

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee room 5 Ty Hywel and video conference via Zoom	Helen Finlayson Committee Clerk
Meeting date: 18 November 2021	0300 200 6565
Meeting time: 09.00	SeneddHealth@senedd.wales

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

Private pre-meeting (09.00–09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Impact of waiting times backlog on people who are waiting for diagnosis or treatment: evidence session with primary care organisations

(09.30–10.45)

(Pages 1 – 43)

Professor Peter Saul, Joint Chair – Royal College of General Practitioners
Cymru–Wales

Helen Whyley, Director – Royal College of Nursing Wales

Judy Thomas, Director of Contractor Services – Community Pharmacy Wales

Elen Jones, Director – Royal Pharmaceutical Society in Wales

Research brief

Paper 1 – written evidence from the Royal College of General Practitioners
Cymru–Wales

Paper 2 – written evidence from the Royal College of Nursing Wales

Paper 3 – written evidence from Community Pharmacy Wales



Paper 4– written evidence from the Royal Pharmaceutical Society in Wales

Break (10.45–11.00)

3 Impact of waiting times backlog on people who are waiting for diagnosis or treatment: evidence session with mental health and psychological support organisations

(11.00–12.00)

(Pages 44 – 51)

Professor Euan Hails, Director of Clinical and Therapeutic Services – Hafal
Simon Jones, Head of Policy and Influencing– Mind Cymru

Paper 5 – written evidence from Adferiad Recovery

Paper 6 – written evidence from Mind Cymru

4 Paper(s) to note

(12.00)

4.1 Letter from the Minister for Health and Social Services to the Chair regarding the Public Health Protection and Health Security Provisional Common Framework

(Page 52)

4.2 Letter from the Chair to the Ministers with follow up questions from the general scrutiny session on 23 September 2021

(Pages 53 – 55)

4.3 Response from the Minister for Health and Social Services regarding follow up questions from the general scrutiny session on 23 September 2021

(Pages 56 – 63)

4.4 Letter from Chair, Legislation, Justice and Constitution Committee to the Chair regarding the Mental Health Review Tribunal: Annual Report 2020–21

(Page 64)

4.5 Letter from the Professional Standards Authority to the Chair regarding the LCM for the Health and Care Bill

(Pages 65 – 66)

- 4.6 Letter from Chair, Children, Young People and Education Committee to the Minister for Health and Social Services regarding the Welsh Government Draft Budget 2022–23**
(Pages 67 – 71)
- 4.7 Response from the Chair to the letter from Chair, Children, Young People and Education Committee to the Minister for Health and Social Services regarding the Welsh Government Draft Budget 2022–23**
(Pages 72 – 78)
- 4.8 Letter from Chair, Legislation, Justice and Constitution Committee regarding the UK/Switzerland: Convention on social security coordination**
(Page 79)
- 5 Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of this meeting**
(12.00)
- 6 Impact of waiting times backlog on people who are waiting for diagnosis or treatment: consideration of evidence**
(12.00–12.15)
- 7 Sixth Senedd Health and Social Care Committee Strategy**
(12.15–12.30) (Pages 80 – 88)
Paper 7 – Sixth Senedd Health and Social Care Committee Strategy
- 8 Common frameworks: consideration of approach**
(12.30–12.45) (Pages 89 – 112)
Paper 8 – common frameworks briefing note
- 9 Welsh Government’s Health and Social Care Winter Plan 2021 to 2022: consideration of approach**
(12.45–13.00) (Pages 113 – 114)
Paper 9 – Welsh Government’s Health and Social Care Winter Plan 2021 to 2022: scoping paper

Document is Restricted

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 11

Ymateb gan: | Response from: Coleg Brenhinol yr Ymarfeywyr Cyffredinol | Royal College of General Practitioners

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

The health and social care workforce, including organisational culture and staff wellbeing

RCGP Cymru Wales welcome the inclusion of this priority. We would request that an important component of such work include consideration of the scope and accessibility of occupational health services health care professionals in primary care.

This priority of the College pre-dates the COVID-19 pandemic, but the experience of working through that period, much of it without the protection of a vaccination, has further heightened the urgency with which the matter must be considered. As the emergency measures ease and society re-opens general practice is seeing a further increase in workload pressure related to patients having delayed seeking treatment and conditions exacerbated due to the pandemic.



Health for Health Professionals is a useful service and the College has received positive feedback regarding it. However, this alone does not respond to the full range of needs of the profession. Instead, some are having to turn to privately procured counselling and support services.

Evidence-based innovation in health and social care

RCGP Cymru Wales welcome the inclusion of this priority. In particular, it is our view that there is a need to focus on data collection, compatibility and sharing in general practice. We note the important role that the RCGP / University of Oxford Research and Surveillance Centre plays in providing near real-time data for general practice in England. This service is open to Welsh GPs to sign up to and a small number have, but it is not being utilised to the extent that it can be or that the Welsh NHS at large is benefiting from the data output. The College is currently advocating that the Welsh Government endorses wider use of this facility, but we also feel that thorough scrutiny of data collection and how it is made available for productive use such as workload and workforce planning will only further the efficiency with which our NHS functions.

We also acknowledge the role of the SAIL Databank, although our engagement with that organisation has been limited to date which, in itself, could be seen as an indication that current data management processes have scope to be optimised.

RCGP Cymru Wales feel strongly that greater sharing of anonymised data about how patients are using general practice can only be of benefit to the profession, patients and planning as well as building the confidence of the tax payer in a service they both fund and hold dear.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) gwasanaethau iechyd;**
- b) gofal cymdeithasol a gofalwyr;**
- c) adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) health services;**
 - b) social care and carers;**
 - c) COVID recovery?**
-

Gwasanaethau iechyd

Health services

The Primary Care Estate

RCGP Cymru Wales would like to propose the Committee examine the primary care estate and assess whether it is fit for purpose both currently and into the future considering the Welsh Government's proposals.

In particular, we would raise three subtopics:

- Capacity to allow for GP trainees studying in surgeries.
- Capacity to reflect the growing focus on multi-disciplinary team working. This extends beyond physical space for each profession to also ensuring there is sufficient scope for cross-profession interaction and shared-learning.
- Capacity to allow for reasonable precautions should aspects of social distancing be required in future whether due to ongoing COVID-19 concerns or subsequent viral transmission risks.

Cross-Committee inquiry on tackling health inequalities

We are joining with other organisations including the Welsh NHS Confederation, Community Housing Cymru and the Royal College of Physicians in calling for an inquiry across all Senedd Committees on tackling health inequalities in Wales. Meaningful progress will require coherent efforts across all sectors to close the gap and an inquiry undertaken by all Senedd Committees will enable Committees to consider what action each Welsh Government department is doing to tackle the root cause of health inequalities and put forward recommendations around where improvements are needed.

Health inequality is the result of many and varied factors. While COVID-19 has revealed and exacerbated pre-existing health inequalities, there have been many detailed and well-evidenced reports on health inequalities in recent years. In just the past year, many reports have called for system-wide action on health inequalities including the Welsh Health Equity Status Report initiative, [Placing health equity at the heart of the COVID-19 sustainable response and recovery](#) (Public Health Wales and Welsh Government), [Mitigating the impact of COVID-19 on health inequalities](#) (British Medical Association), [The Marmot Review 10 Years On](#) (Institute of Health Equity and the Health Foundation) and the most recent [Unequal pandemic, fairer recovery](#) (the Health Foundation). Every one of these reaffirms the need for coherent, coordinated activity across all delivery partners and in COVID-19 recovery, there is an opportunity to create a healthier, more resilient society, by addressing the root causes of poor health and invest in people and their communities – their jobs, housing, education and communities.

Health inequalities are the result of many factors and arise as a result of the social and economic inequalities that shape the conditions in which people are born, grow, live, learn, work and age. For too long, we have looked to the health service to address these challenges in isolation, but the NHS alone simply doesn't have the levers to make the changes we know are vital to creating the conditions necessary for good health and wellbeing. Meaningful progress will require coherent, strategic efforts across all sectors – using their available resources, expertise and relationships – to close the gap. It will also be important that we are able to understand and measure our collective progress to ensure that we achieve the outcomes that matter most.

In April 2021, the Welsh NHS Confederation's Health and Wellbeing Alliance published a short paper, [Making the difference: Tackling health inequalities in Wales](#). In this paper, we suggest initial steps that the new Welsh Government should take in their first year to respond urgently to health inequalities and make the greatest possible impact by coordinating renewed commitment from all partners:

- Welsh Government leadership: sustained, focused and coordinated action across all Government departments to tackle the root causes of health inequalities.
- Invest in preventing health inequalities: rebalance spend away from crisis to long-term prevention over the next Senedd term and provide the necessary transition funds to support the long-term shift to a preventative approach. Investment should be targeted at infrastructure and services that offer sustainable solutions to the underlying causes of health inequalities, such as community-based support, quality homes, and access to education and skills at all ages.
- Working in partnership: The Welsh Government should facilitate an enabling, responsive, and innovative operating environment that includes citizens, communities, public bodies, not-for-profit and third sector partners, and the private sector. Priorities should include giving people a greater voice in defining solutions and making partnerships fit for purpose.

Through having a cross-Committee Senedd inquiry it will enable all Committees to consider what action each Welsh Government department is doing to tackle the root causes of health inequalities.

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 128

Ymateb gan: | Response from: Coleg Nyrso Brenhinol Cymru | Royal College of Nursing Wales

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchodydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

Access to mental health services

- The Committee should launch an inquiry into specialist mental health services and encourage the Welsh Government to produce a specific specialist mental health workforce strategy.

The Committee has identified access to mental health services as a potential priority. The Royal College of Nursing Wales also considers this a priority for the Health and



Social Care Committee but would urge the Committee to focus attention on specialist and severe mental health services.

Individuals needing secondary or specialist in patient mental healthcare are often some of the most vulnerable in society and experiencing a tremendously difficult period of their life. Being admitted to hospital or an inpatient facility for any ailment, at any age can be a worrying and stressful experience. When an individual requires inpatient care due to severe and enduring mental ill-health this add another dimension, with additional challenges for the individual, those providing care and their families. To add to this, the experience can become further complex when the individual is admitted to a ward unsuitable for their needs, far from home or when the individual's first language is Welsh. Everyone should have the right to be cared for in an age-appropriate, safe and supportive environment, and receive care in their preferred language.

However currently, inpatient services are under an immense amount of pressure due to an increase in service demand and a significant workforce shortage. The workforce shortage is further complicated by the lack of published data of vacancy figures as this challenges workforce planning. This has led to people who need inpatient services being placed on poorly staffed, unsuitable wards such as mixed gender wards or low secure wards when they should be placed in safe, properly resourced environments of care determined by their individual needs and this should always be as close to home as possible.

A further significant concern is the increase in the number of 15-17 years olds being placed on acute adult wards for lengthy periods due the complete failure to invest in any secondary Child and Adolescent Mental Health (CAMHs)in-patient services. The risks and the psychological impact of admitting young people to adult in-patient services cannot be emphasised strongly enough.

Together for Mental Health, the Welsh Government's 10 year mental health strategy expires in 2022. The actions in the last delivery plan 2019-2022 have yet to be achieved. For example, Action 2 make sure that mental health inpatient wards are helped to plan the right staffing levels has not been achieved as the nursing workforce is reporting extensive vacancies and difficulties with daily staffing.

Mental health nurses provide compassionate highly skilled care for vulnerable individuals. However due to a workforce shortage and a lack of investment in commissioning mental health nurses the current workforce is under an immense amount of pressure. Despite the Welsh Government's commitment to improve staffing levels on older person's mental health in patient wards(following Tawel Fan)

this has not be realised. The skill mix continues to be of concern due to the lack of registered mental health nurses which does not afford the opportunities of excellent patient care. There continues to be a significant overuse of bank and agency staff for this group of complex, vulnerable and occasionally challenging individuals.

The Nurse Staffing Levels (Wales) Act 2016 provides the assurance that patients are receiving the care they deserve by ensuring there is an appropriate level of nurses with the correct skill mix needed to care for patients. The Royal College of Nursing is campaigning for Section 25B of the Nurse Staffing Levels (Wales) Act 2016 to be extended to mental health inpatient wards. Section 25B places a duty on health boards and trusts to calculate and maintain the level and skill mix of nurses on a specified ward. This currently applies to acute adult medical and surgical wards. From October 2021 this will apply to paediatric inpatient wards.

The mental health estate

- The Committee should review the mental health estate and capital funding

In 2019 it was recorded that the NHS had a backlog of over £261 million for urgent repairs. The physical estate of the NHS is in urgent need of investment to ensure it can continue to provide care in a safe environment. However there is no breakdown what repairs are needed on the mental health estate, in fact there is very little information on what is available in Wales in terms of the physical estate.

Health board mental health funding for 2021-2022 amounted to £726.7 million. There is no mention of this money being spend on increasing or stabilising the physical estate. It is known that people with severe and enduring mental ill health are often placed in facilities out of Wales as Wales does not have the physical estate needed to care for these individuals. Not only does this take individuals far away from their home and their families but it causes complications when their first language is Welsh as English facilities may not have measures in place to provide care in Welsh.

As a result of the lacking physical estate, the workforce are no longer confident in providing the care these individuals would need. Consequently Wales has lost the ability to care for the most vulnerable. There is an urgent need to review the physical estate and ensure Wales can understand what's available and ensure Wales can provide care for people experiencing enduring and severe mental ill health, close to home and in their preferred language.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

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-

Gwasanaethau iechyd

Health services

Health and care data

- **The Committee should consider workforce data as a priority**

'This information is not held centrally' is a response many will be familiar with when asking for data from the Welsh Government relating to health and social care, in particular when trying to find information on the health and social care workforce. The Royal College of Nursing strongly believes health and social care data should be a priority for the Committee. To demonstrate the need to evaluate workforce and health and social care data, there are three nursing related examples below.

Vacancy data

Wales is the only country in the UK not to publish nursing vacancy data. NHS Digital publish data relating to the workforce in England, NHS Scotland publish data for the Scottish workforce and the Department of Health publish data for Northern Ireland.

RCN Wales estimated there is a minimum of 1,586 registered nurse vacancies in NHS Wales. However, this estimate is largely based on vacancy data found in health board board papers. The data mainly refers to May 2021, but there are inconsistencies with Cwm Taf Morgannwg and Powys. Powys have not published vacancy data since the previous Health, Social Care and Sports Committee's inquiry into Community and District Nursing. Cwm Taf Morgannwg have only published registered nurse vacancies data from two of their hospitals, Prince Charles and Royal George. Beyond this, the estimate only accounts for vacant posts that have been advertised. It poses the questions as to how Wales can create an accurate workforce plan without knowing the number of nursing vacancies?

Children's nurses and midwives

Stats Wales publish quarterly data on the nursing workforce in Wales. Before 2018 the data was published annually. The data is provided by the Health Boards using the Electronic Staff Record (ESR). While this data provides an insight into the workforce it is flawed, an example of this is children's nurses and midwives. The statistical quality report published by the Welsh Government explains that in 2016 Abertawe Bro Morgannwg (now referred to as Swansea Bay following changes with Cwm Taf Morgannwg), recoded a number of midwives and other staff to children's nurses; Betsi Cadwaladr also undertook a data cleanse the same year. Cwm Taf Morgannwg and Cardiff and the Vale also recoded a number of staff to children's nurses in 2019. This has inflated the number of children's nurses as displayed by StatsWales. This is deliberate miscoding, and the actual number of children's nurses is likely to be much lower.

There is currently no public ambition from the Welsh Government to ensure the correct coding of children's nurses occurs –once again this begs the questions as to how can Wales provide care when it does not understand the basic numbers?

District Nurses

Health boards have informed Statistics Wales that they are deliberately miscoding all registered nurses working in the community as "district nurses". This is false information.

In the statistics quality report it was acknowledged that there are a number of nurses coded as district nurses who should not be. Enhancements in 2018 to the Electronic Staff Record meant that it is possible for Health Boards to see which of those 'district nurses' have the relevant qualification (SP:DN), this would then allow for health boards to recode the nurses to ensure an accurately portrayal of the number of district nurses in Wales. However, despite having the ability to identify nurses with the relevant qualifications and acknowledging the presence of inaccurate data, health boards have not recoded district nurses and therefore the data published by Stats Wales remains inaccurate and an inflation of the number of district nurses.

The above examples were merely three examples of insufficient nursing data. There are several examples outside the field of nursing that further highlight the lack of accurate data, or simply a lack of data gathering.

Community Care

It is well known that the Welsh Government have reconfigured health services over the last 10 years to move care closer to the home. However, there is no way of assessing the experience of patients in the community, understanding the care and treatment of the patient, or their outcomes. In a hospital setting there are Patient Reported Outcome Measures (PROMS) and Patient Reported Experience Measures (PREMS). These measures provide health boards and the Welsh Government with information on the efficiency of their services. However, these have not been extended to the community. The lack of information is concerning, not only for the

Royal College of Nursing but patient led organisations and the volunteer sector. How can Wales know providing care in the community is the preferred option when no data has been gathered on the experience and outcomes of patients?

Above all there is a basic need to understand how health services can be delivered and how they can be improved. This requires data on the workforce and the outcomes/experience of those receiving care in all settings.

Gofal cymdeithasol a gofalwyr

Social care and carers

Care homes

- The Committee should scrutinise the Welsh Government's Rebalancing Care and Support proposal to ensure it is appropriate for the individual and workforce.

Registered nurses working in care homes are key to the delivery of safe, high quality care and supporting improved health and wellbeing outcomes. Registered nurses and nursing teams in care homes and the community are crucial for ensuring older people in society can receive care in their home and remain independent for longer.

Registered nurses promote older people's independence through proactive, rehabilitative care; promote residents' health and deliver high quality palliative and end of life care. A registered nurse's presence is essential for continuous monitoring and assessing people's health and wellbeing. As autonomous practitioners their clinical skills are used to recognise and anticipate problems, take action when a person's condition is deteriorating and avoid unnecessary hospital admissions.

Despite their importance, there is a shortage of qualified registered nurses within the care system. This is a significant cause for concern, as it impacts on the sustainability of nursing care provision within care homes and on the wider stability of the market. With more agency and locum staff working in the care sector, this can lead to an erosion of continuity of care between nursing staff and resident. Continuity of care is one of the fundamental drivers that attracts nurses to the sector.

According to Social Care Wales (SCW), the number of registered nursing staff employed by commissioned care providers in 2019 was only 1,438, making up 3% of all staff employed by commissioned care providers in Wales.¹ Despite the overall percentage of registered nursing staff remaining at 3% of the total workforce employed by commissioned care providers the total number has decreased from 1,545 in 2018, to 1,438. This decrease is concerning given the challenges the sector faces. If there are not enough registered nurses in the care home workforce then the quality of the nursing care provided will fall, resulting in poor health and reduced life expectancy for older people cared for by the care home sector.

¹ Social Care Wales, 2020, Social Care Wales Workforce Profile: Commissioned service, SCW_workforce_profile_2019_Commissioned-Services_final_EngV2.pdf (socialcare.wales)[accessed 10 September 2021]

The Royal College of Nursing strongly believes the nursing role in a care home is important and should not be marginalised in policy development. The powerful benefits of nurses has failed to be recognised or articulated in current policy. This has added to the pressure faced by nurses in care homes and acted to prevent student nurses seeking a career in the field. The previous Welsh Government launched a consultation titled Rebalancing Care and Support. The current Welsh Government seeks to continue with the work of Rebalancing Care and Support and improve the social care sector. However RCN Wales firmly believes Rebalancing Care and Support does not go far enough to recognise the complexity of service delivery as it does not recognise the role of the nursing workforce. There is no mention of nursing or the role of nursing in the proposal. The lack of recognition of nursing will continue to inhibit service improvement.

International nursing and migration

- The Committee should seek to understand the impact of the UK leaving the EU on international recruitment and migration.

Research commissioned by the Welsh Government found that registered nurses are the staff group within social care with the highest proportion of non-UK EU workers (approximately 17.7%).² The report further highlighted that retention challenges were most acute with respect to NMC registered nurses within social care in Wales.

In March 2020, RCN Wales signed the Welsh Government's migration position paper.³ The paper sets out a united Welsh position on a number of key migration issues, including the need to recognise demographical differences across the UK, the Welsh requirements for a new immigration system and the salary threshold.

The needs of the health and social care sector differs across the four nations of the UK. The immigration system came into effect in January 2021, the Committee should seek to understand its effects on international recruitment and migration.

Adfer yn dilyn COVID

COVID recovery

- When making recommendations on for a COVID-19 recovery, the Committee should consider the role of the workforce and ensuring their mental health and wellbeing is being prioritised.

² Government for Social Research and the Welsh Government, 2019, Research on Implications of Brexit on Social Care and Childcare Workforce in Wales <https://gov.wales/sites/default/files/statistics-and-research/2019-03/implications-brex-it-social-care-and-childcare-workforce.pdf>. Accessed 20 March 2021.

³ Welsh Government, 2020, Wales position paper on migration, <https://gov.wales/sites/default/files/pdf-versions/2021/1/3/1610564620/wales-position-paper-migration.pdf>. Accessed 21 March 2021.

The Royal College of Nursing Wales agrees with the Health and Social Care Committee that the workforce should be priority. Staff well-being needs to be considered in any discussion regarding any COVID-19 recovery plans

Throughout the COVID-19 pandemic the workforce has shown resilience, dedication and compassionate. COVID-19 has demonstrated that the workforce is highly skilled, adaptable, and knowledgeable. However it has also exacerbated the challenges the workforce experience including; staff shortages, difficulties with recruitment and retention, a lack of morale and burnout.

A survey of 2,011 RCN Wales members (June 2020) found that the level of stress among respondents had increased since the start of the COVID-19 pandemic, whilst the level of staff morale had decreased. Three quarters of members surveyed (75.9%) reported experiencing an increase in stress levels, whilst over half (58%) expressed that staff morale had worsened. Furthermore, over half (52%) are concerned about their mental health. This is extremely worrying. The combination of stress and reduced morale is not conducive to a productive work environment and is leading to a worsening of the current workforce shortage as nursing staff are considering leaving the profession.

Without a physically and psychologically health workforce, staff will not be able to provide safe and effective care. NHS organisations must continue to focus on staff wellbeing, improving morale and allowing staff to rest and recover

Furthermore, nursing staff may be suffering from long COVID. It is important that this is taken into consideration when discussing a recovery to ensure they can receive the care they need.

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

Health Education and Improvement Wales

- The Committee should ensure HEIW and the education commissioning process are effectively scrutinised.

The Royal College of Nursing welcomes the Committees attention on HEIW, having announced the first oral evidence session will be held with HEIW and Social Care Wales. The Royal College of Nursing will be submitting evidence separately, having received a call for evidence from the Committee.

The Welsh Government spend over £8bn a year to ensure the availability of health and social care services in Wales. This money also funds a workforce to provide said care. It is the duty of the Senedd to scrutinise the decisions of the Welsh Government, however this can become challenging when decisions are made by an independent body such as HEIW which lacks transparency.

HEIW was established in 2018 to provide leadership for health professionals education. Currently, funding for commissioned education is decided by the Welsh Government based on private recommendations from HEIW. These are then publicly announced by the Welsh Government in an annual press release. There is a lack of transparency leading up to the press release and often health organisations are unaware of the figures prior to their publication. It is widely felt that there the education commissioning process should be transparent and allows for professional bodies, higher education and patient representatives to contribute their expertise and constructively challenge the rationale provided. Having a clear transparent process for stakeholders to contribute evidence would increase confidence in the process and outcomes and increase the quality and robustness of the outcomes and their relationship to the needs of Welsh health and social care.

Furthermore there is a shortage of specialists, advance practitioners, and consultant nurses in Wales. This is primarily due to a cycle of failure as NHS Wales and employers do not release nurses to study as it would be costly to backfill their post, this intern means HEIW do not commission postgraduate nurse education as there are not enough nurses to fill the courses. Universities than close departments and withdraw advance nurse education courses. This means that any nurse that was able to study now has to travel further away, a time consuming and costly burden. Consequently patients suffer as Wales does not have the specialist knowledge needed to provide the clinically advanced care, education and research. HEIW needs to develop career pathways and expand career commissioning, rather than commissioning for staff nurses.

Retention

- The Committee should prioritise workforce retention and ensure the Welsh Government provide national leadership by forming a national retention strategy.

Every health board, trust, political party, health organisation and the Welsh Government recognises the need to improve retention, however there is no national leadership on how to do this. In the Senedd elections in 2021, the Royal College of Nursing called on all political parties to adopt a national retention strategy. The newly elected Welsh Government must provide national leadership through adopting a national retention strategy. This needs to include, protected time to continued professional development, flexible working arrangements and improve pay and terms and conditions.

HEIW and SCW published a workforce strategy in 2020 which seeks to put wellbeing at the heart of plans for the NHS and social care workforce in Wales. The strategy explains that the actions in each of the seven themes, together with a commitment to support the workforce will improve retention. However retention is only mentioned twice in the strategy, both times are merely mentioning that the strategy will improve retention rather than putting actions in place to do so.

Hospital discharge

- Continue the inquiry into hospital discharge that was started by the 5th Senedd Health, Social Care and Sports Committee

The previous Health, Social Care and Sports Committee launched an inquiry into hospital discharge. However due to the COVID-19 pandemic the inquiry was paused and ultimately dropped. The Committee recommended that the newly elected Committee under the 6th Senedd should continue with the inquiry. The Royal College of Nursing Wales would support this call.

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 19

Ymateb gan: | Response from: Fferylliaeth Gymunedol Cymru | Community Pharmacy Wales

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

Community Pharmacy Wales (CPW) represents the 713 pharmacy owners in Wales in negotiations with Welsh Government and Local Health Boards regarding community pharmacy based NHS services. Our main objective is to secure the best possible NHS service opportunities, remuneration and terms. We are the body responsible for liaising with the Department of Health and for negotiating the contractual terms for the provision of NHS community pharmacy services. As a major provider of NHS primary care services, we work with NHS Wales and Welsh Government to maximise and recognise community pharmacy's contribution to the health and wellbeing of the population in Wales.

The experiences of the community pharmacy sector at the front line of the COVID-19 pandemic have influenced our response to this consultation. The real lived front-line experiences of

community pharmacists and their teams during this period have informed our submission to this enquiry.

The Health and Social Care Committee has asked for evidence on its strategic approach and forward work programme. You have asked for our views on both some initial priorities set out by the Committee, and for suggestions of other key priorities in relation to health services, social care and carers, and COVID recovery.

This short submission on behalf of the community pharmacy network in Wales covers our views on both these areas, focusing on where we might add value.

We have no views on timing or the other questions which you raise, but CPW would like the opportunity to offer evidence (written or oral) to the following proposed committee inquiries:

- Public health and prevention – CPW would offer written evidence in respect of the role of community pharmacy in public health campaigns and awareness.
- The health and social care workforce, including organisational culture and staff wellbeing – It is important that when the Committee frames this enquiry, it also includes staff in community pharmacy. We have specific issues to raise included the pace of education and training; the need to consider community pharmacy staff as part of the NHS 'family'; and also specific discriminations, such as the ability of GPs and their staff to join the NHS pension scheme while community pharmacy staff remain excluded. There are also issues related to recruitment and retention in some areas, especially West Wales.
- Access to mental health services – The role of primary care in sign posting to mental health services should form part of the review and CPW would offer written evidence to this enquiry.
- Evidence based innovation in health and social care – This is one of the main things which the Committee needs to cover, as this whole policy area has not been the focus of enough political attention. The key issue is not innovation, but the harnessing of innovation. Direct examples of innovation in health care are relevant, such as the Sore Throat Test and Treat services; issues in relation to rolling out innovative services; and the 'patchy' nature of innovating between Local Health Boards.
- Access to COVID and non-COVID rehabilitation services – CPW might offer evidence to this enquiry, depending on the terms of reference and the volume of anecdotal data we might be able to share from the community pharmacy network.

CPW has no comment or input to make in relation to the following inquiries

- Access to services for long-term chronic conditions, including musculoskeletal conditions.
- Support and services for unpaid carers.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) **gwasanaethau iechyd;**
- b) **gofal cymdeithasol a gofalwyr;**
- c) **adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) **health services;**
 - b) **social care and carers;**
 - c) **COVID recovery?**
-

Gwasanaethau iechyd

Health services

1. New Community Pharmacy Contract: CPW is currently working with Welsh Government to agree a substantially revised NHS contractual framework that will see the first major contractual change since 2006, placing much more emphasis on the clinical role community pharmacists and their teams with a greater focus on the delivery of community pharmacy based clinical services. The shared intention is to work to ensure that the complete package of changes will come fully into force before the end of 2023/24. These changes are designed to expand the role of community pharmacy in NHS funded health provision beyond the network's important role in ensuring the safe supply of prescription medicines to patients across Wales. They will further enable Welsh Government to transfer more and more services from a secondary care to a community care setting. Once the new contract is agreed, CPW would request that the Committee holds a one-day evidence session to discuss its content and reflect specifically on:
 - New models of working such as moving a significant number of patients over to the Repeat Dispensing /Batch Prescription Service.
 - Service consistency and reliability under the new contract.
 - Funding arrangements underpinning the contract, to ensure that the principle that "the money should follow the work" is strictly observed.
 - Promotion and publicity around the changing shape of community pharmacy.
2. Public awareness in health care: Building on the final bullet above, there might well be a valuable piece of work which the Committee could undertake around public understanding and awareness in health care. We know that the results of the patient surveys linked to the recent Pharmaceutical Needs Assessments undertaken by Local Health Boards show that public awareness of pharmacy services isn't very high – and it

needs to be higher if patients are going to "Choose Well". A lack of awareness is not confined to patient understanding of community pharmacy.

3. Level Playing Fields in Primary Care: The Committee might look to undertake a short inquiry into the 'commercial' elements of primary care or suggest that the Public Accounts Committee does so. There are some very relevant issues which have never been examined within the Senedd in relation to creating a level playing field for community pharmacies as a business providing NHS primary care services. For example, GP surgeries do not pay Business Rates. There are also inconsistent VAT treatments applied to health services delivered by different healthcare professionals. Currently services provided by a pharmacist are VAT exempt but by any other member of the team are not VAT exempt.
4. Cluster working in Primary Care: Examining the effectiveness of clusters now that they have had time to 'bed down'. As of April 2021, there are finally community pharmacy leads in each primary care cluster in Wales.

Adfer yn dilyn COVID

COVID recovery

Use of digital technology in Primary Care: This is a particularly topical issue since the Welsh Government is about to embark on an ePrescribing initiative for Wales. CPW believes there should be a single patient digital record for patients in Wales that community pharmacies have access to and is used by all providers of clinical services (whether that is GP/ secondary care, community pharmacy or whoever). The archaic system of still having green pieces of paper moving between GP practices and pharmacies, often via patients, must end. The crisis has highlighted the inefficiencies of paper based prescribing systems. Any enquiry into the impact of COVID-19 should encompass learnings related to data and the use of digital technology.

Unrhyw faterion eraill

Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

The Welsh border and its impact on health care: This is an under examined area and one that is relevant in terms of both prescribing and ePrescribing. Whether this is a stand-alone enquiry or simply shapes the terms of reference of other enquiries, there is certainly more that can be done to examine this element of health care planning and provision.

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 98

Ymateb gan: | Response from: Cymdeithas Fferyllol Frenhinol | Royal Pharmaceutical Society in Wales

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

The Royal Pharmaceutical Society is the professional body for pharmacists and pharmacy in Great Britain. We lead and support the development of the pharmacy profession to improve the public's health and wellbeing, including through advancements in science, research and education. We welcome the opportunity to provide input into the Committee's deliberations regarding its future priorities and its important work programme.

Priority 1: Health & Social Care Workforce

We believe that the top priority for the Health and Social Care Committee should be the health and social care workforce. We are aware that the pandemic has impacted significantly on the pharmacy workforce, as it has across the entire health and social care community. For this reason



there is an urgent need for the Committee to explore the short term plans to meet the predicted winter pressures of 2021/22, to understand how the workforce will play a role in covid-recovery plans, as well as longer term plans to transform and modernise the workforce.

We recommend that the Committee calls for and explores evidence from professional bodies and royal colleges representing the health and social care professions, as well considering how the plans being made at national levels by HEIW and Social Care Wales will meet the training and career path developments needed by the professions going forward.

As part of the inquiry into workforce, it will be vitally important to understand how the wellbeing of staff is being supported and how it can be sustained over the longer term.

We believe that the inquiry into workforce should also seek to understand progress in developing multi-professional working to ensure the right skill mix of professionals is brought together to improve care and efficiencies in service delivery. Issues of professional and organisational culture should be considered along with identifying other barriers to shared decision making and multi-disciplinary team working.

We appreciate that the Committee is already planning an oral evidence session with HEIW and Social Care Wales in the autumn. It is important that the views of professional bodies and other key stakeholders are taken on board as part of this important work. It will be critical for the Committee to understand the current pressures on the workforce and the projected challenges for sustaining a high performing health and social care workforce.

Priority 2: Access to mental health services

The impact of the pandemic on the mental health of the Welsh population is deeply concerning. With an anticipated surge of people requiring mental health and psychological therapies, it is critical that the Committee seeks to understand the current challenges, gaps in services and opportunities for the future. As a member of the Royal College Mental Health Expert Advisory Group, we support calls to understand the challenges of opportunities relating to access to psychological therapies, the availability of digital resources, the need for specialist intervention, the availability of care close to home, and the appropriateness of the NHS mental health estate.

We believe the pharmacy professional has an instrumental role in supporting mental health and should be equipped to be a key part of pathways of care when medicines and pharmacological responses are needed. Pharmacists working in primary care and in the community are well placed to interact with the population and to identify mental health concerns. As part of a pathway of care, a formal referral protocol could help to accelerate referral and signposting to other services, ensuring efficiency and quicker access to the right professional at the right time.

We believe that any inquiry into mental health services must also consider the digital transformation needed to ensure services are fit for purpose. This may require discussions with the Deputy Minister for Mental Health and Wellbeing and her officials, Digital and Health Wales, service users or representatives of service users, and representatives from professional bodies representing professionals working in mental health.

Priority 3: Evidence-based innovation in health and social care

We believe that digital transformation of health and social care is critical to the future sustainability of services in Wales. For pharmacy there are several enablers that will improve patient care,

increase patient safety and improve efficiencies across the NHS. These include pharmacist access to patient records and electronic prescribing across the whole health system. We are aware of digital innovation exemplars in Wales which can be replicated across Wales at scale and pace and believe more can be achieved by harnessing and replicating examples of highly effective innovation to improve service delivery.

Innovation is key to future progression and we would be keen to input into a Committee inquiry into this. We recommend the Committee should benefit from understanding innovation from a range of stakeholders including health and social care professionals, from the Bevan Commission, Health Boards and Welsh Government. It will also be important to understand the barriers to change and implementation as well as emerging opportunities for Wales. Discussion with Digital Health and Care Wales will also be critical to this work.

Innovation is of course not only limited to digital solutions and we would appreciate a broad scope of inquiry to consider innovation in training, models of care, workforce and team development. We are particularly keen to understand plans and progress for introducing pharmacogenomics and precision medicines into NHS services in Wales. This could benefit from input into any inquiry from Welsh Government and officials leading on the area of genomics in Wales, as well as input from the Life Science Hub for example.

Priority 4: Public health and prevention:

We support the need for a focus on public health and prevention. The pandemic has highlighted the desperate need for public health measures and interventions that support the health and wellbeing of the nation. Measures are also needed to tackle health inequalities and ensure positive health outcomes are not dependent upon social and economic advantage.

We believe it is now imperative that the Welsh Government delivers a compelling vision for public health and prevention. We believe this must include a range of approaches, including making most of pharmacy as part of public health interventions. Pharmacy has a key role to help reduce the backlog of care from COVID-19 and better manage demand across the health service as well as supporting the important agenda of preventing ill health.

We support the calls to action by the Welsh NHS Confederation Health and Wellbeing Alliance for the Welsh Government to tackle health inequalities. We agree there must be a cross-governmental, whole sector review if we are to adequately address the breadth of issues impacting on health inequalities. The development of a national cross-sector strategy and delivery plan will also be needed to move this forward.

We would support action by the Health and Social Care Committee to work with other Senedd Committees to hold a cross-committee inquiry into health inequalities and to explore how levers across Government departments are being used to improve health outcomes. This would be a broad inquiry addressing a wide range of socio-economic issues as well as health service issues, but it would help to address long standing inequalities in health and provide structure for such a challenging and important undertaking.

RPS Wales would welcome the opportunity of contributing to a cross-committee inquiry into health inequalities.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) **gwasanaethau iechyd;**
- b) **gofal cymdeithasol a gofalwyr;**
- c) **adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) **health services;**
 - b) **social care and carers;**
 - c) **COVID recovery?**
-

Adfer yn dilyn COVID

COVID recovery

The impact of long covid on the population of Wales and on the health and social care workforce is a key area of work that we would actively encourage the Committee to address. We believe that new skills and ways of working to help manage pressures on the health and social care services are now needed, including responses to long covid and other emerging health conditions . We would be keen to contribute to a Committee inquiry into long covid to highlight how pharmaceutical care and the role of the pharmacy team can be harnessed to support patients across care pathways for long covid.

Agenda Item 3

HSC PSS 29 – 21 February 2021 / Paper 5

Cafodd yr ymateb hwn ei gyflwyno i ymgyngoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 29

Ymateb gan: | Response from: Adferiad Recovery



Welsh Parliament Health and Social Care Committee consultation on its Priorities for the Sixth Senedd

Response from Adferiad Recovery

1. About us

1.1 Adferiad Recovery is a newly-formed Welsh charity, the result of a merger between Adferiad Recovery, Hafal, CAIS and WCADA on April 1st 2021. Adferiad Recovery is a charity and company limited by guarantee which speaks for people with a serious mental illness (including schizophrenia, bipolar disorder, and other conditions involving psychosis or loss of insight), people affected by addiction, and people with co-occurring diagnoses, and for their families and carers, as well as for a wider group of vulnerable people for whom we provide services.

1.2 Adferiad Recovery is governed by its members who elect our Board of Trustees (which has strong representation of service users and carers). Adferiad Recovery delivers services in all twenty-two counties of Wales and in Lancashire.

2. Adferiad Recovery response to the consultation

2.1 Adferiad Recovery broadly welcomes the initial priorities for the Sixth Senedd identified by the Committee, and particularly the priorities which focus on access to mental health services and support and services for unpaid carers as these are areas of particular concern for our members.

2.2 However, there are further key priorities that we feel the Committee should adopt during the Sixth Senedd.

2.3 First, there should be a priority for **access to services for those with addiction issues**, particularly given the recent rise in numbers of people with gambling, alcohol and other addictions.

A 2017 HIW/CIW Review of Substance Misuse Services in Wales found that access and waiting times for services across Wales is inconsistent and is sometimes limited in rural areas, and that long waiting times and a lack of capacity in services means that some find it difficult to get the treatment they need.

Following a period when even more people have struggled with addiction, access to appropriate support should be high on the Committee's agenda.

2.4 Second, there needs to be a priority to **integrate services and provide a holistic service** for the many patients in Wales with mental illness, addiction issues or co-occurring/complex needs.

Often, people with a mental illness receive little treatment for their substance misuse issues, and people with an addiction have in the past been excluded from mental health care. However, such needs typically interact with and exacerbate one another, leading to individuals experiencing several problems simultaneously.

Taking a comprehensive and integrated approach to providing care is the best way to build a new life in recovery from mental illness, addiction and co-occurring disorders. We need a new approach where the NHS and councils move away from commissioning services in silos. Instead of using conditions to exclude people from services we need to commission dynamic services which meet the complex needs of the citizens of Wales.

The Mental Health (Wales) Measure 2010 identified that a holistic approach is essential: considering accommodation, social life, physical health, money etc. as well as mental health needs if we are to make any difference to those who need help. The Sixth Senedd is the time to ensure that this approach is not only being implemented properly for secondary mental health patients but also those with addiction and co-occurring issues.

Services need to be joined-up and structured to deliver an individualised approach rather than trying to fit the person to the service. Only then will they truly reflect the people they serve, and only then will they truly be effective.

2.5 Third, there needs to be a priority to **tackle the stigma around addiction as well as mental illness**.

In recent years the Welsh Government has been successful in tackling the stigma surrounding mental illness, partly through funding the successful Time to Change Wales anti-stigma campaign run by Adferiad Recovery and Mind Cymru.

Today people are more comfortable speaking about mental health issues than they were decades ago. The same cannot be said about addiction, and certainly about those with co-occurring issues who experience both addiction and mental illness.

One of the priorities for the next five years must be to address this stigma because if there is shame around any of these issues, people will continue to hide their problems and avoid accessing the vital help they need.

2.6 Finally, there needs to be cross-cutting priority to **adopt a Prudent Healthcare approach** in the provision of all care and treatment.

We know that following the pandemic there are likely to be more people in Wales needing support for wellbeing, mental health and/or addiction issues. Of course, anyone in need of help should always receive a positive referral to an appropriate source of support, but it is also vitally important that specialist services define their role clearly and avoid medicalising normal reactions to life events.

We welcome the Welsh Government's priority for a "No Wrong Door" approach which could, if properly implemented, help avoid children and families being passed around by different agencies. But this approach needs to work alongside the principle of Prudent Healthcare, pioneered by the present First Minister when he was health minister, which seeks to ensure that people are not supported at higher levels of intervention than they need.

If the access routes to services work robustly so that specialist services are allowed to focus on the patients which need them while other support services consistently assist those with problems which are better addressed at that level then this will have the greatest impact in terms of improving people's lives.

3. Contact

For more information on the above points please contact:

Head of Communications

Adferiad Recovery
Unit B3, Lakeside Technology Park
Phoenix Way, Llansamlet
Swansea SA7 9FE

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 78

Ymateb gan: | Response from: Mind Cymru

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor **Initial priorities identified by the Committee**

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrsgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchodydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

We welcome the opportunity to respond to this consultation on priorities for the Health and Social Care Committee. In the last Senedd term we found the scrutiny and inquiries carried out by the Committee critical to ensuring the Welsh Government and its delivery partners were held accountable for strategy and agreed actions to improve the lives and experiences of all people experiencing a mental health problem. We are pleased to see that access to mental health services has been included in the priorities for the Committee in the Sixth Senedd.



There is no doubt that the pandemic has had a significant impact on the mental health of the population. We know from the surveys we have undertaken and feedback from those who have accessed our support that it has not been an even impact across the population either. Those with pre-existing mental health problems, on low or insecure incomes, from ethnic minority communities and children and young people have all reported higher levels of poor mental health than the general population in the last eighteen months. You can read more about our survey report via this link:

<https://www.mind.org.uk/media/8961/the-consequences-of-coronavirus-for-mental-health-in-wales-final-report.pdf>

Some of these groups have been underserved in terms of mental health support for some time, experiencing either barriers to access support or significant waiting times. Therefore, any consideration of access to mental health support needs to include a focus on inequality of access and outcomes. It is crucial that the Committee seeks to hear directly from these groups in any future work.

As the ten year *Together for Mental Health* strategy comes to an end in 2022 it is worth the Committee considering the issue of access to mental health support within the context of this strategy and the outcomes it has sought to deliver within the next year. This should also consider the governance structure, where accountability lies and how investment has helped to shape outcomes. In the course of ten years there has been considerable change in demand for support as well as new focuses being prioritised through the three year delivery plans. Whilst an independent review of the strategy has been commissioned by the Welsh Government, we believe there is value in seeking evidence from a wide range of stakeholders on the impact of the strategy, where further work is needed and priorities to shape a future strategy. This should also be contextualised by it being ten years in 2022 since the Mental Health Measure came into force, so understanding whether this piece of legislation has improved access and experiences of mental health support would also be important to consider. With the recent publication of a White Paper on proposed changes to the Mental Health Act following a review instigated by UK Government, there is an opportunity to look at how the legislative framework around mental health in Wales operates. In considering these two milestones there would be an opportunity for joint work between the Health and Social Care Committee and the Children, Young People and Education Committee to ensure that there is an all age view of the effectiveness of both the strategy and the legislative framework.

We would also like to see mental health weaved through the other priority areas identified by the committee. From what steps have been taken to put in place an effective public health and preventative approach to mental ill-health to the way in which the pandemic has driven innovation and new ways of offering support to people right across Wales. The mental health impact of having a long term chronic condition can be significant and we would certainly welcome access to mental health support being something that is considered as part of that inquiry.

Blaenoriaethau allweddol ar gyfer y Chweched Senedd

Key priorities for the Sixth Senedd

C2. Yn eich barn chi, pa flaenoriaethau allweddol eraill y dylai'r Pwyllgor eu hystyried yn ystod y Chweched Senedd mewn perthynas â:

- a) **gwasanaethau iechyd;**
- b) **gofal cymdeithasol a gofalwyr;**
- c) **adfer yn dilyn COVID?**

Q2. In your view, what other key priorities should the Committee consider during the Sixth Senedd in relation to:

- a) **health services;**
 - b) **social care and carers;**
 - c) **COVID recovery?**
-

Gwasanaethau iechyd

Health services

We would not want to see the inquiries undertaken in the last Senedd term lost, as there are many recommendations that continue to be relevant and need to be followed through. In particular we would want to see the Committee following up on recommendations made by the following reports:

- Suicide prevention
- Mental health in policing & police custody

Both of these reports have made key recommendations to improve access and experience and it is vital that there is continued scrutiny of how these recommendations are being implemented.

We are also aware that the Committee was due to undertake an inquiry into out-of-area placements before the pandemic, understandably, altered the focus of the Committee's work. We feel there is merit in returning to this topic and refreshing the evidence base, at some point in the coming Senedd term

Adfer yn dilyn COVID

COVID recovery

The Committee has already carried out an inquiry into the impact of Covid and its management on mental health, again with some key recommendations for action for the Welsh Government and its delivery partners to consider. As we have said above when

considering Covid recovery it is important to recognise that there has been an inequality of experience during the last eighteen months and that these need to be specifically considered when looking at the issue of recovery. There is also a need to untangle the issues and disruption caused by the pandemic and the issues that are more systemic and longer lasting. Even before the pandemic we knew that an increasing number of people were seeking support and some services were struggling to cope, the pandemic has only heightened many of these issues and the inequalities that lie within them.

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

There are definite opportunities for the Committee to work with other Committees on issues around mental health, as highlighted in terms of potential work with the Children, Young People and Education Committee. There should also be a continued scrutiny and request for updates on how the Welsh Government and its delivery partners are measuring their performance (outputs and outcomes), the development of the mental health core dataset, the transparency of the data currently collected and how this is being used to shape and tailor support. The issue of workforce consistently comes up in discussions around access and capacity. We are aware that Health Education and Improvement Wales are developing a mental health workforce strategy and this will be important in meeting the future need following the pandemic. It will be important that this forms part of individual scrutiny at Ministerial level as well as with HEIW and within any inquiries the committee chooses to undertake.

Agenda Item 4.1

HSG(G)-06-21, PTN 01

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Our ref: MA/EM/3224/21

Russell George MS
Chair
Health and Social Care Committee
SeneddHealth@senedd.wales

Cc
Huw Irranca-Davies MS
Chair
Legislation, Justice and Constitutional Committee
SeneddLJC@senedd.wales

28 October 2021

Dear Russell and Huw

I am pleased to share with the Committee the finalised provisional Public Health Protection and Health Security Framework (the Framework), along with a related Memorandum of Understanding (MoU).

This Framework establishes common expectations around key areas of cooperation in public health protection and health security policies in the context of the UK's departure from the EU. All four UK administrations agreed to work together to establish common approaches, known as Common Frameworks, in policy areas that were previously governed by EU law, and which intersect with areas of devolved competence.

Officials in the Welsh Government, together with their counterparts across the UK, and with relevant UK Public Health Agencies, have been working jointly to develop this Framework to share with their respective scrutiny Committees for Parliamentary scrutiny.

The set of documents can be found at: [Public health protection and health security: provisional common framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/publications/public-health-protection-and-health-security-provisional-common-framework)

Yours sincerely

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

**Y Pwyllgor Iechyd a
Gofal Cymdeithasol**

**Health and Social Care
Committee**

Eluned Morgan MS

Minister for Health and Social Services

Julie Morgan MS

Deputy Minister for Social Services

Lynne Neagle MS

Deputy Minister for Mental Health and Wellbeing

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13 October 2021

Dear Ministers

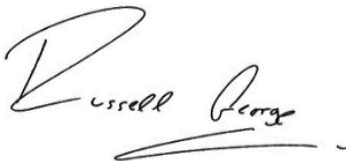
Follow up questions after general scrutiny session on 23 September 2021

Thank you for attending our meeting on Thursday 23 September and responding to our questions.

Following the evidence session, Members agreed write to you with follow-up questions on the issues outlined in the annex to this letter.

We would be grateful for a response by Friday 5 November.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Annex: follow up questions after general scrutiny session on 23 September 2021

Following the [general scrutiny session with the Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing](#) on 23 September 2021, we would welcome further information on the matters listed below. We would be grateful to receive your response by Friday 5 November.

Winter preparation plans

1. During the evidence session, Dr Andrew Goodall informed us that whilst all local health boards have winter preparation plans in place, Welsh Government were "*having to challenge some of those plans*". The First Minister confirmed in a Written Statement on 8 October that the Welsh Government's winter plan for the NHS will be published later this month. Could you confirm when all local health boards will have robust winter plans in place, how you will ensure that there is a sufficiently joined-up approach to winter planning across Wales, and what further assurance the Welsh Government can provide that the health and care system in Wales is prepared for the coming winter.

Increasing National Insurance contributions and energy costs

2. How are the planned rise in employer National Insurance contributions and increasing energy costs being taken into account in financial planning by the Welsh Government and the NHS in Wales? Do you anticipate any impact on the funding available for service delivery?

Ministerial responsibilities

3. We are grateful for the information you provided during the evidence session on the high level division of responsibilities between you and your Deputy Ministers, and the confirmation that you will be working closely together where your responsibilities overlap. However, we note that this information is not currently reflected in the information on the [Welsh Government's website](#), which lists the same portfolio responsibilities for each of you. We would therefore appreciate further clarification from you on this point.

Public health and preventative activity

4. In response to a question from Mike Hedges about urgent and emergency care you stated that you would be "*putting a lot more effort into public health in the next few years.*" Can you please provide further detail about the focus Welsh Government will be giving to public health and prevention, and how this will be demonstrated in the forthcoming draft budget.

5. In response to my question on capacity, you said there were *"1,000 people in hospital beds at the moment who are ready for discharge, and there is no capacity within the care system to absorb them."* Can you please provide details of any specific action the Welsh Government is taking to improve timely and appropriate hospital discharge.

Other matters

Additionally, during the meeting, the Deputy Ministers and senior officials agreed to provide further information on the following points:

6. How any social care needs of people who have or are recovering from long COVID are being considered, assessed and met by local health boards and regional partnership boards.
7. Data on the proportion of GP consultations held face to face and remotely, including any variance between health boards and between practices across Wales.
8. Details on the number of children, young people and adults accessing primary and specialist mental health services, and waiting times for assessment and therapeutic intervention.
9. Confirmation of whether any local authority in Wales is currently spending less than its standard spending assessment on social care.

Agenda Item 4.3

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Our ref: MA/EM/2763/21



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

1 November 2021

Dear Russell,

Thank you for your letter of 13 October following the Health and Social Care Committee general scrutiny session on 23 September. As requested I am replying on the issue of Winter Plans – our formal response on the other issues raised by the Committee will follow.

Winter Preparation Plans

All organisations have developed plans for winter as part of their annual planning arrangements, these are iterated as the context changes. These plans are subject to regular review and scrutiny as part of Welsh Government's on-going oversight arrangements. The [Health and Social Care Winter plan](#) was published on 21 October to further coordinate our efforts across health and social care to meet the demands services will face this winter.

Specifically, the Health and Social Care Winter Plan 2021-22 requires each region to develop an integrated health and social care winter plan through the mechanisms of the Regional Partnership Boards (RPBs). This will support the continuation of a joined up approach to winter planning and optimal deployment of workforce, recognising that workforce capacity and the impact of the ongoing effects of the pandemic on the workforce are amongst the biggest risks facing services this winter.

RPBs have received guidance on the submission of plans for each region and are supported by £9.8m of extra funding in addition to previous recovery fund investments for health and social care. We expect the plans to be submitted by 25th November. These will

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include the components of winter planning delivered by health boards and those delivered by local authorities as well as the joint responsibilities within the direct remit of the RPBs.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services



Our ref: MA/EM/2763/21

Russell George MS
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

8 November 2021

Dear Russell,

Thank you for your letter of 13 October following the Health and Social Care Committee general scrutiny session on 23 September.

I have addressed each of the Committee's additional questions as follows – you have already had a response on the Winter Preparation Plans:

Increasing National Insurance contributions and energy costs

NHS organisations will need to reflect their projected costs for future financial years in their Integrated Medium Term Plans due to be submitted in early 2022. This will include the increased employer National Insurance Contributions costs and the impact of any energy cost price increases. Welsh Government will be confirming its budget on 20 December, and it is intended for detailed NHS funding allocations for 2022-23 will be published soon after the budget is published.

The funding we are able to make available to the NHS to meet these increased (energy and NI) costs will depend on the outcome of the UK Government's Spending Review with any funding implications needing to be met from within our overall settlement. If the Spending Review settlement does not make adequate provision for the impact of National Insurance Contributions on NHS employers, alongside wider public services, the ability to meet these funding pressures could result in implications for service delivery.

Ministerial responsibilities

I inadvertently gave the wrong impression about the way in which Ministerial responsibilities are presented on the Welsh Government website. All the responsibilities are listed together under the relevant Minister and Deputy Ministers, but in the case of health, mental health

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and wellbeing and social services, it is easy to identify which areas fall directly to the Deputy Ministers as they have specific titles.

I am sorry for any confusion caused. However, as I made clear in the Committee session I work closely with my two Deputy Ministers given the cross-cutting and interlinked nature of the portfolios.

Public health and preventative activity

Mindful of the role of the pandemic in exposing and exacerbating health inequalities, we will continue to deploy a cross-government, Health in All Policies approach to tackle health inequalities in our society. In doing this, we will use the forthcoming Welsh Health Equity Solutions Platform (amongst the first outputs to result from our Memorandum of Understanding with the World Health Organisation Regional Office for Europe) to inform innovative solutions for closing the health gap.

The pandemic has deepened already entrenched health inequalities across many of our communities. In particular, obesity has devastating impacts and is linked to a range of chronic conditions. Through our Healthy Weight: Healthy Wales strategy, funding of over £13m over the next two years will deliver a range of programmes and services which will enable the system to respond and help turn the curve on obesity.

Local Health Boards have a role as leaders in the system, as well as responsibility to deliver a new and revised All Wales Weight Management Pathway. We will be building further measures into IMTPs to ensure that LHBs are accountable for delivering change.

The Deputy Minister for Mental Health and Well Being will be publishing the Delivery Plan for 2022 -2024 early in 2022, and this will include funding for obesity services to provide equitable access to support across Wales, delivering system led work which will work with communities, piloting interventions such as a Children and Families Programme and developing behavioural change campaigns to support sustainable change. These actions will support preventative activity around obesity and our food environments and settings. Whilst there is much to do, we can be the first nation in the UK to make a significant reduction in these numbers.

In relation to tobacco, smoking is extremely harmful and damaging to health and remains one of the main causes of inequity in health in Wales. We will shortly be publishing for consultation our draft strategy and first two-year delivery plan to set out the specific targeted action that will help us to reduce the harms from tobacco in Wales. The draft strategy establishes our ambition for Wales to be smoke-free Wales by 2030 which means achieving a smoking prevalence rate in adults of 5% or less over the next eight years. Supporting the prevention of uptake, particularly of children and young people is key part of our vision for a smoke-free Wales. During the consultation process, we will be undertaking engagement activities to hear from those affected by smoking and ensure the actions we intend to take in the strategy and first delivery plan will best address smoking in Wales.

We have also established a task and finish group to understand how social prescribing could aid Wales in its recovery from Covid-19. The group, in partnership with primary care, health boards, the third sector and other relevant bodies, will develop a national framework for social prescribing which delivers a vision of social prescribing in Wales that is of a consistent high quality standard across the country.

Local Health Boards have a role as leaders in the system, as well as responsibility to deliver a new and revised All Wales Weight Management Pathway. The Government is looking at

how the NHS Planning Framework can be best used to ensure that LHBs are accountable for delivering change in relation to obesity and reducing smoking prevalence.

Hospital discharge

Local authorities and health boards are working closely together to ensure discharge pathways from hospital are maintained and operated to the benefit of people and to minimise delays. They are also considering new ways of working and what opportunities mutual support can bring to maximise their staffing resources.

In July this year we launched our 6 goals for urgent and emergency care in Wales to work to achieve optimal patient and staff experience as well as clinical outcomes and value. In reference to hospital discharge procedures directly we have set goals five and six which work to achieve 'optimal hospital care following admission' and a 'home-first approach and reduce risk of readmission'. £25m recurring national funding will support Health Boards and NHS Trusts to deliver the 'six goals'.

This funding will complement £6m funding made available for Regional Partnership Boards in 2021/2022 for consistent delivery of 'discharge to recover then assess' (D2RA) pathways. This contributes as part of a 'home first approach' to optimise outcomes and experience for people who have been admitted to hospital and need some additional support on their return to their local communities. We introduced guidance which embeds the D2RA approach in the early stages of the Covid pandemic. Its principle is based on evidence of better outcomes for people who transfer as soon as possible to their usual residence or other suitable care setting to undergo rehabilitation or reablement prior to assessments for longer term care. Delivering these pathways consistently and reliably ahead of and during the winter period will be considered a priority by Regional Partnership Boards.

A new national programme within the urgent and emergency care portfolio to support Health Boards and Regional Partnership Boards will support delivery of the urgent care goals of 'optimal hospital care following admission' and 'home-first approach and reduce risk of readmission'.

We are aware that having a suitable discharge process between hospitals and home or care settings is just one part of the picture. The pandemic has had a significant impact on the social care sector and its ability to operate and support those that need care, which can include those that have been, or are due to be, discharged from hospitals. We also know the increased demand for social care will continue through the winter and beyond. We have allocated £48m to support social care in Wales. £40m of this funding has been allocated to local authorities and will be used to help the social care sector meet the ongoing challenges caused by the pandemic.

Officials are taking forward discussions about system pressures and resilience as part of an on-going process with health and social care bodies through existing governance mechanisms. In August we wrote to Health Boards and trusts to seek assurance on plans to build system resilience. Responses were received and reviewed to seek assurance and identify further action. In addition to this the Integrated Quality Planning and Delivery board meetings between health boards and Welsh Government are being used as an ongoing mechanism to provide feedback and seek further assurance.

Given that safe and appropriate hospital discharges are often a multi-discipline and cross sector issue, it is clear that a unified approach is taken that includes health, social care and relevant partners to address it. I have set out some of those key actions we have taken, both current and long-term, in order to address the current state of discharges. However it

will take a sustained commitment from all groups, particularly as we head into the winter period, to deliver.

How any social care needs of people who have or are recovering from long COVID are being considered, assessed and met by local health boards and regional partnership boards.

Provisions within the Social Services and Wellbeing (Wales) Act 2014 require local authorities and health boards as members of Regional Partnership Boards to jointly assess the care and support needs of their population. These Population Needs Assessments (PNAs) must identify; the extent to which needs are not met, the range and level of services (including preventative services) required; and, how such services will be delivered through the medium of Welsh.

The first round of PNAs were published in 2017 and contain a wealth of informed intelligence across a variety of sources. RPBs are obliged to periodically refresh this information and did so most recently last Autumn in respect of the impact of Covid-19, which helped inform their Winter Plans. The next set of PNAs are currently in development and will be published in April next year. We wrote to RPBs in March, requiring their PNAs build on the intelligence already captured and to highlight the particular impact of long-covid across the population, services and workforce.

These PNAs are a key instrument in the integrated planning and delivery of health and care services for the region. Alongside the evidence gathered through their Market Stability Reports, they will help RPBs shape their Joint Areas Plans, due in April 2023, enabling them to design and deliver care and support services in their area and help the effective recovery from the pandemic.

The Regional Partnership Board (RPB) partners are working jointly to develop plans for the integrated delivery of services in a range of service areas and this will include planning services for long Covid. RPBs are currently developing their Population Needs Assessment and this will identify areas for joint planning and integrated service delivery in the future across a wide range of service areas. The Integrated Care Fund (ICF) has and continues to play an important part in the national response to the pandemic. Many existing projects and services scaled up or modified last year to help RPBs to help cope with what was unprecedented demand for services are continuing, ensuring people get the care and support services they need. These include various hospital to home, rapid discharge and hospital avoidance schemes, community services and reablement services.

We are investing a further £89m in the ICF again this year which will allow RPBs to use this funding to continue to meet the needs of a wide range of people including those with long Covid.

There are a number of challenges facing the social care sector which have been further exacerbated by the pandemic. Long Covid and any increase in demand will impact on the size of the workforce as well as the demands placed upon it. We are in regular communication with our local authorities, social care providers and unions to identify a range of actions to support people working in social care and address the issues we are facing with staff recruitment and retention. During August and September we undertook a national recruitment campaign involving television adverts and social media clips which has resulted in a doubling of numbers of people visiting the WeCare.Wales job portal and an increase in one third, to date, in people applying for social care jobs. This urgent campaign activity, which has now been extended for a further three months, was developed as an immediate response to the mounting pressures in the sector.

£48m has also been allocated to support social care recovery in Wales and address pressures we continue to face within the sector. The majority of the funding – £40m – has been allocated to local authorities and will be used to help the social care sector meet the ongoing challenges caused by the pandemic.

Data on the proportion of GP consultations held face to face and remotely, including any variance between health boards and between practices across Wales.

Last year, 76% of GPs in Wales achieved all of the standards set to measure in-hour access, a rise of 11% compared with the previous year. In addition, officials have been working with GPCW, Health Boards and DHCW to improve activity reporting and develop a means of quantifying the number and mode of consultations carried out by General Medical Service teams in Wales.

Currently this data is held on GP systems, and they are the data controller, so extensive work has been undertaken to gain access to it for analysis. Our intention is to formalise the access to this data, by ensuring its legal basis to be shared is sound, and to take steps to standardise its input. A working group is developing this process, which will enable mode of consultation to be measured in an accurate and reliable way.

Details on the number of children, young people and adults accessing primary and specialist mental health services, and waiting times for assessment and therapeutic intervention.

Full details are available on [StatsWales](#); direct links to each of the data requested are provided below:

1. CYP and adult accessing primary mental health services – [Referrals for a LPMHSS assessment, by LHB, age and month \(gov.wales\)](#). Numbers available by age, under 18 years and 18 and over.
2. CYP and adult waiting times for a local primary mental health support service (LMPHSS) assessment – [Waiting times for a LPMHSS assessment, by LHB, age and month \(gov.wales\)](#). Numbers available by age, under 18 years and 18 and over.
3. CYP and adult waiting times for a therapeutic intervention – [Waiting times for a therapeutic intervention, by LHB, age and month \(gov.wales\)](#). Numbers available by age, under 18 years and 18 and over.
4. CYP accessing and waiting times for specialist Child and Adolescent Mental Health Services (sCAMHS) – [sCAMHS patient pathways waiting for a first appointment by month and grouped weeks \(gov.wales\)](#)

Confirmation of whether any local authority in Wales is currently spending less than its standard spending assessment on social care.

Standard Spending Assessments are not targets for local authority spend. They are part of the mechanism for distributing revenue settlement funding to local authorities and attempt to model the relative need for local government to spend across all authorities and across all services, given the amount of funding available for distribution and a modelled council tax income. As such, this is not a comparison which the Welsh Government makes.

The latest Local Authority expenditure data can be found via this link:

<https://statswales.gov.wales/v/KbrR>

The latest settlement Standard Spending Assessment data can be found via this link:

<https://statswales.gov.wales/Catalogue/Local-Government/Finance/Revenue>

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

**Legislation, Justice and
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Russell George MS

Chair, Health and Social Care Committee

5 November 2021

Dear Russell

The Mental Health Review Tribunal: Annual Report 2020-21

At our meeting on Monday of this week, we considered our second regular monitoring report in which we consider and review key topics that are within the remit of the Legislation, Justice and Constitution Committee. You will be aware that certain matters related to justice fall within the ambit of our responsibilities and, as such, we considered an update on the Welsh Tribunals.

Annual reports for the period 2020-21 have now been published for most of the Welsh Tribunals. The reports discuss how the tribunals have managed the impact of the coronavirus pandemic, as well as setting out information on spending, operation and performance.

Given your Committee's remit, we agreed that we would draw to your attention the latest annual report of The Mental Health Review Tribunal.

At this week's meeting, we also took evidence from Sir Wyn Williams, President of the Welsh Tribunals, on the subject of his Third Annual Report for the period 2020-21, and I take the opportunity to draw this report to your attention.

Yours sincerely,



Huw Irranca-Davies

Chair



By Email

Russell George MS
Chair
Welsh Health, Social Care and Sport Committee

8 November 2021

Dear Mr George,

Professional Standards Authority publishes 'Reshaping regulation for public protection'

I am writing to share with you [Reshaping regulation for public protection](#), our new short report outlining our view on the implications of the Health and Care Bill for professional regulation.

The Bill, currently going through Parliament, proposes new powers for the Secretary of State for Health and Social Care to abolish healthcare professional regulators as well as deregulate professions. In parallel with the progress of the Bill, an independent review, commissioned by the Department of Health and Social Care (DHSC), is looking at the regulatory landscape and will provide options for the exercise of these powers.

Inquiries from Bristol to Paterson have highlighted the complexity of the regulatory system and the risk of patient safety concerns falling between organisational boundaries. We recognise that the professional regulators have done much to improve collaboration and the planned reforms to regulator powers and governance may support this. We think it is important that these reforms proceed regardless of what structural changes are taken forward.

However, with reconfiguration now on the table, we believe wider changes are needed to simplify the system to improve public protection and to support professionals in meeting the wider challenges facing patients, service users and the health and care sector.

In the report we put forward the view that protecting patients and the public should be the driving force behind any changes made to professional regulation.

We make the case that creating a single regulator would be the best way to deal with the problems in the current system and would make regulation simpler for patients, professionals, employers and educators. However, recognising that there may not be an appetite for such a big change at this time, we suggest that reducing the overall number of regulators would help and could be a first step towards a simpler, more coherent framework.

The report also emphasises the need for a risk-based approach to deciding which professions are regulated by law and a proportionate approach to managing occupational risk, making use of alternatives to statutory regulation where appropriate.

The report can be downloaded from our website [here](#). Please do get in touch if you would like to discuss.

Best wishes,

A handwritten signature in black ink that reads "Caroline Corby". The signature is written in a cursive, slightly slanted style.

Caroline Corby
Chair

cc. Sarah Beasley, Clerk

Eluned Morgan MS, Minister for Health and Social Services

Cc. Russell George MS, Chair of the Health and Social Care
Committee

Date: 9 November 2021

Subject: Welsh Government Draft Budget 2022-23

Dear Eluned,

We would like written information to support our scrutiny of the Welsh Government's Draft Budget 2022-23. The annex to this letter sets out in detail the information that we would like to receive.

As you will know, my clerk has arranged with your officials for you and your Deputy Ministers to attend a meeting of the Committee on 13 January 2022 to give oral evidence on the Draft Budget. I would be grateful to receive the written information no later than 20 December 2021.

I note that the Welsh Government intends to publish the Draft Budget on 20 December. Please contact my clerk if you are concerned about meeting our proposed deadline in light of the budget timetable.

Given the shared interest across committees in some of the areas listed in the annex to this letter, I have copied in the chair of the Health and Social Care Committee.

Yours sincerely,



Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Annex: Request to the Minister for Health and Social Services regarding CYPE Draft Budget scrutiny 2022-23

Our approach to scrutiny of the Draft Budget

Our financial scrutiny aims to ensure accountability, promote better decision making and improve value for money. It will follow four key principles, as recommended by the Finance Committee:

- **Affordability:** to look at the big picture of total revenue and expenditure, and whether these are appropriately balanced.
- **Prioritisation:** whether the division of allocations between different sectors/programmes is justifiable and coherent.
- **Value for money:** essentially, are public bodies spending their allocations well – economy, efficiency and effectiveness (i.e.) outcomes.
- **Budget processes:** are they effective and accessible and whether there is integration between corporate and service planning and performance and financial management.

Transparency of budget presentation

Throughout the previous Senedd, our predecessor committee emphasised the importance of presenting the Draft Budget transparently to enable full and thorough scrutiny. To continue this approach, we request a transparent narrative explanation (and numeric depiction) of the following in respect of the Health and Social Services MEG:

- reductions/removal or increases/additions relating to specific areas of the draft budget compared to previous financial years (e.g. grants being reduced or ceasing to exist altogether/being increased or introduced);
- what proportion any changes to the overall amount previously allocated represent;
- where exactly this change is being made in the draft budget, and whether money will be returned to/taken from central reserves or allocated to/from other budget lines; and
- information on the impact Covid-19 has had on allocations.

Allocation of the ‘the maximum available resources’ for children and young people

In line with assessing the whether ‘due regard’ has been given to article 4 of the UNCRC and the Welsh Government’s duties under the Rights of the Child and Young Persons (Wales) Measure, the



Committee requests:

- a copy of the overall Child's Rights Impact Assessment (CRIA) undertaken by the Welsh Government to inform the allocations in the draft Budget 2022-23 across all its portfolios,
- If a specific CRIA has not been undertaken, the reasons for this and a copy of any alternative integrated impact assessment.
- details of what discussions have taken place with other relevant Ministers in respect of allocations which have a significant impact on children's health and social care, for example the Minister for Social Justice in terms of child poverty.

In respect of the Health and Social Services MEG, the Committee requests:

- A copy of the CRIA undertaken by the Welsh Government to inform the allocations within the MEG in the Draft Budget 2022-23.
- Information about how the Wellbeing of Future Generations (Wales) Act 2015 has influenced allocations to budget lines within the MEG.
- Details and/or examples of any changes made to allocations within the Health and Social Services MEG following considerations of children's rights, equalities, sustainability, the Welsh language, or the Wellbeing of Future Generations.

Commentary on Action and BEL allocations in the H&SS MEG

- A breakdown of the 2022-23 Health and Social Services MEG allocations as relevant to children and young people by Spending Programme Area (where applicable), Action and Budget Expenditure Line (BEL) to include:
- Commentary on each of the Actions and BELs as relevant to children and young people, including an analysis and explanation of changes between the Draft Budget 2022-23 and the First Supplementary Budget in June 2021.
- Indicative 2023-24 Health and Social Services MEG allocations as relevant to children and young people.

Policy and legislation allocations Draft Budget 2022-23

An update on allocations within the Health and Social Service MEG in the following areas of interest to the Committee including:

- Allocations to deliver all Programme for Government commitments relevant to children and young people and the CYPE Committee portfolio
- Details of the assessment made of the value for money and affordability of delivering

these priorities and objectives and how their cost-effectiveness will be monitored.

- Costs of legislation: Implementation of the Children (Abolition of Defence of Reasonable Punishment) (Wales) Bill in the run up to March 2022 and in its first year in force.

Allocations across the Ministerial Portfolio as listed below and as relevant to children and young people and the CYPE Committee portfolio:

Children's Health

- NHS delivery and performance as relevant to children and young people
- Research and development in health and social care as relevant to children and young people
- Public health: Covid 19 response, screening and vaccination
- Public Health: Health improvement and wellbeing services
- Mental health services including perinatal mental health
- Suicide prevention
- Autism
- Substance misuse as relevant to children and young people
- Childhood obesity

Children's Social Care

- Safeguarding
- Adoption and fostering services
- Children and young people's advocacy
- Cafcass Cymru
- Policy and oversight of the provision of all social service activities of Local Authorities in Wales
- Children's and young people's rights and entitlements, including the UN Convention on the Rights of the Child
- Early years, childcare and play, including the Childcare offer and workforce
- Early childhood education and care



- Flying Start for children 0-3
- Families First and play policies

Impact of COVID-19 Pandemic on Draft Budget 2022-23 allocations

- Information on the impact of the pandemic on the Health and Social Services MEG in both 2021-22 and 2022-23, including movements in and out of budget lines, the gross contribution to -and receipt from - the Welsh Government's COVID-19 budgetary response, as well as the net effect of this.
- Information on the availability and use of the COVID Local Government Hardship Fund for children and young people.

**Health and Social Care
Committee**

Jayne Bryant MS

Chair

Children, Young People and Education Committee

11 November 2021

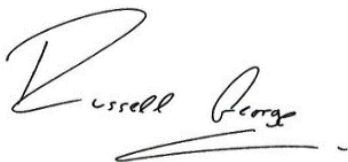
Dear Jayne

Scrutiny of the Welsh Government Draft Budget 2022-23

Thank you for copying me in to your letter of 9 November 2021 to the Minister for Health and Social Services requesting written evidence to inform the Children, Young People and Education Committee's scrutiny of the Welsh Government's Draft Budget 2022-23. I am writing to share with you for information the Health and Social Care Committee's request for written evidence, and to confirm that I have asked my clerk to ensure that both the Welsh Government's response to the HSC Committee's letter, and any private briefing prepared for the HSC Committee to inform our oral evidence session with the Ministers, are shared with you and your Members in due course.

As we agreed when we met earlier this month, there are significant and important areas of overlap within our Committees' remits in respect of children and young people's health, wellbeing and social care. I look forward to continuing to work constructively and positively on these matters with you and your Committee during the Sixth Senedd.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.



Eluned Morgan MS

Minister for Health and Social Services

Julie Morgan MS

Deputy Minister for Social Services

Lynne Neagle MS

Deputy Minister for Mental Health and Wellbeing

08 November 2021

Dear Ministers

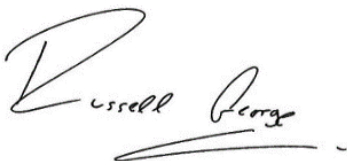
Welsh Government Draft Budget 2022-23

In line with our usual practice, I am writing in advance of the Welsh Government's Draft Budget 2022-23 to request written information to inform our scrutiny.

We note the Welsh Government's intention to publish the Draft Budget on Monday 20 December 2021, and will be inviting you to attend an oral evidence session early in the new year. The clerk will liaise with your offices about dates.

To assist in our scrutiny, I would be grateful to receive your response to the issues outlined in the annex to this letter, and any other written information you would like to provide, by 20 December 2021.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Annex: request for information from the Welsh Government to inform scrutiny of the Draft Budget 2022-23

Commentary on actions and detail of Budget Expenditure Line (BEL) allocations.

1. A breakdown of the 2022-23 Health and Social Services MEG allocations by Spending Programme Area, Action and Budget Expenditure Line (BEL).
2. Indicative 2022-23 Health and Social Services MEG allocations.
3. Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes between the Draft Budget 2022-23 and the First Supplementary Budget 2021-22 (June 2021).
4. It would be of assistance if the analysis could highlight what, if any, changes are additional resources specifically for the response to COVID in 2021-22 (consequential and guaranteed funding from the UK Government).

Other information

In addition to the four usual themes of value for money, prioritisation, preventative spending and affordability, and an indication of how the Well-being of Future Generations Act 2015 and its five ways of working have influenced the budget allocations for health and social care, the Committee would like to receive information on the following (where not already covered in the commentary on each Action).

Local health boards' financial performance

5. Please provide an update on the overall financial performance of health boards. This should include:
 - a. Those that have continued to fail to meet their financial duties.
 - b. Those that have been in receipt of additional end of year and in-year financial support.
 - c. Details of how the Welsh Government is supporting and working with those health boards to both address short-term challenges, improve their underlying position, and secure sustained improvement.
6. Please indicate the level of health reserves allocated within the Draft Budget, and how you anticipate the reserves being used.

7. Please outline your expectations for how health boards should seek to reduce their fixed costs, and what guidance the Welsh Government is providing to assist with this.

The impact of COVID-19 on allocations

8. Please explain how the pandemic has influenced allocations to budget lines within the Health and Social Services MEG, and provide examples of any changes made to allocations as a result of COVID-19. In answering this question, please address:
 - a. The assumptions underpinning allocations made as a result of the pandemic.
 - b. Allocations that have been made to support additional service capacity or additional staff resource as the response to the pandemic continues, including primary, community and hospital services, social care, public health, and the vaccine programme.
 - c. Allocations for mental health support services for the health and social care workforce.
 - d. Allocations that have been made to ensure the maintenance of an adequate and appropriate supply of PPE.

Addressing the waiting times backlog

9. Please provide details of how the Draft Budget will support the delivery of more routine care, and contribute to addressing the waiting times backlog. This should include how any consequential and guaranteed funding from the UK Government will be used.

Health and social care workforce

10. Please explain how the Draft Budget will contribute to the delivery of a sustainable health and social care workforce, and will reduce and control spend on agency staff.

Primary care

11. Please provide details of the budget allocated for primary care services and investment in the primary care estate, and how this compares to amounts allocated in the last three years. In answering this question, please address the extent to which these allocations will achieve the policy aim of shifting care from hospitals to primary care or community settings.

Social care

12. Please outline the planned allocation for social care, including:

- a. Any additional funding identified for 2022-23, and how such funding will be targeted.
 - b. How the allocations will ensure the ongoing viability and stability of social care services, including residential and domiciliary care.
 - c. What support the Draft Budget will provide for unpaid carers, including evidence of specific spend on respite care.
 - d. Measures in the Draft Budget that will improve the sustainability of the social care workforce, including contributing towards achieving parity of esteem, pay, and terms and conditions with the health care workforce.
 - e. The anticipated impact of the UK health and social care levy, in particular any additional or consequential funding.
13. Please confirm whether the allocation for social care is adequate to meet all local authorities' standard spending assessments for 2022-23, and outline how you will monitor local authorities' spend in year.

Mental health and wellbeing

14. Please explain how your priorities for mental health and wellbeing are reflected in the Draft Budget, and where the allocated/projected spend for these priorities can be found. In particular, the Committee would welcome details of allocations in the Draft Budget relating to:
- a. Mental health services (including the Mental Health Service Improvement Fund, and how the Draft Budget will facilitate earlier intervention and improved access to mental health services).
 - b. Children and young people's mental health and wellbeing
 - c. Dementia.
 - d. Autism.
 - e. Obesity/implementation of 'Healthy Weight, Healthy Wales'.
15. The Committee would also welcome details of:
- a. The percentage/proportion of the Draft Budget that is allocated to mental health and well-being, and how this compares to previous years.



- b. Any reductions or increases relating to specific areas of the Draft Budget compared to previous years (e.g. grants being reduced or increased, or being introduced or ceasing to exist).

Transformation, innovation and integration with social care

16. Please outline how the Draft Budget will support the development of a 'whole system approach', with greater integration of health and social care, as described in A Healthier Wales. In particular, please explain how the Draft Budget balances the need to meet existing service pressures with the need to transform services and develop new models of care.
17. How will service transformation and integration be supported in the longer term to achieve sustained progress on the transformation agenda, ensure a focus on rolling out and mainstreaming the learning from successful pilots, and avoid reliance on continued additional funding.

Cross-government/sector working on prevention

18. Wales has high levels of chronic disease and significant concerns around unhealthy lifestyles. The pandemic has further highlighted and exacerbated this. Can you demonstrate how the Draft Budget:
 - a. Ensures that focus on prevention and early intervention is not being lost as a result of the pandemic.
 - b. Reflects a 'whole system' joined up approach to improving people's health and well-being, and targeting key areas of concern.

Reduction of health inequalities

19. Please outline how the Draft Budget will contribute to the reduction of health inequalities, including those exacerbated by the pandemic, or those resulting from a disproportionate impact of the pandemic or lockdown measures on the health or wellbeing of particular groups (such as older adults, BAME communities, or people on low incomes or who are otherwise financially insecure). The Committee would also welcome details about how the Draft Budget will ensure that the most disadvantaged are prioritised, and that there is fair access to health and care services in rural areas.

ICT

20. An assessment of the costs of delivering the Welsh Government's vision for digital and data, as described in *A Healthier Wales*, and including increased support for digital and virtual care.

Withdrawal from the European Union

21. Information about any budget allocations within your portfolio as a result of the UK's exit from the EU.

Russell George MS
Chair, Health and Social Care Committee

9 November 2021

Dear Russell

UK/Switzerland: Convention on social security coordination

You will be aware that the Legislation, Justice and Constitution Committee is responsible for the scrutiny and monitoring of non-trade international agreements in the Sixth Senedd.

At our meeting on 1 November 2021 we considered the UK/Switzerland: Convention on social security coordination.

The agreement establishes new post-Brexit social security coordination arrangements between the UK and Switzerland in respect of certain benefits, including access to reciprocal healthcare.

During our consideration we agreed to draw the agreement to the attention of the Health and Social Care Committee, in light of the impact of the UK/Switzerland healthcare arrangements in devolved areas.

Yours sincerely,



Huw Irranca-Davies
Chair

Agenda Item 7

By virtue of paragraph(s) vi of Standing Order 17.42

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