

Agenda – Health and Social Care Committee

Meeting Venue:

For further information contact:

Remote via Zoom

Helen Finlayson

Meeting date: 10 March 2022

Committee Clerk

Meeting time: 09.00

0300 200 6565

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 Hospital discharge and its impact on patient flow through hospitals: evidence session with Alzheimer's Society Cymru

(09.30–10.30)

(Pages 1 – 42)

Huw Owen, Policy Officer – Alzheimer's Society Cymru

Angela Davies, unpaid carer

Research brief

Paper 1 – Alzheimer's Society Cymru

Break (10.30–10.45)

3 Women and girls' health: evidence session with the Women's Health Wales Coalition

(10.45–12.00)

(Pages 43 – 69)

Deborah Shaffer, Founder – Fair Treatment for the Women of Wales



Dee Montague, Engagement Officer – Fair Treatment for the Women of Wales
Gemma Roberts, Policy and Public Affairs Manager – British Heart Foundation
Cymru

Research brief

Paper 2 – Women’s Health Wales Coalition

4 Paper(s) to note

(12.00)

- 4.1 Letter from the Chair to the Minister for Health and Social Services and Public Health Wales regarding the provisional public health protection and health security common framework**

(Pages 70 – 72)

- 4.2 Response from the Minister for Health and Social Services to the Chair regarding the provisional public health protection and health security common framework**

(Pages 73 – 78)

- 4.3 Response from Public Health Wales to the Chair regarding the provisional public health protection and health security common framework**

(Pages 79 – 86)

- 4.4 Letter from the Chair to the Minister for Health and Social Services regarding the provisional blood safety and quality and the provisional organs, tissues and cells (apart from embryos and gametes) common frameworks**

(Pages 87 – 89)

- 4.5 Response from the Minister for Health and Social Services to the Chair regarding the provisional blood safety and quality and the provisional organs, tissues and cells (apart from embryos and gametes) common frameworks**

(Pages 90 – 94)

- 4.6 Letter from the Deputy Minister for Mental Health and Wellbeing to the Chair regarding the provisional Food Compositional Standards and Labelling common framework**
(Page 95)
- 4.7 Follow-up letter from the Allied Health Professionals regarding the hospital discharge and its impact on patient flow through hospitals**
(Pages 96 – 97)
- 4.8 Letter from Chair, Children, Young People and Education Committee to Senedd Committee Chairs regarding the findings of its 6th Senedd priorities engagement with children and young people**
(Pages 98 – 127)
- 4.9 Letter from the Minister for Health and Social Services to Chair, Legislation, Justice and Constitution Committee regarding the Supplementary Legislative Consent Memoranda (Memoranda No. 2 and No. 3) on the Health and Care Bill**
(Pages 128 – 129)
- 4.10 Letter from the Chair to Chief Executives of Health Boards regarding hospital discharge and its impact on patient flow through hospitals**
(Pages 130 – 131)
- 4.11 Response from Chief Executive, Cwm Taf Morgannwg University Health Board to the Chair regarding hospital discharge and its impact on patient flow through hospitals**
(Page 132)
- 4.12 Follow up letter from Care and Repair regarding the Committee meeting of 14 February 2022**
(Page 133)
- 4.13 Letter from the Minister for Health and Social Services to the Chair regarding the Optometry Bill**
(Page 134)

4.14 Letter from Chair, Public Accounts and Public Administration Committee to the Chief Executive and Clerk of the Senedd regarding the use of the term BAME

(Pages 135 – 136)

4.15 Response from the Chief Executive and Clerk of the Senedd to Chair, Public Accounts and Public Administration Committee regarding the use of the term BAME

(Pages 137 – 138)

5 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting

(12.00)

6 Hospital discharge and its impact on patient flow through hospitals: consideration of evidence

(12.00–12.10)

7 Women and girls' health: consideration of evidence

(12.10–12.20)

8 Common frameworks: consideration of evidence

(12.20–12.35)

(Pages 139 – 180)

Paper 3 – common frameworks

Document is Restricted



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

7 January 2022

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Dear Chair,

I am writing to respond to your invitation to give evidence to the Health, Social Care and Sport's Committee Inquiry into hospital discharge in Wales. Alzheimer's Society Cymru firmly believes that this is a vital piece of work that, if managed correctly, can have an incredibly positive impact on the care received by people living with dementia.

As you may be aware, the Cross-Party Group on Dementia in Fifth Senedd undertook an inquiry on hospital care for people living with dementia, and we have included the full report with this submission for the Committee's attention. As Alzheimer's Society Cymru provide the secretariat for the Cross-Party Group, should the Committee like to work with the Cross-Party Group, please do not hesitate to contact us.

Alzheimer's Society Cymru is aware that the process of discharge and the discharge service is the final setting a person living with dementia and their carer and/or family will experience when receiving hospital care. Whether that is discharge to their own home, respite care, residential care, or a more specialised setting; ensuring the discharge process is thorough, smooth, well-communicated and timely is essential to providing continuous and excellent care.

On average, people with dementia spend nearly four times as long in hospital following a fall and the resulting frailty from a fall and an extended stay in hospital can increase the likelihood of them being unable to return home. A high standard of personalised care and effective communication between medical staff, families and other agencies will facilitate a more effective and efficient discharge for an individual patient.

Alzheimer's Society Cymru is aware that, prior to the Covid-19 pandemic, it is estimated that approximately 25% of beds in hospitals are occupied by people living with dementia. Their length of stay is often longer than for people without dementia and there can also be delays in supporting them to leave hospital; for unplanned hospital admissions:

- 36.4% of people living with dementia are discharged to a different residence and the readmission rate for people living with dementia is far higher than for people without - this is 8.2% vs 3.5% for elective care and 25% vs 17% for non-elective care.

During the evidence collection for the Cross-Party Group report on hospital care, we received over 2000 responses from individuals, organisations, health & social care staff, people living with

dementia, and paid & unpaid carers. Below are some of the most hard hitting and illustrative quotes we received during the evidence collecting process.

“Even when mum was meant to be being discharged, I was told that she would go home that afternoon or evening. I then got a call the next morning from her home to ask where she was, I believed she was with them so frantic calls were made only to find out that the hospital couldn’t get an ambulance and just kept her but didn’t bother to tell anyone, so she got no visitors that day.”

“The discharge system was our greatest bug bear. One Christmas Eve my mum rang me in a panic to say he was being discharged and she did not think she could cope as he was too poorly. I drove 12 miles to pick her up and when we got to the hospital the sister said they’d reassessed him and he couldn’t go home, and he didn’t for quite a while.”

“When care homes visited to do their assessment, they didn’t want to take the patient as a residential as they could see the level of care the patient would need, yet social services would not change their assessment to nursing needs, so discharged patients hang around in hospital using a bed they do not need waiting for a care home that will take them.”

“Their special needs were clearly not being addressed. The most troubled lady was to have been discharged, but appropriate provision could not be organised in the community. She was effectively “stuck” in hospital. Bad for her, bad for the other nearby patients.”

“Unfortunately, my mother was not discharged. She spent 13 weeks in hospital and her condition deteriorated drastically. She died after 13 weeks. She arrived in hospital being able to walk, eat independently but her condition, vascular dementia, took over.”

“Discharge took many weeks despite mum already having a care home place that she was fully funding - the only change required was from residential to nursing care. The discharge liaison nurse/social worker did not speak to me and made incorrect assumptions regarding getting council funding which delayed matters. I have guardianship and legal deputy - I should have been the decision maker - I was ignored until I made a fuss.”

It is worth noting that the fieldwork for this report was conducted between late 2018 and mid-2019, prior to the Covid-19 pandemic. It has become clear over the past 18 months that people living with dementia who are awaiting discharge from hospital have been hugely negatively impacted by the pandemic.

Both Betsi Cadwaladr and Cardiff & Vale Health Boards, alongside their respective Councils, have recently issued statements calling on unpaid carers to help with discharge of family members from hospitals in order to alleviate the issues being faced by hospitals and health boards across Wales. Alzheimer’s Society Cymru has also heard anecdotal evidence of other health boards asking unpaid carers to take on care that should be being given by Local Authorities or paid carers, in order to help clear the discharge backlog in hospitals.

It is clear that this request has had a huge impact on unpaid carers, people living with dementia, and hospital staff themselves. Alongside the other impacts on people living with and affected by dementia throughout the pandemic; Wales has currently an estimated 1500 excess deaths of people living with dementia as a result of the pandemic; being 'stuck' in hospital is having incredibly negative effects on both the mental and physical health of people of people across Wales.

A lack of high quality, available social care is causing a serious backlog in discharge from hospital settings. Alzheimer's Society Cymru have heard stories from across Wales, since the pandemic, where people living with dementia have been ready to be discharged from hospital, but have been prevented by a lack of assessment, lack of places, or a lack of paid care staff to deliver care in residential settings. The story below comes from a supporter of Alzheimer's Society Cymru:

"My father went into hospital in May 2021, and he was sent from Wrexham Maelor to Chirk for physio due to a mobility issue. He was transferred at 11pm arrived at midnight, this was very distressing. Under 48 hours later, he was discharged with no care package. We asked the hospital staff if dad could go upstairs to access washing facilities and we asked if he was dry as he had experienced hospital incontinence. We found that he was not dry when he got into the car, and that he couldn't go upstairs, so he had to sleep on sofa. We were given nothing by the hospital. We couldn't get the spare beds downstairs, so dad had to sleep on a mattress or on the sofa.

"We believe that the hospital thought that he was disruptive at night, and that hospital did not do a safe discharge. Following his discharge, he had a critical care team for 12 days, then he moved into a care home, Hafod House, which was temporary until we could find appropriate care. Hafod House was a lovely home, and had great staff, but it was not suited to his needs. Dad has always been scared of going into a home and moving into Hafod put him in a distressed emotional state. This state never left him through his time at Hafod, so he started to get aggressive; we visited every day, but dad wanted to come home. The home called an ambulance on July 19th to have him taken to hospital. Dad sat all day with his bags packed waiting for the ambulance but by 7pm the ambulance hadn't arrived, and dad eventually left the home at 5am.

"Dad was always moved in the middle of night; this has led to unease and aggression from dad. Following the ambulance call, dad spent 24 hours in A&E again, which is not the correct place for him, due to the high risk of infection. Although dad is mentally calmer in a hospital and he recognizes the environment, his thought process is that this is temporary, and he will head back to his own home. The hospital wants to remove him to a care home and have previously threatened to do it without consent. As a family, we understand why the hospital want him removed but this will cause serious harm to my father's physical and mental health.

"My father has always been a quiet, non-confrontational person. But we firmly believe that his dementia is negatively affecting him, and the current situation is making it worse. As of January 2021, my father is still in hospital."

As can be seen in the story above, even when discharge happens, it is not always done correctly, for the benefit of the person living with dementia, to enable their care to carry on seamlessly from hospital to residential setting. This places incredible pressure on family members delivering unpaid

care to 'fill in the gaps,' often at the expense of their mental, and sometimes physical health. This situation cannot be allowed to continue.

Alzheimer's Society Cymru firmly believes that fixing the social care crisis will go a long way towards fixing the discharge crisis in Wales.

In the Cross-Party Group on Dementia report into hospital care, three solutions were proposed to be trialled and implemented across all wards and hospital care settings throughout Wales:

- Hospitals to trial set discharge slots for people living with dementia to enable the availability of care homes, carers, and family members to be fully involved in the discharge process. The Cross-Party Group believes that these slots should be between 9am and 11am and 4pm and 6pm.
- Ward staff to ensure that a multi-disciplinary team approach is taken to discharge planning, including working with social services, pharmacy, third sector organisations and transport services where appropriate.
- Discharge teams to ensure that care plans, medicines and transport are in place prior to discharge and that any documents are included in a 'discharge folder' to travel with the patient and shared with family, companion, carers, care homes, or community services.

As a result of the pandemic, and the ongoing issues being experienced by health boards, Alzheimer's Society Cymru would like to add the following solutions to the three listed above:

- The Welsh Government to immediately provide ring fenced funding to ensure that recruitment gaps in social care are fulfilled. Without adequate provision for people leaving hospital, unbearable pressure will continue to build on unpaid carers, a group of people who have already been stretched to their limits across the pandemic.
- Prioritise those living with dementia in discharge planning and process in order to ensure that those who are most vulnerable in our society are supported to leave hospital and resume their lives.
- Ensure that paid care staff are paid a fair wage for their work, bringing pay scales in line with the NHS in order to ensure the recruitment gaps in social care are filled to enable better discharge planning and processes from hospitals to residential settings.

Alzheimer's Society Cymru firmly believes that these six solutions will enable a smoother and more appropriate discharge to the setting most appropriate to meet the needs and wishes of the person living with dementia. We would encourage ward staff to begin discharge planning immediately on admittance of a person living with dementia to their ward. For example, should a patient with dementia be admitted for a hip replacement as a result of a fall, Alzheimer's Society Cymru would like to see a discharge team put together during admittance.

This team would work on all aspects of a discharge, including medicines and physiotherapy, with a coordinator to ensure that all medication and support plans are collated to one place and shared with the patient and carers when a discharge is agreed, and that a discharge is made to the correct setting in timely fashion.

Alzheimer's Society Cymru also believes that set discharge slots would make discharge process smoother and more efficient for both the person living with dementia and the carer or care home they are being discharged to. Dedicated discharge slots would enable improved planning and management for all those involved in the discharge process – for example care homes could provide staff to manage and accompany discharge, carers could plan to take time off work to collect and resettle relatives. All of this we believe would significantly improve the overall outcomes for people living with dementia in relation to their hospital experience.

Kind regards,

A handwritten signature in blue ink, appearing to read 'Sue Phelps'.

Sue Phelps

Country Director, Alzheimer's Society Cymru



No understanding, no knowledge, no support

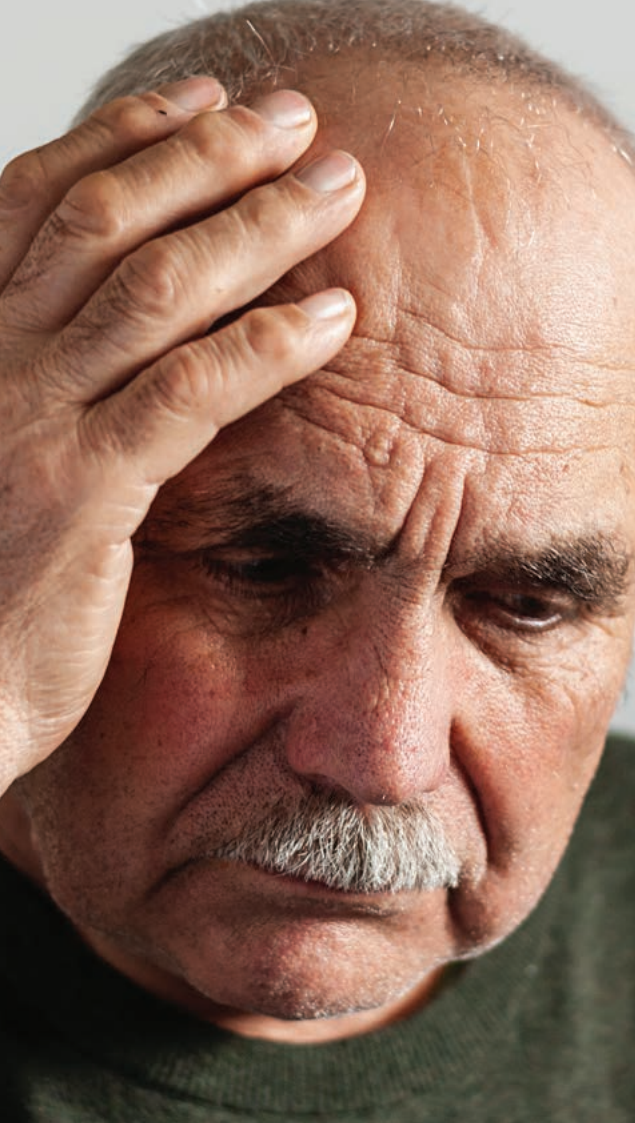
Hospital care in Wales

March 2021

Report from the Cross-Party Group on Dementia

Pack Page 19





Foreword

People living with dementia are highly vulnerable within the hospital setting: their health can, on occasion, significantly and suddenly worsen during an admission and many of us living with a diagnosis and our loved ones would describe being very afraid of a hospital admission.

In a hospital setting there is a need for a more human aspect to the treatment of a person living with dementia, their families and carers. A stay or visit to a hospital setting requires the balance of many aspects of wellbeing. An imbalance of those aspects can result in a deterioration in health and even loss of life.

Yet up to half of all acute hospital beds in Wales are occupied by a person living with dementia at any one time, typically for a condition unrelated to their dementia. Whether an inpatient or outpatient, a person living with dementia brings their specific needs with them. Some social, some health needs and some specific to their diagnosis of dementia.

The care provided to inpatients living with dementia in acute hospitals is hugely variable. The experiences reflect the lack of appropriate staff training, and therefore understanding. Currently the needs of the organisation take priority over the needs of patients.

Whilst this report has focused specifically on people affected by dementia, many of the key messages are equally applicable to other people who need hospital care.

It is also relevant not just to our current generation of older people and their families, but to future generations and potentially each of us, as few can predict when we might need an admission to hospital in the years to come. It is in all our interests to rethink the impact of a hospital admission.

All aspects are underpinned by understanding, vital knowledge and compassion. An individual living with dementia should be treated with equal respect, expertise and attitude as any other individual, if not more.

Change is needed to improve the care for people living with dementia during an acute hospital admission.

Our thanks to the Welsh Assembly Cross-Party Group on Dementia and Alzheimer's Society Cymru for producing this report.

***Nigel Hullah, Ceri Higgins and Linda Willis
– living with, and affected by dementia.***

Welcome to the report of the Welsh Assembly's Cross-Party Group on Dementia's inquiry into hospital care for people living with dementia in Wales. This report has taken 18 months of hard work, commitment and emotion to put together, and we hope that it contributes to shaping the future of hospital care for everyone living in Wales, regardless of a dementia diagnosis.

The solutions contained within this report are innovative, but we believe achievable with regards to implementation. With a £9million annual allocation from the National Dementia Action Plan (NDAP), funding is available to support and enable improvement across our hospitals in Wales. We look forward to working with Local Health Boards, Local Authorities and Regional Partnership Boards, alongside the Welsh Government and other key stakeholders, to put these solutions into practice so that people living with dementia benefit from much improved care during a hospital stay.

With more robust scrutiny of current spend by Welsh Government, we would be in a position to evidence that funding is being used to best effect but also to identify where any gaps and additional investment is required.

For too long, Wales has accepted a culture of valiant failure in dementia care, both in hospital and in social care. In addition, there has been increasing media coverage of care falling well short of what people have a right to expect and this should have acted as a 'wake-up' call for action. Lack of compassion, dignity and respect has resulted in a low expectation of people affected by dementia as to what constitutes excellent care. This is unacceptable, and whilst this report will offer some solutions in relation to improving standards of care, we cannot ignore that it will take a fundamental shift in culture at Government and leadership level within the NHS to support and drive forward change. By 2050, there will be 100,000 people living with dementia in Wales, placing an ever-greater stress on a system stretched to breaking point now. Alzheimer's Society Cymru and the Cross-Party Group on Dementia firmly believe that the will, and political drive to improve is there, and we hope this report, and its recommendations, are a first step in driving an agenda for change. We must unite across all sectors to fix dementia care.

***Sue Phelps – Country Director,
Alzheimer's Society Cymru***

To anyone who has ever visited a loved one living with dementia in hospital or had to take and collect them from hospital many of the challenges highlighted in this report will be familiar.

Dementia care in hospital is a particularly emotive element of living with and caring for a person with dementia.

As a Member of the Senedd, it is an issue that is close to my heart because unfortunately, I have heard too many stories of poor dementia care experiences in hospital.

Sadly, evidence gathered through this inquiry indicates that the required holistic approach to care of people with dementia in hospital is often sub-standard. The Covid-19 pandemic has further shone a light on the need for change.

We know that people living with dementia decline rapidly in hospital to the point of developing, at best, extra care needs, or at worst, never leaving hospital. People living with dementia often do not receive the person-centred care required to make a stay in hospital comfortable.

That is why as chair of the Cross-Party Group on Dementia, I am really pleased this report identifies constructive, realistic and practical solutions. Many of the solutions suggested are already in use in Wales or in other nations of the UK.

We firmly believe in the Cross-Party Group that these solutions are not only reasonable to implement but with the funding available through the National Dementia Action Plan are scalable across Wales.

With its ageing demographic Wales anticipates having at least 100,000 people living with dementia by 2050. This will inevitably place an increased stress on a system that is already under pressure.

That is why I would urge Welsh Government, Local Health Boards, Local Authorities and Regional Partnership Boards to look urgently at the solutions offered here to drive effective change.

I would like to finish by thanking those who shared their experiences with us in the pulling together of this report.

It is only by listening to those with lived experience that we will co-produce more dementia friendly approaches that will help create kinder, friendlier hospital environments for people living with dementia, their carers and families.

***Lynne Neagle MS, Chair of the Senedd's
Cross-Party Group on Dementia***



Key Findings:

- 75% of respondents rated routine admissions as worse to average.
- 72% of respondents rated discharge as worse to average.
- 56% of respondents rated dementia knowledge of medical staff as average or worse.
- 54% of respondents rated the experience of Accident & Emergency (A&E) for people living with dementia as average or worse.
- Top areas for improvement are dementia knowledge of medical staff (52% rated number 1) and coordination of services (47% rated number 1)
- Despite admissions and discharge having 75% and 72% average or worse ratings, only 37% and 29% viewed these as the most important areas for improvement.
- 35% of respondents rated communications between wards as the top area for improvement.

Executive Summary

Solutions:

Accident & Emergency:

- The creation of quiet spaces, away from main seating/waiting areas, where people living with dementia can wait on arrival at A&E.
- Fast tracking people living with dementia through to the appropriate setting for their care needs.

Care in the hospital:

- All hospitals to make greater use of their volunteer programmes, with a specific focus on providing support to patients living with dementia who are in a general ward setting.
- Wards to move away from condition related and task-based care towards a person centred, holistic approach.
- All wards to nominate a named person (with appropriate cover) who will be the liaison for the care of patients living with dementia, and can act as an information point for families, other wards and external agencies. Having more than one person will provide continuity.

Discharge:

- Hospitals to trial set discharge slots for people living with dementia. This will enable care homes, carers and family members to support, understand and contribute to the discharge process. Taking into account what people have told us, the Cross-Party Group believes that these slots should be between 9am and 11am and 4pm and 6pm.
- Ward staff to ensure that a multi-disciplinary team approach is taken to discharge planning, including working with social services, pharmacy, third sector organisations and transport services where appropriate.
- Discharge teams to ensure that care plans, medicines and transport are in place prior to discharge and that any documents are included in a 'discharge folder' to travel with the patient. Those who are caring for the patient onward from discharge should be kept fully informed.

Care across the hospital setting:

- The development of an approach to learning, development and training based on individual staff need rather than a 'blanket' approach designed to train all hospital and medical staff to a certain level.
- The development of a nationally recognised indicator of a diagnosis of dementia that can be placed on page one of a person's notes and carried across all settings to be accompanied by a one-page sheet detailing the individual's needs, like and dislikes.
- Full implementation and training for staff on 'John's Campaign' and the role that family and carers can play in delivering person centred, high quality care in a hospital setting.

Care Homes:

- Care homes to nominate a named person who will be the liaison for the care of patients living with dementia and can act as an information point for wards and care settings in hospitals. This person would work and develop relationships with the nominated persons on wards described earlier.
- All hospitals to work with care homes to draft joint working policies to allow care home staff, where appropriate to perform care functions on hospital sites, particularly for people living with dementia with high level of need.
- NHS Wales to provide insurance cover for any care assistant that accompanies a patient living with dementia during their hospital stay.

Dementia Friendly Hospital Charter:

- All hospitals to sign up to the Welsh Dementia Friendly Hospital Charter, with associated action plan for implementing improvement, and a robust process for monitoring.

Introduction

About the Cross-Party Group

The Cross-Party Group (CPG) on Dementia is a group of Welsh Assembly Members from all parties with an interest in dementia.

Chaired by Lynne Neagle AM (Labour, Torfaen) the Group meets four times a year in the Natiwnal Assembly for Wales. It focuses on issues facing people affected by dementia in Wales, and shares knowledge and experience to make recommendations for improvements.

Background to the Inquiry

When a person living with dementia is admitted to hospital, they are often at their most vulnerable, and their health can deteriorate rapidly upon admission. Any unnecessarily lengthy inpatient stay in hospital can make it more likely for the person to lose their independent living skills such as toileting, dressing themselves and eating and drinking unassisted. A lack of understanding about dementia amongst medical staff can also have a significantly adverse effect on the experience of the person with dementia for both long and short stays in a hospital setting.

Welsh Government's Dementia Action Plan (NDAP) pledges to take action on improving hospital care for people living with dementia.

However, people living with dementia have told us that:

'It must have been absolutely traumatic for my dad – no understanding, no knowledge, no support. He couldn't communicate.'

– Carer of a person living with dementia

'Most of the nurses, especially in the general ward, just don't have a clue. They're just not getting the education on how to deal with people with dementia.'

– Person living with dementia

Started in October 2018, the Inquiry was launched by Alzheimer's Society Cymru at the request of Lynne Neagle AM, the Chair of the CPG. Evidence gathering started immediately, and due to an unanticipated level of interest, Alzheimer's Society Cymru agreed to extend this period until the end of January 2020.

COVID-19

Unfortunately, the COVID-19 pandemic delayed the completion and publication of this report from Spring of 2020 to Spring of 2021. The Cross-Party Group is aware that this means the research contained within is now two years old. However, we strongly believe that the COVID-19 pandemic has served to shine a light on the issues raised in the report and highlighted how vital it is that they are fixed.

We know that the majority of policy decisions going forward will be taken with a view to helping society, the health and social care sectors and other sectors to recover from the impact of COVID-19. We hope that this report will allow policy makers insight into the issues faced by people living with and affected by dementia prior to the pandemic, that have become exacerbated by COVID-19, and provide some solutions on how to improve the hospital experience.



Policy Context

As readers of this report will know, dementia is an issue that touches many either directly or indirectly, with dementia care in hospitals being a particularly difficult and emotive aspect of living with and caring for a person with dementia.

There have been numerous reports, investigations, and reviews into dementia care in hospitals prior to this, and each one has played its part in shaping the context of this report.

Reports such as the Older People's Commissioner for Wales 'Dignified Care?', published in 2011, which looked at the expectations of older people in Wales for their care in a hospital setting; what could be done to improve areas of poor practice; and how to drive positive change for anyone admitted to hospital.

Alongside reports such as 'Dignified Care?', reviews into incidents of poor practice, such as Tawel Fan, including the reports by Donna Ockendon and Betsi Cadwaladr Health Board; as well as the 'Trusted to Care' review of the Princess of Wales Hospital and Neath Port Talbot Hospital at Abertawe Bro Morgannwg University Health Board have fed into this report. These reviews have shone a light on the darkest areas and worst practice that we have seen in Wales. The solutions presented in this report will allow for the findings of these reviews to be consigned to history, as practice like this should never be allowed to take place in Welsh hospitals again.

Welsh Government policies were considered in the compilation of this report. The National Dementia Action Plan states "We expect health boards to ensure that their hospitals embed a clear rights-based approach to ensure that people living with dementia are treated with dignity and respect at all times."¹ The section titled "The Need for Increased Support" contains a significant number of references to hospital care, and the Inquiry has used these to inform suggested measurements for progress against the action plan.

This report also draws on wider Welsh Government policy, including 'A Healthier Wales.' The goals and aims of 'A Healthier Wales' will help people living with dementia, and affected by dementia to live longer lives, and live those lives as well as possible. These goals and aims are to be supported, and they have strongly influenced the work of the Cross-Party Group Inquiry, and the solutions offered in this report.

In producing this report the Cross-Party Group has also considered work undertaken by Welsh Assembly Committees, including the report of the Health, Social Care and Sport Committee into the use of anti-psychotic medication. This work has

been vital for the Cross-Party Group to develop the nature and context of the inquiry and identify possible solutions.

Research undertaken by Dr Katie Featherstone at Cardiff University has greatly influenced the work undertaken by the Cross-Party Group. Dr Featherstone's research has been pivotal in shaping the work of this Inquiry, and her contribution to the field of dementia care should be noted.

The Inquiry has capitalised on work undertaken by the Royal Colleges and third sector organisations. This work includes the regular National Audit of Dementia carried out by the Royal College of Psychiatrists, the findings of which have been invaluable in providing a robust statistical base for the work undertaken by the Cross-Party Group. Also included in the background of this report is policy and public affairs activity undertaken by the Alzheimer's Society, including the 'Fix Dementia Care' campaign, and work undertaken in Wales in conjunction with the Welsh Language Commissioner on Welsh language in dementia.

Welsh Government's National Dementia Action Plan (NDAP) lays the foundation for the delivery of current and future dementia care in Wales. The five year Plan was co-produced with over 1000 people living with dementia and launched in February 2018. It lays the groundwork, and blueprint for all work done in Wales in the sphere of dementia care, and the Cross-Party Group believes that it should underpin the work of this inquiry. Threaded through the NDAP and the work of the Cross-Party Group are the 'Dementia Statements', one of which is:

'We have the right to an early and accurate diagnosis, and to receive evidence based, appropriate, compassionate and properly funded care and treatment, from trained people who understand us and how dementia affects us. This must meet our needs, wherever we live'

The Statements reflect the rights that people living with dementia have and should receive through all aspects of their life, and they are especially pertinent when seen through the lens of hospital care.

¹ *Dementia Action Plan for Wales – Welsh Government – page 25*

Methodology

In summer 2018, the Chair of the Cross-Party Group, Lynne Neagle AM (Labour, Torfaen) commissioned Alzheimer's Society Cymru to undertake an investigation into care received by people living with dementia in hospital. This was borne out of personal experience and concerns over standards of care.

The work was officially launched in October 2018, with a narrative survey designed to capture people's experiences of dementia care in hospital across Wales. This online survey was live from the launch of the Inquiry in October 2018 to 16 July 2019, receiving 306 responses.

In the early months of the online survey going live, the project team conducted four roundtable events attended by people living with dementia, their families and carers and professionals, and hosted by the elected members on the Cross-Party Group. The meetings were held in the following locations:

- Pontypool – Lynne Neagle MS
- Newport – Jayne Bryant MS
- Wrexham – Mark Isherwood MS
- Llangefni – Rhun ap Iorwerth MS

The results of this survey were analysed by the project team at Alzheimer's Society Cymru and were used to create a quantitative survey to enable the collection of data to provide statistical evidence for the Inquiry. The questions asked in this survey were focused on key areas identified in the narrative survey. These were:

- Dementia knowledge and understanding of medical staff.
- The experiences of Accident & Emergency for people living with dementia.
- Routine (non-emergency) admissions for people living with dementia.
- Discharge from hospital for people living with dementia.

The survey then asked respondents to tell us about specific experiences they wished to share. Finally, the survey asked respondents to rank six areas for improvement from 1 to 6, with 1 being the most important, and 6 being the least important. These were:

- Increasing the dementia knowledge and awareness of medical staff (nurses, doctors, health care assistants).
- Increasing the dementia knowledge and awareness of other hospital staff.
- Improving communication between different wards and care settings.

- Fast tracking admissions for people living with dementia.
- Creating set discharge slots for people living with dementia.
- Improving coordination of services (i.e., residential care facilities and hospital wards; social care and domiciliary care)

We then asked respondents to offer any other suggestions to improve dementia care in hospitals. We received 178 responses.

During the period, the surveys were open, the project team undertook a gap analysis in relation to where responses had been received. It was agreed that an effective way to engage more evidence in the geographic areas where we had received a low response rate was to hold a series of roadshows within hospitals. These events took place at 13 hospitals across Wales. These were:

- Bronglais Hospital, Aberystwyth
- Prince Charles Hospital, Merthyr Tydfil
- Glangwili Hospital, Carmarthen
- Royal Gwent Hospital, Newport
- Brecon Memorial Hospital, Brecon
- University Hospital Wales, Cardiff
- Ysbyty Gwynedd, Bangor
- Wrexham Maelor, Wrexham
- Singleton Hospital, Swansea
- Victoria Memorial, Welshpool
- Withybush Hospital, Haverfordwest
- Nevill Hall Hospital, Abergavenny
- Princess of Wales Hospital, Bridgend

These roadshow events comprised a stand in a public area of the hospital, and visits to clinic waiting areas, wards, and cafes to engage with the public, medical and hospital staff as well as ambulance and visiting social care employees and volunteers. Members of the public and hospital staff were asked if they had experience of dementia in either their personal or professional lives. These roadshow events used the same survey as the online quantitative survey in order to ensure that the evidence gathered was consistent. The hospital roadshows gathered a total of 1739 responses.

During the work, a gap was identified in the level of responses from care homes, an integral part of care provision for people living with dementia moving in and out of hospital. The project team worked with Age Cymru in order to design and promote a survey to target care homes and their staff. This survey, like the others, was hosted online, and issued to 257 care homes across Wales. We received a total of 24 responses.



The survey received a total of 2247 responses across all platforms.

Alongside the surveys, the project team hosted an email address to allow respondents to give greater detail in their responses, or to submit a written response to the project team. This email address received 54 responses and allowed for the capture of more detailed and personal anecdotal experience.

Finally, the Cross-Party Group held an evidence session with Dr. Katie Featherstone (Cardiff University), Valerie Billingham (Age Cymru) and Nicola Davies-Job and Lisa Turnbull (Royal College of Nursing). This session covered general questions to the entire panel, and then specific questions to the organisations and individuals on the panel.

Key Findings

- 75% of respondents rated routine admissions as average or worse.
- 72% of respondents rated discharge as average or worse.
- 56% of respondents rated Knowledge of medical staff as average or worse.
- 54% of respondents rated the experience of A&E for people living with dementia as average or worse.
- Top two areas for improvement are knowledge of medical staff (52% rated number 1) and co-ordination of services (47% rated number 1).
- Despite admissions and discharge having 75% and 72% average or worse ratings, only 37% and 29% viewed these as the most important areas for improvement.
- 35% of respondents rated comms between wards as the top area for improvement.



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Accident and Emergency (A&E)

Often the first area of a hospital that people living with dementia interact with in a crisis, 54% of our survey respondents rated their experience of A&E as average or worse.

The evidence received by the Cross-Party Group, from a wide variety of respondents, indicated that A&E is often a last resort for people living with dementia and their carers and families. We heard distressing stories from carers and family members who, desperate for a break from caring, used A&E as a means of accessing respite. We have heard stories of care home staff being petrified to send residents to A&E.

“All staff that my mother came into contact within the general hospital and especially A&E had no idea how to approach a patient with dementia.”

“The experience I had with my local A&E was truly distressing for the patient and myself, waited 11 hours 30 minutes before seeing a Doctor.”

“When in A&E all staff treated my mother as a normal patient. I.e., considered that she understood all questions and was aware of what was happening. No consideration was given to her condition.”

“We’ve spent more time in A&E than we would ever want to. We visit between two to three times a month and we constantly see elderly people with dementia distressed, alone, sitting on beds in cubicles or on gurneys in corridors.”

“Following my own diagnosis of early onset Alzheimer’s Dementia, I took ill with an unrelated health condition, an ambulance had to be called and following the paramedic’s assessment, I was taken to A&E. I lay on a trolley in a corridor for approximately 8 hours, before receiving appropriate treatment and being admitted onto a ward. During most of that time in the corridor the patient in front of me, also lying on a trolley, was distressed and terrified. The lady in question was clearly suffering with dementia and spent hour after hour, crying and repeating that she wanted her husband (who was deceased). There was no way of reassuring her, nor giving the other waiting patients respite from her screaming.”

“My dad broke his hip whilst in a care home and from that point everything went wrong with his care. Only after he was placed in the ambulance did it become obvious that my dad’s femur was fractured. The hospital did not do a femoral block because the doctor in A&E couldn’t and the on-call doctor refused to attend saying he’d do it once dad was on the ward (we didn’t know this at the time). Dad was taken to X-ray back to A&E then onto a ward and moved to a bed without any pain relief, his screams, which we heard, were put down to his dementia.”

We have heard that visits to A&E are upsetting and stressful experiences for both people living with dementia and their family and carers. They were faced with issues such as lack of knowledge and understanding of dementia; waiting times; availability of beds or comfortable seating; and the noise of the department all being factors that contribute to the unsuitability of the busy A&E environment for people living with dementia.

It is clear from the evidence we have gathered, that, although there are of good practice and good quality care in A&E, it is an area that causes substantial distress for people living with dementia, and one where clear, and significant improvement is required in order to ensure that the experience of A&E for people affected by dementia improves.

Therefore, the Cross-Party Group on Dementia calls for the following solutions to be trialled and implemented across all A&E departments throughout Wales:

- The creation of quiet spaces, away from main seating/waiting areas, where people living with dementia can wait on arrival at A&E.
- Fast tracking people living with dementia through to the appropriate setting for their care needs e.g., radiology, triage, wards.

The Cross-Party Group on Dementia firmly believes that ensuring people living with dementia have a quiet, calming space where they can wait for assessment and treatment, with a family member, carer or companion will enable better support and care. This will allow for information to be given in an environment where the appropriate time and attention can be given to the person living with dementia and that any communication is understood and accepted without distraction.

The Cross-Party Group on Dementia also believes that a person living with dementia should be fast tracked from A&E to their next care setting, such as X-Ray or a ward. This will minimise the time spent in an overwhelming environment, pain management can start sooner, and the appropriate assessment and diagnosis can be carried out. It will also allow medical professionals to mitigate against any additional impacts the injuries or illness may have on the patient, as well as minimise the negative effects that an elongated time in a busy and noisy A&E department could have.

Care on the hospital ward

Once a person living with dementia has been admitted to a ward, they are then faced with surroundings that can be disorientating and frightening which can increase their confusion. Hospital wards can be an unfamiliar and noisy environment and the person may not understand where they are and why they are there. Whilst there is faith and trust in medical and nursing staff to provide the care required, they may not necessarily know whether someone has dementia, or may lack experience of working with people with dementia. It is important that all staff are aware of a person's dementia as it may affect the type or nature of any treatment they receive. Knowledge and understanding of dementia, as well as what constitutes a person-centred, holistic approach to care will significantly improve an individual's well-being, their response to treatment, and enable a safe and timely discharge.

Unfortunately, evidence gathered through the Inquiry indicates that the required holistic approach to care of people with dementia in hospital is sub-standard. People reported a lack of person-centred care and poor standards of comfort on the ward. In addition, we have captured experiences that evidence people living with dementia decline rapidly in hospital where they develop additional care needs that can prevent timely discharge.

Our evidence also shows that time and workforce pressures are a key factor in the provision and standard of care provided in hospital wards. The Royal College of Nursing stated:

“Pressures on staff are intense, and although Wales doesn't publish data on nursing vacancies, the RCN estimates that there at least 1,612² nursing vacancies in Wales today. Every week the additional hours put in by existing nurses equates to another 1000 hours' worth of work. Wales also spends an extraordinary amount on agency nurses. This is the biggest barrier to high quality care”.

The evidence gathered by our qualitative survey showed that coordination of services ranked the second highest of all suggestions for improvement, with 47% of respondents ranking it at the number one area for improvement. 35% of respondents also rated communications between wards and setting as the top area for improvement.

“I explained on many occasions to the ward she was admitted to that Mom wasn't allowed to be left alone, ever, as she was a full-time resident at a secure care home for dementia. I wasn't listened to.”

“I currently work as a nurse on a dementia ward at the hospital and have spent the last 2 years working in a dementia nursing home. Whilst working at the home I have noticed major differences in the care given to patients with dementia. The home is completely dementia friendly and is adapted to meet their needs and although this isn't always as easy to input in hospitals the quality of care given in hospitals is disgraceful. However, the current ward where I work in a different hospital is amazing with the dementia patients offering crafts, entertainment, afternoon tea, a conservatory and garden. It is like home from home.”

“In the ward they were most unhelpful and did not appear to know anything of the Hospital policies with regard to carers rights e.g., to visit at any time, to feed etc. They merely said, " He will have to go into a home". His carer insisted on tests to discount TIAQ/stroke, and on speaking with the doctor. “They did not screen him from others and failed to put him in pyjamas to preserve his dignity as he used incontinence pads. I only found out that there were hospital policies when I complained.”

“He was provided with a bed on an acute admissions ward which was severely stretched and whose staff had no time to understand dad's illness - so much so he managed to get off the ward during the night. He was found wandering the corridors - and it was a fellow patient who informed us of this event.”

“When you get to hospital medical staff work around you not with you leading to distress and sometimes aggression in the patient. Having diagnosed the problem and when sent to a ward often questions are fired at the patient and too little time given for response. Food is left on the bed tray and no regard taken as to whether the patient can feed themselves or needs to be prompted to eat resulting in staff deciding the patient does not want the meal. The same happens with drinks.”

“My father was a patient on Sycamore Ward at St Woolos Hospital it was the best place for him to be to have his needs assessed and ability to access specialist social workers, Occupational Therapists etc. I dreaded the occasions when my father needed to be transferred to the Royal Gwent despite a member of Sycamore Ward accompanying most of the time it was apparent the patients were not well received and those staff with my father would always have to go and ask for help with turning, changing etc.”

² RCN Wales – “RCN Wales report reveals that every week nurses in Wales work overtime equivalent to the value of 926 full-time nurses”



The Cross-Party Group on Dementia calls for the following solutions to be trialled and implemented across all wards and hospital care settings throughout Wales:

- All hospitals to make greater use of volunteer programmes, and allow family, carers, and volunteers to support to patients living with dementia who are in a general ward setting.
- Wards to move away from condition focused and task-based care towards a person centred, holistic approach to care.
- All wards to nominate at least one named person who will be the liaison for the care of patients living with dementia, and can act as an information point for families, other wards, and external agencies.

The Cross-Party Group on Dementia firmly believes that having named persons on each ward shift would enable a greater level of accountability in the care provided to people living with dementia on the ward as well as support improved channels of communication. Carers, families and care home staff would have an identified individual with whom they can build a trusting relationship and share information. In addition there would be the opportunity for the named person to develop greater skills and knowledge in providing personalised care for people living with dementia.

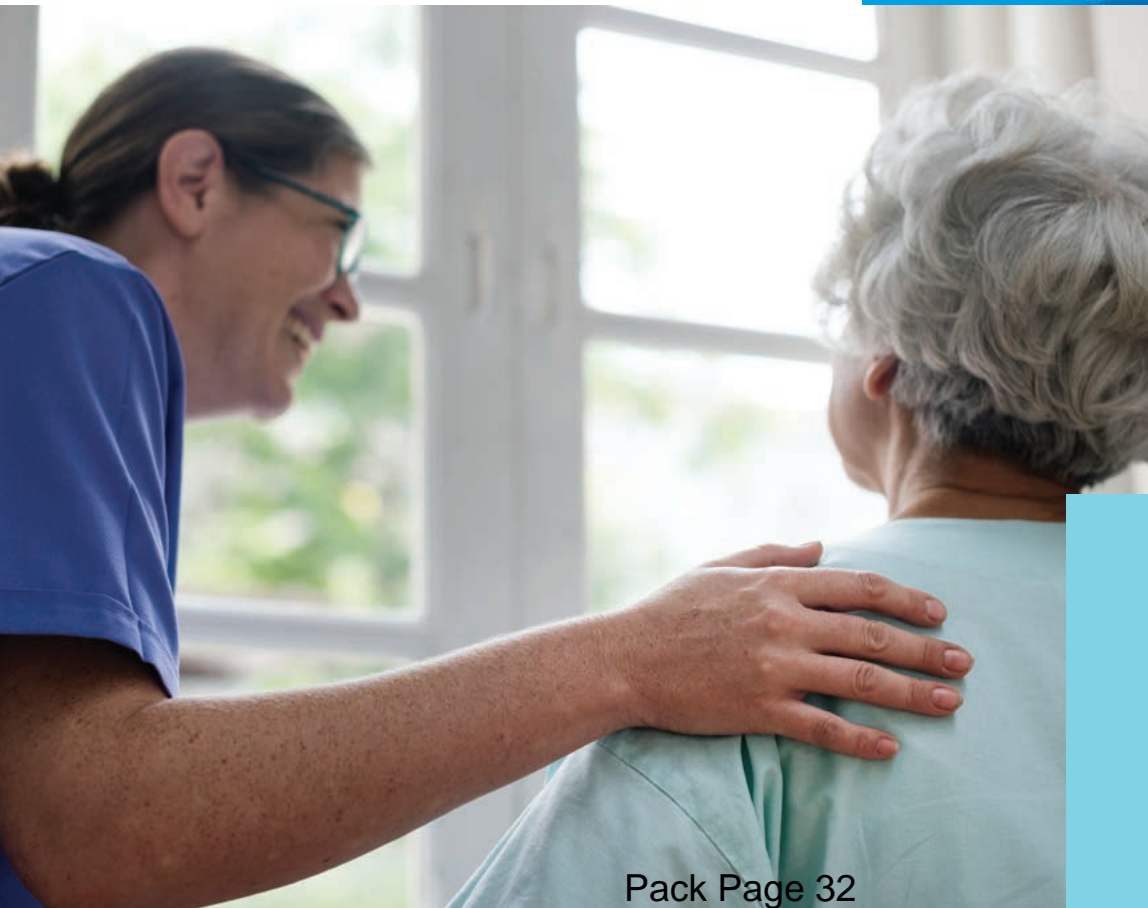
The Cross-Party Group also believes that making greater use of volunteers, with thorough training on basic dementia care as well as fully implementing John's Campaign will allow more time for nursing staff to devote to delivering medical care to the best of their ability. It will also facilitate a move away from 'task oriented' care, towards a more person-centred individualised approach.



Discharge

The process of discharge and the discharge service is the final setting a person living with dementia and their carer and/or family will experience. Whether that is discharge to their own home, respite care, residential care, or a more specialised setting. Ensuring the discharge process is thorough, smooth, well-communicated and timely is essential to providing continuous and excellent care. On average, people with dementia spend nearly four times as long in hospital following a fall and the resulting frailty from a fall and an extended stay in hospital can increase the likelihood of them being unable to return home. A high standard of personalised care and effective communication between medical staff, families and other agencies will facilitate a more effective and efficient discharge for an individual patient.

The Cross-Party Group on Dementia is aware that it is estimated that approximately 25% of beds in hospitals are occupied by people living with dementia. Their length of stay is often longer than for people without dementia and there can also be delays in supporting them to leave hospital; for unplanned hospital admissions, 36.4% of people living with dementia are discharged to a different residence and the readmission rate for people living with dementia is far higher than for people without, 8.2% vs 3.5% for elective care and 25% vs 17% for non-elective care.



“Even when mum was meant to be being discharged, I was told that she would go home that afternoon/ evening. I then got a call the next morning from her home to ask where she was, I believed she was with them so frantic calls were made only to find out that the hospital couldn’t get an ambulance and just kept her but didn’t bother to tell anyone, so she got no visitors that day.”

“The discharge system was our greatest bug bear. One Christmas Eve my mum rang me in a panic to say he was being discharged and she did not think she could cope as he was too poorly. I drove 12 miles to pick her up and when we got to the hospital the sister said they’d reassessed him and he couldn’t go home and he didn’t for quite a while.”

“When care homes visited to do their assessment, they didn’t want to take the patient as a residential as would see the level of care they would need, yet social services would not change their assessment to nursing needs, So Discharged patients hang around in hospital using a bed they do not need waiting for a care home that will take them.”

“Their special needs were clearly not being addressed. The most troubled lady was to have been discharged, but appropriate provision could not be organised in the community. She was effectively “stuck” in hospital. Bad for her, bad for the other nearby patients.”

“Unfortunately, my mother was not discharged. She spent 13 weeks in hospital and her condition deteriorated drastically. She died after 13 weeks. She arrived in hospital being able to walk, eat independently but her condition, vascular dementia, took over.”

“Discharge took many weeks despite mum already having a care home place that she was fully funding - the only change required was from residential to nursing care. The discharge liaison nurse/social worker did not speak to me and made incorrect assumptions regarding getting council funding which delayed matters. I have guardianship / legal deputy - I should have been the decision maker - I was ignored until I made a fuss.”

The Cross-Party Group on Dementia calls for the following solutions to be trialled and implemented across all wards and hospital care settings throughout Wales:

- Hospitals to trial set discharge slots for people living with dementia to enable the availability of care homes, carers, and family members to be fully involved in the discharge process. The Cross-Party Group believes that these slots should be between 9am and 11am and 4pm and 6pm.
- Ward staff to ensure that a multi-disciplinary team approach is taken to discharge planning, including working with social services, pharmacy, third sector organisations and transport services where appropriate.
- Discharge teams to ensure that care plans, medicines and transport are in place prior to discharge and that any documents are included in a ‘discharge folder’ to travel with the patient and shared with family, companion, carers, care homes, or community services.

The Cross-Party Group on Dementia firmly believes that these three solutions will enable a smoother and more appropriate discharge to the setting most appropriate to meet the needs and wishes of the person living with dementia. We would encourage ward staff to begin discharge planning immediately on admittance of a person living with dementia to their ward. For example, should a patient with dementia be admitted for a hip replacement, the Cross-Party Group would like to see a discharge team put together during admittance. This team would work on all aspects of a discharge, including medicines and physiotherapy, with a coordinator to ensure that all medication and support plans are collated to one place and shared with the patient and carers when a discharge is agreed, and that a discharge is made to the correct setting in timely fashion.

The Cross-Party Group also believes that set discharge slots would make discharge process more smooth and efficient for both the person living with dementia and the carer or care home they are being discharged to. Dedicated discharge slots would enable improved planning and management for all those involved in the discharge process – for example care homes could provide staff to manage and accompany discharge, carers could plan to take time off work to collect and resettle relatives. All of this we believe would significantly improve the overall outcomes for people living with dementia in relation to their hospital experience.

Care across the hospital setting

During the work undertaken as part of this Inquiry, issues were raised that do not fit neatly into the care settings already referred to, but instead across all care settings in a hospital. Whilst the obvious issues such as funding were raised, other issues that have come to light include the knowledge of medical staff, knowledge of other auxiliary hospital staff, the roll out of 'John's Campaign,' the roll out of the 'Butterfly Scheme' and how ward staff are identifying patients living with dementia in general settings.

Online or computer-based training is not necessarily the most effective method for delivering high quality, impactful dementia understanding. For the best outcome training should be practical and preferably including the involvement and input of someone who has lived experience of dementia.

The evidence we have collected shows there is a large disparity in how patients and carers view the knowledge of medical staff as opposed to the medical staff themselves. Overwhelmingly, patients and carers said medical staff knowledge was 'extremely poor', 'poor', or 'average' whilst medical staff have said that their knowledge is 'average', 'good', or 'excellent'. We have also heard evidence that shows people living with dementia are more likely to tell other hospital staff if they are experiencing problems, as they do not want to 'inconvenience' or 'worry' the medical staff assigned to care for them. We are concerned that these staff do not have the required knowledge to deal with these comments and issues, and that this is leading to further negative experiences and rapid deterioration of people living with dementia in hospital.

The Cross-Party Group on Dementia believes the low level in dementia knowledge and understanding across the range of hospital staff negatively impacts on a patient living with dementia throughout their stay in hospital, as well as impacting on their carers and families. The Group therefore calls for this to be addressed as a matter of priority, if patients and carers are to safely navigate the hospital journey. 54% of respondents to the survey said that improving the knowledge of medical staff is the most pressing issue to be fixed, whilst 32% said improving the knowledge of other hospital staff was the most pressing.

"Getting mum onto a ward that was in anyway suited to care for her was a nightmare, a real nightmare. We had to row, argue, shout and be threatened by nursing staff who would not allow us to stay with her as carers. But they were unwilling or unable to give the level of care she needed."

"Family were not encouraged to stay and help, e.g., at mealtimes, when large portions of sloppy food were left on the overbed table, often out of reach."

"Knowledge is poor, on the occasions mom was admitted for various infections/ injuries she had cot sides on the bed- a lidded beaker to drink from- neither of which was necessary at that time. Her mobility declined and we organised physio as we wanted her home ASAP as we could see her losing basic skills."

"Staff were not interested in the dementia patients they are not trained to look after them."

"Lack of knowledge and understanding seems to be a big problem so let's hope that by speaking out care can only get better."

"I am sorry to say that they appear to know very little."

"General medics and nurses seem to have little insight into the issues affecting people living with dementia."

"The care in admissions was fine, dedicated nurse put the butterfly symbol on the notice board and advised about discounted parking and stated that I could stay with my wife for as long as I needed. When transferred to the ward, the butterfly, although promised did not appear."





Therefore, the Cross-Party Group on Dementia calls for the following solutions to be trialled and implemented across all wards and hospital care settings throughout Wales:

- The development of an approach to training based on individual staff need rather than a 'blanket' approach designed to train all medical staff to a certain level.
- The development of a nationally recognised indicator of a diagnosis of dementia that can be placed on page one of a person's notes and carried across all settings, to be accompanied by a one-page sheet detailing individual needs, like and dislikes.
- Full implementation and training for staff on 'John's Campaign' and the role that family and carers can play in delivering excellent care in a hospital setting.

The Cross-Party Group on Dementia firmly believes that these solutions will lead to an improvement in the standard of care for people living with dementia right across the hospital settings. We understand how difficult it must be for porters, administrators and café staff or cleaners to engage in conversations and be given information relating to an individual's personal circumstances and medical care, especially if they are unaware of who to pass this onto. Allowing these staff to access in depth dementia training, to include signposting skills to medical staff and to other organisations will increase the opportunities to provide excellent care, and will create a safer, kinder, friendlier hospital environment for people living with dementia and their carers and families.

The Cross-Party Group also believes that the creation of a nationally recognised indicator of a dementia diagnosis, to be placed on all patient notes, records and medical passports will allow for a swift recognition of relevant issues, allow staff to implement the training they have received, and alert them to key information about the patient required to ensure that their care is person centred and delivered to the best of the staff's ability.

Finally, as this report has already mentioned, there is huge potential to positively improve the care of people living with dementia by using non-NHS staff in a hospital setting. We strongly believe that the quality of care would be improved if residential and nursing care home staff were allowed, empowered and enabled, to perform care functions for their patients in hospital care settings. Not only would this allow for one-to-one care, with people who are knowledgeable about the patient, it would free up nursing time to provide care, and complete tasks that are necessary for the care of other patients on the ward.



Care Homes

During the Inquiry, the project team identified a gap regarding the views of care homes on care for their residents when in hospital. As is discussed earlier in this report, a special survey was designed and developed in collaboration with Age Cymru to seek the views of care homes on the care for their residents when in hospital. Whilst many of the issues raised in this survey were the same as those raised across the rest of the work, there are specific nuances which deserve their own solutions.

Care homes across Wales have told us:

“When a resident goes to A&E via ambulance, we always send copies of their care plans, details of next kin and contact numbers, copies of medication records. 9 times out of 10 we have phone calls from A&E staff asking for information which has already been sent to them. If the resident is then admitted to a ward, we have the ward staff phoning to ask for all of the information again.”

“Dementia Patients that have gone to A & E being returned to the home during the early hours of the morning without ringing through to let staff know.”

“Hospital staff being unable to cope with behaviours associated with advanced dementia, requesting care staff to be present 24/7 which we care homes can’t facilitate.”

“On discharges the correct assessments are often missed and wards need to be asked to complete the required assessments”.

“It is so poor that we send staff to the ward to ensure the basics: - Teeth in, hearing aid in, glasses clean and on, clean underwear and pads where required. Drinks put where they can reach them, assistance with feeding and a suitable choice of meal that they can manage. We frequently visit and these basics are not in place.”

“[We would like] to work as a team to get the better outcomes.”

“Respect is all we would ask as we respect other professions.”

“Please ensure that the transfer information stays with the patient as they are moved between departments... Ensure a copy of the discharge summary comes to the home.”

The Cross-Party Group on Dementia calls for the following solutions to be trialled and implemented across care homes and hospitals throughout Wales to improve the relationship between settings:

- Care homes to nominate a named person who will be the liaison for the care of patients living with dementia whilst in hospital and can act as an information point for wards and care settings in hospitals. This person would work, and develop relationships, with the nominated persons on wards, clinics, and other departments, as described earlier.
- All hospitals to work with care homes to draft joint working policies to allow care home staff, where appropriate to perform care functions on hospital sites, particularly for people living with dementia with high needs.

The Cross-Party Group on Dementia strongly believes that care homes provide an invaluable service in dementia care, and their input, knowledge and skills are crucial to ensuring that people living with dementia receive excellent care across all settings, both within the hospital and in the community. It is therefore vital that these experiences, knowledge, and skills are included in planning and management of care for their residents when they move into a hospital setting. The Group believes that the proposed solutions will allow for care home staff to be respected, listened to and involved in all aspects of their resident's care, thus contributing to more a integrated and person-centred pathway.

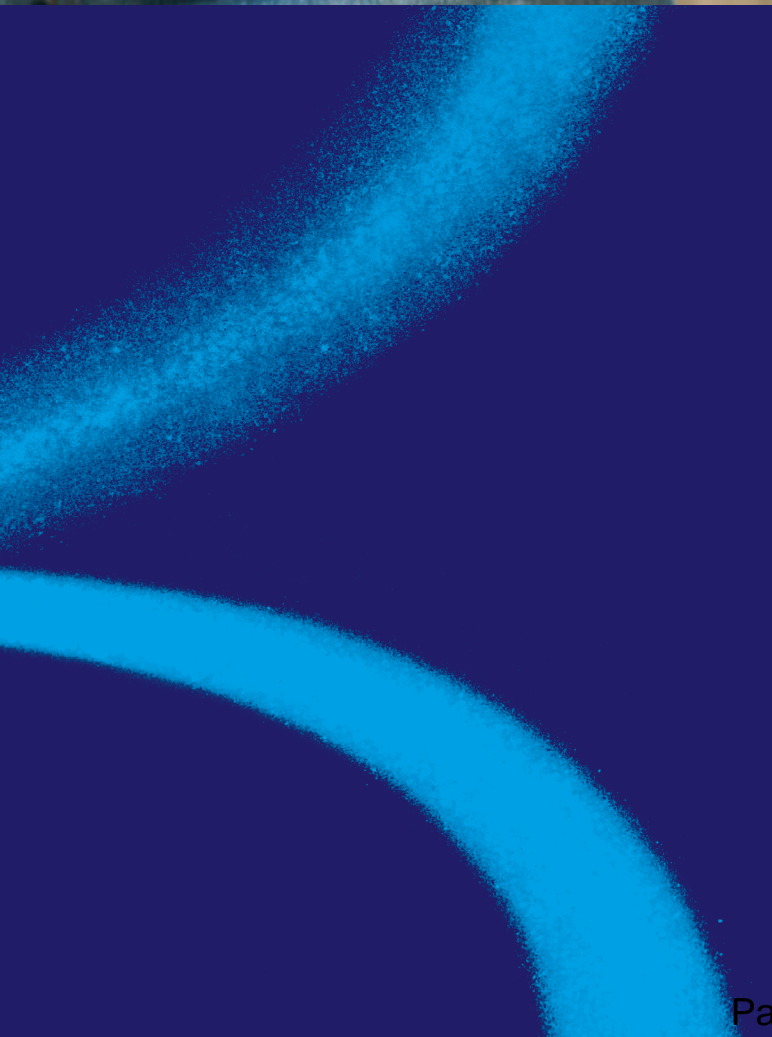
Dementia Friendly Hospital Charter

In 2015, the National Dementia Action Alliance (NDAA) launched the Dementia Friendly Hospital Charter in England. This charter has been designed in conjunction with the NHS Trusts in England in order to help them work towards becoming dementia friendly. The charter was revised in 2018. In 2019, work began in Wales between the NDAA, Alzheimer's Society Cymru, and Improvement Cymru, alongside the Health Boards and other partners to bring this charter to Wales and to create a version applicable to the specific needs and requirements of the Local Health Boards in Wales.

The work of the group developing the Welsh Charter is very closely aligned with the work of the Cross-Party Group on Dementia, and as such, the Cross-Party Group would seek to endorse the Charter on its launch in late 2020.

Therefore, the Cross-Party Group on Dementia calls for the following solution to be implemented across Wales:

- All hospitals to sign up to the Welsh Dementia Friendly Hospital Charter on launch in late 2020.





Conclusion

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This report barely scratches the surface with regards to the significant issues surrounding all aspects of hospital care for people living with dementia in Wales. The Inquiry team received a multitude of evidence, and this report could have been extended to hundreds of pages. Instead, the Cross-Party Group team has decided to focus on the key areas contained within the final report.

A conscious decision was made to avoid commenting on areas to fix wider issues and problems in hospital care in Wales. These would include how we fill the 1500 nursing vacancies, implementation of the Nurse Staffing Levels (Wales) Act 2016, and work to create parity of esteem for social care workers and work to properly fund social care in Wales.

Instead, we have presented attainable and achievable short-term solutions designed to improve standards hospital care for people living with dementia whilst not ignoring the outstanding long-term issues highlighted. The Cross-Party Group on Dementia firmly believes that the solutions offered are not only reasonable to implement, but with the funding available through the National Dementia Action Plan and a shift towards a more dementia friendly culture, are scalable across Wales.

We also strongly believe that the solutions suggested are already in use in some parts Wales as well as in the other nations of the United Kingdom. We strongly urge health commissioners and practitioners to work with colleagues across health boards and in other nations to share best practice and develop tools that will allow them to deliver the best care possible for people living with dementia. We also urge that this collaboration extends to the social care sector, and carers, both paid and unpaid, who know the person they are caring for the best.

We urge Welsh Government to demand immediate action to be implemented across hospitals in Wales.

For too long, Wales has accepted a culture of valiant failure in dementia care, both in hospital and in social care. This cannot be allowed to continue. With an ageing demographic by 2050, there will be at least 100,000 people living with dementia in Wales. This will inevitably place an increased stress on a system that is currently stretched to breaking point. Alzheimer's Society Cymru and the Cross-Party Group on Dementia firmly believe that there is a will, and political drive to make change.

We believe this report, and its solutions, offer a first step in driving that change.

We must fix dementia care.

Alzheimer's Society is the UK's leading dementia charity. We provide information and support, improve care, fund research, and create lasting change for people affected by dementia.

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Alzheimer's Society operates in England, Wales and Northern Ireland. Registered charity no. 296645.

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Document is Restricted

Women's Health Coalition Wales: Evidence for Senedd Health & Social Care Committee

A Women and Girls' Health Plan and Quality Statement for Wales

1) Rationale

- **Wales needs to plan for the health of women and girls**

Women, girls, and those assigned female at birth (AFAB)* make up 51% of the population in Wales. Despite this, medicine and healthcare services have not necessarily met their needs, resulting in significant disparities in care between men and women. *Hereafter, reference will be to 'women' but, for the purpose of this document, should be considered inclusive of girls and people assigned female at birth.

Inequalities can be seen across Wales in the provision of women's health services, but they also exist in the care of diseases which impact both men and women, with women experiencing comparatively poor outcomes. Data from the Office of National Statistics (ONS) reveals that women can expect to live fewer years 'disability free' than men.

The Welsh Government's Gender Equality Review saw health as a top priority for women across Wales. However, its existing long-term plan for health and social care, 'A Healthier Wales' does not explicitly mention women's health. This risks a continuing lack of research and investment in those issues which impact them.

Women's exclusion from health service design is encapsulated in the failure to routinely include them in clinical trials, a situation not remedied until the 1990s – even now, clinical data doesn't always break down the efficacy / side-effects of treatments by sex.

Diagnostic criteria and treatment for conditions that affect both sexes are often based on the male experience, reflecting the fact that many clinical guidelines are not sex or gender-specific but based on a 'typical' male model. This means that women's reporting of symptoms can be over-looked, dismissed, or erroneously attributed to psychological causes, resulting in significant diagnostic delay, worsening prognoses, and considerable impact on wellbeing.

As both England and Scotland implement their own women's health strategies, it is vital that Wales follows suit, not only because tackling inequality is a core part of Welsh Government's work programme, but also because without proactively addressing underlying inequalities, the recommendations listed in 'A Healthier Wales' will be difficult to achieve for many women.

- **The Women's Health Coalition: Who are we?**

Members of the Coalition range from independent patient advocates to condition-specific charities, UK-wide umbrella organisations, and Royal Colleges. We all share one ambition: to see women and girls' health prioritised so that underlying and multi-generational health inequalities, and negative and dismissive attitudes which have resulted in horrifying reports like the 2020 Cumberlege review, 'First Do No Harm', are addressed. We want to see practical steps

taken to improve medical research, efficacy of treatment, and service provision across the country.

- **What is a ‘Women and Girls’ Health Wales Quality Statement’?**

The document attempts to provide a holistic and life-course approach to women’s health. It encompasses appendices focused on various physical and mental health issues and uses the Welsh Government’s own accountability measures: equitable; safe; effective; efficient; person-centred; timely.

Though the Quality Statement is wide in its scope, it is by no means exhaustive. There are many other areas of health where women are disproportionately impacted, and we look forward to working with the Welsh Government and patients themselves to identify these.

- **Public Awareness**

Although the Quality Statement focuses on clinical services, there are some elements which will require cross-departmental working, notably to support the development of public knowledge and supportive practice around women’s health.

Wider engagement with stakeholders, including patients and public, will be vital.

- **Intersectionality**

The Covid-19 pandemic has shone a light on many health inequalities, with disabled people, black and Asian groups, and those living in poor economic conditions, more likely to die as a result of Covid-19. The document should be seen as a starting point for further discussions on intersectional health inequalities, with women’s experiences being a key part of that.

- **Governance**

We suggest that consideration be given to changing the remit of the Women’s Health Implementation Group (WHIG) and Programme (WHIP) to one of co-ordination and oversight, ensuring that there are personnel tasked with representing women’s health concerns on all the NHS Wales networks and groups responsible for devising and implementing action plans for specific disease areas. It should also be able to facilitate personnel with a ‘women’s health brief’ on relevant Welsh Government tables outside of health, including education and employment, and have sufficient authority to direct activity where women’s health is not being adequately considered.

This approach will require additional resourcing, capacity, and new terms of reference for the WHIG which would see it encompass third sector and patient representatives as equal partners in activity to ensure a co-productive approach.

- **Oversight and Accountability**

The WHIG needs to be part of a mechanism in Wales which has sufficient powers of oversight and enforcement to drive improvements in the NHS, ensuring that everyone in Wales gets the best possible treatment in line with the values of prudent, value-based and patient-centred healthcare.

2) **Key themes:**

- **Access to specialist services**

Addressing the postcode lottery for care is a priority area raised by many of the organisations contributing to this Quality Statement. Existing models of healthcare provision in Wales have historically not worked for women by not being person-centred or tailored to their specific needs. Those requiring care from different specialties find that they are not adequately joined-up, and that there is a lack of collaboration between health boards in developing specialist services and making them universally accessible. Sometimes this results in NICE / equivalent guidance to best practice not being followed.

One potential way of addressing this issue lies with the Welsh Health Specialised Services Committee. The WHSSC has a section of commissioned services on 'Women's and Children's Health' but, at present, it is entirely focused on pregnancy and paediatrics which does women's health a disservice.

- **Improved data collection which, where possible, should be disaggregated by sex and gender**

This has emerged as a priority across all appendices and is vital to steer strategic direction, design, and delivery.

One mechanism used across Wales to create datasets on particular disease areas is the Quality Assurance and Improvement Framework used in general practice. Currently, the QAIF contains 19 active disease registers and indicators, none of which are gynaecological or menstrual health-related so it is unclear how far or how consistently prevalence, outcomes, or personnel working in this space are being recorded for these patient populations.

- **Support for sustainable co-production**

This is essential if we are to design services that properly meet service-users' needs. The Social Services and Wellbeing Act in Wales enshrines voice, control, and coproduction of services designed with users, to best meet their needs – the same must apply in health.

- **Enhanced training for health and care professionals, both as part of medical school curricula and continuing professional development**

There are challenges in establishing how long is spent on ‘women’s health’ in medical, nursing, midwifery, and allied health professionals’ training, not least due to variation in syllabuses across Wales and the UK. However, there are suggestions that it may be as little as 6 weeks or fewer over the course of three years.

We are calling for women’s health across the life course to be prioritised in the curriculum for all healthcare professionals, with a correlating increase in time allocated to the subject. Further, we believe that there is a need for oversight of this from Welsh Government.

We are unaware of any universities in Wales delivering a post-graduate women’s health module but would recommend that investment be made in such a course.

A QUALITY STATEMENT FOR WOMEN AND GIRLS IN WALES

- **EQUITABLE**

A Wales committed to proactively addressing health inequalities experienced by women, girls, and people assigned female at birth

1. All of those who are eligible under the age of 40 can access 3 full cycles of IVF, funded by the NHS in Wales, in line with NICE Guidance.
2. Maternal medicine networks are in place for patients wherever they live in Wales.
3. All of those experiencing recurrent pregnancy loss (miscarriage) in Wales have access to a specialist clinic offering nurse-led support, testing, and treatment.
4. Dedicated Mother-and-Baby inpatient beds for those experiencing severe peri-natal mental health issues are available in every health board.
5. Co-production and implementation of targeted interventions to engage with women who are in those demographics least likely to attend cervical screening or access sexual and reproductive services.
6. Diagnostic criteria and support systems are inclusive of the ways in which autistic and neurodivergent females present.
7. All health boards conform to best practice in provision of pain management, IV sedation, and general anaesthesia to patients requiring minor gynaecological procedures.
8. Sex and gender-specific interventions commissioned to better support women and girls’ mental health.

9. An all-Wales abortion strategy is in place so that services are geographically accessible to all women.
10. Women's health is prioritised in foundation doctors' training to address mythologising, normalisation, unconscious bias, diagnostic delay, and lack of adequate support associated with menstrual health conditions like endometriosis and adenomyosis.
11. The Welsh Health Specialised Services Committee playing an integral role in ensuring equitable access to tertiary care for patients in Wales living with complex, chronic conditions like endometriosis, lupus, and rare autoimmune conditions.
12. A consistent pan-Wales pathway for patients with premenstrual disorders in Wales.
13. A universal understanding of the multifarious and long-term impacts of PCOS which reduces variation in care across primary and secondary services and between health boards.
14. Public health information about menopause and HRT is communicated to all women at age 40, alongside incentivisation of training for healthcare professionals in primary care, and pan-Wales access to specialist menopause clinics.
15. Women's risk of heart disease is widely understood by both public and healthcare professionals and optimal treatment is routinely provided equitably to men.
16. Resources ringfenced to tackle the 250% increase in incidences of eating disorders during the Covid19 pandemic.
17. Evidence-based interventions to appropriately support people who self-harm from different communities, including young women and those living with long-term physical health conditions.
18. Enhanced training for healthcare professionals to better support the disproportionate number of women and girls living with chronic health conditions like Ehlers Danlos Syndrome.
19. Widespread acknowledgement of the existence and impact of post-viral illnesses, such as Myalgic Encephalomyelitis (ME), Chronic Fatigue Syndrome (CFS), and Long Covid, alongside equitable access to high-quality multi-disciplinary services.
20. A Wales-wide commitment to tackling the gender bias that too often sees fibromyalgia symptoms and their impact underplayed or dismissed.
21. All dermatology services and personnel in Wales sufficiently trained and resourced to offer an inclusive environment where ethnic variation in prevalence and presentation of skin diseases in women is understood.
22. Investment in research on palliative and end of life care through a sex and gender lens and dissemination of results so that Wales's workforce is fully equipped to provide appropriate care.

- **SAFE**

A Wales where every woman has the right to expect safe care, in line with clinical guidance, best practice, and as part of an informed decision-making process

23. Educational initiatives for those in primary care enabling GPs to feel more equipped to manage common medical disorders that complicate pregnancy.
24. Effective, safe, and equitable abortion care for all women in Wales.
25. All service-users undergoing minor gynaecological procedures are provided with evidence-based and patient-reviewed information about pain management options in advance so that they can make informed choices about their care.
26. An HPV self-sampling pilot is undertaken in Wales to examine efficacy and improve take-up.
27. All lupus patients in Wales to have both emergency and formal care plans so that their needs are appropriately managed at all points in their patient journey.
28. Expanded services and initiatives that enable early identification and help-seeking for eating disorders and self-harm, alongside straightforward access to specialist and in-patient care within Wales.

- **EFFECTIVE**

A Wales invested in working with patients, healthcare professionals, and third sector to research, co-produce and implement models of service delivery that work effectively for women

29. Women and girls are provided with a full range of sexual and reproductive health services.
30. Mandatory autism awareness training which incorporates the specific needs of autistic women and girls to be provided to all healthcare professionals in Wales.
31. Abortion services designed and provided in line with the NICE Abortion Care Guideline.
32. Increased public and clinical awareness of menstrual wellbeing and pathways for the diagnosis and management of associated health conditions including endometriosis, adenomyosis, premenstrual syndromes, and polycystic ovary syndrome (PCOS).
33. Investment in research into common gynaecological and endocrinological conditions is prioritised to better understand causation and develop improved diagnostic tools and treatments.
34. Work underway to increase uptake of cervical screening and follow-up procedures to ensure the effectiveness of the cervical screening programme, saving as many lives as possible from cervical cancer.

35. Redesigned cardiac rehabilitation services to include digital provision which has been shown to increase patient participation in women and men.
36. Increased funding for research into mental health conditions like eating disorders, bringing investment in line with physical health conditions of a similar prevalence.
37. To improve understanding, knowledge, and management of hypermobility spectrum disorders like Ehlers Danlos Syndrome, to include development of a comprehensive care pathway.

- **EFFICIENT**

A Wales where services and personnel work together seamlessly, communicating effectively with each other and the patient so that care is provided at the right time, in the right place, by the right person

38. Investment in Wales-wide provision of Advanced Skills Women's Health Nurses in primary care, to provide information and support on a range of commonly experienced issues and conditions, including fertility.
39. Data collected on the number of miscarriages being reported to Early Pregnancy Units, GPs, and Emergency Departments to better understand the scope of the problem and enable appropriate target-setting for reductions and support services.
40. Development of best practice guidance on opportunistic provision of contraception and testing for sexually transmitted infections in services such as maternity, abortion, and screening appointments.
41. A joined-up approach with Welsh Government's Period Dignity Strategy to ensure equitable and timely access to educational resources, period products, and positive messaging which empowers individuals to challenge misconceptions about menstruation.
42. Improved awareness of menstrual wellbeing and the diagnosis and management of associated health conditions including endometriosis; adenomyosis; PCOS and pre-menstrual dysphoric disorder (PMDD).
43. Streamline care pathways to secondary and tertiary gynaecology services to reduce repeat and 'wasted' appointments and free up NHS resources for other conditions.
44. Include hormone sensitivity and impact of surgical menopause in enhanced menopause training to improve patient experience and access to timely and appropriate treatment and support.
45. Increased public and clinical understanding of menopause, with dedicated and multi-disciplinary centres in each health board.
46. Increased medical research into areas of medicine which disproportionately impact women as well as proportional representation in clinical trials.

- **PERSON-CENTRED**

A Wales which offers a holistic, life course approach to women's health, privileging women's voices and expertise on their own bodies and tailoring healthcare to the individual's needs and preferences

47. Collaboration with specialist charities and peer-led initiatives to sustainably support patients across Wales experiencing medical disorders in pregnancy.
48. Hybrid models of testing and care for sexual and reproductive health, including online ordering of tests and medication, telemedicine, and in-person consultations, based on individuals' needs and preferences.
49. Health education, training, communication, clinical environments and interventions are more accessible and inclusive to neurodivergent females.
50. Identifying and challenging unconscious bias in relation to women's health is a core part of healthcare professionals' training so that prevention of pain and trauma in outpatient gynaecology settings is a fundamental part of service provision.
51. Staff education and training across all health and care services takes a trauma-informed approach which incorporates understanding of gendered experiences and inequalities.
52. A suite of options is offered to individuals affected by chronic gynaecological conditions to help them better manage the impact of their condition, including pan-Wales provision of pelvic physiotherapy, mental health support, and pain management clinics.
53. Where hysterectomy is advised, information on post-operative issues, including those relating to ovarian function, is routinely provided and includes access to menopause services.
54. Multi-disciplinary care pathways for PCOS patients, tailored to individuals' needs and ensuring a holistic approach to service provision.
55. A collaborative approach to menopause management and support, to include various government departments, employers, and the third sector.
56. Information and signposting to sources of support following diagnosis of cell-changes during cervical screening.
57. Increased vigilance and capacity to provide compassionate, trauma-informed support across all healthcare settings for people who are self-harming or at increased risk of doing so.

- **TIMELY**

A Wales which uses all mechanisms at its disposal to ensure that women are able to access prompt and optimal care, thereby improving patient experiences and longer-term outcomes

58. Partnership-working established between Health and Education departments to provide evidence-based resources and training to deliver menstrual wellbeing, fertility and pre-conception health education in all schools in Wales, enabling earlier help-seeking and expedited diagnosis for a range of menstrual and reproductive health conditions.
59. Long-term monitoring of those who experience recurrent miscarriage to enable early intervention in possible development of associated health conditions later in life.
60. All relevant healthcare professionals receive ongoing training so that perinatal mental health issues can be identified early, and support provided to prevent long-term physical and mental health impacts on mother and child(ren).
61. HRT is provided in a timely manner as part of a package of measures to protect women from longer-term health conditions like osteoporosis and cardiovascular disease.
62. Public messaging, early diagnosis, prompt treatment, and ongoing monitoring of risks identified in pregnancy to reduce women's risk of developing heart disease later in life.
63. Early and expert intervention to prevent patients with lupus and Sjogren's sustaining life-limiting organ damage at great cost to both their health and the public purse.
64. Ensure that no woman goes into labour with undiagnosed EDS to avoid complications for both mother and baby, and long-term health implications.

Women's Health Wales Coalition, Contributing Organisations (in alphabetical order and who have contributed to the development of the work; we anticipate a larger list of organisations who endorse the proposal):

Action for ME

Autistic UK

Beat – the UK's Eating Disorder Charity

British Association of Dermatologists

British Heart Foundation Cymru

British Pregnancy Advisory Services

Brook

Campaign Against Painful Hysteroscopy

Compassionate Cymru

Disability Wales

Ehlers Danlos Support UK

Endometriosis UK

Ethnic Minority Women in Welsh Healthcare (EMWWH)
Fair Treatment for the Women of Wales (FTWW, supporting patient advocates on most appendices)
Fertility Network UK
Faculty of Sexual and Reproductive Health (FSRH)
Fibromyalgia Support Wales
International Association of Premenstrual Disorders
Jo's Trust
Learning Disability Wales
LUPUS UK
Marie Curie
Mind Cymru
National Federation of Women's Institutes
Plan International
RareQOL
Royal College of General Practitioners (RCGP)
Royal College of Nursing (RCN)
Royal College of Obstetricians and Gynaecologists (RCOG)
Royal College of Physicians (RCP)
Royal College of Psychiatrists (RCPsych)
Samaritans
The Autistic Women's Empowerment (AWE) Project
The Fibromyalgia Association UK (FMAUK)
The Hypermobility Syndromes Association (HMSA)
Tommy's
Verity PCOS
Welsh Association of ME and CFS Support
Women's Equality Network (WEN) Wales

Health Condition / Issue-specific Appendices (in order of appearance):

Fertility
Maternal Medicine
Pregnancy Loss / Miscarriage
Perinatal Mental Health
Abortion
Sexual and Reproductive Health
Autism and Neurodivergence
Minor Gynaecology Procedures and Pain Management
Cervical Screening and Cell Changes
Trauma and Post-Traumatic Stress Disorder (PTSD)
Menstrual Health
Endometriosis
Adenomyosis
Premenstrual Dysphoric Disorder (PMDD)
Polycystic Ovary Syndrome (PCOS)
Menopause
Heart Conditions
(Rare) Autoimmune Conditions
Eating Disorders
Self Harm
Hypermobility Syndromes and Ehlers Danlos Syndrome (EDS)
Myalgic Encephalomyelitis (ME) and Chronic Fatigue Syndrome (CFS)
Long Covid
Fibromyalgia
Skin conditions
End of Life Care

**Health and Social Care
Committee**

Eluned Morgan MS
Minister for Health and Social Services
Welsh Government

Dr Tracey Cooper
Chief Executive, Public Health Wales

26 November 2021

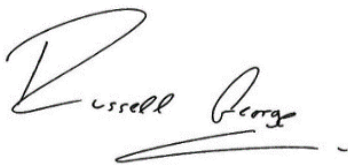
Dear Eluned and Tracey

Provisional common framework: Public Health Protection and Health Security

At our meeting on 18 November 2021 we considered our approach to scrutinising the provisional Public Health Protection and Health Security Common Framework.

To inform our consideration of the Framework, we would welcome the views of the Welsh Government and Public Health Wales on the matters set out in the annex to this letter **by Thursday 13 January 2022**.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

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

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Annex: Provisional common framework: Public Health Protection and Health Security

To assist our deliberations on the provisional common framework, we would welcome further information on the matters listed below. We would be grateful to receive your response **by Thursday 13 January**.

General

1. Why is a common framework needed for this policy area?
2. How will this common framework link up with frameworks in related policy areas, such as food and feed safety and hygiene and animal health and welfare?
3. The provisional framework sets out that the parties will develop a shared work programme. Will this shared work programme be published?
4. The framework sets out that part of its purpose is to manage potential divergence between different parts of the UK. Parties will seek to agree common approaches 'where agreeable'. How will the parties decide when divergence would be acceptable?
5. How would this framework affect the handling of any future pandemic?

UK and EU

6. Public Health Wales has previously raised concerns about the risks of leaving EU institutions for public health protection and health security. How are the Welsh Government and Public Health Wales mitigating these risks?
7. Under the Health Security (EU Exit) Regulations 2021, Public Health Wales and the Welsh Government have taken on some responsibilities formerly exercised at EU level, such as representing Wales at the new UK Health Protection Committee. Could you confirm what new responsibilities Public Health Wales and the Welsh Government will be undertaking and what resources have been allocated for this? How do the new arrangements differ from your previous arrangements when the UK was an EU Member State?
8. The UK Health Security Agency (UKHSA) will carry out some coordinating functions previously exercised at EU level. Is the Welsh Government content that the UKHSA has sufficient resources to carry out these functions?

International

9. Is the Welsh Government content that the framework takes into account its existing international commitments?

10. Please provide the Welsh Government's assessment of how the framework accommodates divergence and alignment between the four nations' international health commitments and activity, for example the Welsh Government's MOU with the WHO on health equity or its public health protection support to African nations during the pandemic.
11. Please confirm how existing international obligations were considered and incorporated into the framework and explain how future obligations will be incorporated.
12. Please provide more information on the role of the Welsh Government or Welsh bodies in delivering the framework's international aspects. For example, whether the framework provides opportunities for a devolved role in the development of UK foreign policy, as provided in other frameworks.
13. Please confirm whether the framework provides opportunities for Welsh representation at international forums, either by the Welsh Government or Welsh bodies.

Disputes

14. Is the Welsh Government content that the dispute resolution mechanism for the framework is fit for purpose?
15. Who will be the final arbiter in the event of a dispute, and will there be a right of appeal in the event that one of the parties is dissatisfied with the resolution of a dispute?
16. Will the Welsh Government notify the Senedd of disputes raised through the framework?

Transparency and accountability

17. Did the Welsh Government and Public Health Wales engage with any stakeholders in Wales in developing the provisional framework? How does the provisional framework reflect the response of stakeholders?
18. How will the Senedd and stakeholders be updated on the continuing operation of the framework?
19. How will the Senedd and stakeholders be able to contribute to the review and amendment process for the framework?

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

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

17 January 2022

Dear Russell,

Thank you for your letter of 26 November regarding the provisional Common Framework for Public Health Protection and Health Security. I shall answer your questions in the order in which they were asked.

General

1. Why is a common framework needed for this policy area?

During a UK Government common frameworks exercise held in 2017, public health protection was identified as an area where there was considerable existing coordination between England, Scotland, Wales and Northern Ireland that was, in part, underpinned by the UK's relationship with the EU and its agencies, including the European Centre for Disease Prevention and Control (ECDC).

While the UK was an EU Member State, the four UK nations coordinated and shared information on public health protection with Public Health England, the UK's then national competent authority and focal point for communications with the European Union. This included sharing information on serious cross-border health threats, new and emerging threats, and surveillance, and response coordination. The EU's system also supported the UK's compliance with the International Health Regulations (2005) (IHR)¹.

The UK Government, the Devolved Governments and the UK's public health agencies all agree that a framework is necessary to ensure the continuation of cooperation on serious cross-border health threats, acknowledging the importance of such cooperation in providing a high level of UK-wide human health protection. It was also assessed as necessary to ensure that the UK can best meet its international obligations under the IHR.

¹ The International Health Regulations (2005) (IHR) provide an overarching legal framework that defines countries' rights and obligations in handling public health events and emergencies that have the potential to cross borders. The IHR are an instrument of international law that is legally-binding on 196 countries, including the 194 WHO Member States.

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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.

2. How will this common framework link up with frameworks in related policy areas, such as food and feed safety and hygiene and animal health and welfare?

The Public Health Protection and Health Security Framework will link to other related policy areas through an underpinning work programme developed by the Four Nations Health Protection Oversight Group and agreed by the UK Health Protection Committee (both of which have representation from Welsh Government and Public Health Wales).

3. The provisional framework sets out that the parties will develop a shared work programme. Will this shared work programme be published?

The shared work programme is being developed collaboratively by the Four Nations Health Protection Oversight Group and an initial draft work programme was received by the UK Health Protection Committee at its inaugural meeting in October 2021. The work programme is currently being finalised following comments from the Committee and collaborative discussions in relation to general issues of communication and publication are ongoing.

4. The framework sets out that part of its purpose is to manage potential divergence between different parts of the UK. Parties will seek to agree common approaches 'where agreeable'. How will the parties decide when divergence would be acceptable?

The framework requires each Government to consider how any changes in their part might impact on the other three parts of the UK, and where possible agree common approaches. The framework accepts a common approach may not always be suitable and therefore does not change the ability for a Government to consider and respond to individual factors and priorities. This is a welcome and necessary step to ensure open dialogue between the four nations.

5. How would this framework affect the handling of any future pandemic?

The Framework establishes common expectations around key areas of cooperation and defines ways of working to ensure that they are orientated towards strengthening our collective resilience to serious cross-border threats to health.

Specifically, the Framework seeks to:

- a) improve the effectiveness of UK arrangements for, and co-ordination of, public health protection and health security policies, including emergency preparedness and response planning;
- b) reduce the incidence and impact of serious cross-border health threats within the UK; and
- c) as far as possible to anticipate, identify, prepare for and respond to serious cross-border threats to public health within the UK.

UK and EU

6. Public Health Wales has previously raised concerns about the risks of leaving EU institutions for public health protection and health security. How are the Welsh Government and Public Health Wales mitigating these risks?

The Framework is intended to align with, and complement the Health Security (EU Exit) Regulations 2021, which in turn are intended to support the implementation of the UK's arrangements with the EU for cooperation on health security under the TCA. Title 1 of Part 4 (Thematic Co-operation) of the TCA supports effective arrangements and information sharing between the UK and the EU in the event of a serious cross-border threat to health which spreads or entails a risk of spreading across the borders of at least one EU Member State and the UK.

In summary, the TCA provides for the UK, the EU institutions and EU Member States to:

- exchange information;
- assess public health risks; and
- co-ordinate measures that may be required to protect public health.

While the UKSHA is the designated UK Focal Point under the terms of the TCA, both Welsh Government and Public Health Wales are represented on the Four Nations Health Protection Oversight Group and the UK Health Protection Committee. The chair of the UK Health Protection Committee in the first year is with UK Government's Department of Health and Social Care. The chair of both the Committee and 4 Nations Health Protection Oversight Group will rotate on an annual basis ensuring all four governments are fully sighted and involved in the work.

7. Under the Health Security (EU Exit) Regulations 2021, Public Health Wales and the Welsh Government have taken on some responsibilities formerly exercised at EU level, such as representing Wales at the new UK Health Protection Committee. Could you confirm what new responsibilities Public Health Wales and the Welsh Government will be undertaking and what resources have been allocated for this? How do the new arrangements differ from your previous arrangements when the UK was an EU Member State?

Both Welsh Government and Public Health Wales are represented on the Four Nations Health Protection Oversight Group and the UK Health Protection Committee. Support to these functions has been identified from within existing budgets. Previously Public Health Wales provided the chair/lead for the Four Nations Health Protection EU Transition Working Group (which focussed on the EU transition process) and has maintained the chair role for the first year of the Four Nations Health Protection Oversight Group. The chair of the UK Health Protection Committee in the first year is with UK Government's Department of Health and Social Care. The chair of both the Committee and 4 Nations Health Protection Oversight Group will rotate on an annual basis.

The underpinning UK work programme will require resources to ensure that Wales can make a full and ongoing contribution and an assessment of the resources required is currently underway.

8. The UK Health Security Agency (UKHSA) will carry out some coordinating functions previously exercised at EU level. Is the Welsh Government content that the UKHSA has sufficient resources to carry out these functions?

The UKHSA has inherited responsibilities and resources previously designated to Public Health England, the previous national focal point for the UK. These responsibilities and resources covered ongoing responsibilities under International Health Regulations. We have no reason to believe the UKHSA does not have sufficient resources to carry out the necessary functions on behalf of the UK.

International

9. Is the Welsh Government content that the framework takes into account its existing international commitments?

The Framework factors in the obligations under IHR and the TCA and does not impact on the Welsh Government's other existing international commitments.

10. Please provide the Welsh Government's assessment of how the framework accommodates divergence and alignment between the four nations' international health commitments and activity, for example the Welsh Government's MOU with the WHO on health equity or its public health protection support to African nations during the pandemic.

The framework provides a mechanism for the UK nations to cooperate on issues on health protection and health security, and to formulate common stances and approaches where collectively that is deemed appropriate. The work programme will be informed by an ongoing collective consideration of risks.

Parties to the framework can also strengthen coordination in other areas, including:

- a) Developing UK-wide approaches to public health protection issues and that require engagement with international partners, including World Health Organisation (WHO) Euro, European Centre for Disease Prevention and Control (ECDC) and EU Member States.
- b) The identification of further opportunities for engagement with international partners, acknowledging and where appropriate, building upon any existing commitments that the Parties may have.

However, this co-ordinating activity does not preclude the existence of bilateral international health commitments and collaborations.

11. Please confirm how existing international obligations were considered and incorporated into the framework and explain how future obligations will be incorporated.

The Framework factors in the obligations under IHR and the TCA. The Framework does not impact on the Welsh Government's other existing international commitments.

12. Please provide more information on the role of the Welsh Government or Welsh bodies in delivering the framework's international aspects. For example, whether the framework provides opportunities for a devolved role in the development of UK foreign policy, as provided in other frameworks.

The UK is the signatory to the IHR and to the TCA. As international relations in this regard are reserved to UK Government, the Department of Health and Social Care retains overall policy responsibility for the formulation of UK policy. However, as health protection is a devolved responsibility, implementation of international obligations in this area on a UK wide basis require a coordinated approach by the four nations and this is reflected in the Health Security (EU Exit) Regulations 2021, the Memorandum of Understanding and the development of any relevant areas of the work programme.

13. Please confirm whether the framework provides opportunities for Welsh representation at international forums, either by the Welsh Government or Welsh bodies.

The UK Government's Secretary of State for Health has the responsibility for engaging internationally regarding international co-operation for serious public health incidents (meeting the TCA and IHR requirements). Devolved Government Health Ministers and their respective public health agencies will have responsibility to co-ordinate and share information with each other for the purposes of this function.

Disputes

14. Is the Welsh Government content that the dispute resolution mechanism for the framework is fit for purpose?

Yes, I believe the mechanisms are robust and proportionate. These have been jointly developed and agreed by the four UK nations.

15. Who will be the final arbiter in the event of a dispute, and will there be a right of appeal in the event that one of the parties is dissatisfied with the resolution of a dispute?

These matters are designed to be agreed through discussion and appropriate levels of escalation, as set out in the framework documents. Our experience of dealing with other governments in the UK in relation to legislative matters in these policy areas is that there is generally a high level of willingness to look for mutually acceptable solutions. It should also be noted that the Interministerial Standing Committee, established under the Intergovernmental Relations Review, will monitor the frameworks programme including any obstacles to progress.

16. Will the Welsh Government notify the Senedd of disputes raised through the framework?

Yes, I am content to commit to writing to the appropriate committee(s) in the event that there are any disputes raised.

Transparency and accountability

17. Did the Welsh Government and Public Health Wales engage with any stakeholders in Wales in developing the provisional framework? How does the provisional framework reflect the response of stakeholders?

Extensive consultation of, and engagement with, the Devolved Governments and the UK public health agencies has taken place in the development the Framework (and the Health Security (EU Exit) Regulations 2021). The Four Nations Health Protection EU Transition Group, which consisted of representatives from UK Government, Devolved Governments and the UK public health agencies, was used as the main forum to discuss policy development. This included through three one-day workshops held in London, Cardiff and Belfast, as well as fortnightly meetings to progress work on both the Framework throughout 2020 and 2021.

The development of the Framework was discussed at the Chief Medical Officer's Health Protection Advisory Group. This multi-agency group includes representatives from key public sector stakeholders such as Health Boards and Local Government.

The comments submitted from both Welsh Government and Public Health Wales were largely supportive of the content of the draft Framework and our suggested changes and additions were either accepted or the decision to decline was fully explained.

18. How will the Senedd and stakeholders be updated on the continuing operation of the framework?

Officials will monitor the operation of the specific frameworks relevant to their policy areas and seek input from stakeholders as appropriate. In a more general sense, the Interministerial Standing Committee will monitor the progress of the frameworks programme in order to fulfil the role given to it by the Intergovernmental Relations Review, as outlined in the UK Government's progress update of March 2021, to '*Provide oversight of the common frameworks programme and its governance arrangements*'. The expectation is that reports on frameworks will be public documents once they are signed off by portfolio Ministers and will be made available to the relevant committees in the four nations as well as relevant stakeholders.

19. How will the Senedd and stakeholders be able to contribute to the review and amendment process for the framework?

The operation of the Framework will be reviewed at six months, one year, and three years from the date it comes into operation. Thereafter, a periodic review will take place every three years. Third parties can be used by any Party to the Framework to provide advice at any stage in the process and so we will seek views from relevant stakeholders during the review or amendment process as appropriate.

If changes are made to the Framework then these will be notified to Senedd committees in order for them to carry out the level of scrutiny they deem appropriate and necessary.

Yours sincerely,



Eluned Morgan AS/MS

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

Agenda Item 4.3



Iechyd Cyhoeddus Cymru
Rhif 2 Capital Quarter, Stryd Tyndall,
Caerdydd CF10 4BZ

Public Health Wales
Number 2 Capital Quarter, Tyndall Street,
Cardiff CF10 4BZ

Tracey Cooper

Our Ref: TC

12 January 2022

[REDACTED]
Mr Russell George, MS
Chair of Health and Social Care Committee
Welsh Parliament
Cardiff Bay
Cardiff CF99 1SN

Dear Russell,

Provisional Common Framework:

Public Health Protection and Health Security

Thank you for inviting the views of Public Health Wales (PHW) to inform the scrutiny of the *Public Health Protection and Health Security Common Framework* by the Health and Social Care Committee.

1 Background

By way of context, Public Health Wales has been involved in the development of the Common Framework and the related Health Security (European Union (EU) Exit) Regulations 2021, since 2018. This engagement commenced as part of the structured approach to the EU Transition and has continued as part of the agreed collaborative working arrangements for Health Protection across the four Nations.

During this time, we have worked closely with Welsh Government Officials. As such, our response cross references that of the Minister for Health and Social Services in order to not duplicate answers and assist the Committee in its work.

Our contribution commenced in 2018 through attendance at a Four Nations' Health Protection EU Transition Working Group that was

established to provide oversight for the health protection transition arrangements. This group included membership of public health agencies from Wales, England, Scotland and Northern Ireland, together with representatives from each corresponding Government department. Public Health Wales agreed to chair this Four Nations group, working with a secretariat in support from the then Public Health England (PHE). We continued to chair this group until the 1 April 2021 when the group was replaced, in accordance with the collaborative agreement outlined in the Common Framework, by a Four Nation Health Protection Oversight Group, reporting to a UK Health Protection Committee. Public Health Wales was asked again to chair this new Oversight Group in its inaugural year and we will continue to do so until April 2022.

These groups have facilitated consideration of the Common Framework and Regulations during the various stages of their development leading up to their formal submission. Public Health Wales has been able to participate fully, providing written responses and contributing to discussions and structured workshops. Our role has been to provide both technical and strategic advice in relation to the relevant health protection issues that are required to be addressed by the Common Framework. The Common Framework intention is to ensure close collaborative working between public health agencies on health protection.

The development of the Common Framework has been reported regularly to our Executive Team and Board during this period. The Board received the final draft at a meeting on the 11 August 2021. The Board was happy to recommend the draft for the next stage in the process and, in doing so, made some final comments which did result in changes that were also agreed by the Four Nations Oversight Group and included in the final submitted version.

In responding to the specific questions raised by the Committee, where appropriate, I have cross referenced the Welsh Government response, and Public Health Wales has contributed to this narrative where it was appropriate to do so.

In addition, for some questions, I have provided an additional response that is specifically relevant to Public Health Wales' role and actions.

2 General Questions

2.1 Why is a common framework needed for this policy area?

Please refer to the Minister for Health and Social Services Response.

Public Health Wales, as the National Public Health body in Wales responsible for health protection, agree that a framework is necessary to ensure the continuation of cooperation on serious cross-border health threats, acknowledging the importance of such cooperation in providing a

high level of UK-wide human health protection. It was also assessed as necessary to ensure that the UK can best meet its international obligations under the International Health Regulations Public Health Wales is committed to collaborative working with its partner public health agencies across the UK in relation to all health protection threats.

2.2 How will this common framework link up with frameworks in related policy areas, such as food and feed safety and hygiene and animal health and welfare?

Please refer to the Minister for Health and Social Services' Response.

2.3 The provisional framework sets out that the parties will develop a shared work programme. Will this shared work programme be published?

The shared work programme is being developed collaboratively by the Four Nations Health Protection Oversight Group and an initial draft work programme was received by the UK Health Protection Committee at its inaugural meeting in October 2021. The work programme is currently being finalised following comments from the Committee and collaborative discussions in relation to general issues of communication and publication are ongoing. In addition, the implementation of the Framework, including the work programme, will be considered in line with the review and amendment mechanism outlined. Consideration will also be given on how to update each of the 4 UK legislatures on the ongoing functioning of this framework, including the publication of the work programme, after the conclusion of this review process.

2.4 The framework sets out that part of its purpose is to manage potential divergence between different parts of the UK. Parties will seek to agree common approaches 'where agreeable'. How will the parties decide when divergence would be acceptable?

Please refer to the Minister for Health and Social Services' Response.

2.5 How would this framework affect the handling of any future pandemic?

Please refer to the Minister for Health and Social Services' Response.

Public Health Wales will also be engaged in the development of planning for future pandemics within Wales, including learning lessons from our current response. Public Health Wales is committed to working across the UK but also on an international basis in relation to this. We are a World Health Organization (WHO) Collaborating Centre on investment for health and well-being and are very active members of the International Association of National Public Health Institutes (IANPHI) and these

relationships provide a strong network for collective international sharing and learning.

3 UK and EU

3.1 Public Health Wales has previously raised concerns about the risks of leaving EU institutions for public health protection and health security. How are the Welsh Government and Public Health Wales mitigating these risks?

The Framework is intended to align with, and complement, the Health Security (EU Exit) Regulations 2021, which in turn are intended to support the implementation of the UK's arrangements with the EU for cooperation on health security under the Trade Cooperation Agreement.

Title 1 of Part 4 (Thematic Co-operation) of the Trade and Cooperation Agreement (TCA), supports effective arrangements and information sharing between the UK and the EU in the event of a serious cross-border threat to health which spreads or entails a risk of spreading across the borders of at least one EU Member State and the UK.

In summary, the Trade and Cooperation Agreement provides for the UK, the EU institutions and EU Member States to exchange information, assess public health risks and co-ordinate measures that may be required to protect public health.

As part of the Wales structured approach to EU Exit, Public Health Wales' preparedness work concentrated on being able to continue to deliver its critical services. The identification of health protection delivery risks formed part this. In addition, a Health Protection (including Health Security) sub Group was established, reporting to the Welsh Government Health and Social Care Leadership Group. This sub group, led by Public Health Wales, scoped the key system risks and mitigation requirements associated with health protection delivery. An example of a key risk identified by us related to the important relationship with the European Centre for Communicable Disease Control (ECDC) in relation to disease surveillance/ early alerting systems.

Working with PHE/UKHSA as the UK National Focal Point, over the last 12 months, Public Health Wales has participated in both the strategic and technical working groups maintaining and developing an ongoing relationship with ECDC. This mitigated the risk regarding surveillance/ early alerting, with revised arrangements agreed in 2021.

In addition, Public Health Wales has independently maintained and fostered relationships with key European public health agency partners through the IANPHI network, our WHO Collaborating Centre and through a number of bilateral contact with individual public health agencies. We have published a number of reports on the wider impact of the EU Exit.

These ongoing actions of our devolved public health/ health protection services were highlighted in the Public Health Wales Board response to the draft Common Framework, resulting in amendments to the final wording of relevant sections.

3.2 Under the Health Security (EU Exit) Regulations 2021, Public Health Wales and the Welsh Government have taken on some responsibilities formerly exercised at EU level, such as representing Wales at the new UK Health Protection Committee. Could you confirm what new responsibilities Public Health Wales and the Welsh Government will be undertaking and what resources have been allocated for this? How do the new arrangements differ from your previous arrangements when the UK was an EU Member State?

Public Health Wales is represented on the UK Health Protection Committee (by the National Director for Health Protection and Screening Services/Executive Medical Director) and Four Nations Health Protection Oversight Group (by the Deputy National Director for Health Protection and Screening Services). Support to these functions has been identified from within existing budgets. It should be noted that Public Health Wales currently provides the chair role for the first year of the Four Nations Health Protection Oversight Group. The chair of the UK Health Protection Committee in the first year is with England's Department of Health and Social Care. The chair of both the Committee and Four Nations Health Protection Oversight Group will rotate on an annual basis.

3.3 The UK Health Security Agency (UKHSA) will carry out some coordinating functions previously exercised at EU level. Is the Welsh Government content that the UKHSA has sufficient resources to carry out these functions?

Please refer to the Minister for Health and Social Services' Response.

4 International

4.1 Is the Welsh Government content that the framework takes into account its existing international commitments?

Please refer to the Minister for Health and Social Services' Response.

4.2 Please provide the Welsh Government's assessment of how the framework accommodates divergence and alignment between the four nations' international health commitments and activity, for example the Welsh Government's MOU with the WHO on health equity or its public health protection support to African nations during the pandemic.

Please refer to the Minister for Health and Social Services' Response.

4.3 Please confirm how existing international obligations were considered and incorporated into the framework and explain how future obligations will be incorporated.

Please refer to the Minister for Health and Social Services' Response.

4.4 Please provide more information on the role of the Welsh Government or Welsh bodies in delivering the framework's international aspects. For example, whether the framework provides opportunities for a devolved role in the development of UK foreign policy, as provided in other frameworks.

Please refer to the Minister for Health and Social Services' Response.

4.5 Please confirm whether the framework provides opportunities for Welsh representation at international forums, either by the Welsh Government or Welsh bodies.

Please refer to the Minister for Health and Social Services' Response.

Public Health Wales, will also continue to foster direct international links with other public health agencies relevant to health protection. This includes through the IANPHI network, our WHO Collaborating Centre and contact with individual public health agencies.

5 Disputes

5.1 Is the Welsh Government content that the dispute resolution mechanism for the framework is fit for purpose?

Please refer to the Minister for Health and Social Services' Response.

5.2 Who will be the final arbiter in the event of a dispute, and will there be a right of appeal in the event that one of the parties is dissatisfied with the resolution of a dispute?

Please refer to the Minister for Health and Social Services' Response.

Public Health Wales' experience of dealing with other public health agencies in the UK in relation to the delivery of health protection services, is that there is generally a high level of willingness to look for mutually acceptable solutions, and it is therefore anticipated that the arrangements provided for by the Framework will be sufficient to enable satisfactory outcomes in the vast majority of instances of potential dispute. If an exceptional and unforeseen circumstance were to arise in future where this was not possible, then the Common Framework allows issues to be referred to the Chief Medical Officers initially. Public Health Wales is

committed to supporting Wales' Chief Medical Officer in such circumstances.

5.3 Will the Welsh Government notify the Senedd of disputes raised through the framework?

Please refer to the Minister for Health and Social Services' Response.

6 Transparency and accountability

6.1 Did the Welsh Government and Public Health Wales engage with any stakeholders in Wales in developing the provisional framework? How does the provisional framework reflect the response of stakeholders?

Extensive consultation of, and engagement with, the devolved administrations and the UK public health agencies has taken place in the development the Framework and the Health Security (EU Exit) Regulations. The Four Nations Health Protection EU Transition Group, which consisted of representatives from the UK Government, Devolved Administrations and the UK public health agencies, was used as the main forum to discuss policy development. This included through three one-day workshops held in London, Cardiff and Belfast, as well as fortnightly meetings to progress work on both the Framework and the Regulations throughout 2020 and 2021.

Public Health Wales has reported the development of the Common Framework to its own Board and also to the Chief Medical Officer Health Protection Advisory Group. This multi-agency group includes representatives from Local Government, Health Boards (Directors of Public Health), Welsh Government officials across a range of portfolio areas and other key partners. Public Health Wales is continuing to keep Directors of Public Health updated through routine system leadership meetings

The England's Department of Health and Social Care led the stakeholder engagement exercise for the Framework, and this included Public Health Wales.

Public Health Wales made written observations and comments throughout the process and engaged in a number of specific conversations with the secretariat to ensure that issues relevant to Wales were considered. The Public Health Wales Board received the final draft at a meeting on the 11 August 2021. The Board was happy to recommend the draft for the next stage process and in doing so made some final comments which were accepted and resulted in changes to the final version.

6.2 How will the Senedd and stakeholders be updated on the continuing operation of the framework?

Please refer to the Minister for Health and Social Services' Response.

6.3 How will the Senedd and stakeholders be able to contribute to the review and amendment process for the framework?

The operation of the Framework will be reviewed at six months, one year, and three years from the date it comes into operation. Thereafter, a periodic review will take place every three years. Public Health Wales will participate fully in these reviews the first of which is scheduled for 2022.

Subject to the Committee's views, there may be an opportunity for it to align periodic scrutiny activity in relation to the Framework to the timeline of these reviews.

I hope that this response is helpful to the Committee and please do not hesitate to contact me if we can help in any way.

Yours sincerely,



Dr Tracey Cooper
Prif Weithredwr, Iechyd Cyhoeddus Cymru
Chief Executive

Copy: Sir Frank Atherton, Chief Medical Officer
Dr Fu-Meng Khaw, National Director of Health Protection and
Screening Services/Executive Medical Director, Public Health Wales

Eluned Morgan MS
Minister for Health and Social Services
Welsh Government

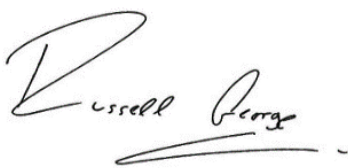
17 December 2021

Dear Eluned

Provisional common frameworks: Blood Safety and Quality, and Organs Tissues and Cells (apart from embryos and gametes)

To inform our consideration of the Blood Safety and Quality, and Organs Tissues and Cells (apart from embryos and gametes) common frameworks, we would welcome the views of the Welsh Government on the matters set out in the annex to this letter **by Thursday 13 January 2022**.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

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

Annex: Common frameworks: request for further information

To assist our deliberations on the Blood Safety and Quality, and Organs Tissues and Cells (apart from embryos and gametes) common frameworks, we would welcome further information on the matters listed below. We would be grateful to receive your response **by Thursday 13 January**.

General

1. Why are common frameworks needed for these policy areas?
2. The Welsh Government has taken on new functions in these policy areas following the UK's exit from the EU. How has the Welsh Government ensured that it has the resources and expertise to exercise these functions effectively?
3. What role does the Welsh Government have in oversight of the work of the Independent Advisory Committee on the Safety of Blood, Tissues and Organs and the Joint UK Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee?

Managing divergence

4. The frameworks state that they will allow for 'necessary divergence' within the UK. Could you set out what 'necessary' means in this context?
5. Do you consider that the frameworks give the Welsh Government and the Senedd appropriate scope to make law and policy for Wales?
6. Will the frameworks have any impact on any existing or planned Welsh legislation or policy?
7. How would the frameworks affect the Welsh Government's ability to respond to urgent situations, such as emerging new diseases?
8. The European Commission intends to adopt changes to legislation on blood, tissues and cells in early 2022. Does the framework allow sufficient scope for the Welsh Government to make equivalent changes for Wales, and do you plan to do this?
9. As part of its review of retained EU law, the UK Government is asking UK Government departments to consider whether such law should be amended or repealed by 'an accelerated process'. Would such changes be considered through the framework processes, and (if so) how?
10. Can the Welsh Government confirm that neither framework will interact with the UK Internal Market Act?

International obligations

11. What international obligations are there in these policy areas?
12. How does the framework take international obligations into account?
13. How will the framework be amended in future to reflect a new international obligations?

Governance and dispute resolution

14. Do you consider the dispute resolution mechanisms for the frameworks to be robust enough for their intended purpose?
15. Who will be the final arbiter in the event of a dispute, and will there be a right of appeal in the event that one of the parties is dissatisfied with the resolution of a dispute?
16. Will the Welsh Government notify the Senedd of disputes raised through the framework?

The development of the frameworks

17. How did the Welsh Government engage with stakeholders on the development of the frameworks? How does each framework reflect the responses of stakeholders in Wales?

Review and revision

18. How will the Senedd and stakeholders be updated on the continuing operation of the frameworks?
19. How will the Senedd and stakeholders be able to contribute to the review and amendment process for the frameworks?
20. If changes are made in future, how will the Senedd be notified? What scrutiny procedure will apply to the changes?



Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref: MA/EM/3486/21

Russell George MS
Chair
Health and Social Care Committee

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

17 January 2022

Dear Russell,

Thank you for your letter of 17 December regarding the provisional Common Frameworks for Blood Safety and Quality, and Organs, Tissues and Cells (apart from embryos and gametes). I shall answer your questions in the order in which they were asked.

General

Question 1: Why are common frameworks needed for these policy areas?

These frameworks are necessary to ensure alignment on any future legislative changes in order to preserve a robust UK-wide regime on safety standards. Ministers in each part of the UK have powers to legislate in relation to quality and standards of blood, organs, tissue and cells. However all four UK nations agree the need to maintain the UK-wide offering and allocation schemes for organs and the mutual aid arrangements which are in place across the blood services. These arrangements allow for blood, organs and tissues donated in one part of the UK to be utilised in other parts of the UK and, in the case of blood, for the different blood services to support one another in times of shortage.

Question 2: The Welsh Government has taken on new functions in these policy areas following the UK's exit from the EU. How has the Welsh Government ensured that it has the resources and expertise to exercise these functions effectively?

Blood, organ, tissue and cell safety and quality areas fall within the devolved competence of the Senedd. The UK Government has already made, with the Welsh Ministers' consent (in 2019 and amended in 2020), the following three Statutory Instruments which maintain the current quality and safety standards for blood, blood components, organs, tissues and cells, and make necessary amendments to legislation to reflect the EU becoming a 'third country':

- The Blood Safety and Quality (Amendment) (EU Exit) Regulations 2019;
- The Quality and Safety of Organs Intended for Transplantation (Amendment) (EU Exit) Regulations 2019; and
- The Human Tissue (Quality and Safety for Human Application) (Amendment) (EU Exit) Regulations 2019.

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Correspondence.Eluned.Morgan@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.

Responsibility for these areas falls across two policy teams in the Welsh Government's Health and Social Services Group. Both teams have expertise in the areas concerned and these officials would respond to any proposals to exercise these functions both from within Wales or elsewhere in the UK.

Question 3: What role does the Welsh Government have in oversight of the work of the Independent Advisory Committee on the Safety of Blood, Tissues and Organs and the Joint UK Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee?

The UK Government's Department of Health and Social Care's leads an Advisory Committee on the Safety of Blood Tissues and Organs (SaBTO), which provides policy advice to Ministers in all four countries of the UK on the most appropriate ways to ensure the safety of blood, cells, tissues and organs for transfusion and transplantation. The Joint UK Blood Transfusion and Tissue Transplantation Services Professional Advisory Committee (JPAC) provides detailed services guidelines for the UK's blood transfusion services. Officials from the Devolved Governments and/or blood services can attend these meetings as observers and will take account of any recommendations the committees make in the context of services in Wales.

Managing divergence

Question 4: The frameworks state that they will allow for 'necessary divergence' within the UK. Could you set out what 'necessary' means in this context?

'Necessary divergence' in this context could be a change which is needed in order to address any specific operational requirements in a particular country; for example, there may be a need to provide additional information or testing for donors beyond that which is set out in the current regulations or schedules in order to respond to a local matter. At this stage there are no specific areas of divergence in contemplation, however it is important to retain the ability to diverge from other parts of the UK if deemed appropriate in the future, even if the circumstances of that divergence are as yet unforeseen.

Question 5: Do you consider that the frameworks give the Welsh Government and the Senedd appropriate scope to make law and policy for Wales?

Yes. I am content that for the two frameworks in question, the powers of Welsh Ministers and the Senedd are not impacted by these frameworks.

Question 6: Will the frameworks have any impact on any existing or planned Welsh legislation or policy?

Not as currently envisaged for these specific policy areas. There are no current plans to make any changes to Welsh legislation or policy in relation to the areas covered by the frameworks.

Question 7: How would the frameworks affect the Welsh Government's ability to respond to urgent situations, such as emerging new diseases?

As set out above for Question 4, these specific frameworks allow for necessary divergence to take place to enable each UK country to respond to individual factors. Therefore the frameworks in themselves do not affect this ability. However, they do require all UK countries to consider how any changes might impact on other parts of the UK, which is a welcome and necessary step.

Question 8: The European Commission intends to adopt changes to legislation on blood, tissues and cells in early 2022. Does the framework allow sufficient scope for the Welsh Government to make equivalent changes for Wales, and do you plan to do this?

We are aware of the plans to revise the EU Directives on the safety of blood, tissues and cells and we will consider, with the other governments in the UK, the implications of any changes. We would not propose to make any unilateral changes in Wales, preferring to take a joint approach with the rest of the UK in response to any changes in the EU, providing that the detail of any such joint approach is appropriate for Wales.

Question 9: As part of its review of retained EU law, the UK Government is asking UK Government departments to consider whether such law should be amended or repealed by ‘an accelerated process’. Would such changes be considered through the framework processes, and (if so) how?

The frameworks exist in relation to the application of retained EU law. I would envisage a separate process to be undertaken in the event that these laws should be proposed for amendment or repeal. We will work with UK Government as its review of retained EU law is taken forward, as well as the other Devolved Governments, to understand any potential implications for Wales.

Question 10: Can the Welsh Government confirm that neither framework will interact with the UK Internal Market Act?

It has been recognised during the development of these frameworks that there is an intersect between these frameworks and the UK Internal Market Act (UKIMA). In the event that there is policy divergence and a proposal by one government to regulate in this policy area in a way in which could engage the application of the UKIMA market access principles, the [“Process for considering UK Internal Market Act exclusions in Common Framework areas”](#) will apply¹.

International obligations

Question 11: What international obligations are there in these policy areas?

In relation to these specific policy areas, NHS organisations and the regulatory authority must follow the existing quality and safety standards as set out in the Blood Safety and Quality Regulations 2005, the Quality and Safety of Organs Intended for Transplantation Regulations 2012 and the Human Tissue (Quality and Safety for Human Application) Regulations 2007 which set out various requirements, for example for the traceability, import and export of these materials internationally.

Question 12: How does the framework take international obligations into account?

These frameworks do not specifically cover international obligations – and so do not alter current obligations with which organisations are already familiar.

Question 13: How will the framework be amended in future to reflect a new international obligations?

As for Question 12.

Governance and dispute resolution

Question 14: Do you consider the dispute resolution mechanisms for the frameworks to be robust enough for their intended purpose?

Yes, I believe the mechanisms are robust and proportionate. These have been jointly developed and agreed by the four UK nations.

¹ [Process for considering UK Internal Market Act exclusions in Common Framework areas](#)

Question 15: Who will be the final arbiter in the event of a dispute, and will there be a right of appeal in the event that one of the parties is dissatisfied with the resolution of a dispute?

These matters are designed to be agreed through discussion and appropriate levels of escalation, as set out in the framework documents. Our experience of dealing with other governments in the UK in relation to legislative matters in these policy areas is that there is generally a high level of willingness to look for mutually acceptable solutions. It should also be noted that the Interministerial Standing Committee, established under the Intergovernmental Relations Review, will monitor the frameworks programme including any obstacles to progress.

Question 16: Will the Welsh Government notify the Senedd of disputes raised through the framework?

Yes, I am content to commit to writing to the appropriate committee(s) in the event that there are any disputes raised.

The development of the frameworks

Question 17: How did the Welsh Government engage with stakeholders on the development of the frameworks? How does each framework reflect the responses of stakeholders in Wales?

The UK Government's Department of Health and Social Care led a stakeholder engagement exercise for the frameworks, and we ensured that this included appropriate stakeholders in Wales, including the Welsh Blood Service (WBS), the Welsh Transplantation Advisory Group (WTAG) and transplant teams. The comments received from Welsh stakeholders were largely supportive of the content of the draft frameworks. The WBS provided more substantive comments on the text of the document and changes were made to reflect those comments, for example around interdependencies with medical devices legislation.

Review and revision

Question 18: How will the Senedd and stakeholders be updated on the continuing operation of the frameworks?

Officials will monitor the operation of the specific frameworks relevant to their policy areas and seek input from stakeholders as appropriate, for example with WBS and WTAG. In a more general sense, the Interministerial Standing Committee will monitor the progress of the frameworks programme in order to fulfil the role given to it by the Intergovernmental Relations Review, as outlined in the UK Government's progress update of March 2021, to 'Provide oversight of the common frameworks programme and its governance arrangements'. The expectation is that reports on frameworks will be public documents once they are signed off by portfolio Ministers and will be made available to the relevant committees in the four nations as well as relevant stakeholders.

Question 19: How will the Senedd and stakeholders be able to contribute to the review and amendment process for the frameworks?

The framework documents set out that a review will take place after one year. Third parties can be used by any Party to the Framework to provide advice at any stage in the process and so we will seek views from relevant stakeholders during the review process as appropriate.

Question 20: If changes are made in future, how will the Senedd be notified? What scrutiny procedure will apply to the changes?

If changes are made to the frameworks then these will be notified to Senedd committees in order for them to carry out the level of scrutiny they deem appropriate and necessary.

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

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/LN/3996/21

Russell George MS
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

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

18 February 2022

Dear Russell,

I am pleased to share with the Committee the finalised provisional Food Compositional Standards and Labelling Framework (the Framework), along with the related Concordat.

[Food compositional standards and labelling: provisional common framework - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

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

Officials in the Food Standards Agency in Wales, together with their counterparts across the UK, have been working jointly to develop this Framework to share with their respective scrutiny Committees for Parliamentary scrutiny.

Yours sincerely

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

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Gohebiaeth.Lynne.Neagle@llyw.cymru
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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.

Agenda Item 4.7



Russell George MS
Chair
Health and Social Care Committee
Senedd Cymru
Cardiff
CF99 1SN

18 February 2021

Dear Russell George MS,

RE: Inquiry on hospital discharge and its impact on patient flow through hospitals

Thank you for the opportunity to give oral evidence before the committee as part of the above inquiry. Please see attached a short follow up document which further builds on our evidence with regards to potential short-term and long-term recommendations.

Short-term recommendations

- Urgently address the issue of space within clinical settings for rehab sessions such as kitchens and gyms. This will enable Allied Health Professionals (AHPs) to better prepare patients to return home and regain their independence
- If further waves of the virus take place, recommend that AHPs are protected from redeployment given their central role in enabling people to live well at home.
- Improve consistency in the roll out of the Discharge 2 Recover then Assess model. Review funding of key posts and core fund rather than fund through short term monies such as the integrated care fund and transformation monies.
- Recommend that the current streamlining process for matching students in receipt of the Welsh NHS bursary is closely monitored to ensure it delivers a diverse, sustainable future AHP workforce for Wales.
- Recommend the use of apprenticeships for support worker development including delegated funding.

Long-term recommendations

- Recommend timescale of actions for ensuring greater parity between health and social care with regards to pay and conditions

- Call for a step change in the delivery of services within the community in line with health and social care policy and rebalance funding to ensure more timely access to AHPs within the community via direct access models/ role links to GP clusters.
- Recommend increased use of prehab delivered by multi-disciplinary teams
- Recommend the development of General Multi morbidity rehab services
- Sustained investment in growing AHP professions as key enablers of ensuring care close to home. This should include pre-registration courses and also consideration of other routes into the professions such as apprenticeships. We also need to see investment in advanced practice roles in primary care.

We hope this paper is of interest to the committee and would be happy to provide further information if helpful.

Yours sincerely.



Pippa Cotterill, Head of Wales Office, Royal College of Speech and Language Therapists



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



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

**Children, Young People
and Education Committee**

Senedd Committee Chairs

18 February 2022

Findings of our 6th Senedd priorities engagement with children and young people

Dear Committee Chairs,

As part of the consultation that we carried out to inform our priorities for the 6th Senedd, the Senedd's citizen engagement team undertook a series of engagement activities with children and young people on our behalf. The purpose of that engagement was to find out more about what matters most to children and young people.

The citizen engagement team heard directly from 127 children across seven sessions. They engaged with children and young people across Wales, in a diverse range of locations and settings. They targeted children that we as a Committee find difficult to reach, such as children under 12 and children from low income families. The team reported their findings back to us during our meeting on 27 January.

I and my fellow Committee members were struck by the clarity with which the children and young people communicated their concerns and priorities. Clear themes emerged from the engagement work, with nuances that reflect the diversity of the children who contributed and their different experiences of the world around them. They spoke about deforestation, littering, social isolation, mental health, poverty, hospital waiting times, infrastructure, diversity, social media and much more. They shared their views - and their visions for a better Wales – clearly and articulately.

After considering the report, we felt strongly that we should share it with you. Everything that the children and young people raised with us is directly relevant to at least one other Senedd Committee. Much of it is relevant to various Committees, and some of it should resonate with us all.

I have therefore attached the citizen engagement team's report to this letter. I hope that you are able to find the time to consider it and incorporate its findings into your work.

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I appreciate that there is so much work for Senedd committees to do, and it can seem as if there is never enough time to do it all. The Children, Young People and Education Committee therefore warmly welcomes any opportunities for joint working where it is in our mutual interests – or more importantly, in the mutual interests of children and young people in Wales - to do so.

Yours,



Jayne Bryant MS

Chair of the Children, Young People and Education Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Young People's Priorities for the Committee in the 6th Senedd

Children, Young People and Education Committee

January 2022

Over the summer of 2021 the Children, Young People and Education Committee (*Committee* hereafter) conducted an open consultation aiming to understand stakeholders priorities for the Committee during the length of 6th Senedd term. A summary of the responses was prepared by Senedd Research.

In October 2021, the committee agreed to seek the views of children and young people to further understand the issues that they care about and to inform the [Committee's strategic plan](#).

Due to a breadth of consultation data available in the public domain from engagement conducted with 12 year olds and older (*young people* hereafter), a focused consultation was conducted with 11 year olds and under (*children* hereafter) to fulfil a knowledge gap and therefore have the biggest impact on informing the committee.

To ensure the voices of all ages were heard, the Committee also agreed to speak with one group of young people.



Methodology

The approach conducted for this piece of work facilitated conversations to enable the gathering of information about children's lives and their perspectives. It was primarily a qualitative approach. Using the following principles from participatory frameworks, engagement was designed to:

- **Ensure a safe and communicative space**, where participants didn't feel there was a 'right' or 'wrong' answer to the questions they were being asked as they might be used to this from within a school setting.
- **Include groups that were less visible either generally within Committee consultation or from the research already undertaken**. This was achieved by targeting an under 12 age group and only involving one group of young people. Also, all three schools groups were from schools offering Free School Meals to over 40% of their pupils.
- **Offer a range of options for engagement** that suited individual participants, for example, this approach allowed participants to contribute visually, verbally, in writing or by drawing.

Sample

Seven sessions were held with **127** children and young people. Audiences included:

- **Home Educated children and young people**. A drop-in session was held in the National Botanical Garden of Wales and facilitated by Senedd staff.
- **Primary school educated children**. Three classroom based environment led sessions were conducted by Senedd staff or school staff. Participants came from the following schools; Ysgol Ffordd Dyffryn, Llandudno; Trinant Primary School, Caerphilly and; Ringland Primary, Newport.
- **Nursery school children**. Two nursery based sessions were conducted by nursery staff within the setting and in their local area. Participants came from Thornhill Playgroup, Cwmbran.
- **Young people**. A virtual session was conducted by two Members of the Senedd and supported by Senedd staff. Participants came from The Wales Federation of Young Farmers Clubs (YFC hereafter).

For the style of this approach this sample size should provide enough data to address the aims of this work and complement existing all Wales based research.

Approach

Each group was invited to take part face to face. In total three sessions were delivered by Senedd staff face to face. Two were delivered digitally by Senedd staff and two were delivered by the setting. The two sessions delivered by the setting occurred in the

nursery setting, an approach recommended for this age group as introducing a new person to very young participants can be distracting and affect the collection of genuine results.

Each group session plan was developed around the following overarching questions:

1. If you could make a “perfect vision of Wales” what would you include?
2. What are your favourite things about Wales? And why do you like them?
3. What don't you like about Wales and why would you want to see less of this?
4. What would you change about Wales if you could?

In advance of the session, each group was invited to answer these questions with photography. At each session, other than the virtual event with YFC, A0 maps of Wales and paper people were used as a resource to promote the sharing of their thoughts on these questions. You can see images of some of the maps in Appendix A.

During each session staff would explore the reasoning around what the young people were creating asking non-leading questions. Verbatim quotes were collected to add context to their picture making, mark marking and map making. This allowed the young people to analyse their thoughts and opinions and then verbalise them.

Member involvement and attendance at face to face sessions was limited by the ongoing Covid regulations. However, Jayne Brant MS (Chair of the Committee) and James Evans MS (A member of the Committee) were able to attend the virtual session held with YFC.

Key Findings

The data collected at each session has been analysed and the key findings illustrated below. Key themes were identified as most prevalent themes emerging from the data. Several of the themes link with Articles from the United Nations Convention on the Rights of the Child. Verbatim quotes are highlighted in grey boxes. Themes are displayed in order of the highest prevalence first:

Environmental Concerns

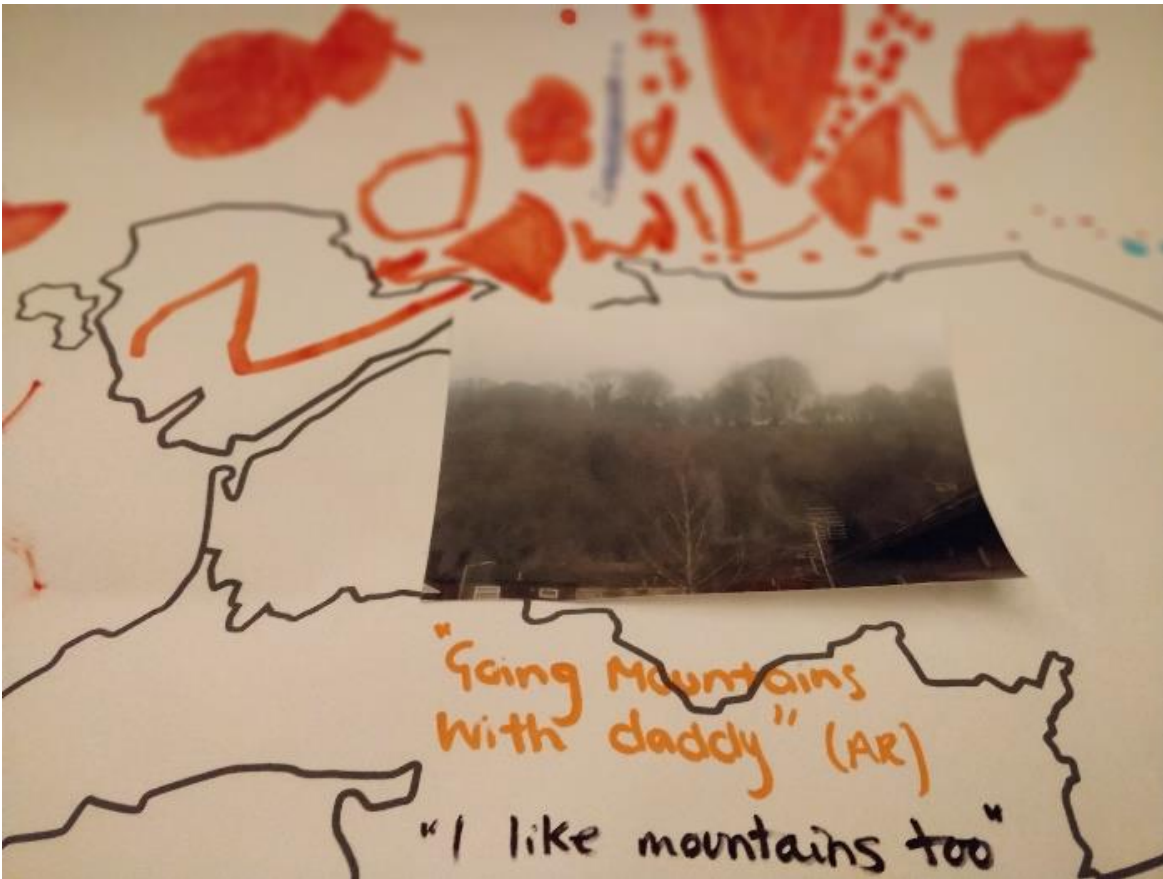
Article 12: Your right to say what you think should happen and be listened to.

Environmental concerns were the primary focus on almost all of the maps as well as raised at the virtual session with YFC and illustrated with photographic images.

Comments could be divided into:

- a) those that demonstrated awareness and appreciation of the environment, nature and wildlife;

Within the nursery setting two children liked the mountains nearby and commented 'going mountains with daddy' and 'I like mountains too'.



Participants from the schools took pictures in their local areas of natural beauty and mentioned beauty spots they liked to visit.



Wild and captive animals also featured within the images:



b) appeals for improvements to cleanliness in their local area;



Participants in the school drew pictures of litter and shared concerns about the amount in their areas. There was a particular focus on plastics.

Within the nursery setting several children were in agreement that they did not like rubbish and one child said 'rubbish go in bin'.

Dog waste was verbally mentioned several times and photographed once by the children. Only one photo was added to the map (nursery staff commented that 'the map would be covered in poo photos otherwise!') One child commented 'yuck poo!' 'Rubbish go in bin', 'rubbish don't go in there' and 'might tread in it' in reference to dog waste.



Comments to support concerns to the local environment from other children and young people were:

There's litter everywhere and we need more bins. – child aged 9-11

We went out to pick up litter on a litter hunt and picked up so many bags full of plastic. – child aged 9-11

Keep Seas / Beaches clean - Home schooled participant

(Facilitator asked: What don't you like about Wales?) The rubbish because it's effecting all the animals. – child aged 9-11

(Facilitator asked: What don't you like about Wales?) Firstly we have litter, if it goes into the sea it can make our planet more polluted. It can cause more fires, cause more storms that affect us. (Facilitator asked: Where is the litter?) We are one of the best for not littering but I do see when people come out of the shop they just drop their papers on the floor from their things. (Facilitator asked: What can we do about this, what are your ideas?) Maybe add a little bit less plastic to things so some things can come in cardboard or other things because there are lots of plastic things in the shops when you walk in. – child aged 9-11

Stop using plastic, give people a fine for littering and there could be cameras everywhere on every street. – child aged 9-11

We can't ban plastic, we probably still need to use it for different things don't we, but you can get rid of some of it but don't think all of it. We need to be first

in the world for recycling so there is like no litter in the streets anymore. – child aged 9-11

C) And; appeals for action against things that children and young people felt were damaging to the environment.

Comments collected from the maps or shared verbally included:

Stop killing animals and stop using plastic straws – child aged 9-11

Get rid of some plastics – child aged 9-11

Easier ways to recycle and less plastic packaging in Welsh supermarkets - Home school participant

More trees, we shouldn't cut down all the trees. – child aged 9-11

(Facilitator asked: What don't you like about Wales?) Deforestation (Facilitator asked: In Wales or in the world?) In the world (Facilitator asked: Does it affect us here in Wales?) Yes (Facilitator asked: What should we be doing?) Instead of cutting down trees we should be planting – child aged 9-11

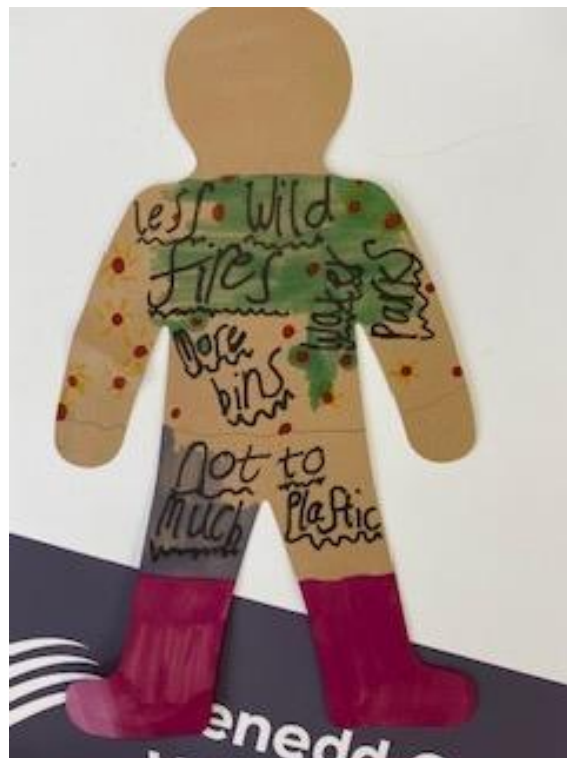
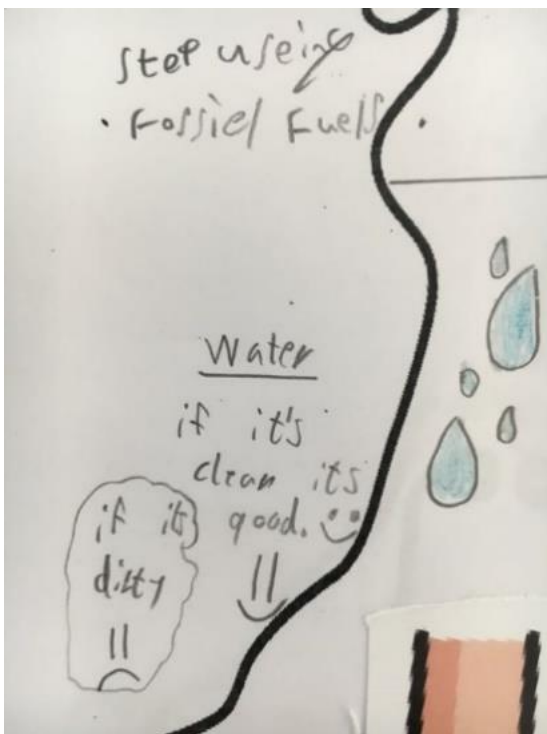
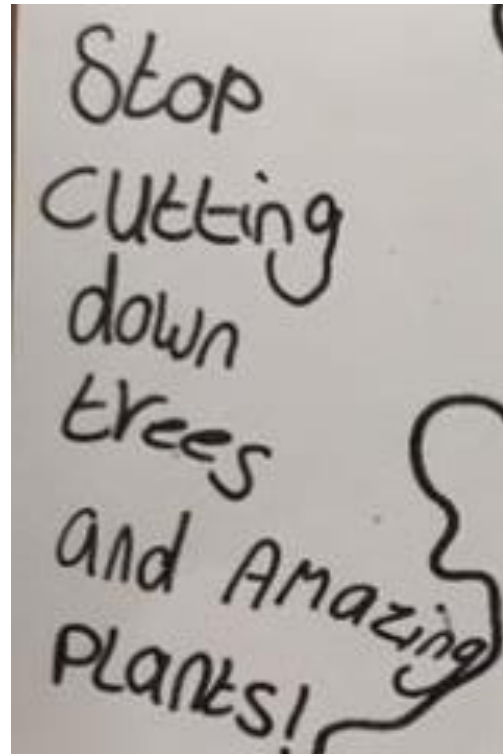
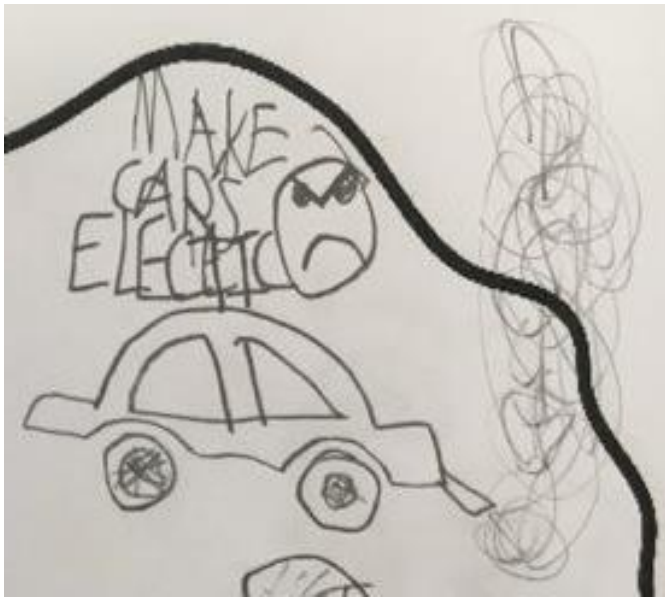
Less wildfires because we have lots of wildfires up on the mountain. They kill the animals and are dangerous for all the people. – child aged 9-11

(Facilitator asked: What don't you like about Wales?) Cars, I don't like them because they cause pollution. More cycling and walking to School, electric cars not gas or fossil fuel. – child aged 9-11

Green Cars only – less building roads - Home schooled participant

I think things like the 5p bag tax does make a lot of difference because before that was in place I can remember going on holiday in England and there was just so much plastic waste compared to Wales. I think it's important we think more about the environment as much now as we did when the 5p bag tax came in. We've got so such a nice environment and landscapes in Wales. I think we do do quite a bit too. But I think there's more we can do. – Participant from YFC

These images were collected from the school sessions:



Participants from schools shared images they'd taken of litter in their area and the presence of renewable energy sources in their local area:



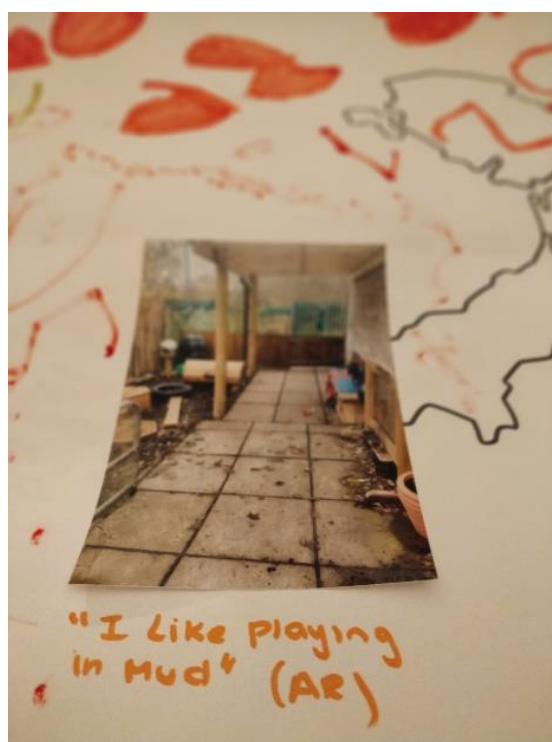
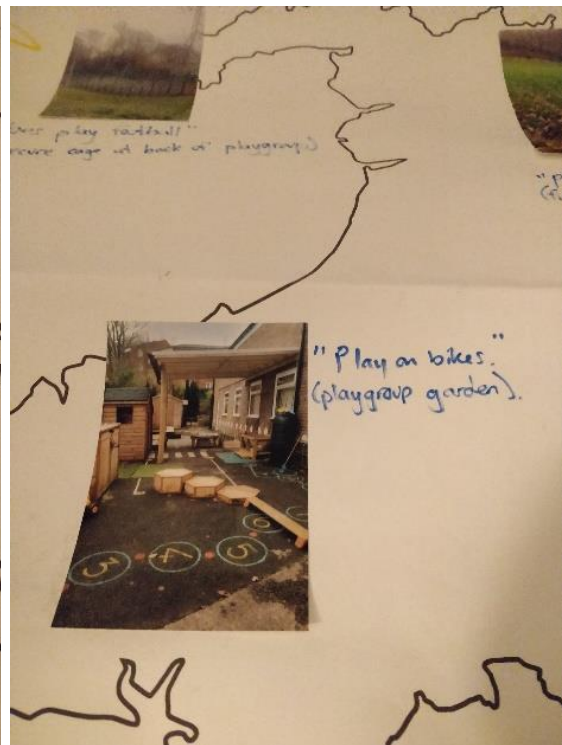
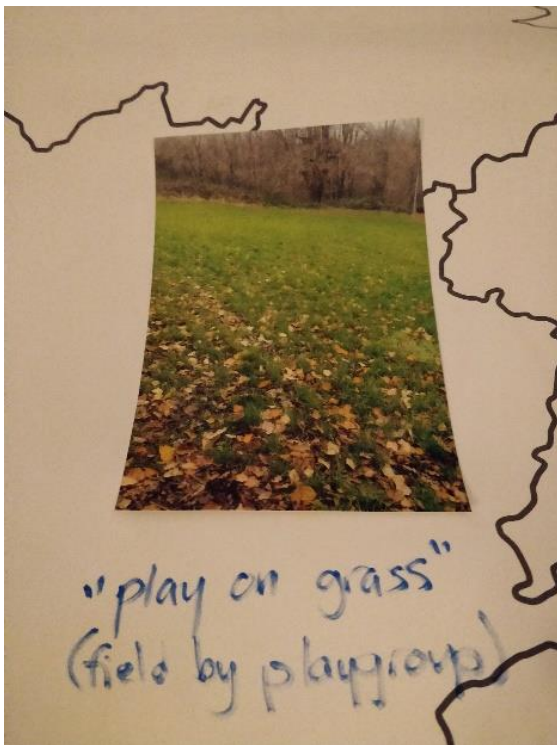
Security in the context of relaxing and playing

Article 31: Your right to relax and play.

Children and young people across many groups expressed how important play was to them.

Words that sum up my best of Wales – freedom, creativity, resilience - Home school participant

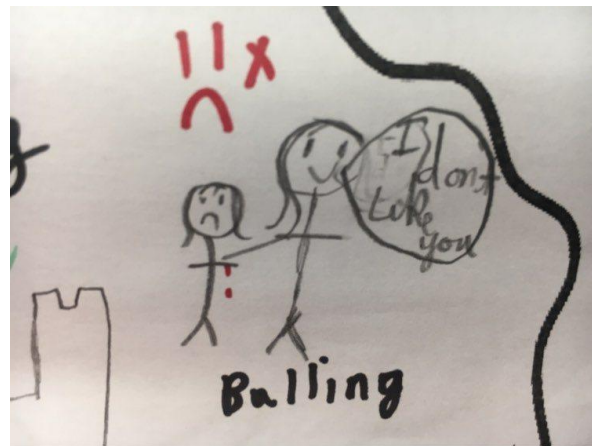
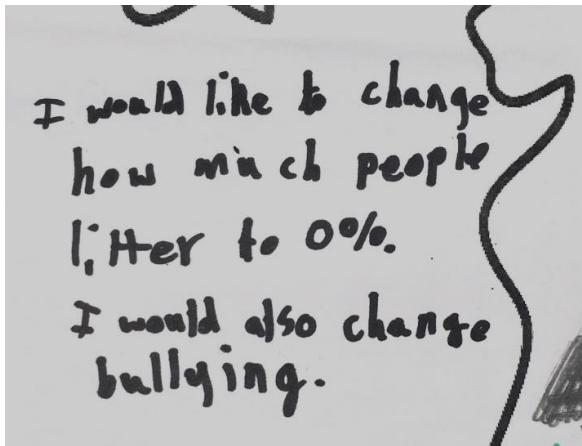
In the nursery sessions there was a clear theme of play and enjoyment at the nursery and in their local area.. The children wanted to take a photo of the playgroup garden saying 'I play in mud'. One of the older children wanted a picture in front of the 'big butterfly' and the other children joined in saying 'play with toys', 'do pictures' and 'stickers'.



However some participants struggled to find places to play for various reasons:

I don't really go out because there's not much to do and my Mam might be moving again. I have three friends, I did have friends before I moved. I moved a lot of times (over 5). I want to make more friends and I'd like to talk to my old friends too. I don't really want to move again. – child aged 9-11

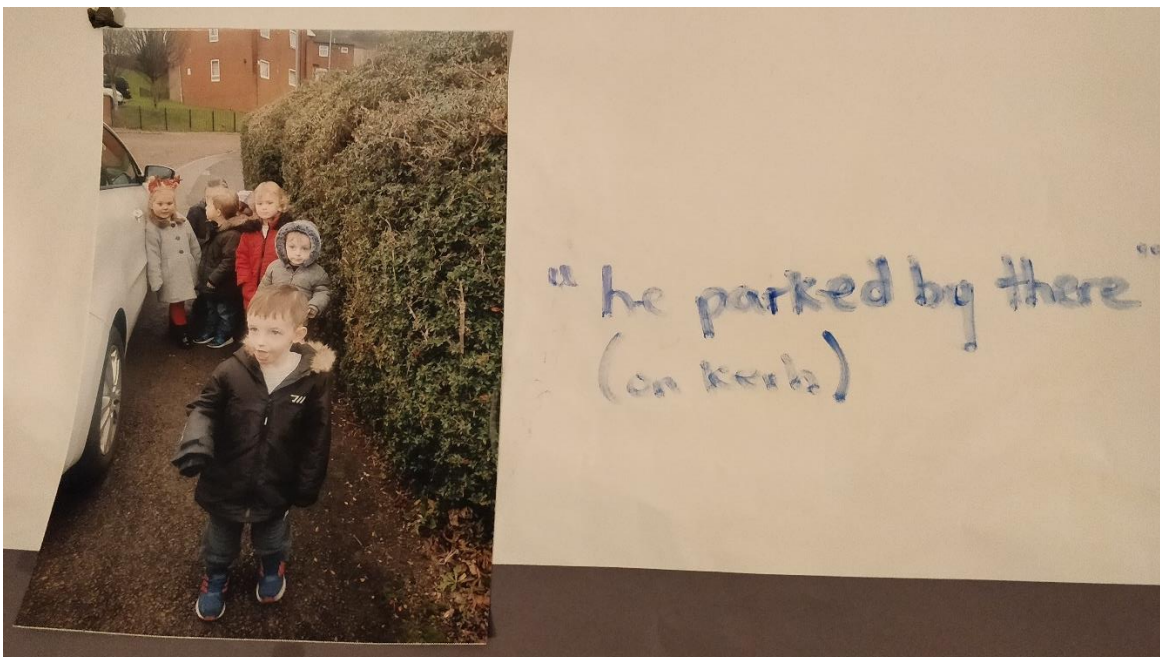
The participants in schools shared experiences and perspectives on when those spaces or their personal safety felt under threat:



There's lots of fighting around here. It's like the Hood up here. It's all the naughty teenagers. They spray spray-paint all over the place and they ruined our swings and jumped all over them. They tell us to get off the swings. They can go far away and not destroy the children's parks. – child aged 9-11

I want a skatepark that doesn't get wrecked by the teenagers, they keep digging it up and trying to set fire to it. – child aged 9-11

Within the nursery session, one child said 'he parked there' pointing out that there was very little space for staff and children to pass by safely on the path:





Other children pointed out overgrown bushes meaning children were unable to walk down a path without moving onto the grass (when holding hands in pairs) 'didn't like the prickles'.

Many children and young people requested an increase in the number, variety and quality of spaces to spend time with family, with particular reference to outside spaces and local parks:



I want more places to go to like places to go on walks with my family. Like Pen y Fan Pond because it's not next to the road. – child aged 9-11

I like indoor places like a museum and trampoline parks. I like going places with my family. – child aged 9-11

Culture 😊 – Better access please but love the opportunities in Wales, castles, theatres, dancing – Home school participant

Health – including access to good physical and mental health

Article 6: You have the right to life and to grow up to be healthy.

At the virtual session with YFC, mental health was discussed in detail. **Isolation as a result of the pandemic, social media and child poverty were identified by young people as instigators for poor mental health.** (Please see the “Diversity and Inclusion” section for data on child poverty):

Mental health support is something I'm really passionate about. In my undergraduate dissertation I wrote about how in general we [society] think it's older people that don't want to come forward and talk about it – perhaps because of a stiff upper lip attitude. However my research actually found it was young people who had more stigma towards it despite being educated on it so much more. – Participant from YFC

COVID has affected levels of mental health. Mental health has been heightened because of isolation. We've been behind computers and the isolation of being away from family and so forth has exacerbated the problem. – Participant from YFC

Social media plays a huge role in young people's mental health – but unfortunately I don't see how we can really police it easily. There are some obvious approaches out there. Like encouraging the young people to unfollow people who don't make them feel happy. But at the end of the day who's actually gone through their social media and taken out the people who don't make them feel good. It's such a big thing in our lives and it's going to be our lives now forever. – Participant from YFC

Unfortunately, we're seeing much more of this issue [poor mental health] than we are seeing the positive sides of social media. – Participant from YFC

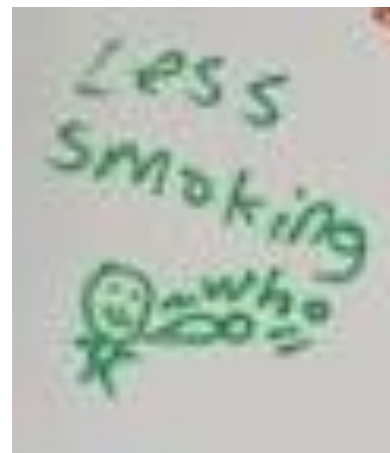
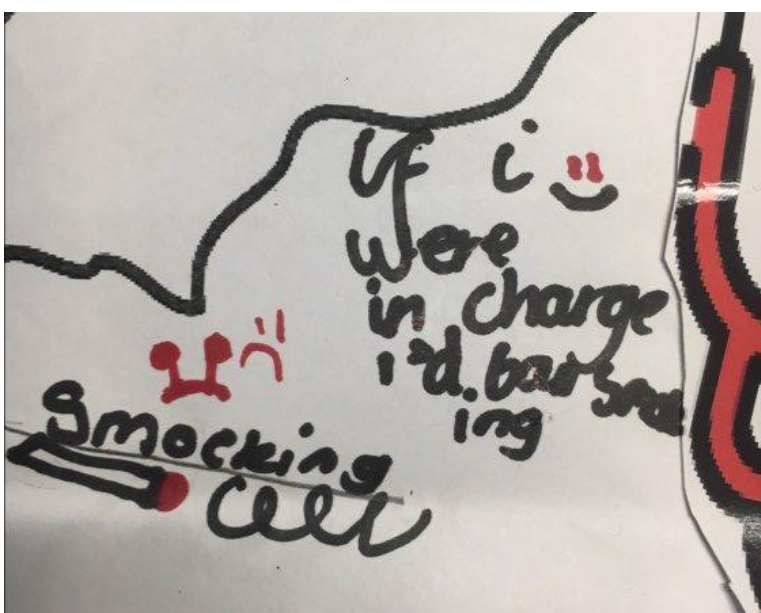
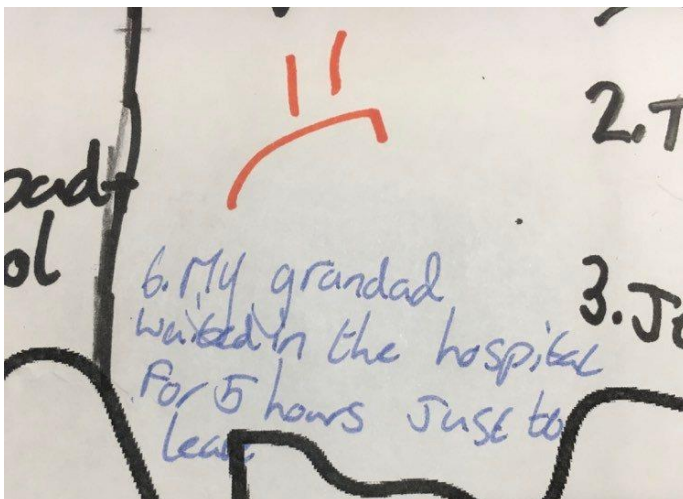
One thing that I would change if I could, if I had a magic power, is that people can only post their real life rather than their ideal vision [...] we [social media users] end up comparing ourselves and feeling hopeless. – Participant from YFC

Participants suggested nature could help mitigate poor mental health:

I love the countryside and beaches – more people should spend more time outside in my opinion – makes people happy! – Home school participant

People can go out to nature they hear the birds singing it helps them calm. – child aged 9-11

References were made by school participants about **waiting times** and their **dislike of smoking** and under the map titled “what would you change in Wales?” one home schooled participant said “More Carers” and “More Male Carers!”:



Smoking can affect your health, I know it's addictive but it shouldn't be if it affects your health. Why should it be there at all because it's affecting your lungs. – child aged 9-11

(Facilitator asked: What would you like to change?) When you go to into hospital there are gigantic ques. – child aged 9-11

Access to services

Article 29: Your right to become the best that you can be.

Closures of services and centralisation of facilities, lack of affordable homes and poor internet connection were among a range of things that young people felt held them back from being the best they could.

Participants from the YFC group felt that **the future of Wales should focus on children and young people primarily**. Ensuring this group has the security and support to be able to grow up and live in their local area as they felt a lot of services are being centralised or closed. This was echoed by some younger participants who were aware of hospital closures or the need to have services more locally:

I think young farmers have a vision of a better Wales for the future of young people [...] We need to make sure that the future is safe and secure for them in regards to being able to work in agriculture. A lot of young people are moving away from agriculture and moving away from rural areas because they're not able to afford to live in rural areas [...] We've heard of local small schools closing, and we are losing those communities in those areas. I know my local school here has closed and it does feel that you lose the community. –

Participant from YFC

I think that it's important to have something to still bring those young people back into those areas. – Participant from YFC

I put a school on the map too so I can walk to it and my dad has to get up really early in the morning to travel to work. I'd like it if we had everything so we could walk there like a local school and jobs. - child aged 9-11

There was a sense that **participants were grateful for their rural surroundings** but also that they **wanted a good balance with sharing it with people who come from outside the area**. Their reasons for this were to ensure respect for the area and the safety of local people and the economy.

I'm lucky in the area I live in. I live in a rural area of Wales and we've been very very lucky throughout COVID. That's made me appreciate much more of what I have around me. – Participant from YFC

(Facilitator asked: How do you feel living here in the summer?) The summer has loads of great things but way too many tourists. – child aged 9-11

We want our town not to be so messy. Tourists come and leave their rubbish - child aged 9-11

The group shared **dismay at the infrastructure around internet access in rural areas**. They explained how this is prohibiting their lives and ability to stay in these rural areas due to the lack of being able to work successfully from home, something they have observed is more of a norm these days. They also raised concerns of personal safety when they had a lack of signal in rural areas:

Internet access will be something that affects young people's decision to stay in rural areas. Unless we can get that sorted, people are really going to have to move away from those areas due to not being able to work from home as well as someone in urban areas. – Participant from YFC

What I don't like about Wales is the whole Internet and phone signal thing. As someone who works from home at the moment, it's a pain in my bum sometimes. But also, it made me feel less safe going on walks in my area [...] Sometimes this stopped me from going on those walks. – Participant from YFC

Issues around affordable housing were raised with concerns about young people having to leave the areas that they have grown up in:

I think that's very important during the next five years in the Senedd that Members make sure that young people are looked after and young people that have been in those areas over the years are able to stay in those areas. Or rural Wales is going to be more like an old age pensioners area. There is room for both age groups in every area, but I think the priority for support needs to be the younger generation for the future of Wales going forward. – Participant from YFC

Being 22 years old now I'm in the typical age group to look to buy a house but with rising house prices and so forth it is proving very difficult. I know this issue may be difficult to sort out over five years because that's a big job, but I can see it's only getting harder and harder, with holidaymakers coming in all the time. Boosted prices with second homes. It's a hard thing to balance in Wales

because we don't want to segregated ourselves away from the rest of the country. We want people to come in. We want that economic support and money from those holidaymakers. But we don't want those people taking our houses. – Participant from YFC

One participant explained they felt they were at a disadvantage due to becoming a professional even though this was what society needs. This meant they have **'lost their independence'**:

As someone who went to university and therefore didn't have a wage from 16 straight through to what am I now (22) it makes it even harder to buy a house. My brother is hardly 20 years old, and he's buying a house at the moment but it's only because he worked straight from coming out of school. Because I went to university I'm at a disadvantage even though I've got a professional job. I've lost out on my independence because I'm still at home. Perhaps this is a reflection on current wages too. As I'm doing jobs that are stuck on minimum wage. We [society] make it hard for people who go to university to come out the other end financially successful but we [society] need people to go to university to come out with these degrees and training skills because these people are then the future for tomorrow. They will be those teachers teaching children. – Participant from YFC

Education and Welsh language

Article 28: Your right to learn and go to school.

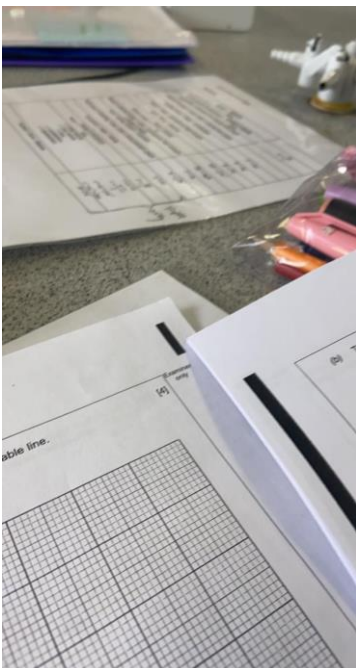
In general young people expressed their satisfaction with their education.

Our school has a lot of energy, it's nice and positive, they are nice when people are sad – child aged 9-11

Below is a reversible paper person that one participant created of their 'superhero teacher':



A YFC member submitted this photograph saying schools are something that they like about Wales:



Home school educated participants wanted to see **more long term funding for home education** and they requested **free exams** and **free Welsh language lessons**.

Apprenticeships were discussed at the YFC session. Participants felt although they are necessary they need more structure and **should be assessed by demand from the perspective of the employer and apprentice**:

I think apprenticeships are a vital part of rural areas to be honest. With apprenticeships, it's getting the correct apprenticeships in the correct places. Because we're seeing a lot of people that are going for apprenticeships but they might not be old enough to drive. They might be old enough to drive but can't. Catching a bus at the correct time to the correct place is, well, completely impossible in our area anyway. They usually don't turn it or they turn up two hours too late. - Participant from YFC

Social media was also discussed with the emphasis to **include it in the curriculum** in order to mitigate poor mental health:

I definitely think it's important for social media to be part of the curriculum, but I have I worked in a school where time was set aside for talking about this topic, but their form tutor was an old man who clearly didn't understand social media and it's affects. So it's important to get the balance of how to get that message across right and getting the children to actually take notice of it. – Participant from YFC

Young people were positive about Welsh language education:

We want more Welsh language to be included in the world. – child aged 9-11

Love the language!!! More Welsh activities. – Home school participant

Diversity and Inclusion

Article 3: Everyone who works with children should always do what is best for each child.

The topics of **racism** and **gender balance** occurred in several groups, mainly with requests to **'stop racism'** or where participants wanted to highlight that they **felt these topics are 'still' a problem**. Occurrences were verbal and visual:



I want more inclusivity for gender and races – Home schooled YP

I said black lives matter because it's important. – child aged 9-11

I think in schools they [poorer families and children] can be treated differently. From my experience, maybe the school isn't looking out for them as much as other pupils because they've got special education needs and so forth, they then end up with adverse situations when they're older and then unfortunately cost Wales extra money because society should have intervened earlier rather than intervening at crisis point. – Participant from YFC

Inclusivity is not just about in schools. It includes the community. It includes us as a younger generation and the older generations living in rural communities. -Participant from YFC

I've seen a big change in women in agriculture during the last five to 10 years. I think the appreciation of the work women do within agriculture is getting closer to being level with men. [...] We've seen the unions doing a lot of work showing what women do in agriculture. However in my opinion we shouldn't

have to be doing that, we should be on level playing fields by now and it doesn't matter what sex you are because at the end of the day we can all do the work. I'm glad to say that it is going in the right direction. -Participant from YFC

Also, in reference to **Article 27: Your right to a good standard of living**, child poverty was discussed. Children were **concerned child poverty is still prevalent** and they expressed how they felt it was affecting children and young people today:

I think it's bad that some children don't have money for a bike. – child aged 9-11

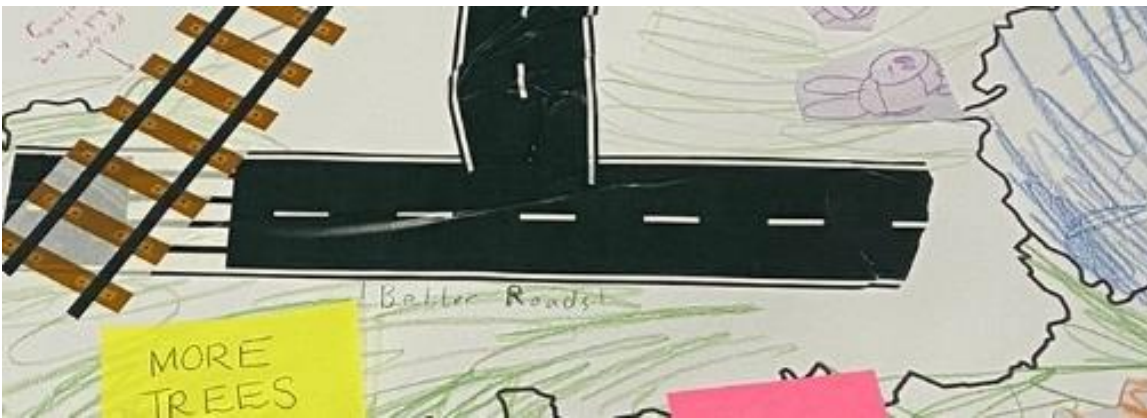
I have to cycle to get to school, it's ok the traffic isn't bad. More should cycle to school but not everyone can afford a bike, we should do something about that. – child aged 9-11

Make more jobs and give more money (Facilitator asked: What do you mean more and better paid jobs?) Yes, so that people don't get homeless so that they can afford what they need. – child aged 9-11

I feel like COVID has segregated people from being people who can afford a laptop, and people who can't, especially for young people. When they don't have a laptop they can't pick up their school work so easily making it more difficult when they go back to school. I work in a school and I have seen how far behind some children have been because of not being able to afford a laptop and that really affects their mental health, not just because they can see they are behind, but because they can see, that they can't afford one like other people. They know they have missed out on two months of education and are asking themselves "Where am I going to be in the future? What's the point in trying for my future?" And this attitude can spiral. – Participant from YFC

Transport and Connectivity

Participants wanted improved public transport, with particular reference given to **better train infrastructure, public transport and increased electric cars** (see comments above):





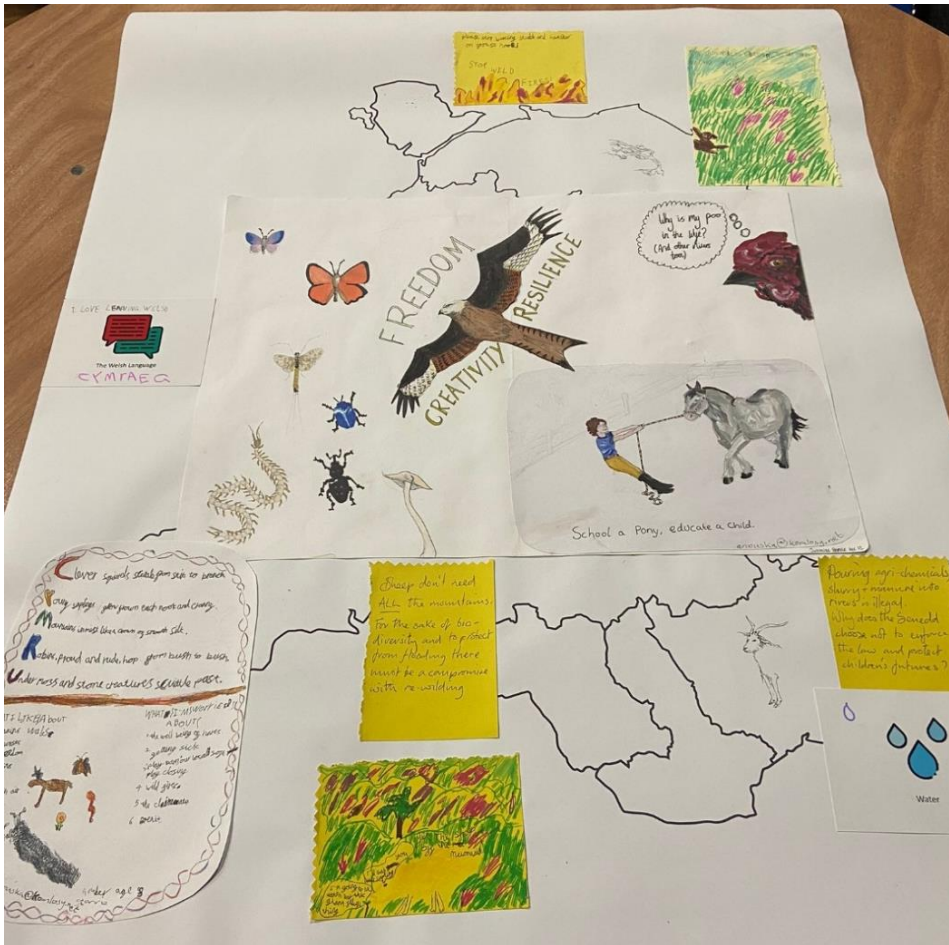
This quote related to the map above on the left:

We need better trains and roads. We put more train places on our map so people can get the train instead of driving. We made it so all the tracks all over Wales connect up. – child aged 9-11

There were also references to north and south road connections (see map above and on the right):

I went up to North Wales for a big bike ride. It took forever and the road was really bad to get there. – child aged 9-11

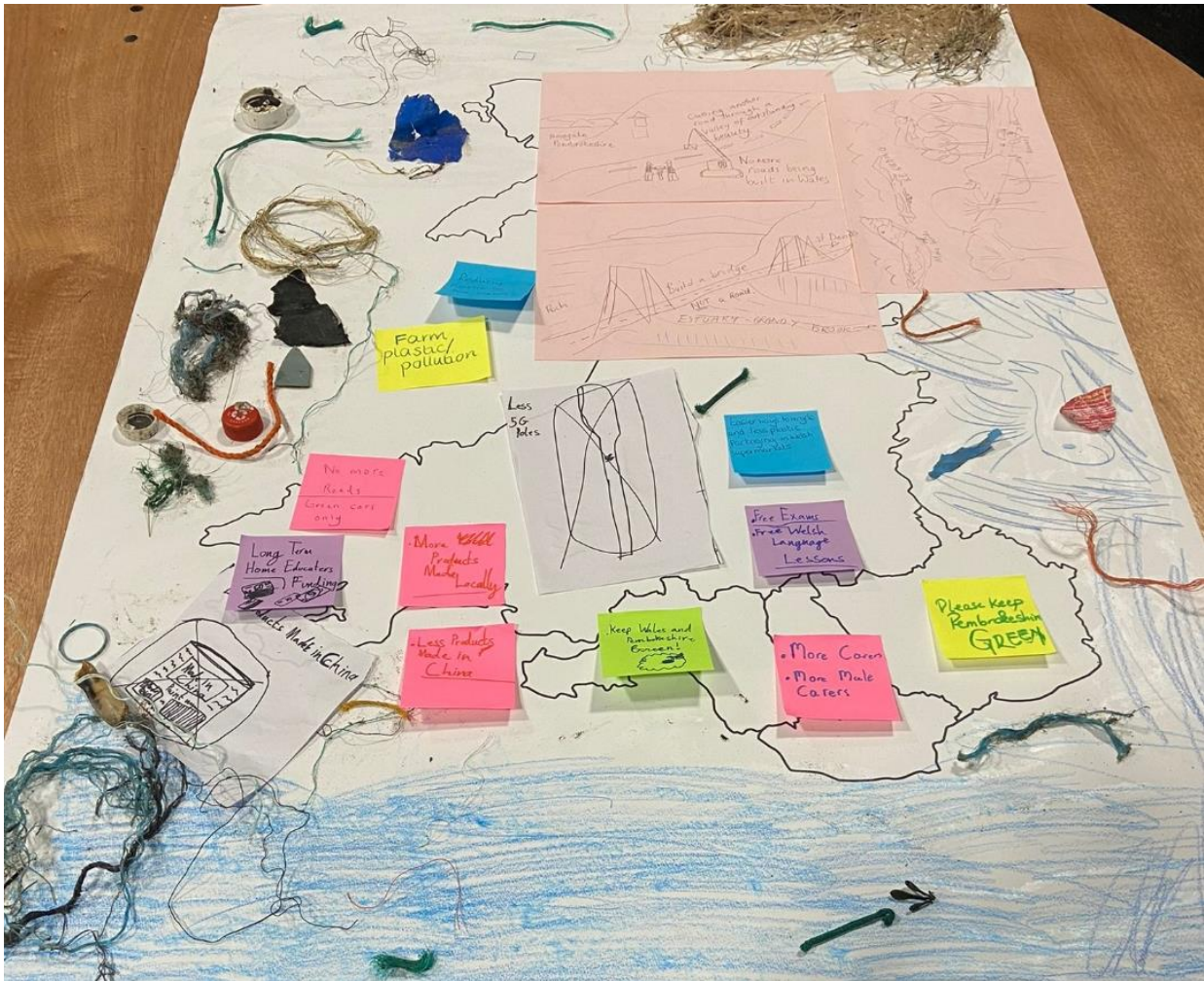
Appendix A:



Above: Map making example from home school group

Below: Detailed shot of map making example with home school group





Above: Map making example from home school group

Below: Above: Map making example from nursery setting





Above and Below: Map making examples from school groups





Llywodraeth Cymru
Welsh Government

Huw Irranca-Davies MS
Chair, Legislation, Justice and Constitution Committee
Senedd Cymru
Cardiff Bay,
Cardiff,
CF99 1SN

By email: SeneddHealth@senedd.wales

28 February 2022

Dear Huw,

Thank you for your letter of 21 February regarding the Supplementary Legislative Consent Memoranda (Memoranda No. 2 and No. 3) (the SLCMs) on the Health and Care Bill (the Bill) and my response of 15 February to your Committee's report of 14 February.

You have raised two issues which I will address in turn below.

Firstly, the provision in the Bill to provide the Welsh Ministers with a regulation making power to bring into force the amendments to section 88 of the 2006 Act referred to in Memorandum No. 2. I apologise if my letter of 15 February was not sufficiently clear in this regard. The letter more correctly should have stated that as per the Legislative Consent Motion, the consent of the Senedd was being sought in relation **to provisions in the Health and Care Bill in so far as they fall within the legislative competence of the Senedd**, rather than consent to the Bill in its entirety. I apologise for any confusion from this. However it is still the case that the consent of the Senedd was being sought to the provisions collectively, as is usually the case for Legislative Consent Motions, and I do not agree there was any ambiguity as to what the Senedd was being asked to give consent to.

Secondly, you have asked for further information regarding my view that clauses in the Bill, which provide the Secretary of State with powers to amend Senedd legislation which is consequential upon provisions of the Bill, presents a minor constitutional risk. Specifically, around my decision not to pursue an amendment to the Bill to carve out the Government of Wales Act 2006 from any consequential amendments made by the Secretary of State under these powers.

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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.

As you are aware, the decision to recommend Senedd consent with regard to these provisions was taken following much consideration. The conclusion I reached that the provisions represented a minor constitutional risk, as set out in Memorandum No. 3 and my letter of 14 February, is based on discussions with the UK Government about the intended use of the powers, the sight of examples of the likely usage of the powers and the Despatch Box Statement made in the House of Lords on 9 February by Lord Kamall. The UK Government has specifically confirmed that it has no plan to use the powers, which are consequential on the Bill, to amend the Government of Wales Act 2006. The Welsh Government accepts the commitments given by the UK Government.

I would again reiterate that this is not solely the practice of the UK Government. We have made similar provision in Senedd Acts to make consequential amendments to UK Government legislation.

Taken together these are the factors on which I reached my conclusion and my decision not to pursue an amendment to the Bill in this regard.

I am copying this letter to the Llywydd, the First Minister, the Counsel General and Minister for the Constitution and to Russell George MS, Chair of the Health and Social Care Committee.

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

—
**Health and Social Care
Committee**

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Chief Executives

Health Boards

17 February 2022

Dear Colleague

Hospital discharge and its impact on patient flow through hospitals

As part of our inquiry into hospital discharge and its impact on patient flow through hospitals, we took evidence from representatives of Care and Repair Cymru at our [meeting on 14 February 2022](#).

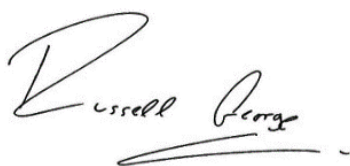
During the session, we heard about the innovative *Hospital to a Healthier Home* (H2HH) service and the vital role it plays in ensuring that older people are discharged from hospital into a home fit for their needs. We understand that the Welsh Government has commissioned the service nationally until the end of this financial year, and that subsequent funding for the continuation of the service in each health board area is a local decision for individual health boards.

Care and Repair told us that, as at 14 February, only one health board has committed to fund the service in its area in the next financial year, and that unless it receives confirmation of funding from other health boards soon, it will need to begin making arrangements to decommission services, including putting staff on notice of redundancy.

We believe this vital service should continue and that it is not acceptable that the charity is left with this uncertainty so close to the end of the current funding arrangements. We want to see sustainable long term funding for such good practice schemes. We therefore urge you to provide clarity to Care and Repair on your funding intentions for the H2HH service as a matter of urgency.

We would be grateful for your confirmation that this matter has been addressed.

Yours 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.

c.c. Eluned Morgan MS, Minister for Health and Social Services
Chris Jones, Chief Executive, Care & Repair Cymru

Your ref/eich cyf:
Our ref/ein cyf:
Date/Dyddiad:
Tel/ffôn:
Email/eboist:
Dept/adran:

PM/TLT
18 February 2022
[REDACTED]
[REDACTED]
Chair and Chief Executive

Mr Russell George, MS
Chair
Health and Social Care Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

Dear Mr George

Hospital Discharge and its Impact on Patient Flow through Hospitals

Thank you for your letter dated 17th February requesting our funding intentions for the Hospital to a Healthier Home service.

I can confirm that we will continue funding for this service into 2022/23 and will be working with our regional partners to secure permanent funding beyond.

Yours sincerely



Paul Mears
Prif Weithredwr/Chief Executive

Croeso i chi gyfathrebu â'r bwrdd iechyd yn y Gymraeg neu'r Saesneg. Byddwn yn ymateb yn yr un iaith a ni fydd hyn yn arwain at oedi.

You are welcome to correspond with the health board in Welsh or English. We will respond accordingly and this will not delay the response.

Cyfeiriad Dychwelyd/Return Address:
Bwrdd Iechyd Prifysgol Cwm Taf Morgannwg, Pencadlys, Parc Navigation, Abercynon, CF45 4SN
Cwm Taf Morgannwg University Health Board, Headquarters, Navigation Park, Abercynon, CF45 4SN

Cadeirydd/Chair: Emrys Elias Prif Weithredwr/Chief Executive: Paul Mears

3 March 2022

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

Dear Russell,

Care & Repair Hospital to a Healthier Home Service Update.

Thank you for the opportunity to give evidence to the Committee on its inquiry into hospital discharge and its impact on patient flow through hospitals.

Following our evidence, I very much appreciated the Committee taking the time to write to the Minister for Health and Social Services, and the CEOs of Local Health Boards, in support of our *Hospital to a Healthier Home* service.

Since we gave evidence on 14 February, three further Health Boards have committed to funding Hospital to a Healthier Home next year, so four LHBs have committed to providing the service. We are now only seeking commitment from Hywel Dda UHB (Powys has no district hospitals, and Care & Repair Cardiff and the Vale are a partner in Cardiff and the Vale UHB's "*Get me Home*" service).

Our focus moving forward is on securing funding from Hywel Dda UHB, tying down specifics on next year's funding with the other Health Boards, but importantly continuing to work hard with Health Boards to embed these services into hospitals with longer term funding commitments from 2023. So, progress made but still much to do.

Thank you again for your support, and please can you also pass on my thanks to all other members of the Committee.

Yours sincerely,



Chris Jones
Chief Executive



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee
National Assembly for Wales
Cardiff Bay
CF99 1NA

28 February 2022

Dear Russell,

I am writing to you to clarify the indicative dates for the proposed Optometry Bill, which I referred to during the committee meeting on 10 February 2022.

We are continuing to refine the legislative timetable for this Bill. The intention is to publish the White Paper consultation in April 2022.

The First Minister will make his Legislative Statement in the summer, which will confirm the Bills which will be taken forward in year two.

Yours sincerely,

Eluned Morgan AS/MS

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

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

**Public Accounts and Public
Administration Committee**

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Manon Antoniazzi
Chief Executive and Clerk
Senedd Commission

10 December 2021

Dear Manon

Use of the term BAME

During the Committee's consideration of its draft report, Scrutiny of Accounts: Senedd Commission 2020-21, there were a number of references to the acronym BAME. One Member asked that this not be used as citizens who represent this community, feel it is offensive. The Committee Members were in full agreement and where the term had been used in the narrative rather than a direct quote from a publication or the Record of Proceedings, it was amended to read 'ethnic minority communities'. I am sure you will have seen this phrase in our recently published report.

The Committee asked that I write to you requesting that the Senedd Commission stops using the term BAME. The Commission on Race and Ethnic Disparities produced an independent Report in April 2021 for the UK Government to investigate race and ethnic disparities in the UK. One of the areas considered, was the use of the terms BAME and BME, and in March 2021, the Commission on Race and Ethnic Disparities recommended that the UK government stop using the term BAME. The UK government is currently considering its response to the Commission's Report.

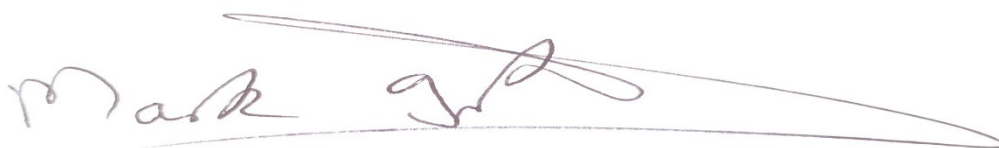
The Committee would welcome the Senedd Commission's views on this request once it has been fully considered.

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

I am copying this letter to all Committee chairs requesting that consideration be given to not using the term BAME in any committee correspondence and publications.

Thank you

Regards

A handwritten signature in black ink, appearing to read 'Mark Isherwood', written over a horizontal line.

Mark Isherwood MS
Committee Chair



Mark Isherwood MS
Public Accounts and Public Administration Committee Chair
[by e-mail]

15 February 2022

Dear Mark

Thank you for your letter dated 10 December 2021 regarding the use of the acronym 'B.A.M.E' by the Senedd Commission.

Early during the Autumn term 2021, Commission officials consulted with the Commission's Race, Ethnicity and Cultural Heritage workplace equality network (REACH) regarding its preferences. Network members expressed a number of opinions, and the networks' collective preference was to retain the acronym B.A.M.E. As a result of your letter, the network has worked with the Commission's Diversity and Inclusion team to revisit the position.

The Senedd Commission considered the use of the acronym 'B.A.M.E' at its meeting on 31 January. The Commission considered a paper that set out some of the wider debate surrounding the use of the acronym and recognised the difficulty of capturing the complex histories and cultures of people from ethnic minority backgrounds in a single phrase or acronym.



Commissioners agreed that the Commission would:

- a. Observe context as a key driver for use of terminology and opt for specificity when using terminology wherever possible;
- b. Where specificity is not possible, to replace use of the acronym and collective term B.A.M.E. with the collective term(s) 'ethnic minority' and 'ethnic minority community'; and
- c. regularly review use of terminology and monitor internal and external debate.



In addition they agreed that Commission officials should seek meetings with those Members of the Senedd who are from an ethnic minority background to discuss the matter further, and that the



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information Commissioners had considered should form the basis of a briefing for Members, initially committee chairs.

Commissioners agreed that the guidance contained in the paper would be published internally to support Commission officials in drafting documents.

The Chairs' Forum will consider the item on Thursday 17 February 2022.

You will be aware that the Commission's Sixth Senedd Diversity and Inclusion Strategy is currently being consulted upon. Members have been asked to engage with the consultation process through the Members' Engagement Survey which is currently live. A number of Members have indicated that they would welcome a further discussion with Commission Officials, and these are currently being arranged. Similarly, if Members of the Public Accounts and Public Administration Committee would find a similar conversation helpful, please let me know, and I can make the necessary arrangements.

Yours sincerely



Manon Antoniazzi

Prif Weithredwr a Chlerc y Senedd / Chief Executive and Clerk of the Senedd

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



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