



Cynulliad Cenedlaethol Cymru The National Assembly for Wales

Y Pwyllgor Iechyd a Gofal Cymdeithasol The Health and Social Care Committee

**Dydd Iau, 13 Gorffennaf 2011
Thursday, 13 July 2011**

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Services

Cofnodir y trafodion hyn yn yr iaith y llefarwyd hwy ynddi yn y pwyllgor. Yn ogystal, cynhwysir cyfieithiad Saesneg o gyfraniadau yn y Gymraeg.

These proceedings are reported in the language in which they were spoken in the committee. In addition, an English translation of Welsh speeches is included.

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Mick Antoniwi	Llafur Labour
Mark Drakeford	Llafur (Cadeirydd y Pwyllgor) Labour (Committee Chair)
Rebecca Evans	Llafur Labour
Janet Finch-Saunders	Ceidwadwyr Cymreig Welsh Conservatives
Vaughan Gething	Llafur Labour
Elin Jones	Plaid Cymru The Party of Wales
Darren Millar	Ceidwadwyr Cymreig Welsh Conservatives
Lynne Neagle	Llafur Labour
Lindsay Whittle	Plaid Cymru The Party of Wales
Kirsty Williams	Democratiaid Rhyddfrydol Cymru Welsh Liberal Democrats

Eraill yn bresennol
Others in attendance

Lesley Griffiths	Aelod Cynulliad, Llafur (Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol) Assembly Member, Labour (The Minister for Health and Social Services)
Rob Pickford	Cyfarwyddwr Gwasanaethau Cymdeithasol Cymru Director of Social Services Wales
David Sissling	Cyfarwyddwr Cyffredinol dros Iechyd a Gwasanaethau Cymdeithasol Director General for Health and Social Services
Gwenda Thomas	Aelod Cynulliad, Llafur (Y Dirprwy Weinidog Plant a Gwasanaethau Cymdeithasol) Assembly Member, Labour (The Deputy Minister for Children and Social Services)

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Sarah Hatherley	Y Gwasanaeth Ymchwil Research Service
Joanest Jackson	Uwch-gynghorydd Cyfreithiol Senior Legal Adviser
Llinos Madeley	Clerc Clerk
Claire Morris	Ail Glerc Second Clerk

Dechreuodd y cyfarfod am 10 a.m.
The meeting began at 10 a.m.

Cyflwyniad ac Ymddiheuriadau **Introduction and Apologies**

Mark Drakeford: Croeso i gyfarfod y Pwyllgor Iechyd a Gofal Cymdeithasol. Fel y gŵyr pawb, yr ydym yn gwneud popeth yn ddwyieithog, a gall pawb glywed y cyfieithiad o'r hyn a ddywedaf. Atgoffaf bawb i ddiffodd eu ffonau symudol a theclynnau eraill. Mae hwn yn gyfarfod cyhoeddus. Atgoffaf bawb nad oes rhaid cyffwrdd â'r meicroffonau.

Mark Drakeford: Welcome to this meeting of the Health and Social Care Committee. As you all know, we do everything bilingually, and everyone can hear the translation of what I am saying. I remind everyone to switch off their mobile phones and other devices. This is a public meeting. I remind everyone that there is no need to touch the microphones.

The Ministers are coming at 10.30 a.m., and the indicative timings on the agenda suggest that we will have disposed of items 2 and 3 by the time they arrive. If we have not finished, and if we want to continue with our discussions, particularly under item 3, I propose that we break from our discussions at 10.30 a.m., hear from the Ministers, and then resume those discussions at 11 a.m.. We will see whether that proves necessary.

10.02 a.m.

Deisebau a Gyfeiriwyd at y Pwyllgor Iechyd a Gofal Cymdeithasol **Petitions Referred to Health and Social Care Committee**

Mark Drakeford: You will see that, since we last met, the Petitions Committee has referred two petitions for us to consider, and it is our job to decide whether we wish to respond to both, either or neither of them as part of our future work programme. The advice, which you may have seen, is that the first petition, which is on public toilet provision, concerns what is primarily a public health matter, and so falls firmly within the committee's remit. The second, which is a broader item involving equality, not just in the field of health, but certainly including health, may be of interest to the Communities, Equality and Local Government Committee as well as to us.

There are choices for the committee. If we want to, we could agree today to take this work on. After yesterday's legislative statement, and given the substantial list of items that were raised by Members at our last meeting as potential work for the committee, you may feel that this is not material for us to proceed with. Alternatively, you may feel that the picture in relation to the legislative programme is not yet completely clear, as to how quickly and in what form legislative work will come to the committee, and that we would want to return to this in our first meeting in the autumn for a decision. I am open to any views as to how we should respond to these requests.

Mick Antoniw: My preference would be to defer it until the next meeting. I think that we need greater clarity with regard to our main tasks. Things may become a bit clearer after discussions with the Minister today.

Lindsay Whittle: I would support that, Chair. By coincidence, last Monday, I met two senior representatives of Age Cymru, and we discussed public toilet provision and the difficulties for many old people in leaving their homes caused by the lack of provision. Far too many public toilets are being closed, yet there is a huge amount of investment in Wales, and we do not insist that our planners make some provision for public toilets. Cardiff bay is the classic example; if you walk around here, you will see multi-million pound investments, but there is no public toilet at all. People tend to go into the Wales Millennium Centre or, indeed, into this building and that cannot be right. Perhaps we can link in with some planning laws to insist that, when these shopping malls and other wonderful buildings are erected, some provision is made for public toilets. Otherwise, elderly people will continue to become increasingly isolated and afraid to leave their homes because they need to use the loo a little bit more often than most of us.

Rebecca Evans: On the transgender issue, by coincidence, I was at an Equality and Human Rights Commission event last night, and we discussed how transgender people are among the most discriminated against in Wales, alongside people with mental health conditions, Gypsies and Travellers, asylum seekers and refugees. I certainly think that it should be of interest to committee, especially as there are health aspects to it, such as a lack of access to gender realignment surgery and the pre- and post-operative support that people would need. I know that there was an inquiry in January, so I suppose that the committee would have to think about what we could add to that and how much of this particular inquiry falls within the remit of other committees. I just think that it is an important thing that we could look at, and where we could make an impact, because people are so discriminated against.

Mark Drakeford: I do not hear anyone dissenting from the view that these are serious issues that are worthy of consideration. Mick's proposal is that we need to come back to whether or not we can take either of them up by assessing them against all the other demands on the committee's time, and we will be clear on that in our first meeting in the autumn. Does anyone want to add anything to that or suggest a different way forward?

Rebecca Evans: I agree with that. I wish to commend a couple of reports to committee: 'Who do you see? Living together in Wales' and 'Not just another statistic'. That is a bit of light reading for the recess for everyone.

Mark Drakeford: Thank you very much. I think that we are agreed that I will write on the committee's behalf to the Chair of the Petitions Committee, reporting this morning's discussion and letting him know that we will be returning to it early in the autumn.

10.07 a.m.

Y Pwyllgor Iechyd a Gofal Cymdeithasol—Blaenraglen Waith Health and Social Care Committee—Forward Work Programme

Mark Drakeford: This item picks up the discussion that we had on Thursday of last week.

<p>Diolch yn fawr i'r bobl sydd wedi paratoi'r papur inni ar ôl y drafodaeth honno.</p>	<p>Thank you very much to the people who have prepared the paper for us following that discussion.</p>
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I thank the research service for turning that around so quickly so that we can pick up on the discussion that we had last week. Members will remember that the committee's conclusion was that we wanted to embark on one reasonably short, focused, outcome-orientated first inquiry, and that we would begin that process today. We had a useful set of contributions from around the table about what that inquiry might be, and that has been picked up in the discussion paper that you have received. The paper makes a number of observations and suggestions, but they are simply for us to consider. Going through it, it seemed to me that there were four or so suggested inquiries that match the criteria of being short, focused and outcome-driven. Today, we need to do two things: we need to agree on which one of these we will take forward over the summer—there is nothing to say that we will not come back to many of the others in the autumn, but we need to agree one today—and then, when we have agreed the topic, I want to have a discussion about some of the mechanics as to how we can go about getting that out there and up and running.

Again, I am happy to take any views or suggestions as a first round of trying to narrow down the different possibilities into a single proposal. Does anyone want to have a first run at it?

Lindsay Whittle: I recently attended a meeting of the stroke services pressure group. At our last meeting, I mentioned atrial fibrillation—I have managed to learn that phrase now. It is clear that

there are potential savings because, as I recall—I did not bring the paper with me—£46 million is spent on stroke victims, and we could prevent a lot of deaths. Stroke is the third highest cause of death in Wales and that deserves some consideration. All of us mistakenly believe, as I said last time, that strokes are brought about by high blood pressure and high cholesterol, but there are other factors involved as well. We can save lives here. It would be useful to save money, but saving lives is far more important.

Mark Drakeford: You will see on pages 10 and 11 of the briefing paper that the issue of an inquiry into stroke services is rehearsed. It notes that the previous committee undertook an inquiry into stroke services, but it suggests taking up the point that Lindsay made last time, that is, that if we wanted to undertake an inquiry into stroke risk reduction—which is a slightly more specific strand in the overall stroke services picture—that would meet some of the criteria for the inquiry in being short, focused and timely. So, it is definitely up there for discussion today.

Darren Millar: I support the call to do something on stroke, but it would have to add value to the previous committee's report, so an inquiry focused on stroke risk reduction might be appropriate. I would also support the call for an inquiry into residential care to make sure that we have a sustainable residential care system in Wales. We all know about the problems that Southern Cross Healthcare and other smaller operators have experienced over the past few years, and there seems to be an issue about the sustainability of the fee levels being paid by many local authorities. There is wide variation in fee levels across Wales—they are not consistent at all. I wonder whether that could be a sharp, focused inquiry early in the autumn term. I would certainly support the call to do that, given the ongoing difficulties that some of these homes are having.

Mark Drakeford: At our last meeting, the whole issue of Southern Cross Healthcare and the wider problems of the residential care sector were rehearsed. The paper raises the question as to whether we would be able to undertake an inquiry in the short time that we have that was short enough and focused enough to meet the criteria that we laid down. In terms of a bigger piece of work that we might want to come back to in the autumn, it is right up there among the most serious things that we need to think about.

Darren Millar: We could look in a more focused way at residential care home fee levels and take some evidence from local authorities on how they determine their fee levels and why they are massively inconsistent from one local authority to the next—even if the authorities are next door to each other, the fees can be significantly different. We could just focus on fee levels alone, rather than making it a very broad and long-drawn-out inquiry.

Mick Antoniw: I agree with part of that, but I think that it goes beyond fee levels—it also touches on things such as staffing levels and the variety of type and size of homes that we have. As you will know from the exchange of e-mails that we have had, my initial concern was to get a picture of what is out there. We all know about the homes that are in our various constituencies and there are enormous disparities between homes that are not-for-profit, private-for-profit, local-authority-owned and so on. All sorts of issues are arising in terms of staffing levels, and so on. There is also a fee issue regarding access to certain homes where supplementary fees mean that they are not accessible to the large majority of the population. So, having an overall picture as to what is out there will probably put us in a much stronger position in deciding where we want to go with an inquiry, as I think that it would probably be a mistake just to stick to an inquiry on fees. If you undertake an inquiry on fees, you also go into all the other issues as to why the fees are as they are, how affordable they are and the fee supplements in particular. I am sure that we have all been through this with our parents in recent years and the fragmented way in which the system seems to have developed over the last decade or so is quite worrying.

10.15 a.m.

Lynne Neagle: I agree very strongly with that. The residential care issue is extremely important,

but it would be a big mistake to look at the fees in isolation because of all of the other issues, such as the quality of provision, staff training and how much staff are paid. I do not see how you can even practically look at it in isolation. I think that we should return to this issue, but we should do so in the round. I note that the paper refers to the orthopaedic waiting times review that Kirsty suggested, and suggests that perhaps now is not exactly the right time, which is fine. Again, I think that we should return to that issue. I do not think that we should take our eye off the ball regarding waiting times, particularly in that area, which has been such a crucial pressure point.

Vaughan Gething: I agree with that. One of the notes that I made says that the Minister is coming back to us about orthopaedic waiting times for the future as well. Again, I agree with the comments made about not looking at fees for residential care in isolation. I think that you must also look at the quality of care being provided and how sustainable those fees are. I do not think that we can just distil it down just to the one issue. However, it is an issue that the committee should revisit. Part of the difficulty is that there are a number of fairly short inquiries that are probably suitable that are all worth while. I still think that community pharmacies should be looked at, but I am not unhappy with Lynne Neagle's proposals. I still think that we could look at community pharmacies in a short way to come up with an outcome within a fairly brief period of time.

Kirsty Williams: The committee has a Hobson's choice because there is nothing in here that would not be worth while or that is not important to the people who are advocating a particular focus on the issues raised. I agree with the comments made. I think that it is impossible to pick out fees when looking at residential care, because the fees are too intertwined with so many other issues. I do not think that you can realistically look at the fee structure alone, although, obviously, with what is happening with Southern Cross Healthcare and the Government's legislation, residential care will be a big part of that social care legislation. When we have some more details about what that social care legislation will look like—the White Paper options for that, and how it will be taken forward—perhaps we might have a better idea as to whether a review into residential care is timely and would add something to that process. I do not think that we can judge that because we do not have enough details as to how the social care legislation will progress.

I have no problem dealing with issues around stroke services, but one wonders whether we could prejudge what the Government would say; that is, 'We have a stroke reduction strategy and we are already doing all of that in any case'. I have seen enough Ministers, over the years, belittling the work of committees because they just say, 'We are doing it in any case'. Therefore, which one of these is the Government not doing a great deal on, or on which one of these issues can we apply pressure?

In terms of community pharmacy and the appropriateness of the contract, we need to consider whether the contract negotiations, which were long, painful and difficult, as you would know, Mark, have led to increased provision of community-based pharmacy services. We need to know whether the new contract has had an effect on access to GPs and all of those other things that we were promised that it would, and whether local health boards have taken up the options that are available to them to commission services under that contract. It might be useful to look back to see whether the contract has delivered what all of us hoped it would deliver, and whether there is more scope for policy investment in community pharmacy that would have an impact on issues around GPs, the health and wellbeing agenda and even accident and emergency departments—the ability to get advice and drugs from a pharmacy might have an impact on the number of people turning up at accident and emergency departments. However, I would not be unhappy if we were to look at stroke services.

Lindsay Whittle: I do not wish to disagree because, as we have all said, they are all very worthwhile causes. With respect, we are not doing everything possible for stroke victims. There is no national screening programme in Wales, particularly on atrial fibrillation, which is absolutely vital. We can have an impact on that in the short term. It is quite clear; it is there on page 11 of the

research paper. I think that that is excellent. I feel really guilty because I raised the issue of Southern Cross Healthcare yesterday with the Minister, but, as everyone has said, it is an extremely complex issue, and we cannot go at it like a bull at a gate; we have to take it slowly and carefully.

Mark Drakeford: Does anyone who has not made a contribution so far on the possible topics for a short inquiry suggested by the paper wish to do so? I see that no-one does. I will summarise, then, where I think that the discussion so far has got us. The general feeling around the room is that, while residential care is an important topic and it will be critical when considering the social care Bill that will come forward, it is probably better taken as an inquiry in the round. Therefore, we might come back to it in the autumn, rather than choose it as a narrower topic for today. Would it be helpful if we were to ask the research service to provide us with a scoping paper on residential care for a meeting early in the autumn? That could pick up the point that Kirsty made about the interface between what the committee might do in a policy sense and the legislation that we know is coming our way. That will give us a chance to look at the topic in the round, as several Members have suggested.

On the short and focused inquiry, there are two propositions around the table. Both of them are widely supported, but, in the end, we can only do one. I draw your attention to what the research paper has to say on pages 7 and 8, because, in relation to community pharmacy, there are a couple of possibilities that we could combine or take separately. Rebecca, I think that last time you raised the diabetes awareness work that has been going on in community pharmacies in Wales over the last few months, the fact that some of its results are now becoming available and that the committee might want to take a concentrated look at that experience to see what else we can learn from it about services provided through community pharmacies more generally. Under item 4 on page 8, there are a few paragraphs talking about a wider inquiry into community pharmacy, of which the diabetes work would be a strand. That is more the sort of inquiry that Kirsty was talking about a few moments ago. Does anyone have any thoughts on that? If we were to decide on community pharmacy as a topic, do we favour a specific inquiry of the diabetes variety or, even in a short inquiry, should we roam a bit further into issues of contracts, services and the impact of community pharmacies on the wider NHS in Wales?

Lynne Neagle: I favour the kind of review that Kirsty outlined, that is, the wider review.

Rebecca Evans: I would be happy to go for a wider review. The reason why I suggested the diabetes campaign specifically is that it was a focused public health campaign and it might have lessons for us with regard to increasing good outcomes from public health campaigns and help us to target our money in that direction more effectively. However, I have an interest in community pharmacy more widely and the committee could have a good and useful inquiry into this.

Mark Drakeford: There is no reason why, in a wider inquiry into community pharmacy, the lessons that can be learned from the diabetes experience could not be an important strand, is there? That is helpful. So, we are down to two choices: a slightly wider inquiry into community pharmacy is one possibility and stroke prevention services is the other. Is there anything that anyone wants to add as new material at this stage?

Lindsay Whittle: Do we have any information about the financial implications of these?

Mark Drakeford: We will take that question on board.

Kirsty Williams: We are not clear yet about the legislative workload of the committee—it seems that the social care legislation and the organ donation legislation, which are frontloaded, will go out to consultation first. So, we will not be looking at drafts of legislation next term. My understanding, from what was said yesterday, is that there would be general policy White Papers on those, so I am not clear what our role will be next term on that. Can we not do both community

pharmacy and stroke services? Lindsay's proposal is quite focused. I am thinking about whom we would want to hear from if we were looking at atrial fibrillation screening. We would want to hear from the Minister to find out what is happening with the stroke reduction action plan, from medics about whether it is happening on the ground, and from representatives of patient groups and the third sector who are providing support for those patients. Therefore, we would not need to call many witnesses, or spend a lot of time, to get a view of whether the reduction plan is being implemented properly and whether there would be value in an AF screening programme. So, perhaps we do not have to jettison that. It would be quite a short inquiry.

Mark Drakeford: Thank you; that is a useful point. My reading of yesterday's events—although we will learn a bit more—is that you are exactly right; there is a lot of legislation coming our way, but it is not necessarily going to be with us in the autumn. The statement said that the cosmetic piercing Bill, which will also come to us, will also be consulted on first. Therefore, this is all likely to come our way in the short to medium term, but not necessarily immediately in the autumn. The proposition is, therefore, that the committee agrees today that its work in the autumn will include an inquiry into the contribution that community pharmacy makes and can make to health services in Wales. That is bounded in that it is about community pharmacy, but it covers the whole of community pharmacy. We will also undertake a very focused piece of work on stroke risk reduction. We could afford to do both in our timetable. Is everybody happy with that? I see that you are. Thank you, Kirsty, for offering a helpful way through that process.

Kirsty Williams: I have been in this situation before.

Mark Drakeford: We have two minutes before the Minister and Deputy Minister arrive, which might allow us to wrap up this next issue, or at least to float it and come back to it at 11 a.m. It is a question of process. Having agreed the generalities, we need to agree terms of reference. There will be documents that will need to be agreed as well. Here is the choice: we can let the world know that this is what we are going to be doing, which is enough for those people who have an interest in these topics to start preparing themselves and thinking about what evidence they would want to submit. At the same time, we could ask them whether or not they have views on the specific terms of reference. In our first meeting in the autumn, we could come back here and sign those off formally as a committee. Alternatively, you may think that it would be more helpful to the sector that we agree terms of reference now, so that people know more specifically what we are going to be doing. We would then circulate terms of reference to Members by e-mail, invite comments and then do another round of terms if there are further views, with the hope that we could agree on them outside formal meetings by means of e-mail and electronic discussion. That is the choice that we have to make on the process. We can launch the terms in general now and come back to the specifics in our first meeting or aim to agree the specifics outside a meeting.

Rebecca Evans: I agree with the second option. I do not think that it would be particularly contentious, or I hope that it would not. It gives us the summer to go out and consult individually and educate ourselves with the various voluntary sector groups that we would need to speak to.

Mark Drakeford: The advantage of the second course of action is that it is more definite for stakeholders and other people out there. The disadvantage for the committee is that we do not get to discuss the matter here in the way that we normally would. However, in the circumstances, we might wish to pursue that course of action.

Lynne Neagle: I agree; we should agree on the terms of reference outside committee and get on with it.

Mark Drakeford: Is everybody happy with that? I see that you are. You will receive some documents reasonably soon in the usual way for you to consider. If there are any comments, you are welcome to discuss them with me, as I am not going away from Cardiff for several weeks, but you can also discuss them electronically. We will then circulate to everybody what looks like the

best agreed frame of reference for both inquiries. The committee will then be well on its way. That was helpful and very well done. Miraculously, it is 10.30 a.m. and the Ministers are outside and being led towards us.

10.30 a.m.

**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol a'r Dirprwy Weinidog Plant a
Gwasanaethau Cymdeithasol
Minister for Health and Social Services and Deputy Minister for Children and Social
Services**

Mark Drakeford: Bore da a chroeso i bob un ohonoch. Diolch yn fawr i'r Gweinidog a'r Dirprwy Weinidog am ddod yma y bore yma. Croeso mawr i David Sissling, cyfarwyddwr cyffredinol y gyfarwyddiaeth iechyd a gwasanaethau cymdeithasol, a Rob Pickford. Yr wyf yn siŵr bod aelodau'r pwyllgor yn gyfarwydd â Rob a David. Byddaf yn gwneud popeth yn Saesneg o hyn ymlaen.

Mark Drakeford: Good morning and welcome to you all. I thank the Minister and the Deputy Minister for coming here this morning. A warm welcome to David Sissling, director general of the health and social services directorate, and Rob Pickford. I am sure that committee members will know Rob and David. I will do everything in English from now on.

The rest of our discussions will be undertaken bilingually. Lesley, thank you for coming here. The purpose of this morning's session is to get an introductory feel from you and Gwenda as to what your priorities are for the portfolio for the rest of the year. We will undoubtedly be inviting you both back in the autumn for a more formal scrutiny session. This morning, we are looking forward to hearing you elaborating a bit on the paper that you have kindly provided. My aim is to try to have around quarter of an hour with the Minister for Health and Social Services to begin with, and then we will turn to Gwenda to hear about social services, if you are happy to proceed in that way.

The Minister for Health and Social Services (Lesley Griffiths): I am pleased to be here this morning, so soon in my appointment—after eight weeks—and to have the opportunity to set out for committee members my main priorities for health over the next Assembly term, many of which were set out in my party's manifesto, 'Standing up for Wales'. As the Chair has said, Gwenda will do the same for children and social services.

The Welsh Government's commitments were outlined in the manifesto, as I say. We want a much clearer focus on health outcomes, including improving health and reducing inequalities, improving access to GPs, introducing annual health checks for the over-50s, improving cardiac, stroke, children's health and cancer services, better access to organ donation, improving ambulance response times and working to reduce unnecessary attendance at accident and emergency departments.

My focus goes beyond that and I want to build on previous achievements and maintain a strong momentum for improvement. The 2009 reforms have been in place for approximately 18 months and they have created an integrated healthcare organisation, with much better links between primary and secondary healthcare and a new public health body. That has put the NHS in a strong position to deliver the new changes and continue to improve the health of the people of Wales on a daily basis. My job is challenging but the NHS has a hugely challenging job, and we all accept that, in the current economic climate, the NHS cannot stand still—not that it ever did. I am clear from the discussions that I have had with the NHS that it shares my aim of targeting better quality and of creating a better health service across Wales for people, and that we must have safe, sustainable, high-quality effective services, and that the NHS must minimise harm, waste and variation. I have had the opportunity to meet with the chief executive and chairman of every health board and trust, apart from those in Powys—I am meeting with them next week. I have made clear

my views on the work that I expect them to do, and they are clear on the work that they need to undertake over the next five years.

The priority has to be to deliver fully integrated, high-quality services for patients as close to their home as possible. The LHBs have huge budgets and they are responsible for delivering those services. I have made it clear that I expect excellent engagement with local communities and community health councils. We have to engage people at every level, and it is very important that everybody recognises that they have their part to play—that is the NHS, the Government, but also individuals. Everybody loves and respects the NHS, and there has to be a much stronger and clearer understanding of people's responsibilities. We need to work with the public as partners to ensure that people understand that they have a responsibility for their own health and for the way that they use the services. The NHS obviously helps by providing good services, but we must work with communities and with people, so that they can make the most appropriate choices about the health services and treatments they want: is it primary, secondary, the GP, accident and emergency or the local pharmacy? We need to ensure that they have that information readily available so that they can make those decisions.

I just want to say a few words about legislation. Obviously, the First Minister set out the health legislation yesterday in his statement. He also referred to social services legislation, which Gwenda will refer to. I have four Bills, which will address organ donation, cosmetic piercing, food safety and public health. Overall, it is a considerable and challenging agenda, but one that is absolutely important for the health of the people of Wales.

Mark Drakeford: Diolch yn fawr. Thank you very much for that and for being so concise. It is now open to any Member to take up any of the issues that they want to raise with the Minister for clarification or to ensure that the Minister is aware of any matters for the autumn.

Lindsay Whittle: Welcome to our committee. We are very pleased to see you. You face a challenging time, but I am sure that we will help you all that we can. You mentioned the Welsh ambulance trust in your opening remarks. The target figures for response times have not been too good. Have you had any thoughts about moving the responsibility over to the local health boards?

Lesley Griffiths: No, I have not thought about that. I have met the ambulance trust once, and I am meeting it again next week. You are absolutely right that some of the targets have not been met. We need to look at the target times. There are two main targets: the 65 per cent target and the 100 per cent target. I think that, if you set a 100 per cent target for anything, you set people up to fail. You would never do it in an exam. Target times are something that I am discussing with the chair and the chief executive of the trust. Obviously, we will have to go through a consultation process with them if we move the targets around. It is very difficult. I have visited Cwm Taf. I travelled from the Royal Glamorgan Hospital to the Prince Charles Hospital, which, I think, should take 17 minutes. It took me an hour and a half in a car. I had never been to that part of Wales before, and I could see the problems. I can imagine that, on a winter's day, for a blue-light vehicle to go along that road would be extremely challenging. So, it is something that I need to look at.

Elin Jones: I have two issues to raise. First, some, if not all, of the local health boards are undertaking their clinical services reviews and have plans to publish in the near future. You mentioned that you think that it is very important that they consult the local communities that would be affected by any change, and that is to be welcomed. However, I wonder how you see your role in finally agreeing, or not, any of the clinical services review plans that the local health boards will bring forward in Wales post consultation.

On GP surgeries, extending opening hours and making GPs more available to patients, I certainly support your aspiration, but, in your report, you mentioned that 10 per cent of Welsh practices are already delivering a version of extended opening hours. I do not think that is happening anywhere I know, but it may well be happening somewhere. You have said during the past eight weeks that

you are not looking to renegotiate the GP contract in order to deliver on this commitment. So, I am concerned that, in looking to extend opening hours, you may find that you will have to put a great deal of your budget resource to that purpose. So, do you see this as a budget-neutral policy or do you think that you will have to find additional budget to extend opening hours in practices?

Lesley Griffiths: On your first question, about the clinical service review, I have asked every health board to send their plans to me by the middle of September. In the interim, I have asked for a summary of their plans, which I think will be with me by the end of next week, so I can have a look at them over recess. I suppose that, in the end, it is up to the local health boards how they do it, but until I have those plans in front of me, I cannot give you a definitive answer on that.

In relation to GP surgeries, there are examples, and I have come across a couple of them, but you are right to say that the better opening hours are not widespread. I see it as budget-neutral, but tomorrow I will be meeting the Royal College of General Practitioners and the chair of the GP committee of BMA Cymru. Once again, I need to have discussions with them regarding how we can do it. We are not asking them to work extra hours; we are asking them to look at their hours and move them around, in the first instance.

Darren Millar: Welcome to the committee, Minister. I want to build on a point that Elin raised, namely, the relationship with GPs. Two of the issues that you referred to in your opening remarks and in your paper will impact on GPs: not only the change in opening hours at their own practices, but also the health checks for the over-50s, and how that might be delivered as a national screening programme. How do you intend to implement that? Will you, in the first instance, say that everyone over 50 can go to their GP and be screened for x, y and z, or will you take a staggered approach whereby everyone who is 50 this year will be entitled to a test? I am a bit concerned about the costs of providing a national screening programme, although they may be offset by the benefits that you incur, and the workload for GPs. There will have to be some negotiation there.

Lesley Griffiths: A percentage of over-50s are already in the system. They have acute conditions and they see their GPs about them, in the first instance, so it is not about having a massive number of people, whether they are 50 or over 50, suddenly going to the GP surgery. The question of how we go about screening is under discussion. One way I have discussed with a number of GPs is that there would be a questionnaire that you could fill in, either online, if you have access to facilities, or using a hard copy at the surgery. It would then be up to the GP to decide how to prioritise the order in which people are called in. Discussions are at an early stage, and, as I said, I am meeting the main bodies tomorrow.

Darren Millar: I would also like to ask about the out-of-hours service. Obviously, out-of-hours services are already available in every local health board area. It may not be your GP that you see, but if you are poorly in the night, and there is no need to go to an accident and emergency department, but you need a doctor, then you can present at those out-of-hour services. How do your proposals for improving access fit in with those? Will they be scrapped? Will you use the money from those to pay for the extension of GP opening hours? How will this interface work?

Lesley Griffiths: Obviously, there are core hours when GP surgeries have to be open. To give you an example, when I was younger, Saturday morning opening of the GP surgery was very much the norm. So, it is about having a look at the hours that they open—and you also referred to emergency out-of-hours services—and having better access for people who want to book appointments. I was in my GP surgery a couple of weeks ago, and I heard three phone calls come in from people wanting to book appointments, and they could not book them for more than 24 hours ahead. That is wrong. People who work need to book appointments in advance. It is about that kind of better access, really.

Darren Millar: I have one final question—

Mark Drakeford: I am beginning to run out of time, Darren, and Kirsty has been waiting for a while, so we will move on to her question.

Kirsty Williams: I would like to press you further, Minister, on the key pledge of extending access to GP surgeries. As Elin Jones mentioned, there are already agreements between the Government and GPs to do this, and very few have taken it up. I have not heard anything new from you this morning about how you will make this pledge happen. I would be grateful for more detail on how you will achieve it.

10.45 a.m.

With the health checks for the over-50s, I certainly never envisaged during the election that the health checks would actually be a form that you filled in at your doctor's surgery. Nonetheless, I can see that that is a gateway into the screening programme. What clinical evidence do you have that such a screening programme will result in improved health outcomes for Welsh patients? Finally, with regard to clinical services reviews, which are always the most controversial of any aspect in the NHS, many of those reviews are driven by workforce planning issues and the continuing difficulty around the access or excellence trajectory. You can staff for local access, should that be your priority. Therefore, what plans do you have to look at staffing and workforce planning issues that would allow you, if you choose, to keep services as excellent as we would all want them to be, but also as local as many communities would want them to be.

Lesley Griffiths: I will start with the last item. Obviously, workforce planning is essential if we are going to have safe, sustainable, high-quality services. Until I look at the plans in detail, I cannot comment on them, but obviously, the two go hand in hand. I have had meetings about workforce planning. For instance, with regard to midwifery, which is obviously a crucial issue, I am very reassured that the student midwives that are coming out in September have all got jobs. I must ensure that the workforce planning is very robust to make sure that the services can be supported.

In relation to the annual health checks, it is a gateway; I am not saying that that will be the system that we use, but it would be a tool that GPs could use in order to prioritise.

Kirsty Williams: What about the evidence?

Lesley Griffiths: For instance, we just had a diabetes awareness campaign, where you go and have a blood test to see whether or not you are diabetic. Diabetes is a disease with many complications for the eyes, limbs, and so on. I am a huge fan of preventive medicine, and the evidence shows that a health check can prevent many diseases later in life and you can start to change your lifestyle. If your waist size shows that you are in danger of becoming a diabetic, then you can do something about that.

Kirsty Williams: That is as relevant if you are 21 or 50.

Lesley Griffiths: Yes, and maybe once we get this up and running, we could look at lowering the age; it depends on what comes out, but obviously, we are at an early stage with regard to the decisions.

Mark Drakeford: We will take one final brief question to the Minister, and then I will start the questions to Gwenda by taking questions from Members seated to my left. That is my plan for the few minutes that we have left.

Janet Finch-Saunders: Cross-border services are key to the delivery of good healthcare across Wales, but concerns have been raised with regard to having an all-Wales blood service. How will

you handle these important cross-border services?

Lesley Griffiths: As an Assembly Member for a border constituency, it is always something that has been very important to me. You mentioned the blood review that is going on. This morning, I met the chair and chief executive of the Welsh Health Specialist Services Committee and I understand that the review is in progress; I have asked for it to be done quite quickly. I would like to see the recommendations and we will take that forward. Cross-border services are extremely important; if we cannot treat a person in Wales, they have to go over the border to England. Those systems are there and they will remain.

Mark Drakeford: Thank you very much.

Trown at Gwenda Thomas yn awr am y We now turn to Gwenda Thomas for the next datganiad nesaf. statement.

Y Dirprwy Weinidog Plant a Gwasanaethau Gymdeithasol (Gwenda Thomas): Diolch yn fawr, a diolch am y gwahoddiad i gael siarad â chi y bore yma. **The Deputy Minister for Children and Social Services (Gwenda Thomas):** Thank you very much, and thank you for the invitation to speak to you this morning.

I will try and be as brief as I possibly can with the introductory remarks. You have seen the paper and you will know from it that the Welsh Government is committed to, and ambitious for, social services in Wales. We are determined to deliver on those commitments and ambitions and to ensure that our vision and values for social services underpin that delivery. Our vision is for social services that are integrated within local government and driven forward through local government's wider responsibilities to promote community wellbeing. This will be crucial if we are to deliver preventative services that are built around citizens. We want to see family-centred services that take account of people's circumstances, which means that we must think about services from the basis of our principles. I want to secure better outcomes for children and adults from that perspective. I am now the Deputy Minister for children, as well as for social services, and this reflects our determination to ensure that we have proper integration and efficient systems in place. Bringing these two agendas together will enable us to achieve better leadership and improve our expertise. We do not have a monopoly on wisdom, after all. I will be speaking to the Children and Young People Committee tomorrow about this, and about our broader ambitions for children.

This is a time of great opportunity, even if it is a time of challenge for public services. If we are to bring about the changes needed, we must act swiftly, which is why I have already taken action to begin this programme of change. When I launched 'Sustainable Social Services for Wales: A Framework for Action', I said that we need a new accord between social services partners and that I would set a strong national purpose, a clear national direction and firm expectations. Clear and purposeful leadership will be delivered through the national social services partnership forum, which I will chair. I will shortly be seeking membership from cabinet members in local government, from each of the main parties, alongside the chair of the Care Council for Wales and the leadership of the independent and third sectors. A programme of meetings over the next 18 months will be established.

In March, I wrote to local government leaders asking them how they were going to lead and implement those parts of 'Sustainable Social Services' that impact on them. I am determined that local government will play its full part in delivering change. I want it to act more collaboratively to reduce complexity and inefficiencies, as well as to be more innovative and citizen-centred in developing and commissioning services. I could go into some examples of what is already happening, but perhaps you want to ask about that later. I am concerned that our systems of regulating staff and services are not as joined up or as transparent as they need to be. As a result, citizens are not getting the assurances that they need and services are overburdened with

inspection and regulation. I do not believe that we are getting the best from the bodies involved—the Care Council for Wales and the Care and Social Services Inspectorate Wales—so I have written to them to ask how they will together tackle these issues. We need a more robust approach to safeguarding, and I will create an independently chaired national safeguarding board that drives the work needed to safeguard adults and children.

The First Minister has further confirmed our commitment to social services by announcing a social services Bill, which will provide, for the first time, a coherent Welsh legal framework for social services, based on the principles that we hold dear in Wales. It will drive our change programme and enable us to ensure that our vision and principles are the cornerstone of social services in the future. I am determined to focus on delivery and I am confident that we will deliver our ambition for social services and tangible improvements for citizens in Wales. I look forward to working with you further, which will be helpful to me.

I would like to refer briefly to Southern Cross Healthcare, to reflect on Members' contributions yesterday and, perhaps, to consider residential care more generally. I offer the committee a briefing meeting with the director of social services, if you think that that would be helpful. I think that it would help. You might want to cover topics such as the current level of usage, the level of fees and the procedure for setting fees. You might like to receive a map of providers, learn more about the role of the inspectorate and look at the memorandum of understanding, which has tripped up a bit lately. I have met with partners, because we really need to get that back on track with regard to residential care. So, perhaps that would be helpful to all of us.

Mark Drakeford: Thank you for that offer, Deputy Minister. I know that the committee will welcome it. We had a discussion earlier, before you arrived, about looking at the topic of residential care, to which we will pay particular attention in the autumn. That will be a helpful background briefing for any Member who wants to take advantage of that.

Diolch yn fawr am hynny.

Thank you for that.

Four Members have indicated that they want to ask questions. We shall turn to those questions, and see where we have got to after that. Lynne is first, then Rebecca, Janet and Mick.

Lynne Neagle: I wanted to ask about the issue of resources. In the Assembly Government's budget, much was made of the fact that funding for social services was being protected. That was welcomed by all of us at the time, but I recall raising concerns about whether that would be delivered at a local level. I have to say that there is some evidence that it is not being delivered at a local level in Torfaen, and I am getting to the bottom of that at the moment. How is the Assembly Government monitoring whether local government is complying with what was a clear intention to protect resources for social services? If you find that that is not the case, will we be more robust in taking further action to protect resources in the next budget?

Gwenda Thomas: I was pleased that we were able to protect and increase the social services budget. Monitoring how local government spends its budget is undertaken through the annual monitoring reviews; that is how we make our check. I think that local government, on average—this figure is off the top of my head—has in fact increased its budget by 1.7 per cent more than the extra budget that we allocated to it. So, the indications are that there is a commitment to fund social services, but insofar as that relates to sustainable social services, we will see what local government tells me about how it intends to respond to the impact.

Rebecca Evans: Thank you for the update, Deputy Minister. I welcome your strong focus on delivery in this Assembly. Could you give an update on the Social Care Charges (Wales) Measure 2010, and tell us of any analysis that is being undertaken at this early stage? A principle was established in relation to the Measure that no-one would be worse off as a result of it. Have you been able to achieve that?

Gwenda Thomas: As far as I know, yes. All local authorities have been required to implement it from 1 April this year. Among other things, it sets a £50 capping limit on charges for those services that are covered by the Measure and that are delivered or commissioned by local government. Protecting the income of lower-income families has been put in statute through that Measure. From what I hear from people on the ground, it is very welcome. Dilnot has perhaps borrowed the principle of capping from us. I know that he was quite impressed with the fact that we were setting a cap on charging. We have seen that that is reflected in the Dilnot report as far as residential care is concerned, because he talks about capping lifetime contributions. To get back to your question, it is working, and we have reimbursed local government for the income that is lost. I believe that it has been a huge step forward towards consistency.

Janet Finch-Saunders: Welcome to the meeting. I was very pleased to hear your thoughts on the national safeguarding board regarding the inclusion of adults and children, and your thoughts on regulation. I know of authorities where, in children's services, there are seven inspections a year. That takes a lot of resourcing and it takes a lot of resource away from the front line of children's social workers. My question is more about the recruitment, employment and retention of children's social workers. Given the blame culture and high-profile cases, and because of the regulations, targets and performance indicators, there is a lot of pressure. I know of authorities that struggle to recruit, employ and retain highly skilled children's social workers. What plans do you have to ensure that we have people on the ground, so to speak?

11.00 a.m.

Gwenda Thomas: I agree that safeguarding is of immense importance, as is protection. We must embrace both of those issues. I have spoken about the blame culture quite a few times, because social workers are at the front line of criticism whenever anything happens. I will refer to your book, Chair— [*Laughter.*]

Mark Drakeford: It is available in all good bookshops. [*Laughter.*]

Gwenda Thomas: We should all make some time to read it. It is right to look at things in detail when they go wrong—I am not saying that it is not. However, with regard to what 'Sustainable Social Services' says, we are clear that we have to move the professionalisation of front-line workers forward. We are moving towards that with career pathways and the grade of specialist social worker that was included in the Children and Families (Wales) Measure 2010. So, we already have legislative competence for that. The committee might like to look at the workforce task group's report, which has guided my thinking on the way forward for the workforce.

Mick Antoniw: With regard to overburdening by inspection and regulation and creating a safeguarding board at the same time, a lot of the failings that I have come across over the years have arisen from failures in regulation and inspection. How do you envisage changing the system, and what is your thinking about how the safeguarding board might operate?

Gwenda Thomas: I want more robust procedures that are based in statute, and it is the right way forward to establish a board that is independently chaired. We have had a forum on safeguarding children that was independently chaired, and that information will be fed in to the process. The regulation and inspection regime has to change. I am of a mind to cease the voluntary registration of social care workers, so that we can focus much more on delivery and the responsibility of providers and employers to be registered under the new proposals. We have also ensured that all managers of care homes must be registered in their own right. I believe that employers and providers must focus much more on the quality of staff and the safety of residents and service users. However, I think that we can work together towards this, and I have already mentioned that I have asked the Care Council for Wales and CSSIW to tell me how they see the way forward in delivering that. I think that they need the same front door.

Mick Antoniw: Are you interested in simplification rather than deregulation?

Gwenda Thomas: I am not interested in the deregulation of services at all, but money and resources that would be used on the voluntary register can be better spent. I will be spelling that out in detail very shortly.

Mark Drakeford: Diolch i chi'ch dau am ddod yma mor gynnar yng ngwaith y pwyllgor yn y pedwerydd Cynulliad. **Mark Drakeford:** I thank you both for coming here so early in the committee's work in the fourth Assembly.

I hope that you found it a useful session, Ministers—we certainly did. It has been very helpful to the committee to hear from you so early in its work, and to get an indication from you of the policy and legislative programmes that you will be pursuing. We have had a bit of a dress rehearsal of some of the issues that will be of interest to committee members when we meet again, no doubt at greater length, in the autumn. For today, however, thank you both very much indeed. It has been very helpful.

As far as we are concerned, that more or less brings today's proceedings to a close. There is follow-up stuff from the earlier items that you will receive. We shall pursue the Minister's offer of a factual briefing on residential care issues. It was a timely offer and we are glad of that.

A number of you will be coming across to the Pierhead for an interesting event that is to be held there a bit later on. I would just remind you of that and look forward to seeing you all there. Diolch yn fawr.

*Daeth y cyfarfod i ben am 11.05 a.m.
The meeting ended at 11.05 a.m.*