014

*Nothing specifically relevant to the Committee*

In each of these areas the relevant UK Government Department will take the lead, undertaking the review in consultation with ‘experts, organisations and individuals who wish to feed in their views on each issue’.

The review will:

...look at the EU’s competences (the power to act in particular areas conferred on it by the EU Treaties), how they are used, and what that means for Britain and our national interest.

The process will be comprehensive, well-informed and analytical. Government departments will be tasked with consulting Parliament and its committees, business, the devolved administrations, and civil society to look in depth at how the EU’s powers work in particular areas. [Page 12 of the Review document published on 12 July]

There is no explicit mention of involving the ‘devolved legislatures’ within this process, although the UK Parliament and ‘devolved administrations’ are referred to in the UK Government’s paper.

One route that the Committee may wish to consider for engagement in the Review would be to use Welsh Government Ministerial sessions as a way to clarify if and how the Welsh Government is (or plans to) engage in the review.



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Ein cyf / Our ref SF/LG/3071/12

27 November 2012

Dear Mark

We refer to your letter of 22<sup>nd</sup> October, in which you enclosed a copy of your letter to the Chair of the Finance Committee. Please find below a response on the issues you raised.

## 1. Information

We are pleased the Committee acknowledges the improvements made in the presentation and clarity of the budget papers and written evidence.

You referred to the £5 billion allocated to the "Delivery of Core Services". In the budget narrative document which accompanied the Draft Budget we published, for the first time indicative Local Health Board allocations for 2013-14 which are funded from this Action. For convenience, these are reproduced below.

### Indicative 2013-14 Health Board Revenue Allocations

	£000
Abertawe Bro Morgannwg University Health Board	851,215
Aneurin Bevan Health Board	934,626
Betsi Cadwaladr University Health Board	1,149,556
Cardiff and Vale University Health Board	714,970
Cwm Taf Health Board	512,489
Hywel Dda Health Board	639,718
Powys Health Board	227,118
<b>Total</b>	<b>5,029,692</b>

These indicative allocations will be subject to adjustment and confirmation in the 2013-14 Health Board Revenue Allocations document which will be published before the end of the calendar year. A copy of this document will be made available on the Welsh Government's website.

Bae Caerdydd • Cardiff Bay  
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The Health Board Revenue Allocations document will provide more detail on the separate funding streams provided to each Health Board, including those funding streams that are ring-fenced for specific purposes. It details the funding being made available for each Health Board to meet the costs of General Medical Services, General Dental Services, Community Pharmacy Services and Hospital and Community Health Services including ring-fenced funding for mental health services.

With the exception of ring-fenced funding streams Local Health Boards have discretion to use their allocation as they consider appropriate to meet the healthcare needs of their population and deliver against national and local priorities. Setting the Direction set-out our vision for primary and community care in relation to the transformation of services and rebalancing of care from hospital to the primary and community setting. The focus is to develop integrated working between the primary and secondary care sectors and to develop new models of care to best meet the needs of people within their local area. The aim is to actively pull patients towards high quality organised services closer to home and the delivery of more services and support within primary and community settings. However, it would not be appropriate nationally to set an annual budget for the amount of funding to be used in each care setting, as this will more appropriately be determined locally by each Board based on how they individually respond to this vision.

In terms of providing more clarity on transfers between budgets, we have provided the Committee with details of movements between Actions and in more detail between Budget Expenditure Lines Officials explained in the scrutiny session many of the movements reflected changes in delivery arrangements for programmes and were not a reduction in the resources available for those programmes, for example, transferring funding in to the Local Health Boards and Public Health Wales core revenue funding budgets from existing programme budgets. In addition, there is a transfer of funding from the Supporting Education and Training Action to the Education and Skills Main Expenditure Group of £2.1 million in 2013-14 in respect of funding which will flow via HEFCW to Cardiff University to support undergraduate medical education.

## **2. Funding of Local Health Boards**

The current legislative regime imposes certain financial duties on individual Local Health Boards, principally requiring "that the use of its resources in a financial year does not exceed the amount specified for it in relation to that year by Welsh Ministers". It is acknowledged this can impose a constraint on NHS organisations to have the flexibility to plan and organise their resources over the medium term.

The ability to plan and organise services in a flexible manner which meets the demand and requirements placed upon it is essential. To move resources around the system, between boundaries and across financial years, is a necessary part of the arrangements to deliver an effective health service. Consequently work to address the current constraints is being taken forward by a working group comprising NHS and Welsh Government finance professionals.

Acknowledging changes to primary legislation may take many years to implement, this working group are firstly considering options that may be executed within the current legislative framework. These involve both longer term solutions for medium term planned flexibility and shorter term solutions for brokerage.

A planned flexibility arrangement is being considered to support the longer term planning and financial cycle and it is intended will provide flexibility of resources linked to an approved balanced integrated medium term financial plan. It is envisaged this arrangement would be sought by LHBs where they are forecasting financial peaks and troughs within a balanced 3 year financial plan.

On the other hand, there are often specific in-year financial issues and short term challenges that cannot necessarily be planned or easily forecast and in these circumstances it is recognised additional and shorter term flexibility arrangements need to be in place. A short term brokerage arrangement is being developed as a risk sharing arrangement, similar to the Welsh Risk Pool, by which LHBs would be able to align funding with expenditure at year end, in order to achieve financial balance and meet the existing statutory Resource Limit Duty.



Both medium and short term options would be managed within the annual Welsh Government Health, Social Services and Children's budget through planned use of central health budgets, contingency fund and programme budgets.

In addition, work has been instigated to explore the further opportunities that could be provided by making changes to primary legislation that governs the financial operating environment within which both NHS Trusts and Local Health Boards currently operate. This is a much longer term solution. If proposed changes to primary legislation are feasible, it is not expected NHS organisations would benefit from any proposed changes until at least 2015/16.

### **3. Budget assumptions and planning for the delivery of budget commitments**

The Committee requested more information on specific Programme for Government commitments.

With regard to funding for health checks for the over 50s, we will be considering further advice on this work shortly, and will then decide on our detailed approach. Officials are working to put together an overall proposal for consideration, including advice about delivery models, implementation timetable and costs. It would be inappropriate to comment further on the detail at this stage, until there has been an opportunity for further consideration. However, any costs associated with this programme in 2013-14 will be accommodated within existing budgets, primarily those for health improvement programmes.

With regard to funding for increasing access to GP services for working people, the second phase of this programme, from 2013/14, will focus on ensuring the availability of appointments outside contracted hours, that is after 6.30pm. There are currently 11% of practices offering the extended opening directed enhanced service (DES), at a cost of £0.7m per year, equating to approximately two additional hours for a practice with 6,000 patients. The intention will be to fund the additional cost of this extended access within existing resources, by reviewing and realigning the current spend on enhanced services. Based on the current specification and allowing for a rise in inflation, the estimated costs for increasing the number of practices offering the extended opening DES (on one or two evenings a week) to 30% of practices in 2013/14 and 50% in 2015/16 are £1.8m and £3.1m respectively. A review is currently underway to assess whether the provision of the existing extended opening enhanced service meets patients needs and delivers value for money. The findings of this review will be used to inform the approach for extending opening after 6.30pm during the week. The work is being led by Health Boards, working with GPC Wales, and the review will be completed by the end of December 2012.

We will, of course, keep the Committee informed of progress on confirming and funding the costs of these programmes as their development and implementation continues.

### **4. Capital planning and expenditure**

The capital funding in the NHS Delivery Action supports the delivery of the All Wales Capital Programme.

Excluding the £12 million additional capital that has been attributed to this Action in 2013-14 as part of the Draft Budget for specific schemes, approximately £44 million will be provided to NHS bodies as discretionary allocations. These can be used to improve and update the existing estate, including the targeting of backlog maintenance, the purchase of minor equipment and minor works.

The balance of funding is available for individual schemes. The allocation of capital requires that all investment decisions are justified by a systematic options appraisal set out in a business case. The Welsh Government and HM Treasury 5 Case Model approach is standard for justifying all major capital investments in healthcare in Wales.

Turning to the consideration of NHS service plans, as you are aware Betsi Cadwaladr University Health Board and Hywel Dda Health Board recently consulted on their proposals for future services. They are now considering responses to the consultations before presenting their final proposals. The four South Wales Health Boards commenced its three month engagement programme on 26



September and this will be followed by a formal consultation process in the new year. There are, therefore, no firm or final capital proposals at this stage. I agree there needs to be timely and regular evaluations of LHB capital requirements and I can confirm my officials are in regular dialogue with NHS organisations to identify and manage investment opportunities as they emerge to ensure that we continue to identify, fund and deliver the priority schemes.

## **5. Contingency**

The Committee will appreciate we are managing a budget in excess of £6 billion, which is used to fund a wide range of programmes, including, of course, the core funding for NHS Wales. Within this context, it is perfectly normal detailed spending plans will change as the year progresses, particularly where further consideration or assessment may be required before committing funding on a new programme, or extending an existing programme. It is through the careful ongoing management of this significant budget officials are able to identify opportunities to redirect funds during the year to meet new commitments and pressures as they arise, which may not have been foreseen during the Budget Setting process. Furthermore, it is entirely appropriate to hold back an element of the budget at the start of the financial year to meet financial risks that may arise as the year progresses.

It is through these processes a contingency "fund" is generated to mitigate against financial risks and meet in year pressures. Our draft budget proposals contain a contingency of £30 million for 2013-14, which is contained in the Delivering Targeted NHS Services Action budget.

In previous years, additional allocations to LHBs were met from a combination of Central Government reserves where the available contingency "fund" within the Health, Social Services and Children's Main Expenditure Group was insufficient to meet the expected shortfalls on NHS budgets.

## **6. Ring fencing**

As part of their monthly financial monitoring return to Welsh Government, Local Health Boards are required to confirm they are using all their ring-fenced funding for the purposes for which it was allocated. Any forecast shortfall in expenditure against the ring-fenced allocation would be followed up by officials with the Local Health Board.

We have explained to the Committee on previous occasions the particular issues relating to monitoring compliance with the mental health ring-fenced allocation. Despite these limitations, we are able to confirm the total relevant expenditure in 2010-11 on mental health services was £607 million compared to the ring-fenced quantum of £572 million for that year - additional expenditure of £35 million over the ring-fenced quantum. 2011-12 information will be available in early 2013.

Looking forward, we have made a commitment in *Together for Mental Health* to review the basis of the ring-fencing arrangements, and work will be taken forward in due course. In addition, a number of work strands are being taken forward to improve our understanding of the outcomes that are delivered for the investment in mental health services.

We have started work with user groups to develop an approach to measuring improvement in the wellbeing of people who use mental health services in Wales. This new innovative approach will measure outcomes from the perspective of the service user. We are also undertaking work to develop a new finance and compliance regime for NHS Wales, in which there will be a greater emphasis on each local health board benchmarking its level of investment on each health condition, including mental health services, with appropriate peers, taking account of relative needs of their population compared to their peers. Finally, we have commenced work to develop a national dataset for capturing core information on the provision of mental health services.

## **7. Health and Social Services collaboration and pooled budgets**

We recognise the need to stimulate the progress of integrated services by the provision of appropriate funding to support new initiatives and related research. This year, we are investing an additional £500,000 with the Social Services Improvement Agency and the Association of Directors of Social Services Cymru to secure leadership in integration and collaboration.



Over the next two years and with sponsorship from the Economic and Social Research Council (ESRC), we are investing nearly £140,000 in the funding of a unique Knowledge Transfer Partnership (KTP) which will support development of more effective joint working. A primary aim of the KTP is to develop the means to assess the quality of integrated services for older people using practical tools to measure the cost and impact of various joint service models and produce a costed business case for national implementation of transferable practices.

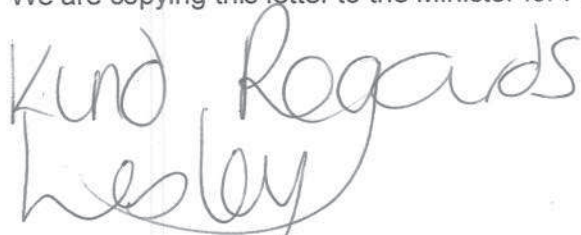
One programme of work which will benefit from the KTP, is the framework for the integration of services for older people across Wales, which is currently under development and expected to be issued by the end of the 2012/13 financial year. The Framework will set out the evidence base for integrated services and our expectation that in delivering citizen centred services, Local Government and Health Boards will need to consider and formalise joint budgets. Implementation of the Framework will be overseen by a National Integrated Services Board reinforcing, at corporate level, the opportunities and value of integration.

Of further benefit, is the Minister for Local Government and Communities' announcement that as part of next year's settlement, he is creating a separate £10 million fund to support Local Authorities in delivering regional collaboration projects. This is especially relevant for social services in their work at the interface with health services.

All Local Health Boards and Social Services departments currently have a budgetary requirement to deliver collaborative services, wherever feasible. The requirement to establish cross sectional partnerships for service integration is provided for by the powers under Section 33 of the NHS Act (Wales) 2006 and has been facilitated through a wide range of policies and grants including the Joint Working Grant (JWG). The JWG formed part of the Welsh Government's commitment to achieving greater joint working between the NHS and Local Government and was aimed at improving the interface between health and social services. Between the inception of the scheme in 2001 and its closure in March 2011, £90 million was made available to Local Authorities and this pump priming produced some notable successes, for example, in establishing community reablement services, the precursor to community resource teams now being developed across Wales.

However, we are conscious more needs to be done to ensure finite resources are used most effectively. The Social Services (Wales) Bill will provide the legislative basis to reinforce the duty on public authorities to work collaboratively in the interests of both cost efficiency and better outcomes for service users. The provisions within the Bill include strengthened powers aimed at promoting pooled budgets, formal partnerships and other flexibilities and the regulations and guidance can be utilised to mandate such processes should this be required.

We are copying this letter to the Minister for Finance and Leader of the House.



**Lesley Griffiths AM**  
Minister for Health and Social Services  
Y Gweinidog Iechyd a Gwasanaethau  
Cymdeithasol



**Gwenda Thomas AM**  
Deputy Minister for Children and Social Services  
Y Dirprwy Weinidog Plant a Gwasanaethau  
Cymdeithasol

# Agenda Item 4

## Health and Social Care Committee

### Social Services and Wellbeing (Wales) Bill

#### Consideration of appointing an expert adviser

HSC(4)–33–12 (Paper 4): 5 December 2012

#### Expert advisers

##### Purpose

1. The purpose of this paper is to provide advice on the possible appointment of an expert adviser to the Health and Social Care Committee in its Stage 1 scrutiny of the Social Services and Wellbeing (Wales) Bill.

##### Background

2. The basis for the appointment of advisers, contained in Standing Order 17.55, is that ‘Committees may appoint advisers in accordance with guidelines issued by the Commission for the purposes of providing expert advice’.

3. We anticipate the Social Services and Wellbeing (Wales) Bill to be introduced in the Assembly on 28 January 2013. As the Committee could be scrutinising three Bills during the spring term, it may be helpful for Committee to discuss, at an early stage, whether it wishes to appoint an expert adviser to enable a shortlist of suitable candidates to be prepared and presented to Committee.

##### Discussion

##### *Role of an adviser*

4. The purpose of expert advice is to:

- complement the in-house expertise of the National Assembly for Wales's Research Service; and
- add value to a Committee's consideration of any particular subject area.

5. This is achieved by providing an additional source of information, advice and analytical capacity to a committee from an external party with a specific and proven specialism in the subject area under committee consideration.

6. As Members will be aware from the factual briefing received on the draft Social Services Bill in May 2012 this is a very detailed Bill. Members may find it helpful to receive additional briefings on each of the main areas contained in the Bill together with suggested lines of inquiry. These briefing papers would, of course, supplement the papers routinely received from the Research Service.

7. Suggested terms of reference for the adviser could be to provide expert advice to the Health and Social Care Committee in its Stage 1 scrutiny of the Social Services and Wellbeing (Wales) Bill. This work could involve providing, to the Clerk of the committee and to agreed deadlines:

- written briefings;
- summaries of each section contained in the Bill;
- suggested lines of inquiry based on consultation responses received;
- suggested areas of questioning for the Deputy Minister for Children and Social Services based on written and oral evidence of witnesses;
- key issues arising from all evidence submitted;
- commenting on a first draft of the committee's report.

8. The Committee is likely to be working to a very tight deadline and as a result, the adviser could be required to produce written briefs at very short notice. The adviser may also be expected to attend some or all of the committee's meetings.

## Next steps

9. Should the committee agree to appoint an adviser, the Clerking team will prepare a paper with a list of potential advisers for Members to consider at an early meeting in the spring term

## Recommendation

10. The Committee is asked to agree:

- whether they wish to appoint an expert adviser for the Stage 1 scrutiny of the Social Services and Wellbeing (Wales) Bill;
- to note that a further paper with a list of potential witnesses will be prepared for consideration at an early meeting in January 2013.

Legislation Office  
November 2012



## Health and Social Committee

### Human Transplantation (Wales) Bill – Stage 1 consideration

To: Health and Social Care Committee

From: Legislation Office

Meeting date: 5 December 2012

#### Purpose

1. To outline the role of the Committee at Stage 1.
2. To invite the Committee to consider and agree the terms of reference and approach to Stage 1 scrutiny of the Human Transplantation (Wales) Bill ('the Bill').

#### Background

3. On 20 November 2012, the Business Committee referred the Bill to the Health and Social Care Committee ('the Committee'), with a reporting deadline of 22 March 2013.
4. On 3 December 2012, Lesley Griffiths AM, Minister for Health and Social Services, introduced the Bill and Explanatory Memorandum. She also made a statement in plenary on 4 December 2012.
5. A background briefing on the Bill has been prepared by the Research Service; this document is provided separately.

#### Role of the Committee

6. The role of the Committee at Stage 1 is to "consider and report on the general principles of the Bill" (SO 26.10).
7. There are no specific requirements in Standing Orders governing the way in which the Committee carries out this work. On this basis, draft terms of reference are set out in paragraph 9 of this paper, and a suggested approach to scrutiny is set out in paragraphs 10–15.

8. Once the Committee has reported, there will be a Stage 1 debate in plenary. At the end of this debate, the Assembly will be asked to agree the general principles of the Bill. If these are agreed, the Bill progresses to Stage 2, which involves the consideration and disposal of amendments by the Committee (Stage 2 is currently scheduled to take place during May/June 2013).

### Draft Terms of Reference

9. In scrutinising the general principles of the Bill at Stage 1, it is suggested that the Committee agrees the following terms of reference:

To consider the general principles of the Bill and the need for legislation to increase the number of organs and tissues available for transplant by introducing a soft opt-out system of organ and tissue donation in Wales, by reference to:

1. The individual provisions set out in the Bill—
  - Section 2, relating to the promotion of transplantation,
  - Section 3, relating to lawful transplantation activities,
  - Sections 4–8, relating to consent,
  - Sections 9–11, relating to offences,
  - Sections 12–20, which make general provision.
2. Any potential barriers to the implementation of these provisions and whether the Bill takes account of them.
3. The financial implications of the Bill (as set out in Part 2 of the Explanatory Memorandum (the Regulatory Impact Assessment, which estimates the costs and benefits of implementation of the Bill)).
4. The appropriateness of the powers in the Bill for Welsh Ministers to make subordinate legislation (as set out in Part 1, paragraph 91 of the Explanatory Memorandum, which contains a table summarising the powers for Welsh Ministers to make subordinate legislation).

### Committee's approach to Stage 1 scrutiny

10. In line with the deadline set by the Business Committee, the Committee will need to complete its scrutiny of the Bill and lay its report no later than 22 March 2013.
11. The reporting deadline allows 10 sitting weeks in which to undertake this work, although it will have to be carried out alongside the Committee's other policy and legislation work.

12. The Committee has previously agreed the following general approach to scrutiny of legislation at stage 1:—

- **General call for evidence**  
Issue a general call for evidence, which would be notified to the Welsh media and published on the Assembly's website.
- **Invite written submissions**  
Invite written submissions from selected organisations and individuals. A suggested list of consultees is attached at **Annexe 1**.
- **Oral evidence**  
Invite key stakeholders to give oral evidence at future meetings (alongside the consultation exercise). A provisional list of witnesses drawn from the relevant sectors is attached at **Annexe 2**.

13. The reporting deadline allows for a 6-week consultation period, from 7 December 2012 to 18 January 2013.

14. The evidence gathered, both written and oral, will help inform the Committee's consideration of the Bill and its subsequent report.

15. For information, the Assembly's Standing Orders enable both the Finance Committee and the Constitutional and Legislative Affairs Committees to report on the relevant aspects of Bill.

#### **Action**

16. The Committee is invited to agree:

- the draft terms of reference (as outlined in paragraph 9);
- its approach to Stage 1 scrutiny (as outlined in paragraphs 10 – 15);
- to a six-week consultation exercise and the list of consultees (Annexe 1);
- the provisional list of witnesses (Annexe 2).

## Annexe 1

### Suggested persons/organisations to contact for written evidence:

Local Health Boards/NHS Trusts  
Welsh Ambulance Service  
Public Health Wales  
WHSSC  
Clinical Leads for Organ Donation  
Specialist Nurses for Organ Donation  
NHS Blood and Transplant Board  
Retrieval Teams  
All Wales Renal Network  
Board of Community Health Councils  
Critical Care Networks  
Cardiac Networks  
The All Wales Organ and Transplant Advisory Group  
Royal College of Surgeons  
Royal College of Physicians  
British Transplant Society  
College of Emergency Medicine  
Welsh NHS Confederation  
Royal College of Anaesthetists  
Royal College of General Practitioners  
Royal College of Nursing  
Royal College of Paediatrics and Child Health  
Royal College of Pathologists  
Royal College of Midwives  
Royal College of Ophthalmologists  
Royal College of Radiologists  
Academy of Royal Colleges Wales  
Faculty of Intensive Care Medicine  
BMA  
Coroners in Wales  
Statutory Health Advisory Committees

Paediatric Intensive Care Society  
Welsh Intensive Care Society  
Kidney Wales  
Welsh Kidney Patients Association  
Transplant 2013

Diabetes UK  
British Heart Foundation  
Epilepsy Action  
Welsh Mental Health Alliance  
Children in Wales  
Welsh Neurological Alliance  
British Lung Foundation  
DeafBlindUK  
Action on hearing loss (formally RNID)  
Learning Disability Wales  
MIND Manager for Influence and Change  
Shelter Cymru  
Cystic Fibrosis Trust  
British Liver Trust  
Live Life then Give Life  
Disability Wales  
British Organ Donor Society  
Kidney Research UK  
Haemophilia Society  
Patient Association  
Human Tissue Authority  
British Humanist Association  
Donor Family Network

Cytun  
Archbishop of Wales  
Roman Catholic Church  
Evangelic Alliance Wales  
Free Church Council of Wales  
Baha'I Faith  
Buddhist Council of Wales  
[Buddhistcouncilofwales.org.uk](http://Buddhistcouncilofwales.org.uk)  
Shree Swaminarayan Temple  
Hindu Temple Whitchurch  
Reform Judaism  
Muslim Council for Wales  
Access for Black Children with Disabilities  
African Community Centre  
Barnardos Neville Street Project  
Black Association of Women Step Out  
Black Voluntary Sector Network Wales (BVSNW)

Cardiff Gypsy and Traveller Project  
Cardiff Traveller Education Service  
Ethnic Youth Support Team  
Minority Ethnic Womens Network Wales  
North Wales Equality Network  
Race Equality First  
SEWREC  
Somali Integration Society  
Somali Progressive Association  
South East Wales Race Equality Council  
Swansea Bay Race Equality Council  
Taha Idris  
Tai Pawb  
Henna Foundation  
Diverse Cymru  
Valleys Equality Council  
Wales Strategic Migration Partnership  
Welsh Refugee Council

Children's Commissioner  
Older Peoples Commissioner  
Equality and Human Rights Commission  
Welsh Language Commissioner  
Welsh Independent Healthcare Association  
Welsh Local Government Association  
One Voice Wales  
CBI Wales  
Wales Audit Office  
Police Forces in Wales  
Trade Unions

#### Responded to Welsh Government Consultation

Prof Ceri Phillips – Swansea University  
Prof John Saunders – Organ Donation Committee, Neville Hall Hospital and Chair of Royal  
College of Physicians Committee on Ethical Issues in Medicine  
Dr Abdalla Yassin Mohamed – Director of Cardiff's Islamic Social Services Association  
Society for the Protection of Unborn Children  
Baptist Union of Wales  
Methodist Church in Wales

Orthodox Wales  
Presbyterian Church of Wales  
Royal Pharmaceutical Society Wales  
Llantrisant Fawr Community Council  
Llanarmon yn Lal Community Council  
Sealand Community Council  
Llanelli Town Council  
Wales Orthodox Mission  
Synod Cymru of the Methodist Church in Wales  
Llangathen Community Council  
Faculty of Intensive Care Medicine London  
Mold Town Council  
Monmouth Baptist Church  
Llangunnor Community Council  
Cartrefi Cymru Friday Night Project  
The Law Society  
Faculty of Health, Sport and Science, The University of Glamorgan  
Soroptimist International Port Talbot  
Pembroke Town Council  
NHS Centre for Equality and Human Rights  
Information Commissioner  
Health, Ethics and Law, University of Southampton  
Christian Medical Fellowship  
UK Donation Ethics Committee  
SKLP Community Centre  
India Centre  
Albany Road Baptist Church  
Presteigne and Norton Town Council



Annexe 2

## Health and Social Care Committee

Suggested witnesses

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Date of paper:

3 December 2012

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

For further information, contact Victoria Paris in the Research Service

Telephone ext. 8678

Email: [victoria.paris@wales.gov.uk](mailto:victoria.paris@wales.gov.uk)



Research  
Service





## Suggested witnesses

The purpose of this paper is to present the Committee with some suggested oral witnesses for the Stage 1 scrutiny of the *Human Transplantation (Wales) Bill*.

### *Healthcare providers*

- **Welsh NHS Confederation** – The membership body representing all the organisations making up the NHS in Wales. Specifically Clinical Leads on Organ Donation (CLOD) and Specialist Nurses for Organ Donation (SNODs).
- **Academy of Royal Colleges** – The Academy’s role is to promote, facilitate and where appropriate co-ordinate the work of the Medical Royal Colleges and their Faculties for the benefit of patients and healthcare. The Academy comprises the Presidents of the Medical Royal Colleges and Faculties who meet regularly to agree direction.

### *Organ transplantation*

- **NHS Blood and Transplant: Organ Donation and Transplantation (ODT) Directorate** – ODTs key role is to ensure that organs donated for transplant are matched and allocated to patients in a fair and unbiased way. ODT do not have a direct relationship with patients and do not provide hands on care. ODT manage the UK Transplant Registry and maintain the national NHS Organ Donor Register.
- **Human Tissue Authority (HTA)** – HTA is a watchdog that supports public confidence by licensing organisations that store and use human tissue for purposes such as research, patient treatment, post-mortem examination, teaching, and public exhibitions. The HTA has a role in making sure human tissue is used safely and ethically, and with proper consent.
- **British Transplantation Society (BTS)** – The BTS is the professional voice of transplantation in the UK, representing all the varied disciplines in transplantation including clinicians, nurses, pharmacists, scientists involved both in basic research and in histocompatibility laboratories, ethicists and other professions allied to medicine.



### *Ethics and human rights*

- **UK Donation Ethics Committee (UKDEC)** – The UKDEC is an independent source of advice and guidance on ethical aspects of organ donation and transplantation. It aims to increase professional and public confidence in the ethical basis for decisions and processes in organ donation. The UKDEC is hosted by the Academy of Medical Royal Colleges.
- **Nuffield Council on Bioethics** – The Nuffield Council on Bioethics is an independent body that examines and reports on ethical issues in biology and medicine.

### *Faith and BME*

- **Muslim Council for Wales** – The Council is an independent, inclusive umbrella organisation that represents the interests of Muslims in Wales.
- **South Wales Jewish Representative Council** – The Jewish Leadership Council is a Jewish charity which brings together the major British Jewish organisations to work for the good of the British Jewish community.
- **Inter-Faith Council for Wales** – The Council is an umbrella organisation which brings together many of the different faith and spiritual communities living in Wales.
- **Black Voluntary Sector Network Wales (BVSNW)** – BVSNW is an umbrella, membership organisation that actively represents, supports and promotes the interests of Black and BME communities and the BME Voluntary Sector in Wales.

### *Voluntary sector*

- **Patient Concern** – collate patient feedback and use this evidence to campaign for improvements to health and social care services across the UK.
- **Wales Alliance for Mental Health** – The Alliance provides the collective voice of the national voluntary organisations in Wales working in the field of mental health.



### *Academics*

**Professor Ceri Phillips** – Ceri Phillips is Professor of Health Economics and Deputy Head of School (Research) at Swansea University. He has undertaken commissioned work for a range of organisations, including the World Health Organisation, Welsh Government, Department of Health, Department of Work and Pensions and a range of health authorities and pharmaceutical companies. In 2009 he was appointed to the Bevan Commission by the then Minister for Health and Social Services to advise and oversee the new configuration and structure of NHS Wales. He is a member of the All Wales Medicines Strategy Group (AWMSG), and Vice Chair of its Medicines Group which makes recommendations to AWMSG. He has been involved in formulating and developing the Occupational Health Strategy for Wales. In addition, he has been a member of NICE Programme Development Groups on a range of public health issues. On the BBC programme *Week In Week Out* Professor Phillips stated that although there could be long term financial benefits to the opt-out system, such as savings on dialysis treatment for kidney patients, it could put added pressure on already struggling hospitals with regard to critical care beds and theatre time.

**Professor John Saunders** – John Saunders is a consultant who heads an organ donation committee at Nevill Hall Hospital, Abergavenny, and is the chair of the Ethics Committee for the Royal College of Physicians. On the BBC programme *Week In Week Out* the Professor also highlighted his concern about the additional pressure on intensive care units and that more investment in intensive care facilities would be needed. He was also concerned that having an opt-in register and an opt-out system has the potential to confuse patients, resulting in lower donation rates.

**Professor John Fabre** – John Fabre works at the Department of Hepatology and Transplantation, King's College London School of Medicine. He is a former chairperson of the British Transplant Society. He has stated that the opt-out legislation introduced in Spain was not the reason for the country's high donation rate and that there is no evidence changing the law will increase the donation rate.

# Agenda Item 6

## Health and Social Care Committee

HSC(4)-33-12 paper 6

### Recovery of Medical Costs for Asbestos Diseases (Wales) Bill – Stage 1 consideration

To: Health and Social Care Committee  
From: Legislation Office  
Meeting date: 5 December 2012

#### Purpose

1. To invite the Committee to consider and agree its approach to and framework for Stage 1 scrutiny of the Recovery of Medical Costs for Asbestos Diseases (Wales) Bill ('the Bill').

#### Background

2. On 13 November 2012, the Business Committee agreed that the Bill should be referred to the Health and Social Care Committee ('the Committee'), with a reporting deadline of 8 March 2013.

3. On 3 December 2012, Mick Antoniw AM, the Member in Charge of the Bill, introduced the Bill and Explanatory Memorandum.

4. A paper outlining the purpose and provisions of the Bill has been provided separately.

#### Role of the Committee

5. The role of the Committee at Stage 1 is to *consider and report on the general principles of the Bill* (SO 26.10). There are no specific requirements in Standing Orders governing the way in which the Committee carries out this scrutiny. A suggested approach is set out below, along with a suggested framework within which the Committee will work.

6. Once the Committee has reported, there will be a Stage 1 debate in plenary for the Assembly to agree the general principles of the Bill.

If the general principles are agreed, Stage 2 of the process will involve the detailed consideration of the Bill by the Committee, including the disposal of amendments (Stage 2 is currently scheduled for the period 21 March – 10 May 2013).

### **Suggested framework**

7. In considering its approach to scrutinising the general principles of the Bill at Stage 1 it is suggested that the Committee works within the following broad framework:

To consider:

- i. the need for the Bill, which will enable the Welsh Government on behalf of the NHS in Wales to recover the costs of medical treatment and care provided to patients in Wales who have sustained asbestos-related disease (Mesothelioma, Pleural Plaques, Pleural thickening, lung cancer and other associated diseases) and have achieved a civil settlement or judgment in or out of court from an employer or other body.
- ii. whether the Bill achieves its stated purposes;
- iii. the key provisions set out in the Bill and whether they are appropriate to deliver its stated purposes;
- iv. financial implications arising from the Bill;
- v. potential barriers to the implementation of the key provisions and whether the Bill takes account of them;
- vi. whether there are any unintended consequences arising from the Bill;
- vii. the views of stakeholders who will have to work with the new arrangements;
- viii. whether the Bill contains a reasonable balance between the powers on the face of the Bill and the powers conferred by Regulations.

### **Committee's approach to Stage 1 scrutiny**

8. In line with the deadline set by the Business Committee, the Committee will need to complete its scrutiny of the Bill and lay its report no later than 8 March 2013.

9. The reporting deadline allows nine sitting weeks in which to undertake this work, although it is likely that it will have to be carried out alongside scrutiny of two other Bills as well as policy work agreed by the Committee. Time has been set aside during the Committee's meetings on 10, 16 and 24 January 2013 for scrutiny of witnesses and on 7 and 20 February to consider key issues and the Committee's draft report on the Bill.

10. The Committee has previously agreed the following general approach to scrutiny of legislation at stage 1:

- **General call for evidence**  
Issue a general call for evidence, which would be notified to the Welsh media and published on the Assembly's website. The draft consultation letter and a list of the draft consultation questions are attached at **Annexe 1**.
- **Invite written submissions**  
Invite written submissions from selected organisations and individuals. A suggested list of consultees is attached at **Annexe 2**.
- **Oral evidence**  
Invite key stakeholders to give oral evidence at future meetings (alongside the consultation exercise). A provisional list of witnesses drawn from the relevant sectors is attached at **Annexe 3**. In addition, it is suggested that specific written information is requested in writing from two organisations, although it is not considered necessary to call these organisations as witnesses. (See **Annexe 4**)
- **Outreach**

Given the nature of the Bill, and that it mainly affects central government bodies and specific private interests, the use of the Assembly's Outreach Team to engage with a section of the general public to gauge views on the Bill is not recommended on this occasion.

11. The reporting deadline allows for a five-week consultation period, from 5 December 2012 to 10 January 2013. This should allow the Committee to consider whether to invite any additional witnesses to give evidence to the Committee in light of the written evidence received, although the timetable would be very tight.

12. The evidence gathered, both written and oral, will help inform the Committee's consideration of the Bill and its subsequent report.

13. For information, Standing Orders enable both the Finance Committee and the Constitutional and Legislative Affairs Committees to report on the relevant aspects of Bill.

### Work Programme

14. A timetable for the Committee's Stage 1 consideration of the Bill is attached at Annexe 5.

### Action

15. The Committee is invited to:

- agree the general framework within which it will work (as outlined in paragraph 7);
- agree its approach to Stage 1 scrutiny (as outlined in paragraphs 8 – 13);
- agree a 5 week consultation exercise, the consultation questions and list of consultees (Annexe 1 and Annexe 2);
- agree the provisional list of witnesses and those invited to provide specific written evidence (Annexes 3 and 4);
- Note the timetable for the Committee's Stage 1 consideration of the Bill (Annexe 5).



Y Pwyllgor Iechyd a Gwasanaethau Cymdeithasol  
Health and Social Care Committee

Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



Bae Caerdydd / Cardiff Bay  
Caerdydd / Cardiff  
CF99 1NA

5 December 2012

Dear Sir/Madam

## **Consultation on the Recovery of Medical Costs for Asbestos Diseases (Wales) Bill**

As part of its Stage 1 consideration, the Health and Social Care Committee is calling for evidence on the general principles of the Recovery of Medical Costs for Asbestos Diseases (Wales) Bill. To assist with its consideration, the Committee would welcome your views on this subject.

### **What is a Bill?**

A Bill is a draft law. Once a Bill has been considered and passed by the Assembly and given Royal Assent by the Queen, it becomes an 'Act of the Assembly'.

There is a four stage process for the consideration of a Bill. Stage 1 involves consideration of the general principles of the Bill by a committee (which includes the taking of written and oral evidence from interested parties and stakeholders), and the agreement of those general principles by the Assembly.

### **What does this Bill seek to achieve?**

The Explanatory Memorandum that accompanies the Bill states:

“The purpose of the Bill is to enable the Welsh Ministers to recover from a compensator (being a person by or on behalf of whom a compensation payment is made to or in respect of a victim of asbestos-related disease), certain costs incurred by the NHS in Wales in providing care and treatment to the victim of the asbestos-related disease.”

### What is the committee’s role?

The role of the committee is to consider and report on the general principles of the Bill. In doing so, the Committee has agreed to work within the following framework:

To consider:

- i) the need for a Bill to enable the Welsh Government, on behalf of the NHS in Wales, to recover the costs of medical treatment and care provided to patients in Wales who have sustained asbestos-related disease (Mesothelioma, Pleural Plaques, Pleural thickening, lung cancer and other associated diseases) and have achieved a civil settlement or judgment in or out of court from an employer or other body;
- ii) whether the Bill achieves its stated purposes;
- iii) the key provisions set out in the Bill and whether they are appropriate to deliver its stated purposes;
- iv) the financial implications arising from the Bill;
- v) potential barriers to the implementation of the key provisions and whether the Bill takes account of them;
- vi) whether there are any unintended consequences arising from the Bill;
- vii) the views of stakeholders who will have to work with the new arrangements.
- viii) whether the Bill contains a reasonable balance between the powers on the face of the Bill and the powers conferred by Regulations.

Invitation to contribute to the inquiry

The Committee would like to invite you to submit written evidence to assist in its scrutiny of the Bill. In particular, we would welcome your views on the questions listed in Annexe 1.

If you wish to submit evidence, please send an electronic copy of your submission to <mailto:HSCCommittee@wales.gov.uk> and entitle the e-mail "Consultation – Recovery of Medical Costs for Asbestos Diseases (Wales) Bill."

Alternatively, you can write to:

Olga Lewis, Deputy Clerk  
Legislation Office  
National Assembly for Wales  
Cardiff Bay, CF99 1NA.

Submissions should arrive by 10 January 2013. It may not be possible to take into account responses received after this date.

When preparing your submission, please keep the following in mind:

- your response should address the issues before the Committee. Please reference your response using the title applied above;
- the National Assembly normally makes responses to public consultation available for public scrutiny and they may also be seen and discussed by Assembly Members at Committee meetings. If you do not want your response or name published, it is important that you clearly specify this in your submission;
- please indicate whether you are responding on behalf of an organisation, or as an individual; and
- please indicate whether or not you would be prepared to give oral evidence to the Committee.

The Committee welcomes contributions in English and Welsh and will consider responses to the written consultation and hold oral evidence sessions during the spring term.

For your information, the Committee has invited submissions from those on the attached distribution list (see Annexe 3). The Committee would be

grateful if you could forward a copy of the letter to any individuals or organisations that are not included on this list, but might like to contribute to the inquiry. A copy of this letter has been placed on the National Assembly's website with an open invitation to submit views.

### **Disclosure of Information**

It is normal practice for the National Assembly to publish evidence provided to a Committee. Consequently your response may appear in a report or in supplementary evidence to a report. The National Assembly will not publish information that it considers to be personal data.

In the event of a request for information submitted under UK legislation, it may be necessary to disclose the information that you provide. This may include information which has previously been removed by the National Assembly for publication purposes.

If you are providing any information, other than personal data, which you feel is not suitable for public disclosure, it is up to you to stipulate which parts should not be published and to provide a reasoned argument to support this. The National Assembly will take this into account when publishing information or responding to requests for information.

If you have any queries, please contact Steve George, Committee Clerk on 029 2089 8242 or Olga Lewis, Deputy Clerk on 029 2089 8154.

Yours faithfully

**Mark Drakeford AM**  
Chair

## Consultation Questions

### General

1. Is there a need for a Bill to allow recovery of costs of NHS treatment for asbestos-related diseases in Wales? Please explain your answer.
2. Do you think the Bill, as drafted, delivers the stated objectives as set out in the Explanatory Memorandum? Please explain your answer.
3. Are the sections of the Bill appropriate in terms of introducing a regime to allow the recovery of costs of NHS treatment for asbestos-related diseases in Wales? If not, what changes need to be made to the Bill?
4. How will the Bill change what organisations do currently and what impact will such changes have, if any?
5. What are the potential barriers to implementing the provisions of the Bill (if any) and does the Bill take account of them?

### Powers to make subordinate legislation

6. What are your views on powers in the Bill for Welsh Ministers to make subordinate legislation (i.e. statutory instruments, including regulations, orders and directions)?

In answering this question, you may wish to consider Section 5 of the Explanatory Memorandum, which contains a table summarising the powers delegated to Welsh Ministers in the Bill to make orders and regulations, etc.

### Financial Implications

7. What are your views on the financial implications of the Bill?

In answering this question you may wish to consider Part 2 of the Explanatory Memorandum (the Regulatory Impact Assessment), which estimates the costs and benefits of implementation of the Bill.

### **Other comments**

8. Are there any other comments you wish to make about specific sections of the Bill?

## Suggested list of consultees

### Local Authorities

Blaenau Gwent County Borough Council  
Bridgend County Borough Council  
Caerphilly County Borough Council  
Cardiff Council  
Carmarthenshire County Council  
Ceredigion County Borough Council  
City and County of Swansea  
Conwy County Borough Council  
Cyngor Sir Ynys Mon  
Denbighshire County Council  
Flintshire County Council  
Gwynedd County Council  
Merthyr Tydfil County Borough Council  
Monmouthshire County Council  
Neath Port Talbot County Borough Council  
Newport City Council  
Pembrokeshire County Council  
Powys County Borough Council  
Rhondda Cynon Taff County Borough Council  
Torfaen County Borough Council  
Vale of Glamorgan Council  
Wrexham County Borough Council  
Society of Local Authority Chief Executives

### Voluntary Sector

Age Alliance Wales  
Age Cymru  
ARC Cymru  
Better Government for Older People  
Diverse Cymru  
Contact the Elderly  
Cruse Bereavement Care Cymru  
The Civic Trust for Wales  
Disability Wales  
Independent Living Advocacy and Support Group Gwynedd (ILASGG)

National Old Age Pensioners Association In Wales  
National Federation of women's institutes  
Patients Association  
Pensioners Forum Wales  
Rethink  
Wales Pensioners  
Women's Royal Voluntary Service Cymru

### **Advisory Groups**

Care and social Services Inspectorate Wales (CSSIW)  
Care Council for Wales  
Cancer Research UK  
Citizens Advice Cymru  
Civil Service Pensioners Alliance  
Coalition on Charging Cymru  
Consumer Focus Wales  
Diverse Cymru  
Equality and Human Rights Commission  
National Voices  
One Voice Wales  
Opan Ageing Research Wales  
RNIB Cymru  
Action on Hearing Loss Cymru  
UNISON Cymru  
Wales Council for the Blind  
Wales Council for the Deaf

### **Representative Organisations**

Asbestos Awareness Cymru  
Asbestos Victim Support Groups Forum  
Aslef  
Association of British Insurers  
Association of Personal Injury Lawyers Wales  
Association of Directors of Public Health  
BMA Wales  
British Lung Foundation Wales  
Cardiff Business Club  
Clydeside Action on Asbestos  
Confederation of British Industry  
Confederation of British Industry Wales



Confederation of Community Health Councils  
FBU (Fire Brigade Union)  
Faculty of Public Health  
Forum of Insurance Lawyers  
GMB (General Municipal and Boiler Makers Union)  
Institute of Directors Wales  
Law Society Wales  
Macmillan Wales  
Mari Curie  
Mesothelioma UK  
NASUWT Cymru  
NUT Cymru  
PCS Wales  
Public Health Wales  
RMT (National Union of Rail, Maritime and Transport)  
Tenovus  
UCATT Union Office  
Unite Cymru, Regional Secretary, Andy Richards  
Wales TUC  
Welsh NHS Confederation

#### **Government/Local Government**

The Auditor General for Wales  
Better Government for Older People  
Older People's Commissioner for Wales  
The Children's Commissioner for Wales  
The Civic Trust for Wales  
One Voice Wales  
Public Service Ombudsman Wales  
Wales Council for Voluntary Action  
Welsh Local Government Association (WLGA)

#### **Health/Public Health**

Community Practitioners & Health Visitors Association  
British Medical Association  
Board of Community Health Councils in Wales  
Chief Executives of NHS Trusts in Wales  
General Medical Council Wales  
General Practitioners' Committee Wales  
Community Health Councils in Wales

Community Pharmacy Wales  
Health Commission Wales  
Healthcare Inspectorate Wales  
Local Medical Committee  
Royal College of General Practitioners  
Royal College of Nursing Wales  
Royal College of Physicians  
Royal College of Surgeons  
Royal Pharmaceutical Society of Great Britain  
The Welsh NHS Confederation  
Welsh National Board for Nursing, Midwifery and Health Visiting

#### **Health Boards and NHS Trusts in Wales**

Abertawe Bro Morgannwg University Health Board  
Aneurin Bevan Health Board  
Betsi Cadwaladr University Health Board  
Cardiff and Vale University Health Board  
Hywel Dda Health Board  
Cwm Taf Health Board  
Powys Local Health Board  
Public Health Wales  
Velindre NHS Trust  
Welsh Ambulance Service NHS Trust

#### **Fire Services**

Mid and West Wales Fire and Rescue Service  
North Wales Fire and Rescue Service  
South Wales Fire and Rescue Service

**Suggested persons/organisations to provide oral evidence to the Committee:**

**Member in Charge**

- Mick Antoniw AM

**Insurance Industry**

- Association of British Insurers

**Representatives of Employees\* and Asbestos Victims**

**Panel Evidence Comprising:**

- RMT
- GMB
- Asbestos Awareness and Support Cymru
- Asbestos Victims Support Groups' Forum UK

**Representatives of Business**

**Panel Evidence Comprising:**

- Federation of Small Businesses
- Confederation of British Industry

**Medical professionals**

**Panel Evidence Comprising:**

- British Lung Foundation
- Health Economist (Professor Ceri Phillips).

**Legal professionals**

**Panel Evidence Comprising:**

- Association of Personal Injury Lawyers
- Forum of Insurance lawyers
- Law Society

## Minister for Health and Social Services

- Lesley Griffiths AM)

\*Possible alternative Trade Union organisations to invite

UNISON Cymru

Unite Cymru

TUC Wales

Union of Construction, Allied Trades and Technicians (UCATT)

**Suggested organisations to be asked to provide specific written evidence to the Committee:**

Compensation Recovery Unit (UK Government Department for Work and Pensions)

- In respect of their willingness and ability to undertake the role envisaged by the Member in Charge in his Explanatory Memorandum.

Law Commission

- In respect of the ABI's interpretation, as quoted in correspondence relating to the Bill, that the Law Commission has previously advised against extending the NHS charges recovery scheme to include disease claims.

## Draft Work Programme – provisional tbc

Date	
5 December 2013	11.10 – 12.10: Approach to Stage 1 Discussion
<b>Christmas Recess</b>	
10 January 2013	<u>AM</u> 09:00 – 10:00 Evidence from Mick Antoniw AM – Member in Charge 10.00–10.15 – Discussion of Member in Charge’s evidence (private) 10:15 – 11:00 Evidence Session 1 (Panel) 11:00 – 11:45 Evidence Session 2 (Panel)
16 January 2013	<u>AM</u> 09:00 – 10:00 Evidence Session 3 (ABI) 10:00 – 10:45 Evidence Session 4 (Panel) 10:45 – 12:30 Evidence Session 5 (Panel)
24 January 2013	<u>AM</u> Evidence Session 6 (Minister) Mick Antoniw AM – Member in Charge (60 Minutes)
7 February 2013	<u>Private</u> consideration of (Key Issues Paper)
<b>February Recess</b>	
20 February 2013	<u>Private</u> consideration of draft report

27 February 2013	<u>Private</u> consideration of draft report (if not agreed on 20 February)