The Scottish Parliament
Pàrlamaid na h-Alba

HEALTH AND SPORT COMMITTEE

AGENDA

6th Meeting, 2012 (Session 4)

Tuesday 7 February 2012

The Committee will meet at 10.00 am in Committee Room 6.

1. **Decision on taking business in private:** The Committee will decide whether to take items 3 and 4 in private.

2. **European Commission Work Programme:** The Committee will consider the European Commission Work Programme and European Union priorities for engagement and scrutiny.

3. **Work programme:** The Committee will consider its approach to a short inquiry into the Scottish Government's plan to integrate adult health and social care.

4. **Work programme:** The Committee will review the work completed since June 2011 and consider options for enhancing engagement with stakeholders in future.

Douglas Wands
Clerk to the Health and Sport Committee
Room T3.60
The Scottish Parliament
Edinburgh
Tel: 0131 348 5210
Email: douglas.wands@scottish.parliament.uk

The papers for this meeting are as follows—

Agenda Item 2

Note by the clerk	HS/S4/12/6/1

Agenda Item 3

PRIVATE PAPER	HS/S4/12/6/2 (P)

Agenda Item 4

PRIVATE PAPER	HS/S4/12/6/3 (P)

Health and Sport Committee, Paper 1, Agenda Item 2

6th Meeting, 2012 (Session 4), Tuesday, 7 February 2012

European Commission Work Programme 2012

Background

1. Consideration of the European Commission's Work Programme (CWP) is integral to the Scottish Parliament's early engagement with EU issues, as detailed in the Parliament's European Strategy.

2. The CWP details the work commitments of the Commission for the next 12 months outlining both legislative and non-legislative proposals. The programme also provides information on the proposals expected during the remainder of the present Commission mandate to 2014. The full Commission Work Programme (CWP) 2012 can be accessed here:

http://ec.europa.eu/atwork/programmes/index_en.htm

3. A more detailed assessment of proposals relevant to the remit of the Health and Sport Committee is attached in Annexe A. A guide to EU terminology is provided in Annexe B.

4. The Parliament's European Strategy aims to mainstream consideration of EU issues. By February 2012, each subject committee will submit to the European & External Relations Committee a report on their declared engagement priorities. As part of this reporting process, subject committees may request that the EER Committee undertake specific work on their behalf, which they are unable to take forward.

5. The EER Committee will consider these reports and requests at its meeting of 21 February 2012.

6. The result of this deliberation will be a **Parliamentary Report on EU Priorities for 2012**, which will be the subject of a chamber debate shortly thereafter.

Recommendation

7. The Committee is invited to consider the five legislative and non-legislative proposals contained in the Annexe, decide which it considers should be monitored, and agree to write to the Scottish Government to seek its position on those proposals.

ANNEXE A

Health and Sport

Revision of the Tobacco Products Directive concerning the manufacture, presentation and sale (legislative revised directive) – Expected February 2012

8. Recent developments in tobacco products will be addressed by an update of the Directive (2001/37/EC), to cover Internal Market issues and look at new products and labelling.

9. The Tobacco Products Directive 2001/37/EC has two objectives: (1) facilitating the functioning of internal market in tobacco products sector and (2) ensuring a high level of public health.

10. There are still differences between the Member States' laws and other provisions on the manufacture, presentation and sale of tobacco products which impede the functioning the internal market.

11. The two aims of the policy are to maintain good functioning of the internal market and to decrease tobacco related morbidity and mortality.

Package of innovation in health – promotion of innovation in medical devices for the benefit of patients, consumers and healthcare professionals (non-legislative) – Expected March 2012

12. Medical devices are used in the diagnosis and treatment of patients each day and are critical to the high protection of health of EU citizens. Based on the New Approach, rules relating to the safety and performance of medical devices were harmonised in the EU in the 1990s.

Package of innovation in health – medical devices (legislative) – Expected March 2012

13. The aim of the proposal is to ensure that the regulatory framework continues to promote innovation in the sector while guaranteeing patient safety. The regulatory framework will be adapted to technical and scientific progress, include clearer and simpler rules and provide for the necessary instruments for management at EU level. This has become a necessity due to the increasing demand in the market for drug-device combination products. The objectives are to enhance the level of health protection for all European patients and users, reinforce Europe's position in the forefront of innovation in the field and to achieve a smoother functioning of the internal market and international trade.

14. These two proposals shall contribute to a high level of safety for the patient and user, delivering a transparent system whereby citizens can be confident in the safety of medical devices. They shall also ensure the good functioning of the internal market for medical devices. Moreover, their objective is to provide a simple and easily-understandable regulatory environment for medical devices that is supportive of innovation and the competitiveness of the European medical device industry.

Innovation Partnership on active and health ageing (non-legislative communication) – Expected 2012

15. Nearly all Member States of the EU are experiencing the phenomenon of ageing populations that are often getting older in poor health and with reduced quality of life. This development, taking place against the decreasing fertility, is confronting Europe with huge challenges that if not adequately addressed will have a significant and detrimental effect on all of us. Over the next 20 years, the number of Europeans aged over 65 is expected to rise by 45% from 85 million in 2008 to 123 million in 2030. In the absence of a corresponding gain in disease-free life expectancy, the continuously increasing prevalence of chronic diseases, frailty and disability in those aged 65+ risk putting an additional strain on the economy, society and the sustainability of public finances.

16. The main goal of the Communication is to help achieve the EIP's headline target of increasing the healthy lifespan of the EU citizens by 2 years by 2020 and strategic objectives of the triple win: improving health and well-being of older people; improving the sustainability and efficiency of health systems; and developing innovative products, devices and services particularly suitable for older people, and thus fostering business growth and competitiveness.

Long-term care (non-legislative communication) – Expected 2013

17. Following the Commission staff working document in 2011 and discussions in the Social Protection Committee, the Communication will present policy orientations to respond to increasing need for long-term care provision.

Scottish Parliament Information Centre

January 2012

ANNEXE B

A guide to EU terminology

Commission proposals fall into two broad categories, legislative and non-legislative. The second group commonly gives warning of future action or legislation yet to come. The nature of each type of proposal is outlined below.

- *Communication*. A commission Communication is non-legislative in nature. It is commonly deployed to give warning or an outline of Commission thinking, or to summarise the results of an earlier consultation. Road maps and action plans are commonly published in this form. Communications will therefore appear throughout the legislative process. As such they are vital for gaining early warning of the likely course of a proposal, and the legislative milestones along the way. A communication can also be used in areas where the Commission has limited or no competence but believes it can add value to the process. An '*Interpretative Communication*' is adopted to clarify issues of confusion within a specific EU law.
- *Green Paper*. The Commission usually issues its consultations in the form of Green Papers, which are non-legislative. A green paper is produced early in the legislative process. The results of this consultation grant legitimacy to the Commission's further actions and are commonly summarised in a communication or a white paper. Recently the Commission has taken to issuing shorter, more specific, consultations without the title of green paper. These exercises are commonly electronic in nature.
- *White Paper*. Although non-legislative, a white paper will commonly summarise the Commission's chosen course of action and legislative proposals. At this stage there is still opportunity to affect the broad thrust of policy development.
- *Directive* (or Framework Decision in the Justice area). A legislative proposal, which often results from the stages outlined above. Once a directive is issued it will debated by the Council and where the co-decision procedure operates, by the Parliament. This stage can take several years, depending upon the complexity or controversy of the issue. There is still an opportunity to influence the detail of the law at this stage through amendment but it is harder to influence the broad purpose. Once passed, a Directive will progress to domestic transposition, where the member state has flexibility to deliver on the Directive's objectives.
- *Regulation*. A legislative proposal which commonly progresses more rapidly through the legislative process. Once passed, there is no domestic flexibility in its implementation.