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Agenda - Health and Social Care Committee

Meeting Venue:

Hybrid - Committee room 5 Ty Hywel and video conference via Zoom

Meeting date: 4 November 2021

Meeting time: 08.45

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 www.senedd.tv

Private pre-meeting (08.45 - 09.15)

1 Introductions, apologies, substitutions and declarations of interest

(09.15)

2 Post appointment scrutiny session with the interim Chair, Cwm Taf Morgannwg University Health Board

(09.15-10.00) (Pages 1 - 12)

Mr Emrys Elias, interim Chair, Cwm Taf Morgannwg University Health Board

Research brief

Paper 1 - Biography

Break (10.00-10.15)

3 Health and social care workforce: evidence session with Health Education and Improvement Wales and Social Care Wales

(10.15-11.45) (Pages 13 - 41)

Senedd Cymru
Welsh Parliament

Alexandra Howells, Chief Executive - Health Education and Improvement Wales
Julie Rogers, Deputy Chief Executive and Director of Workforce and Organisational Development - Health Education and Improvement Wales
Sue Evans, Chief Executive - Social Care Wales
Sarah McCarty, Director of Improvement and Development - Social Care Wales

Research brief
Paper 2: written evidence from Health Education and Improvement Wales and Social Care Wales

Health and social care workforce consultation responses

4 Papers to note

(11.45)

4.1 Letter from Chair, Legislation, Justice and Constitutional Committee regarding the scrutiny by Senedd Committees of common frameworks

(Pages 42 - 49)

4.2 Letter from the UK Statistics Authority regarding the publication of their report: Improving health and social care statistics: lessons learned from the COVID-19 pandemic

(Pages 50 - 52)

4.3 Letter to the Minister for Health and Social Services regarding the proposed Velindre Cancer Centre

(Pages 53 - 55)

4.4 Response from the Minister for Health and Social Services regarding the proposed Velindre Cancer Centre

(Pages 56 - 57)

4.5 Letter to Chair from Pancreatic Cancer UK

(Pages 58 - 59)

4.6 Letter from Chair, Legislation, Justice and Constitution Committee to the Minister for Health and Social Services regarding the Legislative Consent Memorandum for the Health and Care Bill

(Pages 60 - 61)

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

(11.45)

6 Post appointment scrutiny session: consideration of evidence

(11.45-11.55)

7 Health and social care workforce: consideration of evidence

(11.55-12.05)

8 Legislative Consent Memorandum on the Health and Care Bill: consideration of written evidence

(12.05-12.20) (Pages 62 - 121)

Paper 3 - Draft report

Paper 4 - LCM on the Health and Care Bill: Legal Advice Note

Paper 5 – written evidence from Health and Care Professions Council

Paper 6 – written evidence from the General Medical Council

Paper 7 – written evidence from the Welsh Government

Paper 8 – written evidence from the Nursing and Midwifery Council

Paper 9 – written evidence from the General Optical Council

Paper 10- written evidence from the Welsh NHS Confederation

9 COVID-19 recovery

(12.20-12.30) (Pages 122 - 129)

Paper 11: COVID recovery: note of issues discussed with academics on 7 October 2021

10 Forward work programme

(12.30-12.40) (Pages 130 - 137)

Paper 12 – Forward work programme

11 Welsh Government Draft Budget 2022-23: approach to scrutiny

(12.40-12.50) (Pages 138 - 146)

Paper 13 – approach to budget scrutiny

12 Inquiry into patient flow: consideration of approach

(12.50-13.00) (Pages 147 - 153)

Paper 14 – scoping paper

13 Pre-appointment hearing: Chair of Welsh Ambulance Service NHS Trust: consideration of approach

(13.00-13.10) (Pages 154 - 157)

Paper 15 – scoping paper

By virtue of paragraph(s) vi of Standing Order 17.42

Agenda Item 2

Document is Restricted

By virtue of paragraph(s) vi of Standing Order 17.42

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Agenda Item 3

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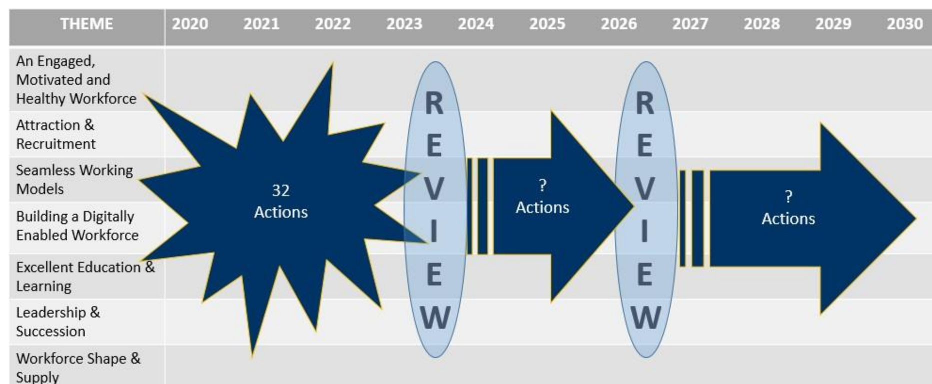
Ymateb gan | Response from: Addysg a Gwella Iechyd Cymru a Gofal Cymdeithasol Cymru | Health Education and Improvement Wales and Social Care Wales

1.Plans for implementation of A healthier Wales: our workforce strategy for health and social care (published in October 2020), including progress made to date and whether delivery is on track for 2030.

We have made significant progress since this 10 year strategy was published one year ago and are on track for delivery by 2030. This ambitious strategy is divided into three phases, with a review point every three years, allowing for adjustments to ensure it remains live and valid.

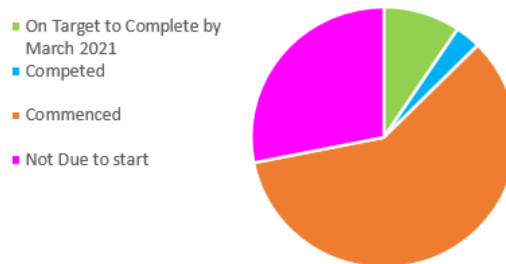


It is important to note that the pandemic required us to adjust the first phase of actions, and to pause some actions to allow engagement with our partners to develop medium term implementation plans and progress actions together. Both social care and health are currently under significant pressure and short-term annual planning approaches are in place in relation to many services.

Our implementation planning to date has therefore necessitated a short-term focus, recognising the wide ranging and significant pressures on the system which could not have been foreseen during development. An initial 6 month supporting the winter protection plan prioritised areas of the workforce strategy to support the response to Covid-19 and winter pressures, resulted in early implementation in some areas and was delivered by March 2021. Our subsequent annual plan for 2021-2022 is on track.

We took an early decision to use our existing governance mechanisms to oversee delivery of early implementation. The objectives and deliverables from the WFS's 2021-2022 plan are integrated in our corresponding organisational business plans. We jointly provide leadership and direction, on behalf of the organisations who will deliver the strategy with us. A joint HEIW/Social Care Wales steering group reports to both organisations' CEO and Chairs, through to the respective Boards and consequently Welsh Government. As part of our operating model, we use our stakeholder briefings, regular board papers and update reports to share our progress. We will look at refreshing our governance as part of medium-term planning to support ongoing collaboration with the wide range of partners required to deliver the strategy.

The strategy comprises seven overarching themes, with 32 actions coming together to deliver our ambition of a motivated, engaged and valued Health and Social Care workforce, with the capacity, competence and confidence to meet the needs of the people of Wales. The wellbeing of the workforce is central to delivery, with inclusion and Welsh language being woven through all implementation plans. While some actions are not yet due to start, all 32 actions will commence during phase 1 (the first 3 years) of the strategy, and although some actions will take longer than others to deliver in full and progress is on track as shown in the chart below.



While there are actions which will inform the future plans of Health Education and Improvement Wales (HEIW) and Social Care Wales, many of the actions in the strategy are to be implemented at a strategic level, with the expectation that actions are reflected locally by lead partners, for example at a national level we can set out approaches to support recruitment and retention, but they need to be implemented more locally. Health Boards and Trusts have been mandated to use workforce strategy's actions and the national clinical framework to make rapid progress against their own plans.

HEIW and Social Care Wales have progressed implementation this year, aligned to our respective IMTP/Annual Plan and business plans, which are developed through engagement with key stakeholders, including NHS and social care organisations, local authorities, professional bodies and other key stakeholders. Following this exceptional year, we will develop our medium-term implementation plan and clarify the lead and supporting responsibilities across the health and social care community and wider where appropriate. Progress highlights from each of the mutually dependent themes are below.

1. An engaged, motivated and healthy workforce

Much of this theme will be achieved over the lifetime of this strategy, and to date we have progressed work in support of the longer goal, ministerial priorities and the programme for Government. Early in the pandemic, we implemented measures to support staff wellbeing, and were key partners in a joint health and care sub-group of the workforce cell which developed resources, and access to specialist service, which we are evaluating to inform future work.

Phase one has seen HEIW and Social Care Wales reciprocating membership on our respective health and wellbeing networks and sharing good practice to drive improvement. By end March 2022, we will have developed sector specific wellbeing (action 1) and staff governance (action 2) frameworks, through engagement with our workforce, and this approach, will promote the development of our joint frameworks during the lifetime of this strategy.

HEIW led the delivery of the NHS staff survey (action 4) which took place in November 2020. Workforce wellbeing and engagement measures were included and inform the Welsh Government NHS Wales performance framework indicators (action 5), while Social Care Wales has worked with government on the local authority performance and improvement framework, taking a lead on workforce data. A further survey is scheduled early in 2022. Social Care Wales also completed an engagement survey in relation to the wellbeing of the workforce and introduced an Employee Assistance Programme in December 2020, opening access to a range of support services to the paid workforce in the private and voluntary sector. A wellbeing conversation toolkit which will provide a range of resources and support for managers to hold wellbeing conversation with their teams has been developed across health and social care and will launch imminently.

We monitor and publish the achievements of our strategic equality plans, and commitments to the Welsh Government Race Equality Action Plans and reflect these in the development of our inclusive implementation plans.

Although Social Care Wales and HEIW are leading the implementation of the strategy, it is recognised that action across many organisations involved in the sectors is needed to meet its ambitions. For example, an important action in under this theme is the commitment to work towards fair reward and recognition across the health and social care workforce. This action explicitly cites the report of the Fair Work Commission. The Welsh Government has established a Social Care Fair Work Forum, bringing together employers and trade unions in a social partnership model to support the move towards fair work. The Forum has set out an ambitious plan for its work and has been providing detailed advice to the Welsh Government on the important Programme for Government commitment to ensure a Real Living Wage for social care workers.

2. Attraction and Recruitment

Our work aims to attract a wide range of people including but not limited to children and young people, to consider careers in health and care and to provide ample opportunities for career development, extension and expansion into new and different areas. We continue to make best use of the bi-lingual WeCare (Social Care Wales) and Train.Work.Live (HEIW) marketing approaches,and are working towards the longer term goal of establishing a national careers service for health and social care within the lifetime of this strategy (action 6). In preparation for this, we have brought together our approaches to careers, and in July 2021 formally launched a joint careers network to further links with key stakeholders including the Department of Work and Pensions and Careers Wales which is strengthening links between job seekers and careers in our sector. In areas of acute workforce shortages work has commenced on workforce plans for key occupations recognised in the actions such as nursing, social work and the direct care workforce (action7).

We will launch 'Tregyrfa/Careersville' our English and Welsh Language digital virtual villages that will house various different elements of health or social care delivery and the associated careers available. Our plan is that Tregyrfa/Careersville, evolves over the 10 years of the strategy, to become not only established in school calendars, but as a recognisable, go-to resource, which includes live events and support for applying to universities and jobs for anyone interested in healthand/or care.

3. Seamless working models

Our ability to work as a whole system will be critical to our recovery. The workforce strategy identified enablers to support this, particularly in seamless working, and in delivering excellent education and learning, underpinned by digital capability and compassionate leadership. Our joint work supporting the strategic programmes for primary care, mental health and the implementation of the AHP framework feature strongly in progressing our workforce strategy.

Our first step in developing a multi professional primary care workforce plan (action 9), is to ensure that the education and training is in place. We have completed proposals for a new multi professional education and training infrastructure that will drive the roll out and implementation of education and training across all relevant professions and at all stages of learning, from undergraduate to advanced practice. The infrastructure will consist of a national education and training unit linked with a network of local multi professional primary care academies. This is a critical platform to ensure that the future pipeline for the primary care workforce are sustainable and embedded. We anticipate that this will be in place in 2022 subject to investment being agreed.

We have also mapped and reviewed current education and training programmes for primary care, as well as developed new frameworks to support these such as the GP Nursing Competence Framework, which has helped to identify gaps and priorities, and to inform wider strategic discussions about funding models.

Our development of a joint multi professional/multi service strategic mental health workforce plan (action 10), will use the themes of the workforce strategy to set out a sustainable approach to the future workforce, and is on target for delivery in March 2022. Progress to date has included extensive engagement, workforce intelligence analysis, deep dive reviews of non-traditional workforce areas and a review of best practice/future models. We are focusing on some early priorities around CAMHS, clinical psychology and perinatal services, and progressing work to support training required for implementation of liberty protection safeguards.

Our work to translate the workforce models being developed through Regional Partnership Boards (action 11) into a good practice guide for integrated working was originally paused due to the impact of the pandemic and the emergency response. The work has now been refocused to support the winter plan with a compendium of existing tools and guidance being drawn together, alongside good practice and innovation that is already in place. Links have been maintained with the regional partnership workforce boards to support implementation of the strategy. We already have established with Qualifications Wales and Consortium, joint vocational qualifications across social care and health at Level 2-5, as well as a joint apprenticeship framework to underpin workforce models. The joint health and social care induction framework is also in place (action 13) and a joint approach to implementation tested through a pilot in Hywel Dda area we will now share lessons learnt, to ascertain next steps, timeframes and investment required for wider delivery.

During 2021-22 we expanded training to health workers in care homes through care home education facilitator (CHEF) roles; are piloting a joint training initiative approach to hospital discharge and have contributed to the development of an induction standard for volunteers, led by the WCVA. Throughout the pandemic we have worked with workforce regulators (action 14) and this has been focussed on the flexibilities required to support during the response to Covid-19, including for example temporary registers.

4. Digitally Ready Workforce

The pandemic has led to an acceleration of the use of digital technology as a means of facilitating remote working to deliver an effective service. The opportunity to deliver a more creative culture, supporting innovation and responsiveness has changed how some services are delivered.

We are working to increase digital capability throughout our workforce, enabling them to work and learn using appropriate technology and digitally enabled ways of delivering health and care services, and working with partners to increase the availability and catalogue of virtual learning solutions, including e-learning, virtual classroom and simulation. We are building relationships with key partners including TEC Cymru relating to training resources for remote clinical assessment skills, Digital Public Services and Digital Communities Wales and have close working relationships with the newly established Digital Health and Care Wales.

5. Excellent Education and Learning

Delivering excellent education to support the health and care workforce, is key to all ministerial priorities, as well as the wider socio-economic agenda, and critical in ensuring our workforce is able to meet the needs of our population.

The pandemic has had significant impact on this area, disrupting academic studies, particularly in face-to-face teaching, assessment, clinical placements, rotations and progression. Our teams and partners undertook a mammoth exercise, rapidly altering the way programmes and examination components were delivered, to ensure that disruption to the quality of the student experience, programmes, timeframes and mechanisms to ensure course completion was minimised as far as possible (action 18). We are working with University providers, Agored Cymru, City and Guilds, WJEC and other awarding bodies, to share intelligence of the impact of Covid-19 on the delivery and achievement of qualifications to support and commission the delivery of excellent education programmes at all levels to deliver a competent, capable and confident workforce.

Our long-term goal is one that challenges traditional ways of training and education delivery to deliver a flexible and sustainable workforce. We are maximising opportunities for work-based learning (WBL) and apprenticeships and working to support a reduction in differential attainment across health and care education programmes. A range of support mechanisms have been introduced to support learning providers and employers to implement the new suite of health and social care vocational qualifications including good practice workshops and peer learning support. A research and engagement project to establish what is needed for a fit-for-the-future social work student qualifying support framework that reinvigorates social work as a valued career choice is underway (action 23).

Throughout all of our work we are driving improved opportunities for learners to undertake education and training through the medium of Welsh (action 19). The HEIW education and training plan continues to grow graduate and trainee numbers, and we are working with the system to ensure that they are attracted into jobs in Wales. Our contract specification also requires that all under-gradates undertake an annual one hour module on Welsh language awareness, every student who wants to study the welsh language receives free lessons and education providers assess the demand for WL teaching when developing new courses. In the regulation of the Social Work Degree by Social Care Wales, there has been a long standing commitment to delivery of welsh medium provision as well as supporting individuals to learn and develop their Welsh language skills.

6. Leadership and Succession

While we have this theme identified separately in the strategy, our approach to leadership is evidence based, underpinning all that we do in creating the right culture which allows our people to thrive, and consequently improve outcomes for the people we serve.

We have made excellent progress in this area and have completed 2 of the 3 key actions with significant progress towards delivery of the third. We have developed and launched the principles for compassionate leadership for health and social care in Wales, because of the compelling evidence of the positive impact on workforce wellbeing and quality of patient care (action 25). These principles clarify our shared definition, understanding and language relating of what compassionate leadership looks like, and how it translates into the work that we do.

We have also developed compassionate leadership online content to ‘spotlight’ individual principles and themes, providing a range of accessible tools and resources that support embedding of these Principles and behaviours across the system. We continue to produce digital learning and engagement content and development opportunities to support leaders during and post covid-19, and recently launched ‘Gwella on Air’ comprising podcasts from NHS leaders and teams sharing how they have created compassionate and collective cultures within the workplace (action 26).

We have 21 active and vibrant leadership networks on ‘Gwella’, our digital leadership platform, resulting in the creation of boundaryless leadership development opportunities that leverage relationships and support the career paths of aspiring NHS Wales leaders (action 27). The Gwella site has had over 320,000 page hits since its launch in August 2020, with 23,000 unique users accessing the site. We have curated nearly 230 published resources and have had over 1,000 NHS employees accessing learning events.

A National Talent Management Board, targeting the succession into executive director roles is in place, supported by an NHS Wales Operational Talent Group. Executive Director Success Profiles to support recruitment processes and career development have been agreed. Our NHS Aspiring Executive Talent Network is now supported by the development of an Aspiring Executive Leadership Development Programme - ‘Leading with Compassion’ and an Executive Mentoring Programme. We have created access to a suite of leadership master classes and have re-established the NHS National Graduate Management Programme.

Social Care continues to benefit from a range of well-established leadership programmes aimed at team managers, middle managers as well as aspiring Directors and Directors programmes through a range of taught programmes, action learning and peer support programmes. This suite of leadership programmes has over the past five years seen 21 Statutory Directors and 32 Heads of Service (adults and children) come together to learn from each other and experts in the field. Over the past 7 years, more than 400 team managers and more recently 26 middle managers from local authorities have successfully passed the accredited 12-month programme, developed to speak to their specific roles within social care. Specialist peer learning programmes have also recently begun to support learning and sharing of intelligence across children's services.

7. Workforce Supply and Shape

Our work to develop the centre of excellence for workforce intelligence (action 28) is a long-term goal, with the first phase concentrating on the need to develop capacity and capability in workforce planning, underpinned by the availability of high quality robust data, and appropriate data systems to enable effective planning and workforce modelling. We need to improve the skills, knowledge, confidence and the data quality, we enable us to plan more effectively, and this is a key element of the WFS. We are developing resources and shared approaches and have adopted a standardised methodology of the 6-step approach to workforce planning (action 29), which we are utilising to frame our approaches to the strategic workforce plans we are developing for mental health and nursing.

Social Care Wales has led a major reform of the approach to collecting workforce data across social care. A new collection system has been established that gathers data from statutory, private and voluntary providers in all settings, which will lead to published data being available to the sector on a new workforce data portal.

To date we have developed digital resources and online training to support workforce planning for health and social care providers, shared approaches to workforce data collection and planning and by the end of this financial year we will have published the workforce plan for the mental health workforce, direct care workforce and social work workforce, and supported the development of a national workforce plan for both imaging and cellular pathology, mentoring the service managers to develop their organisational level plans that underpin the co-production of the national plan (action 31).

Specifically, by the end of October 2021, health and social care will be able to access online workforce planning toolkits. These resources are available bi-lingually and are fully accessible. There will also be a tool that will enable both teams and individuals to assess their capability in workforce planning. There will also be online pre-recorded training for workforce planning in primary care, again this is fully accessible and bi-lingual. Work is on target to develop a workforce planning training pack that can be flexibly delivered by organisations to local teams. This will be supported by the development of the underpinning workforce planning competences for services managers.

We are also supporting our volunteer workforce and are working closely with WCVA and 'Helpforce' including the recent development of the volunteering framework.

2. The alignment of the strategy and its implementation with other priorities and actions, including those identified in the Welsh Government's Programme for Government for 2021-2026, and A Healthier Wales: our Plan for Health and Social Care (2018).

The workforce strategy is wholly aligned to the priorities and actions mentioned and the core messages within them are embedded in the strategy which was reaffirmed in the reset and recovery document. *'A Healthier Wales'* set out the initial commission for HEIW and Social Care Wales to develop this workforce strategy for the health and social care system, and so forms the bedrock of this strategy. The quadruple aim to have an engaged, sustainable and responsive workforce, for example, is reflected in our commitment to ensuring wellbeing, inclusion and the welsh language and culture are woven through implementation plans.

The workforce strategy is essential to ensure the ambitions to transform service models set out in '*A Healthier Wales'* can be delivered successfully and will deliver the ambition of 'a seamless social care and health system. We regularly map strategic documents to ensure the strategy actions are fit for purpose and support delivery of the programme for government.

As previously highlighted, we incorporated our implementation plans into our respective business/IMTP planning arrangements, and progress is monitored through our performance management systems. We issued a report following the 6 month 'supporting winter protection plan' and have created a resource pack for sharing with key stakeholder outlining our progress to date and next steps.

We regularly review the WFS hence our ability to bring forward initial implementation plans and respond to the pressures facing health and care in our 'support to the winter protection plan' late in 2020, and our ongoing response to the pandemic. More recently we have aligned our WFS actions to the Programme for Government.

Our work to provide excellent education and training includes HEIW's support to the development of the new medical school in North Wales, widening access to health and social care careers, an increase in work-based learning, health and social care apprenticeships, which account for nearly 40% of all apprenticeship starts. HEIW is the health development partner in Wales, with Social Care Wales providing the same role for social care in Wales, and as such have a key role in reviewing and creating apprenticeship frameworks and recognised prior learning routes. This is complimented by our attraction and recruitment approach to careers (6) within theme 2, and combines with our excellent education and training, which continues to grow vocational learners, graduate and trainee numbers to increase the workforce pipeline, and attract them to jobs in Wales.

Our seamless working theme highlights the workforce implications of national programmes including the strategic primary care programme (9) with the development of a primary care education and training framework for the multi professional team needed to work in primary care settings. We are on target to deliver the strategic mental health workforce plan for health and social care (10) by March 2022, with increases in mental health nursing and medical workforce, already in train through education and training commissioning process.

We were pleased to see the programme for government commitment to pay care workers the real living wage, as this was a message we clearly heard in our engagement and consultation phases and will positively impact on the delivery of action 3. Pay is one element of the fair reward and recognition, and we have been working to improve and increase parity between health and care staff as well as within the care sector itself. Social Care Wales is part of the fair work forum working closely with partners to find solutions to implementing the real living wage.

3. The extent to which HEIW/Social Care Wales's workforce strategy and broader work on workforce planning and the commissioning/delivery of education and training, will ensure that we have a health and social care workforce which is able to meet population health and care needs, and support new models of care and ways of working, including optimising the use of digital technologyand the development of Welsh language services.

We are one year into a ten-year strategy and realise our ambition of having an engaged, motivated workforce with the capacity, capability and confidence to meet the needs of the people of Wales. We are confident that it will deliver on this, and that we have the right set of actions, which were developed through the largest engagement exercise in health and care workforce arena. Even though we could not have foreseen the pandemic, we regularly review our aims, objectives and deliverables to support the 32 actions to ensure we are on track.

The workforce strategy development, highlighted the need to escalate our plans to develop capacity and capability in workforce planning, underpinned by the availability of robust data and appropriate systems to enable effective planning and workforce modelling. We are key contributors in the national programmes and lead on development of workforce solutions and models. Our prudent in practice guidance is in synergy with the national clinical framework, our digital introduction to social care training programme supporting potential new recruits into the sector.

In the past 18 months the adoption of digital technologies has been greatly accelerated, because so many organisations have been forced to quickly digitise products and services. The pandemic has demonstrated unimaginable capacity for rapid transformation, with many long-term plans, like telehealth, executed in a matter of days or weeks, but this is not without challenges. Whilst there are definite opportunities in continuing with the more agile and responsive approach required in such an emergency, public bodies have a legal obligation to consider the long-term impact of their decisions, and to prevent persistent problems such as poverty and health inequality. The pandemic has certainly accelerated some progress, but it has also surfaced some entrenched structural inequities in our society

Within health and social care, the Welsh government had already committed to increasing investment in digital transformation and skills, recognising the likely impact of new and emerging medical and digital technologies. And in A Healthier Wales: Our Workforce Strategy for Health and Social Care (2020) HEIW and SCW have stated that "by 2030, the digital and technological capabilities of the workforce will be well developed and in widespread use" (p.25). The timely Topol Review (2019) explored how technology would impact healthcare, specifically, and concluded that the NHS should focus on "building a digitally ready workforce that is fully engaged and has the skills and confidence to adopt and adapt new technologies in practice and in context" because within 20 years, "90% of all jobs in the NHS will require some element of digital skills", and "staff will need to be able to navigate a data-rich healthcare environment" .

Our commitment to building a 'digitally ready workforce of the future' must also to ensure a digitally capable workforce of now, building capacity and capability to inform good decision making, and to empower staff to help shape their future. Developing the healthcare workforce is a fundamental building block to achieving digital transformation and improving outcomes, more broadly. HEIW has identified the need to define, develop and embed digital skills, capabilities, and literacy of the workforce, and has fully committed to this in key planning documentation.

We are mindful that planning for a sustainable workforce is reliant the availability of expert skills to enable that planning, and high-quality data and data systems to inform our plans. Improving our workforce intelligence will enable more robust decision making on the shape of the workforce, and diagnose the underlying issues more effectively, for example in relation to population demographics, population health and care need, the workforce model, shortage of people or skills gaps. It also enhances opportunities to focus on competence-based roles, supported by access to flexible education provision, and underpinned with a need to ensure that our careers offer and supporting information, meets the needs of all ages and all stages of life.

Both HEIW and Social Care Wales are undertaking major reviews of their approach to education and commissioning. For example, we have revised our approach to GP education and clinical placements, rapidly expanded simulation approaches and are delivering the pharmacy transformation programme simulation. HEIW has completed the phase 1 review of under-graduatepre-registration commissioning and have commence the process for Phase 2. Our commissioning process includes significant changes to increase welsh language provision, flexible and distributed learning and recognition or previous skills, with the need for inclusion and a focus on student wellbeing.

A review of Social Work Education and funding is in place recognising the immediate recruitment pressures in Social Work and will present findings as to the supply and demand for social work and the challenges facing the learning supply with comparisons made to other UK nations and other professional pathways in Wales i.e., health and education.

We have contributed to the evaluation of More than Just Words and remain active partners of the Health and Social Care Welsh Language Partnership Board. We continue our strategic and practical support to support development of Welsh language services, for example the delivery of dementia and welsh language sessions; guidance and support resources for employers in embedding a culture of using welsh at work and supporting the delivery of the active offer.

4. The mechanisms, indicators and data that will be used to measure progress in implementing the workforce strategy and evaluate its effectiveness.

We are committed to developing medium term implementation plans – the immediate focus has been on immediate workforce pressures given the pandemic. The implementation plans will have indicators and data to track progress. The complexity of evaluating the effectiveness of the WFS, will require a system approach, given the wide range of factors that can impact on the workforce nationally as well as locally. We will include data and indicators regarding the nurse staffing levels act implementation, reduction in sickness, improved engagement and reduced vacancies to demonstrate the impact of the WFS and will report our progress through the governance structure we described earlier in this document, which will include publishing an annual report in the public domain.

We have been implementing the strategy for a year which although has been in a very different environment, we have ensured robust governance around implementation through our plans, with clear objectives, deliverables and reporting mechanisms through to our respective Boards and government. Equally we have been transparent in the activities and outcomes achieved against the ambition of the workforce strategy through published plans and reports.

5. Whether the financial and other resources allocated to implementation of the strategy are adequate.

We recognise that Social Care Wales and HEIW are providing the strategic leadership in the implementation of the strategy, but there is also action required by other partners/groups at local, regional and national levels e.g., social care fair work forum, local health boards, local authorities and regional partnership boards. There are a number of areas that will require further investment for example action 3 on fair reward and recognition, and as the implementation plans are developed in partnership, requirements for further investment may emerge. We must acknowledge that what we spend on our workforce is not a cost but an investment, and we will ensure that we get maximum value from this.

6. The extent to which the strategy and its implementation are inclusive, reflect the needs/contribution of the whole workforce—for example, on the basis of profession, stage of career or protected characteristics—and also take into account the role of unpaid carers and volunteers.

The strategy development was absolutely and completely inclusive. We recognised that the health and social care workforce is multi-dimensional so held the biggest ever workforce consultation exercise in Wales, with the resulting strategy designed to be applicable and relevant to individual professions, services client groups and settings. We committed to an inclusion thread, woven through each of the actions rather than as a separate theme, as we also did with the Welsh language and wellbeing, to ensure that these fundamental elements are front and centre of all that we do.

Our strategic equality plans and the WG race equality action plan underpins our functions in relation to our workforce, education and training, supporting those with protected characteristics. We are leading the work around differential attainment, and in accessing careers in health and care through non-traditional routes in our Made in Wales approach.

In particular we have continued to support carers, for example through Membership of the Ministerial Advisory Group for Carers, supporting a Carers Learning Improvement network. In the Social Care Wales Workforce Development Programme Grant there is a national priority for carers assessment and carers awareness training. We also support the promotion of the Carers Aware training aimed at Social Workers being delivering by Carers Wales.

We have absolute commitment to an inclusive approach, and when developing the medium-term implementation plans we will engage our stakeholders in the co-production, development and testing of our approaches.

7. Whether there are any specific areas within the strategy that would benefit from focused follow up work by the Committee.

We would hope that the committee will continue to take an interest in this going forward. We suggest areas of particular interest to the committee would be in our approach to compassionate leadership, and digital skills development.

HEIW & SCW
October 2021

ABOUT US

Social Care Wales was established (under the Regulation and Inspection of Social Care (Wales) Act 2014) in April 2017. Our work aims to support the priorities for the well-being of future generations for the sector, the public and Welsh Government. Social Care Wales is the workforce regulator for social work and socialcare workers, and is also responsible for workforce learning and development and providing strategic leadership for service improvement, research and data. We havean influential role in shaping research priorities and building strong links with stakeholders to improve care and support. Social Care Wales also has a responsibilityfor the development of the workforce in the early years and childcare sector.

Health Education and Improvement Wales was established 1 October 2018 and is one of twelve organisations in NHS Wales. As a Special Health Authority, Health Education and Improvement Wales (HEIW) 2019 sits alongside the Health Boards and Trusts in NHS Wales and has a leading role in the education, training, development and shaping of the healthcare workforce in Wales; supporting high quality care for the people of Wales.

AMDANOM NI

Sefydlwyd Gofal Cymdeithasol Cymru (o dan Ddeddf Rheoleiddio ac Arolygu Gofal Cymdeithasol (Cymru) 2014) ym mis Ebrill 2017. Nod ein gwaith yw cefnogi'r blaenoriaethau ar gyfer llesiant cenedlaethau'r dyfodol ar gyfer y sector, y cyhoedd a Llywodraeth Cymru. Gofal Cymdeithasol Cymru yw rheoleiddiwr y gweithlu ar gyfer gweithwyr gwaith cymdeithasol a gofal cymdeithasol, ac mae hefyd yn gyfrifol am ddysgu a datblygu'r gweithlu a darparu arweiniad strategol ar gyfer gwella gwasanaethau, ymchwil a data. Mae gennym rôl ddylanwadol wrth lunio blaenoriaethau ymchwil a meithrin cysylltiadau cryf â rhanddeiliaid i wella gofal a chymorth. Mae Gofal Cymdeithasol Cymru hefyd yn gyfrifol am ddatblygu'r gweithlu yn y sector blynyddoedd cynnar a gofal plant.

Sefydlwyd Addysg a Gwella Iechyd Cymru ar 1 Hydref 2018 ac mae'n un o ddeuddeg sefydliad yn GIG Cymru. Fel Awdurdod Iechyd Arbennig, mae Addysg a Gwella Iechyd Cymru (AaGIC) 2019 yn eistedd ochr yn ochr â'r Byrddau Iechyd a'r Ymddiriedolaethau yn GIG Cymru ac mae ganddo rôl flaenllaw yn y gwaith o addysg, hyfforddiant, datblygu a llunio'r gweithlu gofal iechyd yng Nghymru; cefnogi gofal o ansawdd uchel i bobl Cymru.

Y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad

—

Legislation, Justice and Constitution Committee

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Chair, Climate Change, Environment and Infrastructure Committee
Chair, Economy, Trade and Rural Affairs Committee
Chair, Health and Social Care Committee

23 September 2021

Dear all

Scrutiny by Senedd Committees of Common Frameworks

As you will be aware, the UK and devolved governments have been negotiating common frameworks for managing divergence outside of the European Union since 2017. Common framework agreements typically set processes for the governments to make decisions on when to follow the same rules and when to diverge. In this sense, they have implications for the exercise of devolved competence.

The Senedd and other parliaments in the UK have previously committed to scrutinising common frameworks before they are finalised and, in a recent letter to the Legislation, Justice and Constitution Committee, the new Welsh Government reiterated its view that the importance of frameworks scrutiny cannot be overstated. This letter from the Counsel General provides an update on individual common frameworks and is enclosed for your information. The Counsel General also provided evidence to our Committee this week, during which the common frameworks programme was discussed.

You may be aware that the UK and devolved governments have plans for 26 common frameworks for Wales. In February of this year, the then Counsel General confirmed that most frameworks had been provisionally confirmed and were now in operation. Seven of these have so far been published. We are expecting some frameworks to be brought forward as early as October , although we understand that this timetable is subject to progress in intergovernmental negotiations.

In addition to any work and/or investigations you may initiate on the common frameworks within your remit and given the LJC Committee's role in overseeing the framework programme, we will continue to press for updates from the Welsh Government and will share with you any information received.

Senedd Cymru
Welsh Parliament

I will also be writing to the Business Committee to draw specific attention to this area of work and the impact it may have on committee business.

Yours sincerely,

Huw Irranca-Davies
Chair

Mick Antoniw AS/MS
Y Cwnsler Cyffredinol a Gweinidog y Cyfansoddiad
Counsel General and Minister for the Constitution

Llywodraeth Cymru
Welsh Government

Huw Irranca-Davies MS
The Chair
Legislation, Justice and Constitution Committee
Senedd,
Cardiff Bay,
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07 September 2021

Dear Huw

Thank you for your letter of 16 July. This is a period of considerable activity in the Common Frameworks area and I welcome the opportunity to update you on developments in the programme.

On 31 August, the first fully complete and scrutinised framework, on Hazardous Substances (Planning), was published. This is clearly a landmark in the frameworks programme and illustrates that, though four-Government working is not necessarily a quick and easy process, it is possible to reach agreement on complex issues on an equitable basis across all the nations of the United Kingdom.

The Common Frameworks have been operating as provisional agreements between officials since the end of last year. Over this period many framework policy areas have seen a more open and collaborative approach between the Devolved Governments and the UK Government. For example, in the framework area where I am also the Portfolio Minister, Procurement, officials are finding that they are now working much more as partners. In this way the Common Frameworks programme has been a considerable success. Although some framework areas are more advanced in this regard than others, I consider what we have seen so far to be hugely encouraging and a powerful affirmation of the Common Frameworks programme.

There are, however, several issues which need to be resolved before the Common Frameworks programme can be finalised, most significantly the issues relating to the UK Internal Market Act (the UKIM Act). During the passage of the UK Internal Market Bill through Parliament, the Welsh Government was clear that this legislation was unnecessary and heavy handed.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

The uncertainty caused by the UKIM Act in terms of the Senedd's ability to legislate in certain areas, prompted my predecessor to commence legal proceedings challenging the UKIM Act by way of judicial review.

However, I recognise the need to progress work on the processes underpinning the Common Frameworks. I have therefore instructed Welsh Government officials to engage in further discussions about the interaction between the UKIM Act and the Common Frameworks on the strict understanding that our engagement is without prejudice to the position taken on the litigation. We remain committed to work with the UK Government, the Scottish Government and the Northern Ireland Executive in good faith, and without prejudice to the legal action, to move this programme forward.

In addition to the interaction between the UKIM Act and the Common Frameworks, officials continue to make progress on significant work to address the difficulties posed by other cross-cutting issues, namely the effect of the Northern Ireland Protocol, references to International Relations and the outcome of the Intergovernmental Relations Review. Progress is being made in all of these areas. The Devolved Governments have shown considerable flexibility and good faith in developing the Common Frameworks programme, most recently demonstrated in changes to the clearance process for provisional frameworks.

The importance of effective scrutiny of these frameworks cannot be overstated. It is essential that the relevant committees of all legislatures are given the opportunity to perform their role in this area. This is a complex and innovative programme of work. It covers a number of subjects, departments, Ministers and, of course, four different Governments. The quality of the final product is important. Deadlines can provide an impetus, but we should not seek to meet deadlines to the detriment of quality. Scrutiny by legislatures, in particular, takes time. Failure to make sufficient progress on all cross-cutting issues would prevent the scrutiny and finalisation of the frameworks. I am meeting with Ministers from the other three Governments on 8 September to discuss, in part, how best to meet the challenges of the programme in a timely fashion.

Policy leads in the framework areas in the four Governments have reached out to their stakeholders in the development of the frameworks. I understand that, as the frameworks move to completion, additional consultation will take place as appropriate. The frameworks programme represents a significant change in the workings of government and stakeholders should be given input into its development.

I look forward to speaking to the committee on 20 September about Common Frameworks and other issues.

I attach, as an appendix to this letter, updates on individual Common Frameworks.

Yours sincerely

Mick Antoniw AS/MS

Y Cwnsler Cyffredinol a Gweinidog y Cyfansoddiad
Counsel General and Minister for the Constitution

Appendix

Updates on Individual Common Frameworks

(by UK Government departmental areas)

MHCLG Framework

Hazardous Substances (Planning)

This framework was finalised and published on 31 August 2021.

DHSC Frameworks

Organs Tissues and Cells

The version agreed earlier this year remains the most up to date. Officials are expecting updated versions soon for review.

Blood Safety and Quality

The version agreed earlier this year remains the most up to date. Officials are expecting updated versions soon for review.

Nutrition, Health Claims, Composition and Labelling

The current version of the Nutrition and Health Claims Framework which was reviewed by the Senedd remains the same. Officials have been working with the UK Government to agree wording on International Relations, and the Policy Team are now working to build standard text on the TCA into the Framework and Concordat. Cabinet Office have also shared a timeline for publishing the Framework and are meeting with officials in early September to finalise the framework and concordat.

Public Health Protection and Health Security

The framework was provisionally signed off in December 2020. This version of the framework did not recognise the arrangements agreed between the UK and the EU under the Trade and Co-operation Agreement. The framework has now been updated to reflect the TCA and also the Health Security (EU Exit) Regulations 2021.

The updated framework is in the process of being readied for publication and will be shared in due course.

BEIS Frameworks

Late Payments

The version agreed earlier this year is the most up to date. All the Devolved Governments are content. No further changes are currently expected.

Recognition of Professional Qualifications

BEIS recommenced work on the Common Framework, now titled Recognition of Professional Qualifications (RPQ), on June 14 2021, and has presented options for developing the scope of a framework. Welsh Government officials have indicated a preference for arrangements which facilitate the recognition of professional qualifications in line with the scope of returning EU powers, but that all developments must be considered alongside the Recognition of Professional Qualifications Bill's progression through parliament. BEIS has been made aware that UKIM Act implementation should not be a part of the Common Framework.

The Welsh Government expects to see a first draft of a framework by early September.

The Welsh Government has indicated concerns with the timetable outlined for the framework to be completed by 31 December 2021, as this leaves very little time for stakeholder engagement and scrutiny.

Provision of Services

Work on the Provision of Services Framework was postponed at the end of 2020 by consensus agreement of all four Governments of the UK, because of the lack of time to undertake the process with sufficient time to develop a framework before 31 December 2020.

On 20 November 2020 the then Counsel General wrote to BEIS to reiterate the Welsh Government's support for the Common Frameworks programme and to indicate that the Welsh Government would like to see this framework picked up as a matter of priority in 2021. A response was received from Lord Grimstone dated 6 January 2021 outlining that BEIS officials would be in touch to progress the work on both the Services and RPQ Frameworks.

On 17 August BEIS officials contacted Welsh Government officials to review the 2020 work on the Provision of Services Framework and to consider options and next steps.

Should the Minister decide to proceed with the development of the Provision of Services Framework, it is anticipated that work would commence at pace in September 2021.

Public Procurement

Although there have also been some drafting amendments, these have not altered the essence of what was presented to the Senedd previously.

The Outline Framework Agreement and the Concordat are currently separate documents but they are very similar. To avoid duplication, consideration is being given to keeping just one of the two documents, though this work is yet to be started. Text on International Relations needs to be added once it is agreed. The same is true for the text on dispute resolution.

Food Standards Agency Frameworks

Food and Feed Hygiene and Safety

The version agreed earlier this year is the most up to date. The Food Standards Agency is working with Food Standards Scotland to update the current version of the Food and Feed Hygiene and Safety Framework (which was scrutinised by the EAAL Committee on 1 February 2021) to account for committee recommendations and cross-cutting issues once these have been agreed centrally. Subject to agreement on the approach to cross-cutting issues, it is the intention to finalise the Food and Feed Safety and Hygiene Framework.

Food Compositional Standards and Labelling

The version agreed earlier this year is the most up to date. All Devolved Governments are content with content. The current version of the Food Compositional Standards and Labelling Framework which was reviewed by the Senedd remains the same. Subject to agreement on the approach to cross-cutting issues, it is the intention to finalise the Food Compositional Standards and Labelling Framework.

Defra Frameworks

Implementation of EU Emissions Trading System

The summary of the framework is still relevant in that it explains the legislative underpinning and non-legislative arrangements the four Governments have adopted and still have in place. Since the framework was created a range of legislation has been implemented to enable the UK ETS to operate. Stakeholders have also been engaged (including a Call for Evidence and a current Consultation) on developments to the UK ETS. Whilst this will have the effect of making changes to the UK ETS the governance and therefore the intent expressed in the framework remain unchanged.

Radioactive Substances

The framework summary still represents the overall position. The four Governments have progressed work on developing the framework.

Organics

A summary of the Organics Framework is due to be completed in the near future and will be shared with the Senedd. The four Governments continue to work on the further development of the provisional framework, including finalising a draft concordat and operationalising some of the governance arrangements.

Plant Varieties and Seeds

The framework summary still represents the overall position. However, some minor amendments will be made ahead of further stakeholder engagement by the four Governments planned for the early autumn. Work continues between the four Governments to develop the framework further, including finalising a draft concordat.

The following Defra Frameworks are in a similar position:

- **Fertilisers**
- **Agricultural Support**
- **Air Quality**
- **Plant Health**
- **Best Available Techniques**
- **F-Gas & ODS**
- **Zootechnics**

Where summaries exist for these frameworks, they still represent the overall position. For provisional frameworks, work continues between the four Governments to develop each framework further, including updating Framework Outline Agreements and drafting/finalising Concordats as appropriate, and refining/operationalising governance arrangements. Work is also ongoing to consider further stakeholder engagement and the impact of cross-cutting issues.

UK Statistics Authority

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Agenda Item 4.2

Sir David Norgrove, Chair of the UK Statistics Authority

Russell George MS
Chair, Health and Social Care Committee
Welsh Parliament
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(by email)

7 October 2021

Dear Mr George,

Today, the Office for Statistics Regulation (OSR) has published its review, *Improving health and social care statistics: lessons learned from the COVID-19 pandemic*[1]. I hope the findings and recommendations will be of interest to you and members of the Health and Social Care Committee.

The pandemic resulted in a huge public appetite for data and statistics. We have seen a remarkable response from producers of data and analysis to meet this demand, in many cases overcoming challenges which would previously have seemed insurmountable. The pandemic has also drawn attention to pre-existing challenges for health and social care statistics.

Statistics produced by Government and public bodies must command public confidence. They must support public understanding of public health issues and the effectiveness of Government policy – to hold decision makers to account. Statistics and data are a public asset and should be valued as that.

I would hope that the recommendations from the OSR review will be considered and appropriately implemented and that this work will also help the work of your Committee.

Yours sincerely,

Sir David Norgrove

[1] *Improving health and social care statistics: lessons learned from the COVID-19 pandemic,* Office for Statistics Regulation, 7 October 2021

Office for
Statistics Regulation

Improving health and social care statistics: lessons learned from the COVID-19 pandemic

Our objective is to promote statistics that serve the public good. It is vital that health and social care statistics command public confidence and enhance public understanding. This supports confidence in organisations which produce statistics, as well as the decisions based on them, and allows individuals to make informed decisions and hold their governments to account.

The COVID-19 pandemic resulted in a huge public appetite for data and statistics. We have seen a remarkable response from producers to meet this demand. Producers worked quickly and collaboratively, in many cases overcoming challenges which would previously have seemed insurmountable. They demonstrated a clear commitment to transparency through their efforts to inform and engage the public. As a result, there has been unprecedented public engagement with health and social care data, for example through dashboards and other tools. There are lessons which the whole of the UK's statistical system should learn from these achievements.

However, the pandemic has also drawn attention to existing problems and created new challenges for health and social care statistics. There have been some gaps in important information, and it has not always been clear where users can find the information they need or which data they should use. Building on the achievements of the pandemic and overcoming existing challenges will require strong leadership, a commitment to transparency and sufficient investment, for example in data sharing and linking, data infrastructures, and analytical resource.

Our review of health and social care statistics during the pandemic identified ten lessons which support these objectives:

1. **Transparency is essential for building public trust in statistics and retaining public confidence in government decisions.** *To demonstrate trustworthiness, statistics producers must be able to use their unique ability to act independently from the political process.*

2. **Senior leaders within governments can provide valuable support for statisticians.** *They must promote a culture which values good use of data and independent statistical input.*

3. **The pandemic reinforced the need for statistics to inform society about public health and provide an understanding of how public health programmes are working.** *Statistics producers should continue to develop outputs which go beyond operational data in order to support policy evaluation and a better understanding of public health.*

4. **The pandemic exposed gaps in available data. To ensure that statistics best serve the public good, these gaps must now be filled.** *Statistics producers should be proactive in meeting user needs to minimise gaps in future.*

5. **Data infrastructure impacted the ability of some statistics producers to respond to the demands of the pandemic.** *Flexible and joined-up data infrastructures are needed so producers can respond quickly to new data needs.*

6. **Flexible use of analytical resource supported the impressive work by statistics producers.** *Sufficient investments in recruitment and retention of skilled statisticians are required so statistics continue to be sustainable and responsive.*

7. **Strong analytical collaboration resulted in valuable, high-quality, coherent statistics during the pandemic.** *Taking this approach to other topics will help overcome existing and future problems.*

8. **Sharing and linking data can have life-saving impacts.** *This must be prioritised by governments beyond the pandemic.*

9. **When data and statistics are clearly presented, they are valued by the public.** *Statistics producers should apply the lessons they have learned about how to improve public communication to other statistics.*

10. **The pandemic highlighted the value of timely health and social care statistics.** *However, there is always a balance between timeliness, quality and resource, and producers must be transparent about this with users.*

See our full report for further detail on our findings and recommendations.

If you have feedback or would like to discuss any aspect of our report, please contact us via regulation@statistics.gov.uk.

HSC(6)-05-21 PTN 03

Agenda Item 4.3

Y Pwyllgor Iechyd a Gofal Cymdeithasol

—

Health and Social Care Committee

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Eluned Morgan MS
Minister for Health and Social Services
Welsh Government

29 September 2021

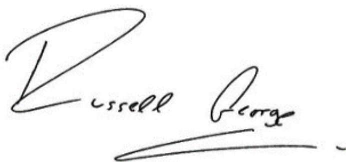
Dear Minister

Proposals for a new Velindre Cancer Centre

The proposals for a new Velindre Cancer Centre are significant for the delivery of cancer services in South Wales, and continue to be a matter of considerable public interest. I would be grateful if you could provide the Committee with an update on the Welsh Government's position on the clinical model underpinning the planned changes to Velindre cancer services, including what action has been taken in response to the main conclusions and recommendations made on 1 December 2020 by the Nuffield Trust in its independent advice on the proposed model for non-surgical tertiary oncology services in South East Wales.

You will be aware that the Fifth Senedd Health, Social Care and Sport Committee discussed issues relating to the proposals with the then Minister for Health and Social Services in September 2020, and subsequently wrote to him on 22 December. I enclose that letter for ease of reference.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

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

Senedd Cymru
Welsh Parliament

Senedd Cymru
Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon
—
Welsh Parliament
Health, Social Care and Sport Committee

Vaughan Gething MS
Minister for Health and Social Services
Welsh Government

22 December 2020

Dear Minister

Proposals for a new Velindre Cancer Centre

As you will be aware, this is a matter that is of great interest to the Committee, not least because of the many representations that individual Members have received from concerned individuals and clinicians about the proposals for the model and location of the new centre. We discussed some of these concerns with you during our meeting on 30 September.

By this point, Velindre Trust had announced that it had appointed the Nuffield Trust to undertake a review of the proposals, and the Committee agreed that it would await the outcome of that review before deciding whether to take any further action.

Members of the Committee have now had the opportunity to consider the Nuffield Review, but unfortunately our forward work programme is such that it will not be possible for us to devote further committee time to this matter. We do, however, feel strongly that given the significance of the project for the whole of the region, and the substantial amounts of money to be invested, there is still work that needs to be done.

As we mentioned when we met previously, our interest in this matter is not in local planning concerns, but rather the clinical choices being taken into consideration when making final decisions about the new centre.

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At this stage, and notwithstanding the possible role for you further down the line as a decision-maker, we believe that the Welsh Government needs to ensure that it has done all it can to satisfy itself that the pertinent questions on such an important project have been asked and addressed before a final decision is made. We ask that you take the necessary steps in this regard.

Yours sincerely

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

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

Llywodraeth Cymru
Welsh Government

Russell George MS
Chair, Health & Social Care Committee
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19 October 2021

Dear Russell

Thank you for your letter of 29 September regarding the Nuffield Trust's independent advice on the proposed model for non-surgical oncology in south east Wales.

The Nuffield Trust recommended a number of mitigations to support the network model of delivery set out in the outline business case for the new Velindre Cancer Centre.

Velindre University NHS Trust accepted these recommendations and the three commissioning health boards, as well as Velindre, have set up a dedicated forum for the south east of Wales, to develop these recommendations into action. These include:

- Revised admissions processes for Velindre Cancer Centre.
- Development of acute oncology services at district general hospitals in the region.
- The development of Velindre hubs at district general hospitals in the region.
- A hub at the University Hospital of Wales for patients receiving complex early phase experimental or advanced therapies.
- The potential for new regional elective services at Velindre Cancer Centre.

The Deputy Chief Executive of NHS Wales wrote to the health boards and the trust on 12 April 2021 asking for an update on the development of local plans. The Chief Executive of Cardiff and Vale University Health Board, who chaired the regional forum, responded on 2 July and provided assurance to officials regarding the recommendations and their progress.

The revisions to the admissions criteria have largely been addressed and there is evidence of close working with the Welsh Ambulance Service NHS Trust. A business case is nearing completion for the further development of acute oncology services across the region. The requirement for the development of a Velindre hub at the University Hospital of Wales is underway and consideration is also being given to hubs at other hospitals throughout the region.

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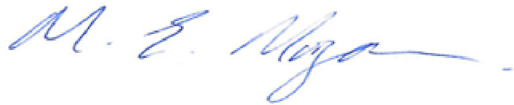
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

My officials have also reviewed health board annual plans and I can provide assurance that these developments are included in local planning assumptions.

We are due to seek a further update during this quarter and I would be happy to keep the Committee up to date on progress if this is helpful.

Thank you for writing to me on this important matter.

Yours sincerely



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

Pancreatic Cancer UK

Diana Jupp
Chief Executive
Pancreatic Cancer UK
3 Albert Embankment
London SE1 7SP

Russell George MS
Chair of the Health and Social Care Committee
Welsh Parliament
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Dear Mr George,

I'm getting in touch in the hope that the Health and Social Care Committee will formally recognise Pancreatic Cancer Awareness Month this November.

As you will no doubt be aware, pancreatic cancer is the deadliest common cancer. It affects more than 500 people a year across Wales.

Sadly, awareness of the symptoms of pancreatic cancer is devastatingly low – only 1 in 3 people can name a symptom of pancreatic cancer. This is one of the reasons why three in five people will be diagnosed at a late stage, when curative surgery is no longer possible – and why, in turn, **over half of all people diagnosed will die within three months.**

This low symptom awareness, and its catastrophic impact, make clear how hugely important Pancreatic Cancer Awareness Month is.

This year, to mark the month, we're focussing on the importance of a simple tablet – Pancreatic Enzyme Replacement Therapy (PERT) – which can help stop people with pancreatic cancer starving.

The symptoms of pancreatic cancer can have a very serious and distressing impact. People are often unable to digest their food, ultimately starving the body of nutrients and calories – leading to rapid weight loss, malnutrition and loss of muscle mass. But PERT can help with these symptoms, help people keep on weight, and even help make them eligible for life-saving surgery.

Yet despite clinical consensus that PERT is crucial for people with pancreatic cancer, and 2018 NICE guidelines clearly recommending PERT for all pancreatic cancer patients, new research shows that **only 63% of people with pancreatic cancer in Wales are being prescribed PERT**. This problem needs to be urgently addressed.

Pancreatic Cancer UK are running a campaign, **Transform Lives: Prescribe,** to do just that. We are working in partnership with the clinical community to improve PERT prescription rates, whilst developing resources and training to support the healthcare community in understanding and prescribing PERT.

But we can't do this alone. To truly solve this problem, there must be a system-wide approach, addressing the issue through three key steps:

1. **PERT must be made a priority in pancreatic cancer care across Wales, through the implementation of a national target.**

To do this, NHS Wales should:

- **Establish** a baseline for PERT prescription in Wales, through auditing and publishing more data on PERT prescription.

Pancreatic Cancer UK

Diana Jupp
Chief Executive
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- **Introduce** a national target to ensure that PERT is prescribed to all pancreatic cancer patients as set out in the NICE guidance. This baseline and target is consistent with the **Wales National Optimal Pathway** for suspected pancreatic cancer, which recommends nutritional screening and consideration of PERT at the first CT scan suspicious of pancreatic cancer, along with referral to dietitian.[31]

2. Welsh Health Boards must act to ensure the effective prescription of PERT.

The NICE guidelines and NICE quality standards are recognised in Wales.[32] To ensure that the NICE guidelines on PERT have been implemented, Health Boards should:

- Audit their services in line with the NICE guidelines and ensure that they are prescribing PERT to all pancreatic cancer patients. Where NICE guidelines are not being met, an action plan should be implemented to ensure that Health Boards are prescribing PERT.
- Highlight the NICE guidance and share and promote Pancreatic Cancer UK PERT tools and resources, with a specific focus on channels, networks and outreach within the non-specialist care setting.

3. Healthcare professionals should prescribe PERT to people with pancreatic cancer as standard, at the point of diagnosis.

There is currently a responsibility vacuum for nutritional care, with no one person having responsibility – particularly outside of specialist centres.

To ensure that all patients receive PERT:

- Every health professional involved with the care of people with pancreatic cancer needs to be aware of PERT.
- All health professionals involved with the initial pancreatic cancer diagnosis need to pro-actively prescribe PERT.
- To improve local awareness and training, healthcare professionals should access Pancreatic Cancer UK's online PERT hub with training and resources on PERT.
- To ensure that no one falls through the gaps, there should be a nominated local health professional to champion PERT, who can ensure that colleagues are aware and trained to prescribe PERT and track that every person in the MDT has been considered for PERT.

Ultimately, there is no good reason why so many people in Wales are missing out on a life-changing treatment such as PERT. Everyone with pancreatic cancer should have the opportunity to live the time they have left with the greatest possible comfort and dignity.

We would appreciate the noting of this letter and the consideration of the recommendations above, as well as any action the Committee might be able to take to ensure their adoption.

Yours Sincerely,

Diana Jupp
Chief Executive
Pancreatic Cancer UK

Y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad

—

Legislation, Justice and Constitution Committee

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Eluned Morgan MS
Minister for Health and Social Services

20 October 2021

Dear Eluned

Welsh Government's Legislative Consent Memorandum on the Health and Care Bill

We considered the Legislative Consent Memorandum (the Memorandum) on the Health and Care Bill (the Bill) at our meeting on Monday of this week. There are a number of matters that we wish to raise with you before we report on the Memorandum.

1. In the Memorandum you state that further work with the UK Government is needed to resolve your concerns with several clauses in the Bill. Please can you provide an update on these discussions, and provide the specific details on any amendments to the Bill which you have sought.

2. You state that clause 120 (concerning International Healthcare Agreements) is one of the Bill's clauses which gives you concern as it could negatively impact NHS bodies in Wales.

    a. Clause 120 of the Bill would constitute a departure from constitutional convention, by permitting the UK Government to implement international agreements that require changes to domestic legislation via subordinate legislation rather than by primary legislation (which provides better opportunities for parliamentary scrutiny). Clause 120 would introduce a new approach to the scrutiny of international healthcare agreements which excludes the Senedd from scrutiny of a devolved matter. What are your views on this specific aspect of clause 120?

    b. Clause 120 also provides broad scope to the Secretary of State to make payments for healthcare that falls outside of an international healthcare

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Welsh Parliament

agreement in "exceptional circumstances", which is not defined by the Bill. Further, there are no limits on the amount or type of healthcare funded. What are your views on these matters?

3. Can you confirm that there are no restrictions on the face of the Bill preventing UK Ministers from using regulation-making powers in the Bill to amend the *Government of Wales (Act) 2006*?

4. How concerned are you with clause 130 of the Bill, given that it provides the Secretary of State with regulation-making powers to make consequential provision, meaning it could be used to amend primary legislation made by the Senedd and subordinate legislation made by the Welsh Ministers?

While we acknowledge the current reporting deadline set by the Business Committee stands as 11 November, we are aware that Committee stage in the House of Commons (the first house) is only just underway. As such, and recognising the time remaining in the UK Parliamentary process, while we will endeavour to lay our report by this date, our careful consideration of your response may require us to report later than anticipated.

I would be grateful to receive your reply by 3 November.

We are aware that the Health and Social Care Committee has also written to you to seek clarity on a number of issues. As such, I am copying this letter to Russell George MS, Chair of the Health and Social Care Committee.

Yours sincerely,

Huw Irranca-Davies
Chair

Agenda Item 8

Document is Restricted

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Thank you for the letter dated 29 September from Russell George MS seeking our views on certain clauses in the Health & Care Bill, as highlighted in the Welsh Government's Legislative Consent Memorandum. We are grateful for the opportunity to comment. Our response is focused on Clause 123 of the Bill. We do not have a view on the other clauses highlighted in the LCM.

Clause 123 is an enabling provision which provides the Secretary of State for Health & Social Care with broad powers relating to the regulation of health and care professionals. It does not set out how those powers may be used. We believe that the Clause and the wider regulatory reform agenda provides an opportunity to improve professional regulation to the benefit of patients and service users, as well as registrants and the healthcare system in Wales, and across the UK. The attached paper is still a working draft and subject to refinement, but we wanted to share it with you as it sets out how we believe that could be achieved. By implementing the proposals in the paper, the effectiveness and efficiency of regulation would be strengthened with consequential benefits to public protection and patient safety across the whole of the UK.
We hope this is helpful. Please let me know if we can provide the Committee with any further assistance.
Yours sincerely,

Christine Elliott

Chair of Council

John Barwick

Chief Executive and Registrar

Regulatory reform: Strategic Principles

In response to the challenges originally set by the NHS White Paper we have developed a regulatory approach which retains all of the benefits gained through UK-wide, expert, independent, professional regulation, but at the same time, recognises that the regulatory community needs to do more to reduce costs, share functions where appropriate, eliminate needless duplication and further enhance public protection.

This could be achieved through a new collaborative regulatory model - as set out in the accompanying operating model diagram - which would allow us to pool our resources to nurture innovation, harness data and share insights and intelligence.

The proposed structures and mechanisms could support shared learning, good practice and crucially, effective data-sharing, to support the effective identification and management of public safety risks. Enhanced collaboration, not only with other professional regulators, but across the healthcare system will drive efficiency and enhance public protection and patient safety.

Crucially it would make the system of professional regulation easier to navigate, more transparent for patients and service users and for the professionals we regulate.

Our approach in developing this model has been **guided by a number of strategic principles:**

- **More accessible for patients and service users:** The siloed and fractured nature of the regulatory framework means that patients and service users find it difficult to navigate and to access the right regulator. A collaborative structure with a shared online portal - as successfully delivered in Australia - could guide them to the right regulator and enable them to pursue their inquiry.

- **Drive efficiencies and reduce duplication within the system:** A model based on regulator collaboration will tackle the siloed nature of the current system, bring with it costs savings and importantly provide more coherence across the regulatory landscape, thereby reducing the gaps, and in some respects, the overlap, between different regulators and other parts of the healthcare system.

- **Maintain regulatory independence**: Regulatory independence is a cornerstone of our system, ensuring that everyone entering a regulated health and care profession has the skills they need to care for people safely. It brings with it a heightened level of professionalism and, crucially, accountability to the public.

- **Minimise attrition and facilitate workforce expansion:** The model recognises the value of multi-profession regulation. Many professionals are delivering multi-disciplinary care, which provides greater flexibility and allows practitioners to be deployed across a range of settings. A regulatory model which values and better reflects the reality of how care is delivered should not only aid workforce retention, but should facilitate expansion, as it will allow professionals onto the front line as rapidly as possible, while not compromising public protection.

- **Retain the benefits of professional identities:** Professional identity has become even more important in building professional confidence and recognising the specialisms within our NHS workforce. It delivers demonstrable benefits that accompany professional pride, and heightened patient awareness about who is providing their care and the quality of that care.

- **Provide good value for registrants:** A model built on multi-profession regulation uses outcome-focused standards which can operate across different but increasingly interconnected

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professions to support improvements. This results in better value for registrants, not only in the fees they pay, but also in terms of professional development and learning.

- **Develop a shared learning culture:** The benefits of pooling data between regulators to improve learning and enhance the quality and safety of care would be considerable. This data would not only inform the operational work of the six regulators to continuously improve their performance, but it could also be accessed by system regulators, such as the CQC, and by the forthcoming Patient Safety Commissioners in England and Scotland. This would enhance the ability to detect trends in the quality of care and act as an early warning mechanism, as well as creating a virtuous cycle of system learning.

- **Engender a more responsive approach:** Greater collaboration should engender a less adversarial culture which encourages openness, transparency and a willingness to engage. Regulatory reform should enable regulators to resolve cases at an earlier stage and have a range of measures available to them to make an appropriate and proportionate response.

- **Support upstream and preventative regulation:** The model would facilitate upstream regulation and early intervention which can prevent incidents from occurring in the first place. Greater collaboration between professional and system regulators through the pooling of data could improve the understanding of risk, identify trends, support performance monitoring and drive improvement so that more preventative action can be taken.

- **Enhance accountability:** The shared structures and pooling of data could support performance monitoring and drive improvement. It would facilitate the ability to publish and monitor regulator performance, including in real time, and would provide additional transparency.

A new collaborative model for professional regulation

Each regulator would retain its own identity and presence within the regulatory landscape and continue to operate its own register, oversee fitness to practise processes, liaise with relevant professional bodies and approve educational programmes. Regulators would work together in areas where doing so would drive improved public engagement, or public protection, etc. They would work separately where appropriate; for example, where particular expertise was needed, where there was a need to engage specific stakeholders or where combining functions would prove unwieldy as opposed to beneficial.

A formalised and comprehensive collaborative structure. This would involve:

- **A shared online portal** allowing service users a single point of access which would then guide them to the right regulator and provide initial information. Such a portal is already successfully used in Australia and serves to help patients find the right regulator to deal with their issue.

- **A shared services hub**, sitting behind individual regulators' frontline operations. This could include services such as procurement, HR and finance and could also be extended to include the administrative and logistical elements regarding the management of registers. This hub could be managed either by the regulators, through joint governance arrangements, or by a separate body on their behalf. It would require a detailed scoping and feasibility study to identify the optimal arrangement.

- **Systems-level collaboration.** This structure would embed the value of multi-profession regulation across a broader range of roles – providing shared standards of ethics, professionalism, prevention programmes and education. It could provide the scale and the regulatory expertise needed to implement truly transformative changes such as the introduction of digital credentials (already proving successful in other healthcare systems such as in Canada).

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- **Pooled data and enhanced insights.** A collaborative model would generate considerably higher and richer levels of data as it would be combining the insights of regulators, stored and managed on a shared cloud system. This pooled data could:
    - Inform the operational work of regulators to continuously learn and improve their performance.
    - Be accessed by system regulators to assist in detecting trends in the quality of care and act as an early warning mechanism.
    - Be made available to independent researchers, as appropriate, to support wider improvements to the healthcare system.

- **Maintaining existing funding routes and enhancing accountability.**
    - Registrants could continue to pay annual fees to their regulator to fund their individual operational activities.
    - The shared structures and pooling of data could support performance monitoring and drive improvement. It would facilitate the ability to publish and monitor regulator performance, providing additional transparency about what is being delivered and promote further efficiency.
    - This model would also allow for system oversight to focus on facilitating learning and improvements in the quality of regulation.

- **A reformed oversight system.** A refocused independent oversight function, sitting between Government and professional regulators could form part of this new model, facilitating learning and improvements in the quality of regulation and facilitating publication of performance measures for professional regulators using real-time data captured by regulators themselves.
    - A more collaborative model could work to identify risks across the system, rather than on an individual basis. A greater focus on collating and sharing best practice would also better allow regulators to learn and develop. Publishing comparable metrics between regulators would support system improvement.
    - Up-to-date performance data would give a clearer picture of risks across the system and areas requiring improvement. This could incentivise performance improvement, provide more granular information and facilitate greater collaboration around learning and best practice.

We believe that this approach would drive significant efficiencies, ensure collaboration and consistency, facilitate learning and innovation, support service users and professionals and enhance public protection. We would welcome the opportunity to discuss our thinking on this in more depth.

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18 October 2021
By email: (seneddhealth@senedd.wales)

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Dear Russell

Re: Legislative Consent Memorandum for the Health and Care Bill

Thank you very much for your letter requesting our response to the Legislative Consent Memorandum for the Health and Care Bill.

The General Medical Council (GMC) is the independent regulator for all UK doctors. We help to protect patients and improve medical education and practice in the UK by setting standards for students and doctors. We support them in achieving and exceeding those standards and take action when they are not met.

Our relatively narrow remit, given the breadth of the Health and Care Bill, means that we are unable to comment on the specific questions asked.

However, we hope that it will be helpful to share our response to the Bill Committee on the Bill itself. This explains our position on the proposals that are relevant to our work. Below are excerpts from our Written Evidence to the Health and Care Bill specifically on Clause 123, which potentially impacts on Health Regulators.

The key points most relevant for the Senedd in Wales are in bold. Please see attachment to view the written evidence in its entirety.

Changes to professional regulation (part 5, clause 123)

1 Of direct interest to us are the proposals to extend the Secretary of State's (SofS) powers regarding healthcare professionals' regulation. These powers are:

- The removal of a profession from regulation where regulation is no longer required for the protection of the public

- The abolition of an individual health and care professional regulatory body where the professions concerned have been deregulated or are being regulated by another body

- The delegation of previously restricted functions to other regulatory bodies through legislation

Powers to remove a profession from regulation and abolish a regulator

2 The Government states that the aim of this proposal is to address an imbalance. At present, section 60 of the Health Act 1999 provides powers to make a large number of changes to the professional regulatory landscape through secondary legislation. The proposals in the Bill for additional powers will widen the scope of section 60 and extend the powers of the SofS.

3 Currently the Government has powers to bring a new profession into regulation, or modify it through secondary legislation, but can only remove a profession from regulation by primary legislation. The Bill will change this by enabling the removal of a profession from statutory regulation through secondary legislation. We welcome the clarification in the Bill that a profession would only be removed from regulation when it is no longer required for the purpose of the protection of the public. However, we would welcome reassurances on what criteria the government will apply to inform such a decision.

4 The Bill also allows the SofS to abolish a healthcare professional regulator using secondary legislation, but only where its regulatory functions have been merged into or subsumed by another body or bodies, or where the professions that it regulates are removed from regulation.

5 **The use of these powers will have implications for the devolved administrations because most[1] regulation of healthcare**

[1] Regulation of social workers is devolved.
**We will shortly take on the regulation of Physician Associates and Anaesthesia Associates which will be accountable to the Scottish Parliament.

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professionals in England, Scotland, and Wales is reserved to Westminster. Northern Ireland is different and professional regulation is a transferred matter. This is further complicated by the fact that health and care policy is devolved in each of the four nations.

6 **As a four-country regulator we welcome the Government's assurances in the Bill's explanatory notes that 'any use of the extended powers will be subject to Ministerial approval across the devolved administrations. Orders will always require the approval of the Northern Ireland Assembly where professional regulation is a transferred matter and may require the approval of the Scottish Parliament (where they concern professions brought into regulation after the Scotland Act 1998**) or the Welsh Senedd (where the order concerns social care workers).'**

7 **We believe that independence is key to the trust and confidence that the public and professions have in regulation. In a system of healthcare dominated by the UK's national health systems – four separate state funded providers – it's vital that regulators are able to operate independently of government and all other stakeholders.**

8 While we do not think these extended new powers would ever apply to the regulation of doctors due to the significant public protection risks the removal of regulation would entail, we would welcome reassurances from the Government about how these extended powers will be applied consistently.

9 It would be useful to understand whether core criteria and principles to inform decisions to bring professions into regulation, or to remove them, will be developed, and what consultation with patients' organisations, representative bodies and regulators will take place.

10 We have noticed that there is no mention of a statutory duty to consult stakeholders– either in the Bill, or in the explanatory notes - before abolishing a profession and a professional regulator. We would be pleased if consideration be given to how such decisions would subject to proper scrutiny and whether they are in the public interest and would protect

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patients.

Power to remove restrictions regarding the power to delegate functions through legislation

11 We welcome this power as it is in line with the ambitions of our corporate strategy to work with partners to deliver wider healthcare system goals. Alongside parallel discussions on regulatory reform, it will:

- Give regulators and others across the healthcare systems the opportunity to work together more effectively.
- Enable organisations to pool expertise to streamline how functions are delivered, recognising that some may require a multidisciplinary perspective and collaborative approach, in order to strengthen public protection.

We hope the above information will help inform the Health and Social Care Committee's scrutiny of the Legislative Consent Memorandum on the Health and Care Bill.

Yours sincerely,

Sara Moseley

Head of GMC Wales

The GMC is a charity registered in England and Wales (1089278) and Scotland (SC037750)

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

Llywodraeth Cymru
Welsh Government

Russell George MS
Chair, Health and Social Care Committee
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SeneddHealth@senedd.wales

19 October 2021

Dear Russell

Thank you for your letter of 29 September seeking information and update regarding the Legislative Consent Memorandum (LCM) for the UK Government Health and Care Bill. I have addressed your questions below.

1) **An update on discussions with the UK Government in respect of the matters raised in the LCM, including details of any assurances the Welsh Government is seeking, amendments it is proposing, or agreements that have been reached with the UK Government. We would also be grateful to receive copies of any relevant correspondence with the UK Government on these matters.**

Discussions with the UK Government have continued since the laying of the LCM on 1 September. I met with Minister Argar on 15 September and 13 October to discuss the Bill and our officials have been working to try to find positions on the Bill clauses acceptable to both the Welsh Government and UK Government.

As set out in the LCM, two of my main areas of concern with the Bill are:

Firstly, the clauses where the UK Government is proposing that the Welsh Ministers are consulted before the Secretary of State exercises powers in relation to Wales in an area within devolved competence.

The preferred approach of the UK Government for clauses of this nature is that the requirement for consultation of Welsh Ministers accompanied by a separate intergovernmental agreement setting out how that will work. That is not my preferred approach given that the agreements are not legally binding and can be disregarded by future Governments.

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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

Secondly, the powers contained in a number of clauses for the Secretary of State to be able to make consequential amendments to provisions in a Measure or Act of Senedd Cymru.

My officials have been working closely with Department for Health and Social Care (DHSC) officials exploring options to seek acceptable positions on these issues and I remain hopeful that such agreement can be reached.

There are also a number of areas of concern regarding specific clauses, including those referred to in your letter. The issues and progress on these is as set out below:

Clause 85: Medicines information systems
I have a number of concerns regarding this clause, which provides for the Secretary of State to make regulations making provision about the establishment and operation of one or more UK-wide patient medicines registries. The purpose of these registries is to provide a source of evidence on the use, safety and effectiveness of medicines, and to improve patient safety.

Issue 1 – Overlap with data gathering in Wales
While I am supportive of allowing routinely collected data to be included in registries for the purposes of improving the safety, quality and efficacy of human medicines, the purpose for which information can be collected under this clause is too broad, extending beyond safety matters and into areas within devolved competence, such as information relating to clinical decision making.

The effect of the clause is that a broader range of information can also be collected by NHS Digital and not only information about medicines. This will result in NHS bodies, GPs, pharmacies, schools, and higher education in Wales being required to provide information to NHS Digital, potentially within areas of devolved competence.

The introduction of these registries could also place a significant financial burden on the providers of health and education services in Wales, specifically for those contracted to provide primary care health services. The requirement to collect the relevant information could have an impact on the Primary Care service contracts in Wales and the subsequent financial burden being placed upon Welsh Government.

I do not consider that it is necessary for NHS Digital, which is an England body, to establish a system for the whole of the UK. Wales has its own Digital Health Authority (Digital Health and Care Wales) with powers to collect the information from existing systems in Wales.

Digital Health and Care Wales is responsible for health data in Wales and therefore could establish a system for Wales and contribute to the UK registry based on a set of agreed standards and specifications ensuring NHS Digital is only provided with the specific information on Welsh patients, it needs for the specific purposes of the registries.

I have therefore requested that UK Government amend the clause to place duties on the Welsh Ministers to enable them to set up equivalent systems, either through digital authorities in Wales or by nominating NHS Digital to set up a system on their behalf. This would avoid arrangements by-passing Welsh Ministers.

Issue 2 – Use of Data by Welsh Ministers
There is no provision in the Bill to enable the data to be made available for use by the Welsh Ministers for purposes within their competence, for example clinical decision making.

Issue 3 – Inappropriate use of Welsh patient data
Regulations made under this provision potentially enable a wide use of the information contained within these systems that may not be considered appropriate in relation to Welsh patients.

In order to resolve these issues I have requested the Bill be amended to provide for an intermediary (NHS Wales) organisation to collect data on behalf of Welsh Ministers, removal of the specific element allowing Welsh citizens' data to be used for clinical decision making once provided to NHS Digital, and allowing for the provision of pseudonymised data to NHS Digital. Discussions are currently still on-going on these matters.

Issue 4 – Need for the Consent of Welsh Ministers to regulations
As regulations impacting Wales can be made by the Secretary of State under these powers, I requested the Bill be amended to include that regulations made under the powers provided to the Secretary of State under this clause should only be made with the consent of Welsh Ministers.

If the Bill is amended as I have indicated above then the issue of the requirement for the consent of Welsh Ministers to regulations made under the provisions impacting on Wales would fall away. If the amendments are not however made then a consent requirement would remain my position.

Clauses 86-92; Arm's Length Bodies Transfer of Functions
These clauses create a general power in primary legislation for the Secretary of State for Health to transfer or merge functions between specified Arm's Length Bodies and to abolish Arm's Length Bodies where all functions are transferred by way of regulations. Some of the Arm's Length Bodies in scope of the power undertake functions in Wales, Welsh Ministers have powers of direction in respect of some functions and Welsh Ministers have rights to appoint or nominate Welsh representation to them. Transferring or merging the functions of these bodies could therefore result in an erosion of Welsh Ministers' powers in relation to those bodies or impact on the functions of that body in Wales. The main bodies of concern are:

- NHS Digital
- Health Research Authority
- Human Fertilisation and Embryology Authority
- Human Tissue Authority
- NHS Blood and Transplant
- NHS Business Services Authority.

The clauses also enable the Secretary of State for Health to delegate specified functions to these Arm's Length Bodies. These specified functions are functions of the Secretary of State which relate to the health service in England or any other functions that the Secretary of State may provide for a Special Health Authority to exercise. However, reassurances have been provided that in relation to cross-border Special Health Authorities, such as NHS Blood and Transplant, this does not include functions that they are directed to exercise by the Welsh Ministers in relation to Wales.

Issue 1 – Provision of Consent in clause rather than Consult
The clauses regarding the transfer of functions between specified Arm's Length Bodies provide for the Secretary of State to consult the Welsh Ministers on regulations made under clauses 87 or 88 if those regulations would apply in Wales.

As stated above, I have requested that the Bill be amended to require that regulations made under the powers provided to the Secretary of State under this clause should be with the consent of Welsh Ministers in order to protect the devolution settlement.

Issue 2 – Power to make consequential amendments to Welsh legislation
There is a power for the Secretary of State, when making regulations under clauses 87 or 88, to be able to make consequential amendments to provisions in a Measure or Act of Senedd Cymru.

Issue 3 – Secretary of State power to transfer property etc to Welsh Ministers
Clause 90 provides the Secretary of State with the power to transfer property, rights and other liabilities to the Welsh Ministers or Welsh NHS Trusts.

I have requested that Welsh Ministers and Welsh bodies are carved out of the Clause 90 provision and I am hopeful that this happen. Discussions on the other issues of concern are still continuing.

Clause 120: International healthcare arrangements
Though international healthcare agreements are not devolved, the NHS in Wales has to manage incoming patients covered under all international healthcare arrangements. Any arrangements struck with other countries which are implemented under these provisions could lead to increased health tourism which could put pressure on, and impact the capacity of, our Local Health Boards.

Issue 1 – Provision of Consent in clause rather than Consult
The main concern with this clause is the requirement to only consult with the Welsh Ministers on draft regulations giving effect to international healthcare agreements. This means that should the Welsh Government have concerns regarding unreasonable or unfunded pressures on the NHS in Wales arising from such agreements, those concerns may not always be taken into account.

Issue 2 – Conferring functions on Welsh Ministers and Public Authorities in Wales
The clause also enables the Secretary of State to confer functions on and/or delegate functions to Welsh Ministers and public authorities in Wales, when making regulations to make provision for the purpose of giving effect to healthcare agreements.

Discussions are continuing on the wording of these provisions that would address my key concerns and I am hopeful that a satisfactory position can be reached.

Clause 123: Regulation of health care and associated professions
While the regulation of health professionals is reserved, the regulation of persons who are not professionals but who are groups of workers concerned with the physical or mental health of individuals falls within devolved competence. The clause would extend the power of the Secretary of State to regulate these additional groups of workers. UK Government officials have proposed that this clause be amended to include a requirement to consult the Welsh Ministers which is supported by a Memorandum of Understanding, should UK Government seek to regulate under section 60 of the Health Act 1999 in areas of devolved competence.

I have requested that the Bill be amended such that the Secretary of State would require the consent of the Welsh Ministers to such regulations. Positive discussions in this area are continuing.

Clause 125 and Schedule 16: Advertising of less healthy food and drink
Whilst the substantive content of the clauses covering restrictions on the advertising of unhealthy food on a 4 nations basis is welcomed, there is consequential power included enabling the Secretary of State to amend Welsh legislation.

As with the same provision in relation to Arm's Length Bodies, this is an issue of on-going discussion. However it should be noted that this is an area of the Bill DHSC do not accept is devolved and do not agree should be subject to a requirement for the legislative consent of the Senedd.

Clause 130: Power to make consequential provision
This clause 130 gives the Secretary of State a broad consequential amendment power in relation to the Bill and allows an Act or Measure of the Senedd to be amended, repealed or revoked without any recourse to Welsh Ministers or provision enabling Welsh Ministers to exercise this power

Discussions on this matter are on-going.

To sum up overall at this point, I welcome the engagement that has taken place with the UK Government so far and that my officials are continuing with what I remain hopeful will be productive discussions and outcomes.

Further Bill Amendments

There are a number of other potential amendments to the Bill being drafted by the UK Government one of which, in relation to Medical Examiners (detailed below), has been requested by the Welsh Ministers. Should these amendments require the legislative consent of the Senedd then a supplementary LCM will be laid before the Senedd at the appropriate time.

Medical Examiners
The UK Government has agreed, at my request, to table an amendment to Clause 124 of the Bill to amend section 19 of the Coroners and Justice Act 2009. This amendment is not being requested to address any issues of concern with the Medical Examiner provisions currently in the Bill, which do not impact on devolved competence, but has been requested in order to better reflect the manner in which the Medical Examiner system has been developed to operate in Wales.

2) The LCM notes that the Welsh Government has concerns about a number of clauses in the Bill. We would welcome further information about the Welsh Government's concerns in respect of:

a. Clause 85 (Medicines information systems).
b. Clause 120 (International healthcare arrangements)
c. Clause 123 (Regulation of health care and associated provisions).

My concerns with regard to these clauses are set out in the answers to question 1, above and question 3, below.

3) Paragraph 70 of the LCM notes that the Bill could have potential negative impacts on NHS bodies in Wales. We would welcome further details about the anticipated nature and extent of these negative impacts.

I am concerned about all the areas in the Bill I have identified as potentially impacting on the devolved settlement or on devolved bodies - and set out in the LCM - should we not secure the amendments being sought. It is difficult however to precisely quantify negative impacts until the powers in the Bill are being used. My officials are working to secure amendments which would have the effect of minimising potential negative impacts.

4) The Welsh Government's view on the potential implications of clause 75 (Tidying up etc. provisions about accounts of certain NHS bodies) for the NHS Business Services Authority and NHS Blood and Transport.

This clause gives Secretary of State for Health powers to place obligations on cross border Special Health Authorities in relation to their accounts and auditing - primarily prescribing standard arrangements for the preparation of annual accounts. This includes two cross border Special Health Authorities established under the NHS Wales Act 2006 - the NHS Business Services Authority and the NHS Blood and Transplant. Thus the consent of the Senedd is required here as the Senedd has competence to legislate in respect of both of these authorities.

However, though requiring the legislative consent of the Senedd, I have no objection to this clause as it is not expected to conflict with the exercise of the England/Wales Special Health Authorities' functions (for example, the laying of the NHS Blood and Transplant Annual Report and Accounts in Senedd Cymru under section 86 of the Government of Wales Act 2006).

5) The Welsh Government's views on any implications for Wales of the restructuring of the NHS in England proposed by the Bill, including any anticipated cross-border issues, employment issues, or issues relating to the commissioning of services for Welsh patients from NHS England such as mental health in patient care or cancer services.

There is a possibility that secondary and tertiary (specialist) services provided to Welsh patients in England may be impacted, for example planned care procedures undertaken by English trusts. For example, a potential risk identified by Welsh Government was in the event of multiple Integrated Care Systems collaboratively commissioning from a provider/ providers in a specific geographic area, the availability of service capacity for Welsh Health Boards to commission for Welsh patients may be reduced.

However, though there is potential for impact on secondary and tertiary services, on the basis of the information currently available it is anticipated that there is limited likelihood of any adverse impact with regard to the commissioning of these services.

There are close working relationships between Welsh and English organisations and Welsh Health Specialised Services Committee (WHSSC) works closely with NHS England as the responsible English body to ensure that the requirements of Welsh patients are taken into account in decisions relating to specialised services.

Secondary care services are provided under commissioning arrangements between Health Boards and English provider organisations.

During the engagement process with DHSC, it was confirmed that there would be formal involvement of Welsh Government officers in the development of the guidance associated with commissioning proposals.

It has been agreed that Welsh Government officers will work with DHSC, as required, on the guidance associated with the changes, in order to enable the requirements of Welsh patients to be taken into account.

It is not anticipated that the restructure in England and will affect the development and delivery of cross-border care and support services in Wales. It is anticipated that people will continue to receive services as they currently do now, particularly so in respect of those who receive cross-border care and support services.

6) Further information about the potential financial implications associated with the provisions in the Bill, and how they will be accommodated within the Welsh Government's financial planning.

At present it is not possible to make an accurate estimate of the financial implications associated with these provisions. The majority of the provisions relate to England-only, and while there may be some knock on effects for Wales from these provisions, they are likely to be minor and are currently unquantifiable. With regard to the provisions covered by the LCM, while areas of risk to Wales (such as potential increased costs to our Local Health Boards from International Healthcare Agreements) have been identified, once again, these are at present unquantifiable as we have no detail on the nature of any such planned agreements and what treatment they will include.

There is agreement under the Statement of Funding Policy that costs arising from UK Acts will be met by the UK Government. However, in addition, I have written to Minister Argar seeking specific reassurance that costs falling to Wales as a result of this Act will be met by the UK Government. Welsh Government officials are liaising with the DHSC officials regarding the means of such reimbursement (for example whether this would be via settlement under the Barnett formula or via another funding route).

7) An outline of the reasons for this LCM not being laid before the Senedd until eight weeks after the introduction of the Bill to the UK Parliament when Standing Order 29.2(i) requires an LCM to be laid normally no later than two weeks after the introduction of the Bill.

The UK Department of Health and Social Care was very slow in providing us with draft Bill clauses for our consideration and analysis.

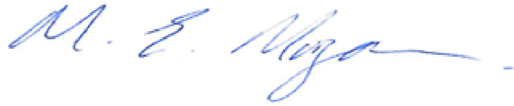
At the point of introduction of the Bill on 6 July 2021, we still had not seen all the draft clauses or amended versions of previously shared clauses. In addition, the full finalised Bill was only made available to us the day prior to its introduction. This made it impossible for officials to complete a full and thorough analysis of the Bill for its impact on Wales and any requirement for the legislative consent of the Senedd within the normal two week deadline.

Though my officials completed the work as quickly as possible, the emphasis was on ensuring a thorough analysis of the Bill had been undertaken and all the issues of impact and concern for Wales and the areas requiring the legislative consent of the Senedd had been identified.

As requested I am attaching copies of the letters I have written to the UK Government on the Bill. Minister Argar of the Department of Health and Social Care has requested that I do not share his correspondence to me with the Committee. However I understand he is happy to write separately to the Committee once a position of agreement on the Bill between the two Governments has been reached if that would be considered helpful.

I trust this response will be helpful in the Committee's scrutiny of the LCM.

Yours sincerely



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

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Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/EM/1934/21

Edward Argar MP
Minister of State for Health
Department of Health and Social Care

MSHealth@dhsc.gov.uk

14 June 2021

Dear Edward

I write further to our previous correspondence regarding the UK Government's Health and Care Bill. I understand that the UK Government's intention is that the Bill will enter Parliament during the week commencing 21 June in advance of the summer recess. The draft Bill contains a provision to amend section 19 of the Coroners and Justice Act 2009, which relates to medical examiners, so that medical examiners in England may be appointed by English NHS bodies (as defined), rather than by local authorities.

I am writing to seek your support for our request to make a similar amendment via the Bill in relation to medical examiners in Wales. In our case the amendment would enable medical examiners to be appointed by Welsh NHS bodies (as defined) on an all-Wales basis, rather than requiring one category of health body (that is, Local Health Boards) to do so in relation to their area, which is currently the case.

Section 19 has not yet been commenced in relation to either England or Wales. Our requested amendment has been discussed at official level and has my support. The amendment is required because the way we envisage the medical examiner system will operate in Wales has developed and entails the appointment of medical examiners on an all-Wales basis by NHS Wales Shared Services Partnership (NWSSP). NWSSP is part of Velindre NHS Trust and is not a Local Health Board.

The amendment would also provide an element of future proofing by facilitating the possibility of moving the responsibility for medical examiners between Wales' health bodies, for example, should new health bodies be established, without the need for further amending primary legislation.

As is the case with the Department's amendment to section 19 in England, our amendment for Wales is unlikely to be controversial and has the support of NWSSP.

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

I appreciate that I am writing to you late in the process, but I would be grateful for your support in relation to this request as the provisions in section 19 of the Coroners and Justice Act 2009 relating to medical examiners are reserved under the Government of Wales Act 2006, and suitable opportunities to make the amendments we require are unlikely to come along again before the intended commencement of the relevant provisions in April next year.

I am copying this letter to the Secretary of State for Wales.

Yours sincerely,

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

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

Llywodraeth Cymru
Welsh Government

Edward Argar MP
Minister of State for Health
39 Victoria Street
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26 July 2021

Dear Edward,

Thank you for your letters of 5 and 22 July 2021 concerning the Health and Care Bill 2021. I note your confirmation that the Professional Regulations clauses also fall within the devolved competence. I also welcome that your lawyers are considering options to amend the Medical Examiners clause as requested by my officials.

I am conscious that you requested a response to your letter of 5 July before Parliament's summer recess. I apologise for not being able to meet your request. You are aware my officials are currently finalising their analysis of some of the Bill clauses. Until all of that analysis is concluded I am unable to reply substantively to your letters at this point. I will respond to your letters shortly, in full, once I have considered officials' advice.

Yours sincerely

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

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Eluned Morgan AS/MS
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Minister for Health and Social Services

Llywodraeth Cymru
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Ein cyf/Our ref MA-EM-2390-21

Edward Argar MP
Minister of State for Health
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31 August 2021

Dear Edward

Thank you for your letters of 5 July and 22 July concerning the UK Health and Care Bill 2021.

Having now considered the Bill as introduced, I must say upfront that I have significant concerns about certain provisions. Some of these concerns I previously raised at our meeting on 23 June. Others we have not yet discussed at Ministerial level. My officials have however informed your officials of all the areas of concern and are in discussions regarding amending those provisions to address our issues.

I can however confirm that I agree with your assessment of Bill provisions which fall within the legislative competence of the Senedd, namely:

- Clause 78 – Hospital patients with care and support needs
- Clause 85 – UK wide medicines information system
- Clause 86-92 – Transfer of functions between Arm's Length Bodies
- Clause 120 – International healthcare agreements
- Clause 123 - Regulation of health care and associated professions
- Clause 127 - Food information for consumers - power to amend retained EU law.

However, in addition, I consider that the following clauses also fall within the legislative competence of the Senedd and will require its legislative consent:

- Clause 75 – Special Health Authorities ("SHAs") accounts and auditing
- Clause 125 and Schedule 16 - Advertising of less healthy food and drink
- Clause 130 - Power to make consequential provision.

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

I expect the legislative consent process to begin soon, in advance of the return of the Senedd from its summer recess in September.

I would welcome in particular further discussion with you about a number of areas where I have significant concerns.

Firstly, the potential for a number of clauses in the Bill to be amended so that the consent of the Welsh Ministers is required before the Secretary of State may exercise powers in relation to Wales in an area within devolved competence, as opposed to having a statutory requirement to consult with the Welsh Ministers. I believe that this is best way to protect the devolution settlement and is likely to be the expectation if Members of the Senedd are to give their consent to this Bill. I appreciate that your preferred approach for clauses of this nature would be a requirement for consultation accompanied by a separate intergovernmental agreement to set out how that will work; I am content for exploration of this by our officials to continue, but without prejudice to our final position on the adequacy of this approach.

Secondly, the powers contained in a number of clauses for the Secretary of State to be able to make consequential amendments to provisions in a Measure or Act of Senedd Cymru, which I regard as constitutionally unacceptable as currently drafted. It is my view, and the likely view of the Senedd that powers concerning devolved areas in the Bill, including Henry VIII powers, should be conferred on the Welsh Ministers alone. Alternatively I would expect the provisions to be removed from the Bill.

Thirdly, I have specific issues regarding the following clauses:

Medicines Information System
With regard to the Medicines Information System (Clause 85), I am supportive of and see the benefits to allowing routinely collected data to be included in registries for the purposes of improving the safety, quality and efficacy of human medicines. However the purpose for which information can be collected is too broad, extending beyond safety matters and into areas within devolved competence, such as information relating to clinical decision making.

The effect of the clause is that a broader range of information can also be collected by NHS Digital and not only information about medicines. This will result in NHS bodies, GPs, pharmacies, schools, and higher education in Wales being required to provide information to NHS Digital, potentially within areas of devolved competence.

In addition, I do not consider that it is necessary for NHS Digital to establish a system for the whole of the UK. As an alternative to this, I would prefer the clause placed duties on the Welsh Ministers to set up equivalent systems, either through digital authorities in Wales or by nominating NHS Digital to set up a system on their behalf. Digital Health and Care Wales is responsible for health data in Wales and therefore could establish a system for Wales and contribute to the UK registry based on a set of agreed standards and specifications.

Furthermore, there is no provision in the Bill to enable the data to be made available for use by the Welsh Ministers for purposes within their competence, for example clinical decision making. I consider the Bill should include clauses allowing this and that NHS Digital should be obliged to provide the Welsh Ministers with data for this purpose.

I am also concerned that regulations made under this provision potentially enable a wide use of the information contained within these systems that may not be considered appropriate in relation to Welsh patients.

My officials have also requested that regulations brought under the powers provided to the Secretary of State under this clause are subject to a requirement to consult the Welsh Ministers. This is, however, also subject to my previously expressed concerns with regard to the use of "consult" provisions in the Bill.

Arm's Length Bodies
The clauses regarding the transfer of functions between specified Arm's Length Bodies (Clauses 86-92) provide for the Secretary of State to consult the Welsh Ministers where draft regulations are made under clauses 87 or 88 if those regulations would apply in Wales. Our officials are currently in discussions regarding the consultation requirement and your proposal for a Memorandum of Understanding to support the provision, but to date no draft MoU has been shared with my officials. However, please note this is an area where a requirement for the Secretary of State to seek the consent of the Welsh Ministers is still considered the best way to protect the devolution settlement.

In addition, there is a power for the Secretary of State, when making regulations under clauses 87 or 88, to make consequential amendments to provisions in a Measure or Act of Senedd Cymru. As I have said earlier in this letter, I regard this as constitutionally unacceptable as currently drafted and request that the clause is amended to enable the Welsh Ministers to make any necessary amendments to Senedd legislation rather than the Secretary of State, or that in the alternative, this provision is removed from the Bill.

Our officials are also in discussion with regard to clause 90, which appears to provide the Secretary of State with the power to transfer property, rights and other liabilities to the Welsh Ministers or Welsh NHS Trusts. My officials have requested that this power is subject to the "consult" requirement in clause 92 and that a corresponding power is provided for the Welsh Ministers to exercise independently in the appropriate circumstances. This is, however, also subject to my previously expressed concerns with regard to the use of "consult" requirements within the Bill.

International healthcare agreements
Though international healthcare agreements (Clause 120) are not devolved, the NHS in Wales has to manage incoming patients covered under all international healthcare arrangements. I am concerned that any arrangements struck with other countries which are implemented under these provisions could lead to increased health tourism which could put pressure on, and impact the capacity of, our Local Health Boards.

In addition, the current requirement for the Welsh Ministers to be consulted by the Secretary of State before regulations are made to give effect to reciprocal healthcare agreements means that should the Welsh Government have concerns regarding unreasonable or unfunded pressures on the NHS in Wales arising from such agreements, those concerns may not always be taken into account. Our officials are in discussions regarding the use of the requirement to consult Welsh Ministers (as is currently provided for in the Healthcare (European Economic Area and Switzerland Arrangements) Act 2019) and a revised Memorandum of Understanding to support the extension of the 2019 Act to rest of the world countries. However, as with the Arm's Length Body clauses above, such discussions are subject to my reservations regarding the use of a consult requirement where a requirement for the Secretary of State to seek the consent of the Welsh Ministers is considered the best way to protect the devolution settlement.

I also have concerns with regard to the power enabling the Secretary of State to confer functions on and/or delegate functions to public authorities, when making regulations to make provision for the purpose of giving effect to healthcare agreements. I understand that our officials are in discussions regarding amendments to the Bill to ensure that the Welsh

Ministers and other organisations not operating under the direction of Welsh Ministers are not caught under the definition of “Public Authority”.

Regulation of health professionals
While the regulation of health professionals (Clause 123) is reserved, we now agree that the regulation of persons who are not professionals but who are groups of workers concerned with the physical or mental health of individuals falls within devolved competence. Your officials have proposed that this clause be amended to include a requirement to consult Welsh Ministers which is supported by a MoU, should UK Government seek to regulate under section 60 of the Health Act 1999 in areas of devolved competence. Once again, such discussions are subject to my previously expressed reservations regarding the use of a consult requirement in the Bill.

Restrictions on the advertising of unhealthy food
Though I support the substantive content of the clauses covering restrictions on the advertising of unhealthy food (Clause 125 and Schedule 16) and welcome seeing these included in the Bill on a 4 nations basis, there is consequential power included allowing the Secretary of State to amend Welsh legislation. This is constitutionally unacceptable as currently drafted and request that the clause is amended to enable Welsh Ministers to make the consequential amendments to Senedd legislation rather than the Secretary of State or alternatively the provision is removed from the Bill.

Clause 130
Finally, Clause 130 gives the Secretary of State a broad consequential amendment power in relation to the Bill and allows an Act or Measure of the Senedd to be amended, repealed or revoked without any recourse to Welsh Ministers or provision enabling Welsh Ministers to exercise this powerI regard this as constitutionally unacceptable as currently drafted and request that the clause is amended to enable the Welsh Ministers to make the consequential amendments to Senedd legislation rather than the Secretary of State, or alternatively that this provision is removed from the Bill.

Having regard to the above I am unlikely to be able to recommend Senedd consent to the Bill at this stage.

Finally, I must also raise the issue of funding of additional costs to Wales arising from the Bill provisions. It is my expectation that UK Ministers will provide written guarantees to meet any new costs falling to the Welsh Government or devolved Welsh authorities as a result of the provisions.

I look forward to meeting with you to further discuss and resolve the matters raised in this letter. I am aware our offices are currently liaising to agree a meeting date.

Yours sincerely

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

NMC Nursing & Midwifery Council

Submission from the Nursing and Midwifery Council regarding the Health and Care Bill

About Us

1 Our vision is safe, effective and kind nursing and midwifery that improves everyone's health and wellbeing. As the professional regulator of almost 732,000 nursing and midwifery professionals, we have an important role to play in making this a reality.

2 Our core role is to regulate. First, we promote high education and professional standards for nurses and midwives across the UK, and nursing associates in England. Second, we maintain the register of professionals eligible to practise. Third, we investigate concerns about nurses, midwives and nursing associates – something that affects less than one percent of professionals each year. We believe in giving professionals the chance to address concerns, but we'll always take action when needed.

3 To regulate well, we support our professions and the public. We create resources and guidance that are useful throughout people's careers, helping them to deliver our standards in practice and address new challenges. We also support people involved in our investigations, and we're increasing our visibility so people feel engaged and empowered to shape our work.

4 Regulating and supporting our professions allows us to influence health and social care. We share intelligence from our regulatory activities and work with our partners to support workforce planning and sector-wide decision making. We use our voice to speak up for a healthy and inclusive working environment for our professions.

Summary

1 We are grateful for the opportunity to provide our thoughts on the Health and Care Bill. We broadly welcome the provisions in the Bill, including those around professional regulation.

2 However, there are a number of areas where we have concerns or would appreciate greater clarity from the Government, including more information on the criteria that the Government will use for reviews of professional regulation in healthcare, and how it intends to engage and consult with the public and stakeholders before changes are made. Therefore, of the provisions set out in the annex to your letter, our response focuses primarily on those contained within clause 123 (Regulation of health care and associated provisions).

3 Furthermore, it is essential that regulators be able to operate independently of government and make their own decisions about the regulation of their respective professions. This is particularly important when we regulate professions that work

in a sector that is devolved across the UK.

Regulated Professions

5 The Bill gives the Secretary of State new powers to remove a profession from regulation where it is no longer considered necessary for public protection. We note that the Government will be undertaking a review exploring which professions need to be regulated. While we will continue to engage with the Government throughout, it would be helpful to have more information on this as soon as possible - in particular, how the government will determine when regulation of a profession is no longer necessary. The current wording in the new section 60 (1)(bza) 'if the profession does not appear to Her [Majesty] to require regulation for the protection of the public' provides an indication but without any specifics. It would be helpful to have clarity on the criteria that will be used to inform these decisions and we would welcome reassurances from the Government about how these extended powers will be applied consistently.

6 Additionally, the move to expand section 60 of the Health Act 1999 to any group of workers, with the stated intention of including senior managers and leaders, could cover some nursing and midwifery roles. While we do not anticipate being required to regulate these roles, it may lead to a situation where some people currently on our register could in future also be affected by other regulation if they hold certain senior positions. It is therefore important that any expansion of regulated roles is subject to a statutory consultation to allow these possibilities to be fully explored by stakeholders.

Delegation of regulatory functions

7 The Bill allows for the delegation of certain regulatory functions - the keeping of a register; determining standards of education and training for admission to practice and providing advice about standards of conduct and performance; and carrying out the fitness to practise function. The aims of this are to improve efficiency and consistency, and to reduce duplication, by enabling one regulator to undertake functions on behalf of others. We acknowledge the strategic value of these aims. We believe that many of the intended benefits can be best achieved through the separate reforms to our legislation the Government has committed to delivering, as set out in their consultation on regulating healthcare professionals, *Regulating healthcare professionals, protecting the public.* For these reasons, exercising a new power to delegate is unlikely to be a priority for the NMC in the immediate future.

8 We would welcome clarity from the Government about how the power to delegate functions will be implemented for individual regulators and what expectation there will be that the new power will be exercised.

Power to abolish regulators

9 The Bill includes provisions allowing the Government to abolish regulators, where the profession either no longer requires regulation or will be covered by another regulator. It is important that in considering any plans to reconfigure regulation that thought is given to the overall coherence of the professions for which a regulator is responsible and to the particular requirements and challenges of each profession.

There is value in a system of regulators that are able to specialise and understand their professions' particular challenges and to set and promote appropriate professional standards.

10 We believe that a statutory consultation with the public and stakeholders should be required before removing a profession from regulation or abolishing or merging a regulator.

HSC(6)-05-21 Papur 9 / Paper 9
Tystiolaeth ysgrifenedig gan y Cyngor Optegol Cyffredinol|Written evidence from the General Optical Council

Hi,

Thank you for your email and letter.

We have reviewed the information provided. Regarding clause 123 (Regulation of health care and associated provisions), we think it is important that there is an ability for government to have powers for professions to be put into and out of regulation for patient safety purposes, but we don't have a view on whether these powers should be centralised or devolved.

We don't have any comments on the other matters outlined in your letter.

Kind regards,

Marie

Head of Policy and Standards (Interim)General Optical Council | 10 Old Bailey | London | EC4M 7NG

Welsh NHS Confederation
Conffederasiwn GIG Cymru

	Welsh NHS Confederation response on the Legislative Consent Memorandum for the Health and Care Bill.
Contact:	**Policy and Public Affairs Officer, Welsh NHS Confederation**
Date:	20 October 2021

Introduction

1. The Welsh NHS Confederation welcomes the opportunity to respond as part of the Health and Social Care Committee scrutiny of the Legislative Consent Memorandum for the Health and Care Bill.

2. The Welsh NHS Confederation represents the seven Local Health Boards, three NHS Trusts, Digital Health and Care Wales and Health Education and Improvement Wales (HEIW). We also host NHS Wales Employers.

3. The NHS Confederation in England have engaged significantly with Members in England to respond to the Bill and have kept NHS organisations in England informed of developments. The NHS Confederation developed a Parliamentary briefing ahead of the second reading of the Bill, highlighting support for the reforms and the proposals within the Bill to enable collaboration and partnership working at a local level through putting integrated care systems (ICSs) on a statutory footing.

Clause 75 (Tidying up etc provisions about accounts of certain NHS bodies)

4. The clause applies to Special Health Authorities and NHS Trusts, with only two of these (NHS Business Services Authority and Blood and Transplant Authority) affecting NHS Wales, due to this there was no comment from our Members.

Clause 85 (Medicines information systems)

5. 7A (1) refers to the Health and Social Care Information Centre (the Information Centre) - setting up one or more information systems relating to:
   - The safety, quality and efficacy of human medicines (e.g. a database looking for the incidence of adverse effect Y associated with drug X or the effects of antidepressants).
   - The improvement of clinical decision-making in relation to human medicines (e.g. developing AI systems to calculate the risks and benefits of starting novel oral anticoagulants (NOACs) in non-valvular Atrial Fibrillation).

6. Whilst these seem reasonable provisions, the exception is Regulation 7A(2)(b). Under Regulation 7A (2)(b) healthcare organisations providing information that the Government decides is required could include information provided to the Information Centre for the purposes of its functions under the Regulations. The Health and Social Care Information Centre is already in existence (mainly in NHS England) where previously there has been concerns raised about data being

collected from GPs in England, anonymised and then sold on. Patients can opt out (if they are aware of it).

7. The systems could be very useful for research into adverse drug reactions (ADRs) and improving prescribing, but potentially drug companies could be interested in access to such a large database. Therefore, Welsh Government should be given the power to make a decision on the use of its population data and to ensure that there are adequate safeguards in place. In addition, NHS Wales should have the ability to benefit from access to the data.

Clause 120 (International healthcare arrangements)

8. This amendment will give the UK Government greater freedom to amend and repeal existing arrangements for reciprocal arrangements with other countries.

9. To date, EU legislation has limited this flexibility because of data sharing arrangements. This could therefore result in changes in the scope of data being shared, or data being shared with new countries.

10. The scope of reciprocal arrangements could also be amended, so that it could include or exclude areas, such as emergency stays, planned care, mental health, maternal care, specialist care and others.

11. It is currently assumed that the financial impact of any new reciprocal arrangements for NHS organisations in Wales will be mitigated by the UK and Welsh Government.

Clause 123 (Regulation of health care and associated provisions)

12. This would allow the UK Government to decide that a profession could be deregulated if they deem that there is no public safety risk.

13. In Pharmacy, this could result in the abolishment of the General Pharmaceutical Council in Wales, meaning that the title of pharmacist or pharmacy technician would no longer be protected. This would seriously undermine any profession and potentially could be used by pharmacy multiples to train staff to their own standards to perform the basic profitable dispensing function and increase the profit margin for the business and reduce Government costs as they do not have to pay professional rates. De-regulation in any of these health professions could increase risks to patient safety.

Potential financial implications

14. Members are not aware of any specific material resource implications for NHS organisations in Wales. However this will need to be clarified with Welsh Government, especially following the agreement of any new reciprocal health arrangements and the funds which would flow accordingly.

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By virtue of paragraph(s) vi of Standing Order 17.42

Agenda Item 10

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Agenda Item 11

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Agenda Item 12

By virtue of paragraph(s) vi of Standing Order 17.42

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By virtue of paragraph(s) vi of Standing Order 17.42

Agenda Item 13

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