

Health and Social Care Committee

Meeting Venue:
Committee Room 3 – Senedd

Meeting date:
2 February 2012

Meeting time:
09:30

Cynulliad
Cenedlaethol
Cymru

National
Assembly for
Wales



For further information please contact:

Llinos Dafydd
Committee Clerk
029 2089 8403
HSCCommittee@wales.gov.uk

Agenda

1. Introductions, apologies and substitutions

2. Draft Food Hygiene Rating (Wales) Bill – Technical Briefing from Welsh Government officials (09.30 – 10.15) (Page 1)

HSC(4)-04-12 paper 1

David Worthington, Senior Responsible Officer for the Bill
Chris Brereton, Deputy Chief Environmental Health Adviser
Rob Wilkins, Foods Standards Agency
Chris Humphreys, Lawyer

Break 10.15 – 10.25

3. Inquiry into Residential Care for Older People – Discussion on public engagement work (10.25 – 10.55) (Pages 2 – 7)

HSC(4)-04-12 paper 2

4. Forward Work Programme – Discussion on 'one-off' evidence sessions (10.55 – 11.15) (Pages 8 – 14)

HSC(4)-04-12 paper 3

5. Papers to note (Pages 15 – 16)

Minutes of the meeting held on 19 January
HSC(4)-02-12 minutes

Letter from the Chair of the Petitions Committee – P-04-318 Cross-border Maternity Services (Pages 17 – 18)
HSC(4)-04-12 paper 4

6. Motion under Standing Order 17.42(ix) to resolve to exclude the public from the meeting for item 7 and on 8 February (11.15)

7. Inquiry into the contribution of community pharmacy to health services in Wales – Consideration of key issues (11.15 – 11.45)

Health and Social Care Committee

HSC(4)-04-12 paper 1

Draft Food Hygiene Rating (Wales) Bill

Please find attached links to the Draft Food Hygiene Rating (Wales) Bill and related documents.

Consultation document

<http://wales.gov.uk/docs/phhs/consultation/111214consultationen.pdf>

Draft Regulatory Impact Assessment

<http://wales.gov.uk/docs/phhs/consultation/111214impacten.pdf>

Draft Bill

<http://wales.gov.uk/docs/phhs/consultation/111214billen.pdf>

Agenda Item 3

Health and Social Care Committee

HSC(4)-04-12 paper 2

Inquiry into residential care for older people: external engagement

To: Health and Social Care Committee

From: Committee Service

Meeting date: 2 February 2012

Background

1. The National Assembly for Wales's Health and Social Care Committee will undertake an inquiry into residential care for older people in Wales between February and July 2012. The inquiry's terms of reference are attached at Annex A.
2. To ensure that the Committee hears the views of current and prospective service users on the provision of residential care for older people, the Committee has indicated a desire to engage as widely as possible.

Purpose

3. Although traditional means of gathering written and oral evidence are very helpful when undertaking Committee inquiries, Committees often struggle to reach those who are not necessarily engaged in discussions about the development of services but have first-hand experience of them.
4. The purpose of the external engagement activity proposed in this paper is to ensure that the views and experiences of current or possible future users of residential care – including family members and those caring professionally or voluntarily for older people – form part of the Committee's consideration of this subject.
5. An organisation with the capacity and expertise to help facilitate further engagement with key sectors within the residential care field is being sought to deliver the role specified in this paper.

Methods of engagement

6. In order to hear a wide range of views of current and prospective services users, it is proposed that an appointed facilitator assists the Committee in the following actions:
 - (i) the establishment and facilitation of an external reference group; and
 - (ii) the facilitation of other engagement work.

(i) The establishment and facilitation of an external reference group

Role and make-up of the group

7. The role of the external reference group will be to provide a view to the Committee on the formal evidence being provided as part of the inquiry, reflecting the diverse experience and perspectives of the reference group's members.
8. It is envisaged that this work will include shadowing the Committee's inquiry by:
 - receiving, considering and discussing the oral evidence received by the Committee at regular intervals (working about a month behind the Committee);
 - feeding the group's views on the key issues raised during the course of the inquiry to the Committee, including the extent to which members of the group feel that:
 - i. the information being provided reflects their own personal experiences;
 - ii. policy is developing in a direction with which they would agree;
 - meeting with the Committee periodically to discuss the inquiry's emerging themes;
 - providing the Committee with any lines of questioning the group believe should be pursued with witnesses during the course of the inquiry;
 - acting as a sounding board to test the Committee's findings and recommendations.

9. The Committee is seeking a group comprising 5 – 10 members of the public. Members of the reference group will represent, **as far as is reasonably practicable**, the residential care journey, including:
 - individuals – or family of those individuals – yet to enter residential care, but who are at, or near, considering the possibility of doing so;
 - family of those in residential care or facing the prospect of residential care;
 - those caring in a voluntary or professional capacity.
10. Due to issues of accessibility, it is acknowledged that the reference group may not include residents themselves but will predominately comprise: carers; family members; and those starting the journey into residential care. It is envisaged that the other engagement tools listed later in this paper could be used to ensure that the Committee reaches those residents who may wish to share their experiences with Members.
11. Members of the group should also, **as far as is reasonably practicable**, represent the diversity of need amongst older people who use – or face the prospect of entering – residential care, including their cultural, linguistic, geographical, physical and mental health needs.

Role of the facilitator

12. The facilitator will be expected to establish a reference group in accordance with the requirements listed in paragraphs 7 – 11 of this paper. The group will be expected to meet regularly, for the duration of the inquiry.
13. The facilitator would be expected to support to the reference group by:
 - ensuring that all prospective group members are clear about the group's role within the Committee's inquiry and the time commitment involved;
 - ensuring that the group receives accessible, clear and regular information about the evidence received by the Committee;
 - arranging opportunities for the group to discuss their views (by whichever means deemed most suitable for participants) on the information received during the inquiry;

- facilitating the group's discussions (without getting involved in any discussion that ensues) by working with the Committee's secretariat to identify key questions and themes for the group to consider;
- taking responsibility for communicating the group's views and conclusions, and any lines of questioning they would like the Committee to pursue, back to the Committee via regular written feedback;
- arranging periodical meetings with the Committee at relevant points (by the most practicable means for the group) to discuss the inquiry's emerging themes;
- facilitating a discussion with the group to discuss and assess the Committee's findings and recommendations;
- ensuring that the group are informed of the outcomes of the inquiry and how their input has been used; and
- evaluating the work undertaken by the Committee in relation to the reference group, particularly from the group's perspective.

(ii) Other engagement work

14. In order to ensure a broad spectrum of engagement, it is proposed that the Committee undertakes the following additional activity:

- a number of one-to-one visits with individuals in residential care;
- visits by committee members to local groups of people;
- informal visits to nursing homes across the spectrum of provision.

15. The appointed facilitator would be expected to support the Committee's delivery of the activities listed above, in cooperation with Assembly staff, by:

- Arranging a number of one-to-one visits with residents in care homes across Wales. In arranging these visits, it is envisaged the facilitators would do some preparatory work with the residents in order to make sure they are aware of the information required by Members;

- Working with Assembly staff to identify a number of local groups to meet informally with the Committee.

Timing

16. The inquiry into residential care for older people in Wales is scheduled to take place between February and July 2012.
17. It is hoped that the external engagement activity can be on-going throughout the inquiry with scheduled Committee time being allocated to hold visits and meetings.
18. The reference group would be established during February/March 2012 for the duration of the inquiry with their first meeting taking place approximately a month after the Committee starts taking evidence.
19. As the reference group will be expected to parallel the Committee's inquiry, it is envisaged that the group will meet periodically (three or four times during the inquiry) to discuss their views. The group may also be asked to meet on one or two occasions with the Committee.
20. Group members may be expected, where reasonably practicable, to travel.

Proposals for facilitators

21. The Chair and Committee Secretariat have conducted initial discussions with potential organisations regarding the facilitating role. Through these discussions it has been proposed that a collaborative approach between Age Cymru and Crossroads Care is adopted, which would enable all / the majority of the specification to be delivered.
22. The appointment of a facilitator would be made in accordance with Standing Order 17.55 which provides for the appointment of expert advisers to Committees, subject to the Committee's agreement.

Action

23. The Committee is invited to consider and agree:
 - i. the proposed engagement activity outlined in this paper (paragraphs 7 - 15); and
 - ii. the appointment of Age Cymru and Crossroads Care to work collaboratively to facilitate this work (paragraphs 21-22).

ANNEX A – Terms of reference

The inquiry will examine the provision of residential care in Wales and the ways in which it can meet the current and future needs of older people, including:

- the process by which older people enter residential care and the availability and accessibility of alternative community-based services, including reablement services and domiciliary care.
- the capacity of the residential care sector to meet the demand for services from older people in terms of staffing resources, including the skills mix of staff and their access to training, and the number of places and facilities, and resource levels.
- the quality of residential care services and the experiences of service users and their families; the effectiveness of services at meeting the diversity of need amongst older people; and the management of care home closures.
- the effectiveness of the regulation and inspection arrangements for residential care, including the scope for increased scrutiny of service providers' financial viability.
- new and emerging models of care provision.
- the balance of public and independent sector provision, and alternative funding, management, and ownership models, such as those offered by the cooperative, mutual sector and third sector, and Registered Social Landlords.

Agenda Item 4

Health and Social Care Committee

HSC(4)-04-12 paper 3

Forward work programme - Discussion on 'one-off' evidence sessions

To: Health and Social Care Committee

From: Committee Service

Meeting date: 2 February 2012

Background

1. At its meeting on 19 January 2012, the Health and Social Care Committee agreed, in principle, to arrange a series of 'one-off' evidence sessions during the spring and summer terms.
2. The purpose of these 'one-off' sessions is to allow the Committee to consider subjects other than residential care for older people, which is the Committee's main inquiry for February to July 2012.

Topics for consideration

3. The Research Service has provided a paper outlining possible options for future 'one-off' sessions. This is attached at Annex A to this paper.
4. Members may wish to suggest other topics in addition to those identified by Annex A.
5. Given the schedule of oral evidence for the Committee's inquiry into residential care for older people and the need to retain flexibility in the Committee's programme to consider legislation, it is advised that Members select no more than 4 topics for further consideration.

Action

6. The Committee is invited to consider and agree topics for 'one-off' evidence sessions for the spring and summer terms.

Committee Reference: HSC(4)-04-12

Annex A

Health and Social Care Committee

Forward work programme

Date of session:

2 February 2012

Introduction

The purpose of this paper is to provide relevant information in support of the Health and Social Care Committee Members' decisions in scoping future short inquiries.

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
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Email: victoria.paris@wales.gov.uk**



**Research
Service**

Committee Reference: HSC(4)-04-12

Committee Remit

The Health and Social Care Committee's role is to consider expenditure, administration, policy and legislative matters within its remit. The main areas of ministerial responsibility falling within the Committee's remit are listed below.

National Health Service	Independent living
Social care	Care in the community
Mental health services	The Older People's Commissioner for Wales
Public health and health protection	Food safety
Health improvement	Prison Service health service
Carers	Regulation of residential, domiciliary, adult placements
Social services activities of local authorities	Research and development in health and social care
Aids, adaptations and support at home	Relevant EU policy matters

So far this term, the Committee has undertaken the following pieces of work:

Inquiries

Inquiry focused on the provision of **stroke risk reduction services** and the effectiveness of Welsh Government policies in addressing any weaknesses in these services – completed December 2011

One-off evidence session on the public health implications of inadequate **public toilet facilities** - ongoing

Inquiry into the effectiveness of the Community Pharmacy contract in enhancing the contribution of **community pharmacy** to health and wellbeing services - ongoing

Inquiry the provision of **residential care in Wales** and the ways in which it can meet the current and future needs of older people - ongoing



Committee Reference: HSC(4)-04-12

Legislation

Members will be aware of the following legislative developments:

The ***Food Hygiene Rating (Wales) Bill***: the draft Bill and consultation paper were published by the Welsh Government on 14 December 2011. The consultation period ends on 7 March 2012.

The ***Organ Donation (Wales) Bill***: the White paper was published by the Welsh Government on 8 November 2011. The consultation period ends on 31 January 2012.

The ***Social Services (Wales) Bill***: a public consultation will be launched in March 2012, with a view to introducing the Bill into the National Assembly for Wales in October 2012. Regulations and a Code of Practice for Social Services will be developed once the Bill has received Royal Assent.

The ***Public Health (Wales) Bill***: a consultation is due to be published in 2012.

Committee Reference: HSC(4)-04-12

Potential inquiries: any of the following subjects could provide a timely inquiry for the Committee.

Title	Subject
<p>Health inequalities</p>	<p>In March 2011 the Equality and Human Rights Commission published the report <i>How fair is Wales?</i> which called for a reduction in health inequalities between socio-economic groups, especially those affecting older and younger men. The <i>Programme for Government 2011-2016</i> states the Welsh Government will implement the actions contained within its technical working paper <i>Fairer Health Outcomes for All</i> in order to prevent poor health and reduce health inequalities.</p> <p>The Committee may wish to consider the progress being made on implementing the actions contained within the health strategic action plans and how this is reducing health inequalities between socio-economic groups in Wales.</p>
<p>Wheelchair waiting times in Wales</p>	<p>In May 2010 the former Health, Wellbeing and Local Government Committee published a <i>Report on Wheelchair Services in Wales</i>. The inquiry was undertaken as a result of criticism of the effectiveness of these services to meet service users' needs, with waiting times for assessment and provision of particular concern. The Welsh Government's <i>All Wales Posture and Mobility Review - Phase 2</i> was published in October 2010 and following this an additional £2.2m of recurrent funding was allocated in the draft budget to help implement the Review's findings and recommendations, and in particular to ensure waiting times standards contained within the Children and Young People's National Service Framework are delivered by March 2012.¹ In March 2011 the All Wales Posture and Mobility Service Partnership Board, as an Advisory Group to the Welsh Health Specialised Services Committee (WHSSC), was established to implement the Review's recommendations.</p> <p>The Committee may wish to review the progress being made on implementing the recommendations contained within the former Health, Wellbeing and Local Government Committee report in relation to wheelchair waiting times, recommendations contained within the <i>All Wales Posture and Mobility Review - Phase 2</i> report, and progress being made on delivering the waiting times standard by March 2012.</p>

¹ Welsh Health Specialised Services Committee, Joint Committee, *[All Wales Posture and Mobility Service, Agenda Item 15](#)*, 29 November 2011 [accessed 23 January 2012]

Committee Reference: HSC(4)-04-12

<p>Co-responder</p>	<p>Concerns have been raised that co-responders are not being utilised effectively.</p> <p>The Committee may wish to investigate the use of co-responder services across Wales; the type of call-outs currently being dealt with by co-responders; clinical efficacy; potential cost savings; and response target times.</p>
<p>Venous Thrombo-embolism prevention</p>	<p>Pulmonary embolism following deep vein thrombosis in hospitalised patients causes between 25,000 and 32,000 deaths in the UK every year.² In February 2005 the House of Commons Health Committee published a report on <i><u>The Prevention of Venous Thromboembolism in Hospitalised Patients</u></i>. In January 2010 the National Institute for Health and Clinical Excellence (NICE) published clinical guidelines on <i><u>CG92 - Reducing the risk of venous thromboembolism (deep vein thrombosis and pulmonary embolism) in patients admitted to hospital</u></i>. The guidance offers best practice advice on reducing the risk of venous thromboembolism (VTE) in patients admitted to hospital.</p> <p>The Committee may wish to explore the implementation of the NICE guidance across Wales and the work of 1000 Lives Plus in preventing VTE.</p>
<p>Reduced fetal movements</p>	<p>In March 2008 NICE published clinical guidance on <i><u>Antenatal care: routine care for the healthy pregnant woman</u></i>. In February 2011 the Royal College of Obstetricians and Gynaecologists (RCOG) published new advice for clinicians on the management of women with <i><u>Reduced Fetal Movements</u></i> (RFM) during pregnancy, providing recommendations as to how women presenting RFM in both the community and hospital settings should be managed.</p> <p>The Committee may wish to investigate the implementation of the NICE and RCOG guidance across Wales and the services pregnant women are receiving with regard to RFM in both the community and hospital settings.</p>
<p>Post-Traumatic Stress Disorder (PTSD)</p>	<p>In February 2011 the former Health, Wellbeing and Local Government Committee published its <i><u>Report on Post-Traumatic Stress Disorder Treatment for Services Veterans</u></i>. In 2010 the Welsh Government had begun to roll out a specialist mental health and wellbeing service for veterans following a pilot scheme in Cardiff and the Vale. The report made recommendations on improving data collection on the incidence of PTSD; raising awareness of PTSD among veterans and their families; improving access to substance misuse services for veterans with PTSD; and the</p>

² House of Commons, Health Committee, HC99, [*The Prevention of Venous Thromboembolism in Hospitalised Patients*](#), February 2005 [accessed 23 January 2012]

Committee Reference: HSC(4)-04-12

	<p>transfer of medical history from the armed services to GP practices. Healthcare Inspectorate Wales (HIW) is conducting a review of the adequacy, availability and accessibility of NHS provision for Armed Forces personnel, their families and veterans in Wales. The Review started on Friday 9 December 2011 and will run until 20 February 2012. A report of the findings will be made to Welsh Ministers in April 2012. The Welsh Affairs Committee (WAC) has announced they are undertaking an inquiry into the Support for Armed Forces Veterans in Wales, which will examine cross-border co-ordination as it affects veterans, and the level of co-ordination between the Ministry of Defence, the Wales Office and the Welsh Government. The deadline for written evidence submissions was 18 November 2011 and it is likely the oral evidence gathering sessions will begin in February 2012.</p> <p>The Committee may wish to examine the progress being made on implementing the recommendations contained within the former Health, Wellbeing and Local Government Committee report on PTSD and, once completed, the reports and recommendations made by HIW and WAC in relation to PTSD.</p>
<p>Orthopaedic waiting times</p>	<p>In December 2010, the then Minister for Health and Social Services, Edwina Hart AM, issued a statement on waiting times in relation to orthopaedic services. The Minister stated that work would commence on developing plans to increase orthopaedic capacity, and in March 2011 the Welsh Government announced the investment of an additional £65 million over the next three years to drive down waiting times for orthopaedic services in Wales. In July 2011 the Minister for Health and Social Services, Lesley Griffiths AM, stated the additional funding is being used to develop sustainable solutions to increase capacity and reduce demand for orthopaedic services and that, by March 2012, no-one should be waiting longer than 36 weeks. Plans are in place to increase capacity, including the building of two modular theatres in North Wales, employing additional consultants. Across South Wales, LHBs are exploring innovative ways to reduce demand across the Region.</p> <p>The Committee may wish to review LHBs' achievement of the waiting time targets; the utilisation of the additional funding provided by the Welsh Government; and the effectiveness of the plans for increasing capacity and reducing demand.</p>

Health and Social Care Committee

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

Meeting date: **Thursday, 19 January 2012**

Meeting time: **09:30 – 11:45**

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This meeting can be viewed on Senedd TV at:

http://www.senedd.tv/archiveplayer.jsf?v=en_200000_19_01_2012&t=0&l=en

Concise Minutes:

Assembly Members:

Mark Drakeford (Chair)
Mick Antoniw
Rebecca Evans
Vaughan Gething
William Graham
Elin Jones
Lynne Neagle
Lindsay Whittle
Kirsty Williams

Witnesses:

Mike Bone, British Toilet Association
Chris Brereton, Welsh Government
Graeme Francis, Age Cymru
Dr Sara Hayes, Welsh Government
Louise Hughes, lead petitioner, P-03-292 Public Toilet Provision
Gillian Kemp, Irritable Bowel Syndrome Network
Karen Logan, Aneurin Bevan Health
John Vincent, Welsh Senate for Older People

Committee Staff:

Catherine Hunt (Clerk)
Mike Lewis (Deputy Clerk)
Philippa Watkins (Researcher)

1. Introductions, apologies and substitutions

1.1 The Committee received apologies from Darren Millar AM. There were no substitutions.

2. Public health implications of inadequate public toilet facilities – oral evidence

2.1 The witnesses responded to questions from members of the Committee on the public health implications of inadequate public toilet facilities.

3. Public health implications of inadequate public toilet facilities – oral evidence

3.1 The witnesses responded to questions from members of the Committee on the public health implications of inadequate public toilet facilities.

4. Public health implications of inadequate public toilet facilities – oral evidence

4.1 The witnesses responded to questions from members of the Committee on the public health implications of inadequate public toilet facilities.

4.2 The Committee agreed to seek information on the current number of public toilets in Wales compared to 10 years ago.

4.3 The Committee agreed to write to the Communities, Equalities and Local Government Committee with a summary of the evidence it had heard on the public health implications of inadequate public toilet facilities, to suggest that it may wish to give consideration to the provision aspect of facilities.

4.4 The Committee agreed to undertake further one day evidence sessions on appropriate issues.

5. Papers to note

5.1 The Committee noted the letter on Neonatal Services from the Chair of the Children and Young People Committee.

5.2 The Committee agreed to seek further information from Welsh Government officials on the different groups it had consulted on the Organ Donation White Paper.

TRANSCRIPT

View the [meeting transcript](#).

**Y Pwyllgor Deisebau
Petitions Committee**

Cynulliad
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Our ref: P-04-318

12 January 2012

Deaf Mark

Petition: Cross-border Maternity Services

The Petitions Committee considered the following petition at its meeting of 10 January:

'We, the undersigned, note the proposal to move the consultant-led maternity unit, neonatal intensive care unit and child inpatient unit from the Royal Shrewsbury Hospital (RSH) to the Princess Royal Hospital (PRH) at Telford.

We believe this would cause a great deal of hardship and stress for patients and their families travelling from Montgomeryshire. It would add an extra twenty minutes onto a journey which is already fifty minutes at best and ambulance response times will inevitably be significantly increased.

It is vital that these proposals are not considered in isolation to proposals in Wales and that the Welsh Government adopts a strategic approach to cross border health issues, to ensure that the needs of patients from Mid Wales are fully represented in any proposals at catchment hospitals.

We therefore call on the National Assembly to urge the Welsh Government to fully engage in the 'Keeping it in the County' consultation process, to ensure that patients from Mid Wales are not disadvantaged by any changes.'

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The Minister has informed the Committee that Powys Teaching Health Board is reviewing its maternity services and developing a local delivery plan in light of Shrewsbury and Telford Hospital NHS Trust's decision to move services from the Royal Shrewsbury Hospital to the Princess Royal Hospital at Telford.

The Committee agreed to write to ask whether the Health and Social Care Committee would consider keeping this issue under review.

Thank you for your consideration of this petition. I look forward to your response.

Yours sincerely,

A handwritten signature in blue ink that reads "William".

William Powell AM
Chair, Petitions Committee