

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: 2 December 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 allied health professionals

(09.30–10.30)

(Pages 1 – 35)

Dai Davies, Professional Practice Lead, Wales – Royal College of Occupational Therapists

Calum Higgins, Public Affairs and Policy Manager Wales – Chartered Society of Physiotherapy

Dr Christian Egeler, Faculty of Pain Medicine

Research brief

Paper 1 – Royal College of Occupational Therapists

Paper 2 – Chartered Society of Physiotherapy

Break (10.30–10.45)



3 Impact of waiting times backlog on people who are waiting for diagnosis or treatment: evidence session with Wales Cancer Alliance

(10.45–11.30)

Richard Pugh, Chair – Wales Cancer Alliance

Andy Glyde, Vice Chair – Wales Cancer Alliance

4 Paper(s) to note

(11.30)

4.1 Letter from Chair, Legislation, Justice and Constitution Committee to the Counsel General and Minister for the Constitution regarding common frameworks

(Pages 36 – 37)

4.2 Response from the Counsel General and Minister for the Constitution to Chair, Legislation, Justice and Constitution Committee regarding common frameworks

(Pages 38 – 39)

4.3 Letter from Chair, Petitions Committee to the Chair regarding petition P-05-1045: to make shared-decision making and monthly mental health care-plan reviews a legal requirement

(Pages 40 – 41)

4.4 Response from the Chair to Chair, Petitions regarding petition P-05-1045: to make shared-decision making and monthly mental health care-plan reviews a legal requirement

(Pages 42 – 43)

4.5 Letter from the UK Minister for Health to the Chair regarding the Legislative Consent Memorandum for the Health and Care Bill

(Pages 44 – 53)

4.6 Letter from the Chair to the Minister for Health and Social Services regarding the Legislative Consent Memorandum for the Health and Care Bill

(Pages 54 – 56)

- 4.7 Response from the Minister for Health and Social Services to the Chair regarding the Legislative Consent Memorandum for the Health and Care Bill**
(Pages 57 – 63)
- 5 Motion under Standing Order 17.42(ix) to resolve to exclude the public from items 6,7,8 and 11 of today's meeting**
(11.30)
- 6 Inquiry into mental health inequalities: consideration of approach**
(11.30–11.45) (Pages 64 – 74)
Paper 3 – scope and approach
- 7 Sixth Senedd Health and Social Care Committee Strategy**
(11.45–12.00) (Pages 75 – 82)
Paper 4 – Sixth Senedd Health and Social Care Committee Strategy – publication plan
- 8 Legislative Consent Memorandum on the Health and Care Bill: consideration of draft report**
(12.00–12.30)
Paper 5 – draft report

Please note the draft report will be circulated as a supplementary pack on Monday 29 November

Lunch (12.30–13.00)

- 9 Impact of waiting times backlog on people who are waiting for diagnosis or treatment: evidence session with organisations representing people with different health conditions**
(13.00–14.00) (Pages 83 – 109)
Mary Cowern, Director – Cymru versus Arthritis
Joseph Carter, Head of Devolved Nations – British Lung Foundation and Asthma UK

Gemma Roberts, Policy and Public Affairs Manager – British Heart Foundation
Elin Edwards, External Affairs Manager – RNIB Cymru

Paper 6 – Cymru versus Arthritis

Paper 7 – British Lung Foundation and Asthma UK

Paper 8 – British Heart Foundation

Paper 9 – RNIB Cymru

Break (14.00–14.15)

10 Impact of waiting times backlog on people who are waiting for diagnosis or treatment: evidence session with organisations representing the patient's voice

(14.15–15.15)

(Pages 110 – 123)

Alyson Thomas, Chief Executive – Board of Community Health Councils

Kate Young, Chair – Wales Carers Alliance

Helen Twidle, Health and Social Care Policy and Campaigns Officer – Age Cymru

Paper 10 – Board of Community Health Councils

Paper 11 – Age Cymru

11 Impact of waiting times backlog on people who are waiting for diagnosis or treatment: consideration of evidence

(15.15–15.30)

Agenda Item 2

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 28

Ymateb gan: | Response from: Coleg Brenhinol Therapyddion Galwedigaethol | Royal College of Occupational Therapists

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?

Access to COVID and non-COVID rehabilitation services

We would welcome an inquiry into COVID and non-COVID rehabilitation services at the earliest opportunity. Rehabilitation needs (COVID and non-COVID) require an integrated response across health and social care, that focuses on the person's physical and mental health needs. Across Wales, there are inequalities in care and unwarranted variation in the commissioning of services, compounded by a lack of robust data available on long-term outcomes. This is an area on which the committee should focus.



Many rehabilitation services are commissioned for single conditions, such as stroke and pulmonary rehabilitation, rather than reflecting the needs of people living with more than one long term condition.

The drive towards integration is leading to the joining up of services, but further work is needed to ensure systems and services are coordinated and supporting people with:

- Mild rehabilitation needs to keep well in their home or community;
- Moderate rehabilitation needs to remain independent, maintain current function and mobility;
- Specialist rehabilitation to move back down the pathway and reduce or delay their need for long term care.

There will be many affected by the pandemic whose needs manifest across the system and will require intervention, including from the third sector, local government and housing. Rehabilitation then needs to be understood as a whole-system issue. An inquiry could highlight important areas of improvement throughout the system.

The mental health workforce

The mental health workforce plan presents an opportunity to create sustainable services which ensure that all people in Wales are able to access appropriate mental health support.

We also believe that multidisciplinary working – with a well-trained, supported workforce that is equipped to meet the demands – should be central to the future provision of mental health services for all ages. This should include professionals with specialist training and the mental health workforce must include the full range of allied health professionals and bring in new professions and skillsets. We therefore:

- Call for the committee to scrutinise the mental health workforce plan to ensure it considers the immediate challenges as well as the long-term vision for the workforce.
- Call for the committee to scrutinise the extent to which the plan will drive change and include a wide range of professions considered given recruitment challenges in the traditional workforce, and whether the plan engages widely across service user and professional groups.
- Call for the committee to ensure specialist skills and training are valued across the MDT.

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

Review of all-age neurodevelopmental services

We are calling for a short inquiry into the current Welsh Government funded demand and capacity review of all-age neurodevelopmental services. Given current issues within services, it is vital that the review incorporates the views of the broad range of stakeholders and that the findings support the development of long-term solutions. We believe additional scrutiny focused on identifying bottlenecks and pinch points within services, and formulating recommendations as to how services may meet demand for all ND services regardless of diagnosis, could be extremely beneficial.

Further background

MSs will be well aware from their post bags of the high demand for neurodevelopmental services and long waiting lists exacerbated by the pandemic. Members working in these services have fed back to us significant concerns about the sustainability of services and ability to meet need. This featured strongly within scrutiny of the proposed Autism bill during the last Senedd term. A recent Welsh Government funded Scoping Study for the Alignment and Development of Autism and Neurodevelopmental Services also highlighted significant workforce sustainability concerns.

We would welcome scrutiny of the current Welsh Government funded demand and capacity review of all-age neurodevelopmental services. Given current issues within services, it is vital that the review incorporates the views of the broad range of stakeholders and that the findings support the development of long-term solutions. We are calling for a short one day inquiry to understand bottlenecks and pinch points within services, and provide recommendations as to how services may meet demand for all ND services regardless of diagnosis.

We are of the view that such an inquiry should include feedback from neurodiverse people, representative service user organisations and professional bodies representing the range of health care professionals working in ND teams. We work closely with other professional bodies working in this area and would be very keen to discuss and support further.

Gofal Cymdeithasol a gofalwyr

Social care and carers

We support calls for parity of esteem between the health and social care workforces as this is essential to achieving a sustainable and well-trained workforce. Occupational therapists in the NHS and Social care are increasingly working together in integrated teams but have significantly different pay rates and training opportunities. We like an investigation to help develop opportunities for supporting an integrated workforce and how to develop career pathways across the system and not just within sectors.

Adfer yn dilyn COVID

COVID recovery

We would like there to be a focus on the impact of the pandemic on staff wellbeing. This has been a challenging period for our members, and they often report a variation of availability and standard in in NHS & Social Care occupational health services. Health Education and Improvement Wales (HEIW) and Social Care Wales' workforce strategy sets out approaches needed to place wellbeing at centre of workforce plans and we'd recommend a review of this process.

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?

Health inequalities

We are 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.

We are calling for an inquiry across all Senedd Committees on tackling wider health inequalities in Wales. 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, they 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.

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 77

Ymateb gan: | Response from: Cymdeithas Siartredig Ffisiotherapy | Chartered Society of Physiotherapy



CSP Wales Office
1 Cathedral Road
Cardiff CF11 9SD
www.csp.org.uk

Date 17/09/21

Dear Colleague

Re: Health and Social Care, Priorities for the Sixth Senedd

Introduction

The CSP welcomes this opportunity to respond to the consultation on Health and Social Care: Priorities for the Sixth Senedd. The consultation and our response compliments the principles in 'A Healthier Wales' and, the stated aim of the Welsh Government, to "whole system approach to health and social care , which is focussed on health and wellbeing, and on preventing illness."

Thank you for providing us with an opportunity to agree with the overall direction, while offering comment on specific areas which we see the physiotherapy and the profession making a significant contribution. We hope you can take these comments into consideration before publication of your final list of priorities.

Comments from the CSP

We welcome the overall list of priorities currently identified in the consultation, particularly those relating to rehabilitation services and access to MSK services. Our profession and members are placed in the frontline of these services and an in-depth look into accessing should be a priority. We see it as a positive that the committee will look at these issues through both non-covid and covid perspectives.

Additional areas for the committee to consider:

We would encourage the committee to consider these additional areas as a priority in the Sixth Senedd:

Equity, diversity, and belonging

The CSP has started to use the terminology of Equity, diversity, and belonging, to better reflect the outcomes we wish to achieve. While we can see that “access” could refer to equity issues in the list of priorities, we would encourage a more specific inquiry into equity and diversity issues. Specifically, how do health services deliver more equitable outcomes, and meet the needs of a diverse population in Wales.

Waiting times

Figures for the end of June 2021 for Trauma and Orthopaedics (T&O), which includes hip and knee replacements, demonstrate a current waiting list of 92,150 people (33% above 2019 average of 62,118)

Tackling this backlog and reducing waiting times must be a priority for the 6th Senedd. It is clear this will take time to achieve and there is no immediate solution. The committee should explore what the NHS and Welsh Government is doing to support those on waiting lists, including mental health support, in light of people waiting longer.

Integration of Health and Social Care

Regional partnership boards (RPBs) and GP clusters are relatively new arrangements in the NHS. RPBs are the future of social care and health integration based on current policy, and their role in transforming services is still developing. The committee should look into the function of the RPBs and performance against their stated aims. We wish to see them constructively appraised and developed into a more effective means of integrating AHPs into primary care, and how they work in partnership with GP clusters to deliver primary care more equitably across Wales.

Advanced practice and FCP

Advanced practice and First Contact Practice are a CSP priority. First Contact Practice is a form of advanced practice where physiotherapists are trained to be the first point of contact for a patient, and have the relevant skills to provide an effective service in Primary Care setting. While FCP can be extended to other AHPs, physiotherapy has led on its implementation and would like to see this area of work grow and move into other settings.

Workforce planning, including Support workers and the bursary

Over the last few years, physiotherapy has seen an increase in both student numbers and education providers. We welcome the workforce growth and believe this planning for a larger workforce needs to continue. The committee could scrutinize the workforce plans of relevant Welsh Government bodies and focus on assessing the future needs of the population.

As an additional part of this topic the committee could look at the development of support worker skills and apprentices, and providing in work training opportunities at all levels, including advanced practice and leadership skills.

An issue that could have a significant impact on recruitment of the AHP workforce in Wales is the bursary system. There is a policy in Wales of providing a bursary for training in Wales on condition of a 2 year tie-in. The process of allocating available jobs to those graduates in receipt of the bursary is called “streamlining”, and has been piloted over the last 2 years. There have been

significant administrative issues and worry about the long term impact of this system on recruiting into Wales. The system has been evaluated by HEIW; however it should be scrutinised by an external body such as the committee.

About the CSP and Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 58,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents 2,400 members in Wales.

Physiotherapists use manual therapy, therapeutic exercise and rehabilitative approaches to restore, maintain and improve movement and activity. Physiotherapists and their teams work with a wide range of population groups (including children, those of working age and older people); across sectors; and in hospital, community and workplace settings. Physiotherapists facilitate early intervention, support self management and promote independence, helping to prevent episodes of ill health and disability developing into chronic conditions.

Physiotherapy delivers high quality, innovative services in accessible, responsive and timely ways. It is founded on an increasingly strong evidence base, an evolving scope of practice, clinical leadership and person centred professionalism. As an adaptable, engaged workforce, physiotherapy teams have the skills to address healthcare priorities, meet individual needs and to develop and deliver services in clinically and cost effective ways. With a focus on quality and productivity, physiotherapy puts meeting patient and population needs, optimising clinical outcomes and the patient experience at the centre of all it does.

For more information, please contact

Calum Higgins

CSP Public Affairs and Policy Officer for Wales

—

**Legislation, Justice and
Constitution Committee**

Mick Antoniw MS
Counsel General and Minister for the Constitution

15 November 2021

Dear Mick

Common Frameworks

At our meeting today we formally noted your letter of 8 November informing us that a quadrilateral ministerial meeting on common frameworks would be held on 10 November.

We are grateful to you for providing us with information on who was due to attend, what the focus of the meeting would be, and a list of the draft agenda items.

While we acknowledge that you have committed to update us on the outcome of the quadrilateral meeting within two weeks of it having taken place, there are a number of questions which we would like to put to you now so that they can be addressed as soon as possible.

You will recall that I wrote to you in July to seek an update on the common frameworks programme and your letter in response of 7 September was extremely helpful to us in assessing and planning for the anticipated workload. I would again be grateful if you would provide:

1. the latest update on the common frameworks programme, including progress towards agreement on how frameworks will manage international obligations and interactions with the *UK Internal Market Act 2020* and the Northern Ireland Protocol;
2. a confirmed (or likely) date by which each provisional framework now in operation will be published, in the interests of transparency for stakeholders affected by the decisions being made on laws and policies in these areas;
3. a date by which the governments of the UK are expecting all common frameworks to have been scrutinised by their respective parliaments and subsequently finalised.

I am copying this letter to the Climate Change, Environment and Infrastructure Committee; the Economy, Trade and Rural Affairs Committee; and the Health and Social Care Committee.

I would welcome a response by 25 November 2021.

Yours sincerely,

Huw Irranca-Davies

Huw Irranca-Davies

Chair

Agenda Item 4.2

Y Cwmsler Cyffredinol a Gweinidog y Cyfansoddiad
Counsel General and Minister for the Constitution



Llywodraeth Cymru
Welsh Government

Huw Irranca-Davies MS
Chair
Legislation, Justice and Constitution Committee

25 November 2021

Dear Huw,

Thank you for your letter of 15 November. I updated the Committee on the quadrilateral meeting of frameworks Ministers in my letter of 19 November.

Regarding your specific points:

At the quadrilateral meeting, on 10 November, agreement was reached on cross cutting issues affecting the wording for Common Frameworks, namely to the wording of the text for International Relations, the Northern Ireland Protocol and the process for how exclusions for policy areas in frameworks impacted by the UK Internal Market Act will be delivered. As I explained in my letter of 19 November, the agreement of the Welsh Government to UKIMA exclusions text is without prejudice to the ongoing judicial review in relation to the Internal Market Act.

Following the quadrilateral meeting, the frameworks are progressing rapidly to publication for scrutiny by committees of the legislatures. The Public Health Protection and Health Security Framework has already been published, on 28 October. Framework documents are being finalised and publication dates are still fluid, but given these caveats every effort is being made to publish frameworks for scrutiny on the following dates:

2 December

Blood Safety and Quality; Organs Tissues and Cells; Company Law (NIE and UKG only); Specific Quantities (NIE and UKG only).

9 – 16 December

Emissions Trading Scheme; Late Payment; Radioactive Substances; Public Procurement; Agricultural Support; Agriculture – Fertiliser Regulations, Agriculture – Organic Farming;

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

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Gohebiaeth.Mick.Antoniw@llyw.cymru
Correspondence.Mick.Antoniw@gov.Wales

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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.

Agriculture – Zootech; Animal Health and Welfare; Plant Health; Plant Varieties and Seeds; Air Quality; Best Available Techniques (BAT: air quality); Food Compositional Standards and Labelling; Ozone Depleting Substances and F-Gases; Chemicals and Pesticides; Resources and Waste.

January 2022

Fisheries: Management and Support.

My officials have been liaising with committee clerks for some time on approaches to handling the frameworks and I understand Senedd officials are preparing to analyse frameworks and package them for scrutiny by Committees as soon as they are published.

The length of the framework scrutiny process is of course a matter for committees. It would be hugely desirable if the frameworks could be scrutinised and signed off before the beginning of Northern Ireland's pre-election period. This date has not yet been confirmed but it is likely to be in late March if the elections take place as scheduled on 5 May. I fully appreciate this puts very considerable pressure on already hard-pressed Committees to examine a very substantial amount of frameworks material in a short space of time. My frameworks policy team would be happy to offer any assistance they can to aid the scrutiny process.

Yours sincerely,

A handwritten signature in blue ink, reading "Mick Antoniw". The signature is written in a cursive style and is positioned above a short horizontal line.

Mick Antoniw AS/MS

Y Cwnsler Cyffredinol a Gweinidog y Cyfansoddiad
Counsel General and Minister for the Constitution

Russell George MS
Chair
Health and Social Care Committee
Tŷ Hywel
Cardiff Bay
CF99 1SN

22 September 2021

Dear Russell

Petition P-05-1045 To make shared-decision making and monthly mental health care-plan reviews a legal requirement

The Petitions Committee is currently considered the following **petition** from Tesni Morgan, which we considered recently at our meeting on 13 September:

Text of Petition:

On the 27th of August 2020 our darling Bronwen took her life after a long battle with her mental health.

We as a family truly believe that it could have been prevented. During the last 6 months of her life, Bronwen's mental health deteriorated drastically. She was making multiple attempts to take her life, putting herself in dangerous situations on a regular basis. Bronwen was hopeless, her current care-plan was not fit for purpose and she and the family were begging for something to change.

At the meeting members agreed to write to you in order to request that you consider focusing on mental health support as highlighted by the petitioner as part of your forward work plan.

Further information about the petition, including related correspondence, is available on our website at:

<https://business.senedd.wales/ieIssueDetails.aspx?IId=29966&Opt=3>.

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales.

If you have any queries, please contact the Committee clerking team at the e-mail address above, or on 0300 200 6454.



Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN

 Deisebau@senedd.cymru

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Yours sincerely

JACK SARGEANT.

Jack Sargeant MS

Chair



Senedd Cymru

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—
**Health and Social Care
Committee**

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Jack Sargeant MS
Chair
Petitions Committee

26 November 2021

Dear Jack

Petition P-05-1045 To make shared-decision making and monthly mental health care-plan reviews a legal requirement


Thank you for your letter dated 22 September regarding the above petition, in which you asked the Health and Social Care Committee to consider undertaking work on mental health support during the Sixth Senedd.

As a member of the Health and Social Care Committee, you will be aware that:

- Mental health, including access to support services, was one of the priority areas emerging from our consultation on the Committee's priorities for this Senedd.
- In our strategy for the Sixth Senedd, we have identified mental health as a priority for the first year. The Committee will be considering the potential scope and approach of an initial inquiry into mental health at our meeting on 2 December.

We look forward to working collaboratively with the Petitions Committee on cross-cutting issues which fall within our remit during this Senedd.

Your sincerely

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a long horizontal flourish underneath.

Russell George MS

Chair, Health and Social Care Committee

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

Agenda Item 4.5


Department
of Health &
Social Care

Edward Argar MP
Minister of State for Health

39 Victoria Street
London
SW1H 0EU

020 7210 4850

Russell George
Welsh Parliament
Cardiff Bay
CF99 1SN

By email to: SeneddHealth@senedd.wales

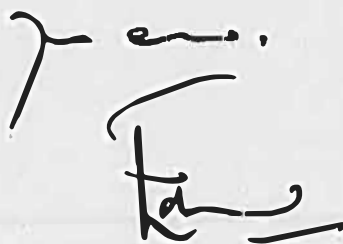
 November 2021

Dear *Russell*,

I would like to extend my apologies for not having replied to your correspondence dated 29th September. Due to a delay in your correspondence being processed by the department, your letter did not reach our office until now and, as such, has only just come to my attention. I am very sorry for this error and any inconvenience it has caused you. I am keen to do whatever I can to rectify this.

I am conscious that the 17th October deadline you state in your letter has passed, and that anything we can provide now may not be of use to the Senedd's Business Committee. Please do let me know if a formal response would still be helpful at this stage.

If it would be helpful, I would also be very happy to write to the Committee after the 15th November, by which point I hope we will have reached agreement on a package of amendments to be tabled at the Bill's Report Stage.



EDWARD ARGAR MP



Russell George MS
Chair, Health and Social Care Committee
Welsh Parliament
Cardiff Bay
CF99 1SN

25 November 2021

Dear Russell

Thank you for your letter of the 29th of September, and apologies for the delay in responding to you. As you will appreciate, engagement has been ongoing with the Welsh Government to come to an agreed position on the areas within the Bill that engage the Legislative Consent process, and to reach agreement on a package of amendments. These amendments were accepted by the House of Commons at the Bill's Report Stage on 23rd November, and now form part of the Bill.

I hope the answers below will assist the Committee in its deliberation of the Bill and provide reassurance that the UK Government has engaged extensively with the Welsh Government over the relevant provisions.

Update on discussions with the Welsh Government

My officials have been in regular dialogue with officials in the Welsh Government about the Bill since early February and engaged positively and constructively on all the draft clauses when they were shared in advance of the Bill's introduction. Since September, I have also had a number of positive meetings with Minister Morgan to discuss specific concerns raised by the Welsh Government.

The amendments we agreed to make are the result of a collaborative effort by UK Government and Welsh Government officials over several months and I am delighted that we have managed to address the majority of issues raised by Minister Morgan.

Medicine Information Systems Clause, Clause 87

- **A requirement to consult with Scottish and Welsh Ministers before making regulations in relation to medicine information systems which relate to Scotland or Wales; and a requirement to consult with Scottish and Welsh Ministers before using any direction making power introduced in regulations in relation to medicine information systems where the direction relates to**

Scotland or Wales. Taken together, these amendments provide a statutory requirement to ensure Welsh and Scottish Ministers will have meaningful input into the establishment and operation of medicine information systems where they relate to Wales or Scotland, respectively.

- **An amendment to ensure that regulations will allow for an intermediary organisation to collect data within the devolved territories.** This amendment ensures that the Medicine Information System regulations must provide for information to be collected by Welsh and/or Scottish Ministers or a person designated by them if they include the provision of health information in relation to the Welsh or Scottish health services. The amendment also enables the regulations to confer powers or duties on Welsh and Scottish Ministers to ensure that this happens, should they be required for these purposes.
- **An amendment to the wording around the purposes for which the Medicine Information Systems can be established and operated in relation to clinical decision-making to make it clear that this is in relation to safety of clinical decision making.** This amendment clarifies the potential uses and restricts wider use of information to clinical decision making only, but it ensures that where a safety risk for an individual or group of patients is identified we can use that information to inform the use of the medicine in the clinical setting, for example to ensure risk-minimisation measures are followed.

Reciprocal Healthcare, Clause 122

- **An amendment to give the Devolved Administrations powers to make regulations in devolved areas, with the UK Government retaining the ability to make regulations to implement arrangements on their behalf.** This Amendment gives the Welsh Government and other Devolved Administrations a power to make regulations in respect of reciprocal healthcare agreements if it is within their devolved competency to do so. This will enable them to make regulations conferring functions to deliver any planned treatment obligations on a devolved public authority of their choosing. The Secretary of State will have a concurrent power to make regulations to implement reciprocal healthcare arrangements under the new section 2 of the 2019 Healthcare (European Economic Area & Switzerland) Arrangements Act.
- **Removal of Welsh, Scottish and Northern Irish ministers from the definition of public authorities.** This amendment will limit the Secretary of State's ability to confer functions to local health boards in Scotland and Wales only. The Welsh and Scottish Governments have agreed that the Secretary of State should be able to continue to confer functions on the local health boards in Scotland and Wales for the purpose of giving effect to a health agreement. This might be appropriate, for example, where the Devolved Administrations may agree that it would be more efficient for the Secretary of State to implement agreements on their behalf.

Professional Regulation, Clause 127

- **A requirement for the Secretary of State to obtain the consent of the Welsh Government when bringing into regulation in Wales a group of workers who are not professionals but who are concerned with the physical or mental health of individuals, under section 60 of the Health Act 1999.** This amendment introduces a requirement to obtain the consent of the Welsh Ministers before an Order in Council can be made under section 60 of the Health Act 1999, when it contains a provision which would be within the legislative competence of the Senedd. This would apply if we were seeking to bring into regulation in Wales a group of workers who are concerned with physical or mental health of individuals, but who are not generally regarded as a profession. The UK Government recognises the legislative competence of Senedd Cymru in this area and is respecting the devolution settlement in making this amendment.

ALB Transfer of Functions Power, Clause 89

- At present, we have been unable to reach agreement with all three Devolved Administrations over amendments to the ALB Transfer of Functions power. The UK Government has proposed a package of amendments. In correspondence from 17th of November Minister Morgan confirmed, subject to clarifications on the drafting, that if these amendments are made she would be content to recommend that legislative consent is granted for these provisions. However, since we do not at this stage have the agreement of all three Devolved Administrations to whom the amendments would apply, they have not been tabled. I remain hopeful that we will be able to reach agreement over the coming weeks ahead of the Bill's Committee Stage in the House of Lords.

In addition to the amendments outlined above, the Welsh Government requested that the application of two existing provisions in the Bill be extended to apply in Wales. The UK Government agreed to these requests.

Medical Examiners, Clause 128

- **Move the appointment ability for Medical Examiners from Local Health Boards to wider Welsh Health Bodies – mirroring the provisions in the Bill for English bodies.** The Bill already amends the statutory medical examiner system in England. At the request of the Welsh Government, this amendment further amends the statutory medical examiner system in the Coroners and Justice Act 2009 so that a Welsh NHS body may appoint medical examiners to scrutinise deaths, instead of solely local health boards.

Pharmacy Reimbursement of Vaccinations and Pandemic Products (New Clause)

- **Extend to Wales the amendment to allow for the supply of centrally purchased vaccines, pandemic treatments and associated products to community pharmacies without the need to then reimburse the pharmacies for them if these products were supplied free of charge.** The new clauses

amend both the NHS Act 2006 and NHS (Wales) Act 2006, enabling regulations to be made in respect of both England and Wales. This allows further exemptions from the obligation to reimburse pharmacies under the standard NHS arrangements when centrally stocked products have been supplied free of charge to community pharmacies without the need to reimburse them. It also allows the respective Ministers to create limited additional exemptions to the exemptions that can already be created by the existing regulation making powers, introduced in 2017, for unlicensed medicines, more commonly known as Specials.

In addition to the package of amendments above, I am pleased that my officials have been working with the Welsh Government, Scottish Government and Northern Ireland Executive to develop **Memorandums of Understanding for Reciprocal Healthcare (c.122) and the ALB Transfer of Functions Power (c.89)**, setting out how the respective consultation processes with the Devolved Administrations will work. These MoUs are still in the process of drafting but I am hopeful that they will be finalised as the Bill continues to progress through the UK Parliament.

Clause 134 (previously clause 130)

The UK Government has assessed that Clause 134 does not require an LCM. I understand that this is still being considered by the Welsh Government and on 17th of November Minister Morgan informed me that she will confirm the Welsh Government's position in due course.

Clause 134 enables the UK Government to make consequential amendments that might be necessary following the passage of the Bill, including to devolved legislation. The consequential amendments we envisage will include numerous amendments to secondary legislation as a consequence of the Bill's provisions, as such amendments were not included on the face of the Bill.

It is also prudent to retain a power to amend primary legislation in the event that anything has been missed. This would allow, for example, the updating of names of particular bodies – minor changes that, if left unaddressed, could prevent the effective operation of the legislation.

This type of power is quite common in a Bill as large as the Health and Care Bill, and there are many examples of similar powers in legislation already on the statute book and so I hope that the Committee are reassured that this is simply a useful power to ensure the statute book works effectively. The Welsh Government will obviously retain the ability to make such legislative changes to devolved legislation if they so choose.

The impact of the Bill on Wales

Whilst the majority of the measures in the Bill apply to England-only, we are also proposing changes that will bring enormous health benefits to the whole United Kingdom. The following provisions apply to Wales:

- ALB Transfer of Functions (Clause 89)
- Reciprocal Healthcare (Clause 122)
- Medicine Information Systems (Clause 87)
- Food Information for Consumers (Clause 131)
- Professional Regulation (Clause 127)
- Social Care Discharge to Assess (Clause 80)
- HFSS Advertising (Clause 129)

We also intend to bring forward amendments that the Welsh Government has requested which would mirror the steps we are taking for England, in the cases of Medical Examiners and Pharmacy Reimbursement of Pandemic Products.

My Department has worked very closely with officials, meeting on a weekly basis, to ensure that policies work for citizens in Wales as well as in England. Where any potential concerns have been raised by Welsh officials, DHSC has worked closely to provide the relevant legal and policy analysis to address them.

Most of the powers in the Bill that are relevant to Wales are enabling powers. If in future plans are developed to use these powers, impact assessments will be undertaken. If that is the case, we will consult the Welsh Government regarding those policies to ensure that the potential impact of provisions on NHS bodies in Wales are considered. The MoUs that are currently in development include a commitment to engagement with the Welsh Government at the earliest stages of the policy development and will allow potential impacts to be identified and addressed.

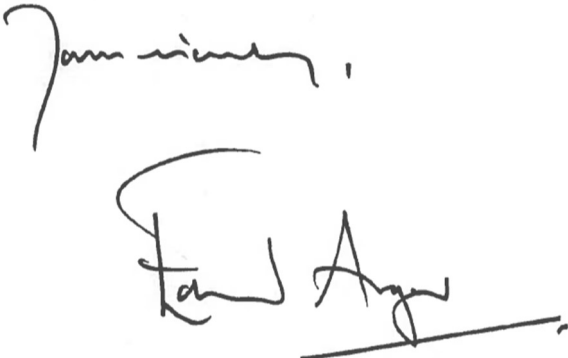
Financial Implications

The UK Government commits to consult with the Welsh Government on future potential cost implications in Wales when regulations are to be drafted and during the process of the Bill's implementation. We are fully committed to working with all of the Devolved Administrations to ensure smooth implementation of the provisions of the Bill and HMT have confirmed that the Barnett formula will apply, as set out in the Statement of Funding Policy.

Where relevant such as is the case with Medical Examiners and Reciprocal Healthcare, DHSC officials have provided a written explanation as to how the Welsh Government will be involved and consulted in the development of the plans.

I wrote to the Minister for Health about this on 15th of November. I have included that correspondence as an attachment to this letter.

I hope this update is useful to the Committee and would be happy to provide further information if it is needed.

A handwritten signature in black ink, appearing to read 'Edward Argar', with a horizontal line underneath the name.

EDWARD ARGAR MP



Department
of Health &
Social Care

Edward Argar MP
Minister of State for Health

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Welsh Government
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By email to: PSMHSS@gov.wales

15th November 2021

Dear *Eluned,*

I am writing with regard to the assurances you requested in our meeting on 13 October, on future funding implications for Wales of measures in the Health and Care Bill. As ever, I am grateful to your officials for their continuing collaboration with mine and thank them for providing a list of policy areas where the Welsh Government has identified potential concerns.

First of all, I would like to reiterate the UK Government's commitment to consult with the Welsh Government on future potential cost implications in Wales when regulations are to be drafted and during the process of the Bill's implementation. We are fully committed to working with all of the Devolved Administrations to ensure smooth implementation of the provisions of the Bill and HMT have confirmed that the Barnett formula will apply, as set out in the Statement of Funding Policy.

Below I have sought to address each of the areas set out by your officials.

Medicine Information Systems

The Medicine Information System clause provides enabling powers, and no new systems will be implemented until after regulations have been made. Once regulations have been made, the intention is to establish information systems in response to a clear public health need. Each will be a bespoke product established for specific purposes with different goals, operations, and needs, to closely monitor risks associated with the medicine in question. When need for a new registry is identified, we will work closely with you, and the other Devolved Administrations, to determine the operation, burden and cost, and to consider the funding model for the system to ensure it serves the right purpose. Every effort would be made to reduce costs by utilising data already collected as far as possible and developing tools to support bespoke data collection that can be used across the UK and in different settings.

It is worth noting that the main intent behind this policy is to use data to support the safe use of medicines, and it is known that the health and financial consequences of adverse drug

reactions can be significant. By developing a registry that can itself be used to minimise risks to patients we aim to improve the health of patients across the UK.

Reciprocal Healthcare

The amended Healthcare (European Economic Area & Switzerland) Arrangements Act will be forward-looking legislation, which will provide the UK Government with the appropriate legal basis to implement future reciprocal healthcare agreements.

Funding from the UK Government to the Devolved Administrations is determined through the Barnett formula and we are not envisaging a change to this arrangement through future reciprocal healthcare policy. However, I recognise your concerns around the impact future reciprocal healthcare agreements could have on the healthcare system in Wales, particularly in relation to non-maternity planned treatment and Overseas Visitor Charging. I hope that the explanation below will help explain the funding arrangements.

Firstly, I would like to assure you that it is our intention that the health care reimbursement process will continue to be administered by NHS Business Services Authority (NHSBSA) and the costs of all UK residents abroad will be covered by the Department of Health and Social Care, as is currently the case.

As the Government set out in the Health and Care Bill White Paper that was published in February 2021, it is our intention that future reciprocal healthcare agreements will predominantly facilitate access to medically necessary (e.g. emergency) care, similar to services that British nationals are currently able to access in the EU with their Global Health Insurance Card (GHIC). We therefore believe the impact on demand and healthcare tourism will be minimal.

Under current arrangements, there are many more visits from the UK to the EU than vice versa. In 2019 there were 25m visits by EU residents to the UK, compared to 67m visits by UK residents to the EU. For Wales, in 2019 there were approximately 14,000 EHIC claims in the EU, worth a value of £7m. This was paid by DHSC to Member States. In the same year, DHSC received an income of £0.34m from Member States, for treatments provided to EU-EHIC holders in Wales, which was used to offset the DHSC expenditure of Welsh residents accessing healthcare in the EU, with their EHIC.

Furthermore, residents of non-EU countries are already accessing such services in our healthcare systems in the UK when they travel, but a proportion of them do not repay their debt to the NHS before leaving the country. We believe that the introduction of a state-to-state reimbursement mechanism through reciprocal healthcare agreements, will improve cost recovery rates and will remove some of the burden on individual Trusts having to pursue individuals.

We do of course acknowledge that NHSBSA relies on individual Trusts reporting to them GHIC costs, which is the reason the UK Government reimburses reporting Trusts with 25% of the treatment costs provided to EU-issued EHIC holders, under the EHIC Incentive Scheme. In 2019/20, the UK Government paid approximately £9m to reporting Trusts, including from Wales, Scotland and Northern Ireland.

Finally, I would like to reassure you that before entering into the negotiation of reciprocal healthcare agreements, comprehensive impact assessments will be undertaken in collaboration with the Devolved Administrations to support transparency on cost, benefits

and inform evaluations of the impact across the UK. We believe that the risks of negative impacts on the healthcare system in Wales will be mitigated through the thorough engagement process set out in the Memorandum of Understanding that our officials are working on, detailing how Wales will be engaged early on and how you and your officials will be able to influence the policy development at every stage of the process.

I hope this provides you with reassurance that the UK Government will continue to cover the costs of reciprocal healthcare and that in future reciprocal healthcare agreements will only be entered if they benefit all the UK citizens.

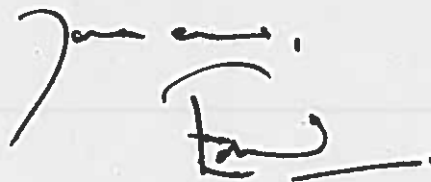
ALB Transfer of Functions Power

This is not a power to take away services that are currently provided by the relevant arm's length bodies that are in scope for this power. I want to reassure you that, following a transfer of function, all of the services currently provided to the people of Wales by DHSC arm's length bodies will continue. This includes the licensing of bodies and provision of guidance, as well as services provided to Welsh citizens. It should be noted that, as part of the policy development and consultation we would assess the impact on Welsh bodies and it may be that functions may be more effectively or efficiently delivered as a result of such a move – it is not just about potential costs.

Professional Regulation

Your officials also raised the question of whether the bringing into regulation in Wales of a group of workers who are not professionals but who are concerned with the physical or mental health of individuals, under section 60 of the Health Act 1999, could potentially result in increased costs for Welsh NHS bodies. As we have discussed, I hope to be able to table amendment that would make any such change subject to the consent of Welsh Ministers. Therefore, the question of funding would be subject to the discretion of Welsh Ministers. There are no current plans to use this power, however if in the future it was being considered, an assessment would be made in consultation with the devolved legislatures.

I would like to thank you and your officials once again for your constructive engagement throughout this process. I will be writing to you shortly seeking your agreement for the package of amendments to be tabled ahead of the Bill's Report Stage.



EDWARD ARGAR MP

—
**Health and Social Care
Committee**

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Eluned Morgan MS
Minister for Health and Social Services
Welsh Government

08 November 2021

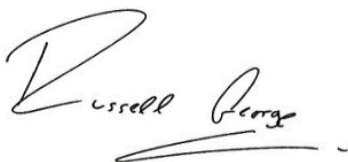
Dear Eluned

Legislative Consent Memorandum for the Health and Care Bill

Thank you for your letter dated 19 October 2021, responding to the Committee's initial questions about the Legislative Consent Memorandum for the Health and Care Bill. The Committee considered your letter alongside evidence from stakeholders on 4 November. As the Business Committee has extended our reporting deadline to 16 December 2021, we agreed to write to you to seek further information and updates on the matters set out in the annex to this letter before we finalise our report.

To enable us to consider your views in line with the reporting deadline set by the Senedd's Business Committee, it would be helpful to receive your response no later than **Thursday 18 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

To inform the Health and Social Care Committee's scrutiny of the Legislative Consent Memorandum ("the LCM") on the Health and Care Bill ("the Bill"), we would welcome your views on the matters listed below.

Consequential powers, and consultation with the Welsh Ministers on the exercise of powers

We note that a number of the outstanding issues outlined in the LCM relate to whether Welsh Ministers should be consulted or required to consent before powers under the Bill are exercised by the Secretary of State, and to the inclusion in the Bill of powers to make consequential amendments to Welsh legislation.

1. Please provide an update on your discussions with the UK Government on these matters, including any amendments the UK Government has agreed to bring forward, or any assurances you have received in relation to the proposed use of these powers.

Clause 85: medicines information systems

While we recognise that there are merits in a UK-wide medicine registry, it is vital that there are sufficient safeguards in place to protect Welsh patients' personal and medical data, and ensure that it is used appropriately. We note that you have proposed to the UK Government that the Bill should be amended to put in place an alternative arrangement for Wales under which Welsh patient data is collated by a suitable digital authority, which would then provide the UK-wide system with such information as was required for the specific purpose of the registry.

2. Please provide an update on your discussions with the UK Government, including whether the concerns you have outlined in respect of overlap with data gathering in Wales, any proposed alternative arrangements, provision for the use of data by Welsh Ministers, and the potential for inappropriate use of Welsh patient data have been resolved.

Clauses 86-92: Arm's Length Bodies Transfer of Functions

We note you have requested that the Welsh Ministers and Welsh bodies should be "carved out of the clause 90 provision" which gives the Secretary of State powers to transfer property, rights and liabilities to the Welsh Ministers or Welsh NHS trusts.

3. Please provide further information about why you are seeking this carve out, and what the implications would be if such a carve out is not secured.

Clause 120: International healthcare arrangements

In your letter you note that you have concerns in respect of the power in clause 120 for the Secretary of State to confer functions on and/or delegate functions to the Welsh Ministers and public authorities in Wales, but that you are hopeful that agreement can be reached on alternative wording.

4. Please provide an update on your discussions with the UK Government, including whether you have secured agreement for an amendment to be brought forward, and what the implications for Wales will be if no change to the wording is made.

Clause 123 : Regulation of health care and associated professions

We have heard from a number of regulators that while they are broadly supportive of clause 123, they have concerns about whether there is sufficient clarity about how the provision will be implemented, in particular the criteria that will underpin decisions and the consultation that will take place. The evidence we have received is available on [our website](#).

We recognise that implementation of the provision is largely a matter for the UK Government, however the vital role that professional regulation plays in ensuring that our health and social care services are safe means that there must be clarity for the public and the health and social care workforce about these matters.

5. Please outline the Welsh Government's view on the concerns raised by stakeholders about a lack of clarity on how clause 123 will be implemented.
6. Please also explain what involvement or engagement you expect for the Welsh Government in the anticipated UK Government review of which professions require regulation.

Financial implications

7. Please provide an update on whether you have received assurance from the UK Government that the costs falling to Wales as a result of the Bill will be met by the UK Government, and on the discussions between officials about the appropriate reimbursement mechanism.

Supplementary LCM

We note that you are seeking an amendment to the Bill in respect of medical examiners, and that such an amendment, and other amendments proposed, would be subject to a supplementary LCM.

8. Please indicate when you anticipate such a supplementary LCM might be brought forward.
9. We would also welcome further information about the amendment you are seeking in respect of medical examiners, including why you are seeking its inclusion in UK legislation rather than Welsh legislation.

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



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

25 November 2021

Dear Russell

Thank you for your letter of 8 November requesting further information and an update regarding the Legislative Consent Memorandum (LCM) for the UK Government Health and Care Bill.

You will wish to note that, on 18 November, following constructive negotiations between my officials and officials in the Department of Health and Social Care, as well as between myself and the Minister of State for Health, the UK Government laid a number of amendments which address the majority of the key concerns of the Devolved Governments with regard to the Bill. I wrote to Minister Argar in this regard on the 17 November and will supply the letter to the Committee under separate cover.

The amendments were voted through in the House of Commons on 23 November. I will therefore be tabling a Supplementary Legislative Consent Memorandum with regard to the Bill to reflect those changes.

I have addressed your questions below.

Consequential powers, and consultation with the Welsh Ministers on the exercise of powers

We note that a number of the outstanding issues outlined in the LCM relate to whether Welsh Ministers should be consulted or required to consent before powers under the Bill are exercised by the Secretary of State, and to the inclusion in the Bill of powers to make consequential amendments to Welsh legislation.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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.

1. Please provide an update on your discussions with the UK Government on these matters, including any amendments the UK Government has agreed to bring forward, or any assurances you have received in relation to the proposed use of these powers.

I and my officials have met with Minister Argar and his officials on a number of occasions to discuss these provisions. The UK Government are of the view that these are standard clauses and that we similarly take powers in Senedd Acts to make consequential amendments to UK Government legislation.

UK Government officials have provided examples of how these powers may be used – the amendments likely would be of a minor nature, for example the changing of the name of an English organisation which is referred to in Senedd legislation where a transfer of functions has occurred and Minister Argar has also given a written commitment to making a Despatch Box statement on how these powers might be used.

I am currently giving consideration as to whether, given the assurances received from the UK Government, the risk presented by the provisions is acceptable.

Clause 85: medicines information systems

While we recognise that there are merits in a UK-wide medicine registry, it is vital that there are sufficient safeguards in place to protect Welsh patients' personal and medical data, and ensure that it is used appropriately. We note that you have proposed to the UK Government that the Bill should be amended to put in place an alternative arrangement for Wales under which Welsh patient data is collated by a suitable digital authority, which would then provide the UK-wide system with such information as was required for the specific purpose of the registry.

2. Please provide an update on your discussions with the UK Government, including whether the concerns you have outlined in respect of overlap with data gathering in Wales, any proposed alternative arrangements, provision for the use of data by Welsh Ministers, and the potential for inappropriate use of Welsh patient data have been resolved.

I can confirm following constructive discussions with the UK Government and the Medicines and Healthcare Products Regulatory Agency (MHRA), we reached agreement on amendments which address the concerns raised in my previous correspondence with the Committee.

In relation to inappropriate use of data, the amendments to the Bill laid on 18 November limit the scope of the purposes for which medicine information systems regulations can be made. The amendment makes it clear that any provision in the regulations for a purpose in relation to clinical decision making is only where there is a connection with the safety of such decisions relating to human medicines. On arrangements that overlap with data collection in Wales, the Bill now requires that secondary legislation made under it must provide for information to be collected by the Welsh Ministers or a person designated by them such as Digital Health and Care Wales (DHCW), subject to specified exceptions in that secondary legislation. This ensures where appropriate, data remains available for use by Welsh Ministers. Finally, in addition to the safeguards agreed on the face of the Bill, the Welsh Ministers will need to be consulted on any regulations or directions relating to medicine information systems.

Clauses 86-92: Arm's Length Bodies Transfer of Functions

We note you have requested that the Welsh Ministers and Welsh bodies should be “carved out of the clause 90 provision” which gives the Secretary of State powers to transfer property, rights and liabilities to the Welsh Ministers or Welsh NHS trusts.

3. Please provide further information about why you are seeking this carve out, and what the implications would be if such a carve out is not secured.

The clause is potentially problematic as although the UK Government included provision in the Bill at introduction (in clause 92) that a transfer would be subject to the consultation of Welsh Ministers, unwanted properties, rights or liabilities could be transferred to the Welsh Ministers, Local Health Boards or Welsh Special Health Authorities in respect of bodies over which the Welsh Ministers have no influence, with no option for the Welsh Ministers to prevent such a transfer, or to make such a transfer to UK Government. Officials did not envisage a scenario in which property, rights and liabilities of a body would need to be transferred to the Welsh Ministers in conjunction with a transfer of functions made under the powers in clauses 87 and 88. Officials in the Department of Health and Social Care agreed that this would be unlikely but the ability to do so in the Bill provisions was still an area of concern.

Following constructive conversations between my officials and officials in the Department of Health and Social Care, as well as between myself and the Minister of State for Health, an amendment regarding this provision was agreed which would have removed the Welsh Ministers, Welsh NHS Trusts and Welsh Special Health Authorities from the list of ‘appropriate persons’ for transfer to transfer property, rights and other liabilities in Clause 90, thus addressing my concerns this area.

However, this amendment was not tabled as whilst this aspect of the amendment was agreed by the UK Government and all three Devolved Administrations, there were further amendments to the Arm's Length Bodies' provisions proposed which met my concerns but which the UK Government was unable to secure agreement to from all the Devolved Administrations.

Discussions with the Department for Health and Social Care on this matter are continuing to seek to ensure that an acceptable position for Wales is reached.

Clause 120: International healthcare arrangements

In your letter you note that you have concerns in respect of the power in clause 120 for the Secretary of State to confer functions on and/or delegate functions to the Welsh Ministers and public authorities in Wales, but that you are hopeful that agreement can be reached on alternative wording.

4. Please provide an update on your discussions with the UK Government, including whether you have secured agreement for an amendment to be brought forward, and what the implications for Wales will be if no change to the wording is made.

I can confirm that we have reached agreement with the UK Government with regard to addressing my concerns regarding this provision.

To address this issue the UK Government agreed an amendment to the clause so that the Welsh Ministers and other Welsh organisations, except for Welsh Local Health Boards (to ensure that existing functions already conferred on Local Health Boards regarding planned healthcare applications remain), are not caught under the definition of “Public Authority” in respect of the Secretary of State’s power.

In addition, it has further amended the clause to provide a power to the Welsh Ministers enabling them make regulations in devolved areas for the purpose of giving effect to health agreements, which includes the power to confer functions on all devolved Welsh organisations. Should the Welsh Ministers fail to confer relevant functions onto the Local Health Boards regarding healthcare agreements, the Secretary of State may confer those functions.

I am of the view that the amendments are a significant shift from the position of the Bill as introduced and that they provide sufficient protection of the devolution settlement.

Clause 123: Regulation of health care and associated professions

5. Please outline the Welsh Government’s view on the concerns raised by stakeholders about a lack of clarity on how clause 123 will be implemented.

The Bill proposes through Clause 123 a new subsection 2ZZA is inserted into Section 60 of the Health Act 1999.

The Department for Health and Social Care has advised that the provision is intended to clarify not change the existing position and, at present, there is no intention to use this power to regulate any additional persons. I further understand the provision is intended to target senior health managers and leaders in event the UK Government wanted to regulate these in the future.

There are no plans to regulate senior health leaders and managers in Wales and due to the configuration of the NHS within Wales I do not consider this to be a likely event in the future. There are no set qualifications that are required prior to senior NHS Leaders/Managers taking up their post, this furthers my view that they are not regarded as a ‘profession’.

These powers were of concern to Welsh Government as, although the regulation of healthcare professions is a reserved matter under paragraph 140 of Schedule 7A to the Government of Wales Act 2006 (GoWA), the reservation is limited to specified regulated professions and “*any other profession concerned with the physical or mental health of individuals*”. Clause 123 went beyond that and could in theory enable “*any group of workers*” working in the field of physical and mental health to be regulated under the Health Act 1999 powers “*whether or not they are generally regarded as a profession*”. The wording was therefore wider than the GoWA reservation and thus the concern was that the power could be used to regulate “any group of workers” who are not health professionals, an area which it could be argued is within the legislative competence of the Senedd.

6. Please also explain what involvement or engagement you expect for the Welsh Government in the anticipated UK Government review of which professions require regulation.

On 18 November, the UK Government tabled an amendment which requires the Secretary of State to obtain the consent of the Welsh Ministers when bringing into regulation in Wales a group of workers who are not professionals but are concerned with the physical or mental health of individuals, under Section 60 of the Health Act 1999.

The Welsh Ministers will therefore be fully consulted on any regulation proposal and only if they agree to those areas that are subject to the legislative consent requirement, will approval be given.

Financial implications

7. Please provide an update on whether you have received assurance from the UK Government that the costs falling to Wales as a result of the Bill will be met by the UK Government, and on the discussions between officials about the appropriate reimbursement mechanism.

There have been continuing discussions with UK Government regarding costs, and I have received some assurances. Broadly, Minister Argar has confirmed that the Barnett Formula will apply to additional costs arising from provisions in the Bill impacting on Wales as set out in the Statement of Funding Policy.

In relation to reciprocal healthcare specifically, the UK Government has confirmed that it will continue to fund the costs of treatment provided overseas to Wales' residents under any new healthcare agreements.

Supplementary LCM

8. We note that you are seeking an amendment to the Bill in respect of medical examiners, and that such an amendment, and other amendments proposed, would be subject to a supplementary LCM. Please indicate when you anticipate such a supplementary LCM might be brought forward.

As stated at the start of this letter, following the amendments to the Bill tabled on 18 November and subsequently voted through, which includes the medical examiners amendment, I will be bringing forward a Supplementary LCM as soon as possible.

Should there be subsequent amendment to clauses 88 to 92 (Arms' Length Bodies) or any other amendments impacting on devolved competence it is likely it will be necessary to bring forward a further Supplementary LCM.

9. We would also welcome further information about the amendment you are seeking in respect of medical examiners, including why you are seeking its inclusion in UK legislation rather than Welsh legislation.

The amendment, which was tabled on 18 November, enables the establishment of a system for medical examiners in Wales that is broadly in line with what was proposed in the Bill in relation to England and ensures that the legislation accurately reflects the way in which it is envisaged the medical examiner system will operate in Wales.

The amendment amends the Coroners and Justice Act 2009 (“the 2009 Act”) in England and Wales to set out a power for Welsh NHS bodies to appoint medical examiners. A duty will also be imposed upon the Welsh Ministers to ensure that enough medical examiners are appointed in the healthcare system in Wales, that enough funds and resources are made available to medical examiners to enable them to carry out their functions of scrutiny to identify and deter poor practice, and to ensure that their performance is monitored.

The purpose of the amendment is to introduce a statutory scheme of medical examiners within the NHS with appointment being by a range of Welsh NHS bodies rather than only Local Health Boards in Wales. This will enable more collaborative working across Welsh NHS bodies to ensure the effective delivery of the medical examiners scheme.

Medical examiners will introduce an additional level of scrutiny to those deaths not reviewed by a coroner, improve engagement with the bereaved in the process of death certification and offer them an opportunity to raise any concerns as well as improving the quality and accuracy of Medical Certificates of Cause of Death. Independent scrutiny of deaths will reduce the potential for malpractice by doctors to go unchecked. The level of scrutiny will be proportionate so as not to impose undue delays on the bereaved or undue burdens on medical practitioners and others involved in the process. Enabling the responsibility for appointment of medical examiners to rest with a range of Welsh NHS bodies rather than solely with local health boards in Wales will allow the medical examiners system to be more robust.

The amendment has been introduced through UK legislation rather than in Welsh legislation as the subject matter of Part 1 of the 2009 Act is reserved by paragraph 167 of Schedule 7A to the Government of Wales Act 2006. The 2009 Act does however currently contain provision which allow the Welsh Ministers to develop and consult upon their own regulations in respect of key aspects of the new system, including the terms for the appointment of medical examiners and their functions and the charging of fees. These provisions will remain and will enable the appointment of medical examiners by a wider definition of Welsh NHS bodies, ensure that the medical examiners system for Wales is fit for purpose.

Additional Amendments

The Committee will also wish to note that in addition to the amendments detailed above, the UK Government laid on 17 and 18 November respectively amendments to include the following provisions in the Bill and, at my request, to extend the provisions to Wales:

Virginity Testing

This includes provision in the Bill to make virginity testing, a practice carried out on women and girls involving an examination of the genitalia purportedly to reach a view as to their virginity or otherwise, an offence.

Reimbursement to Community Pharmacies

This amends section 88 of the NHS (Wales) Act 2006, creating an exemption where pharmacy contractors do not need to be reimbursed for medicinal products that are used for vaccines and immunisation or for the prevention and treatment of disease that could become a pandemic, where those products have been procured centrally.

Both the above will be included in a Supplementary LCM.

I trust this response will be helpful in the Committee's scrutiny of the LCM and forthcoming Supplementary LCM.

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

Agenda Item 6

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

Document is Restricted

Document is Restricted

Agenda Item 9

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 115

Ymateb gan: | Response from: Cymru vs Arthritis



Question 1: Initial priorities identified by the Committee

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.

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

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

This submission has been prepared by Cymru Versus Arthritis. We are part of Versus Arthritis, the charity formed when Arthritis Research UK and Arthritis Care merged in 2018. We work alongside volunteers, healthcare professionals, researchers and people with arthritis to do everything we can to push back against arthritis. Together, we develop breakthrough treatments, campaign for arthritis to be a priority and provide support. Our remit covers all musculoskeletal conditions which affect the joints, bones and muscles including osteoarthritis, rheumatoid arthritis, back pain and osteoporosis.ⁱ

We are grateful for the opportunity to respond to the Health and Social Care Committee consultation regarding its priorities for the Sixth Senedd.

Cymru Versus Arthritis welcomes the current proposed list of priorities. We have provided detail at Question 2 regarding an additional priority – addressing the waiting list backlog that has developed through the pandemic – that we would urge the Committee to consider adding to its priorities list.

We are particularly pleased to see the inclusion of the priority on ‘Access to services for long term conditions, including musculoskeletal (MSK) conditions.’ The priority provides the Committee with the opportunity to scrutinise the delivery and development of key services impacting on individuals and communities across Wales. The number of people living with MSK conditions alone in Wales is 970,000.ⁱⁱ

The prioritisation of this work would also fit well with other work streams at the national level, with the Welsh Government’s recent consultation on its ‘Arthritis and Long Term Musculoskeletal Conditions Framework’.ⁱⁱⁱ

Access to the right services at the right time for people with chronic long-term arthritis and MSK conditions is vital to minimise the impact of these conditions in terms of physical and mental health, disability, persistent pain, mobility, dexterity, independence and employment. Ensuring access to high quality services is of even greater significance following the disruption to services caused by the Covid pandemic.

- Many people with MSK conditions have experienced significant delays and cancellations in relation to access to services during the pandemic. The pausing of elective orthopaedic services during the pandemic has resulted in many tens of thousands of people with arthritis and musculoskeletal (MSK) conditions waiting significantly longer for life-changing procedures such as joint replacements. Many are waiting in severe and worsening persistent pain, with significant consequences for their physical and mental health, mobility and independence.
- Rebuilding services such as elective orthopaedic surgery to provide pre-pandemic levels of access will take a significant amount of time to achieve. It is vitally important therefore that coordinated proactive communications, signposting and support is available to people waiting longer for services such as orthopaedic surgery to help them retain their activity levels, mobility and independence and to help them manage the physical and mental health challenges of their longer wait.
- Many issues relation to timely access to services for people with MSK conditions are long standing and were impacting on people with these conditions before the pandemic.

Example issues include:

- The need for early and clear diagnosis. Delayed diagnosis can have a significant impact on physical and mental health, leading to permanent, irreversible damage and disability. This is a significant issue for a number of MSK conditions, for example in axial SpA (AS) there is an 8.5 year average delay to diagnosis.^{iv}
- The need for proactive early intervention to promote and support the individual with an MSK condition to develop self-management knowledge and skills. Many people with MSK conditions are not aware of the effectiveness of self-management and need to be supported to overcome barriers to utilise such approaches, e.g. lack of knowledge of the benefits of safe exercise and fears of damaging already painful joints. There are successful, well evidenced programmes to achieve this aim, such as ESCAPE pain.^v There is considerable variance between regions in the provision ESCAPE pain programmes.
- The need for speedy early access to specialist services. For certain MSK conditions, such as rheumatoid arthritis, suspected cases need to be referred into rheumatology services for assessment and early intervention as soon as possible – within a timeframe of weeks to meet NICE guidance – to reduce long term joint damage and disability.
- Ongoing access as required to services to support self-management and activity levels. The symptoms of MSK conditions change and develop over time and the support needed by individuals also changes.
- Timely access to orthopaedic services as required. Orthopaedic services in Wales were struggling to meet demand and waiting times targets before the pandemic.

Work is needed to ensure that orthopaedic services in Wales are rebuilt to address future demands and meet pre-pandemic waiting times targets.

- Lack of dedicated multidisciplinary rheumatology services in many areas.
- Difficulty accessing specialist pain management services in many areas.
- The lack of clear pathways of care for some MSK conditions, such as Fibromyalgia.
- The need to better integrate support available from the third sector into care pathways to ensure people have access to information, peer support, and supported self-management. For example, third sector organisations such as Cymru Versus Arthritis provide a range of quality services to people living with MSK conditions that can help them understand their condition, their treatment and self-management options including safe exercise, and provide peer support to reduce isolation and to facilitate opportunities for people to build community and learn from others with similar experiences. Such services in the third sector can also provide signposting to wider support services and networks that can help someone with an MSK condition in relation to employment, finance and access to assessments for aids and adaptations that can support independence.

Question 2: Key priorities for the Sixth Senedd

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?**

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

a) Health services

We are concerned that tackling the backlog / reducing waiting times that have grown to record levels during the pandemic and supporting people on those waiting lists has not been referenced explicitly within the set of priorities proposed by the Committee.

It is clear that the backlog of patients for services such as orthopaedic surgery is one of the most significant health challenges that NHS Wales has faced.

We believe reducing the backlog and supporting people on the waiting lists needs to be among the highest policy and service priorities in Wales. We would like to see this priority added to the priority list of the Health and Social Care Committee.

- Many tens of thousands of people with MSK conditions are on waiting lists that have hit record levels in recent months. Many are waiting for surgery in severe and worsening pain with no clear idea of when their operation will take place. Worsening pain and other symptoms can impact significantly on mobility, dexterity, independence, physical and mental health and ability to remain in employment. As a charity with supporter services for people living with MSK, we are hearing from people on the waiting list who express how desperate they feel and how much their lives have effectively been put on hold as they wait for an indefinite period for life-changing surgery.
- The Trauma and Orthopaedics (T&O) waiting list has grown to record levels during the pandemic. As at the end of June 2021 (latest figures), the total number of people waiting for T&O treatment in Wales was 92,150, a further 2% increase since May 2021 and 33% higher (+30,032) than the average for 2019 (62,118). 62,379 (68%) were waiting longer than 26 weeks compared to 15,323 people (25%) on average in 2019 and 54,394 (59%) waiting longer than 36 weeks, compared to 6,570 people (11%) on average in 2019. The number waiting over a year^{vi} had grown to 43,491, a little under half (47%) of the waiting

list, compared to 2,472 people (4%) on average in 2019. 4,485 people were waiting over 105 weeks (over 2 years) as at the end of June 2021, an increase of 772 people (17%) since last month.

- The current backlog is likely to take a number of years to clear. The slower the pace of progress clearing the backlog, the longer many people will wait and the wider and deeper the potential impacts of the waits in terms of health and social care costs, interventions becoming more complex and less effective, impacts on employment, mental health and the development of comorbidities. It is vital that reducing the backlog through safely rebuilding capacity at pace is prioritised to reduce long term harm for individuals and greater future demands on health and social care services.
- Versus Arthritis recently surveyed people waiting for joint replacement surgery and found: (Wales figures in brackets)^{vii}:
 - 52% said their pain levels had significantly worsened (60% Wales).
 - 40% said their independence has significantly reduced (39% Wales).
 - 81% said their physical health had either worsened or significantly worsened (88% Wales).
 - 72% said their mental health had either worsened or significantly worsened (80% Wales)
- Evidence shows that delaying surgery can lead to worse outcomes for people who have been referred for hip and knee joint replacement, particularly waiting times beyond 6 months.^{viii} Interventions such as hip and knee replacement surgery can be transformative, significantly reducing or eliminating severe persistent pain and restoring mobility and independence.
- The pace of progress rebuilding capacity in many parts of Wales during recovery periods since the beginning of the pandemic has been inconsistent and, we would argue slower than it needs to be. We are concerned that there appears to be a lack of timeframes for restoring elective orthopaedic throughput to pre-pandemic levels and for meeting pre-pandemic waiting times targets.
- There is a lack of monthly published granular data regarding elective orthopaedic activity levels (number of operations by type), providing a barrier to developing an accurate assessment of progress rebuilding capacity to pre-pandemic levels. CVA has been calling for the monthly publication of the number of elective hip and knee replacement operations undertaken in each Health Board (and under contract to HBs by private healthcare providers.) The Committee has an opportunity to make recommendations regarding data requirements to make the recovery process far more transparent. Such transparency is needed to evaluate progress but also to provide reassurance and greater clarity for service-users regarding timeframes to surgery.
- It is clear from recent pausing of services in some Health Board areas that current measure to protect elective orthopaedic surgery services have not been sufficiently robust. The pausing of services due to admissions pressures is not a new development during the pandemic. It is vitally important that robust plans are in place to protect progress in rebuilding elective orthopaedic services going forward.
- It will take a considerable amount of time to bring waiting times back down to pre-pandemic levels. As detailed above, the long waits for surgery poses significant

challenges to individuals on the waiting list as they wait, challenges that can become more difficult over time.

- It is vitally important therefore that coordinated proactive communications, signposting and support is made available to people waiting longer for services such as orthopaedic surgery to help them retain their activity and independence levels, develop self-management skills, reduce isolation and to help them manage the physical and mental health and financial challenges of their wait for surgery.
- We believe that the provision of communications, signposting and support for people on the longer waiting lists should be a part of a backlog priority enquiry for the Committee.
- Cymru Versus Arthritis has been calling for a 'National Orthopaedic Recovery and Transformation Strategy'. Firstly, to develop guidance to support rebuilding at pace capacity and protection of elective services from Covid and winter pressures. Secondly, to plan the reconfiguration of orthopaedic services to build an efficient, robust service, fit to meet future demands and meet pre-pandemic waiting times targets. The Royal College of Surgeons of England in Wales has developed an Action Plan for the Recovery of Surgical Services in Wales that offers a valuable contribution to the development of such a plan.^{ix}
- In England, the Health and Social Care Select Committee has announced an inquiry into the backlog caused by the pandemic.^x
- We would welcome the Committee considering adding the waiting list backlog caused by the pandemic to its forward work programme, with consideration given for:
 - Data needs to monitor progress rebuilding services.
 - Current modelling provision for the scale of the current backlog, future demands and the timeframe and activity levels required to return to pre-pandemic levels.
 - Communications, signposting and support available for people on waiting lists to help them manage the physical and mental health challenges of their wait.
 - Scrutiny of current investment and service capacity plans.
 - Measures and planning to protect continued provision of elective services from future Covid, winter and other pressures.

b) Social care and carers

c) COVID recovery

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 43

**Ymateb gan: | Response from: Asthma UK a British Lung Foundation Cymru |
Asthma UK and British Lung Foundation 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?

Building on existing collaboration, in January 2020 Asthma UK and the British Lung Foundation merged to become the Asthma UK and British Lung Foundation.

At some point in our lives, one in five of us will have a lung disease. Across the UK, millions more are at risk. We are the only UK charity looking after the lungs of Wales.

As we've seen with the COVID-19 crisis, acute respiratory symptoms can bring countries to a standstill and cause thousands of deaths. The recent pandemic has highlighted the need for clear and robust guidelines and support for people with a lung condition, but has also shone a spotlight on the patchy provision of support and treatment for everyone who has a respiratory disease. We



want to see proactive and holistic approaches to help prevent, diagnose and treat lung conditions so that we can all live better, healthier lives.

- Through research, we can find new ways to prevent, manage (and self-manage), treat and eventually cure lung diseases.
- With support, we provide for people who struggle to breathe the skills, knowledge and confidence to take control of their lives.
- Together, we're campaigning for clean air, better services and investment in research and innovation.

One day, everyone will breathe clean air with healthy lungs.

We think that the list of subjects suggested is very comprehensive, but we would prioritise public health and prevention; and access to COVID and non-COVID rehabilitation services.

Public Health and Prevention

The single largest cause of preventable ill health and a significant cause of health inequality in Wales is smoking tobacco products. Tobacco dependency is directly or indirectly linked to millions of deaths.

It was difficult to meet the Welsh Government's target to reduce adult smoking rates to 16% by 2020, but early indications look like it was achieved. However we are concerned that there are no future targets to reduce the numbers further.

E-cigarettes can be a helpful smoking cessation tool, so it's essential that people who smoke, as well as health care professionals, have access to evidence-based information about e-cigarettes and how they can be used as a quitting tool. We continue to look at the long-term health effects of e-cigs and would recommend that people use them for as short a time as possible to help them give up smoking. However, regulations on how e-cigarettes can be advertised need to be fully enforced, particularly ensuring products cannot appeal to young people.

We are calling for the Welsh Government to do the following and we think these are areas that the Health and Social Care Committee should consider:

- A new smoking and tobacco strategy with a target for a smoke-free nation by 2030 (5% or less smoking population).
- A ban on public smoking in high streets across Wales.
- The minimum legal age to purchase tobacco products in Wales to be raised to 21.
- A review into the compliance and enforcement of current tobacco advertising and prohibiting laws, to seek tougher financial penalties for companies in breach of advertising laws around tobacco products. This is to reduce the impact of selling tobacco products in our most deprived communities.
- Continued support of "Help me Quit" services provided by NHS Wales and funding for promotion of the services and campaigns for quitting.
- Public Health Wales to develop independent guidance in the form of leaflets for smokers who choose to vape as a smoking alternative; stressing it is a short-term use to quit, highlighting "help me quit services" and requiring e-cigarette retailers to display this guidance at all their stores across Wales and online.
- More research into the impact of long-term use of e-cigarettes on the lungs of with people with lung conditions, particularly asthma.

In the absence of a new Tobacco strategy this is an ideal opportunity for Health and Social Care to find out if the current model of smoking cessation services is effective, consider what is the future of these services in a virtual world; and examine the Welsh Government policy on e-cigarettes. Are they a smoking cessation tool or a threat to public health? If there are a danger to public health we need to protect children and young people from them, but if they are a real solution for smokers struggling to quit, then we need to consider how to prescribe them on a time limited basis for this purpose. We would be happy to give evidence to such an inquiry alongside ASH Wales.

Access to COVID and non-COVID Rehabilitation

We want people with lung disease to live full and active lives and continue to do the things that are important to them and their families. Unfortunately, at the moment the NHS is set up to help when things go wrong, rather than to help people stay well. While we look for a cure to lung disease in Wales, the evidence supporting self-management interventions for asthma is robust. It should be seen as an exemplar condition to trial connected technologies, such as smart inhalers to help people better self-manage their condition.

Education is key to improving understanding of lung diseases, helping achieve earlier diagnosis and improved self-management. Having confident and informed people with lung conditions at the centre of the decision-making processes will allow them to take ownership of their conditions, leading to fewer unplanned primary care consultations, reductions in visits to outpatient departments, reduced hospital admissions and reduced length of stays in hospital.

The most cost-effective treatment for lung disease such as COPD is access to pulmonary rehabilitation (PR) which is a programme of exercise and education for people with a long-term lung condition. Sadly, too few patients have easy access to PR and often must wait until their condition worsens before they can benefit. We believe that more must be done to improve access to PR.

Following on from pulmonary rehabilitation, the National Exercise Referral Scheme (NERS) operates in every part of Wales to allow people to remain active and stay healthy in a local leisure centre. The scheme supports people with a wide variety of health conditions. Still, there has been an ongoing Welsh Government review, and funding has not increased for several years, restricting the number of people who can access these services.

Asthma UK and British Lung Foundation Wales is a member of the Right to Rehab Coalition led by the Chartered Society of Physiotherapy and we support a Right to Rehab for all. We want to see a model of support that allows for self-referral and joins us health and leisure services.

We would like to see the Health and Social Care committee examine rehabilitation services and consider how they can be restarted safely. Whilst there are some examples of services re-starting, many can't and have no space to exercise with required social distancing. We would like the committee to consider the role of technology in the future of rehabilitation. We would encourage the committee to look at the National Exercise Referral Scheme, review its positive outcomes and consider what more this service could be doing to keep people with chronic conditions active in the community.

We also support the committee reviewing COVID rehabilitation. Long COVID is now the third biggest lung condition in Wales and it is largely respiratory teams that are developing the services to support these people. We would like the committee to consider the effectiveness of this rehabilitation, examine whether GPs are referring into new Long COVID services and consider whether other rehabilitation for other conditions can learn from this work.

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 like the committee to consider a short inquiry into the National Clinical Plan and Quality Statements, and how they will replace Delivery Plans. Since 2014 there has been a Respiratory Health Delivery Plan with a funded national clinical lead, national co-ordinator and the ability to direct new projects across Wales. The 2014 and 2018 delivery plans were ambitious and focussed doctors, nurses and allied health care professionals to target Wales-wide outcome measures and innovate. The Respiratory Health Delivery Plan (alongside delivery plans for other conditions) have been very successful in delivering positive change, but we are concerned the new approach of the NCP and Quality Statements risks undermining this work. We would like to see the Health and Social Care investigate whether the new Health and Social Services Minister will be continuing this approach.

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 73

**Ymateb gan: | Response from: Sefydliad Prydeinig y Galon Cymru
| British Heart Foundation Cymru**



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

Public Health Prevention – Overweight and Obesity

Although Welsh Government's Healthy Weight: Healthy Wales¹ is ambitious, much of what is promised requires legislation. Welsh Government have promised to reduce obesity through restricting price promotions of high fat, salt and sugar foods. This requires primary legislation which did not feature in the programme for Government.

What impact or outcomes could be achieved through any work by the Committee?

Expedited legislation to implement policies laid out in Healthy Weight: Healthy Wales, including restricting price promotions on high fat, salt and sugar foods.

How the Committee might address the issue

Healthy Weight: Healthy Wales is ambitious. Now we need to see legislation to implement these public policy changes and support the people of Wales to make the healthiest choices. Writing to Welsh Government to encourage legislation to implement Healthy Weight: Healthy Wales would be a positive first step.

Once Welsh Government tables necessary legislation, the Health Committee could ensure that the legislation is ambitious and holds Welsh Government to account with specific targets.

When any Committee work should take place

Work on obesity could happen towards the end of the first year as Welsh Government are considering the programme for Government for the second year of this Senedd term.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

There is a strong correlation with unhealthy lifestyle and socio-economic deprivation. Any actions which seek to reduce obesity in Wales must consider the most impacted groups, that is, those in most deprived quintile to ensure that any policies are likely to reduce health inequalities and not worsen them.

Third sector organisations working in this space should also be consulted, including BHF Cymru and other charities working as part of the Obesity Alliance Cymru.

The health and social care workforce, including organisational culture and staff wellbeing - Cardiac Physiology is impacting time to diagnose cardiac patients

Diagnostic imaging services in Wales have been severely impacted by the pandemic. Over 12,000 patients were waiting for an echocardiogram at the end of April 2021, compared with 7,552 at the end of February 2020². The NHS in Wales has started to address this, and we are seeing increasingly shorter waiting lists, though not yet in line with pre-pandemic levels³.

¹ <https://gov.wales/healthy-weight-strategy-healthy-weight-healthy-wales>

² Stats Wales, 'Diagnostic and Therapy Waiting Times by Week', *Welsh Government*, 2021, <https://bit.ly/2TlvciX> (accessed 30 June 2021).

³ Ibid.

Clinicians are reporting that the main challenge in Wales is the length of time people are waiting, rather than the size of diagnostic waiting lists, which are reportedly manageable.

Although Welsh Government recently announced funding for diagnostic equipment⁴, the main barrier to early diagnosis is a shortage in the diagnostic workforce to operate this equipment. In cardiology, diagnostic testing is normally done by a cardiac physiologist and in Wales, there is a chronic shortage. with many health boards reliant on locums, which is expensive and unsustainable. The Heart Conditions Implementation Group (HCIG) are currently working with Health Education and Improvement Wales to try to address this, but the problems are long-standing and will require a nationally directed plan to expand the training offer and fill the workforce gaps. The recovery of diagnostic services in Wales, up to and beyond pre-Covid levels, relies on an increase in the number of cardiac physiologists working in Wales.

What impact or outcomes could be achieved through any work by the Committee? & How the Committee might address the issue

In 2019 The Health Committee published its findings⁵ on an inquiry into the shortages in the endoscopy workforce. This inquiry outlined how chronic shortages in endoscopy services (a key profession in diagnosing bowel diseases including cancer, was causing bottlenecks in the system). The Committee recommended a National Endoscopy Plan⁶, which Welsh Government drafted and implemented. A similar inquiry into the shortages in the cardiac physiology could address the bottleneck in diagnostic services for cardiac patients and support the NHS in Wales to deal with increasing waiting times exacerbated by the Covid-19 pandemic.

When any Committee work should take place

This is a longstanding problem and should be addressed at the earliest opportunity as part of a programme of recovery from the Covid-19 pandemic.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Wales Cardiac Network, Heart Conditions Implementation Group, British Heart Foundation Cymru, HEIW, Local Health Boards, Swansea University.

Evidence based innovation in health and social care – Medical Research

In February 2021 the Cross Party Group on Medical Research⁷ published the findings⁸ of its inquiry into the implementation of the recommendations of the Reid Review. The Reid Review was a review of research and innovation funded by the Welsh Government. The report makes several recommendations for Welsh Government to improve the medical research

⁴ <https://gov.wales/more-25-million-invested-diagnostic-equipment-nhs-wales>

⁵ <https://senedd.wales/media/bxifeon0p/cr-ld12492-e.pdf>

⁶ <https://gov.wales/sites/default/files/publications/2019-10/national-endoscopy-programme-action-plan-2019-2023.pdf>

⁷ <https://gov.wales/sites/default/files/publications/2019-04/review-of-government-funded-research-and-innovation-reid-review.pdf>

⁸ <https://www.bhf.org.uk/what-we-do/in-your-area/wales/the-cross-party-group-on-medical-research>

environment in Wales. However, the Cross Party Group on Medical Research reported in 2021 that all but one of Prof. Reid's recommendations had gone unimplemented.

What impact or outcomes could be achieved through any work by the Committee?

The Health and Social Care Committee could reinvigorate the debate around medical research and hold Welsh Government to account on the recommendations in the Reid Review. This has the potential to result in a thriving medical research environment in Wales.

How the Committee might address the issue

Following on from the work of the Cross Party Group on Medical Research, the Health and Social Care Committee could hold a short inquiry into the medical research environment in Wales.

When any Committee work should take place

The opportunity to capitalise on any momentum around medical research caused by the search for a Covid-19 vaccine would mean work could start on assessing the medical research environment in Wales immediately.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Medical research charities like the British Heart Foundation, universities, researchers, HCRW, AMRC, pharmaceutical industry, health professionals and local health boards.

Evidence based innovation in health and social care – Health Data

Wales needs better collection, dissemination and use of health data. Strategic collection, dissemination, and use of health data is crucial to improve our health service. It would allow for services to be connected and for patient records to travel with them, wherever they are in the system enabling fully informed clinical decision making. Good quality data could be used by an NHS executive to identify areas for improvement and best practice and translate this learning into the best possible care for patients across Wales. However, health data in Wales is very poor and relies on different reporting mechanisms across LHBs and different specialities, resulting in unstandardised data and many patient records simply lost.⁹

What impact or outcomes could be achieved through any work by the Committee?

For heart and circulatory diseases at present there is a lack of data available on the following: out of hospital cardiac arrest survival rates; risk factors; access to diagnostic services for people with heart and circulatory disease; and national data collection on community services (such as specialist heart failure nursing)¹⁰. Furthermore, there are challenges in linking information collected across the health care system from primary and community care, through to secondary care and patient outcomes.

In October 2019, the Minister for Health and Social Services announced a £50 million Digital Priorities Investment Fund to drive improvement across five areas⁴⁸ to be delivered by NHS

⁹

<https://cwmtafmorgannwg.wales/Docs/Digital%20and%20Data%20Committee/02%20SEPTEMBER%2024%202020/7.2%20Thematic%20Report%202020.pdf>

¹⁰ <https://www.bhf.org.uk/what-we-do/in-your-area/wales/campaigning-and-influencing/wales-heart-plan>

Wales Informatics Service (NWIS). There was also an additional £6.5 million fund announced in February 2020 to integrate local and national digital cancer services to assure patients “that their cancer care and specific needs are being taken into account wherever they are being treated”⁴⁹. There needs to be corresponding levels of ambition and resource in this area for cardiovascular information.

How the Committee might address the issue

In 2017, funding was provided for the development of The All Wales Accelerating Cardiac Informatics (AWACI) programme, which aimed to support clinical pathways and enable proactive, coordinated care and visibility of clinically meaningful data. This funding has now ended and AWACI has been incorporated into NWIS, which will soon become a Special Health Authority and have responsibility for driving forward digital infrastructure in Wales in line with A Healthier Wales. Cardiac data and informatics need to be driven forward with investment on par with the cancer digital services and need a strong governance structure to ensure delivery. The Health Committee could hold Welsh Government to account on continued funding for a Cardiac Informatics Framework.

When any Committee work should take place

Better collection, dissemination and use of health data allows a whole systems approach to service delivery. This could be a vital tool for identifying pressure points in the system as we recover from the Covid-19 pandemic.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

The Committee could seek responses from NWIS, Public Health Wales and the Wales Cardiac Network and incentivise collaboration on a Cardiac Informatics Framework.

Access to COVID and non-COVID rehabilitation services

With the closure of venues, such as leisure centres and gyms, and the redeployment of cardiac specialist staff to Covid-19 wards, the delivery of cardiac rehabilitation in Wales has been dramatically impacted by the pandemic. Cardiac rehabilitation staff across Wales were unable to see their patients face to face until December 2020 and as such, began to provide services digitally. Although a digital programme is not appropriate for all patients, many clinicians have noted an increase in the uptake in cardiac rehab because of the digital offering.

What impact or outcomes could be achieved through any work by the Committee?

Cardiac rehabilitation services should be delivered through a more personalised, menu-based hybrid model with a face-to-face assessment followed by in-person rehabilitation or a digital programme where appropriate. Practitioners have expressed an interest in continuing to provide this ‘menu-based’ model of care for cardiac rehab patients with the aim of improving patient uptake and providing patients with a digital offering if deemed to be clinically appropriate.¹¹ A menu-based approach ensures accessibility and that the individual needs of patients are met, whether digital or face-to-face.

¹¹ Hassan Al-Kaabi, ‘COVID 19 has meant a new beginning for early Cardiac Rehabilitation’, *North Gwent Cardiac Rehabilitation and Aftercare Charity*, <https://bit.ly/3hg4qjY> (accessed 30 June 2021).

How the Committee might address the issue

The Committee could write to the Minister for Health and Social Services to ensure that patients continue to be offered a menu-based approach to cardiac rehab. This should support increased uptake and improved accessibility of rehab programmes.

When any Committee work should take place

A letter could be written to the Minister during the first Senedd term while services are recovering from the pandemic.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

BHF Cymru and other organisations working as part of the Right to Rehab campaign.

Question 2: Key priorities for the Sixth Senedd

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?

a) Health services

A Quality Statement for Women and Girls' Health which prioritises cardiac care

As a member of a third sector coalition drawing up a Women and Girls' Health Quality Statement and Plan for Wales, we are calling on the Committee to make women and girls health a priority for this Sixth Senedd.

The ONS reports that women live fewer years in good health than men¹² and are more likely to be in poverty, requiring both social and financial support. As such, we are calling on the Health and Social Care Committee to both prioritise and incentivise the effective management of women's health during this Sixth Senedd, thereby demonstrating a real commitment to the wellbeing of future generations of women and their families.

In terms of heart diseases, women are less likely to be aware of their risk and symptoms, less likely to be diagnosed quickly, less likely to be given optimal treatment, and less likely to access rehabilitation. Women are also underrepresented in clinical trials. These inequalities come at a huge cost - research suggests that the deaths of at least 8,000 women could have been prevented through equitable cardiac treatment over a ten-year period in England and Wales.¹³

¹² [Health state life expectancies by national deprivation deciles, Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

¹³ Wilkinson, C., Bebb, O., Dondo, T. B., et al. (2018). Sex differences in quality indicator attainment for myocardial infarction; a nationwide cohort study. *Heart*. <https://bit.ly/2VXfgV4>

What impact or outcomes could be achieved through any work by the Committee?

Equitable treatment for women and girls in Wales and reduced health inequalities in diseases which disproportionately or inequitably impact women, as well as traditional women's health.

How the Committee might address the issue

The Committee could take evidence from patient organisations and the third sector to identify whether there should be a quality statement for women and girls' health governed by the Women's Health Implementation Group with an extended remit to all aspects of Women's Health.

When any Committee work should take place

The work at Welsh Government to identify which areas of health will have a quality statement are ongoing. Any work the Committee does should inform that work and ensure that any new NHS structures include the Women's Health Implementation Group with an extended remit.

Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Women's Health Coalition Chaired by BHF Cymru and Fair Treatment for the Women of Wales, patients and patient organisations.

c) COVID recovery

According to Welsh Government's Technical Advisory Group, deaths from coronary heart disease were 4% lower than would normally be expected in the period March 2020 to January 2021.¹⁴ Therefore, disruption to the patient pathway does not so far seem to have resulted in excess deaths attributable to heart disease in Wales. Instead, the pandemic has impacted patients through delayed and disrupted treatment. Elective services were suspended but urgent and emergency care continued, including treatment for heart attacks, arrhythmias, heart failure and urgent cardiac care. Decisions to cease some services were made based on staff capacity and a desire to decrease footfall in hospitals by reducing the number of outpatients.

People who have been waiting for treatment have experienced delays. During the pandemic, the number of patients waiting over 36 weeks for cardiac surgery or procedures increased from 210 in January 2020 to 5,595 in November 2020. The NHS in Wales has started to address the length of time people are waiting for their treatment and at the end of April 2021 the number of people waiting over 36 weeks had reduced to 4,295. Although the NHS is working incredibly hard to reduce the amount of time patients are waiting for treatment, there are still delays. Therefore, patients should be offered support to wait well as a key part of NHS recovery in Wales.¹⁵

¹⁴ Welsh Government Technical Advisory Group, 'Examining Deaths in Wales Associated with COVID-19', *Welsh Government*, 2021, <https://bit.ly/362yf2i> (accessed 30 June 2021).

¹⁵ Stats Wales, 'NHS Hospital Waiting Times – referral to treatment', *Welsh Government*, 2021, <https://bit.ly/3xbjztB> (accessed 30 June 2021).

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 15

**Ymateb gan: | Response from: Sefydliad Cenedlaethol Brenhinol Pobl Ddall |
Royal National Institute for Blind People**

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?

RNIB Cymru supports the Committee's plans to focus on the listed priorities but is keen to draw the committee's attention to the specific challenges facing eye patients and blind and partially sighted patients under several of these areas. The following information is most pertinent under strands of work covering:

- public health and prevention;
- the health and social care workforce;
- evidence-based innovation in health and social care;
- access to non-COVID rehabilitation services; and access to services for long-term conditions.



Introduction:

RNIB Cymru (the Royal National Institute of Blind People) is Wales' largest sight loss charity and represents blind and partially sighted people across the country. RNIB is pleased to submit this written evidence for your consideration and happy to supply further written or oral evidence to support your inquiries.

Around 111,000 people live with sight loss in Wales today. From difficulty accessing treatment and services, to a lack of emotional and practical support, blind and partially sighted people each face their own set of challenges every day.

The lockdown measures introduced due to coronavirus have also had a disproportionate impact on blind and partially sighted people in Wales. Social distancing is by definition more difficult – if not impossible – for those who cannot use vision to judge distance.

Covid-19 has exacerbated the situation and these inequalities. It has had a devastating impact on the health and social care system in Wales, for patients and for staff who have been at the forefront.

Eye care services in Wales were under-resourced and struggling to meet demand even before Covid ([Wales Audit Office report "Management of Follow up Outpatients across Wales"](#)). As a result of the pandemic, demand on NHS eye care is outstripping capacity to deliver a safe and effective service more than ever.

As the NHS looks to rebuild and deal with the backlog caused by the Covid-19 crisis, it is essential that eye care services are prioritised and adequately funded and that the necessary transformation work that had begun before the pandemic is accelerated as a matter of urgency.

We know the numbers of people with sight loss will increase dramatically. By 2050, the number of people with sight loss is expected to double.

Over the next 20 years ophthalmology demand is expected to increase by 16 per cent for conditions such as Glaucoma, 47 per cent for Age related Macular degeneration, 50 per cent for conditions such as cataract, and up to as high as 80 per cent for diabetic retinopathy.

Hospital Eye Services account for 10 per cent of all outpatient appointments in Wales (300,000 outpatient attendances a year) and is now the busiest outpatient specialty.

Pre-pandemic, the Wales Audit Office report revealed that waiting times in Wales NHS were already longer than ever before (ophthalmology is second worst of all disciplines).

Since coronavirus hit, we know that the eye service is experiencing a huge backlog across all eye conditions. People will have undoubtedly lost sight because of the additional wait and the true cost has yet to be ascertained.

Eye Care in Wales takes a risk based approach (see below for information about the "Eye Care Measures" launched in 2018) and is the first service to do so. This means that new and follow up patients are given a clinical risk factor and target review date based on their clinical need. Patients

who are at the greatest risk of irreversible sight loss or risk of harm are categorised as Health Risk Factor 1 (HRF1).

At the end of June 2021 the number of patients waiting over their clinically agreed review date was 102,149, of these 70% were classed as HRF R1 – those at the greatest risk of irreversible sight loss.

The pandemic has made the situation significantly worse: [Patients waiting for an ophthalmology outpatient appointment \(gov.wales\)](#)

Referral to Treatment (RTT) also show that for June 2021, 34,104 ophthalmology patients have been waiting more than 36 weeks for an appointment – 2.3 times as many patients as that time last year.

RNIB Cymru believes that the true cost and impact to eye care of Covid-19 has yet to be calculated and felt.

Explanation of Eye Care Measures

The Welsh Government introduced the [Eye Care Measures](#) to support Health Boards to prioritise patients based on their clinical needs. Wales became the first country in the UK to implement these dedicated targets for Ophthalmology in 2018. For a number of serious eye conditions regular monitoring and treatment is essential to reduce the risk of patients losing their sight unnecessarily. Delays to their treatment can put people at risk of irreversible sight loss.

The Measures prioritise all new and follow up patients based on their clinical need and every patient is given an individual target date. Of the three categories, “HRF1” patients are patients at “risk of irreversible harm or significant adverse outcome should their target date be missed”.

Issue 1: The continued delays at eye clinics is leading to too many people in Wales losing their sight unnecessarily, and the situation has worsened as a result of the Covid-19 pandemic

Areas of consideration for the Committee:

- Reviewing the data available through the Eye Care Measures. The first-of-their-kind Measures have now been in place for three years. Reporting on the Measures was paused for a period during the pandemic but has now resumed. Eye Care Measures must now be properly embedded in Health Board practise and action plans be developed to tackle performance and backlog. A national review at this point would be a timely and important exercise in supporting the Welsh Government and NHS to prioritise funding and action.
- The Wales Audit Office published “Management of Follow-up Outpatients in Wales” in October 2018, and the Public Accounts Committee published its own review into the report in August 2019. Members can view the Committee’s full report [here](#) and the Committee’s press release [here](#). In the report, the Committee outlines serious concerns about health boards’ lack of progress at reducing waiting times for outpatient follow up appointments. The following recommendations are especially relevant to eye care:
 - while pockets of good practice exist in some areas of Wales where services are being moved into the community, this is not consistent across all Health Boards
 - Health boards are not consistently sharing best practise and securing change can be challenging

- Throughout the report, it is clear that increasing pace is paramount to delivering tangible change to address concerns around outpatients – something RNIB Cymru has consistently called for.

RNIB believes it is the right time for the recommendations in both reports to be reviewed and in light of the pressures and changes necessitate by Covid-19.

- To deliver the changes needed, we must see the development of a pan-Wales eye care workforce plan that is clearly linked to capacity and demand data. Whilst some individual Health Boards are demonstrating good examples of workforce planning on a local scale, if we are to achieve service redesign and deliver additional capacity to meet current and future demand within the eye care system right across Wales, the pace of change must increase, and the work must be overseen by government at a national level. There are also many key local recruitment issues that need urgent tackling in the short term.
- The Eye Care Delivery Plan has now come to an end (2013-2020). The Welsh Government must be clear now what the 5 to 10 year vision is and the ophthalmic direction for local Health Boards and for patients.
- The move to primary care is hugely important to enabling more capacity in eye clinics for patients with the most serious conditions. While the government's approach is to be welcomed ([NHS Wales eye health care: future approach for optometry services](#) | [GOV.WALES](#)) changes must be swift and communicated clearly to patients. Accelerating the move to community-based provision must release consultant capacity, and we must see better integration of community optometry and hospital eye services and furthering the model of shared care. The overall move to primary care has been slow and inconsistent. There are great examples of best practise, but this needs speed and consistency across Wales. For example, more treatment is now being delivered through ODTs in the community, but there is still limited understanding and data on the impact ODTs are having on sustainability. Capital funding needs to be in place to resource ODTs.
- Local improvement plans need to be put in place by each Health Board to redesign services so people receive the right support, in the right place at the right time. All health boards must have a clear and expediated improvement plan to achieve the targets set in the Measures and the government's proposals for recovery.

The need to urgently increase and oversee the pace of change in health boards has been further emphasised in light of the backlog and changes necessitated by Covid-19.

Issue 2: The decline in the provision of Vision Rehabilitation in Wales means that many blind and partially sighted people are failing to receive this vital support.

In recent years, there has been a substantial decline in the number of Vision Rehabilitation Officers in Wales.

In 2018 only 12 local authorities in Wales met the Association of Directors of Adult Social Services and Social Services Improvement Agency's minimum standard of 1 ROVI per 70,000 of the population.

In 2021 this has decreased further to only 6 local authorities in Wales meeting the recommended minimum standard.

In 2021 in some areas of Wales people are waiting upwards of 12 months to see a ROVI (Rehabilitation Officer for the Visually Impaired).

The role of the ROVI is to build confidence, provide emotional support, regain lost and teach new skills, and maintain independence and choice. Given that falls in Wales are estimated to cost the NHS £67million per year, and that half of those are directly attributable to sight loss, early rehabilitation interventions provided by this service is likely to have an enormous impact.

With many blind and partially sighted people failing to receive the vision rehabilitation support, we will see an increase in the knock on impact to other services in health and social care. During the pandemic, assessments in every authority in Wales assessments were/are being carried out over the telephone, and rehabilitation plans drawn up that cannot be delivered. There will be an increase in the number of people with sight loss waiting for rehabilitation as a result.

While already under-resourced, there are also no clear plans for workforce renewal.

Key areas for consideration:

- The workforce situation must be addressed as a matter of urgency. Only 6 Local Authorities in Wales currently meet the recommended minimum standard (1 ROVI to 70,000 population) and there are no plans for training and recruitment of future ROVIs.
- The additional backlog brought on by the pandemic must be factored into resource and Covid recovery planning and funding. Local Authorities are currently accountable for delivering this Vision Rehabilitation support.
- In some areas, referral pathways are clearer than in others, leading to more referrals to the service. The process of issuing Certificates of Visual Impairments (CVIs) can be slow, impacting on when and how patients are signposted to rehabilitation support.
- All local authorities must establish a clear referral pathway to and from Low Vision Service Wales.
- Local Authorities need to ensure that new referrals receive an "assessment of need" from a qualified ROVI. This is the only way to ensure that blind and partially sighted people do not "fall through the gaps" and receive this vital support.
- The regulation of this service would go a long way to ensuring accountability and sustainability of this vital function.

Issue 3: Blind and partially sighted people in Wales are not receiving information from health services in an accessible format.

People with sight loss in Wales are not currently able to understand and make informed decisions about their own healthcare because information is not given to them in an appropriate format - and they are not routinely communicated with in a way that is appropriate to their needs.

The pandemic has shone light on the fact that the current IT systems are not fit for purpose. People received shielding letters in formats they were not able to read. More recently, vaccination appointment letters were also inaccessible to many.

Ineffective communication with patients with sensory loss is a patient safety issue. Patients are at risk by not receiving the right support to enable them to engage in and fully understand consultations with healthcare professionals, or as was highlighted more recently, about information about how to keep safe as the pandemic developed.

The Senedd's Equality, Local Government and Communities Inquiry into Covid-19 found deficiencies in the provision of information and guidance in accessible formats during the pandemic. It called for the appointment of an accessibility lead within the Welsh Government to oversee production of all key public information in accessible formats.

The All-Wales Standards for Accessible Information and Communication were introduced by the Welsh Government in 2013, and since November 2017, GP surgeries in Wales have had the functionality to identify and record the information and communication needs of their patients with sensory loss. However, these have not led to demonstrable change for blind and partially sighted people in Wales.

Key areas for consideration:

- NHS services should ensure that people with sight loss are asked about their communication needs and any information is provided in their preferred accessible format. This should include: receiving letters, test results and appointment reminders in an accessible format by right and without fight, enabling the same levels of independence and privacy expected by everyone else.
- Key staff within health boards should receive training to better understand the communication needs of blind and partially sighted people and how to meet their communication preferences.
- Systems should be in place in primary and secondary care to record patients' communication preferences and to support staff to proactively deliver on patients' stated preferences.
- A national lead for accessible information needs to be appointed responsible for ensuring accessibility is embedded into communications and ensure compliance as soon as possible.
- Health Boards must be held to account more robustly over the implementation of the Standards and they must be clear with the public how they will do this. This is a patient safety issue.

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 key issues that RNIB Cymru urgently believes that the Committee should review have been detailed above.

Gofal Cymdeithasol a gofalwyr

Social care and carers

The key issues that RNIB Cymru urgently believes that the Committee should review have been detailed above.

Adfer yn dilyn COVID

COVID recovery

The key issues that RNIB Cymru urgently believes that the Committee should review have been detailed above.

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?

RNIB Cymru also supports the calls 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.

Further detail available on request.

Agenda Item 10

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 116

Ymateb gan: | Response from: Bwrdd Cyngorau Iechyd Cymuned Cymru | Board of Community Health Councils 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?

Over the past year, the 7 Community Health Councils have heard from people and communities in all parts of Wales about their views and experiences of NHS services throughout these most challenging times.

Thinking about what we have heard, CHCs agree that the following areas should be priorities for work during the Sixth Senedd:

Access to mental health services

Throughout the pandemic, we've heard from people about their worries that the NHS is not equipped to respond to a need to provide more support early enough for people – and



particularly children and young people - who may need help to improve their mental health and well-being for the first time.

We've also heard concerns that people living with severe and enduring mental health conditions have found it more difficult to access the care and support they need - in the way they need it.

In many parts of Wales, mental health services were struggling to meet people's needs before the pandemic. This has been compounded during the pandemic.

Over the past 18 months, some CHCs have published reports of people's experiences of mental health services during the pandemic. These can be found at the following links:

[Mental Health Services - North Wales Community Health Council \(nhs.wales\)](#)

<https://hywelddachc.nhs.wales/files/reports/every-mind-matters-report/>

Public health and prevention

We've heard how important it is that people feel supported to stay safe and healthy. This includes having access to clear advice, practical support and information that is easy to access and understand.

Access to services for long term chronic conditions, including musculoskeletal conditions

Throughout the pandemic we've heard from lots of people living with long term health conditions about the impact of the pandemic on their condition, and on their overall well-being.

Many people have shared their fears, and in many cases experience of worsening health, and the impact of living in pain while waiting for treatment.

Our national report 'Feeling Forgotten' covers some of what we've heard, and one CHC has published a report on the experiences of people living in pain waiting for orthopaedic surgery. These can be found at the following links:

<https://boardchc.nhs.wales/files/what-weve-heard-from-you/feeling-forgotten-waiting-for-care-and-treatment-during-the-coronavirus-pandemic/>

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

CHCs have heard and seen for themselves throughout the pandemic about its impact on the health and social care workforce, and in turn what this means for people's experience of NHS care.

People most often judge their NHS experience on how well they feel looked after and cared for and about by the staff involved in their care and treatment. We have heard about the impact of tired, exhausted and stressed staff on behaviours across all parts of the NHS.

This includes reception/first point of contact staff whose interaction with patients and families are so important in accessing the right care in the right way at the right time.

CHCs have also heard and seen the impact on patients when staff in different parts of the health and social care system are not clear about a patients whole care pathway, or if capacity challenges in one part of the system leads to difficulties in accessing care in another.

Support and services for unpaid carers

CHCs continually hear from people about the vital care and support they receive from family members and loved ones.

We hear frequently about the impact of caring responsibilities on the lives of those family members and loved ones during the pandemic, when peoples need for care and support were greater.

Our national reports cover some of what we've heard in these areas. These can be found at the following link:

[What we've heard from you - Board of Community Health Councils in Wales \(nhs.wales\)](#)

Access to COVID and non-COVID rehabilitation services

The suspension and reduction in access to key rehabilitation services during the pandemic has had a profound and often heart breaking impact on some people we've heard from.

We know that many people in Wales felt that the community pathways approach to supporting people with long COVID hasn't been as good as the long COVID clinic approach in England, and wanted Wales to continue to learn and develop services to better meet their needs.

For others recovering from surgery and other treatments, shortages in areas like physiotherapy has been worrying for many people.

Our national report 'Feeling Forgotten' covers some of what we've heard. This can be found at the following link:

<https://boardchc.nhs.wales/files/what-weve-heard-from-you/feeling-forgotten-waiting-for-care-and-treatment-during-the-coronavirus-pandemic/>

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?**

Access to General Practitioners (GPs) and dentists, and the development of primary care services

Over the past 6 months, CHCs have heard most of all about the challenges people are facing – in all parts of Wales – in getting access to see a GP for both routine and urgent care.

These difficulties are resulting in increased anxiety and frustration for many people. For others, we have heard that the difficulties have had a profound effect on their diagnosis (both in terms of late and missed diagnoses).

We've also heard about some of the developments introduced to help people access GP services in different ways. For many people these developments have made a positive difference in the way they can access their GP. For others, their introduction has created more problems, if they are used as the only option.

Even when positive developments have been introduced, they are not always available or used consistently, and this has also caused difficulties for many people.

Some CHCs have published reports on what they have heard in their local areas – the issues raised in these reports are consistent with what we are hearing across Wales. The reports can be found at the following links:

<https://aneurinbevanhc.nhs.wales/what-we-have-to-say/report-library/reports/chc-survey-gp-access-report-may-2021/>

<https://powyschc.nhs.wales/files/report-library/report-of-gp-access-survey-november-2020/>

In response to what CHCs were hearing in their local communities, some have explored the issue of routine dental access for patients. A consistent theme is the absence of NHS dental capacity for routine care.

Whilst in general, urgent or emergency care is available, the long term oral health of the nation is at risk with related risks to physical health because preventative care is not easily available for significant numbers of the population.

CHCs are particularly concerned that this is resulting in a two tier system, where those who can afford to pay for private care can access a dentist routinely, whilst those who cannot continue to be disadvantaged.

COVID recovery planning – involving people and communities in the redesign of NHS services

People want to clearly see how NHS services will recover – and over what time period. We know that previous ways of tackling waiting lists will not work this time around, and that creativity and innovation is key to tackling backlogs.

When doing this, people want to see the things that have worked well for them during the pandemic continue into the future. This includes things like digital healthcare, health and care partners (including the 3rd sector) working effectively together within local communities, etc.

People don't want a 'one size fits all' approach – health and care services must be delivered flexibly, in a way that meets peoples' individual needs.

Recovery plans that involve redesigning services need to tackle –the health inequalities that have been so devastatingly demonstrated throughout the pandemic, so that wherever you live and whatever your background and characteristics, people in Wales can be confident of support to stay healthy and well, to get the care and treatment they need when they need it in the way they need it.

NHS recovery plans cannot be developed in isolation – health and care planners must work together. They must avoid any postcode lottery for health and care services, and focus on delivering equitably for people living in all parts of Wales in a way that places equal value on physical and mental health services, and health and social care provision.

OUR health and care services for the future must be designed and developed WITH people – and not DONE TO them. People in Wales care so passionately about their health and care services and the people who deliver those services – they must have their SAY in their services for the future.

People understand that during the pandemic things needed to change quickly and this meant it was not possible to engage and consult people in the usual way.

But designing sustainable services for the future is different – this MUST be done together, through continuous engagement and public consultation whenever this is appropriate.

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 71

Ymateb gan: | Response from: Age Cymru



Question 1: Initial priorities identified by the Committee

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.

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

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

Each area included above is of great importance for the people of Wales. All of these priorities require considerable resourcing and attention in order to realise the improvements needed in health and social care over the term of the 6th Senedd. However, there are some specific details within these priorities we have identified through our ongoing engagement with older people in Wales where the attention of the health and social care committee would make a difference and which we believe require early attention.

Public health and prevention require attention considering the effects on people in Wales both individually and society as a whole. As all the priorities identified can not be addressed in the short term, it is vital that prevention is focussed upon to help people remain as healthy as possible. In light of the disproportionate effects of the pandemic on older people, it is vital that lessons are learned and planning is in place to prevent such damaging effects in the future.

Prevention and earlier intervention work is compromised when older people are unable to access primary health services. If people are unable to access care at the time they need it, their situation can escalate and require more acute interventions. Our *Experiences of people aged 50 or over in Wales during the Covid-19 lockdown, and the road to recovery* survey report¹ highlighted issues with access to health and social care, with GP services being the most frequent focus of more detailed responses. 40.5% of respondents had issues with accessing GP services and 6% responded that they could not access GP services at all. Some respondents either gave up trying, resorted to private health care or on occasion they needed a blue light response when they were

¹ <https://bit.ly/SurveyFindings>

unable to access NHS services. Issues are likely to remain related to this beyond the pandemic unless the backlog of patients' needs can be cleared.

Of those that had a negative experience of trying to access GP services, reasons given included how some GP practices still using outdated appointment systems requiring people to phone when the surgery opens in the morning in the hope of getting an appointment that day. For some this meant ringing every day, sometimes for weeks, before an appointment was available. Some responded that they do not feel comfortable with telephone appointments as they need to see the person who they are trusting with their health.

In Wales 52% of people over 75 do not have broadband access and many older people do not use computers and smart phones², so for some, digital technology is a major barrier. It is important that older people who are unable to use digital technology do not become digitally excluded from treatment.

Though many had issues, some respondents saw improvements to access through the use of digital technologies. They mentioned that once they got used to online access it was easier, they did not have to wait as long to have an appointment and that consultations generally happened on time. Changes to traditional forms of patient interaction that have happened through necessity through the pandemic should be looked at to evaluate which areas have proved beneficial and which have not. Areas that have helped reduce waiting times or benefited the patient in other ways should be considered for continuation.

Waiting lists for treatment were growing pre-pandemic and continue to grow. Hospital treatment services were of major concern to many respondents to our survey. They spoke repeated of cancellations and the additional stress of not knowing when treatment would happen. Respondents spoke of unmanageable pain levels, sleepless nights and worsened physical and mental health. The additional funding announced by this Senedd to address waiting lists will assist greatly but in practical terms, reducing waiting times will take time to achieve. It is therefore vital that those waiting for diagnosis and treatment have access to information and advice on safe exercise, healthy eating and pain management techniques to assist in reducing the symptoms of their condition whilst they await treatment. These 'pre-habilitation services' should be available through GP surgeries as these are where people approach first for their care needs.

The **Health and Social Care workforce** is a priority area for older people in Wales. Recruitment and retention issues within the social care workforce greatly impact older people. Age Cymru's Advice and Information helpline, our dementia advocacy services and conversations with colleagues across our sector all highlight the serious and detrimental effects that a diminished social care workforce are having on older people in Wales. Issues with time-based commissioning that is not person centred; reduced care packages through the pandemic; and lack of respite care all highlight the failure to date

² [National Survey for Wales, 2018-19: Internet use and digital skills \(gov.wales\)](https://gov.wales/national-survey-for-wales-2018-19-internet-use-and-digital-skills)

to translate the requirements through the Social Services and Wellbeing Act to provide care based on what matters most to the person being assessed.

- A relative was unable to get 3 hours of respite care per week, leading to the family looking at permanent residential care as a solution when they could no longer cope with their caring responsibilities;
- An older person who, after being in hospital for 5 weeks and now ready for discharge, was told that social care had a 7-week delay in sourcing domiciliary care, leading to high level mental distress for the person; and
- A local authority unable to source specific care needs from any domiciliary care provider for a service user when their usual care company's employee was away from work ill, leaving a highly vulnerable older person without vital support.

The announcement of this Senedd to commit to paying a real living wage to the wider social care workforce is welcomed, as this is one aspect of the changes that are needed to make a real difference to the quality and availability of care in Wales through a more stable workforce. Continuity of care from the same carer/worker is important to older people. However, changes realised through the introduction of the real living wage will take time to achieve and as ever it is important that existing resources are used to their greatest advantage. Public Service Boards and Regional Partnership Boards should fully involve older people in the development of recovery plans. Current arrangements for involvement require strengthening to ensure that consultation is not tokenistic and that older people from different backgrounds have the opportunity to be consulted on matters that are important to them.

Support and services for unpaid carers is of vital importance through the pandemic recovery period in recognition of the huge volumes of additional care responsibilities that carers have shouldered when other services have been closed, which has had a negative impact on both the cared for and unpaid carers. Too many carers and those they care for do not receive help until they are at crisis point, at which point their health, both physical and mental can become compromised. The additional funding announced in June 2021 will assist in addressing the immediate needs of older carers.

Our recent report "For the Moment"³ of survey responses from older carers showed that 89% of carers that responded to our survey said that they had not been offered a carers assessment and 48% said that they needed support. Our report showed that 60% were feeling stressed and 63% were more tired. 51% of respondents said that they had not tried to access support either because they don't know what's available, are reluctant to seek external help for either themselves or the person they care for, or don't have the time. 12% had given up paid employment to be a carer and 18% said that their caring responsibilities made it more difficult to do their job.

Arrangements for respite care vary across Wales. Knowing what is available and what will meet needs requires meaningful conversations between the carer, the cared for and

³ <https://www.ageuk.org.uk/cymru/our-work/carers/for-the-moment---summary-of-findings--from-older-carers/>

social care professionals. More needs to be done to ensure that carers are aware of what support is available to them.

National statistics from 2018/19⁴ (the latest available) show large variations in the proportion of people identified as carers that are assessed for their own support needs, and even larger variations in the number of carers assessed where the assessment led to a support plan. Variations do not appear to be linked to the levels of deprivation identified through the Wales Index of Multiple Deprivation that should indicate areas where health inequalities will be higher. Nor do they easily correlate with the proportion of older people in that local authority area where needs and carers needs are also likely to be higher. It is unlikely that there can be such large variations in the level of need across Wales, so this suggests that assessments for carers and the cared for are being missed for some that need it across Wales. Differences across Wales need to be examined and considered in social care performance measures and steps taken to address inequalities.

Access to services for long term chronic conditions is a priority for older people in Wales. Statistics for April 2021 show that of the 223,365 waiting nine months or more, 87,918 are for trauma and orthopaedics⁵. There has been an increase of 712% in patients waiting more than 36 weeks to start hospital treatment between January 2020 and early 2021⁶. The risks of musculoskeletal conditions rise in most age categories: 51.4% of those aged 55-64; 58.9% for those aged 65-74; and to 62.8% for those aged 75-84.⁷ Older people have told us of the extreme difficulties they and their loved ones are experiencing as a result of increasing waiting times.

Our recent report on older people's experiences of the most recent lockdown highlights issues that older people and older carers are facing with delays in hospital treatment.⁸ The majority of conditions that were identifiable through responses were for musculoskeletal conditions. Older people have told of the extreme stress of waiting and not knowing when treatment is going to start. They told us of how they are unable to sleep due to pain, some have been forced to access private services rather than wait for NHS services to reopen and others spoke of their reduced mobility and worsening mental and physical health because of the long treatment waiting times. Others told us of how delays in accessing GP services led to later diagnosis of serious MSK conditions requiring surgery. The pausing of elective orthopaedic services during the pandemic has resulted in many people with arthritis and musculoskeletal conditions waiting significantly longer for life-changing procedures such as joint replacements. Discussions with partner

⁴ <https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Social-Services/Adult-Services/Service-Provision/adultsassessed-by-localauthority-measure>

⁵ <https://www.rcseng.ac.uk/news-and-events/media-centre/press-releases/wales-waiting-times-april/>

⁶ <https://www.rcseng.ac.uk/about-the-rcs/government-relations-and-consultation/position-statements-and-reports/action-plan-for-wales/>

⁷ Global Burden of Disease Collaborative Network. Global Burden of Disease Study 2019 (GBD 2019) Results. Institute for Health Metrics and Evaluation (IHME), Seattle, 2020

⁸ <https://www.ageuk.org.uk/globalassets/age-cymru/documents/covid-19-survey/covid-survey-report---english-final.pdf>

charities have highlighted cases of people are waiting up to 4 years for a hip replacement.

Many people awaiting treatment will have significantly poorer quality of life, some will be unable to work, some will be unable to provide childcare for their families and some will be at risk of losing employment whilst waiting for treatment. Increasing waiting times will have a huge effect on the wider Welsh economy. It is therefore vital that the Welsh NHS prioritises rebuilding capacity for elective surgery immediately. This needs to be upscaled from pre-pandemic levels as waiting lists were already growing. It is also vital to consider developing additional wrap around support for those currently waiting for treatment to overcome some of the negative effects of delays and assist with preventing more serious interventions.

Question 2: Key priorities for the Sixth Senedd

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?**

You can comment on as many or few of the issues as you want.

In your answers, you might want to think about:

- What impact or outcomes could be achieved through any work by the Committee?
- How the Committee might address the issue?
- When any Committee work should take place?
- Whether there are any specific groups, communities or stakeholders that the Committee should involve or hear from in any work?

a) Health services

Welsh NHS needs to prioritise building additional capacity for elective surgery immediately. This needs to be upscaled from pre-pandemic levels as waiting lists were already growing. It is also vital to developing additional wrap around support for those currently waiting for treatment to overcome some of the negative effects of delays and assist with preventing more serious interventions. It is vital that those waiting for diagnosis and treatment have access to information and advice on safe exercise, healthy eating and pain management techniques for expected conditions that can be improved in these ways. This will help slow down any worsening of conditions and to reduce some of the symptoms of their conditions whilst they await treatment. These 'prehabilitation services' should be available at GP surgeries and health centres via a 'First Contact practitioner' type role as these are sites that people turn to first. Patients awaiting confirmation of diagnosis and treatment should have ongoing access to support that could be a combination of telephone, face to face and digital technologies according to which have been evidenced to produce the best outcomes for people.

The Health and Social Care Committee should hold a rapid inquiry into the impacts of the waiting lists and what actions are required to support people that are waiting for diagnosis and treatment. This should include an assessment of the addition volume of services needed through NHS Wales. It should also include consideration of how the third sector and other community groups can be supported and resourced to provide social prescribing services that not only support people to self-care to support their physical health, but also to reduce loneliness and social isolation that will assist in improving their mental health.

b) Social care and carers

Contracting arrangements for domiciliary care need to change to ensure that they are fit for purpose and are being delivered based on 'what matters to me' principles rather than time-based tasks as is currently the case across much of Wales. Older people report that carers are rushed and unable to provide quality care in the time that has been allocated to them. This form of commissioning is not meeting needs and potentially stores up greater issues for the future. This situation has been greatly exacerbated through the pandemic and there is much work to do to remedy this situation.

Delays in assessments and meeting those needs have long been issues and continue to stop people from leaving hospital when there is no longer a medical need for them to be there. It is unclear what steps local authorities are taking to address the issue of level of need outstripping demand for home care services, or how they are prioritising cases.

Local Authorities need to make additional efforts to clear the backlog of care assessments and provide care services based on assessed need. The recent announcement from Westminster of a health and social care levy suggests additional investment for the future and the additional funding that has been made available to social care from Welsh Government is most welcome. However, funding is not the only issue and with changing demography this is likely to only address a proportion of demand and a longer-term solution needs to be found. Local authorities need to be supported to improve the assessment process based on 'What Matters to Me' principles as well as making changes in how services are commissioned.

The Health and Social Care Committee should hold a rapid inquiry into the levels and impact of unmet need, the volume of unmet need that needs to be addressed and actions needed to address the backlog.

c) COVID recovery

Meaningful equality impact assessments should be conducted on any changes in service as part of covid recovery. These need to involve people with lived experience, including older people, to ensure that there are no unintended consequences of change. The Health and Social Care Committee should audit opportunities for older people to meaningfully be involved in Covid recovery plans.

Question 3: Any other issues

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

Advocacy

Older people do not always understand what they are entitled to and what is available to support them through health and social care services. Knowing what you are entitled to helps an individual advocate for themselves in times where things do not go according to plan. One respondent to our survey said,

“It has been very difficult to access hospital services, and we are not able to self advocate I don’t think I would have been able to access them. Not everyone is able to do this, so this is a concern that people are being overlooked for treatment that they need.”

When a person is in crisis it can be difficult to communicate needs and some additional help can be needed. Though there are statutory duties to provide advocacy services to vulnerable groups, the volume of non-specialist and general advocacy service varies across Wales. The availability of advocacy should be examined across Wales to ensure that people are not disadvantaged by geography and steps should be taken to address inequalities. Advocacy services by their nature are perfectly placed to see where the pinch points in health and social care are. This knowledge can help decision makers see where services need to improve. Evidence from advocacy services should be used to assist in service developments.

Health and social care integration

Integrating health and social care requires further attention. To the person requiring care it doesn’t matter whether this care comes from health or social care providing that they receive the care and support they need. This separation of the two delays vulnerable people getting the support they need at the time they need it. Increased joint working that has happened in crisis through the pandemic should be looked to see which it is beneficial to continue and how that can be planned for better in the future in the event of another international crisis.

Publicity campaign

Given the huge pressures on health and social care, there is a need for the people of Wales to understand better the limits of what health and social care services can offer them, and what people can do themselves to improve their physical and mental health. A national cross-sector campaign is needed to help people understand how they can help themselves and where to go to get support with this. Age Cymru would welcome involvement in such a campaign targeted at older people.