



Northern Ireland
Assembly

Committee for Health
Legacy Report 2017 - 2022

Report: NIA 187/17-22

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List of abbreviations and acronyms used in the report

AHP: Allied Health Professions

CAMHS: Child and Adolescent Mental Health Services

FSS: Financial Support Scheme

FTTIS: find, test, trace, isolate and support

GMC: General Medical Council

HSC: Health and Social Care

HSCB: Health and Social Care Board

INI: Independent Neurology Inquiry

MDTs: Multi-Disciplinary Teams

NICCY: Northern Ireland Commissioner for Children and Young People

PPE: personal protective equipment

RQIA: Regulation and Quality Improvement Authority

Remit, Powers and Membership of the Committee

Powers

The Committee for Health is a Statutory Departmental Committee established in accordance with paragraphs 8 and 9 of Strand One of the Belfast Agreement 1998 and under Assembly Standing Order 48. The Committee has a scrutiny, policy development and consultation role with respect to the Department for Health and has a role in the initiation of legislation.

The Committee has power to:

- Consider and advise on Departmental budgets and annual plans in the context of the overall budget allocation;
- Consider subordinate legislation and take the Committee Stage of primary legislation;
- Call for persons and papers;
- Initiate inquiries and make reports; and
- Consider and advise on matters brought to the Committee by the Minister of Health.

Membership

The Committee has 9 members, including a Chairperson and Deputy Chairperson, and a quorum of five members. The membership of the Committee is as follows:

- Colm Gildernew MLA (Chairperson)
- Pam Cameron MLA (Deputy Chairperson)¹
- Paula Bradshaw MLA
- Gerry Carroll MLA

¹ Gordon Lyons MLA replaced Pam Cameron as Deputy Chairperson between 21 June and 7 July 2021.

- Alan Chambers MLA²
- Deborah Erskine MLA³
- Órlaithí Flynn MLA
- Colin McGrath MLA⁴
- Carál Ní Chuilín MLA⁵

² Alan Chambers replaced John Stewart MLA with effect from 10 February 2020.

³ Deborah Erskine replaced Jonathan Buckley MLA with effect from 1 November 2021. Jonathan Buckley previously replaced Alex Easton MLA with effect from 2 November 2020.

⁴ Cara Hunter MLA replaced Colin McGrath on the Committee between 14 December 2020 and 18 October 2021. Colin McGrath previously replaced Sinéad Bradley MLA with effect from 23 March 2020.

⁵ Carál Ní Chuilín replaced Pat Sheehan MLA with effect from 1 February 2021. Pat Sheehan previously replaced Jemma Dolan MLA with effect from 16 March 2020.

Review of 2017 – 2022 Mandate

Scrutiny

The key points of the Committee’s scrutiny during the 2017 - 2022 mandate are summarised below.

Care Home Inquiry

The Committee undertook an inquiry into the impact of COVID-19 on care homes, in order to produce recommendations to help mitigate and manage the impact of a second surge of COVID cases. The inquiry aimed to discover the key issues impacting care homes as a result of the COVID-19 pandemic, and to identify domestic and international examples of best practice in arrangements to protect and care for residents of care homes during the pandemic. The Committee received written submissions and held oral sessions with a number of stakeholders; these included international experts with experience in working with the SARS outbreak in Hong Kong.

The Committee made a total of 54 recommendations in its report, the majority of which were accepted by the Department.

Read more on the Committee’s Inquiry Report on [the Impact of COVID-19 in Care Homes](#).

Policy Scrutiny

The impact of COVID-19 and the Committee’s heavy legislative workload limited the time available for scrutiny of Departmental policy. However, the Committee focussed on a number of key areas. The Committee also held regular budget briefing sessions with Departmental officials, and paid particular attention to the budget allocations for COVID, transformation of services, workforce, waiting lists and mental health services.

COVID-19

The emergence of Covid-19 and its impact on the health service dominated the Committee’s workload from the early days of the mandate. The Committee

agreed to add COVID-19 as a standing agenda item in the early stages of the pandemic, and to give priority to COVID related issues, including COVID-related subordinate legislation. The Department's handling of the pandemic was scrutinised by the Committee through regular briefings from the Minister, the Chief Medical Officer and Chief Scientific Adviser. The Committee heard evidence from Departmental officials, the Health and Social Care Trusts, the Public Health Agency, Business Services Organisation and the Regulation and Quality Improvement Authority (RQIA) on aspects of the pandemic. In addition, the Committee heard from a wide range of stakeholder organisations.

Initially, the Committee focussed on issues such as the supply of personal protective equipment (PPE), testing, track and trace arrangements, the supply of ventilators and oxygen and workforce. As the situation developed, the Committee received regular briefings on the roll out of the vaccination programme, as well as the Department's plans to deal with surges of the virus and the rebuilding of services, post pandemic.

The Committee tabled a motion in the Assembly, acknowledging the impact of COVID-19, and called on the Minister to bring forward a robust find, test, trace, isolate and support (FTTIS) strategy based on international best practice, as part of a wider Executive strategy to help avoid a cycle of lockdowns and the particular negative impacts on mental health and well-being. The motion was agreed by the Assembly on 23 November 2020.

To inform its scrutiny of the pandemic, the Committee held a number of evidence sessions with international academic and experts in epidemiology and global public health, some of whom had experience with the SARS outbreak in Hong Kong.

The Committee was particularly concerned about the impact of the pandemic on the most vulnerable, including the elderly and the disabled. The Committee heard evidence from stakeholders on the impact of COVID-19 on care homes, and agreed to hold an inquiry on the matter. In addition, the Committee sought clarity from the Department on the provision of guidance to those deemed to be clinically extremely vulnerable, and continued to press the Department on the restoration of day care and respite services, which closed in the early days of

the pandemic. A Committee motion calling for the rebuilding of respite services and financial support for carers was agreed by the Assembly on 15 June 2021.

The Committee recommends that the incoming Committee continues to scrutinise the Department's handling of the pandemic, and any subsequent virus surges, as well as the rebuilding of services post pandemic and the application of lessons learned for future planning.

Transformation and post-pandemic rebuilding of services

The Committee continued to scrutinise the transformation of health and social care services as set out in the document [Health and Wellbeing 2026: Delivering Together](#). The Committee held a number of evidence sessions with Departmental officials and stakeholders on the rebuilding of services post pandemic, and on progress on the transformation programme. In addition, the Committee sought information on the budget and staff resources required for rebuilding and transformation projects. The Committee also recognised the importance of the use of data in achieving transformation of services, and heard evidence from officials on progress on the Encompass Programme.

The Committee acknowledged the impact of the pandemic on the Department's ability to progress with the transformation programme as originally envisioned; however, the Committee expressed its disappointment that the rollout of multi-disciplinary teams (MDTs) in particular had not progressed, in view of the enormous pressures on GP services and the feedback from GPs and patients of the benefits of MDTs.

The Committee would outline the importance of the Encompass roll-out in achieving transformation and providing the tools to collect data in order to allocate resources to those most in need. The gathering of data will allow more effective allocation of resources to target the health inequalities that are apparent in the system.

The Committee acknowledged the importance of the role of Allied Health Professionals (AHPs) in rebuilding and transformation, and wrote to the

Department to successfully request that the Chief Allied Health Professions Officer be given a place on the newly established management board for the rebuilding of services.

The Committee would outline the importance of having, where possible, an all-island approach to healthcare. There have been some good examples of an all-island approach to some health treatments and would encourage the Department to work with its counterpart in the Republic of Ireland to identify further opportunities that may build into the transformation agenda.

The Committee believes that the transformation of health and social care is essential, and that the rebuilding of services post-pandemic presents opportunities as well as challenges.

The Committee therefore recommends that the incoming Committee applies close scrutiny to the Department's progress in implementation of both the 'Delivering Together' recommendations on transformation and the [Strategic Framework for Rebuilding Health and Social Care Services](#).

Waiting Lists/Elective care

Waiting times for elective care were a priority for the Committee from the outset and the Committee was acutely aware that the COVID-19 pandemic would result in even greater deterioration of the waiting lists. The Committee heard evidence from the Department and clinicians on the management of elective care during the COVID crisis. In particular, the Committee heard from the Royal College of Surgeons, England, on its [10- point action plan](#) for the recovery of surgical services, and sought the view of the Department on the plan. The Committee questioned how much of the Department's budget was allocated to addressing waiting lists. In addition to elective waiting lists, the Committee was also concerned with the waiting lists for CAMHS, GP counselling services, transgender surgeries, physiotherapy rehabilitation services, and other services.

The Committee recommends that the incoming Committee scrutinises the implementation of the Department's [Elective Care Framework](#), and the associated budget allocations.

Workforce

From the very beginning of this mandate, the Committee was aware of serious workforce issues in the health and social care sector, particularly pay and vacancy rates. The arrival of COVID-19, and the rapid increase in staff absence rates due to illness, self-isolation and caring responsibilities of staff intensified the already critical workforce situation. The Committee heard evidence from staff organisations, such as the trade unions and professional bodies, and continued to question the Department on its handling of the workforce crisis. The Committee expressed its disappointment that the Department's Workforce Appeal did not yield a greater result, and questioned the effectiveness of the application process. The Committee was also concerned about the continued reliance on agency staff, and the cost to the health service.

The Committee considers that addressing workforce shortages will be crucial to the transformation of services and reduction in waiting times. The Committee acknowledges the Department's efforts to increase the workforce through additional training places for nurses and the opening of the graduate training school in Magee, and through other initiatives, such as extending the pool of professionals permitted to prescribe.

The Committee recommends that the incoming Committee scrutinises progress in improving the vacancy rates, and continues to press the Department to find ways to address the workforce issue in the short term, such as the use of AHPs and the roll out of MDTs. The Committee would outline there needs to be a step change in how the Department addresses the workforce issue and would highlight the importance of retention and recruitment in delivering the Transformation agenda and that a considerable proportion of the spend on Agency staff could be better directed to retention and recruitment of staff.

Neurology Services

The investigations into the work of the former neurologist, Michael Watt, led to the biggest ever recall of patients so far in Northern Ireland. From the outset, the Committee was supportive of those affected by the patient recall, and held a number of briefings with the Minister, Departmental officials, the RQIA and the panel of the Independent Neurology Inquiry (INI). In addition, the Committee heard evidence from the General Medical Council (GMC) on the voluntary removal of Michael Watt from the GMC register; the Committee wrote to the Committee for Health and Social Care in Westminster to ask for its assistance in closing the loophole that allows doctors under investigation to voluntarily remove themselves from the GMC register, avoiding further sanctions. The Committee welcomed the change of status of the INI to a full public inquiry, announced by the Minister on 11 December 2020.

The Committee expects the report to be published shortly, and recommends that the outworking of this Inquiry be subject to scrutiny in the new Assembly mandate.

Mental Health/Substance abuse

The Committee heard from a number of stakeholders in relation to mental health during the mandate, including the (then) interim Mental Health Champion and the NI Commissioner for Children and Young People (NICCY). The Committee raised a number of issues with the Department in relation to mental health, including funding for mental health crisis services, the inclusion of infant mental health in the mental health strategy and waiting lists for CAMHS. The Committee undertook an engagement programme during Mental Health Awareness Week, which culminated in a Committee motion debated in Plenary. In addition, the Committee heard from stakeholders working with those with addictions, and raised a number of issues with the Department in relation to the street testing of drugs, a ban on advertising of gambling and the provision of PPE to community and voluntary staff working with those with addictions during the COVID crisis. During Children's Mental Health Week, the Committee held a joint meeting with the Committee for Education to take evidence from NICCY on

children’s mental health and wellbeing. The budget allocation for mental health services was also closely scrutinised by the Committee.

The Committee recommends that the incoming Committee scrutinise the implementation of the mental health and substance abuse strategies, and continues to closely scrutinise the budget for mental health services and the waiting list for CAMHS.

Inquiry into Hyponatraemia Related Deaths - O’Hara report

The Committee was briefed from the Department on the 96 recommendations of the Inquiry into Hyponatraemia Related Deaths, and asked the Department for details of the implementation plan for the IHRD recommendations, including the Duty of Candour work stream. The Committee also sought assurances from the Department that it would fully engage with the families affected by the issue. The Department has indicated that it will bring legislation on the Duty of Candour in the next mandate. This will be a key piece of legislation that the incoming Committee will need to scrutinise in detail.

Dental Services

Early in the mandate, the Committee heard evidence from the British Dental Association NI on issues facing dentistry, including the need for an oral health strategy and investment in community dental services. The Committee later heard evidence on how COVID- 19 exacerbated the problems in dental services, due to the imposition of restrictions on dental treatments, the need for PPE and inequalities arising from the application of criteria for the financial support scheme (FSS). The Committee sought further information on these issues from the Department; the Department agreed to a proposal from the Committee to amend its approach to the calculation of FSS for those dentists on maternity leave. The Committee responded to stakeholders’ concerns about the future provision of NHS dental services, by engaging with the Chief Dental Officer and senior HSCB officials; the Committee sought further information

from the Department on funding for dental services and plans to address the key workforce issues.

Legislative Consent Memorandums

The Committee considered a number of legislative consent motion during the reporting period. The LCMs that the Committee considered are listed below:

- Medicines and Medical Devices Bill;
- Medicines and Medical Devices Bill: Further LCM;
- Health and Care Bill: International Healthcare Arrangements;
- Health and Care Bill: Medicines and Healthcare Products Regulatory Agency;
- Health and Care Bill: Professional Regulation;
- Health and Care Bill: Arm's Length Bodies – Transfer of Functions;
- Health and Care Bill: Information about payments etc.; and
- Health and Care Bill: Virginity Testing and Hymenoplasty.

Statutory Rules

The Committee considered a significant volume of statutory rules during the reporting period, the majority of which brought into operation public health measures to protect against the incidence and spread of Coronavirus infection in Northern Ireland. Despite the volume and pace at which these rules were made by the Department, the Committee endeavoured to undertake its scrutiny role and requested briefing from the Department on each one of these rules. At all times the Committee challenged the Department to provide the rationale and evidence base to support both the introduction and later, the removal of what were significant restrictions on people's lives.

The Committee was particularly concerned that coronavirus response regulations to make temporary modifications to the provision of children's social care services should only remain in place for the shortest amount of time

possible. After consultation with the key children’s advocacy stakeholders on this matter, the Committee sought assurances from the Department to put in place monthly monitoring arrangements on the extent to which the modifications provided by the Regulations were being applied and to share these monthly monitoring reports with the Committee. The Committee also sought reassurances that the regulations would be revoked at the earliest opportunity.

One of the final SRs that the Committee considered in this mandate was to agree the extension of the emergency powers within the Coronavirus Act 2020 until 24 September 2022 to ensure that measures can continue to be introduced, amended or withdrawn in response to the latest risk assessment associated with the incidence and spread of the coronavirus disease albeit for a time limited period.

Legislation

The Committee carried out Committee Stage scrutiny of seven Bills (three Executive and four Private Members’) during the reporting period. Further detail on each of the Bills is set out below.

The Health and Social Care Bill

The purpose of the Department’s Health and Social Care Bill was to provide for the closure of the Health and Social Care Board and for the transfer of its legislative functions. Whilst supportive of the intention of the Bill to reduce bureaucracy and streamline structures, the Committee was concerned about: the lack of detail about future commissioning arrangements; the removal of local engagement and input into health and social care commissioning decisions; and that the Bill did not include any statutory underpinning for the new commissioning system that will be in place upon the closure of the Board.

As a result of the Committee’s engagement with the Department on its concerns, the Bill was amended to place a statutory duty on the Department to bring forward regulations on the new model for the delivery of health and social

care and for those regulations to be approved by affirmative procedure and for the retention of Local Commissioning Groups until such time as the Department brings forward regulations on their replacement.

Read the Committee's report on [The Health and Social Care Bill](#) and [Addendum Report on the Health and Social Care Bill](#).

The Severe Fetal Impairment Abortion (Amendment) Bill

The purpose of this two-clause Private Members' Bill was to amend the Abortion (Northern Ireland) (No. 2) Regulations 2020 to remove the ground for abortion in the case of severe fetal impairment. The Committee's call for evidence on this Bill attracted a significant response with the Committee receiving 9,124 written submissions (forty-three submissions from organisations and 9,081 from individuals). Much of the evidence provided views on the wider subject of abortion, and the Committee agreed that although not all of the evidence directly related to the specific provisions of the Bill, all of the issues and themes raised in evidence would be referenced in its Bill report.

The Clauses of the Bill were not supported by all Members of the Committee and the decisions to agree the Clauses were reached by division. The Committee's report on the Bill also called for the full implementation of commissioned services as set out in the Abortion (Northern Ireland) (No. 2) Regulations 2020.

Read the Committee's report on [The Severe Fetal Impairment Abortion \(Amendment\) Bill](#)

The Organ and Tissue Donation (Deemed Consent) Bill

The purpose of the Department of Health's Organ and Tissue Donation (Deemed Consent) Bill, was to amend the Human Transplantation Act 2004 to provide for a 'soft out' system of consent for organ donation. The policy intent

was to increase the rate of consent in the small number of cases where it is clinically possible for organ donation to proceed after a person's death. The Committee examined a number of issues raised in evidence such as the role of the family, resource implications and exemptions to deemed consent in its consideration of the Bill.

The Committee agreed that it was content with the Bill as drafted.

Read the Committee's report on [The Organ and Tissue Donation \(Deemed Consent\) Bill](#)

The Autism (Amendment) Bill

The purpose of the Autism (Amendment) Bill was to amend the 2011 Autism Act to enhance the Autism Strategy. The Committee agreed a number of recommendations and amendments to this Bill. These included amendments to reflect the importance of early intervention, the consideration of the physical health needs of adults with autism, to provide that the Autism Strategy sets out how waiting times for assessment and treatment services are going to be reduced, the requirement for a cross-departmental approach to autism, and to ensure the independence of the Autism Reviewer.

The Committee made further recommendations to the Department of Health to ensure that the voices of people with autism are reflected in the Autism Strategy and that the Department consider mandatory autism training for frontline staff.

Read the Committee's report on [The Autism \(Amendment\) Bill](#).

The Abortion Services (Safe Access Zones) Bill

The purpose of this Private Members' Bill was to establish a 'safe access zone' outside premises which offer abortions or related information, advice and counselling. It also creates offences applying to the safe access zones that the police can enforce.

As a result of the Committee's engagement with the Bill Sponsor on the evidence received on the Bill, the Bill was amended to provide: clarity around buildings that should be afforded 'protected premises' status and the geographical area within which safe access zones would operate; clarity in respect of the 'offence of recording'; to remove the grounds for defence; and to remove the exercise of functions clause.

Some Committee Members raised concerns in relation to the Bill, however all of the Committee Members agreed, and recorded within the Committee's report, that there was no place in society for the harassment, abuse and intimidation of women and girls accessing health services and that patients, staff and visitors should be able to access health premises free from harassment, abuse and intimidation.

Read the Committee's report on [The Abortion Services \(Safe Access Zones\) Bill](#).

The Adoption and Children Bill

The purpose of the Department's Adoption and Children Bill was to reform the legislative framework governing adoption in Northern Ireland with the aim of making the adoption process as efficient and robust as possible and eliminating unnecessary delay and uncertainty for children. The Bill also aimed to enhance the services provided to children, their parents and carers and to improve outcomes for looked after children, including the introduction of a new Special Guardianship Order.

The Committee agreed to propose a number of amendments to the Bill and to support a number of the Department's proposed amendments. These included: a duty on the Department to provide support services that have been assessed as needed; to more clearly state the categories of persons entitled to adoption support services; the strengthening of the duty to promote achievement in education and training; to provide a wider definition of 'harm' than what was

drafted in the Bill; and the Committee agreed to oppose the removal of the duty to produce an annual report under the Children (Northern Ireland) Order 1995.

The Committee further agreed to support the Department's plans to amend the Bill to introduce a requirement relating to the preservation and retention of records as recommended in the Truth Recovery Design Panel report on the Mother and Baby Institutions, Magdalene Laundries and Workhouses in NI. These amendments were later ruled out of scope and the Committee explored a number of options on how to bring this matter forward, but was unable to do so within the limited time remaining in the mandate.

Read the Committee's report on [The Adoption and Children Bill](#).

The Hospital Parking Charges Bill

The purpose of this Private Members' Bill was to end the practice of hospitals charging for car parking at their sites. The Committee examined a number of issues relating to this bill including: the financial implications for the Department of Health and the Health and Social Care Trusts; capacity at hospital sites; the impact on staff and patients; sustainable travel options; and the introduction of free parking at hospitals in other jurisdictions.

The Committee agreed that it was content with the Bill as drafted and was also supportive of the Department's proposal to carry out a comprehensive review of its car parking policy. However, it was the Committee's view that the review should be focussed on capacity issues and not be a review of charging. The review should outline how the Department will deal with the issue of capacity, how it will manage car parking at sites, how it will address issues facing staff when parking and alternatives for transportation to hospitals for staff, patients and visitors.

Read the Committee's report on [The Hospital Parking Charges Bill](#).

Approach

From the outset, the Committee placed engagement with organisations and stakeholder groups at the centre of its engagement and scrutiny. This is seen through the large number of meetings and the number of organisations that the Committee took evidence from. The Committee continued to meet during recess periods and for a number of months leading up to the end of the mandate met twice a week to allow further scrutiny of Bills and other issues.

The Committee made full use of the technology available to hear from experts from across the world on a number of issues, including experts from England, Scotland, Republic of Ireland, Algeria and South Africa.

The Committee also met concurrently with the Justice Committee on two occasions on two separate issues and met concurrently with the Education Committee on children's mental health.

In addition to formal meetings – for which key statistics are appended – the Committee also undertook a number of other meetings which are set out below.

Stakeholder events / informal meetings

- Mother and Baby Homes – Members met informally on a number of occasions with individuals and representative organisations on this issue.
- Mental Health Awareness Week – The Committee met informally with eight organisations over the week, including hearing directly from young people on the impact of COVID on mental health and well-being.
- Organ and Tissue Donation Bill – The Committee met with the Patient and Client Council NI and a number of individuals who had experience of organ donation to discuss the provisions of the Bill.
- Adoption and Children Bill – The Committee held a number of informal meetings in relation to the Bill. The Committee met with Adoption UK and

Adoptive parents, the Fostering Network and foster carers and VOYPIC and young people in care.

- The Committee also met with a number of the Royal Colleges informally, including the Royal College of Surgeons and the Royal College of GPs.
- The Chair and Deputy Chair also met with a number of organisations over the period of the mandate.

Visits/External meetings/Events

Due to the COVID 19 restraints, the committee was limited in the number of external meetings they were able to attend.

On Thursday, 3 March 2022, the Committee held an informal meeting at the Junction, Dungannon, where MLAs met with a number of local stakeholders, with presentations being given by Brain Injuries Matter, Stronger Together, Inspire Well-being and Focus: The Identity Trust.



Committee for Health Chair Colm Gildernew and MLA's Paula Bradshaw and Deborah Erskine with Focus: The Identity Trust in Dungannon, March 2022.

This informative meeting provided an insight into the various stakeholders' experiences and concerns. The Committee was briefed on a variety of issues, such as Stronger Together NI's presentation on the problems surrounding

ethnic minority groups assessing GP services and Focus NI's presentation on gender transition and related services in Northern Ireland.

Following the 2022 mandate, the current committee will be urging the new Committee for Health to strive for strong community outreach and to continued efforts to meet with local organisations.

Disabled People's Parliament

The Committee met jointly with the Disabled People's Parliament in March 2022 to take evidence from the Minister and officials on issues facing disabled people coming out of the pandemic, issues raised included support for disabled people, day care and respite care and access to services.



Committee for Health Members and delegates from the Disabled People's Parliament, March 2022.

This was a very useful meeting for Members and representatives from the Disabled People's Parliament and the Department agreed that moving forward it would liaise with the Disabled People's Parliament on relevant issues. The Committee would recommend that this format could be taken forward in the next mandate.

Seen to be Heard Event

On Wednesday 15 March 2022, the Committee hosted an event in relation to the Seen to be Heard Exhibition on living with a diagnosis of secondary breast cancer. A number of MLAs attended the event and the group launched their manifesto calling for additional support for women living with a diagnosis of secondary breast cancer.



Committee Chair with representatives of the Seen to be Heard Exhibition



Deputy Chair with representatives of the Seen to be Heard Exhibition

The Committee would highlight that provision of services for those women diagnosed with secondary breast cancer should be a priority for the Department.

Suggested Issues for the Successor Committee

The Committee considered a number of issues which have yet to be formally concluded. These are discussed briefly below.

Issue 1 - COVID

The Committee recommends that the incoming Committee continues to scrutinise the Department's handling of the pandemic, and any subsequent virus surges, as well as the rebuilding of services post pandemic and the application of lessons learned for future planning.

Issue 2 - Transformation

The Committee recommends that the incoming Committee applies close scrutiny to the Department's progress in implementation of both the 'Delivering Together' recommendations on transformation and the [Strategic Framework for Rebuilding Health and Social Care Services](#). As part of transformation and rebuilding, there should be consideration of an all-island approach to the provision of services, including pathology services for paediatrics.

Issue 3 - Workforce

The Committee recommends that the incoming Committee scrutinises progress in improving the vacancy rates, and continues to press the Department to find ways to address the workforce issue in the short term, such as the use of AHPs and the roll out of MDTs. The Committee would highlight the importance of retention and recruitment in delivering the Transformation agenda and that a considerable proportion of the spend on Agency staff could be better directed to retention and recruitment of staff. The Committee would also outline the importance of the safe staffing legislation being brought forward early in the next mandate.

Issue 4 - Neurology

The Committee expects the report of the Independent Inquiry to be published shortly, and recommends that the outworking of this Inquiry be subject to

scrutiny in the new Assembly mandate. There will also be further reports from RQIA on a review of the deceased patients and from the Department on the recall of patients, the incoming Committee should monitor progress of these reports in the next mandate.

Issue 5 – Mental Health and Substance Abuse Strategies

The Committee recommends that the incoming Committee scrutinise the implementation of the mental health and substance abuse strategies, and continues to closely scrutinise the budget for mental health services and the waiting list for CAMHS.

Issue 6 – Cancer Strategy

The Committee would recommend that the incoming Committee consider the implementation of the cancer strategy, which is due to be launched before the end of March, including how the strategy will meet the needs of women with a secondary breast cancer diagnosis.

Issue 7 - Budget

The Committee would highlight the importance of scrutiny of the Department's three-year budget allocation. The Committee has consistently called for a three-year budget to provide the necessary certainty to allow for Transformation. The Committee would also recommend that any incoming Committee undertake work to make the Department's Budget more open and transparent and that there should be work completed to allow Members to follow allocations from the Executive through to delivery of the service.

Issue 8 – Review of Legislation

In this mandate, the Committee considered a number of significant pieces of legislation that have the opportunity to have a direct beneficial impact to those in need of support. The Committee would recommend that the incoming Committee consider implementation of the Autism (Amendment) Bill and the

Adoption and Children Bill to ensure that they are having the impact that was expected. This would include a number of regulations which will implement the Adoption and Children Bill over the period of the next mandate.

Appendix 1 – Committee for Health

The Committee has 9 members. The membership of the Committee throughout the current mandate was as follows:

- Colm Gildernew MLA (Chairperson)
- Pam Cameron MLA⁶ (Deputy Chairperson)
- Paula Bradshaw MLA
- Gerry Carroll MLA
- Alan Chambers MLA⁷
- Deborah Erskine MLA⁸
- Órlaithí Flynn MLA
- Colin McGrath MLA⁹
- Carál Ní Chuilín MLA¹⁰

⁶ Gordon Lyons MLA replaced Pam Cameron as Deputy Chairperson between 21 June and 7 July 2021.

⁷ Alan Chambers replaced John Stewart MLA with effect from 10 February 2020.

⁸ Deborah Erskine replaced Jonathan Buckley MLA with effect from 1 November 2021. Jonathan Buckley previously replaced Alex Easton MLA with effect from 2 November 2020.

⁹ Cara Hunter MLA replaced Colin McGrath on the Committee between 14 December 2020 and 18 October 2021. Colin McGrath previously replaced Sinéad Bradley MLA with effect from 23 March 2020.

¹⁰ Carál Ní Chuilín replaced Pat Sheehan MLA with effect from 1 February 2021. Pat Sheehan previously replaced Jemma Dolan MLA with effect from 16 March 2020.

Appendix 2 – Mandate facts and figures

Committee meetings & visits

Session	Number of meetings held	Percentage minutes public / closed	Number of meetings held outside Parliament Buildings	Number of committee visits
2019/2020	29	Public – 5182 (94.81%) Closed – 187 (3.43%)	0	0
2020/2021	47	Public – 9067 (86.10%) Closed – 1410 (13.39%)	0	0
2021/2022	34	Public – 5240 (86.07%) Closed – 738 (13.93 %)	0	1

Committee Bill Reports

Session	Name of Bill	Committee report (Ordered to print)
2019/2020	n/a	n/a
2020/2021	n/a	n/a

Session	Name of Bill	Committee report (Ordered to print)
2021/2022	The Severe Fetal Impairment Abortion (Amendment) Bill	11 November 2021
	The Health and Social Care Bill	30 September 2021
	Addendum Report on the Health and Social Care Bill	11 November 2021
	The Organ and Tissue Donation (Deemed Consent) Bill	16 December 2021
	The Autism (Amendment) Bill	13 January 2022
	The Abortion Services (Safe Access Zones) Bill	27 January 2022
	The Adoption and Children Bill	27 January 2022
	The Hospital Parking Charges Bill	24 February 2022

Committee Inquiries / Reviews / Micro inquiries

Session	Name of report	Committee Report (ordered to print)	Date debated in Plenary (if applicable)
2019/2020	n/a	n/a	n/a

Session	Name of report	Committee Report (ordered to print)	Date debated in Plenary (if applicable)
2020/2021	Inquiry Report on the Impact of COVID-19 in Care Homes	01 February 2021	
2021/2022	n/a	n/a	n/a

Committee Motions Debated in Plenary (excluding Inquiries / Reviews / Membership changes)

Session	Motion	Date debated in Plenary
2019/2020	n/a	n/a
2020/2021	Negative impact of COVID-19 Care Homes Report	23 November 2020 1 February 2021
2021/2022	Mental Health Awareness Week Carer's support	18 May 2021 15 June 2021

Statutory Rules

Session	Negative Resolution	Affirmative Resolution	Draft Affirmative	Confirmatory	Not laid	Total
2019/2020	57	0	0	11		68
2020/2021	67	0	1	49		117
2021/2022	38	0	4	26		68

Committee Reports (excluding Bill and Inquiry reports)

Session	Name of report	Date (date approved by Committee)	Date debated in Plenary (if appropriate)
2019/2020	Report on the Medicines and Medical Devices Bill: Legislative Consent Motion	15 June 2020	
2020/2021	Report on the Medicines and Medical Devices Bill: Further Legislative Consent Motion	19 November 2020	
2021/2022	Report on Legislative Consent Memorandums on the UK Government Health and Care Bill Addendum Report on the Health and Social Care Bill	11 November 2021 11 November 2021	

Witnesses

Session	Number of Organisations who gave evidence to the committee
2019/2020	220
2020/2021	464
2021/2022	361

Appendix 3 - Expenditure for the period 1 September 2017 – 3 March 2022

Budget area	Details	Expenditure
Committee Travel	Committee members and staff travel and subsistence in relation to visits and meetings outside Parliament Buildings	£0.00
Advertising	Includes the cost of advertising relating to:	£3,859.61
External Consultancy	Includes costs associated with committee use of external consultants to assist in consideration of legislation, inquiries, etc.	£30.00
General expenses	Cost of refreshments for committee meetings, committee events, working lunches, seminars, room hire, witness expenses, and conference fees for members etc.	£2,818.72
Additional meetings	Broadcasting costs	£2,148.50
All budget areas	All details	£8,856.83

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