Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Video Conference via Zoom
Meeting date: 10 March 2021
Meeting time: 09.00

For further information contact:
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In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on senedd.tv

Informal pre-meeting (09.00-09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 COVID-19: Evidence session with Long COVID Wales

(09.30-10.15) (Pages 1 – 17)

Leanne Lewis – Long Covid Wales
Lee Bowen – Long Covid Wales
Georgia Walby – Long Covid Wales
Dr Ian Frayling – Long Covid Wales

Research brief
Paper 1 – Long Covid Wales

Technical break (10.15-10.20)

3 COVID-19: Evidence session with academics

(10.20-11.00) (Pages 18 – 21)

Dr Elaine Maxwell, Content Lead –National Institute for Health Research Centre for Engagement and Dissemination

Professor Daniel Altmann, Professor of Immunology - Imperial College London

Paper 2 – Dr Elaine Maxwell

Technical break (11.00-11.05)

4 COVID-19: Evidence session with professional bodies

(11.05-11.55) (Pages 22 - 33)

Dr Mair Hopkin, Joint-Chair - RCGP Cymru Wales

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

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

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

Paper 3 – Royal College of General Practitioners Wales

Paper 4 – Royal College of Occupational Therapists

Paper 5 – Royal College of Speech and Language Therapists

Paper 6 – Chartered Society of Physiotherapy

5 Paper(s) to note

(11.55)

5.1 Letter to the Minister for Health and Social Services regarding long COVID

(Pages 34 - 35)

5.2 Letter from the Minister for Health and Social Services regarding long COVID

(Pages 36 - 39)

5.3 Welsh Government response to the Committee's report on the Welsh Government Draft Budget 2021-22

(Pages 40 - 50)

6 **Motion under Standing Order 17.42(ix) to resolve to exclude the public from the remainder of this meeting and for the meeting on 17 March**

(11.55)

7 **COVID-19: Consideration of evidence**

(11.55-12.00)

8 **Provision of health and social care in the adult prison estate: Consideration of draft report**

(12.00-12.15) (Pages 51 - 142)

9 **Legacy report: Consideration of draft report**

(12.15-12.30) (Pages 143 - 171)

Agenda Item 2

Document is Restricted

I'm writing on behalf of Long COVID Wales, a campaign group set up by Long COVID sufferers in Wales. Our purpose is to lobby for recognition for the illness Long COVID - we are campaigning for Multi Disciplinary specialist Long COVID clinics here in Wales as our members and ourselves are struggling to access the diagnostic services and specialist care that we need in order to recover.

Many people with Long COVID are being turned away from GP surgeries without having issues investigated. It is not known whether underlying health conditions are causing symptoms as diverse as palpitations and shortness of breath, severe chest pain, muscle pains, prolonged GI issues, difficulty walking, cognitive impairments, blurry vision and many others. It's imperative we begin fully investigating these conditions.

There is also postural orthostatic tachycardia syndrome (POTS) and other forms of dysautonomia causing symptoms including but far from limited to disproportionate tachycardias, palpitations, lightheadedness, nausea and fatigue; as well as mast cell activation and histamine intolerance. These are are very commonly occurring features in Long COVID and need specialist neurology or immunology input as they are unlikely to get better untreated.

Investigations are needed because serious associated diagnoses are not uncommon. There is a need for multi-specialty involvement as Long Covid is not first and foremost a respiratory disease - recent studies show respiratory and cardio equal burden (Coverscan Study initial results - link at bottom of page)

We feel we need specialist Long COVID clinics such as have been rolled out across England. These one stop shop clinics allow clinicians to develop the expertise needed to treat this new illness. Long COVID sufferers across Wales need medical help and treatment to get back to work as many, including a significant number of NHS staff, have been off sick for up to ten months now and without the appropriate treatment many may not recover.

The Coverscan Study webinar link
https://www.facebook.com/groups/longcovidwales/?ref=share

I also include a link to a BMJ article written by doctors with Long COVID.

https://www.bmj.com/content/370/bmj.m356

With Thanks

[redacted]

[redacted]

Agenda Item 3

Long Covid Briefing

Prepared for the Health, Social Care and Sport Committee, Welsh Parliament

Introduction

The National Institute for Health Research (NIHR) Centre for Engagement and Dissemination (NIHR CED) aims to engage people in knowledge exchange to develop and improve health and social care. One of the ways we do this is through our Themed Reviews. These are not systematic reviews of all the evidence. Nor are they guidance or recommendations for practice. Instead they are narratives based on a selection of different kinds of evidence chosen to illuminate and inform discussions focused on actions for practice. They are guided by a diverse Steering Group, including experts by experience. As far as possible, they highlight UK evidence that takes into account the UK infrastructure and culture, often funded by the National Institute for Health Research. Themed reviews include both academic study and practical wisdom from lived experience.

Our reviews of Long Covid

In October 2020, we published our first review on enduring symptoms called "Living with Covid 19". We worked closely with a group of people with lived experience and with healthcare professionals to make sense of the limited evidence. Whilst there remain significant uncertainties, more evidence has emerged since October and our second review will be published in March 2021, including the results of our survey of 3,268 people with Long Covid.

Incidence and Prevalence of Long Covid

Despite case definitions being produced by NICE and by the WHO International Statistical Classification of Diseases and Related Health problems. (ICD), research studies use different inclusion and exclusion criteria resulting in a wide range of estimates. Some studies have a limited list of symptoms for inclusion but Davis et al (2020) patient led survey identified 205 different symptoms related to 10 different systems. Some studies require a positive confirmation of a Covid19 infection but community antigen testing (polymerase chain reaction [PCR] swabs) was suspended in the UK in March 2020 and 82% of respondents to our survey said community testing was not available at the time of their initial infection. This lack of testing was also noted by Varsavsky et al. (2021), who reported that only 40% of those who reported classic symptoms on the Zoe Covid Symptom Study App had gone on to receive a test. Some people also test negative and in our survey, 46% who were tested (antigen or antibody) received a negative results despite have symptoms consistent with the virus. This means that current estimates are provisional and may go up.

The largest sample to date is from ONS in their random, representative sample of the community population through the Coronavirus Infection Survey (CIS). Everyone in the sample is swabbed at every follow-up visit, irrespective of symptoms or recent contacts, and thus there is no dependence on the broader community testing paradigm of the day. They stress that results are provisional and may be revised. Currently they estimate that 20% of all people who had tested positive for Covid19 exhibit symptoms for 5 weeks or longer and 10% exhibit symptoms for a period of 12 weeks or longer. ONS added a new question to the CIS survey in February 2021 allowing respondents to state the impact long COVID has had on their day-to-day activities, and including an expanded list of symptoms. Recognising

that some people with symptoms may test negative this question will not be dependent on a positive test finding and therefore may increase the estimated percentages.

At present the best we can say is that ***at least* 10%** have continuing symptoms associated with Covid19 for 12 weeks. We are less certain about how a) debilitating their symptoms are and b) how many people have enduring symptoms at nine months and one year.

Long Covid is more frequent reported by women and by younger people (including children), in a reversal of the incidence rates for hospitalisation and mortality in acute Covid19. There is little data about ethnicity and the rate of Long Covid in these groups is unclear. Seldom heard voices including traveller populations, prison populations, people with learning difficulties and frail older people are not visible in the prevalence studies.

One syndrome or many?

The NICE case definition is based on duration of symptoms and not on the nature of the symptoms. Most studies report the incidence of a single symptom (not the same symptom for all respondents) at a given point in time. There is increasing evidence of different patterns of symptoms and evidence of different pathogenesis that has led some to hypothesise that there are different mechanisms at play. Different sub groupings of Long Covid that may require different investigations and different treatment plans.

Stability of condition

There is evidence that some people are at risk of deterioration in their health, weeks after the initial infection appears to have resolved. Ayoubkhani et al. (2021) reported a study comparing 47,780 individuals discharged from hospital after a Covid19 infection with controls matched for demographic and clinical characteristics. People discharged from hospital following a Covid19 infection were 3.5 times more likely to be readmitted and 7.7 time more likely to die within 140 days than controls. The risks of readmission was greater for people under 70 than over 70 years, and for ethnic minority groups than the white population. Mandal et al (2020) reported that 9% of patients in a Long Covid clinic had X rays showing deterioration seven to eight weeks after discharge from hospital. Abnormal biomarkers are seen in substantial numbers of people after discharge, notably elevated D –dimer levels (a test used to help diagnose clotting) and raised levels of C-reactive protein (CRP, which measures inflammation) up to three months after discharge (Mandal et al. 2020 ;Venturelli et al. 2021)

Less is known about deterioration in people who were not admitted to hospital although emerging findings are suggesting clinical deterioration for this group as well. Prospective scans have demonstrated ongoing impairment in one or more organs in people not admitted to hospital. (Dennis et al 2020).

Psychological impact

Tomasoni et al. (2020) found 30% of people had anxiety and/or depression between one and three months after clearance of the Covid19 virus and this was not statistically related to gender or age. This does not mean that there is no underlying and/or overlapping physical mechanisms. We know from other long term physical conditions (such as heart failure and lung disease) that adjusting to changed health status can lead to depression and anxiety and the National Collaborating Centre for Mental Health

(2018) asserted that two thirds of people with a long term condition will also have a mental health problem, mostly depression and anxiety disorders.

One of the most frequently reported symptoms is cognitive dysfunction, or 'brain fog'. Hampshire et al. (2020) found people who had recovered from Covid19 exhibited significantly more cognitive deficits when compared against controls.

What other impact does Long Covid have?

One area of note is the impact on employment. In our survey, 67% of respondents were aged between 25 and 55 and 81% had been in paid employment at the time they became ill and 80% said it had affected their ability to work with 36% saying their symptoms were affecting their financial status. Similar findings are reported by Davis et al. (2020) and Halpin et al. (2021). 71% in our survey said Long Covid was affecting family life and relationships with 39% saying it was impacting their ability to care for their children or other dependents.

Some people are so deliberated that they cannot manage their personal care. Vaes et al. (2020) and Venturelli et al. (2021) reported that both report large increases in people are no longer independent after a Covid19 infection.

Recommendations

Long Covid can be a multi-system disease in some and a number of researchers have identified discrete patterns of symptoms. The emergent nature of the understanding of Long Covid emphasises the need to continue to explore a range of hypotheses. We recommend that people living with Long Covid (who are experts by experience) should be equal partners in setting the research agenda.

Better understanding of the nature of Long Covid, and any sub divisions, is needed before the scale of the problem can be fully understood. We recommend that a minimum data set for recording a wide range of symptoms be agreed and used by both researchers and healthcare providers.

Long Covid is a significant health burden that is unlikely to be met by existing NHS services and new delivery models that allow rapid access are needed. We recommend rapid evaluation of different service models and skill mix for supporting people with Long Covid.

Some elements of Long Covid are similar to other conditions and interventions (pharmaceutical, psychological and physical therapies) may improve symptoms. We recommend evaluation of the use of interventions that have been effective in other conditions when used with people with Long Covid. For non-pharmaceutical interventions, a range of research methodologies should be encouraged.

Seldom heard voices are not visible in the current evidence. We recommend research that is targeted at vulnerable people (including older people and people with Learning Disabilities) as well as hard to reach groups including travellers and prison populations.

Dr Elaine Maxwell
Content Lead, NIHR CED

3rd March 2021

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NIHR CED Living with Long Covid

ONS

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Agenda Item 4

Addition to the evidence submitted by the Royal College of General Practitioners Wales to the Welsh Parliament Health, Social Care and Sport Committee inquiry into the Covid-19 outbreak on health and social care in Wales: Post-Covid Syndrome

Thank you for the opportunity to add to our initial written evidence to the Committee regarding the pandemic. At the time of our first submission the topic of Post-Covid Syndrome (Long Covid) was only beginning to emerge. Even today, understanding of this ailment which can manifest very differently in different patients is still to be fully understood. As such, much of our evidence to the Committee focuses less on definitive treatments and more on the necessity of support, knowledge sharing and awareness.

RCGP worked with NICE and the Scottish Intercollegiate Guidelines Network (SIGN) to produce guidelines which were published in December last year: https://www.nice.org.uk/news/article/nice-rcgp-and-sign-publish-guideline-on-managing-the-long-term-effects-of-covid-19. This best practice advice is primarily aimed at health professionals but also provides information for patients, including what they should expect in terms of care. This is important in providing them with the health literacy to engage with clinicians in an empowered manner.

The College has raised questions about care for those with Post-Covid Syndrome with the Chief Medical Officer and is of the view that it is vital there is close communication and cooperation between the health boards while we are all learning about the lasting effects of COVID-19 on some patients.

There must also be clear pathways for self-help, so that patients can be empowered to take steps towards their own recovery. As was demonstrated in the findings of the report 'Unmet needs of people with breathing and other difficulties after COVID-19' by the British Lung Foundation and Asthma UK, there remains considerable uncertainty about the nature of Post-Covid Syndrome as it does not neatly fit into the description of COVID-19 which has become the dominant discourse during the pandemic.

In addition, as Post-Covid Syndrome does not fit the narrative around COVID-19 it can present difficulties for patients in terms of their employment. They may be clear of COVID-19 and able to return to work, but not at full capacity and thus employers must treat the symptoms of Post-Covid Syndrome as they would a staged and gentle return to work following a physical injury which requires ongoing rehabilitation.

We know considerably more about this form of ailment than we did six months ago, but we are very much still in learning mode and this can make it difficult to provide the clear answers which patients would ideally desire. We need easy access to investigations for those with clinical impairment as if there is evidence of myocarditis patients should avoid exercise. At this stage it is crucial that we develop a shared knowledge base built on research and best practice from with Wales and beyond.

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Health, Social Care and Sport Committee
Welsh Parliament

2 March 2021

[redacted]

The Royal College of Occupational Therapists (RCOT) is pleased to provide evidence into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales.

Rehabilitation services for all
Equality of access to rehabilitation must be at the forefront of service delivery. Our members are concerned that under-resourced rehabilitation services will struggle to meet the needs of COVID patients in addition to meeting the demands of existing patients / those with non-COVID needs. For example, the British Heart Foundation's (BHF) National Audit of Cardiac Rehabilitation 2020, showed that the number of people who have been taking part in group based cardiac rehabilitation in Wales fell by around 36% as the COVID-19 pandemic first hit.

Currently, rehabilitation is crucial for:

- People recovering from COVID-19 infection.
- People deconditioned from shielding (self-isolation/social distancing), e.g. risk of falls due to reduced muscle strength and mobility.
- People experiencing mental health problems either caused or exacerbated by social isolation.
- People with a range of conditions whose rehabilitation has been interrupted due to staff redeployment and cessation of face-to-face appointments during the COVID-19 pandemic.

Occupational therapists are well equipped to address the multi-faceted nature of COVID rehab needs because of our expert physical, psychological and cognitive training.
For example, in Cardiff, occupational therapists are part of the COVID-19 rehabilitation team. The role of the team is to support a holistic co-ordinated approach to facilitate a "Your COVID Recovery" programme, which is an individualised, stepped pathway for people with enduring COVID-19 symptoms (Long COVID/Post-COVID Syndrome). The team is collaborating with existing, established rehabilitation services and those offered by third sector and national organisations. It has developed this tiered approach to rehabilitation delivery, including self-management and supported self-management, to meet demand and reduce pressure on the rehab workforce.

In the NHS Wales Operating Framework 2020-21 Quarter 3 & Quarter 4 plan, rehabilitation was deemed an essential and integral part of most health interventions and pathways and is required to maximise outcomes, as outlined in the rehabilitation framework (https://gov.wales/rehabilitation-coronavirus). This includes meeting the rehabilitation needs

of those recovering from COVID, those with other planned or unscheduled care needs and those being managed in primary and community care. It stated that local health board ongoing delivery plans should describe the actions being taken to meet this new and increasing need as well as the demand, provision and delivery of rehabilitation and prehabilitation services in essential services.

RCOT suggests that local health board delivery plans should take account of the following:

1. COVID rehabilitation requires a multi-faceted, multi-disciplinary approach, including physical and mental health approaches. Patients should have access to occupational therapy and our AHP colleagues at the earliest opportunity.
2. NHS Wales should develop a tiered approach to rehabilitation delivery, including self-management and supported self-management, in order to meet demand and reduce pressure on the rehab workforce.
3. Research showing that 100% of patients who received ICU treatment for COVID across 26 acute English hospitals needed occupational therapy input. https://journals.sagepub.com/doi/full/10.1177/1751143720988708 However, this was not the case in a number of Welsh hospitals. We recommend an urgent investment in Acute ICU rehabilitation.

IT system and service structure

Our members report that recording needs and outcomes is difficult within the current IT system. NICE COVID-19 rapid guidelines provides clear definitions for Acute COVID-19 (signs and symptoms up to 4 weeks), ongoing symptomatic COVID-19 (4-12 weeks) and Post COVID-19 syndromes (more than 12 weeks). This clarity should help healthcare professionals collect data and offer a stepped care approach. However, our staff report that IT systems within the NHS are poor and aren't compatible with those of other organisations. They are concerned that patients will be missed or not referred to the appropriate service.

Return to work support

Concern about returning to work is significant amongst COVID patients, and not least those who those who work in health and social care. There are now service pilots developing in some local health boards in Wales. Swansea Bay LHB occupational health service have started an 'Occupational Therapy Long Covid Clinic' with the aim to provide individuals with support to enable them to self-manage their symptoms more effectively and to signpost to other sources of support and advice, which should enable staff to return to work. Outcome reports from the service are:

- Improvements in functional ability have been reflected in outcome measures (mobility, self-care, usual activities and anxiety/depression).
- Feedback given that fatigue management advice had been beneficial in increasing levels of activity and managing symptoms which had improved mood and wellbeing.
- Improved confidence reported in discussing return to work with their manager.
- Many individuals who have accessed the service have not received a thorough assessment of needs or risks as recommended in the NICE guidelines.
- Feedback received from individuals has highlighted the difficulties encountered in obtaining support and where this may be accessed.

RCOT recommends that all NHS and social care staff have access to good quality occupational health support to return to work after COVID.

Welsh Parliament Health, Social Care and Sport Committee consultation on the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Executive summary

Thank you for the opportunity to give written and oral evidence as part of the committee's ongoing scrutiny of the impact of COVID-19 on health and social care in Wales. A year on from the outbreak of the pandemic, we now have a clearer picture on the impact of the virus on the swallowing and communication needs of patients.

This short paper provides further information on presentations and current access to speech and language therapy for people affected by post-COVID-19 syndrome across Wales. This paper is in addition to the written evidence we presented to the committee in July 2020 on broader rehabilitation needs.

The key points we wish to highlight are:

- Emerging data suggests that COVID-19 can lead to swallowing difficulties, voice and communication changes.
- Speech and language services are beginning to see high demand for voice therapy from the working aged population due to consistent use of video conferencing which contributes to a persistent increase in vocal volume.
- As experts in supporting people with swallowing and communication needs, Speech and Language Therapists have an important role to play in supporting patients post-COVID and should be viewed as key members of multi-disciplinary teams.
- We have significant concerns that the backlog from the initial lockdown, in addition to increasing numbers affected by post-COVID syndrome, will add to pressures on already stretched speech and language therapy services unless they are adequately resourced.

About the Royal College of Speech and Language Therapists (RCSLT)

1. RCSLT is the professional body for speech and language therapists, SLT students and support workers working in the UK. The RCSLT has over 18,000 members in the UK (650 in Wales) representing approximately 95% of SLTs working in the UK (who are registered with the Health & Care Professions Council). We promote excellence in practice and influence health, education, care and justice policies.

2. Speech and Language Therapy manages the risk of harm and reduces functional impact for people with speech, language and communication support needs and/ or swallowing difficulties.

3. Speech and Language Therapists (SLTs) are experts in supporting children, young people and adults with speech, language and communication needs (SLCN) and training the wider workforce so that they can identify the signs of SLCN, improve communication environments and provide effective support.

4. Across Wales, SLTs have worked tirelessly to ensure that people with COVID-19 receive as much support as possible. They are promoting people's physical and mental well-being, using their specialist skills to provide interventions and rehabilitation, both within and beyond intensive care units, to support communication, swallowing and respiratory management.

The communication, swallowing and respiratory rehabilitation needs of people recovering from COVID-19

5. While the communication, swallowing and respiratory rehabilitation needs of people recovering from COVID-19 are emerging, early data suggests that for some there will be a prolonged impact on their quality of life. People affected more severely by the virus and those who required intensive care treatment may suffer from a range of associated problems lasting for months and even years. The consequences of life saving interventions such as sedatives, mechanical ventilation, oxygen therapies and tracheostomy may lead to a myriad of problems:

- voice disorders;
- swallowing muscle weakness with a need for restricted diets or artificial feeding via a tube;
- chronic respiratory compromise impacting on the coordination of swallowing and breathing which carries an increased risk of chest infection and further lung complications;
- cognitive communication disorders potentially limiting return to work and daily life;
- psychological trauma and post traumatic stress disorder; and
- chronic upper airway narrowing or stenosis requiring multidisciplinary team management to meet these complex needs

- neurologic symptoms manifesting in a notable proportion of patients with COVID-19. Emerging clinical data suggest approximately 25-30% of COVID-19 survivors are presenting with new neurological impairments (RCSLT, 2020).

6. These emerging findings are supported by recent studies. The COVID symptom study, using results from the Zoe app, has recently published data which reports that vocal hoarseness constitutes 19% of initial symptoms of COVID-19 (COVID symptom study, 2020). A European epidemiological study found that the 26.8 % of COVID-19 cases in their study had dysphonia (voice difficulties) (Lechien et al, 2020). The RCSLT are also currently also undertaking a UK wide survey to gather some key information about the mid to long-term speech and language therapy needs of individuals who have had COVID-19 and the demand on speech and language therapy services. We hope to be able to publish the survey results later in the Spring.

7. In addition to data on individuals with SLT needs after the onset of COVID-19, we are also receiving intelligence from services on the detrimental impact of the move to remote working and widescale usage of video conferencing applications on people's voices. Speech and language services are beginning to see high demand for voice therapy from the working aged population due to consistent use of video conferencing which contributes to a persistent increase in vocal volume.

8. We also as a profession continue to monitor the incidence of COVID-19 amongst children and young people. Until the emergence of the new UK variant, there was increasingly robust evidence to indicate that children were approximately 50% less likely to catch COVID-19, given the same exposure, as

adults (Munro and Roland, 2020). Children under 10 appear to have lower rates of infection than those over 10 (Munro and Roland, 2020). Up to 50% of cases in children may be asymptomatic (Han et al, 2020). Children accounted for 1.7% of hospital admissions and 0.07% of deaths in a recent, large US study (Sisk et al, 2020). The role that children play in transmission remains unclear. However, given that those with asymptomatic disease appear to play a smaller role in community transmission, large scale outbreaks in schools among children have been rare, along with few children identified as primary cases in contact tracing studies; evidence suggests that to date children have not acted as "super-spreaders" (Munro and Roland, 2020). Case rates among children have recently increased. It appears that the new UK variant is more effective at infecting children, but does not cause more severe disease (Mahase, 2020). However, computer modelling indicates generalised increased transmissibility, rather than a specific increased susceptibility in children is driving infection (Davies et al, 2020).

Current Speech and Language Therapy Provision for post-COVID-19 syndrome

9. As experts in supporting people with swallowing and communication needs, SLTs thus have an important role to play in supporting post-COVID-19 patients and should be viewed as key members of multi-disciplinary teams. We have obtained data from our members working within local health boards to better understand speech and language therapy provision for those affected by post-COVID-19 syndrome. It is welcome that Speech and Language Therapists are part of post-COVID-19 syndrome clinics/hubs in two local health board areas – Cwm Taf Morgannwg University Health Board and Cardiff and Vale University Health Board and that services in these areas are able to receive GP referrals in addition to supporting those who have been discharged from secondary care. The focus of the teams within these areas is on self-management and recovery. SLTs are utilising telephone and virtual technologies in addition to face to face where required and are actively signposting to the Keeping Me Well website which includes self-management advice.

10. SLTs working in these services report that they are supporting patients with a range of issues including; dry mouth which is impacting on swallowing function, voice problems such as hoarseness and communication changes such as word-finding difficulties. They have also highlighted high levels of anxiety, depression and in some cases post traumatic stress disorder amongst patients due to memories of their experience and illness etcetera. The following quotes give a sense of the issues faced.

Service user quotes from Post-COVID-19 syndrome service, February 2021

'I can't think of the words I want to say, this is so frustrating and I was also so quick with my words before'

'My thinking is slower and so I can't follow what people are saying to me, I find this stops me starting conversations'

'I'm forgetting names and can't concentrate'

'Communicating is such a big part of my job and it's just not the same as it was'

'My voice is weak, I don't sound like me anymore'

'I get so tired, even just doing little things around the house. This impacts on everything, how I think and how I talk.

11. The SLTs have raised differences in those who have accessed the post-COVID-19 services via different routes noting that the patients who have entered services via a GP referral route are often more complex with multiple symptoms. SLTs are finding that it is taking longer to determine the needs of those presenting and for interventions to take effect for those who contracted COVID-19 early on in the pandemic. When there are multiple areas of difficulty, the impact is likely to be multiplied resulting in a greater risk to the wellbeing of the patient and of chronic fatigue syndrome. Early intervention is key with clinicians noting that those patients who are able to be seen earlier are requiring less time and are more able to take on self-management strategies and advice. However, as referrals continue to increase, this will be a challenge for small teams to deliver.

12. Given growing evidence on the impact of COVID-19 on swallowing and communication and intelligence we are receiving from services about increased referrals across all acute services with the impact of COVID-19 exacerbating pre-existing conditions, we are concerned that to the best of our knowledge no additional monies have been awarded to speech and language therapy teams in the remaining local health boards areas.

13. At the RCSLT, we have recently carried out a major survey into the impact of the first UK-wide lockdown on people's access to speech and language therapy which found that because of the pandemic many people did not have their communication and swallowing needs identified and did not receive the speech and language therapy they require. A high percentage of survey respondents said that their communication and swallowing was either the same or became worse during COVID-19. Many respondents reported a negative impact on their mental health. The survey also asked people about the future and whether they were worried about access to speech and language therapy and the impact a lack of access would have. Again, a high percentage said they were worried, and cited the impact on their mental health as one of their main concerns. We will be publishing a Wales version of the report in the coming weeks.

14. We have significant concerns that backlog from the lockdown in addition to increasing numbers affected by post-COVID-19 syndrome will only add to pressures on already stretched speech and language therapy services unless they are adequately resourced. If these potential extra resources are not made available and rehabilitation not prioritised, there may be negative consequences for the physical and mental health of people with communication and/or swallowing needs and their families which in turn may result in greater costs to the public purse.

Further information

15. We hope this paper will be helpful in supporting the committee discussions around the importance of SLT rehabilitation support. We would be happy to provide further information following our oral evidence session.

Yours sincerely,

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

[redacted]

Dr. Caroline Walters, External Affairs Manager (Wales), Royal College of Speech and Language Therapists

[redacted]

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CSP Wales Office
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Date 14/05/20

Dear Members of the Senedd,

Re: Health, Social Care and Sport Committee, Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Introduction

The CSP welcomes this opportunity to offer its view on the current Covid-19 response and future impact of Covid on services. Physiotherapists have played a key role in responding to the virus including, working in intensive care, working in the community to prevent hospital admissions, and undertaking rehabilitation of patients who are recovering from Covid-19. Our submission to this inquiry contains comments on the response to the virus so far, and our views on the future response required from the NHS.

Comments from the CSP

Overview

Physiotherapists have been working across many settings in the NHS, including in acute services. Covid patients in ITU have needed physiotherapy throughout their treatment for the virus. Physiotherapists are providing acute respiratory care and advice on proning and weaning off ventilators. Rehabilitation begins in the intensive care unit for many patients, and our members are working with patients to aid their recovery from possible long term effects of covid.

Many physiotherapists in Wales have been redeployed to the community as part of the response to Covid-19. For example, a team of Physiotherapists work as part of the Community Response Teams in Conwy. At the moment, we also have members who have been redeployed into the team from MSK departments, primary and pain services, private practice, and returners. They have been able to provide an extended service over 7days a week, from 8am to 6pm, with the aim of supporting flow through the hospitals and supporting early discharges, enabling people to stay at home where possible by admission avoidance as well as then supporting rehab. We work very closely with our District nurse colleagues, social services and primary care.

Physiotherapists have proven to be adaptable and key to multi-disciplinary teams delivering health services across all settings.

The impact of this crisis on our student workforce should be monitored and mitigated as much as possible. Currently, placements have been affected which could have a longer term impact on workforce supply through further placements availability and capacity. Whilst current year 3 should be not too adversely affected in terms of being able to become fully registered physiotherapist in summer 2020, the impact on those going into their final year in academic year 2020/21 needs to be monitored.

Testing and PPE

In March, Alex MacKenzie, CSP Chair of Council wrote to all the Health Ministers around the UK, about PPE availability to staff. In Wales, the team shared this letter with all the Members of the Senedd and asked them to follow up with the Minister. Since then, the PPE guidance has been changed and our website reflects the guidance that should be followed. We remain concerned that physiotherapists should always have access to the appropriate PPE for an aerosol generating procedures.

The CSP supports the TUC Wales view that all key workers should know that they are entitled to testing and can access the right PPE to protect them and their colleagues

Technology

During the current response to Covid-19, the CSP produced a guide to implementing remote consultations. Setting up remote consultation options normally requires time, planning and incremental introduction. Our members moved rapidly to set up tele and video consultations at the start of this crisis, and have adapted their working to minimise risks to patients. Our membership has experience of using remote working and has examples of good practice to share. This includes physiotherapists using telehealth and virtual consultations in the community, with ABUHB being a good example of this. , In these extenuating circumstances the CSP endorses a more rapid approach to implementation of remote working than previously, to minimise risks of exposure to COVID-19 to patients, the public and healthcare staff.

Innovation

We are encouraged by the collection of innovative work, particularly by Aneurin Bevan University Health Board. The collection of this innovative work needs to result in permanent change in the future, and for this a transparent system of evaluation needs to be in place for good practice to be found and shared.

Rehab services

Rehabilitation, including physiotherapy, is essential in saving the lives of people with Covid-19 and in enabling people to live their lives to the full. Rehabilitation must be recognised as an unmissable part of Covid-19 recovery, and leaders and policy makers need to be taking urgent action to ensure that this is delivered. In delivering rehabilitation, the physiotherapy workforce is involved in every stage and at all levels of the Covid-19 trajectory. They have the skills and knowledge that are critical and must be deployed accordingly to support recovery.

Essential rehabilitation for patients, recovering from serious illness or injury must continue to be provided through the pandemic, with services adapting to make this possible. The CSP believes a comprehensive strategic approach to meeting rehabilitation needs is required as we work to help

the recovery from the pandemic. This includes the needs of people recovering from Covid-19 and those whose rehabilitation has been interrupted and whose condition has deteriorated due to the period of self-isolation and lock down.

The CSP also believes that this is an opportunity to drive improvements in rehabilitation services and development of the workforce to deliver this. This statement sets out what we believe are the priority actions required by policy makers and system leaders nationally and locally.

Our five rehabilitation asks of policy makers and leaders

1.Don't leave patients behind because they are out of sight. We need rapid planning, guidance and resources in place to ensure that people recovering from Covid-19 receive rehabilitation in the community after discharge. This means enabling the agile redirection of funding and redeployment of the workforce to community teams as need in the acute sector diminishes.

2.Support essential rehabilitation services to be maintained during the pandemic as much as possible to minimise negative impact on patients who are recovering from serious injury or illness or have an exacerbation of their long-term condition.

3.Ensure the physiotherapy workforce and all those delivering rehabilitation receive the right level of PPE, to work with vulnerable people in the community for whom face to face rehabilitation is essential.

4.Plan for the tidal wave of rehabilitation need as the country recovers from the pandemic. All UK Governments should develop plans to deliver expanded high quality, multi condition community rehabilitation, and training and retaining an expanded multi-disciplinary rehabilitation workforce.

5. Commit to the right to rehabilitation as a fundamental element of our health and care system and support it to develop so that everyone can access high quality rehabilitation.

Right to Rehab

We are concerned about the increased need for rehab services in the next few months, and the impact this will have on the availability of rehab services for all patients. Rehab services will face the challenge of meeting the needs of Covid-19 patients who are recovering, with serious and long term issues such as fatigue, respiratory issues, and PTSD. Services will also have to meet the needs of many patients who have de-conditioned when in self isolation, and a further group of patients who have avoided/delayed treatment until after the initial wave of the virus. This mixture of patient needs could place rehabilitation services under great strain.

We welcome the initial investment in rehab services of £10 million by the Welsh Government, accessible to the Regional Partnership Boards. However, this funding needs to be part of a wider strategic funding programme for rehabilitation services, in line with the objectives of a Healthier Wales Strategy. This would be best delivered by a national strategy/plan for rehabilitation services.

It is vital that the rehab needs of non Covid patients are planned for and resourced properly to avoid pressure on hospital admissions and other services which may be dealing with Covid patients.

Regional Partnership Boards

In a written answer to question WAQ80037 (e) by Rhun ap Iorwerth AS, the Minister stated:

"*We anticipate increasing demand for rehabilitation from people recovering from coronavirus. We are preparing to meet this and the needs of others who are recovering from other conditions and have other rehabilitation needs.*

I have announced an extra £10m to support people recovering from coronavirus, including enhanced home care packages for people dealing with the physical and mental health effects of lockdown."

We welcome this funding as a beginning of a wider change to the way services are delivered, in line with a Healthier Wales strategy. However, as the Minister states, we anticipate increasing demand going forward and believe an assessment and planning of the resources needed on a national scale will be beneficial. We do pose the question: How could this funding fit into a wider strategic funding programme for physiotherapy and rehabilitation services?

Concluding remarks

Thank you for the opportunity to provide the CSP's view on the current situation, and the opportunity to highlight rehabilitation as a vital part of the NHS response. Our view is that a strategy or plan is needed to deliver the Right to Rehab that patients deserve across Wales. We would welcome the opportunity to provide oral evidence if requested.

About the CSP and Physiotherapy

The Chartered Society of Physiotherapy is the professional, educational and trade union body for the UK's 59,000 chartered physiotherapists, physiotherapy students and support workers. The CSP represents 2,400 members in Wales.

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

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

Diolch yn fawr,

[redacted]
CSP Public Affairs and Policy Officer for Wales
[redacted]
[redacted]

Agenda Item 5.1

Senedd Cymru
Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

Welsh Parliament
Health, Social Care and Sport Committee

Vaughan Gething MS
Minister for Health and Social Services

3 February 2021

Dear Minister

At its meeting on 10 March, the Committee will be taking evidence on the long term effects of COVID-19 (post-COVID syndrome or long COVID), as part of our inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales. We will be hearing from a range of stakeholders, including people experiencing the longer term effects of COVID-19, a panel of academics and relevant health professionals.

In advance of this meeting, it would be helpful if you could provide us with an update on Welsh Government policy on managing long COVID, particularly:

1. Whether the Welsh Government has any plans to offer long COVID sufferers help at specialist centres, similar to the approach taken by NHS England;
2. How the Welsh Government intends to implement **NICE guidance on managing the long term effects of COVID-19**;
3. How the Welsh Government is working with health professionals to help assess, diagnose and treat sufferers, including those experiencing the mental health effects of COVID-19;
4. What funding will be available for long COVID services;
5. Whether the Welsh Government has undertaken any assessment of the potential implications of long COVID on the demand for social care services;
6. What consideration is the Welsh Government giving to the management of long COVID in social care settings (for example, the impact on staff returning to work, impact on unpaid carers);
7. Whether the Welsh Government has commissioned any research into long COVID, including details of the role and remit of the Wales COVID-19 Evidence Centre;

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8. Whether the Welsh Government is aware of any work being undertaken by health boards to manage the long term effects of COVID-19, and what role will the Welsh Government play in promoting learning or sharing of best practice between health boards.

It would be helpful if you could let us have your response by **24 February 2021** to help inform our evidence session on 10 March.

Yours sincerely

Dr Dai Lloyd MS
Chair, Health, Social Care and Sport Committee

Vaughan Gething AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Dai Lloyd MS
Chair, Health, Social Care and Sport Committee
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24 February 2021

Dear Dai,

Thank you for your letter of 3 February, in which you asked me to provide the Health, Social Care and Sport Committee with an update on Welsh Government policy on managing Long COVID to inform the inquiry into the impact of the pandemic.

I am happy to build on my latest update set out in my Written Statement of 20 January 2021. https://gov.wales/written-statement-longer-term-effects-covid-19

COVID-19 infection is now a global topic of research, and as the pandemic continues, we are understanding more about the disease process and its longer term impact on patient health. Whilst initially it was thought that symptoms could last a few weeks and, once they subsided, the individual could return to their previous lifestyle, it is now becoming apparent that some people experience much longer term effects.

Wales is taking part in the UK study called The Post-Hospitalisation COVID-19 Study (PHOSP COVID), funded by the National Institute for Health Research (NIHR) and MRC UK Research and Innovation and led by the NIHR Leicester Biomedical Research Centre. This Urgent Public Health study has been established to assess the long-term effects of COVID-19 on patient health and recovery in 10,000 participants.

A UK-wide joint research call with funding up to £20 million has been launched by the NIHR and UK Research and Innovation (UKRI). The call is for research proposals into the longer term physical and mental effects of COVID-19 in non-hospitalised individuals. Projects are expected to start early in the year and may be funded for up to 3 years.

Increasing evidence and testimony from people's experiences shows that a small, but significant number of people who contract COVID-19 are experiencing effects of weeks and even months after initially falling ill. Some estimates suggest that approximately 1 in 5 people affected by COVID-19 may still experience different groups of symptoms more than three weeks after infection; and 1 in 10 people could still be affected at three months, or longer, after initial infection.

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The Technical Advisory Group (TAG) has published a paper on 3 February entitled '*Long Covid - what do we know and what do we need to know*?'. This pulls together latest UK and international evidence and research to support policy and local action.

The paper identifies further important research questions to understand and monitor the impact of long COVID on individuals and services in Wales, and develop effective care pathways. These will require continual review as evidence needs are fulfilled through ongoing and future research studies, and as new areas of need emerge.

I turn now to your specific questions. I will answer questions 1 to 3 together and do likewise for questions 5 and 6.

1*. Whether the Welsh Government has any plans to offer long COVID sufferers help at specialist centres, similar to the approach taken by NHS England;*

2. How the Welsh Government intends to implement NICE guidance on managing the long term effects of COVID-19;

3. *How the Welsh Government is working with health professionals to help assess, diagnose and treat sufferers, including those experiencing the mental health effects of COVID-19;*

In Wales, our approach to Long COVID is based on *A Healthier Wales* and, therefore, founded on avoiding harm, promoting and supporting self management and value based, seamless care from the right health and care professionals or service, at or as close to home as possible and agreeing care tailored to each person's specific needs.

On 20 January 2021, I announced the launch of the NHS Wales COVID Recovery app, which provides tips and aids for monitoring progress. In addition to this app, health board websites and NHS Wales Direct/111 website offer and signpost people to a range of self-help and information resources.

To complement the NICE clinical guidelines on identifying, assessing and managing the long-term effects of COVID-19, the Welsh Government and NHS Wales have collaborated on an all Wales Community Pathway for Long COVID. This recognises some people with severe effects, such as organ damage may need more specialist advice from secondary care professionals.

Each health board is using these resources to shape and inform their local pathway. This involves bringing together GP practices and multi professional community services to put systems in place, making best use of the expertise of different health and care professionals and other resources, such as the new NHS Wales Covid Recovery app, to provide seamless care for assessment, investigation, treatment and rehabilitation support. Services and access to these may be organised and communicated according to local needs and circumstances.

4. What funding will be available for long COVID services;

We are investing in research into the impact of COVID 19 including its longer term effects. In terms of services to support people with Long COVID, our current expectation is that the majority of people's needs can be met from the NHS Wales COVID Recovery app and existing community services with some people requiring specialised services from secondary care. The Welsh Government has provided additional funding of £10 million to Regional Partnership Boards to facilitate timely discharge from hospital into community services offering rehabilitation support, including people recovering from COVID 19. We also recognise the increased need across Wales for easy access to tier 0/1 support for low

level mental health issues experienced by people affected directly and indirectly by the pandemic and have invested £9.9 million.

As part of its annual plan for 2021-22, each health board will need to identify their workforce and service plans to support people with Long COVID as we continue to learn more.

5. ***Whether the Welsh Government has undertaken any assessment of the potential implications of long COVID on the demand for social care services;***

6. ***What consideration is the Welsh Government giving to the management of long COVID in social care settings (for example, the impact on staff returning to work, impact on unpaid carers);***

Throughout the pandemic, officials and Ministers have continued to keep in close contact with representative organisations of service users, unpaid carers, staff, providers, and local government in order to understand the impacts of COVID, including long COVID.

Going forward, as part of the development of a plan for stabilisation and reconstruction, the Welsh Government intends to work in close collaboration with the social care sector to ensure that the experience of people receiving care and support, unpaid carers and staff is central to our recovery planning.

This will be particularly important to recognise the experiences of those groups who have been most affected by the pandemic, especially the social care needs of those who are impacted by long COVID, but also those who provide care and support for them, whether paid or unpaid.

7. ***Whether the Welsh Government has commissioned any research into long COVID, including details of the role and remit of the Wales COVID-19 Evidence Centre;***

Welsh Government have not directly commissioned any research into long-COVID, however Wales is taking part in the UK study called The Post-Hospitalisation COVID-19 Study (PHOSP COVID), funded by the National Institute for Health Research (NIHR) and MRC UK Research and Innovation and led by the NIHR Leicester Biomedical Research Centre. This Urgent Public Health study has been established to assess the long-term effects of COVID-19 on patient health and recovery in 10,000 participants.

Studies from a recently closed UK-wide funding call will focus on non-hospitalised patients and longer-term effects of COVID-19, and an Office for National Statistics study underway will quantify and characterise post-acute physical and mental health complications of COVID-19.

The COVID pandemic has illustrated the centrality of research and evidence to health and care in Wales, and their importance to decision making at every level in the health and care system.

The Wales COVID-19 Evidence Centre is a 24 month investment of £3M and will provide a Welsh-specific programme of research, evidence synthesis and knowledge mobilisation to meet priorities and urgent needs arising from the coronavirus pandemic. It is planned that the Centre, led by Professor Adrian Edwards of Cardiff University and on behalf of Welsh Government will be operational from 1 March.

The Centre will respond rapidly to urgent questions to which Ministers, senior officials, and NHS and social care leaders need answers, such as the long-term effects of the pandemic and investigating challenges such as infection control and social distancing, the consequences of isolation and the health effects of the economic disruption. Research

evidence is needed to help us understand these impacts and what measures might be used to mitigate adverse impacts.

The Centre will focus of welsh evidence need, where there is a clear current gap in the research knowledge landscape in order to make a distinctive contribution to health, wellbeing and care.

The Centre will work closely with the Covid-19 Technical Advisory Group to ensure that it addresses the most pertinent and pressing issues for policy, practice and the public.

8*. Whether the Welsh Government is aware of any work being undertaken by health boards to manage the long term effects of COVID-19, and what role will the Welsh Government play in promoting learning or sharing of best practice between health boards.*

Last autumn, as we began to learn that some people experience long term effects from the COVID-19, Dr Andrew Goodall, NHS Wales Chief Executive, wrote to health boards asking them to start developing and implementing local pathways and protocols for assessing and responding to Long COVID. Dr Goodall requested each Director of Therapies and health Sciences to take the lead in co-ordinating these plans and for updating the Welsh Government on progress.

The Directors of Therapies and Health Sciences have a well-established peer group which is facilitating the sharing of learning about services for Long COVID and is overseeing action best done 'once for Wales'. This includes training and education resources and a national 'landing page' with links to a wide range of resources. My officials liaise closely with this peer group on a fortnightly basis and with the peer group of Associate Medical Directors on a weekly basis.

I trust this letter provides a clear picture of action being taken on Long COVID including research to inform future and continuous review of our approach.

Yours sincerely,

Vaughan Gething AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 5.3

Responses to HSSC Committee on Draft Budget

Recommendation 1. We recommend that the Welsh Government provides further details on the areas within their portfolios that Ministers anticipate may require further funding during 2021-22, what further allocations may be made for health (including mental health), social care and sport in the final budget for 2021-22, and how such allocations will be prioritised to assist both the response to the pandemic and the longer term recovery of the health, social care and sport sectors.

Accept: During budget preparations, the approach has been to maximise the impact of available resources to deliver on the Government's values, while recognising that we will need to continue to deal with the impact of the pandemic alongside driving forward longer-term change. The Minster for Finance and Trefnydd met with Ministers regularly to discuss budgetary matters and emerging funding pressures and considered funding issues and requests, alongside the impact of COVID-19. Ministers have also considered evidence from the Committees and those who provided evidence to them.

Given the difficult choices we have faced, and as we work together to rebuild, responsible budget management will be essential to protect what matters most and pursue the change that is not just possible, but essential.

As a result, we have adopted once again a careful and strategic approach to provide the right funding at the right time. In terms of health, social care and sport, we recognise the huge importance of these services and additional allocations have been made in all areas in the final Budget to support them during the pandemic and as we move into recovery. In particular, an additional £430m has been allocated to the NHS to support them in their ongoing response to the pandemic. Recognising the vital role of the Local Government Hardship Fund, an additional £206.6m has been allocated to extend support for 6 months including social care support. Recognising the importance of sports for physical and mental well-being, we have invested £2m capital funding as part of the capital stimulus package to build and improve facilities to deliver positive and lasting impact on community participation and performance.

There remains an unprecedented level of uncertainty into 2021-22 on the path of the pandemic and the restrictions needed in response as well as the ongoing impacts of the UK's new trading relationship with the EU alongside uncertainty over available funding with the UK budget on 3 March. It is therefore remains important that we retain a level of flexibility to respond to challenges as they crystallise next year into the new administration.

Financial implications: These will be set out in the Final Budget to be published on 2nd March

Recommendation 2. We recommend that the Welsh Government provides details on its strategy for the investment of the £382.5m capital allocation in the HSS MEG in the 2021-22 draft budget.

Accept: The All Wales NHS Capital Programme is broken down between Ministerial approved schemes and discretionary funding.

Discretionary capital funding equates to some £84m across all Health Boards and NHS Trusts and is made available for

- meeting statutory obligations, such as health and safety and firecode;
- maintaining the fabric of the estate; and
- the timely replacement of equipment.

In respect of existing approved schemes, £134m of funding has already been approved – the main schemes being:-

- Remaining works at the Grange University Hospital including the Hospital Sterilisation and Decontamination Unit;
- Sunnyside Primary Care Development in Bridgend;
- The main refurbishment works for Ground and First Floor of the Prince Charles Hospital in Merthyr c£50m;
- Major Electrical Infrastructure works at the Royal Glamorgan Hospital;
- Remaining works linked to the Neonatal scheme at Glangwili Hospital;
- Anti ligature works across the Cwm Taf Morgannwg, Swansea Bay and Powys estate;
- On-going development costs linked to the implementation of the 111 service; and
- Annual Ambulance Fleet Replacement

Against the £382.5m, after discretionary and approved schemes, £164.5m has yet to be formally allocated although £124m has been ring-fenced for the following initiatives:-

Taking lessons from the early phases of the Covid response, the importance of having a robust infrastructure has become increasingly clear. To that end, £62m has been set aside for organisations to bid against the following areas:-

- Site infrastructure £10m
- Fire Prevention works £5m
- Mental Health Infrastructure £6m
- Linear Accelerator replacement programme £5m
- Diagnostic Equipment refresh £20m
- Decarbonisation works £16m

In addition to this, £37m is the current estimated funding requirement for schemes that are part of the Primary Care Pipeline. This funding will mean the new build projects at Tredegar and Machynlleth can progress at pace, subject to Ministerial Approval. Funding will also be used to continue to support business case

development for Health & Wellbeing Centres at Newport East and Cross Hands together with the Swansea Wellness Centre linked to the regeneration of Swansea's High Street.

£25m is set aside for the continued investment in digital services across Wales and will be key for the new Digital Health Care Wales.

After the above, there is c£40.5m capital funding left to allocate. There are, unsurprisingly a long list of schemes that are seeking funding through the All Wales Capital Programme. Schemes that are in development include Diagnostic and Treatment Centres in North Wales, the Royal Alexander Hospital scheme in Rhyl, Genomics in Cardiff & Vale as well as all Wales initiatives including the Transforming Access to Medicines (TRAMS) and Laundry reprovision led by NHS Wales Shared Services Partnership. In addition to the above, capital funding would also be required linked to any Ministerial agreement to the new Velindre Cancer Centre.

Financial implications: No additional financial implications

Recommendation 3. We recommend that the Welsh Government provides details of the reformed Townsend formula and its impact on the resources available to each LHB. This should include information about how the reformed formula takes account of different needs across Wales, a breakdown of the implications for the financial resources available to each LHB which identifies the difference between the resources allocated to each LHB under the reformed formula compared to the previous formula, and an explanation of how any changes in the allocations for each LHB will be achieved.

Accept: Responding to recommendations from the Public Accounts Committee, the Welsh Government has replaced the Townsend formula with a revised NHS allocation formula. The Townsend formula had ceased to become fit for purpose, due in the main to the cessation of the Welsh Health Survey, which was the main indicator of health need used in the formula. The work on formula revision has been overseen by a Technical Advisory Group, consisting of senior Welsh Government officials and NHS representatives, with the addition of independent specialist economic advice.

The formula that has been developed is an evidenced based, transparent and modular formula, based on available, accurate and consistent population, needs and financial information. It has been based on the methodology adopted for NHS resource allocation in Scotland, adapted as appropriate for our needs in Wales. The formula has been applied to date to allocate an additional £110 million to local health boards in 2020-21, and a further £105 million in 2021-22. There is no current intention to use the formula to equalise baseline allocations – it is only currently being used to allocate new growth funding.

The formula applies to the core discretionary hospital and community services and primary care prescribing funding. At this stage, it does not cover the mental health ring-fenced allocation, or primary care allocations for general medical, dental and community pharmacy services.

The formula comprises the following elements:

- Population – the primary component of the formula
- Demographic weighting – age/sex weighting reflecting the differing cost by age and sex
- Additional Needs - the factors that predict the need for healthcare over and above age and sex (eg higher morbidity)
- Unavoidable excess costs – for example the costs of supplying healthcare in remote and rural areas

The formula shares for each LHB under the revised formula compared to population shares are as follows:

Local Health Board	Population Share (%)	Formula Share (%)
Anuerin Bevan	18.88%	18.84%
Betsi Cadwaladr	22.14%	22.58%
Cardiff and Vale	15.91%	13.30%
Cwm Taf Morgannwg	14.26%	15.35%
Hywel Dda	12.25%	12.79%
Powys	4.18%	4.42%
Swansea Bay	12.39%	12.71%

Financial implications: No additional financial implications

Recommendation 4. We recommend that the Welsh Government confirms the timescales within which it expects to have in place the revised arrangements for tracking and monitoring mental health spend by LHBs.

Accept: Work to develop a mental health resource allocation formula commenced early in 2020, but was paused during the early stages of the pandemic. The work restarted in Autumn 2020, including a process of engaging with NHS stakeholders and mental health practitioners. The work is currently in the development stage, with the intention of engaging widely again following the Senedd elections, with the intention of using the revised formula to allocate growth funding in 2022-23.

Alongside the work on the resource allocation formula, work is being undertaken to review the detail currently available on spending on mental health services and the outcomes delivered for that spending. This work, along with the resource allocation work, will enable consideration to be given to redirecting future spending towards services that can improve outcomes and target those areas and sectors of the community with the greatest need.

Financial implications: None

Recommendation 5. We recommend that the Welsh Government commits to publishing detailed information about LHBs' spending on mental health, and the impact of such spending on outcomes and patient experience. This should include a breakdown of the levels of spend on services for adults and those for children and young people.

Accept: Welsh Government already published detail of LHB spending on mental health in the NHS Programme Budget Expenditure Analysis, which is available as an annual statistical release: https://gov.wales/nhs-expenditure-programme-budgets-april-2018-march-2019 as well as more detailed analysis available on StatsWales https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Health-Finance/NHS-Programme-Budget?_ga=2.114547399.1392938797.1613990515-1331613919.1613990515
This analysis includes a breakdown of expenditure on adult, elderly and children and adolescent mental health services.

In addition, along with the work on the resource allocation formula, we will consider what further information on NHS mental health spending can be published in future.

Financial implications: None

Recommendation 6. We recommend that the Welsh Government provides details of how it will monitor the quality and consistency of Tier 0 mental health services, and how it will ensure that GPs have confidence in them.

Accept: Building capacity within tier 0 will increase access to non-clinical services aimed at supporting those with low-level mental health needs. Throughout this year, we have enhanced this offer such as the roll out of Silvercloud, which also builds on activity that was already happening, for instance, through the mental health social prescribing pilots and through projects funded within the section 64 mental health grant. All projects that receive funding for implementation will be required to provide regular progress reports for monitoring / evaluation. We acknowledge that there will also need to be continued engagement with referrers, including GPs, to ensure that people are aware of what is on offer and what can be expected from these services.

Financial implications: No additional financial implications

Recommendation 7. We recommend that the Welsh Government clarifies whether the full £4m identified for Tier 0 mental health services within the £20m funding in the HSS MEG to support further improvements in mental health services will be allocated to third sector providers in the April 2021 bidding round.

Accept in principle. Whilst it is intended that a significant amount of this funding will be allocated to support third sector provided activity, it is acknowledged that there may be elements of this that will be allocated to the statutory sector. Officials are working through the details of implementation and further information will be made available.

Financial implications: No additional financial implications

Recommendation 8. We recommend the Welsh Government provides further information about how RPB spending of the £9m allocated for the implementation of the Dementia Action Plan 2018-22 will be monitored and evaluated to ensure it delivers the Welsh Government's priorities. This information should be published by each RPB on an ongoing basis.

Accept. We have commissioned an independent evaluation in relation to the implementation of the Dementia Action Plan 2018-2022 the findings from which will inform any successor document. Welsh Government already publishes an annual ICF report each year to promote the activity undertaken by regions and we will work towards providing a more detailed section on Dementia spend by region in future reports. We will also ensure that links to the individual RPB annual reports are also made available within this report.

Financial implications: No additional financial implications

Recommendation 9. We recommend that the Welsh Government provides further information about how the delivery of the Statutory Code of Practice on the Delivery of Autism Services will be resourced, including assurance that additional resources will be available if required.

Accept. An autism delivery plan will be published alongside the Statutory Code of Practice on the Delivery of Autism Services when it is implemented from September 2021. The code does not create additional duties, it reinforces existing requirements placed on Local Authorities, Local Health Boards, and NHS Trusts contained in the Social Services and Well-being (Wales) Act 2014 and the NHS (Wales) Act 2006.

For 2021-22 a total of £3.716m is available to support the delivery of our autism policy priorities. Of this, £3m will support the continued delivery of the Integrated Autism Service, £598k will support the staffing and annual work plan of the National Autism Team, and the remainder will support a demand and capacity review of neurodevelopmental services and support to implement the Code. The NAT work plan this year will focus on supporting Regional Partnership Boards, Local Health Boards, NHS Trusts and Local Health Boards to prepare for the implementation of the Code of Practice. In addition further consideration is being given to the need to provide additional assistance to Regional Partnership Boards to develop a regional autism infrastructure as required in part four of the Code.

This year we are undertaking a demand and capacity review of neurodevelopmental services, phase two of this work will include developing options for future sustainable services including an analysis of workforce needs. A commitment has also been made to evaluate the impact of the Code of Practice when it has been in place for two years.

Financial implications: No additional financial implications

Recommendation 10. We recommend that the Welsh Government provides further information about the operation of the Loneliness and Isolation Fund, and how the effectiveness of the Fund will be assessed.

Accept. Officials are currently working on the detail of how the fund will operate and how effectiveness will be assessed. It will be launched during the first quarter 2021-22 and £500,000 will be made available in each of the next two financial years.
Financial implications: No additional financial implications

Recommendation 11. We recommend that the Welsh Government provides information about the proportion of spend on services for unpaid carers that are (1) provided directly by local authorities and (2) commissioned by local authorities for delivery by the third sector, and that the Welsh Government evaluates whether the funds allocated are sufficient to meet the support needs of carers effectively.

Accept in principle. The Welsh Government does not collect data on the split of local authority expenditure on unpaid carers between directly provided services, services commissioned from and delivered by the third sector, and services commissioned from and delivered by other partners. Support for unpaid carers is undertaken by local authorities under the Social Services and Well-being (Wales) Act 2014. Unpaid carers of all ages can benefit directly or indirectly from local authority expenditure in areas such as education and housing, not just social care. Local authorities, as autonomous and democratically accountable bodies, are statutorily responsible for managing their financial affairs, reflecting that they are best placed to judge the local needs of their communities, and to fund and commission services accordingly. The funding system we have in place gives them the flexibility to make those decisions, informed by their assessment of the needs of their local populations and the sufficiency of the services available.

We are undertaking a formal evaluation of the Social Services and Well-being (Wales) Act 2014 to help us improve the future of social care in Wales and as part of this, to understand its impact on unpaid carers. The 2014 Act was being measured through two different, but complementary, approaches. Measuring the Mountain (MtM), a co-produced project launched in January 2018, looked specifically to analyse people's experiences of care and support. The MtM team collated around 500 stories in 2019-20 from individuals in Wales. Around half of these were from unpaid carers. The findings from the project, which has now ended, were published in December 2020. The ongoing independent, formal evaluation of the 2014 Act is being undertaken by University of South Wales, and will run until 2022. Although not looking at funding of services specifically, it will consider the implementation and impact of the 2014 Act and the difference it has made to citizens in Wales, as well as considering the financial considerations of the 2014 Act against the initial Regulatory Impact Assessment. The project will be starting fieldwork in April 2021 for the impact evaluation. This will involve engagement with key stakeholders and individuals, including unpaid carers. Interim findings from this phase will be published at the end of 2021.

Funding implications – None. Assessment of potential future funding implications in relation to changes in government policy which might impact government budgets and statutory bodies or other organisations, will be considered as part of the ongoing development of carers policy, which we are taking forward in co-production with stakeholders. The costs of the evaluation and associated research are covered by existing programme budgets.

Recommendation 12. We recommend that the Welsh Government provides further detail on its strategic vision for, and practical delivery of, the service transformation agenda, and on how it will ensure that the focus on a shift towards primary care and prevention is achieved and maintained during the 2021-22 financial year.

Accept.

Targeted funding for 2021-22

Part of the strategic focus *of A Healthier Wales* (AHW) is to generate and strengthen national approaches to various aspects of how health and social care are delivered in Wales, including primary care. There are several national projects that do not fall within the scope of the Transformation Fund but do contribute significantly to the aims and objectives of AHW. In respect to strengthening primary care, these include working with HEIW to develop optometrists' capabilities to deliver community-based eye-care (currently undertaken mainly in specialist settings), a national community-based podiatry pilot, and funding for a specific primary care liaison to ensure links between AHW and the primary care strategy for Wales are strengthened further. In the financial year 2021-22, we have set aside £167,368 for these activities and are working closely across policy areas and with regional partners to develop and support these activities.

Work is ongoing to develop scholarships for frontline staff to use digital technology and implement modern digital care pathways in the healthcare system in Wales. These link digital literacy in our communities to maximise opportunities for the population to digitally engage in health, social care and self-help services and deliver against the Strategic Programme for Primary Care Data and Digital programme. We are also supporting the NHS to meet the changing mental health needs in their areas, while planning for a second wave and ensuring mental health services can stabilise and recover for the long term. Activities are delivered via the mental health programme and the Strategic Programme for Primary Care on Tier 0/1 services. Through the Transformation Fund we will support a range of transition activities across Wales, including the strengthening of primary care clusters, continuing to embed digital technology in primary care (such as virtual consultation and appointment booking systems), and the ongoing development and embedding of integrated community care teams. These activities are included in the £41,740,845 that has been allocated to RPBs from the £50m Transformation Fund in 2021-22.

During 2021-22 we are continuing to promote the scaling of new models of care, with a particular emphasis on services relating to Hospital to Home; Place-based Care; Emotional and Mental Health; and Technology Enabled Care. Alongside the delivery of the Transformation Fund, a Hospital to Home Community of Practice has been established to share best practice, challenges and opportunities across RPBs. Communities of Practice will also be held over coming months in relation to the three remaining themes.

To aid the acceleration of new models, the Welsh Government is providing £6m of the £50m Transformation Fund in 2021-22 to assist with the scaling of hospital to home models at a regional level to help embed a national model of working. The funding will be used to support the sustainable scaling of 'Discharge to Recover then Assess' Pathways which will consider how activity can be provided within the community or people's homes to deliver what matters to people; facilitate a greater place-based focus on the delivery of care and support post Covid-19; and reduce the need for primary and secondary care interventions.

Review and refresh of A Healthier Wales Transformation Programme Actions
When the Cabinet Paper 'A Healthier Wales Two Years On' was presented in September 2020 to provide a progress update and secure Cabinet's agreement to the future direction of A Healthier Wales, Welsh Government Officials gave a commitment to review the 40 actions in *A Healthier Wales* and to refresh these in line with the priorities identified in the Cabinet Paper.

This review and refresh has been undertaken and is now undergoing consultation with stakeholders prior to being submitted for Ministerial approval. As part of the refresh we have drafted new actions where these are required to support the stabilisation and recovery of services following Covid-19 as well as elements of *A Healthier Wales* brought to the forefront by pandemic. These new actions look to build resilient communities in Wales and focus on health inequities, prevention, mental health, children and young people and decarbonisation.

A specific action on prevention will ensure a focus on building on the behaviours and personal responsibility demonstrated during the Covid-19 pandemic to support people to keep well through an integrated approach to improving the nation's health and wellness.

We will propose the development of agreed, value based, whole system care pathways for prevention, detection, treatment and ongoing care, including rehabilitation, pain management and end of life care, as close to home as possible as part of Covid-19 recovery and reconstruction, and ensure that relevant measures are developed to capture the outcomes that matter to patients.

A further action will be included to capture innovative practices and new ways of working achieved during Covid-19 and ensure benefits are maintained in the Health & Social Care system.

Recommendation 13. We recommend that the Welsh Government provides further details of the arrangements that are in place to monitor how the funding allocated to Sport Wales is spent, how outcomes are evaluated, and how Sport Wales provides it with assurance that the funding is delivering the Welsh Government's priorities.

Accept. The Welsh Government receives regular updates throughout the year on the investment of funding allocated to Sport Wales to deliver the priorities set out in the annual remit letter. These updates are provided at quarterly monitoring meetings between the Welsh Government and Sport Wales , and at the bi-annual meetings between the Deputy Minister for Culture, Sport and Tourism and the Chair and Chief Executive of Sport Wales. Welsh Government officials also attend Sport Wales' Board meetings throughout the year. The additional investment provided to Sport Wales to support the challenges resulting from the pandemic has resulted in additional monitoring to support the more formal monitoring arrangements.

Financial implications: None

Recommendation 14. We recommend that the Welsh Government's public health messaging during the pandemic emphasises the importance for people of all ages to be physically active, and helps people across Wales to identify ways for them to remain physically active within the constraints of the COVID-19 restrictions.

Accept. The Welsh Government has consistently emphasised the importance of exercise for people's physical and mental wellbeing during the pandemic. Sport Wales continues to promote the opportunities that exist for people to engage with exercise and to remain active through their various communication channels, including their social media platforms. Some schemes, such as the Healthy and Active Fund, have been adapted to support the provision of online or digital alternatives for people to exercise. We have invested more than £40m in 2020-21 to ensure the sector survives the pandemic and is able to support people to lead physically active lives when we can return to our normal day-to-day activities.

Financial implications: None

Recommendation 15. We recommend that, when taking decisions on COVID-19 restrictions, and the associated regulations and guidance, the Welsh Government takes account of the importance of physical activity, and seeks to ensure that where it is possible and safe to do so, opportunities for physical activity are not unnecessarily curtailed.

Accept. The Welsh Government has prioritised the importance of physical activity when the public health conditions allow. We recognise the importance of exercise to people's health and wellbeing, and will continue to balance that with the need to keep people safe and to protect the NHS.

Financial implications: None

Recommendation 16. We recommend that the Welsh Government provides details of the funding that will be available, either from existing allocations or further funding allocations, to ensure that as the COVID-19 restrictions begin to be eased, people of all ages, and particularly those from socioeconomically-disadvantaged communities, are encouraged and supported to safely increase their physical activity.

Accept. The Welsh Government has maintained its level of investment in physical activity through sport. We will continue to review the impact of the pandemic on sport at all levels and will explore opportunities to secure additional funding in 2021-22 to support the sector. Our investment plans for sport in 2021-22 will be articulated through Sport Wales' business plan and communicated through its social media channels.

In 2021-22, Sport Wales will lead the sector and collaborate with others to encourage and facilitate a population increase in physical activity. The priority will be to invest effort and resources where it is needed most, where there are significant variations in participation and where there is a lack of opportunity or aspiration to be active. The Sport Wales strategy is driven by a person-centred approach to equality, diversity and inclusivity. The entire nature of the funding approach has been revamped to specifically drive action within the sector to proactively promote equality of opportunity. Sports that can demonstrate reach and impact across gender, race and disability will receive greater investment levels as a way of driving action to support underrepresented groups. Deprivation is also a key criterion for how funding will be allocated across geographical partners, to proportionately fund those communities most in need.

Financial implications: Funding is already in place for 2021-22 and will be monitored on a regular basis.

Recommendation 17. We recommend that the Welsh Government's budget for 2022-23 more clearly demonstrates the significant role that increasing participation in physical activity can play in delivering the prevention agenda.

Accept. The Welsh Government recognises the importance of increasing participation for mental and physical wellbeing. The Sport Wales five-year strategy will be a key consideration for the next Welsh Government in assessing the budget requirements for 2022-23 and beyond.

Financial implications: In allocating any future funding our approach will continue to be guided by the priorities for the new administration, engagement with Sport Wales and the local sector, evidence and affordability within the budget allocation when confirmed by UK Government for 2022-23.

Agenda Item 8

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Agenda Item 9

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