

## Health and Social Care Committee

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

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Meeting date:  
**7 July 2011**

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Meeting time:  
**09:30**

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Cynulliad  
Cenedlaethol  
Cymru

National  
Assembly for  
Wales



For further information please contact:

**Llinos Madeley**  
Committee Clerk  
029 20898403  
[Llinos.Madeley@Wales.gov.uk](mailto:Llinos.Madeley@Wales.gov.uk)

**Claire Griffiths**  
Deputy Committee Clerk  
029 2082 1990  
[Claire.griffiths@wales.gov.uk](mailto:Claire.griffiths@wales.gov.uk)

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### Agenda

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- 1. Introduction, Apologies and Substitutions**
- 2. Health and Social Care Committee - Ways of working** (Pages 1 - 8)
- 3. Health and Social Care Committee - Discussion of issues within the portfolio and consideration of the forward work programme** (Pages 9 - 42)

# Agenda Item 2

**To:** Assembly Committees  
**From:** Committee Service and Legislation Office  
**Date:** July 2011

## **FOURTH ASSEMBLY COMMITTEES**

### **Establishment and remit of committees**

1. This paper provides background information on the new committee structure in the Fourth Assembly and more flexible ways of working.
2. Standing Order 16.1 requires the Assembly to establish committees with power within their remit to:
  - (i) examine the expenditure, administration and policy of the government and associated public bodies;
  - (ii) examine legislation;
  - (iii) undertake other functions specified in Standing Orders; and
  - (iv) consider any matter affecting Wales.
3. In doing this the Business Committee had to ensure that every area of responsibility of the government and associated public bodies, and all matters relating to the legislative competence of the Assembly and functions of the Welsh Ministers and of the Counsel General, are subject to the scrutiny of a committee or committees.
4. The Assembly has decided on a committee structure which gives committees the power to both scrutinise the government and associated public bodies and to scrutinise legislation, within a subject remit. It requires them to fulfil both of these principal functions. This is different from the third Assembly when separate committees existed for these purposes.
5. On 22 June 2011, the Assembly established five committees to carry out the functions set out above. These committees are:
  - Children and Young People Committee
  - Communities, Equality and Local Government Committee

- Enterprise and Business Committee
  - Environment and Sustainability Committee
  - Health and Social Care Committee
6. The committee remits are broad and, in the main, cut across Ministerial portfolios. Briefing on the subjects covered by the remit of this committee has been provided at Item 3. However, committees have the flexibility to examine any issue of relevance to the broad remit defined by their titles and are not constrained in examining any issue of relevance.
7. Five additional committees have been established to undertake other functions specified in Standing Orders. European issues are to be mainstreamed into the work of the Constitutional Affairs Committee and the five “thematic” committees.

### **Principal functions of committees**

#### *Scrutiny of legislation*

8. Committees have a general power to examine legislation within their remit. In addition, committees will be responsible for scrutinising Government and non-Government Bills referred to them by the Business Committee.

In addition, committees may:

- scrutinise Legislative Consent Memorandums (LCMs) referred to them by the Business Committee; and
- scrutinise UK and European Union legislative proposals (and their implications) that fall within committees’ remits.

#### *Scrutiny of Government and associated public bodies*

9. Committees have powers to examine the expenditure, administration and policy of the government and its associated public bodies. The committee may choose to carry out these functions in a number of ways, for example through:
- regular Ministerial scrutiny meetings and annual budget scrutiny

- intensely scrutinising Welsh Government and associated public bodies policy, administration and expenditure within the Committee's remit, typically through committee inquiries;
  - follow up scrutiny of the implementation of recommendations made in previous reports, etc.
  - scrutinising the Welsh Government's role in influencing EU policy developments of particular relevance to Wales, within the committee's remit. In particular in terms of shaping the UK negotiating line in Brussels, and promoting Welsh views to the European Commission, European Parliament (including in particular the Welsh MEPs).and through other channels.
  - conducting post-legislative scrutiny on legislation relevant to the committees' remits.
10. A major benefit of the new approach to committees is that Members can develop specialist policy knowledge and expertise and apply this to all the scrutiny they are involved in.

### **Delivering Multiple Roles**

11. Although there are a smaller number of committees, this will not alter workload or the amount of time needed to deliver all the activities of committees. This is a radical and challenging system which will require committees to self-manage a demanding and varied programme of work.
12. This will require committees to think about their work plans carefully. There will be a need to be both systematic and flexible in terms of prioritising work and consider ways in which they carry out their tasks to maximise their effectiveness and impact. A paper highlighting these issues is included at Annex A.
13. The five subject-based committees have been established with sufficiently large memberships to enable them to undertake multiple streams of work in formal sub-committees and informal or rapporteur groups as well as continued operation in full committee. This would allow policy and legislative work to take place simultaneously. As an example, smaller groups could be used to undertake more detailed, specialised inquiries making use of committee membership with a particular interest in the subject area. This flexibility allows committees to be more responsive to

varying priorities or sudden changes in the political landscape. It also allows for more efficient use of time given the unpredictability of the legislative workload.

14. Certain of a committee's responsibilities will need to be undertaken following particular procedures. The most obvious of these is the consideration of legislation. There are a range of conventions that were adopted in the Third Assembly that will need to be built in to the system, or to be reviewed, in order that legislation is properly considered whichever committee is undertaking the activity. Guidance will need to be provided as to the undertaking of consideration of legislation in differing circumstances, for example by a full committee or by a sub-committee.
15. To accommodate the workload generated by broad portfolios and joint responsibility for scrutiny of legislation and policy, the weekly timetable will provide significant blocks of time for the use of each committee each week. Each of the five committees has been allocated one and a half days every fortnight in which it can schedule its activity. This is split into a half-day and a whole day on alternate weeks.

## **Annex A: Suggested strategic approach to work planning**

1. This annex outlines a suggested strategic approach to work planning for fourth Assembly committees. The approach is based on good practice developed by some previous committees to determine their work planning. It also takes into account the broader responsibilities of committees, implications of the timing relating to scrutiny of legislation and issues of capacity, in the 4<sup>th</sup> Assembly. As with the National Assembly for Wales itself, committees may be considered to have 3 broad functions:
  - Make laws for the people of Wales
  - Hold the Welsh Government to account
  - Represent the People of Wales
2. This latter of these typically influences the means by which committees take forward their other two functions, in terms of directly engaging the people of Wales in their work, and ensuring the views of the people of Wales are represented in scrutiny.
3. Committees will have capacity to scrutinise both legislation and policy simultaneously, by making greater use of formal sub-committees, informal groups and rapporteurs etc as well as continued operation in full committee.
4. The main purpose of this suggested strategic approach to determining work is to assist the committee in managing a demanding and varied portfolio of responsibilities. Taking this approach would mean that, in considering a programme of work, the committee would be provided with comprehensive information about all the issues covered by its remit, in a simple format. Based on this information the Committee will be in an informed position to select the issues it wants to consider as part of its forward work plan.

### **Determining potential work**

*Implications of the timing of legislative scrutiny on committees' work programmes*

5. Committees may be tasked by the Business Committee with considering specific Bills or LCMs. If a referral is made the Business Committee must agree a deadline within which the committee must report. Typically, during the Third Assembly, deadlines were between 6 and 12 working weeks.
6. The volume of legislation dealt with by any one committee will depend on the subject matter of legislation introduced to the Assembly, both Government and non-Government Bills.
7. The timing of the introduction of legislation and the agreement of a reporting deadline will be matters over which committees will have no direct control. As such, in drawing up their work programmes, it will be important for committees to maintain sufficient flexibility to enable them to respond to referrals in a timely way.
8. On 14 June 2011, the First Minister made a statement in Plenary on the Welsh Government's legislative priorities. This will be followed on 12 July 2011 by an announcement of the Government's five-year programme of legislation. While these will give an indication of the subject matter of legislation coming forward in the Fourth Assembly it is not anticipated that specific timings for the introduction of individual pieces of legislation will be included; it is usually the case that Bills are introduced by the government with little warning.

*Identifying priorities for scrutiny of the Government and associated public bodies*

9. In prioritising their work, a committee may wish to consider:

*Covering the breadth of the committee's portfolio*

Each committee has a wide ranging remit. Over the course of an Assembly the committee could reasonably be expected to cover major issues across the full breadth of this remit.

*The range of responsibilities of the committee*

As well as the principle functions of examining specific Bills referred to them by the Business Committee, and undertaking inquiries scrutinising the Government's policy, administration and expenditure, a committee will

need to ensure it is undertaking work across the range of their responsibilities. Examples would include:

- directly scrutinising Ministers in relation to their responsibilities;
- scrutinising budget proposals;
- scrutinising UK and European Union legislative proposals and their implications;
- consideration of petitions referred to them by the Petitions Committee;
- conducting post legislative scrutiny to examine the effectiveness of the legislation;
- following up on the implementation of recommendations made; and
- taking a strategic approach to key policy developments at EU level of particular importance to Wales, and scrutinising the implementation of EU funding programmes/initiatives in Wales.

#### *The focus of the inquiry's scope*

Inquiries will normally focus on subjects covered by a committee's remit. However, committees' remits are broad and cross cutting, and in prioritising inquiries Members may also wish to consider whether any other committees are undertaking (or have recently undertaken) similar inquiries. They may also wish to take account of similar work being undertaken by other organisations.

There may also be occasions on which co-ordination of work across committees would be of particular value, for example some key EU policy developments cut across a number of policy areas.

#### *The potential impact and outcomes of an inquiry*

A committee may wish to consider whether there is any evidence (including anecdotal evidence) to suggest the issue is of clear concern to the people of Wales, or specific groups of people in Wales. Petitions are one way people are able to flag these issues.

Timing may be key to effectiveness for a particular piece of work. Committees may also consider what stage the Welsh Government is at in its own decision making processes, enabling them to maximise their influence.



This is likely to necessitate Welsh Government providing committees with information.

*Resources that the Committee would need to conduct the scrutiny inquiry.*

This may be a useful time for committees to give thought as to whether a specific inquiry could make use of a particularly innovative or ground-breaking method of gathering evidence (examples of things that have been tried in the past are available). Committees may also want to consider at this stage how they might best access expertise needed for the piece of work.

# Agenda Item 3

**To:** Health and Social Care Committee

**From:** Committee Secretariat

**Date:** July 2011

## **ISSUES WITHIN THE HEALTH AND SOCIAL CARE COMMITTEE'S PORTFOLIO AND CONSIDERATION OF ITS FORWARD WORK PROGRAMME**

### **Purpose**

1. This paper contains information to inform the Health and Social Care Committee's discussion of issues within its portfolio and consideration of its forward work programme.

### **The Committee's portfolio**

2. The Health and Social Care Committee's role is to consider policy and legislative matters relating to the physical, mental and public health of the people of Wales, including the social care system.
3. The Business Committee is expected to report on the portfolios and responsibilities of committees in the Fourth Assembly, although this report is yet to be laid. Members of the Health and Social Care Committee will be provided with a copy of the report when it is available. In the meantime, the responsibilities of the Health and Social Care Committee, as provisionally agreed by the Business Committee, are set out below:
  - All aspects of the NHS
  - Social care
  - Mental health services
  - Public health and health protection
  - Health improvement and older people and carers
  - Social services activities of local authorities
  - Regulation of residential, domiciliary, adult placements
  - Aids, adaptations and support at home

- Living independently
  - Care in the community
  - The Older People’s Commissioner for Wales
  - Food safety
  - Research and development in health and social care
  - Prison Service health service
4. Annex A contains a paper produced by the Assembly’s Research Service outlining some of the key legislative developments and policy issues falling within the Health and Social Care Committee’s portfolio. The Legacy Report of the Third Assembly’s Health, Wellbeing and Local Government Committee is also attached for Members’ consideration at Annex B.
5. Members may wish to note that the remit of the Health and Social Care Committee differs to that of the previous Assembly’s Health, Wellbeing and Local Government. The Health and Social Care Committee is primarily responsible for adult health and social care, though it can still consider issues in relation to children and young people where this is appropriate. Under the new Committee structure, child health, social care for children, safeguarding and the Children and Family Court Advisory Support Service (CAFCASS) falls within the remit of the Children and Young People Committee. Local government falls within the broad remit of the Communities, Equality and Local Government Committee. As such, the recommendations contained in the Legacy Report of the previous committee are not all relevant to the new Health and Social Care Committee.

### **The Committee’s forward work programme**

#### *Policy inquiries*

6. The Committee may wish to launch a short policy inquiry before the summer recess in preparation for the autumn term, so that the views of stakeholders can be collected over the summer. Suggestions for possible short term inquiries will be provided at the Committee’s following meeting if Members wish to launch an inquiry before the end of term.

*Legislation*

7. In advance of the First Minister's announcement of the Welsh Government's five year legislative programme (expected on 12 July) the First Minister outlined the government's legislative priorities in a statement to plenary on 14 June.
8. Based on this statement, the Committee is likely to be referred the following pieces of legislation over the next 5 years:
  - a **Social Care Bill** for Wales to consolidate the existing array of social care legislation, based on a thorough review of the legislative and regulatory framework;
  - an **Organ Donation Bill** which will provide for an opt-out system of organ donation.
9. The Welsh Labour Party manifesto for the 2011 Assembly elections also identifies two further areas for legislation on which it plans to consult which may fall within the Committee's remit:
  - legislation to ban smoking in designated areas of hospital grounds, and
  - legislation requiring the involvement and consent of parents for cosmetic piercing procedures on a young person below a certain age.
10. Based on practice in the Third Assembly, there is little advance warning of the date on which Bills are to be introduced by the Welsh Government. Due to the Committee's dual legislative and policy scrutiny role, the Committee will need to be flexible when planning its forward work programme in order to be able to respond effectively to the demands of scrutiny of legislation.

**Action for the Committee**

11. The Committee is invited to:
  - note its provisional responsibilities, in advance of the report of the Business Committee (paragraph 3);
  - discuss whether it wishes to launch an inquiry before the summer recess (paragraph 6); and

- note the need to be flexible in planning its forward work programme in order to be able to respond to the demands of scrutiny of legislation (paragraph 10).

# Health and Social Care Committee

## Committee Remit

### Briefing paper

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#### Introduction

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

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

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

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

**For further information, contact Sarah Hatherley in the Research Service**

**Telephone ext. 8447**

**Email: [Sarah.Hatherley@wales.gov.uk](mailto:Sarah.Hatherley@wales.gov.uk)**



Research  
Service



Committee Reference: HSC(4)-01-11- Paper 2 Annex A

## Committee Remit Overview

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

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

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

Local government falls within the broad remit of the Communities, Equality and Local Government Committee.

## Key Policy areas within the Committee's Remit

### Health policy and services

#### *Health policy in Wales*

In 1999, responsibility for health policy in Wales was devolved to the Welsh Government under the *Government of Wales Act 1998*<sup>1</sup>. According to Schedule 7 of the *Government of Wales Act 2006*<sup>2</sup>:

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

Since devolution Wales' approach with regards to providing NHS services has diverged from that in England; for example in Wales there is less emphasis on private sector treatment, and the internal market no longer operates. Other policy differences such as Wales' free prescriptions have necessitated clarity around entitlement in border areas, and an England: Wales protocol sets out the arrangements for patients receiving treatment across the border. *Designed for Life*<sup>3</sup> sets out the Welsh Government's health strategy.

#### *Structure of the NHS in Wales*

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

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<sup>1</sup> [Government of Wales Act 1998](#), (Chapter 38) [accessed 29 June 2011]

<sup>2</sup> [Government of Wales Act 2006](#), (Chapter 32) [accessed 1 July 2011]

<sup>3</sup> Welsh Government, [Designed for Life – Creating world class Health and Social Care Service for Wales in the 21<sup>st</sup> Century](#), May 2005 [accessed 29 June 2011]



Committee Reference: HSC(4)-01-11- Paper 2 Annex A

### *Health services*

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

- Primary care – family doctors (General Practitioners (GPs)<sup>4</sup>), opticians, dentists, pharmacists, and other healthcare professionals. Other health care staff providing community-based health services include health visitors, midwives, community nurses, physiotherapists, occupational and speech therapists, practice nurses;
- Secondary care – hospitals and ambulance services; and
- Tertiary care – specialised care provided at some of the larger hospitals or through specialist hospitals treating particular types of illness such as cancer. The Welsh Health Specialised Services Committee (WHSSC)<sup>5</sup> was established on 1 April 2010 by the seven LHBs, hosted by Cwm Taf LHB, and is responsible for the joint planning of specialised and tertiary services on behalf of LHBs in Wales.

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

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

### *NHS finance*

The Welsh Government allocates revenue resources each year to LHBs. This funding is intended to cover the day-to-day running costs of the NHS. The Capital Investment Programme, which is used for funding buildings and equipment, is to ensure that Wales, as stated in the *Designed for Life*<sup>6</sup> strategy, has the health facilities in place in order to deliver world class healthcare and social services by 2015.<sup>7</sup>

### *Complaints and accountability*

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

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

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<sup>4</sup> Most GPs are independent contractors who are not directly employed by the NHS.

<sup>5</sup> The Welsh Health Specialised Services Committee is sometimes referred to as the Joint Committee.

<sup>6</sup> Welsh Government, *Designed for Life – Creating world class Health and Social Care Service for Wales in the 21<sup>st</sup> Century*, May 2005 [accessed 29 June 2011]

<sup>7</sup> Welsh Government, Health and Social Care, NHS Wales, *About NHS Wales* [accessed 29 June 2011]

Committee Reference: HSC(4)-01-11- Paper 2 Annex A

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

## The social care system

### *Social care*

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

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

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

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

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

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

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

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

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<sup>8</sup> Welsh Government [Carers Strategy for Wales Action Plan \(2007\)](#) [accessed 1 July 2011]

<sup>9</sup> Welsh Government [Fulfilled Lives, Supportive Communities \(2007\)](#) [accessed 1 July 2011]

<sup>10</sup> Welsh Government [Sustainable Social Services for Wales: A Framework for Action](#) (2011) [accessed 1 July 2011]

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planned for the fourth Assembly, and work on changes to the way in which social care services are paid for is underway.

*Aids and adaptations*

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

*Regulation of social care services*

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

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

## **Mental health services**

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

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

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

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

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<sup>11</sup> Welsh Government [\*Raising the Standard: The Revised Adult Mental Health National Service Framework and an Action Plan for Wales\*](#) (2005) [accessed 4 July 2011]

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

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

## Older people

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

### *The Older People's Commissioner for Wales*

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

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

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<sup>12</sup> Welsh Government [Child and Adolescent Mental Health Services: Everybody's Business](#) (2001) [accessed 1 July 2011]

<sup>13</sup> Welsh Government [Breaking the Barriers: Meeting the Challenges Better Support for Children and Young People with Emotional Well-being and Mental Health Needs -An Action Plan for Wales](#) (2010) [accessed 4 July 2011]

<sup>14</sup> Welsh Government [National Services Framework for Older People in Wales 2006](#) [accessed 4 July 2011]

<sup>15</sup> Welsh Government [The Strategy for Older People in Wales 2003-2008](#) [accessed 4 July 2011], [The Strategy for Older People in Wales 2008-2013](#) [accessed 4 July 2011]

<sup>16</sup> [Commission for Older People \(Wales\) Act 2006](#), (Chapter 30) [accessed 29 June 2011]

<sup>17</sup> [Commission for Older People \(Wales\) Act 2006](#), (Chapter 30) [accessed 29 June 2011]

Committee Reference: HSC(4)-01-11- Paper 2 Annex A

Ruth Marks is the Older People's Commissioner for Wales and Sarah Stone is the Deputy Commissioner.

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

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

The Labour Manifesto 2011 states, that the previous Welsh government invested £190 million in public health in the last term, covering a wide range of programmes targeted at improving health, including sexual health, smoking and substance misuse. It also states that the public health priorities for this Assembly term will be: alcohol, obesity, smoking, teenage pregnancies and drug abuse<sup>18</sup>.

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

A five year strategy for Public Health Wales was launched in October 2010<sup>19</sup>. There are seven strategic objectives stated and eight ways to describe the ways in which Public Health Wales works.

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

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

## Food safety

The Food Standards Agency (FSA) was launched in Wales, as in other countries of the UK, in April 2000 under the terms of the *Food Standards Act 1999*<sup>20</sup> to protect the public's health and consumer interests in relation to food. The FSA is accountable to the National Assembly for Wales as well as the UK Government. The work of the FSA in Wales is overseen by the Welsh Food Advisory Committee.

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<sup>18</sup> [Welsh Labour Manifesto 2011](#)

<sup>19</sup> [Public Health Wales Five Year Strategy](#)

<sup>20</sup> [Food Standards Act 1999](#), (Chapter 28) [accessed 1 July 2011]

**Committee Reference: HSC(4)-01-11- Paper 2 Annex A**

Following the publication of the Pennington Report on the E.coli outbreak in Wales in 2005 the FSA is examining all major causes of food-borne illnesses and has established the Food Hygiene Delivery Programme with the aim of minimising the level of food-borne disease. The programme runs until 2016 and, in addition to implementing the recommendations of the Pennington Report, a review of food hygiene enforcement in Wales is planned to take place in 2014.

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

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

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

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

### **Prison Service health service**

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

**National Assembly for Wales**  
Health, Wellbeing and Local  
Government Committee

Legacy report

March 2011



The National Assembly for Wales is the democratically elected body that represents the interests of Wales and its people, makes laws for Wales and holds the Welsh Government to account.

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Copies of this report can also be obtained in accessible formats including Braille, large print, audio or hard copy from:

Health, Wellbeing and Local Government Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

Tel: 029 2089 8617  
Fax: 029 2089 8021  
email: [health.wellbeing.localgovt.comm@wales.gov.uk](mailto:health.wellbeing.localgovt.comm@wales.gov.uk)

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**National Assembly for Wales**  
Health, Wellbeing and Local  
Government Committee

Legacy report

March 2011



## Committee Membership

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<i>Committee Member</i>	<i>Party</i>	<i>Constituency or Region</i>
Jonathan Morgan (Chair)	Welsh Conservative Party	Cardiff North
Lorraine Barrett	Labour	Cardiff South and Penarth
Veronica German	Welsh Liberal Democrats	South Wales East
Irene James	Labour	Islwyn
Ann Jones	Labour	Vale of Clwyd
Helen Mary Jones	Plaid Cymru	Llanelli
Dai Lloyd	Plaid Cymru	South Wales West
Val Lloyd	Labour	Swansea East
Nick Ramsay	Welsh Conservative Party	Monmouth

## Previous Members of the Committee

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<i>Committee Member</i>	<i>Party</i>	<i>Constituency or Region</i>
Peter Black	Welsh Liberal Democrats	South Wales West
Alun Cairns	Welsh Conservative Party	South Wales West
Andrew R.T. Davies	Welsh Conservative Party	South Wales Central
Darren Millar	Welsh Conservative Party	Clwyd West
Jenny Randerson	Welsh Liberal Democrats	Cardiff Central

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# 1. Introduction

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1. The purpose of this report is to provide a useful starting point for the Health, Wellbeing and Local Government Committee's successor – to show what we have done during the third Assembly, how we have done it and the lessons we have learned.

## **Remit and Responsibilities of the Health, Wellbeing and Local Government Committee**

2. The Health and Social Services Committee is one of the Assembly's four scrutiny committees established under Standing Order No. 12. Its remit covers the areas of health and social services, local government and public service delivery.

## **Work and Achievements**

3. The Committee's aim over the four years of the third Assembly has been to scrutinise the policies of the Welsh Assembly Government and to monitor their implementation to ensure that the people of Wales have access to health and social care where it is needed and to monitor and scrutinise the work of local government.

4. The Committee met 89 times during the third Assembly. It undertook 16 inquiries, 14 of which culminated in published Committee reports.

5. Work undertaken by the HWLG Committee in the third Assembly can be divided into three main categories:

- budget scrutiny
- general scrutiny of Ministers
- committee inquiries

6. As set out in Standing Order No. 12, one of the main functions of scrutiny committees is to examine, within their remit, the expenditure of the Welsh Government. Therefore, each year, the Committee has scrutinised the draft budget for the following year, by inviting the Ministers with responsibilities for the areas of health, social services and local government to give evidence on the allocations to their main expenditure groups and how they will deliver on their commitments with the funding allocated. The Committee has submitted its findings

from these sessions to the Finance Committee, for inclusion in its final report to the Minister with responsibility for the Welsh Assembly Government budget.

7. The Committee has also held once-termly general scrutiny sessions with the Ministers with responsibility for health and local government matters. Briefings and lines of questioning were not generally commissioned for these sessions.

## **2. Committee Inquiries in the Third Assembly**

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### **Introduction**

8. As described in Chapter 1, the Committee undertook 16 inquiries during the third Assembly. This chapter gives an overview of those inquiries and, where appropriate, includes information on follow-up work undertaken by the Committee at the end of the third Assembly.

### **Workforce Planning for the Health Service and Social Care in Wales**

9. In March 2008, the Committee published its [Report on Workforce Planning for the Health Service and Social Care in Wales](#). The inquiry looked at recruitment and retention difficulties for social care staff and the impact of Government policies in those areas. The report made 28 recommendations on areas such as involving Allied Health Professionals and the voluntary sector in the workforce planning system; regional and strategic goals being taken into consideration in workforce planning; and improving the collection of workforce data.

### ***Follow-up March 2011***

10. The Committee undertook follow-up work on this inquiry in March 2011, and took oral evidence from the British Medical Association, the British Dental Association, the College of Occupational Therapists, the Chartered Society of Physiotherapy, the Royal College of Nursing, and the Minister for Health and Social Services. In their evidence to the Committee, the British Medical Association, the College of Occupational Therapists and the Chartered Society of Physiotherapy told the Committee that there was limited engagement by LHB managers in the professional fora that were established as a result of the restructuring of the NHS in Wales and that their engagement is vital, as professional fora can provide valuable advice at the planning stage on the capacity for delivering services within their professions.

11. The British Medical Association and the British Dental Association expressed strong concern about the collection of workforce data, including through the electronic staff record, which could categorise non-medical staff in an inaccurate way, leading to anomalies in the data collected.

12. The BDA expressed concern about the lack of dental nurse training courses, particularly in rural areas, and the fact that, although the 22 LHBs have now merged to form seven, each of the former LHBs still seem to have a dental lead, meaning that the BDA has to deal with, effectively, 22 different organisations. The Committee's report had suggested that financial incentives could be used to encourage students from Wales to train in Wales and to encourage newly qualified doctors to work in areas of shortage in Wales. The BMA reported to Committee that little progress has made in this area and that it would like to see more commitment on the future of the NHS Wales bursary and a scheme to widen access to medical schools. The BMA also suggested that the provision of financial incentives is not the only way to achieve this, but that Wales needs to sell its excellent training courses to prospective students outside Wales.

### ***Recommendation***

***We recommend that a successor committee monitors the issue of workforce planning for the health service and social care.***

### **Assembly Government's Consultation Proposals on the Structure of the National Health Service**

13. In June 2008, the Committee published its [Report on the Assembly Government's Consultation Proposals on the Structure of the National Health Service](#). Although the Committee did not feel it appropriate to make recommendations on the merits or otherwise of specific proposals, it outlined a range of issues that it felt the Minister should consider when deciding on her final proposals.

### **Presumed Consent for Organ Donation**

14. In July 2008, the Committee published its [Report on Presumed Consent for Organ Donation](#), looking at whether presumed consent for organ donation should be introduced in Wales and covering issues such as the possible legal framework for a system of presumed consent, the views of the public and interested parties, and how any system in Wales would work in conjunction with the rest of the UK. The report made recommendations on the implementation in Wales of the UK Organ Donation Task Force recommendations, capacity issues, operational issues, and public awareness raising.



## **Local Service Boards**

15. In December 2008, the Committee published its [Report on Local Service Boards](#). This inquiry looked at the progress of the six Local Service Board (LSB) pilots that were running in Wales at the time and how LSBs might develop in the future. The report made 12 recommendations, including recommendations relating to clarifying the role of LSBs; ensuring continuity; seniority of personnel on LSBs; and the scrutiny role of LSBs.

## **Local Government Overview and Scrutiny Arrangements**

16. In March 2008, the Committee published its [Report on Local Government Overview and Scrutiny Arrangements](#). In 2004, the HWLG Committee's predecessor, the Local Government and Public Services Committee (LGPS) Committee, produced a report on the Operation of the New Political Management Structures in Local Government, which contained recommendations for the Assembly Government and Local Government on strengthening the scrutiny role of non-executive councillors. In this inquiry, the HWLG Committee reviewed the progress made in implementing the recommendations of the 2004 report and assessed what further developments were necessary to improve the quality of scrutiny and overview in local government. The report made recommendations relating to increasing support and powers for scrutiny Committees; collaboration and joint working; the funding of the scrutiny and overview function; the Scrutiny Development Fund; training for members of local government scrutiny committees; the career path of council officers; whipping in scrutiny committees; and the party Balance of Scrutiny Committee Chairs.

### ***Follow-up February 2011***

17. The Committee undertook follow-up work on this inquiry on 3 February 2011. In that meeting, it was noted that the scrutiny performance of local authorities was still 'extremely patchy'. The Minister stated that he hoped to introduce a minimum standard of scrutiny through the implementation of the Local Government Measure.

18. The lack of transparency with regard to the outcome of local government scrutiny work was also noted in that meeting, in that there is no statutory requirement on the executive of a local government to respond to the reports of scrutiny committees.

19. It was also noted that there was a lack of evidence of work being undertaken to develop the concept of a 'School for Scrutiny', including investigating how the use of academically accredited courses might play a part in developing scrutiny skills. The Minister committed to look again to see whether there was an opportunity to strengthen the accreditation process. Subsequent to the meeting, the Minister made the Committee aware that the WGLA has approached the University of Glamorgan with a view to the university providing a course for councillors from January 2013.

***Recommendation***

***We recommend that a future committee monitors developments in local government overview and scrutiny arrangements.***

**Equal Pay Arrangements in Local Government**

20. In January 2009, the Committee wrote to the former Minister for Social Justice and Local Government, Brian Gibbons, with the findings and recommendations of its [Inquiry into Equal Pay Arrangements in Local Government](#). The Committee made four recommendations relating to establishing the amount of money each authority had spent on implementing equal pay systems; setting a date beyond which Assembly Government funding would no longer be available to local authorities that had not concluded equal pay agreements; that authorities that identify themselves as having no liability for back pay and no need to change pay systems should no longer receive additional funding from the Assembly Government; and that an urgent meeting be convened of all parties involved in the aim of refocusing attention on equal pay arrangements in local government in Wales.

***Follow-up February-March 2011***

21. The Committee undertook some follow-up work on this inquiry in February and March 2011, taking oral evidence from Unison, the Welsh Local Government Association and the Minister for Social Justice and Local Government.

22. The Committee heard that over half of Wales' local authorities have not yet completed the implementation of single status arrangements, and that this could take several more years. The Committee also heard that the fact that these arrangements are not yet in place in many local authorities could cause serious problems for

the Government's proposals to look at shared services throughout Wales' local authorities in the future.

***Recommendation***

***We recommend that a future committee monitors the implementation of single status arrangements.***

**Community Mental Health Services**

23. In September 2009, the Committee published its [Report on Community Mental Health Services](#). This inquiry looked at the provision of community-based mental health services in Wales for people aged 16-60 years, with a specific focus on the capacity and geographical availability of services; the provision of services for young people over 16 years in transition from children's to adult services; the impact of the effectiveness of community-based services on hospital admissions and delayed transfers of care; the effective co-ordination of health and social care elements of community mental health services; equality issues relating to community mental health services, including those for BME groups. The report made recommendations on establishing a mental health service specifically for young people aged 17-25 that would facilitate transition to adult services at a time that is appropriate for each young person; addressing the weaknesses and variability in community mental health services; improving levels of mental health knowledge and skills amongst staff working in primary care; and increasing the number of mental health nurses and clarifying the role and expectations of mental health services in primary care; ensuring that the rural health plan addresses access to community mental health services by people living in rural areas of Wales.

**CAFCASS Cymru**

24. Also in September 2009, the Committee published its [Report on CAFCASS Cymru](#), which examined the work of CAFCASS Cymru and reviewed the arrangements for the delivery of CAFCASS services for children and young people in Wales since it was devolved to the Welsh Assembly Government in April 2005. The report made recommendations on advocacy services for children; CAFCASS ensuring a consistent and appropriate approach when making contact with children, family members and other agencies; ensuring a child-centred service; ensuring that CAFCASS Cymru is represented on all

local safeguarding children's boards; and funding for child contact centres.

### ***Follow-up March 2011***

25. The Committee undertook some follow-up work on this inquiry in March 2011, taking oral evidence from CAFCASS, the NSPCC and the Deputy Minister for Social Services.

26. CAFCASS told the Committee that work on the following recommendations is still at an early stage, nearly two years on:

We recommend that CAFCASS offers Child Contact Centres in Wales that they already fund, immediate three year funding arrangements at the level of their current funding.

[Recommendation 15]

We recommend that CAFCASS and the Welsh Ministers draw up a funding strategy for all Child Contact Centres in Wales, including those not currently funded, based on the principles outlined in this report. [Recommendation 16]

The Committee was told that CAFCASS were looking at a six to nine month window for completing this work. The Committee's successor may therefore wish to monitor progress on the implementation of these recommendations.

### ***Recommendation***

***A future committee may wish to monitor progress on the implementation of the recommendations made in the Report on CAFCASS Cymru and keep the situation under review.***

### **Use and Regulation of Sunbeds in Wales**

27. In November 2009, the Committee published its [Report on the Use and Regulation of Sunbeds in Wales](#), following issues having been raised about the potential health risks associated with the use of sunbeds and especially the use of unsupervised tanning salons by children. The report made recommendations on setting the minimum age for use of a sunbed at 18 and ensuring full-time supervision of sunbed premises by trained staff.

## **Stroke Services in Wales**

28. In April 2010, the Committee published its [Report on Stroke Services in Wales](#). This inquiry was undertaken as a result of criticism of stroke services in Wales, in particular in the National Sentinel Stroke Audit series of reports published by the Royal College of Physicians, which raised serious concerns about the quality of services. The report made recommendations on increasing the number of specialist stroke units; establishing a national stroke register; and establishing an all-Wales stroke strategy.

## **Wheelchair Services in Wales**

29. In May 2010, the Committee published its [Report on Wheelchair Services in Wales](#). This inquiry was undertaken as a result of criticism of the effectiveness of these services to meet service users' needs. Waiting times for assessment and provision had been of particular concern. The report made recommendations on the structure, strategic direction and operation of the service provided by the NHS; joint working, for example with the voluntary sector and charities; and meeting the wider needs of wheelchair services users.

## **Neonatal Care in Wales**

30. In July 2010, the Committee published its [Report on Neonatal Care in Wales](#). This inquiry looked at the progress in delivering the All-Wales Neonatal Standards and the implementation of the recommendations of the expert group on Neonatal Services. The report made recommendations on funding of neonatal care, staffing in neonatal care units and occupancy levels; neonatal transport services, and the implementation of the All-Wales Neonatal Standards of the expert group established by the Minister.

## **Local Safeguarding Children Boards in Wales**

31. In November 2010, the Committee published its [Report on Local Safeguarding Children Boards in Wales](#). This inquiry examined whether LSCBs were performing effectively and consistently across Wales in strengthening arrangements for protecting and promoting the welfare of children. The report made recommendations on addressing the over-reliance on Social Services Departments; awareness-raising of the role of LSCBs amongst frontline staff; and consulting on a national funding formula for LSCBs.

## **Post-traumatic Stress Disorder Treatment for Services Veterans**

32. In February 2011, the Committee published its [Report on Post-traumatic Stress Disorder Treatment for Services Veterans](#). This inquiry considered the adequacy and suitability of services in Wales, including, among other things, arrangements for raising awareness of PTSD and for signposting treatment and support services; the identification of veterans suffering from PTSD and the collection of data on the prevalence of the condition; the adequacy and suitability of treatment and support services including alcohol and drug misuse treatment services. The report made recommendations on improving data collection on the incidence of PTSD; raising awareness of PTSD among veterans and their families; and improving access to substance misuse services for veterans with PTSD; and the transfer of medical history from the armed services to GP practices.

## **Orthodontic Services in Wales**

33. Also in February 2011, the Committee published its [Report on Orthodontic Services in Wales](#). Among other things, this inquiry looked at the impact of the new dental contract on the provision of orthodontic care; the effectiveness of orthodontic treatment across the various providers; and arrangements for monitoring standards of delivery and outcomes of care within the NHS and the independent sector. The report made recommendations on introducing a standardised UOA rate; the funding of a waiting list initiative to clear the backlog of patients waiting for orthodontic treatment; and addressing the issue of inappropriate referrals.

## **NHS Reviews**

34. The Committee also undertook an [inquiry into the way in which NHS reviews are undertaken and Government guidance on engagement and consultation on changes to health services](#). The Committee wrote to the Minister for Health and Social Services outlining issues that it felt Local Health Boards should take into consideration when undertaking reviews, consultation and engagement in March 2011.

## **Additional Work: E.coli Outbreak and the Pennington Recommendations**

35. The Committee also undertook [work to look at the Government's implementation of the recommendations of the Pennington Report on the E.coli Outbreak in Wales in 2005](#). The Committee invited the First

Minister to give evidence on this subject on 8 July 2010. The First Minister issued a statement on 19 October 2010 outlining progress made. He reported that Professor Pennington had expressed his belief that good progress was being made and the local authorities that had been criticised in his report had “turned themselves around”. In his statement, the First Minister also reported that the FSA’s Food Hygiene Delivery Programme was consulting on guidance principles for food businesses handling raw and ready-to-eat foods; that the FSA’s Social Science Research Unit had commissioned a review of evidence to investigate the culture and behaviours in businesses and enforcement bodies to understand “what works” in securing regulatory compliance, particularly in relation to food safety; and that he had commissioned the FSA to examine the means by which food safety is managed in Wales and make an assessment on the appropriate skills and resources required to do so effectively.

36. The Committee expressed concern at the difference between the figure of £200,000 earmarked by the Government to implement the Pennington recommendations and the figure of £2.75 million suggested by Professor Pennington. The successor committee may wish to consider the amount of funding allocated to implement these recommendations.

***Recommendation***

***A successor committee may wish to monitor the FSA’s work in this area as well as the Welsh Government’s progress in implementing the recommendations addresses directly at them.***

### **3. Future Work**

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37. The committee(s) of the fourth Assembly may wish to monitor progress on the implementation of recommendations made by the Committee in its inquiries throughout the third Assembly.

38. As described in Chapter 2, the Committee has identified a number of areas that a successor committee may wish to consider. These include workforce planning in the health service and in social care; local government overview and scrutiny arrangements; equal pay arrangements in local government; CAF/CASS Cymru; and the Food Standards Agency's work on food safety.

39. A number of Assembly Measures in the fields of health, wellbeing and local government have been agreed by the National Assembly during the course of the third Assembly, including the NHS Redress Measure, and the committee(s) may wish to monitor the impact and effectiveness of legislation in the areas of health, wellbeing and local government.

40. We feel that the successor committee(s) should consider implementing a system of ongoing engagement with the public, including a standing invitation to the public to suggest subjects for committee inquiries. In addition, we feel the committee's forward work programme should be published, to allow stakeholders to feed into it.

#### **Suggestions from Stakeholders and the Public**

In February 2011, the Committee wrote to stakeholders asking which areas they would like to see the Committee's successor address in the fourth Assembly. A call for suggestions was also published on the Committee's website. A list of responses is attached at Annex A.



## Annex A - Consultation Responses

The following people and organisations responded to the Health, Wellbeing and Local Government Committee's call for areas for the Committee's successor to consider in the fourth Assembly. All consultation responses can be viewed in full at:

[http://www.assemblywales.org/bus-home/bus-committees/bus-committees-scrutiny-committees/bus-committees-third-hwlg-home/hwlg-legacy\\_page.htm](http://www.assemblywales.org/bus-home/bus-committees/bus-committees-scrutiny-committees/bus-committees-third-hwlg-home/hwlg-legacy_page.htm)

<b>Name</b>	<b>Reference</b>
Abergavenny and Crickhowell Friends of the Earth	HWLG(3)-LEGACY001
Age Cymru	HWLG(3)-LEGACY002
Antur Ystradgynlais	HWLG(3)-LEGACY003
Association for the Welfare of Children in Hospital	HWLG(3)-LEGACY004
BASW – The College of Social Work	HWLG(3)-LEGACY005
British Diabetic Association	HWLG(3)-LEGACY006
British Lung Foundation Wales	HWLG(3)-LEGACY007
Care Council for Wales	HWLG(3)-LEGACY008
Children's Commissioner for Wales	HWLG(3)-LEGACY009
College of Occupational Therapists	HWLG(3)-LEGACY010
Flintshire Community Learning Disabilities Team	HWLG(3)-LEGACY011
Gofal	HWLG(3)-LEGACY012
Andrew Johnson	HWLG(3)-LEGACY013
MacMillan Cancer Support	HWLG(3)-LEGACY014
Neil McKenzie	HWLG(3)-LEGACY015
National Energy Action Cymru	HWLG(3)-LEGACY016
Pathways	HWLG(3)-LEGACY017
Platform 51	HWLG(3)-LEGACY018
Play Wales	HWLG(3)-LEGACY019
Police Authorities of Wales	HWLG(3)-LEGACY020
Susan Riggs	HWLG(3)-LEGACY021
Royal Pharmaceutical Society	HWLG(3)-LEGACY022

Seren	HWLG(3)-LEGACY023
Stonewall Cymru	HWLG(3)-LEGACY024
Jayne Sullivan	HWLG(3)-LEGACY025
Rhiannon Walding	HWLG(3)-LEGACY026
Wales Cancer Alliance	HWLG(3)-LEGACY027
Weight Watchers	HWLG(3)-LEGACY028
Welsh Senate of Older People	HWLG(3)-LEGACY029
Vivienne Williams	HWLG(3)-LEGACY030
Ynys Môn Council	HWLG(3)-LEGACY031