

Vaughan Gething MS

Minister for Health and Social Services

23 July 2020

Dear Minister

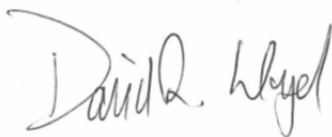
Thank you for your recent evidence to the Committee, alongside the Deputy Minister, Dr Andrew Goodall and Mr Albert Heaney.

The Committee has had the opportunity to reflect on the discussions and has now asked that I write to you setting out its concerns in a number of areas. These are included in the annexe to this letter.

I would be grateful if you would give consideration to these points, and I am sure we will wish to return to them with you in a further scrutiny session early in the autumn term. The clerk will contact your office separately about this.

A copy of this letter goes to the Deputy Minister for Health and Social Services, Dr Andrew Goodall, and Dr Frank Atherton.

Yours sincerely



Dr Dai Lloyd MS

Chair, Health, Social Care and Sport Committee



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Annexe

1. Memory clinics and older people with dementia

We discussed the suspension of memory clinics as a response to the outbreak, and the long waiting lists that have developed as a result. Dr Goodall gave an undertaking to look into this issue and respond.

We also discussed the harm inevitably caused to those older people living with dementia as a result of the cut-off of contact arrangements with loved ones during the lockdown period. Dr Goodall acknowledged this issue and sought to reassure us about the focus on dementia "right across the system". We feel it is particularly important to resolve this matter in advance of any future outbreaks, and we would be grateful if Dr Goodall could provide us with further information about progress or developments in this area.

2. Cancer services

We discussed the financial support available for the vital services provided by third sector organisations. In its submission to our inquiry, Hospice UK and Hospice Cymru stated that HM Treasury had identified £12 million of Barnett consequentials to support hospices. You confirmed that "around £6 million" has now been made available in support of these. Can you confirm that the remaining amount is still unallocated and, if so, can you provide some indication of when you expect to be able to allocate this.

3. Social Care

We questioned the Deputy Minister about the decision to modify local authorities' care and support duties for adults as part of the response to the outbreak. She told us that "the restriction on the services has not really been as great as anybody feared" and that "on the whole, things have carried on in the way that they were before". She went on to say that "we have found it difficult to get actual examples of people who have suffered because of the withdrawal of care packages." However, we have heard through our own evidence-gathering that these arrangements have had a huge impact on people who need care and support at home.

We asked the Deputy Minister when she planned to reverse the modification, and she told us this "will be reviewed. It is under constant review". We would now be grateful if the Deputy Minister would provide further information, including a timetable, on when she will formally review the need for the modifications and aim to remove them.

4. Shielding arrangements

The CMO has recently announced that those people currently advised to shield will no longer need to do so after 16 August. Could you set out what contact these individuals can expect to have from the CMO about this and, in particular, what information and support is being provided to those people, and their families, in advance of these arrangements coming to an end, including in relation to priority access to online food shopping and delivery of medicines.



5. Young carers

We questioned the Deputy Minister about the impact of the outbreak on young carers, and what was being done within the Welsh Government to monitor this. Amongst other things, the Deputy Minister confirmed that the Ministerial Advisory Group on carers will be looking at what more can be done in this area. We would welcome an update on any progress or decisions here.

She also referred to the announcement of £50,000 for Carers Wales to increase psychological support for unpaid carers. Whilst all funding is welcome, this is a relatively small amount overall for the support that will be required, and we wish to re-iterate the need for greater focus in this area.

6. Transformation Agenda

We discussed the transformational changes that have been able to be achieved within the health service over the past few months. When we heard from Health Boards recently, they were very positive about these changes in terms of representing a shift towards lighter-touch governance and management arrangements, along with increased trust and empowerment for front-line staff and organisations as a result of the response to the outbreak.

There was general agreement about the need to retain and embed these positive characteristics in the longer-term, and acknowledgement of the need to undertake work in this area to achieve this, making changes where necessary. We feel strongly that there are significant benefits to service delivery and organisational culture that can be achieved here with the right focus, and we would be interested to hear about any progress towards and developments which are achieving and consolidating change in these areas. .

7. Mental health

We sought reassurance on two points – firstly, that the money which has been ring-fenced for mental health will not be diverted to other services that are facing challenges; and second, that the future planning and spending plans for the Welsh Government will reflect the increasing need for mental health.

You confirmed that money has not been taken out of mental health services and that you were not looking to reduce the amount spent on these services. You told the Committee that you will need to look at the overall picture and consider how best to use the available funding, and whether more significant spend will be needed for more significant interventions based on a higher level of need. You also confirmed that mental health recovery was a significant factor within your wider recovery planning.

Related to heading 6 above, we discussed the £7 million that has come out of the mental health transformation funding, and you acknowledged that money was being moved around “in every part of the service to cope with where we are”. You said that you were looking at what that means



in terms of the ability to carry on with those transformation projects” but that you were not rolling back on the need to transform.

This is an area of real importance, and something the Committee has previously reported on. We remain concerned that the impact of the outbreak will see money previously identified for mental health spend moved into other areas where there is demand. As such, we seek further assurances from you that any COVID-related mental health spend will be additional to the money already identified for service transformation.

8. Face coverings

We discussed the advice and recommendations about face coverings. You referred to the evidence provided by the CMO to the government about the wearing of face masks, including their safe donning and doffing. We note that the Chief Medical Officer has published a Ministerial policy update on medical masks and face coverings (14 June), which advises that the Welsh Government should support the public’s right to choose to wear face coverings in most settings.

However, the position on face coverings is now different in different parts of the UK and, whilst we are not suggesting this is a problem in principle, we feel that there would be benefit in the CMO placing in the public domain more information about how he has balanced the existing and emerging national and international evidence and debates that have led him to advise the Welsh Government in the way that he has.

We are aware of, and agree with, the evidence that face coverings are one of a number of public health measures to prevent transmission of the virus, rather than being a substitute for these other measures. We are not persuaded that the wearing of face coverings will make people more likely to undertake riskier behaviour.

9. Laboratory capacity

We had a wide ranging discussion about laboratory capacity and the arrangements in place to deal with demand for processing of Covid-19 tests. Related to this, what data do you have about the impact that the demand for Covid-19 testing is having on other, non-Covid related laboratory work, in particular whether other work is being delayed as a result of the processing of Covid-19 tests.

