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

Our ref: MA/EM/2763/21

Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

1 November 2021

Dear Russell,

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

**Winter Preparation Plans**

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

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

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

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

Yours sincerely

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Chair
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8 November 2021

Dear Russell,

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

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

**Increasing National Insurance contributions and energy costs**

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

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

**Ministerial responsibilities**

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

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

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

**Public health and preventative activity**

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

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

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

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

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

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

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

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

**Hospital discharge**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Full details are available on StatsWales; direct links to each of the data requested are provided below:

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

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

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

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

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

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

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

Yours sincerely,

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