

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee Room 5 Ty Hywel and video conference via Zoom	Sarah Beasley Committee Clerk
Meeting date: 6 June 2024	0300 200 6565
Meeting time: 09.30	SeneddHealth@senedd.wales

Private pre-meeting (09.00 – 09.30)

1 Introductions, apologies, substitutions, and declarations of interest

(09.30)

2 Health and Social Care (Wales) Bill: evidence session with the Minister for Social Care

(09.30–10.30)

(Pages 1 – 44)

Dawn Bowden MS, Minister for Social Care

Albert Heaney, Chief Social Care Officer for Wales – Welsh Government

Alistair Davey, Deputy Director, Enabling People, Social Services and Integration Directorate – Welsh Government

Taryn Stephens, Deputy Director, Improvement, Social Services and Integration Directorate – Welsh Government

Anthony Jordan, Head of Programme and Legislative Implementation, Social Services and Integration Directorate – Welsh Government

Research brief

Paper 1 – Health and Social Care (Wales) Bill: Bill Summary

3 General scrutiny session with the Minister for Social Care

(10.30–11.00)

(Pages 45 – 65)



Dawn Bowden MS, Minister for Social Care

Albert Heaney, Chief Social Care Officer for Wales – Welsh Government

Alistair Davey, Deputy Director, Enabling People, Social Services and

Integration Directorate – Welsh Government

Taryn Stephens, Deputy Director, Improvement, Social Services and

Integration Directorate – Welsh Government

Anthony Jordan, Head of Programme and Legislative Implementation, Social Services and Integration Directorate – Welsh Government

Research brief

Paper 2 – Welsh Government

4 Motion under Standing Orders 17.42 (vi) and (ix) to resolve to exclude the public from items 5 and 8 of today's meeting

(11.00)

5 General scrutiny session and evidence session on the Health and Social Care (Wales) Bill with the Minister for Social Care: consideration of evidence

(11.00–11.20)

Break (11.20 – 11.30)

6 General scrutiny session with the Minister for Mental Health and Early Years

(11.30 – 12.30)

(Pages 66 – 78)

Jayne Bryant MS, Minister for Mental Health and Early Years

Alex Slade – Director of Primary Care, Mental Health & Early Years – Welsh Government

Paper 3 – Welsh Government

7 Paper(s) to note

(12.30)

- 7.1 Letter from the former Chair, Legislation, Justice and Constitution Committee to the Rt Hon Stephen Crabb MP, Chair, Welsh Affairs Committee regarding Parc Prison**

(Pages 79 – 80)

- 7.2 Response from the Cabinet Secretary for Health and Social Care to the former Chair, Legislation, Justice and Constitution Committee regarding the LCM for the Tobacco and Vapes Bill**

(Pages 81 – 83)

- 7.3 Letter to the First Minister for Wales from the Welsh Royal Colleges Child Health Collaborative regarding improving child health**

(Pages 84 – 87)

- 7.4 Letter from the Business Committee to Committee Chairs regarding committee remits**

(Pages 88 – 90)

- 7.5 Supplementary Information from the Welsh Ambulance Services University NHS Trust to the Chair following the evidence session on 15 May 2024**

(Pages 91 – 98)

8 General scrutiny session with the Minister for Mental Health and Early Years: consideration of evidence

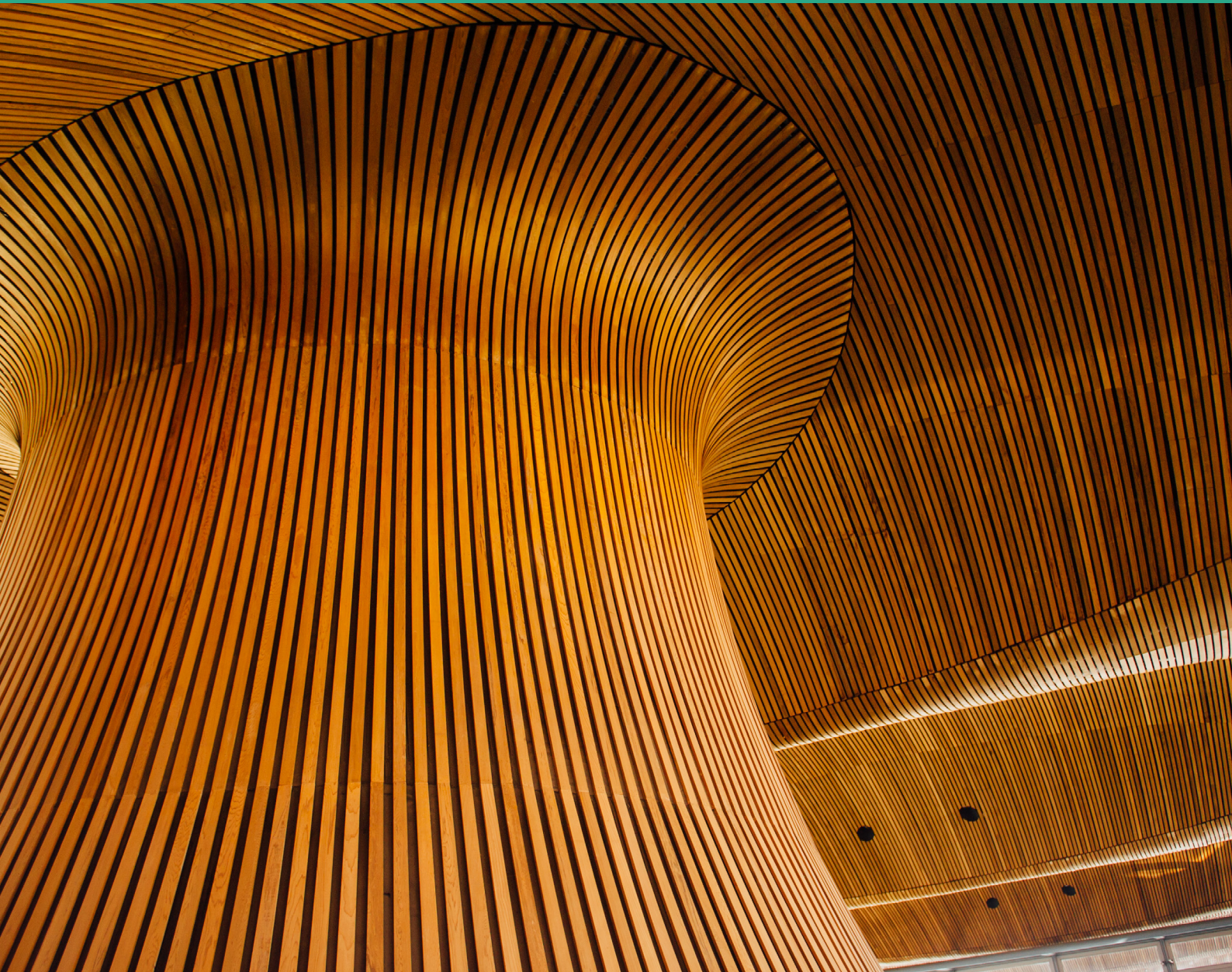
(12.30–12.40)

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Health and Social Care (Wales) Bill

Bill Summary

May 2024



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Health and Social Care (Wales) Bill

Bill Summary

May 2024

Authors:

Amy Clifton and Sian Thomas



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1. Introduction

The Health and Social Care (Wales) Bill (the “Bill”) was introduced on 20 May 2024.

The Bill contains provisions to:

- restrict the making of profit by providers of children’s homes services, secure accommodation services and fostering services for looked after children;
- require local authorities to submit a sufficiency plan to Welsh Ministers in respect of accommodation for looked after children, and to take all reasonable steps to secure sufficient accommodation provided by not-for-profit entities, either within or near to its areas to meet their needs;
- enable the introduction of Direct Payments for NHS Continuing Healthcare (CHC); and
- make amendments to ensure that the Regulation and Inspection of Social Care (Wales) Act 2016 (‘the 2016 Act’) and Social Services and Well-being (Wales) Act 2014 (‘the 2014 Act’) are able to operate fully and effectively.

The Minister for Social Care, Dawn Bowden MS, is the Member in Charge of the Bill.

Purpose and aims of the provisions in the Bill

The Bill’s **Explanatory Memorandum (EM)** states “Through the Updated Programme for Government and Co-operation Agreement, Welsh Ministers are seeking to further improve social care, and the health and social care interface, in Wales”.

The EM says the commitment to ‘put in place a **framework to remove profit from the care of looked after children**’ is a clear part of the Welsh Government’s wider vision for whole system change. The aim is to ensure that public money invested in the care of looked after children (starting with care home services and fostering services) does not profit individuals or corporate entities, but instead is spent on children’s services, to deliver better experiences and outcomes for young people.

The Programme for Government contains the commitment to ‘**improve the interface between continuing health care and Direct Payments**’. According to the EM, the demand for a policy change in this area has been growing “to address concerns of unfairness and lack of voice and control faced by disabled and seriously ill people”. The proposed changes are intended to ensure individuals have a strong voice and control over their care, whether that care is provided by local authority

or local health board. The EM says the changes should potentially lead to more individuals agreeing to undergo NHS Continuing Healthcare (CHC) assessments, without fear of losing an entitlement to direct payments, and therefore having their complex health needs better managed.

The Bill will also make a number of amendments to the **regulation of service providers, responsible individuals and the social care workforce**, “in order to help regulation and support for the workforce operate more effectively”. The EM says the proposed amendments aim to address specific issues and discrepancies within the 2016 Act to bolster the functionality of the regulatory framework and assist Care Inspectorate Wales (CIW) and Social Care Wales (SCW) in fulfilling their regulatory responsibilities.

These amendments cover a number of areas, including giving CIW new powers to require information from unregistered providers, and providing Welsh Ministers with the power to extend the legal definition of social care workers to include childcare workers.

A written statement by the Minister was published on 20 May 2024.

The Bill is currently making its way through the **Senedd’s legislative process**. The **Health and Social Care Committee** will be consulting on the Bill and holding further evidence sessions over the coming months.

The Explanatory Memorandum includes a summary of powers to make subordinate legislation in the Bill, and the Senedd scrutiny procedures they will be subject to. The Explanatory Memorandum also includes a Regulatory Impact Assessment (RIA) which provides a summary of estimated costs and benefits of the Bill.

How to use this Bill Summary

This document isn’t an exhaustive summary of every aspect and sub-section of the Bill. It’s designed to highlight key provisions and signpost to further detail.

Further commentary on each section of the Bill is provided in the **Explanatory Notes in Annex 1 of the EM**.

2. The Bill at a glance

The Bill has 30 sections, arranged into three parts, and has two schedules.

Part 1 – Social care:

Chapter 1: Restrictions on profit in the provision of children’s care services

- Regulation of social care services provided to children (sections 2 – 9)
- Local Authority functions in respect of accommodation for looked after children (sections 10 – 13)

Chapter 2: Amendments relating to social care services, social care workers and local authority social care functions

- Regulation of social care services: registration etc. of social care services providers (sections 14 – 16)
- Regulation of social care services: information and inspection (section 17)
- Social care workers: registration and fitness to practise (section 18 – 19)
- Local authority social services functions (sections 20 – 21)
- Social care: minor and consequential amendments (sections 22)

This part of the Bill also introduces Schedule 1 which the Explanatory Notes say “makes minor and consequential amendments” in relation to this part.

Part 2 – Health care

- Overview of Part 2 (section 23)
- Direct payments for health care (introducing direct payments within CHC) (sections 24 – 25)
- Provision of health services by local authorities (section 26)

This part of the Bill also introduces Schedule 2 which the Explanatory Notes say “makes minor and consequential amendments” in relation to the provisions of Part 2.

Part 3 – General

- General interpretation (section 27)
- Consequential and transitional provision etc. (section 28)
- Coming into force (section 29)
- Short title (section 30)

3. Summary of provisions

Part 1 – Social care

Chapter 1: Restrictions on profit in the provision of social care services to children

Section 1 provides an overview of Chapter 1:

- **Regulation of social care services to children:** to amend Part 1 of the Regulation and Inspection of Social Care (Wales) Act 2016 (“the 2016 Act”) and Part 6 of the Social Services and Well-being (Wales) Act 2014 (“the 2014 Act”) to restrict the making of profit in the provision of care home services provided wholly or mainly to children, secure accommodation services and fostering services (referred to as “restricted children’s services”).
- **Local authority functions in respect of accommodation for looked after children:** duties to secure sufficient accommodation; duty to prepare and publish an annual sufficiency plan; applications to the Welsh Ministers for the approval of a ‘supplementary placement’ where there is no alternative placement.

Regulation of social care services provided to children

Section 2 **amends the 2016 Act to insert a new provision that defines the meaning of “restricted children’s services”** for the purposes of restricting profit by providers of children’s homes services, secure accommodation services and fostering services.

Section 3 amends the 2016 Act to set out **new requirements for applications for registration in respect of restricted children’s services**. This includes a two-part test that the provider’s “objects or purposes primarily relate to the welfare of children, or to such other public good as the Welsh Ministers may prescribe”; and that a provider must be one of the categories of “not-for-profit” entities as set out on the face of the Bill.

Section 4 inserts a new Schedule into the 2016 Act to set out **transitional arrangements** for existing providers of a restricted children’s service (who were registered prior to the new ‘not-for-profit’ requirements).

Section 5 amends the 2016 Act in respect of **granting or refusing registration**, to reflect the new ‘not for profit’ requirements.

Section 6 amends section 9 of the 2016 Act by inserting a new consideration into the ‘fit and proper persons test’ for service providers of restricted children’s services. This new consideration relates to **‘financial arrangements relating to restricted children’s services’**. The Bill provides that Welsh Ministers must now have regard to ‘unreasonable or disproportionate financial arrangements’ entered into by a service provider registered in respect of a restricted children’s service; and whether that financial arrangement undermines the service provider’s ‘pursuit of its objects or primary purposes relating to the welfare of children or such other public good’ as Welsh Ministers may prescribe.

Section 7 amends the 2016 Act to impose new requirements about what must be included in a service provider’s **annual return**. These requirements include information, as prescribed by Welsh Ministers, about evidence relevant to the ‘fit and proper person test.’ The requirements do not apply to providers referred to in the EM as ‘legacy providers’, to whom ‘transitional arrangements’ apply.

Sections 8 amends the 2016 Act to include new provisions regarding the variation or cancellation of registration as a provider of a restricted children’s service.

Section 9 introduces a new requirement that entries in the register of service providers must show that the provider meets the ‘fit and proper persons’ test or that they are exempt during the transitional period defined in Schedule 1A.

Local Authority functions in respect of accommodation for looked after children

Section 10 amends section 75 of the 2014 Act to specify that the local authority must take **“all reasonable steps to secure” accommodation** for looked after children rather than “steps to secure, so far as reasonably practicable” as is currently the case under the 2014 Act. Subsection 1 requires that this accommodation is “within, or near to, the authority’s area” rather than the current requirement that it “is within the authority’s area”. The Explanatory Notes (EN) set out that “this enables local authorities to make arrangements with other local authorities to develop new children’s homes and foster care placements”. The EN go on to say that this amendment “acknowledges that there will be circumstances in which

a child placed outside of the local authority's area may be nearer to their home community than if they were placed in a different part of the local authority's area.”

Section 11 amends the 2014 Act to insert a new duty on local authorities to **prepare and publish an annual sufficiency plan** before the beginning of each financial year. The plan must detail the steps the local authority will take in that year to fulfil its duty to take all reasonable steps to secure accommodation for looked after children under section 75(1) of the 2014 Act (as amended by section 10 of the Bill). It must also estimate the number of children the local authority will be looking after who it will be unable to place under section 81(2) of the 2014 Act; an assessment of the available accommodation and the extent to which that meets the relevant requirements; and the extent to which that accommodation is within, or near to, the local authority's area. The plan will be in a form prescribed by regulations. Before publishing the plan, a local authority must prepare a draft and submit it to the Welsh Ministers for approval. Section 11 also sets out the procedure to be followed if the plan is not approved.

Section 12 amends an existing duty in the 2014 Act to require **local authorities to report to the Welsh Ministers annually** to reflect the duty to secure accommodation. The annual report prepared by a local authority must include information on how the steps taken by the local authority have increased, or are expected to increase, the amount of secure accommodation available. It must also include the number of applications made by the local authority for the approval of 'supplementary placements' under section 13 of the Bill.

Section 13 **sets out the ways in which looked after children are to be accommodated in “the most appropriate placement”**. The Explanatory Note says a placement can be in “unregistered accommodation (on a temporary basis or in cases of urgency)”, a reference not in the 2014 Act nor in the Bill. Local authorities must make an application to the Welsh Ministers for approval to place a looked-after child somewhere other than a 'not-for-profit' entity – referred to as a **“supplementary placement”**. The Bill sets out the steps that local authorities must take if an application for a “supplementary placement” is rejected by Welsh Ministers. The local authority can resubmit the application, with specified grounds of explanation, if they still consider that placing the child with a 'not-for-profit' entity would be inconsistent with the local authority's principal duty in relation to looked after children under section 78 of the 2014 Act.

Chapter 2: Amendments relating to social care services, social care workers and local authority social care functions

Regulation of social care services: registration etc. of social care services providers

Section 14 amends the 2016 Act to change the duty on Welsh Ministers (Care Inspectorate Wales) to submit and publish annual returns, and instead **places the duty onto service providers themselves**. It also makes failure to publish an annual return within a prescribed time limit an offence.

Section 15 amends the 2016 Act to give Welsh Ministers a power to make regulations to prescribe the information that must be provided with an application to cancel a service provider's registration.

Section 16 amends the 2016 Act regarding the powers of the Welsh Ministers (CIW) to cancel a service provider's registration without application, by **changing the procedure that must be followed**. It provides that the notice of proposal procedure (rather than the improvement notice procedure) must be followed, in certain circumstances where no improvement is possible.

Section 17 amends the 2016 Act give Welsh Ministers a power to require those providing an unregistered regulated service to provide information.

Social care workers: registration and fitness to practise

Section 18 amends the 2016 Act to provide Welsh Ministers with the power by regulation to **add childcare workers to, or except them from, the list of workers included in the definition of social care worker** for the purpose of Parts 3-8 of the 2016 Act.

Section 19 amends the 2016 Act in respect of interim orders and reviews in fitness to practise proceedings. Interim orders enable temporary restrictions to be applied to a registered person while investigations are undertaken into fitness to practise allegations. This section gives a panel the power to extend an interim order for up to a maximum of 18 months, removing the need for applications to be made to the First-tier Tribunal for such extensions.

Local authority social services functions

Section 20 amends the 2014 Act to supplement the ways in which a local authority can provide Direct Payments for meeting a person's needs for care and support, or in respect of after-care services under the Mental Health Act 1983. The amendments **enable direct payments to be made to a suitable third party nominated by an individual** (adult, child or carer), regardless of whether that individual lacks capacity (within the meaning of the Mental Capacity Act 2005) to receive and manage the direct payments themselves.

Section 21 amends the 2014 Act to clarify the scope of references in those sections to "child arrangement orders". The amendments clarify that reference to child arrangements orders only relate to those orders which specify the person with whom a child should live.

Section 22 introduces Schedule 1 which the EM says makes minor and consequential amendments.

Part 2: Health care

Section 23 **provides an overview of Part 2**. This Part makes amendments to the National Health Service (Wales) Act 2006 ("the 2006 Act") and the Mental Health Act 1983 to allow the Welsh Ministers to make direct payments to individuals in lieu of the provision of services by or on behalf of the NHS to meet their needs

Section 24 **makes provision to allow Direct Payments in health care** (to secure services or goods provided under the 2006 Act or after-care services under section 117 of the Mental Health Act 1983). The amendments also allow Welsh Ministers to make regulations about whether, when and how direct payments may be made, and the information, advice or support provided in connections with direct payments.

Section 25 introduces Schedule 2, which the EM says makes a number of minor and consequential amendments.

Section 26 amends the 2014 Act to incorporate the full statutory test to determine the limit of the powers of a local authority to provide health care services.

Part 3: General

Section 27 sets out the general interpretation for the Acts mentioned in the Bill.

Section 28 covers consequential and transitional provisions that can be made by regulations.

Section 29 sets out when different provisions in the Bill will come into force.

Section 30 lists the short title of the Bill (the Health and Social Care (Wales) Bill).

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Evidence paper for the Health & Social Care Committee - Minister for Social Care Priorities – 6th June 2024

Overview

This paper outlines the key portfolio priorities for the Minister for Social Care for 2024/25 and beyond.

Summary

Social care remains one of the most important services provided to thousands of people on a daily basis. However, as with other government portfolios, we continue to experience a challenging period of increasing demand, pressures on the sector and restricted funding.

The following paper provides detail on the headline key priorities that we intend to tackle over the coming year and beyond. These range from broader national priorities, aimed at strengthening and supporting the sector as a whole; to more focused priorities targeting specific elements of our sector such as children's services and pathways of care.

As well as the detail of our aims and objectives within each of these priorities we have also highlighted support, opportunities and challenges that will have an impact on our path to delivery.

Key Priorities

Health and Social Care (Wales) Bill

I am pleased to have introduced the Health and Social Care (Wales) Bill into the Senedd earlier this week. The Bill contains provisions to restrict the extraction of profit from the care of looked after children, to enable the introduction of direct payments for Continuing NHS Healthcare (CHC), and to ensure that the Regulation and Inspection of Social Care (Wales) Act 2016 and Social Services and Well-being (Wales) Act 2014 are able to operate fully and effectively.

I am very grateful for all the work my immediate predecessor Julie Morgan, the former Deputy Minister for Social Services, and the former First Minister, Mark Drakeford, have done on this Bill. The government also consulted on the proposals in 2022 and the Bill has been informed by the responses received.

The provisions give effect to our long-held belief there should not be a market for care for children, and that profits should not be made from caring for children facing particular challenges in their lives. Under these proposals, the residential, secure accommodation and foster care of children that are looked after in Wales will in future be provided by the public sector, charitable or not-for-profit organisations. The Bill also makes provision to manage the transition to this approach.

The Bill will also amend the NHS (Wales) Act 2006 to allow the Welsh Ministers and Local Health Boards to make direct payments to individuals. The government intends to use these powers in relation to NHS continuing healthcare, so that Local Health

Boards will be able to make direct payments to individuals who have been assessed as having a primary health need and are entitled to receive continuing healthcare. This will enable individuals to secure services to meet their assessed needs for healthcare, instead of receiving services provided or commissioned by the NHS in Wales. This will also enable individuals to have more of a choice in how, and by whom, their care is delivered.

The Bill will also make a number of more minor amendments to the Social Services and Well-being (Wales) Act 2014 and the Regulation and Inspection of Social Care (Wales) Act 2016. These build on experience of how these Acts have operated since they were implemented and should help them operate fully and effectively.

I look forward to engaging with the Committee as it scrutinises the Bill in the coming months.

Children's Services Transformation

Our vision for children's services in Wales is for children to be supported to remain with their families and for fewer children and young people to enter care, by providing the right support at the right time to families going through difficult times.

For those children who are in care, we want them to remain close to home so they can continue to be part of their community, remain in their schools and close to their friendship groups. We must deliver a multi-agency approach to care for each child or young person that best meets their needs. I am fully committed to delivering this vision and firmly believe that the transformation programme we have put in place is the right one and substantial progress has already been made.

The lived experience of care experienced children and young people is at the heart of everything that we have done and continue to do. That is why we have worked closely with Voices from Care to organise a series of Care Leavers Summits. These Summits have provided an opportunity for Ministers to hear directly from care-experienced children and young people on their experiences and their thoughts on what changes need to be made.

We are working hard to deliver the commitments set out in the Care Experience Summit declaration, the first of its kind in the UK. I am committed to achieving the vision outlined by the young ambassadors and the First Minister will be signing the declaration again to reaffirm our commitment to its delivery.

Work is firmly underway to develop and deliver a National Practice Framework. The Framework will be the first set of national standards for children's services in Wales, sitting alongside other all-Wales procedures like the All-Wales safeguarding procedures. We undertook engagement on the first 6 standards earlier this year and following consideration of the feedback received, the final Framework is due to be published by the end of the year.

We are progressing our commitment to eliminate profit from care and have introduced the Health and Social Care (Wales) Bill to deliver on this. Eliminate is much more than models of ownership and profit, it is about building resilience in the sector, best

meeting the care and support needs of our young people, keeping them within their communities and doing all we can to support them to be with their families.

We launched the Corporate Parenting Charter in September last year. To date 35 organisations have signed up including Welsh Government and Welsh Ministers. We continue to encourage all public bodies as well as private bodies and the third sector across Wales to sign up and become Corporate Parents.

Between 2021 and 2023, a total of £3.5m of Regional Accommodation funding was used by 15 projects across all regions in Wales. This resulted in the creation of 26 new beds of regional provision for children with complex needs and support was provided to 62 children and young people with complex needs. Since then, we have allocated over £23m in this area and continue to receive proposals through the Housing with Care Fund. This will deliver a further 96 beds in total, of these, 5 homes are already operating with 15 beds. Complementing this approach, the Health and Social Care Regional Integration Fund (the RIF) includes a significant investment of circa £18m per annum in supporting families to stay together safely and therapeutic support for care experienced children.

We have also continued to heavily invest in our national fostering scheme, Foster Wales, to improve the ability of local authority fostering services to recruit and retain foster carers.

We are committed to ensuring that kinship foster carers receive the same support as mainstream foster carers and through the Foster Wales National Commitment we are working towards an agreed package of training, support, and financial assistance being consistently available to all kinship foster carers through all 22 local authority fostering agencies in Wales.

This is a journey, this is the beginning, and we will be constantly reviewing and updating our work to ensure we address the concerns identified by young people while aligning to the Children and Young People's Plan. Various elements of work are at different degrees of maturity, and I am confident that they will deliver better outcomes for children, young people and their families.

Social Care Workforce

It is important that we recognise and celebrate the commitment and passion of our dedicated workforce. Our social care workforce is our greatest asset. We want to improve services in Wales in line with the ambitions of the [Social Services and Well-being \(Wales\) Act](#) and Welsh Government's [A healthier Wales](#) plan for health and social care, to provide care closer to home and improve the quality of support for children and adults of all ages.

The pandemic had a significant effect on the workforce and our communities, especially for people who rely on good quality care and support and their carers. There's greater pressure on the sector caused by increased demands because of an ageing population and higher life expectancy, combined with a reduction in those of working age. These two factors combined are a key challenge for how we balance workforce capacity to meet care and support needs. Of our workforce categories we know that 23% of our workforce are over 55.

We are committed to raising the profile and status of the workforce through registration of the workforce and improving pay, terms and conditions for this important sector. Our programmes of work, investment and work with stakeholders, targets our vision of a resilient and stable workforce through focusing on recruitment, retention, and building a resilient workforce.

- **Recruitment** – Focusing on recruiting the social care of today, whilst ensuring that we build our social care workforce for the future.
- **Retention** - We need to ensure that our workforce considers social care as a career for life that can accommodate different individual career needs and aspirations.
- **Resilience** - We will focus on creating the right environment for social care practice through well-being support and technological improvements that reduce daily demands on our workforce.

Our funding through Social Care Wales enables them to provide national leadership and expertise in social care, leading on developing and regulating the social care workforce, service improvement, data, and research to improve care and support.

Social Care Wales working with Welsh Government, sector partners and through workforce consultation have led the development of a Social Care Delivery Plan for 2024-27 focusing on the social care workforce. This plan builds on progress made so far and outlines further development areas based on engagement with the sector. The draft delivery plan was published for consultation in 2023, ensuring the voice of the workforce, stakeholders and those receiving care directly shaped the content. This delivery plan, due for publication shortly, will set out a wide range of actions to build on the momentum that has already started.

Our Workforce and Sustainable Social Services grant of £45m supports a wide range of workforce interventions. Local authorities have been able to use the funding to support increases to pay, but also for other interventions aimed at supporting the delivery of sustainable social care services to ensure that they were better placed to meet increased or unexpected demand.

Our investment in the social worker bursary has driven an increase in take up in 2023-24 compared to 2022-23. This is a positive step in the journey in ensuring we have sufficiency of qualified social workers. We will be reviewing current awareness raising, investment and terms of the bursary to consider how we can strengthen this further moving forward. Funding through Social Care Wales supports a range of areas of work including the local authorities 'grow your own scheme' supporting paid employment and funded social work training.

We know there are several local "care academies" across Wales offering opportunities to earn while learning, allowing trainees to gain an insight into different careers in adult and children's care, whilst studying for health and social care qualifications. We are currently exploring how we can support these initiatives further.

A Social Care Fair Work Forum Task and Finish Group has been considering how to develop a unique model in the form of a 'Social Care Workforce Partnership' for the

independent social care sector in Wales. We are moving into the third financial year of our Programme for Government commitment to pay the Real Living Wage (RLW) to social care workers in Wales, and funding to support local authorities to continue to meet the additional costs of introducing the RLW for care workers has been included in the Local Government settlement.

The well-being of the sector is a priority and should underpin all our policies. We recently extended the free mental health support offer (Canopi) to the social care workforce which was originally for health only. Canopi have reported an increase in take up of social care staff, and they are also presenting with more complex issues. We are therefore exploring how we can further support Canopi to deliver the full offer to the social care workforce. BASW Peer Support Service (PSS), which offers social workers a free peer to peer support, allowing them to manage work related issues, and to develop their career by getting advice and support from more experienced, fellow social workers.

Establishing the National Office for Care and Support National Care and Support Service

Following appointment of a Chief Social Care Officer for Wales at the start of this government term, work commenced to establish a National Office for Care and Support. Taken forward as part of the Rebalancing Care and Support programme, a Steering Group was formed to support the development and establishment of the National Office which included membership from key stakeholder organisations and met regularly under the Chairmanship of the Chief Social Care Officer.

The Steering Group advised on the proposed functions of the National Office, which were then consulted on as part of the wider Rebalancing Care and Support Consultation in summer 2023. The 90+ responses were thoroughly analysed with the Summary of Responses Report published late November 2023.

In summary, it was determined the National Office would have three core functions. These were consulted on as part of the wider Rebalancing programme. The agreed core functions are:

1. managing oversight of the National Framework for Care and Support;
2. the development, implementation, and ongoing delivery of the National Care Service;
3. and executing the functions of the Chief Social Care Officer.

An Expert Group was established by Ministers with the role to prepare recommendations on practical steps which can be taken towards the shared ambition for the creation of a **National Care Service** which is free at the point of need. The group met between February and September 2022 with a view to agreeing an implementation plan by the end of 2023.

The Expert Group produced a thorough and detailed final report with 46 far-ranging recommendations about how a national care service could be developed with a number of those recommendations aligning with the agenda for the reform of the social sector.

Noting the extremely challenging financial situation, officials have worked with Ministers to develop a three-staged Initial Implementation plan. Having a staged implementation plan remains in-keeping with the proposal made by the Expert Group that a phased delivery plan of at least 10 years would be required to recognise the full ambition of the report.

This Initial Implementation Plan was published on 14 December 2023 and work is underway on moving forward with the Stage 1 activities such as the recent appointment of a Programme Manager, and the development of a Programme Initiation Document and programme board.

Implementing the new National Framework for commissioning care and support

Through our Rebalancing Care and Support Programme we aim to establish a National Framework for Commissioning Care and Support, strengthen regional partnership arrangements and create a National Care and Support Office that will oversee and support the implementation and management of the National Framework.

This transformative programme aims to move us closer to achieving the vision of securing the outcomes and well-being of people who need care and support and carers who need support as set out in the Social Services and Well-being (Wales) Act 2014.

The National Framework will be established through a statutory Code of Practice and will apply to the commissioning of care and support services. It will set principles and standards for commissioning practices aimed at reducing complexity, facilitating national consistency of commissioning practices and rebalancing commissioning to focus on quality and outcomes. The development and implementation of the National Framework is an important step towards building the necessary foundations for achieving a National Care Service.

Delivering the National Framework is one of the three parts of the Rebalancing Care and Support Programme. If successfully implemented the Framework will help us to move closer to achieving our vision, as set out in the Social Services and Well-being (Wales) Act 2014, of securing well-being for people who need care and support and carers who need support.

The toolkit we are developing to support the implementation of the National Framework will play a critical role in supporting commissioners to effectively implement the Code by delivering their statutory functions for the commissioning of care and support.

The flexible, non-statutory and collaborative nature of the toolkit means that as the commissioning landscape evolves and the evidence for the effectiveness of the Code in realising our aims to rebalance care and support develops, we can add additional tools and modify existing resources as required quickly and efficiently to ensure the toolkit has the maximum positive impact.

Similarly, our approach to reviewing and updating the Code every 2 years means that we can ensure we are continually modifying the Framework to move us towards

achieving our overall aims. The National Office will help to do this by putting a spotlight on the Framework and help to raise the profile of social care in Wales.

Most responses to the 2023 Rebalancing Care and Support consultation provided positive feedback on the proposed National Framework and helped to strengthen the policy intent and direction of our rebalancing proposals. However, there were some issues and challenges raised in the consultation particularly in relation to integrated health and social care services, funding and barriers to the effective implementation of the Framework and the realisation of its aims.

My officials spent significant time analysing the responses and considered at length what the final Code should look like in light of the many helpful suggestions made. We have tried to reasonably balance what can be achieved through this first iteration and what can more appropriately and flexibly be achieved through its implementation and the functions of the National Office.

Whilst the on-going challenges in the social care sector relating to funding, workforce and integrated delivery cannot be solved alone through the introduction of the National Framework, it does allow us to move towards a more nationally consistent way of commissioning care and support. The Framework will help to contribute to how the overall social care system in Wales works as established through the Act, Codes, regulations and guidance by bringing partners up to the same level across Wales.

As the Code applies to both local authorities and health boards it provides a great opportunity to strengthen integrated and partnership working especially given how it aligns to the Part 2 Code of Practice (General Functions) and the Part 9 Statutory Guidance on Partnership Arrangements which are also in the process of being updated to strengthen partnership working.

Paying for Care

Work has taken place to undertake the annual update of the minimum income amount relating to residential care which come into force at the beginning of April 2024. This will be reviewed again in preparation for the next financial year.

A consultation is currently live on raising the current non-residential care cap from £100 to £120 per week. This consultation is due to close on 13th May. The Part 4 and 5 Code of Practice (Charging and Financial Assessment) is currently being reviewed based on annual changes to legislation that have been completed and the potential changes required as a result of the consultation.

Work on undertaking research in-line with the Stage 1 activities within the Initial Implementation Plan is currently ongoing.

As a part of the National Office, we have the opportunity to look at the funding requirements of working towards a National Care Service, free at the point of need.

One of the key features of the National Office will be to maintain an oversight of the social care sector in Wales and driving forward transformation and consistency by working closely with Local Authorities and the sector.

Research activities are currently being planned as part of the National Care Service programme, specifically the research elements outlined in the Implementation Plan. These research questions form a key part of Stage 1 of the programme and will give us the data required to assess the realistic cost of moving towards a National Care Service, free at the point of need.

We are very aware of profound financial pressures on local authorities and concerns raised by the Welsh Local Government Association (WLGA) on the funding of adult social care. Officials prepared a detailed consultation package on increasing the non-residential care maximum weekly charge, which was launched on the 19 February 2024, and ran for 12 weeks, ending on 13 May 2024, to seek views on the proposed amendment to the policy.

Any decisions to change policy would only be made after careful consideration of consultation findings, with any subsequent timescales for potential implementation shared as part of any post-consultation publications and announcements.

Pathways of Care Discharge Delays

In April 2023 we formally launched Pathways of Care Discharge Delay reporting framework as our revised approach to monitoring the flow of clinically optimised patients who are ready to leave acute beds and either return home or move on to their next stages of care.

The framework uses a unified approach to the definition and reporting process from health boards which has, for the first time, given us a comparable picture of patient flow across regions.

The data that is being reported monthly has presented us with a much broader and accurate picture of the key issues being faced in our hospitals. The data is being used by both health boards, and their partnering local authorities, to focus on those areas that require the most attention and this has been supported by action being taken by Officials and NHS Executive.

For example, we have supported regions to adopt the trusted assessor model which seeks to increase capacity for proportionate assessments to be conducted by relevant staff, where appropriate, to allow social workers to focus on those more complex patients who require a more detailed assessment to be conducted. This action was taken as a result of the initial review of our PoCD reports showing that assessment related delays – comprising health, social care and joint assessments – presented some of the highest grouping of reported discharge delays.

However, despite the availability of robust data we are still seeing high numbers of discharge delays and fluctuating progress across all health board regions. This is showing us that there are positive steps being taken in all areas, although we are not yet seeing sustainable results being embedded.

As we move beyond the first year of reporting we will now have the added benefit of being able to review year on year data to help us to determine trend analysis which will further help us identify what progress regions are making.

We know that in order to achieve success and reduce delays it will need a concerted effort from both health and social care partners. A key focus for us for the coming year and beyond will be to ensure that regions have robust integrated plans in place to tackle pathways of care delays.

We are already collecting supporting narrative information through monthly action plans which are provided by regions; however, these have been mostly focused on supporting the implementation and embedding of the reporting framework in its first year. We have already signalled to regions that we expect their plans to evolve to focus on delivering sustainable improvements to their systems and processes to evidence how they will be taking local approaches to addressing delays.

The integrated approaches will need to explore best practice ways of working and we will support this by fostering opportunities for regions to share learning so that we can strengthen patient flow across Wales. Health board and local authority partners will be expected to collaboratively develop approaches that will best fit their regions and systems, being mindful of the availability of services and resources that can help them deliver reductions in delays.

Building Care in the Community Capacity

I am determined to see a strengthening of our community health and care system, ensuring health, social care and third sector partners work closer together to help people maintain their own health and wellbeing, and access the right advice, care and support locally, when needed, to help them live and stay well at home.

Helping people to manage their own health and wellbeing and building capacity in our communities to help them do so is critical to preventing poor health and enabling people to live well at home. At the same time, building community capacity to support this approach will also reduce the need for higher level health and care services, including admission to hospital.

A critical element of this will be to improve the ways in which we use digital solutions and technology to enable better join up across our health and social care system. Having digital systems that enable us to share information between services and sectors is critical to helping people receive seamless care and support. In addition to this, technology is advancing rapidly, and we need to ensure we maximise the opportunities this brings to help with the proactive management of people's health and wellbeing.

The case for investing in and building preventative community capacity to support health and wellbeing has long been made, however facilitating the shift of resources into the community away from acute services in order to make this happen continues to be a challenge.

Despite this, some great work has already been achieved in this area. Through the important work of our seven Regional Partnership Boards (RPBs) we have seen significant revenue and capital investment in the development of community-based services.

Our £146m a year Regional Integration Fund is enabling partners to work together and develop and embed integrated models of care for some of our most vulnerable population groups including older people with complex needs, people with learning disabilities and neurodivergence, children and young people with complex needs, unpaid carers and people who have poor emotional and mental health and wellbeing.

In line with the aims of the Regional Integration Fund, we are working closely with RPBs and delivery partners to share learning across Wales, identifying the most impactful practices and approaches, with the ambition of scaling them up into more consistent national models of care for the people of Wales.

A good example of this is the development of the home first model in West Wales which has been developed through partnership working and investment of the Regional Integration Fund. Through this model people can access crisis and short term/intermediate care via a single point of access which offers a range of integrated health and social care services to help people remain at home or return home quickly from hospital. The home first service is proven to prevent unnecessary admission to hospital and to facilitate discharge from hospital for people who are clinically optimised and who can be supported to rehabilitate at home or in the community. The model also makes effective use of digital technology to help with pro-active and preventative care management, helping people to get early support to prevent poor health. This integrated, multi-disciplinary approach is providing us with an evidence based model of delivery that I am keen to see mirrored across Wales.

Importantly the third sector are also playing a key role in our partnership and delivery arrangements to help build community capacity. I am delighted that £24.6m of the Regional Integration Fund is directly supporting the third sector to deliver community based services. Additionally, I am pleased to see that over £12m is being invested to directly support unpaid carers, who play a pivotal and often undervalued role in our health and care system.

Building on the learning and progress to date we have developed a high level Blueprint for an Integrated Community Care System for Wales which sets out the key building blocks we need to develop and align to help us build and deliver on our vision of providing seamless care and support for people in the community. This will help our delivery partners to work together to deliver a consistent community care offer across Wales.

In addition to the revenue funds, we are also investing significant capital funds and RPBs have facilitated a joint approach to capital planning across the health and social care sector, with each having developed a 10 year capital plan.

The £70m a year Integration and Rebalancing Capital Fund managed through RPBs is helping us invest in developing a network of integrated community health and social care hubs that enable people to access a range of health and care services locally. To date we have awarded funding to 20 capital projects with a further 6 currently under consideration.

In addition to this the £60m a year Housing with Care Fund is enabling partners to invest in innovative housing development to meet the care and support needs of older

people and people with learning disabilities and more local residential accommodation for care experienced children and young people. In 2023/34 the fund supported 78 schemes across Wales.

Agenda Item 6

Welsh Government's Evidence Paper on the Minister for Mental Health and Early Years' Ministerial portfolio priorities

Health and Social Care Committee – 6 June 2024

Children and young people's rights

I am proud of the collective progress we have made in upholding and embedding children's rights in Wales. Wales has led the way on children's rights in the UK – we were the first part of the UK to enshrine the UNCRC in law through The Rights of Children and Young Persons (Wales) Measure 2011.

However, the continued impacts of the pandemic, cost-of-living crisis, and effects of high inflation on our public services and budgets mean, now, more than ever, we must do everything within our powers to improve the experiences and opportunities for all children and young people in Wales.

Our Children's Rights Scheme provides the strategic framework to ensure children's rights are at the core of decision-making, policy and practice for Welsh Government Ministers and officials.

The participation of children and young people will continue to be key in the development and delivery of our legislation, policies and programmes. Listening to, hearing and acting on the views of children and young people is at the heart of our approach.

We have published a Raising Awareness of Children's Rights Plan, aimed at children and young people; their parents and carers; and professionals working with children and young people, to set out what we will do to raise awareness. We are making good progress on delivering against the actions set out in it but there is still work to be done to support our wider public services. This will include promoting the Right Way – this is the framework developed by the office of the Children's Commissioner for organisations to adopt a children's rights approach.

Children and young people are experts in their own lives. We support their right to participation through funding *Children in Wales* to run *Young Wales*, Welsh Government's primary participation model, to bring the views of children and young people into policies, programme and legislation development.

Early years.

I want to ensure that all babies and young children, irrespective of their background, are supported to have the best start in life and an opportunity to reach their full potential as set out in our [Children and Young People's Plan](#). Childhood experiences play a significant part in shaping individuals' futures and are critical to the chances of leading a healthy, prosperous, and fulfilling life. Positive childhood experiences,

particularly in the first 1,000 days, can help lay the foundations for children to be able to go on to live long, happy, healthy, and prosperous lives.

I want to focus on prevention and early help. *Parenting. Give it time* promotes the importance of positive parenting for parents with children up to age 18. We know such an approach is likely to ensure improved outcomes for children, and this is why it underpins our universal parenting support offer. Our Families First programme also places an emphasis on early help by supporting a multi-agency approach to working with the whole family to stop issues escalating towards crisis.

Through support for Family Information Services (FIS) and our new [Teulu Cymru](#) web pages we are ensuring families and parents have access to free and impartial help, support, guidance and advice on a range of family issues including childcare, costs of childcare, family programmes, health and financial matters, which can all help support positive home environments in which children will be able to develop and thrive. Our early help programmes help to avoid or mitigate the impact of Adverse Childhood Experiences by working with families to build on their strengths and resilience.

The Welsh Government continues to place great value on Play and its importance in the lives of children in our society. Access to high quality play opportunities is critical for the social, emotional and physical development of all children. I will take forward short, medium and long-term actions in response to the Ministerial Review of Play report in securing improved opportunities for children to play, championing and protecting children's right to play.

High-quality, accessible and inclusive childcare can be transformational for children. It brings opportunities for parents – particularly mothers – and is key to our efforts to tackle child poverty and reduce inequalities. Childcare is critical to tackling poverty. High-quality nursery education and early help services help counter the effects of poverty on children and families by supporting children's development and improving educational outcomes. Flexible, affordable childcare provision is central to supporting parents to improve their income through work or by accessing education and training. In our investment within the Childcare and Early Years programme we are committed to strengthening and supporting the childcare infrastructure. The capital programme supports the expansion of childcare places and meets our Programme for Government commitment to fund childcare for more families where parents are in education and training or on the edge of work; deliver a phased expansion of early years provision, to include all two-year-olds, with a particular emphasis on strengthening Welsh medium provision; and continue to support the flagship Flying Start programme

Flying Start is the Welsh Government's flagship early years programme supporting families from some of our most disadvantaged communities. It continues to make a real difference to the lives of children with the greatest need and the Welsh Government has reaffirmed its commitment to continue to support the programme throughout this term of government. We are committed to continuing to support the core Flying Start programme and expanding the reach of early years provision to include all two-year-olds across Wales.

Flying Start includes health visitors, childcare staff, community nursery nurses, and speech and language therapists. This approach – and the learning and good practice from our Early Years Integration Transformation Programme pilots – will help shape our strategic thinking on how we can best support the integration and transformation of maternity and early years services in the medium and longer term, adopting a whole system approach, where services are aligned and meet the needs of children and their families.

The *Talk with Me* delivery plan focuses on universal support for children’s speech, language and communication development which is critical for long-term wellbeing outcomes.

We also support a number of policy interventions aimed at supporting parents, particularly women, to work and retrain. The Childcare Offer is one of those. While this policy has a focus on improving economic prospects for families, the quality of provision is ensured because all settings providing the Childcare Offer must meet the quality standards set out in our National Minimum Standards. We will be reviewing the current funding rate for the Childcare Offer to help ensure it remains sustainable for providers and accessible for parents.

And, to ensure the childcare element of the offer is inclusive to eligible children who need additional support, help has been made available via a separate funding stream called the Childcare Offer for Wales Additional Support Grant. Local authorities can draw on this funding to help ensure that eligible children with additional needs are able to access the childcare element of the offer in the same way as other eligible children.

In addition, local authorities have a statutory duty to ensure there is sufficient childcare available to help parents to work or train, including families with children with additional needs. The Welsh Government provides funding to local authorities through the Childcare and Play element of the Children and Communities Grant to help address gaps in provision. In using this funding local authorities are asked to give special consideration and support to the childcare and play needs of low-income families; families with children with additional needs; and families wishing to access provision through the medium of Welsh.

All those working with babies and young children in Wales have such an important role to play in supporting them to be themselves, play, learn and grow. We want our workforce to thrive, be equally valued and mutually respected across education, childcare and playwork. We want to attract the right people into the childcare, playwork and education sectors with the skills and behaviours to provide high quality play, learning and care opportunities for babies and young children. We need to ensure training and qualifications are accessible for our workforce and are based on effective practice and standards. We need training which supports the workforce to fully understand how babies and young children learn and develop, and we want to support the existing workforce to gain the skills they need to progress in their careers and access more employment opportunities.

First 1,000 Days

Key to my commitment to early years, the first 1000 days centres around providing children with the best possible start in life. It was established in response to strong evidence that suggests the **period during pregnancy up to the child's second birthday** offers the greatest potential for impact in both improving outcomes and reducing inequalities. During this time, the foundations for future health, mental well-being and social developments are laid. Evidence highlights the significance of this early phase, shaping not only individual lives throughout the life course but also impacting on generations to come.

The Healthy Child Wales Programme (HCWP)

The HCWP is a key Welsh Government commitment and sets out the strategic direction for health boards in Wales to deliver a universal health visiting programme for children and their families, from maternity service handover and continuing through to the first years of schooling. The programme offers universal support to all families in Wales, with services tailored according to need. These universal contacts focus on three key areas:

- screening;
- immunisation; and
- monitoring and supporting child development.

The **implementation of the HCWP commits us to supporting the health and welfare of all children aged 0-7 years** and aims to achieve to the following key priorities, to:

- deliver key public health messages from conception to 7 years, so that families are supported to make long term health enhancing choices;
- promote bonding and attachment to support positive parent-child relationships resulting in secure emotional attachment for children;
- promote positive maternal and family emotional health and resilience;
- support and empower families to make informed choices in order to provide a safe, nurturing environment;
- assist children to meet all growth and developmental milestones enabling to achieve school readiness;
- support the transition into the school environment;
- protect them from avoidable childhood diseases through universal immunisation;
- ensure early detection of physical, metabolic, developmental or growth problems through an appropriate, universal screening programme.

The Welsh Government has recently introduced a unified operating model to underpin the existing school nursing framework in Wales. This model **extends the current Healthy Child Wales Programme, offering universal public health services to all compulsory school-aged children, regardless of their**

educational setting. NHS Wales aims to fully implement this model across Wales within the next 2 years.

Mental health.

The Welsh Government has recently published a new all-age [draft Mental Health and Wellbeing Strategy](#) for public consultation. In drafting this document, a wide range of reviews, evidence and committee reports informed this work. Its overarching vision is that people in Wales will live in communities which promote, support and empower them to improve their mental health and wellbeing, and will be free from stigma and discrimination. The implementation of our final published strategy will take a rights-based approach to ensuring that everyone has the best mental health possible. There will be a connected system of support across health, social care, third sector and wider, where people can access the right service, at the right time, and in the right place. Care and support will be person-centred, compassionate and recovery-focused, with an emphasis on improving quality, safety and access. Care and support will be delivered by a workforce that feels supported and has the capacity, competence and confidence to meet the diverse needs of the people of Wales.

This strategy has been developed with the understanding that there will need to be a way of setting priorities, ensuring best use of existing resources and an opportunity to be clear about what can realistically be delivered. The published strategy will be accompanied by a delivery plan which, over the life of the strategy, will be renewed and refreshed and will be developed in close collaboration with our stakeholders. This work will be key to driving work that supports the vision outlined in the strategy.

To assure progress against the new strategy we have established a Joint Ministerial Assurance Board, which I will jointly chair with the Minister for Social Care. Following the consultation period, which ends on June 11, these responses will be key to informing our priorities within the final strategy and the initial delivery plan which will accompany it.

Alongside this work, the 111 Press 2 service is now available to everyone in Wales to access urgent mental health support, 24 hours a day, seven days a week. The implementation of 111 press 2 is part of broader improvements to services for urgent mental health support, including mental health sanctuary spaces for adults and children and a conveyance service providing transport arrangements for those who need it. Work is also underway to integrate these services and provide a truly joined-up, no wrong door approach to delivering mental health support – underpinned by the aims of the new Mental Health and Wellbeing Strategy and the principles of the [NYTH / NEST Framework](#).

We have also established the *Strategic Programme for Mental Health* within the NHS Wales Executive. The programme is working to improve safety and outcomes by reducing unwarranted variation across mental health services in Wales, whilst working towards equity and parity between physical and mental health services. A

key priority will be to look at focusing on work that enables our mental health services to run sustainably and efficiently. This will include the development of a mental health digital and data plan, work with organisations to develop a prioritised capital and estates strategy and continue to invest in the implementation of the Strategic Mental Health Workforce Plan.

Suicide and self-harm prevention.

Preventing suicide is a priority for the Welsh Government and we have targeted additional funding to support this agenda, transforming the infrastructure in Wales to prevent suicide and self-harm. This includes strengthening the local multi-sectoral partnership arrangements through regional co-ordinators and driving national action with our national suicide and self-harm prevention lead in the NHS Wales Executive.

The Welsh Government's [draft suicide and self-harm prevention strategy](#) is currently out to public consultation. The draft strategy includes a focus on strengthening our understanding of the risk factors associated with suicide and self-harm and targeting efforts to support the most vulnerable. Its overall vision is that people in Wales will live in communities which are free from the fear and stigma associated with suicide and self-harm and are empowered and supported to both seek and offer help when it is needed. The strategy also recognises that suicide is preventable and never inevitable, and that we all have a role to play. The strategy has been developed following significant stakeholder engagement and the current consultation provides another opportunity for stakeholders to shape the strategy and our actions over the next 10 years.

Other developments include introducing real time suspected suicide surveillance ([RTSSS](#)) in Wales in 2022 to improve the quality of data and intelligence to inform and target suicide prevention through partnership working, and to ensure support is made available. The first [RTSSS annual report](#) on deaths by suspected suicide was published on 11 January 2024.

We will be publishing new guidance about 'Responding to people bereaved, exposed, or affected by suicide'. This is aimed at services which meet people impacted by a sudden or unexplained death which could be a possible suicide to provide a more compassionate response. We have also recently commissioned a new National Liaison and Advice Service for those bereaved or affected by suicide. This new service will enhance provision across Wales, ensuring timely support to those impacted by the tragic loss of someone to suicide.

Our wider improvements to mental health support also contribute to our suicide and self-harm prevention programme. This includes making services much easier to access through our CALL helpline, online Cognitive Behavioural Therapy, and national developments such as 111 press 2 for urgent mental health and funding the provision of sanctuary services supporting those in crisis locally.

Social Prescribing.

As outlined in our Programme for Government, we are committed to developing a [National Framework for Social Prescribing](#) which delivers a vision of social prescribing in Wales that is of a consistent high-quality standard across the country.

The National Framework for Social Prescribing aims to develop a common understanding of the language used and the approach taken to social prescribing in Wales; support social prescribing practitioners and drive-up skills; set out the outcomes expected from a user, organisation, commissioner, and referrer perspective; and ensure a quality of provision by community assets. It will also monitor and evaluate the development of social prescribing as it continues to grow across Wales.

Several component parts of the National Framework have been completed, including an [explainer video](#), a [report](#) containing a suite of case studies, [competence framework for social prescribing practitioners](#), and a [glossary of terms](#). However, several component parts are to be completed, with work ongoing regarding development of core data set guidance, guidance for community assets, and development of national specification for social prescribing in Wales.

Dementia.

The Dementia Action Plan, which was published in February 2018, outlined our vision for dementia care and support in Wales. This included a focus on action across the pathway – from raising awareness and understanding; recognition and identification; assessment and diagnosis; living as well as possible, for as long as possible with dementia to supporting those who need increased support. This plan was refreshed, with a companion document published in September 2021, which reaffirmed our priority areas considering the impacts we had seen as part of the pandemic. Our priorities for the successor arrangements are being confirmed.

When the plan was published in 2018 its implementation was supported by funding allocated to Regional Partnership Boards (RPBs). The RPBs now receive £12m annually, through Regional Integration Funding (RIF), to support the implementation of the plan's vision and to develop a joint health and social care approach to dementia support.

The Welsh Government has commissioned Improvement Cymru to deliver a dementia programme which provides support to health and social care colleagues, through the established RPBs. The dementia programme has had five work streams: community engagement, memory assessment services, dementia connector, hospital charter and workforce development and measurement. These are aimed at supporting consistent practice and where appropriate, once-for-Wales approaches. Improvement Cymru hosts a number of resources, including its work plan, on their webpages for those working with people living with dementia.

A key component of this dementia programme has been the establishment of the all-Wales dementia care pathway of standards. These were published by Improvement

Cymru in 2021, following extensive engagement with individuals living with dementia, carers, voluntary organisations and health and care professionals. The co-produced pathway promotes a whole systems integrated care approach with each region's dementia board having the standards as a core agenda for advancing dementia care locally. Improvement Cymru continues to work with RPBs to implement these standards through their work streams. We have also provided funding for a national consultant allied health professional lead for dementia. A key aspect of the role is to support increasing the role and profile of allied health professionals within dementia care by providing advice and support to health boards and local authorities to drive forward service improvements and share best practice to support consistency across Wales.

I want to build on the work that has been undertaken already. Statistics tell us that the predicted figures of people living with dementia will increase, and we need to face up to the challenges that this will present. In the short time in my role, I have heard about the importance of increasing access to timely diagnosis and to ensure that our system is able to react to the positive advancements in research, such as emerging models of care and treatment options. Continuing to work to support person-centred care will be a key priority for me.

Work has begun on the successor arrangements to the dementia action plan. This will be informed by an independent evaluation of the plan, which is continuing to assess its impact on dementia care and support in Wales. An interim report has been received, with a final evaluation due at the end of the year. We will also be engaging over the summer months with colleagues across Wales about how people can be involved in developing the priorities for our successor plan. We are keen to ensure that people have a range of ways to be involved in this work and we will develop our engagement plan with the Dementia Oversight of Implementation and Impact Group (DOIIG).

Neurodivergence.

Wales has a strong record of improving services for neurodivergent people and significant improvements have been achieved in awareness raising, the provision of supporting resources and in workforce training. In 2016, we established the Integrated Autism Service for adults and families, and we published the Statutory Code of Practice on the Delivery of Autism Services in 2021. However, despite significant additional investment, services for children and young people have been unable to meet the continuous rising demand for assessment and support. The three-year neurodivergence improvement programme was established in 2022, to tackle fragility in some service areas and to develop sustainable and integrated services, and we are reviewing the achievements already made and considering options for future improvement.

The growing awareness of autism, ADHD and other neurodivergent conditions has led to unprecedented demand for assessment and support. We undertook a demand and capacity review of services, which confirmed our understanding that despite the additional investment made through the Together for Children and Young People programme, much more is required to build integrated and sustainable services for

the future which could meet increased need.

The three-year neurodivergence programme started in 2022. Backed by £12m, the programme is focused on reducing assessment waiting times, improving capacity in existing services, improved access to information, advice and support pre-diagnosis. It is also targeted towards developing post diagnostic support and addressing significant gaps in support for conditions such as ADHD and Tourettes Syndrome.

The programme has just entered its third and final year. Tackling waiting times and improving the experiences and outcomes of neurodivergent children, young people and adults continues to be a significant priority for Welsh Government.

This year, £5m has been allocated through RPBs to drive forward transformational change and take an integrated and whole system approach. We are working in partnership with RPBs to deliver improvement on the ground and we have also provided guidance and a set of principles to underpin service improvement.

As well as tackling waiting times, we continue to focus on meeting presenting needs when they first arise. Supported by the National Neurodivergence Team we are working with partners such as local authority information advice and assistance services, Families First, third sector organisations to improve access to information, advice and develop models of early help.

The NHS Executive has conducted a review of children's neurodevelopmental services, and each health board has received a final report with recommendations for further improvement. This year we will continue to work with the NHS Executive on assessment pathways, data and capacity and demand modelling.

We will also continue our work with Social Care Wales and Health Education Improvement Wales in respect of workforce issues. An outcomes report on our recent workforce workshop held in March will be available shortly. We will continue to upskill and train the wider workforce to support the delivery of services to the neurodivergent population, reducing reliance on specialist services. We will work with specialist services to diversify the workforce and better utilise prescribing pharmacists and nurses, assistant psychologists and support workers.

We are working with education to support the implementation of the additional learning needs transformation to develop an improved offer of professional learning to education staff, and to align with the whole school approach. We aim to explore, understand, and further reduce barriers and improve enablers to pathways between education and health.

There is more to do across the wider system such as housing, employment, social welfare, GPs, and the criminal justice system to ensure staff within these services are skilled at adapting their approach and making reasonable adjustments to better support neurodivergent individuals.

We know that neurodivergent people are more likely to experience a range of co-occurring physical and mental health conditions. We are working with colleagues in primary care and mental health services. We have aligned with the NEST/NYTH framework for children's mental health and well-being. We have also worked with

mental health policy colleagues on the development of the mental health strategy and suicide and self-harm strategy, which are currently out for consultation. Our neurodivergence Ministerial advisory group will be providing a robust consultation response.

Alongside the neurodivergence improvement programme, we have commissioned an evaluation of the impact of the implementation of the autism code of practice. The first phase, which focused on practitioners' evidence, is now complete and a final report was published on 30 April. The main highlight that the implementation of the code is enabling us to build on an already improving service context and that the code has had a significant influence on raising awareness and training in both health and social care services. The evaluation makes a series of improvement recommendations for RPBs and each RPB has received a report detailing compliance with duties of the code.

The second part of the evaluation will be undertaken in summer 2024, and will engage with people who have accessed neurodivergence services. The learning from this evaluation will support the development of the new neurodivergence code of practice which will be delivered this Senedd term.

Policy advice for the development of services is provided through the neurodivergence Ministerial advisory group, which is co-chaired by neurodivergent people and membership includes people with lived experience and carers.

Learning Disability.

Wales has led the field in improving the lives of people with learning disabilities for more than 40 years since the closure of the long-stay learning disability hospitals in 1983 and re-settling residents into the community.

We know that disadvantages persist, and I am committed to the delivery of the Welsh Government's health and social care learning disability policy priorities set out in the Learning Disability Strategic Action Plan 2022-26. I will also be closely monitoring and providing Ministerial oversight on delivery of the wider cross-cutting policies within this action plan.

It is vitally important that we address the significant health inequalities and reduce the levels of avoidable deaths experienced by people with a learning disability while improving the services they use and increasing opportunities for them to live healthy, active, productive, and happy lives as valued members of their communities.

I am pleased I have already had the opportunity to meet with the chairs of our learning disability Ministerial advisory group and representatives of people with learning disabilities, including parents and carers to discuss some of the issues of greatest concern to them.

We want to see improvements to adult learning disability inpatient provision to reduce the number of people being cared for in a hospital setting, improve early

intervention and crisis management, reduce length of stay, explore issues around pathway of care delays, and reduce overmedication and restrictive practice.

This work-stream has arisen from the 2020 *Improving Care, Improving Lives* review of adult learning disability inpatient provision, which made 70 recommendations for the Welsh Government, health boards and local authorities. It is being overseen by the learning disability national implementation and assurance group. I have asked the group to provide me with an interim report on progress of delivery of these recommendations, and will make this available to all interested parties when received.

Annual health checks and other initiatives can improve physical health through prevention, detection and early intervention, we need to increase the uptake of these checks. A significant amount of work has been done with health boards to test new approaches to the delivery of health checks on a cluster basis rather than a GP-led service. Much work has also been done to update GP learning disability registers to ensure that as many eligible people as possible have access to a health check.

We are about to commence two pilot projects. The first will test a delivery model, led by a multi-disciplinary community learning disability team, and the second will explore the benefits of health checks for children aged 14 to 17. These pilots will also test a new electronic health check process that could be rolled out nationally.

We are increasing learning disability awareness training for health and social care staff. Staff will have improved skills levels, necessary for their roles enabling them to recognise and understand the needs of people with learning disabilities and to make reasonable adjustments to meet these needs for people accessing services. We have successfully rolled out the foundation phase of the Paul Ridd learning disability awareness training programme, which is mandatory for all NHS staff in a public-facing role. To date, more than 55,000 staff have completed this training. We are finalising the adaptation of this training to be rolled out to social care staff.

We have worked with Health Education Improvement Wales (HEIW) to develop tier 2, enhanced training for health and social care staff and this will be launched in the coming months. HEIW have also been commissioned to develop the tier 3 advanced training programme to be launched in 2025-26.

Learning disability services for children and young people are inconsistently provided across Wales and have traditionally lacked a joined-up approach across the public sector. We are at a relatively early stage in this work, and we are concentrating on reviewing current children and young people's services across health, social care and education, with a view to develop a more integrated approach to delivery. This work has a specific focus on transition services. Working closely with partners, we aim to develop a national vision for the future of children and young people's learning disability services.

We have worked with the former Improvement Cymru team, now part of the NHS Executive, to undertake a review of mortality among people with a learning disability between 2012 and 2022. This was published last month. It provides clear evidence that people with learning disabilities continue to die around 20 years earlier than the

general population, from issues that are potentially avoidable. A learning from deaths process is being developed as a result of this work.

The [Learning Disability Strategic Action Plan](#) brings together cross government action to improve services improvement and support. In addition to the key priorities, I have already highlighted for health and social care, the strategy also focuses on the wider priorities identified by people with learning disabilities, which will all have an impact on individual well-being. We will shortly be publishing an annual progress report on all the actions in the action plan.

The learning disability Ministerial advisory group also provides the Welsh Government with expert advice on learning disability policy. We are re-establishing the group. Membership includes people with learning disabilities and lived experience and third sector organisations, health professionals and public sector service providers. I have met the new chairs, and I will be attending the next meeting on 3 June.

Substance misuse

Tackling substance misuse – drugs and alcohol – is rooted in a harm reduction approach, which recognises addiction as a health and care issue rather than one which is solely related to criminal justice. I want to ensure people in Wales are aware of the dangers and the impact of substance misuse and to know where they can seek information, help, and support.

We have protected and increased funding for frontline substance misuse services, which has risen this year to more than £67m, with a further £2m allocated directly to substance misuse area planning boards which commission services in their areas.

A current priority for me is how we are responding to recent increase of synthetic opioids, particularly nitazines. We are working closely with partners on this agenda to ensure harm reduction messages are being given out, particularly through our WEDINOS programme.

The distribution of Naloxone continues to be a key part of tackling this issue as all areas are being encouraged to provide more than one naloxone kit to individuals. We are also continuing to work with peers and police forces across Wales to further increase the distribution of naloxone.

Another priority area for me is the ongoing implementation of injectable buprenorphine (Buvidal). This has significantly reduced the need for service users to attend community pharmacies and clinics. More than 1,700 service users across Wales are now benefitting from this treatment and there is significant anecdotal evidence that many are experiencing significantly improved outcomes. We continue to monitor the impact.

We will continue to work with our area planning boards to ensure a range of services and support is in place to support people who are experiencing alcohol problems. I believe the introduction of the minimum unit price (MUP) for alcohol will help reduce alcohol-related harm and support people to drink responsibly. The intended effect of

this legislation is to tackle alcohol-related harm, including alcohol-attributable hospital admissions and alcohol-specific deaths in Wales, by reducing alcohol consumption in hazardous and harmful drinkers.

Gambling

The Welsh Government supports a preventative, early intervention and public health approach to protect people from gambling-related harm. Harmful gambling has links to mental health, it impacts families and communities, and even leads to suicide in extreme cases.

We are working closely with the UK Government following its review of the Gambling Act 2005 and its plans to reform gambling legislation. This includes the development of a statutory levy on industry to secure long-term funding for gambling research, education, and treatment. We are also working closely with our stakeholders in Wales and have established a stakeholder advisory group to support the policy changes in Wales.

**Y Pwyllgor Deddfwriaeth,
Cyfiawnder a'r Cyfansoddiad**

**Legislation, Justice and
Constitution Committee**

Welsh Parliament

Cardiff Bay, Cardiff, CF99 1SN

SeneddLJC@senedd.wales

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0300 200 6565

Rt Hon Stephen Crabb MP
Chair, Welsh Affairs Committee

14 May 2024

Dear Stephen

Parc Prison

As you expressed in your supplementary to the urgent question asked by Chris Elmore MP in the Commons Chamber yesterday, the current situation in HM Prison Parc is deeply concerning.

We expressed our concerns at the position that has emerged during our Committee yesterday following correspondence from Adam Price, a member of our Committee.

We are aware that prisons and offender management is a reserved matter under Schedule 7A of the *Government of Wales Act 2006*. However, by virtue of an exception to that reservation, the provision in prisons of health care, social care, education, training or libraries are devolved matters. We are therefore exploring options for any work that we could undertake, including with other Senedd Committees, given the gravity of the situation at the prison.

We are aware that your Committee is undertaking an inquiry into prisons in Wales, and you will be taking evidence from the Minister for Prisons, Parole and Probation tomorrow. We will therefore follow the work of your Committee on this issue and look forward to seeing your final report and recommendations.

As the committees responsible for the respective scrutiny of the provision of healthcare and education to prisoners in Wales, and for considering equality and human rights issues, I am copying

this letter to the chairs of the Health and Social Care Committee, the Children, Young People and Education Committee, and the Equality and Social Justice Committee.

Yours sincerely,

A handwritten signature in black ink that reads "S. Murphy". The signature is written in a cursive style with a long, sweeping tail on the letter "y".

Sarah Murphy
Chair

Eluned Morgan AS/MS
Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol
Cabinet Secretary for Health and Social Care

Agenda Item 7.2



Llywodraeth Cymru
Welsh Government

Sarah Murphy MS
 Chair
 Legislation, Justice and Constitution Committee

SeneddLJC@senedd.wales

14 May 2024

Dear Sarah

Thank you for your letter of 30 April 2024 about the Legislative Consent Memorandum for the UK Tobacco and Vapes Bill, which is currently progressing through the UK Parliament. The Legislative Consent Memorandum on this Bill was laid on 9 May.

As you highlight, the intention to legislate in this area was announced by the Prime Minister at the Conservative Party Conference on 4 October. At that time, there had been no discussions with the Welsh Government about the proposed legislation.

The then Deputy Minister for Mental Health and Wellbeing met the Parliamentary Under Secretary of State for Primary Care and Public Health on 6 October for an initial discussion about the proposals. During that meeting, the Deputy Minister confirmed her agreement in principle to undertaking a joint, UK-wide consultation about measures to create a smokefree generation and to tackle youth vaping, subject to officials' review of the consultation paper. As the consultation was launched on 12 October, my officials worked swiftly to ensure the Welsh position was accurately reflected in the consultation documents and to support the provision of the consultation document in Welsh.

On 7 November, in the King's Speech, the UK Government announced its intention to introduce the Tobacco and Vapes Bill in the fourth session of Parliament. The Parliamentary Under Secretary of State for Primary Care and Public Health wrote to me on 22 November requesting my view on the proposed Bill applying to Wales. The Deputy Minister for Mental Health and Wellbeing responded on 24 November that she was willing to indicate in principle that the Tobacco and Vaping Bill should apply to Wales and confirmed that Welsh Government officials would continue to work closely with officials in the Department of Health and Social Care on the detail of the provisions and their application to Wales. Following the consultation, my officials supported the process of analysing the responses and we have worked with the other UK nations to develop the policy and legislative proposals, including the development of the consultation response document. On 12

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

Gohebiaeth.Eluned.Morgan@llyw.cymru
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.

January 2024, the Deputy Minister for Mental Health and Wellbeing wrote to the Parliamentary Under Secretary of State for Primary Care and Public Health to confirm her agreement for the consultation outcome document to set out the policy direction in relation to Wales. This [document](#) was published on 29 January by the UK Government and the Deputy Minister for Mental Health and Wellbeing issued a [Written Statement](#) to update Members.

A meeting attended by Ministers and representatives of the four nations was held on 17 January to discuss the development of the Bill. UK Government officials shared drafts of their policy documents and draft Bill clauses as they were being developed for my officials to provide their views during the development of the provisions. My officials also attended regular weekly meeting with officials from the other UK nations to discuss policy issues and the Bill's development.

The Deputy Minister for Mental Health and Wellbeing reviewed and noted a draft version of the Bill on 12 February. On 18 March, the Parliamentary Under Secretary of State for Primary Care and Public Health wrote to the Deputy Minister for Mental Health and Wellbeing to inform her the Bill would be introduced on 20 March, enclosing a further draft version of the Bill. The Deputy Minister for Mental Health and Wellbeing responded on 19 March.

The United Kingdom Internal Market Act 2020 was one of the considerations why it would be appropriate to adopt a four-nations approach to the UK Tobacco and Vapes Bill, however the overriding consideration was public health benefit. Our decision to engage in this Bill is because, if passed, it represents one of the most significant public health interventions in a generation. This is a view shared by many stakeholders during the Bill's recent Committee evidence sessions.

The decision to work jointly was taken early on during the process because all governments could see clear benefits to public health from a united approach. Given that the Bill was planned for the fourth Parliamentary session, the Bill also provided an opportunity to respond swiftly to pressing public health issues and protect children and young people from nicotine addiction.

You also asked what discussions we had with the UK Government about the level of detail on the face of the Bill, and the scope and procedure for the delegated powers. In conjunction with our colleagues across the UK, we have been engaged with the UK Government on these issues and consider that the right balance has been struck on this occasion between the need to give due and proper scrutiny to the provisions on the face of the Bill and the need to retain flexibility, in particular, to respond to the rapidly evolving vaping industry. The approach in relation to the delegated powers provided for in the Bill was discussed during the meeting on 17 January.

The Deputy Minister for Mental Health and Wellbeing made clear her position that for the most part, any powers in the Bill that are to lie with the Secretary of State, that are within Welsh devolved competence (for example those in Part 4 of the Bill, regulating the product requirements of tobacco and vaping products) should only be made with the consent of the Welsh Ministers (see Clause 67(a)). Whilst we recognise the need for some regulations to be made on a UK-wide basis for reasons of coherence and consistency, it was considered essential that Welsh Government officials are involved in the development of the regulations to ensure they take account of the Welsh policy position and perspective. I am pleased to see this approach has been adopted in the Bill.

I welcome the provisions in the Bill that give the Welsh Ministers the power to make regulations to deal with specific Welsh circumstances, as the need arises (for example to regulate retail displays for vapes and other nicotine products in Wales). I am also content the procedure attached to each of the delegated powers in the Bill is appropriate and ensures the provisions are sufficiently scrutinised.

All powers delegated to the Welsh Ministers in the Bill will be subject to Senedd scrutiny in line with our procedures.

Yours sincerely,

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

Eluned Morgan AS/MS

Cabinet Secretary for Health and Social Care

Ysgrifennydd y Cabinet dros Iechyd a Gofal Cymdeithasol

Agenda Item 7.3



Welsh Royal Colleges
Child Health
Collaborative

Cydweithredfa
Iechyd Plant
Colegau Brenhinol Cymru

First Minister of Wales
Welsh Government
5th Floor
Tŷ Hywel
Cardiff Bay
CF99 1NA

Monday 20 May 2024

Dear First Minister

We have come together as 20 organisations today to form the Welsh Royal Colleges Child Health Collaborative (WRCCHC).

Together we're asking how your government will improve health outcomes for babies, children and young people and how you will ensure the sustainability of the workforce that care for them.

Recently both the [Academy of Medical Royal Colleges](#) and [Academy of Medical Sciences](#) published stark reports that highlight the wide-ranging evidence of declining health among children.

We echo the stark warning of these reports as we see every day the impact of poor child health, the disproportionate impact of health inequalities on children and the consequence of this on people's long-term health and wellbeing.

Major health issues like infant mortality, obesity and tooth decay are not only damaging the nation's youngest and their future, but also the nation's economic prosperity. The issues we see today will impact the health of future generations, our economic potential and will cost more to address in the future.

In Wales we have an opportunity to do things differently and improve our children's life chances. We urge you to seize this opportunity and answer the urgent calls to prioritise babies, children and young people's health and the services that provide for them.

The health of children in Wales

Emergency department attendance: 18,924 children (under 18s) attended an NHS Wales emergency department in February 2024, compared to 15,507 in February 2022. An increase of 22%.

Waiting lists: There are 7,310 under 18s waiting longer than a year for treatment, and 1,212 waiting longer than two years (February 2024). Those waiting longer than a year for an outpatient appointment have increased by 18% since September 2022 (3210/3779).

Mental health: 1 in 6 children and young people have a diagnosable mental health problem, and many more struggle with challenges from bullying to bereavement.

Poverty: 29% of children are living in relative income poverty, compared to 21% of working adults and 16% of pensioners in Wales.

Healthy Child Wales Programme: Over 62,000 contacts which should have been offered in 2022 were not recorded as taking place.

Breastfeeding: Whilst over 60% of women intend to breastfeed, the figure falls to 26% reporting any breastfeeding at 6 weeks.

Physical activity: Only 17% of young people (aged 11-16) are active for at least 60 minutes across every day of the week, while nearly a third (32%) of children (aged 8-11) reported watching TV/screens for two hours or more every day.

Oral Health: Nearly a third (32.4%) of year one school aged children had experienced dental caries. This increases to 43.4% of those in the most deprived quintile a rise of 1.2% compared to the previous year.

Healthy weight: The proportion of children overweight or obese ranges from 24.1% in Powys and Cardiff and the Vale, 27.6% in Betsi Cadwaladr, 28.3% in Swansea Bay and 29.2% in Hywel Dda University Health Board.

Smoking: 4% of 11-16 year olds identify as current smokers, rising to 9% of those aged 15-16. Adolescents from less affluent families are twice as likely to be current smokers as those from more affluent families.

Vaping: 1 in 5 (20%) of secondary aged learners (Year 7 to 11) have tried vapes. With 5% reporting using of vapes regularly, rising to 14% for Year 11 pupils.

Speech, language and communication skills: 4.8% of school children in Wales have speech, language & communication needs with nearly a third (32%) living in areas of high social disadvantage.

Safeguarding: The proportion of children on the child protection register has remained stubbornly high at 14% since 2017.

As a collaborative of Royal Colleges and professional bodies we have expertise in pharmacy, nursing, public and oral health with professions in primary, secondary and community care. We'd like to offer expert advice and support and work with you to improve children's health.

The WRCCHC aims to ensure a sharper focus and understanding on the current and necessary support for babies, children and young people and the workforce we represent.

We have established common work areas of health inequalities, workforce, data, safeguarding and accountability. However, this is not an exhaustive list. As individual organisations we all have our own priorities and expertise, but we all feel the need to focus on the common work areas identified above.

We look forward to working with you, your ministers and both the NHS Executive maternity and neonatal network and child health network.

Kind regards

Yours sincerely,



Welsh Royal College Child Health Collaborative (WRCCHC) as designed by Ty Hafan Youth Board.

Endorsed by:

1. Royal College of Paediatrics and Child Health (*WRCCHC Chair*)
2. Royal College of General Practitioners (*WRCCHC Vice Chair*)
3. British Dental Association
4. British Psychological Society
5. Chartered Society of Physiotherapists
6. College of Paramedics
7. Faculty of Intensive Care Medicine
8. Faculty of Public Health

9. Royal College of Emergency Medicine
10. Royal College of Midwives
11. Royal College of Nursing
12. Royal College of Occupational Therapists
13. Royal College of Pathologists
14. Royal College of Physicians
15. Royal College of Podiatry
16. Royal College of Psychiatrists
17. Royal College of Speech and Language Therapists
18. Royal College of Surgeons of Edinburgh
19. Royal Pharmaceutical Society
20. Society of Radiographers

CC'ing for information

Cabinet Secretary for Health and Social Care, Eluned Morgan MS

Minister for Mental Health and Early Years, Jayne Bryant MS

Minister for Social Care, Dawn Bowden MS

Chief Medical Officer, Dr Frank Atherton

Chief Allied Health Professions Adviser, Ruth Crowder

Chief Nursing Officer, Sue Tranka

Chief Pharmaceutical Officer, Andrew Evans

Agenda Item 7.4

Business Committee

Senedd Cymru

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Chairs of Senedd committees

22 May 2024

Committee remits

Dear Chair,

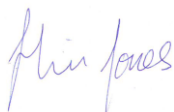
During the Business Committee's meeting on 14 May, we considered a letter from the Chair of the Climate Change, Environment, and Infrastructure Committee regarding challenges in relation to that Committee's remit which have arisen from recent changes to ministerial portfolios.

The Business Committee agreed to write to other Senedd committees to invite you to provide any views that you have on current committee remits, in order that we can consider any issues that have arisen in a coordinated manner.

I intend for the Business Committee to return to consider these matters further ahead of the summer recess and would therefore be grateful to receive any views or reflections that your Committee has by Friday 21 June 2024. Please let me know if you anticipate having any difficulty responding in this timeframe.

I enclose a copy of the correspondence sent from the Chair of the Climate Change, Environment, and Infrastructure Committee concerning their remit for context.

Kind regards,



The Rt Hon. Elin Jones MS

Y Llywydd and Chair of the Business Committee

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

Elin Jones MS

Llywydd

Chair of the Business Committee

10 May 2024

Dear Llywydd,

Committee Remits following the recent reconfiguration of the Welsh Government Cabinet

I am writing to request that the Business Committee consider the remits of policy committees following the appointment of the First Minister and subsequent reconfiguration of cabinet portfolios.

You will be aware that the recent changes to ministerial roles resulted in a significant redistribution of responsibilities, particularly those of the former Minister for Climate Change. The Climate Change, Environment and Infrastructure Committee's remit now covers the portfolios of four cabinet secretaries, encompassing diverse and substantial policy areas, as follows:

Cabinet Secretary for Economy, Energy & Welsh Language

- Energy policy, including renewable energy
- Circular economy
- Ports policy, including freeports
- Oversight of Cardiff Airport
- Digital connectivity infrastructure

Cabinet Secretary for Climate Change & Rural Affairs

- All matters relating to climate change and the environment.

Cabinet Secretary for North Wales and Transport

- Rail services through the Wales and Borders franchise
- Bus services
- Active travel
- Roads policies

- Transport for Wales

Cabinet Secretary for Housing, Local Government & Planning

- Planning, including Future Wales: The National Plan 2040
- National Infrastructure Commission
- Coal tip safety
- National Parks

I do not believe it is realistic to expect the CCEI Committee to scrutinise such a wide range of portfolios effectively. I am concerned that certain significant areas of Welsh Government policy will likely go without scrutiny because of the challenges presented by the changes to cabinet portfolios. Scrutiny of the Welsh Government's draft budget, in particular, is likely to prove difficult, especially considering the time constraints under which committees already operate.

I would be grateful, therefore, if the Business Committee would consider a reconfiguration of committee remits to streamline the number of Cabinet Secretaries the CCEI Committee is required to scrutinise. This could include the transfer of planning and related matters, as set out above, to the Local Government and Housing (LGH) Committee. This could also include transferring the matters that fall within the portfolio of the Cabinet Secretary for Economy, Energy & Welsh Language to the Economy, Trade and Rural Affairs (ETRA) Committee.

These changes would decrease the number of Cabinet Secretaries requiring scrutiny by the CCEI Committee from four to two. However, they would not affect the number of Cabinet Secretaries requiring scrutiny by the ETRA or LGH committees.

Of course, given the overlapping nature of Senedd policy committee remits, I recognise that changes to the CCEI Committee's remit would not prevent the Committee from looking at a matter through the lens of the environment or climate change. However, these changes would mean that the CCEI Committee would not be the Committee with primary responsibility for scrutiny in that policy area.

I recognise the Business Committee will wish to consult other committees as part of this process and would be happy to discuss any issues with the Committee.

Yours sincerely,



Llyr Gruffydd MS,
Chair, Climate Change, Environment and Infrastructure Committee

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



HSC(6) 33-24 PTN 5

Swyddfa'r Gwasanaethau Ambiwylans Cymru
Welsh Ambulance Services Office

Our Ref: JK35/et

28 May 2024

Dear Committee Members

Health and Social Care Committee May 15, 2024: Supplementary Information from the Welsh Ambulance Services University NHS Trust

Further to the appearance at the above committee by Colin Dennis, Chair, Andy Swinburn, Executive Director of Paramedicine and myself, I am pleased to be able to provide additional information in respect of our non-emergency transport service (NEPTS) and our work on culture, as requested by committee members.

NEPTS

Members expressed an interest in the performance of our non-emergency transport service (NEPTS), including in respect of renal and oncology patients.

Detailed below is some further information relating both to key measures for renal and oncology transport, as well as performance against those measures, which I hope members will find helpful.

Key measures for renal and oncology transport

For both categories we have key performance indicators (KPIs) that measure timeliness for arrival before treatment and pick up after treatment. Our main focus is on the primary KPIs (measures with a "1" after them e.g. renal inbound 1) as our core goal is ensuring patients arrive for their treatment on time.

The secondary KPIs (with a "2" after them) are a new measure introduced in April 2023 as we wanted to make sure that we were focused on minimising patients arriving later than 15 minutes beyond their scheduled time. For context, 15 minutes is the time beyond which it has been determined that treatment could be impacted, i.e. if a patient arrives less than 15 minutes late, their treatment plan should hopefully be unaffected. While this is only a guide, we felt we needed a backstop measure to minimise the potential for all late patients being treated the same; clearly arriving 1 min late and 60 mins late are very different experiences and outcomes.

Mae'r Ymddiriedolaeth yn croesawu gohebiaeth yn y Gymraeg neu'r Saesneg, ac na fydd gohebu yn Gymraeg yn arwain at oedi

The Trust welcomes correspondence in Welsh or English, and that corresponding in Welsh will not lead to a delay

www.ambulance.wales.nhs.uk

Pencadlys Rhanbarthol
Ambiwylans

Pack Page 91
Regional Ambulance
Headquarters

Beacon House
William Brown Close
Llantarnam, Cwmbran
NP44 3AB

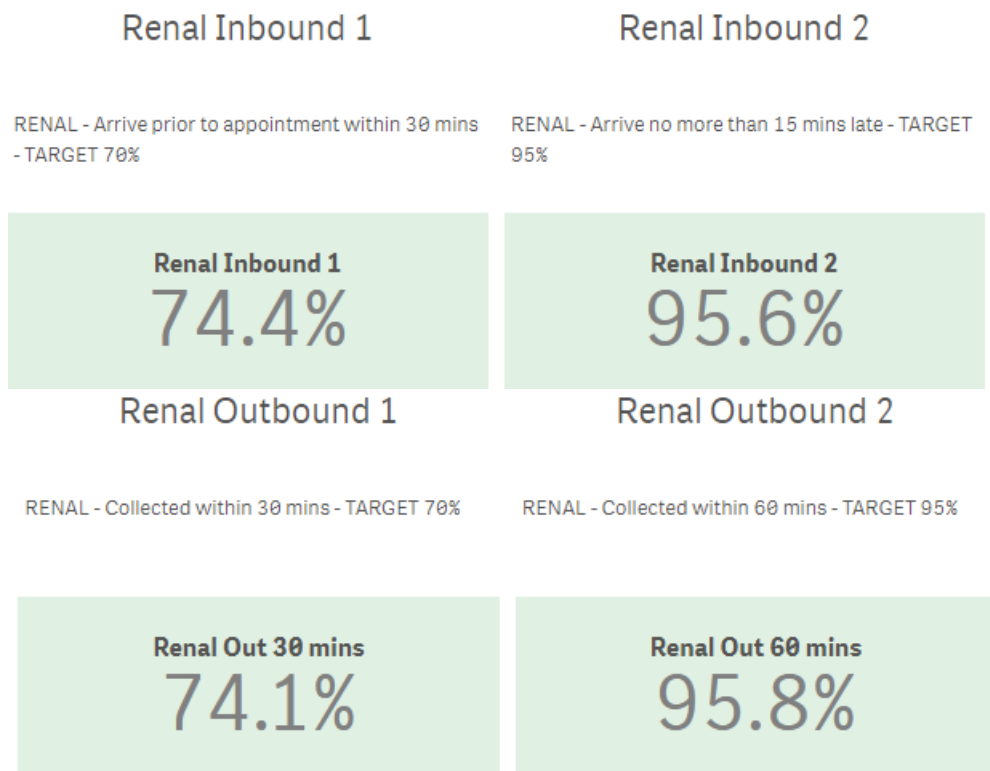
Ffôn/Tel
01633 626262

Current Performance

All data below is for April 23 – Mar 24 inclusive

Renal – this measures performance for patient journeys to attend unit-based haemodialysis only.

Performance for the main and secondary KPIs are detailed below. The first set is for inbound (patients travelling to dialysis), the second chart is for outbound (patients returning home).



We are meeting both the primary and secondary targets for renal service delivery. However, there are some key points for renal in addition to the consistently solid performance.

We survey our renal patients annually. We contact them on their birthday to wish them a happy birthday and also ask them some questions, which includes a small survey on their transport experience. Last year we scored more than 4 out of 5.

Since 2020 we have offered a reimbursement scheme that provides a mileage allowance to patients who wish to use their own transport to travel for treatment. This has increased choice for patients and allows all patients who wish to self-convey to do so without needing to worry about fuel costs. We were the first country in the UK to introduce this nationally, followed by Scotland earlier this year.

Oncology – this measures performance for patient journeys to attend oncology treatment (mostly chemotherapy or radiotherapy) only

Performance for the main and secondary oncology KPIs is detailed below. The first set is for inbound (patients travelling to treatment), the second chart for outbound (patients returning home).

Oncology Inbound

ONCOLOGY - Arrive within 45 mins and up to 15 mins late - TARGET 70%

Oncology Inbound 1

70.4%

Oncology Outbound

Oncology Inbound 2

ONCOLOGY - Arrive no more than 15 mins late - TARGET 95%

Oncology Inbound 2

80.9%

ONCOLOGY - Collected within 60 mins - TARGET 70%

Oncology Out 60 mins

77.3%

These KPIs are slightly different from renal in that we only have a primary KPI for outbound performance. For oncology, we are hitting the primary KPIs. The secondary inward KPI is more challenged as the numbers are so small and journey distances often long. However, we have actions in place to address this (see below).

Oncology performance: plans to improve

In addition to weekly scrutiny of the service performance through our performance management structures, we are also working on the following improvements:

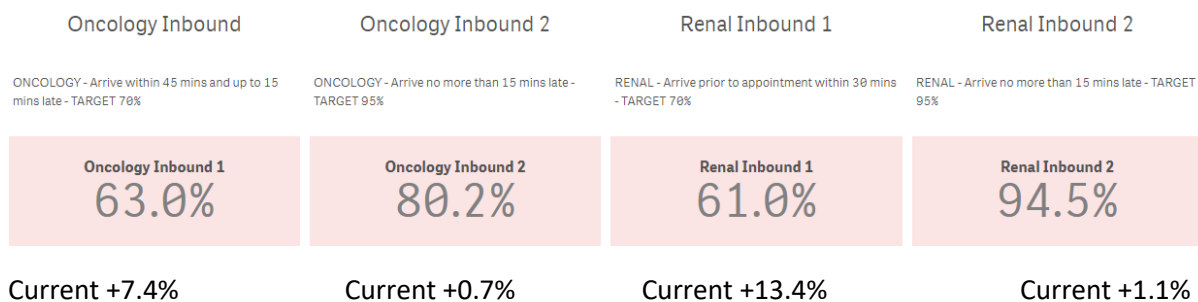
- We have invested in additional dedicated oncology transport provision to improve patient experience and timeliness.
- We are developing a national oncology transport hub to oversee and manage oncology journeys. The hub's primary role will be to review and coordinate patient journeys and ensure they are optimised. It will also provide a point of contact for oncology patients and cancer centres to raise issues connected with transport and be a fulcrum for system improvement. The hub will go live in the second half of 2024.
- As many of our cancer patients have relatively good mobility and can travel in a car, we have recruited a dedicated person to focus on recruitment of additional volunteer drivers to support oncology patient transport. This group of volunteers will primarily convey oncology patients and be matched with a suitable local patient who they will convey routinely through their treatment cycle. Patients have told us that a regular friendly face when they are travelling to and from their treatment is important to them.

Comparison with past performance

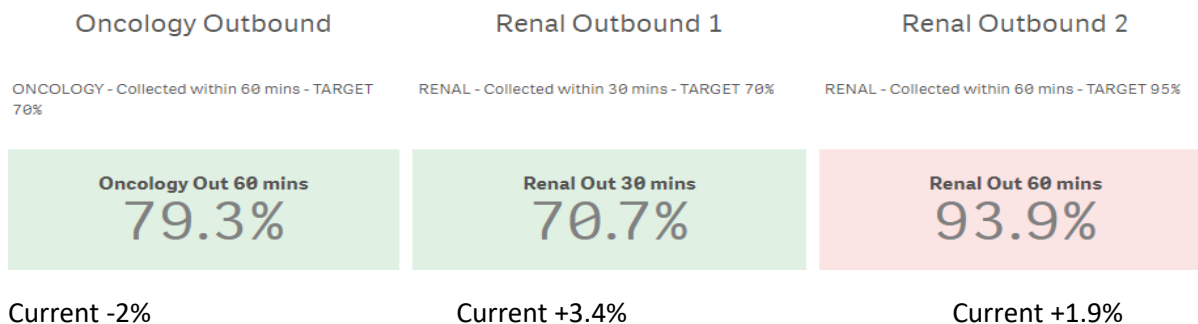
Comparatively, this was the performance for the same measures in the two years prior to the pandemic. Pandemic era data does not provide a like-for-like comparison as our activity and volumes completely shifted during that period.

We have improved performance (significantly so in some cases) on all bar one measure when compared to this period (comparison below). Inwards performance in particular is much improved.

Inwards



Outwards



Culture

The Welsh Ambulance Service has for some time acknowledged that there is work to be done to ensure its culture is as inclusive, welcoming, tolerant and safe as possible.

In 2021/22, we commissioned a cultural audit, which led us to conduct the first sexual safety survey in any UK ambulance service. Both exercises resulted in the organisation having to confront some uncomfortable truths about the experiences of some of our staff.

Our response has not been to take a more traditional "disciplinary approach" (although there are staff who have been, and continue to be, disciplined and/or dismissed for unacceptable behaviour), but rather one of using the voices of our staff to guide our actions via our Voices Network, which allows staff across the organisation to connect and share their experiences.

Similarly, we have focused on greater staff engagement, building a culture of trust, ensuring colleagues feel able to speak about their experiences, and ensuring managers receive the right training and support to work with all their staff to effect change. This approach cascades from the Board and Executive Leadership Team across the organisation.

Given the extensive and varied working underway on culture, I am appending to this letter both a summary of our activities in this area, as well as providing a [link to evidence](#) which was submitted by us to the Equalities and Social Justice Committee in March 2024, with a subsequent [evidence session](#) on March 18.

I trust this information is helpful to committee members. Please do not hesitate to contact Estelle Hitchon, Director of Partnerships and Engagement at [REDACTED] in the event that any further information is required.

Your sincerely



Professor Jason Killens KAM
CHIEF EXECUTIVE

Enc.

Cc: Colin Dennis, Chair, Welsh Ambulance Services University NHS Trust
Andy Swinburn QAM, Executive Director of Paramedicine,
Welsh Ambulance Services NHS Trust



Staff Survey Working with colleagues across the organisation to understand staff survey results and develop meaningful, local action plans in response to findings

Internal Comms & Engagement Working with Communications Team to develop a robust approach to internal communications and engagement and to develop a robust plan for implementation

Culture Toolkit Developing a collaborative approach to change management and culture change through the development and pilot of the 'Manager's Team Culture Toolkit', designed to provide practical resources and guidance for managers so that they are empowered to improve culture at a local level

Culture Reviews 'Team Cultural Review Projects' are underway in areas that are critical in supporting service delivery transformation. At the heart of this, is a commitment to creating a work environment where team members can flourish, contribute their best, and feel a sense of belonging. The reviews are an opportunity for colleagues to have their voices heard, to talk about their experiences, put ideas forward to help shape the future

Freedom to Speak Up
Implementation of our Freedom to Speak Up process, designed to support individuals in speaking up safely and confidently; introduction of a full time, dedicated Guardian role aligned with this framework



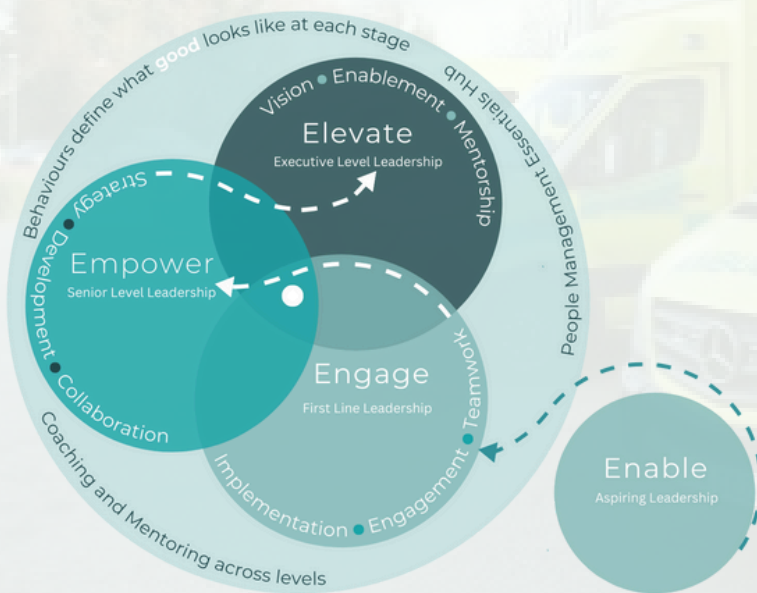
Colleague Networks The continued development and growth of the Culture Champions Network helps to build capacity for culture change and to further embed values and behaviours.

Continuing to build our Voices Network to enable us to engage across the organisation and amplify colleagues voices, using insights and ideas to inform our plans and decisions

Retention 2 year temporary post introduced (Retention Lead) to help us understand trends and themes impacting on retention and developing strategies to address these

HIVE Pulse Survey Platform The introduction of the digital engagement survey platform has provided a robust mechanism for capturing invaluable insights and feedback from our employees, enabling us to continuously refine our practices and policies in response to feedback

Leadership & Manager Behaviours Through targeted training and development, equipping managers with the necessary tools and resources to navigate complex employee relations scenarios with compassion and fairness, and prioritising the development of change management expertise, recognising the critical role managers play in supporting people through change. A Leadership symposium is held twice a year, enabling our senior leaders to come together to share learning and experiences. Recent focus has been on broadening understanding of culture and leadership including themes such as styles, impact, behaviours and critical cultural issues e.g. sexual safety.



Leadership & Manager Behaviours The development of a Leadership Behaviours Framework and an aligned Development Framework (OUR WAST WAY). This project represents a major step forward in establishing a comprehensive framework that enables targeted leadership development for leaders and managers at various stages of their careers. By integrating coaching and mentoring opportunities along with succession pathways, the aim is to embed an inclusive, compassionate, and collaborative leadership culture

Compassionate Practices Continuing to expand the implementation of our compassionate practices approach for all our people focused activities and the way we lead and manage

Health and Wellbeing Plan 2025-29 Refreshing our Health and Wellbeing Plan, targeting our initiatives, workplace practices and interventions to the specific needs of all our colleagues, wherever they work in the organisation

Flexible Working Improving our flexible working offering to new and existing colleagues that enables them to be the best they can be, by developing and providing comprehensive guidance, training and resources to enable managers to support short, medium and long term flexible working plans with colleagues

Change Community Establishing a dedicated Change Community within WAST, comprising colleagues who have undertaken accredited Change Management training. Building a network which enables colleagues to practically apply learning, share resources, reflect and continuously develop. These colleagues will also support with delivery of our change management approach through direct support to projects and programmes as well as local support and guidance to managers and own teams



Change Management Approach

Developed a change management approach for WAST which centres around the Prosci Change Triangle model (representing the critical aspects of successful change and how they relate to and promote project health), using the ADKAR model to deliver the Change Management aspect of this

Change Management Toolkit

Developing a set of tools and resources to enable and empower managers and leaders to guide and support colleagues through change

Executive Leadership Team 360 Degree Feedback A 360-degree review was carried out as part of the commitment to ensuring that the Executive Leadership Team (ELT) role model and encourage a leadership culture in line with WAST’s vision, values and behaviours. Internal and external stakeholders were invited to take part in the process and provide feedback on Executive Team behaviours and effectiveness. The findings have provided insight into perceived strengths and areas for development and have formed part of a wider action plan to enhance ELT effectiveness and that of the organisation



Sexual Safety Continuing our sector-leading work to reduce misogyny and increase levels of sexual safety across the organisation, aiming for a workplace where sexual safety is not just a policy but a shared value. Key progress to date includes developing our Sexual Safety Guiding Principles and A Manager's Toolkit, working with NHSE in developing the Ambulance Sector Consensus statement. We are actively exploring partnerships with external organisations, seeking innovative solutions, and evolving our approach based on ongoing feedback from our WAST Voices Network. All our people and culture teams are engaged in the People Professions Development Programme 2024 (Sexual Safety) specifically written for Ambulance Services.