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Agenda - Health and Social Care Committee

Meeting Venue:

Video Conference via Zoom

Meeting date: 8 June 2022

Meeting time: 09.00

For further information contact:

Helen Finlayson

Committee Clerk

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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, followed by private informal stakeholder engagement event (09.00 - 11.00)

1 Introductions, apologies, substitutions and declarations of interest

(11.15)

2 Mental health inequalities: evidence session with academics

(11.15-12.00) (Pages 1 - 21)

Professor Amanda Kirby, Chair - ADHD Foundation

Professor Anita Thapar, Division of Psychological Medicine and Clinical Neurosciences - Cardiff University

Information pack for participants

Research brief

Paper 1 - ADHD Foundation

3 Paper(s) to note

(12.00)

Senedd Cymru
Welsh Parliament

3.1 Response from the Chair to Chair, Petitions Committee regarding petition P-06-1241 Welsh Government to meet with a wider audience of unpaid carers

(Pages 22 - 23)

3.2 Additional information from Professor Rob Poole, Centre for Mental Health and Society at Bangor University following the evidence session on 4 May

(Pages 24 - 27)

3.3 Letter from the Counsel General and Minister for the Constitution to Chair, Legislation, Justice and Constitution Committee regarding the UK Government's proposed legislation

(Pages 28 - 29)

3.4 Letter from the Minister for Health and Social Services to the Chair regarding the NHS Executive for Wales

(Pages 30 - 34)

3.5 Response from the Minister for Health and Social Services to the Committee's report: Waiting well? The impact of the waiting times backlog on people in Wales

(Pages 35 - 49)

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

(12.00)

5 Mental health inequalities: consideration of evidence

(12.00-12.15)

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Dear Health & Social Care Committee,

I write in response to your call for the consultation on health inequalities for Welsh Citizens.

I have attached the UK Expert Consensus Statement on Failings in NHS for the 1 in 20 who have ADHD. Representatives of all Royal Colleges & Leaders from patient led groups participated in its findings which were published in the Journal 'Frontiers in Psychiatry' in March 2021.

Also attached is the results of a survey undertaken in late 2020 capturing the voices of over 700 families from across Wales, listing their concerns.

The lack of knowledge, understanding & resources - by many health practitioners and especially Commissioners for children and adults with ADHD, is of very serious concern. Undiagnosed unsupported ADHD results in:

- Reduced life expectancy of 11-13 years.
- Increased risk of inflammatory diseases.
- Increased risk of hypertension and stroke in adults
- Migraine
- Skin rashes
- Asthma
- anxiety, depression
- Obesity (& concomitant risk of Type 2 diabetes)
- Eating disorders
- Self- harm and increased risk of suicidality, increased risk of PTSD and OCD.
- Increased risk of post partem and post-natal depression in women.
- Increased risk of cognitive decline and emotional lability in peri menopausal women and during menopause.
- Increased risk of addictions

Key FACTS

- ADHD affects 1 in 20 people
- Over 50% of Autistic children also have ADHD (something that is rarely discussed- why?)
- ADHD medications cost only £700 per year per patient.
- Psycho-education on self care, healthy lifestyle choices normally offered for any 'chronic' lifespan condition (eg. such as diabetes) are invariably not offered for ADHD patients, so families are over reliant on medication - which should not be used in isolation to manage ADHD.
- Over 40% of children with ADHD also have dyslexia.
- Comorbidities that impact on learning have a prevalence in excess of 70%. In summary, ADHD rarely occurs in isolation.

- ADHD is relatively easy to assess and diagnose - utility of objective computer based cognitive functioning tests that are 86% accurate are being rolled out across England and EHSN's have researched and established that use of this technology (approx £40 per test) saved approximately £42,000 for every 10 children referred. QB test is used in only one area in Wales. www.qbtest.com

Missed disgnosis and misdiagnosis
The prevalence of missed diagnosis and 'misdiagnosis' resulting in many (especially girls and women) being overlooked or misdiagnosed and treated / medicated with ineffective treatments is an unseen cost to finite health care budgets - as well as a tragedy to many who experience physical and psychological ill health across the life span because of ADHD.

Access to CAMHS for children in psychological distress
Children who reach the threshold to access psychological therapies with CAMHS - which are self-harm, eating disorders and attempted suicide, are invariably declined access to counselling by CAMHS - "Because it's their ADHD". This is widespread practice across the UK - including Wales. This discrimination is in breach of the Equality Act of 2010. There is no clinical, legal or moral justification for this policy. It is the opinion of many parents that this 'triage' is simply a tool for waiting list management that is justified due to capacity and demand issues.
That over 40% of CAMHS referrals are declined **without** reason provided in CAMHS Benchmarking Reports, hides this discrimination that leaves many families believing that there is an institutional & cultural prejudice toward those with ADHD - be they child or indeed adult.

There will be research published later this year reporting parent's experiences of Health Services for ADHD which are damning.

The Moral and Economic Imperative - and the implications for Silo commissioning.
Inequality of access to health care has significant implications for children with ADHD who will underachieve in school, and as a result be at increased risk of unemployment and dependency on the state across the lifespan.

Health commissioners - many of whom are not clinicians, have little or no training / comprehension of the hidden costs of unmanaged ADHD - across other areas of health care, but also the unseen costs to education, social services and indeed justice system.

NHS data is presented and interpreted in a way that understandably reflects well on the service provider. Yet the experience of those who pay for such services with their taxes is often in stark contrast to the performance reports for health services for neurodevelopmental conditions such as ADHD - and the frequently co-occurring comorbidities such as autism, dyslexia, dyspraxia /DCD, Tourette's syndrome / Tics, dysgraphia, dyscalculia.

The result is not only greater health inequalities - which existed long before the pandemic, but a complete breakdown in trust and faith in the services that Welsh Citizens pay taxes for.

Those who are privileged enough to afford private assessments and diagnosis - having ben told there is no service for them in their area or that there are waiting times of up to 2 years for children and up to 5 years for adults, can then be told by their GP or local NHS ADHD service that the 'Private diagnosis won't be accepted' is a gross injustice; in essence we are saying to people "We can't treat you - and we won't let anyone else give you the care you need either".

ACTIONS

1. Wales needs a national survey undertaken to discern what is the real lived experience of the ADHD population. Undertaken by an independent agency.

1. A public health campaign and mandatory training for GP's. School Nurses, health Visitors, primary care practitioners.

1. ADHD Should be a mandatory topic in the general Psychiatry training curriculum.

1. Training for all education and social care professionals.

1. A Protocol for early identification of children at risk of ADHD and frequently co-occurring neurodevelopmental conditions such as autism, dyslexia, developmental co-ordination disorder (dyspraxia), Tourette's syndrome and Tics.

2. Independent direct grant funding from Government for patient led groups and charities so they are not financially beholden to Health Care commissioners or Senior executives and able to speak openly, honestly and funded to develop the skills they need to work collaboratively with the professionals who design and deliver health services.

3. NHS must accept the clinical assessments from private providers (the majority of whom are also employed by the NHS) and agreed set of best practice protocols for diagnosis in the private sector.

<u>Wales Early Intervention Policy - Protcols could implement the following:</u>

Identifying children who were born pre-term with a 17% increased risk of having a neurodevelopmental condition.

early screening for children where there is a family history of neurodevelopmental conditions.

Automatic screening for children who display developmental delay in pre-school and school or who are excluded from school.

Children or adults who have epilepsy or brain injury.

Welsh Government do not appear to know the extent to which ADHD can impact on physical and mental health, educational attainment and economic independence.

Integrated service design and delivery is imperative so that greater accountability for outcomes can no longer be abdicated or accepted as the result of a *culture of silo working. Authentic* 'co-production' is implemented by ensuring external independent agencies are able to monitor and ensure that those who pay for and use public services, such as mental health services, can believe that their views are taken seriously and no longer dismissed in an attempt to defend systems and processes that are no longer fit for purpose.

Without doubt, health care practitioners are dedicated professionals. The culture however, defends inefficient systems and prioritises a mindset more concerned with 'who can deliver what services, - rather than what do Welsh tax paying citizens actually need' (irrespective of who delivers it). tax payers should not have to rely on private care to have their needs met - yet for those who can, out of desperation, find the money to access a private diagnosis, should have this accepted by NHS.

Other research to be published later this year by GP and Kings College Post Doctoral Researcher, Dr Vibhor Prasad, highlights that undiagnosed children with ADHD have twice as many GP visits in childhood for stress / anxiety related conditions - particularly ectopic skin rashes, asthma, respiratory infections, inflammatory digestive problems, physical injuries as a result of accidents, sleep disorders and also fibromyalgia.

The costs of undiagnosed unmanaged ADHD is unseen, as data capture is not good enough within NHS. We do applaud the work of the Wolfson Centre at Cardiff University and it's pioneering work which is an exemplar that should be replicated across the UK.

A FINAL CONCERN

Third Sector agencies concerned with mental health,- established for public benefit, often find themselves dependent on funding from NHS commissioners - to such an extent that they are no longer **independent** charitable organisations that advocate for and support those who experience disadvantage and exclusion.

In essence, their integrity of purpose is compromised when charities are dependent for funding from the very agencies / commissioners they should be challenging. Too often, Charities and patient led support groups are beholden to NHS & LA Commissioners and risk becoming low-cost sub-contractors whose advocacy is silenced and sometimes dismissed as 'incapable of working in partnership' because they speak truth to power - however diplomatic and constructive that criticism is communicated.

Finally, honesty is needed with Welsh citizens about finite resources and an over dependence on a medical model of wellbeing.

Neurodevelopmental conditions such as ADHD are not defined as 'mental illness' - yet despite the attached information stating robust research evidence of vulnerability to mental health comorbidities and an emerging field of research that highlights physical health comorbidities associated with ADHD, sadly ADHD is trivialised and deemed unworthy of the priority it should be given. Again, women and girls who experience even greater inequality of access to mental health services.

Everyone's needs are impacted by their physical and mental health. Health is impacted by housing, employment, a child centred education .... public services must be integrated so responsibility for effective services cannot be abdicated onto another area of public services who then carry the cost of failings in health services.

A 'Neurodiverse paradigm'

Dr Tony Lloyd
Chief Executive
ADHD Foundation – Neurodiversity Charity

Y Pwyllgor Iechyd a Gofal Cymdeithasol
—
Health and Social Care Committee

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Jack Sargeant MS
Chair
Petitions Committee

16 May 2022

Dear Jack

Petition P-06-1241 Welsh Government to meet with a wider audience of unpaid carers

Thank you for your letter dated 2 March 2022 regarding the above petition, in which you asked the Health and Social Care Committee if there will be any scope in the future for the petitioner to engage in any inquiries or evidence-gathering sessions on this issue.

As a member of this Committee, you will of course be aware that support and services for unpaid carers is one of the areas of priority identified in our strategy for the Sixth Senedd.

Where relevant throughout our work we consider issues relating to unpaid carers, and adopt a range of approaches to hearing from individual carers directly as well as from relevant representative organisations. I have set out some examples below.

Inquiry on hospital discharge and its impact on patient flow through hospitals

On Thursday 10 March we took formal oral evidence from an unpaid carer with first hand experience of delayed transfers of care alongside a representative of Alzheimer's Society Cymru. Hearing directly from an individual with lived experience helped to illustrate the issues and the impact on individual carers and families very clearly.

Inquiry on the impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment

We conducted in depth interviews with people affected by the waiting times backlog, including some unpaid carers. The findings of the interviews are available on the Committee's website. We also took

formal oral evidence from the Wales Carers Alliance on Thursday 2 December. We subsequently included a chapter on unpaid carers in our report, highlighting the essential role they play within the health and social care sector and making recommendations relating to supporting carers' financial resilience and promoting their involvement in care and treatment planning.

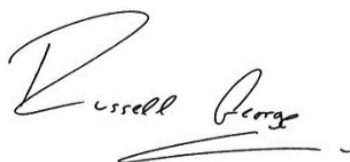
Inquiry on mental health inequalities

To inform the first stage of our inquiry into mental health inequalities, we held a series of focus groups, including one with young carers in Newport. A summary of the focus groups is available on the Committee's website. We have also received written evidence both from carers organisations and from a number of individuals who are carers. We will be holding an informal stakeholder discussion event in June focusing on mental health inequalities and neurodiversity, which will include representatives with lived experience as carers or family members of people who have neurodiverse conditions.

Should the petitioner wish to contribute to any future pieces of work the Committee undertakes, further details will be available on the Committee's website and promoted across the Senedd's social media accounts. If the petitioner would like to be added to our mailing list, they can request this by emailing seneddhealth@senedd.wales.

We hope this information is helpful to the petitioner, and we look forward to continue to include this important topic where appropriate in the Committee's work for the duration of this Senedd.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

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

Summary of main evidence
Centre for Mental Health and Society, Bangor University

Senedd Cymru Health and Social Care Committee
4th May 2022.

The main points that we want to draw to the committee's attention fall under five headings:

- Prevention
- Evidence
- Access to Services
- Social Outcomes
- Relationships

1. **Prevention.** Prevention of mental health problems is possible without either utopian social change or mass programmes of individual intervention. Like almost all health difficulties, mental illness has social determinants. High rates of mental illness are seen in the poorest, most marginalised parts of the population, and they also experience the worst outcomes from episodes of mental ill health.
    a. *Primary prevention* means taking steps to avoid people becoming unwell in the first place through measures that affect the whole population. For example, in the 19th Century, recurrent epidemics of cholera and typhoid affecting poor areas of London stopped happening when clean water and sanitation became available for everyone. In mental health, the biggest positive effects are seen from measures affecting children. Children are known to be placed at high risk of serious mental illness in adulthood if they grow up in impoverished inner-city environments, in families on low incomes with poor educational opportunities. Growing up with racial disadvantage and racism has an additional major impact. The latter is true both in cities, where numbers of Black people are high, but also in rural areas. Long term strategies to reduce rates of mental illness should include measures to reduce the gap in income between the richest and the poorest; measures to improve the quality of social infrastructure in poor areas; and equitable welfare benefits that do not penalise children who grow up in large families. There is evidence that schemes such as Sure Start have an impact into adulthood, provide they are sustained over many years. ***Specific recommendation: The Welsh Government should reintroduce Sure Start,***

***which has a good evidence base as prevention in mental health, alongside other benefits**.*

b. *Secondary prevention* involves early detection of mental illness as it emerges. Appropriate measures are set out below under Access

c. *Tertiary prevention* means providing adequate support for people with established conditions to prevent relapse and long term disability. The key point to understand is that every successful scheme that has been properly evaluated has included long term support for people rather than transient intervention. There is good evidence for Individual Placement and Support in employment, which has been demonstrated to help people to re-enter and remain within open employment *provided* support remains available in the long-term. Further measures include availability of professional legal support in the civil justice system and access to debt counselling. The harsh and inefficient nature of benefits assessments outsourced from the Department of Work and Pensions are a known cause of relapse of mental illness. We suggest that it might be possible for the Welsh Government to negotiate devolution of the commissioning of assessments, which would allow specification of a more humane and efficient process.
Specific recommendations: Provide long term funding for evidence based Individual Placement Support in employment; provide support for people with mental health problems In the civil justice system; seek devolution of commissioning of DWP benefits assessments.

2. **Evidence.** The history of mental health services has been marred by imposition of models that have been driven by political or professional ideology rather than evidence. One UK example was the imposition of Assertive Outreach Teams in the face of the evidence that they were more expensive, but no more effective, than standard care. A number of new models of care are currently being promoted by a variety of interest groups. We strongly recommend that they should only be adopted where there is a rigorous evidence base to support this. Where no evidence exists, the Welsh Government should facilitate research ahead of adoption.
Specific recommendation: focus on evidence prior to adoption of new models of help in mental health, and, where there is no evidence, commission research
3. **Access.** Timely access to good quality services is essential to prevent mental health problems becoming chronic and more difficult to treat. Unfortunately, one the unforeseen consequences of the Welsh Mental Health Measure has been an increase in severity threshold for access to secondary mental health care. We have evidence that has been submitted for publication that suggests that the quality of mental health services deteriorated during the pandemic. There are significant barriers created by waiting lists, especially for children's services.
4. **Social outcomes.** There is good evidence that patients with mental health problems are more concerned about social outcomes, such as return to employment, than they are about complete symptom relief. Wales should develop better assessment of social outcomes. This would require a move away from an emphasis on patient turnover, and would probably require longer periods of involvement with services in the community. We have recently published evidence that shows that outcomes for people diagnosed with relapsing schizophrenia have worsened over the past 20 years. Whilst this is in part due to increases in social inequality, there is indirect

evidence that it is also due to drawing funds away from people with long term mental illness.
Specific recommendation: Wales should develop a national strategy to improve the care of people with chronic psychosis

5. **Relationships.** For a variety of reasons, there has been a sharp reduction within mental health services in the emphasis on therapeutic relationships. Services tend to regard any degree of "dependency" by patients as a very bad thing. However, there is a mass of research evidence that shows that the quality of the therapeutic relationship is critical to the effectiveness of all treatments, both psychotherapeutic and pharmacological. Furthermore, the wealthiest parts of the population are able to purchase good quality therapeutic relationships in the private health market. The poorest section of the community cannot do this and are therefore especially disadvantaged in this regard. Community mental health teams need to form close relationships with the communities that they work within, which means that stable groups of staff need to work within relatively small natural communities. Pooled or county-wide services militate against this and lead to poor relationships between services and the communities they serve.
Specific recommendation: Wales should review the role and nature of Community Mental Health Teams, with increased focus on sustained therapeutic relationships, and interactions with local minority communities.

Summary of specific recommendations:

The Welsh Government should:

- ***Reintroduce Sure Start***
- ***Provide long term funding for Individual Placement Support in employment***
- ***Provide support for people with mental health problems in the civil justice system***
- ***Seek devolution of commissioning of DWP benefits assessments***
- ***Focus on evidence prior to adoption of new models of help in mental health***
- ***Where there is no evidence, commission research***
- ***Develop a national strategy to improve the care of people with chronic psychosis***
- ***Review the role and nature of Community Mental Health Teams with increased focus on sustained therapeutic relationships***

Professor Rob Poole
Professor Peter Huxley
Dr Robert Higgo

Centre for Mental Health and Society,
Bangor University

13th May 2022

Selected Bibliography

Evidence for Individual Placement Support in employment:

Suijkerbuijk YB, Schaafsma FG, van Mechelen JC, Ojajärvi A, Corbière M, Anema JR. Interventions for obtaining and maintaining employment in adults with severe mental illness, a network meta-analysis. Cochrane Database of Systematic Reviews 2017, Issue 9. Art. No.: CD011867. DOI: 10.1002/14651858.CD011867.pub2. Accessed 13 May 2022.

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Kinoshita Y, Furukawa TA, Kinoshita K, Honyashiki M, Omori IM, Marshall M, Bond GR, Huxley P, Amano N, Kingdon D. Supported employment for adults with severe mental illness. Cochrane Database of Systematic Reviews 2013, Issue 9. Art. No.: CD008297. DOI: 10.1002/14651858.CD008297.pub2. Accessed 13 May 2022.

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Evidence for social interventions in serious mental illness

Barnett, P., Steare, T., Dedat, Z. *et al.* Interventions to improve social circumstances of people with mental health conditions: a rapid evidence synthesis. *BMC Psychiatry* **22,** 302 (2022). https://doi.org/10.1186/s12888-022-03864-9

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Evidence for worsening outcomes for people with recurrent episodes of schizophrenia

Huxley, P., Krayer, A., Poole, R., Prendergast, L., Aryal, S., & Warner, R. (2021). Schizophrenia outcomes in the 21st century: A systematic review. *Brain and behavior*, *11*(6), e02172. https://doi.org/10.1002/brb3.2172

Overall evidence on mental health and poverty

Poole R, Higgo R, Robinson C (2014) Mental Health and Poverty. Cambridge: Cambridge University Press ISBN 0521143969

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
Chair
Legislation, Justice and Constitution Committee
Senedd Cymru

13 May 2022

Dear Huw,

Thank you for your letter of 12 May. As you are aware, on 10 May 2022 His Royal Highness the Prince of Wales formally opened the new session of the UK Parliament on behalf of Her Majesty the Queen, and in doing so outlining the UK Government's proposed legislation for the new session.

I have today published a written statement regarding the anticipated implications of the proposed legislative programme for the Senedd, as well as to provide updates on our engagement with the UK Government.

I am keen to ensure we continue to work collaboratively with the Senedd on legislative consent matters, and I hope you will welcome this early letter and the associated Written Statement in that spirit. I can confirm I will attend the Legislation, Justice and Constitution Committee on 20 June. I hope to have more information on the bills referred to in the Written Statement by then and I look forward to discussing further at that meeting.

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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.

I am copying this letter to the Llywydd and other Committee Chairs.

Mick Antoniw AS/MS

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

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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18 May 2022

Dear Russell

I have today made a written cabinet statement providing Members of the Senedd with an update on work to set up an NHS Executive for Wales. I know this matter will be of interest to your committee, so I wanted to write to set out how this work will be taken forward within Welsh Government.

Setting up an NHS Executive is an essential part of making our health system fit for the future – it will drive improvements in the quality and safety of care, as well as ensuring consistency and equity with the implementation of clinical standards across the NHS.

As you know, the decision to establish an executive function was announced in *A Healthier Wales* in 2018, and reconfirmed in the Programme for Government. This decision was based on the findings and recommendations of both the Organisation for Economic Co-operation and Delivery (OECD) Quality Review and the Parliamentary Review of the long-term future of Health and Social Care, published in 2018. Both of these reviews called for a stronger centre, additional transformation capacity and streamlining of current structures.

Work on establishing the NHS Executive was paused in early 2020 to focus efforts on the Covid-19 response. However, this has allowed further work to be undertaken to ensure that learning from the pandemic is built in to proposals. Building on this, the decision has now been taken by Ministers to establish the NHS Executive in a hybrid model, rather than a standalone body at this time. It will comprise a small strengthened senior team within Welsh Government, bolstered and complemented by the bringing together of existing expertise and capacity from national bodies within the NHS, which will operate under a direct mandate Welsh Government.

Role and purpose

The NHS Executive's key purpose will be to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.

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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.

Working on behalf of Welsh Government, the NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing the NHS in Wales to transform clinical services in line with national priorities and standards by:

- Strengthening national leadership and support for quality improvement;
- Providing more central direction to ensure a consistent and equitable approach to national and regional planning based on outcomes;
- Enabling stronger performance management arrangements, including capacity to challenge and support organisations that are not operating as expected.

Functions

The high level functions proposed for the NHS Executive are:

Reinforcing and refocusing national leadership for quality improvement and transformation including:

- Developing quality indicators and outcomes;
- Driving the implementation of the National Clinical Framework and other national programmes of work;
- Developing bespoke mechanisms for the system to learn from transformational success and share best practice – with a greater expectation of compliance across the system.

Planning

- National and regional planning capability and support for national decision making alongside regional and local delivery.
- Development of the NHS Wales Planning Framework
- Supporting and challenging local IMTP development
- NHS emergency planning arrangements
- Design and delivery of the NHS Wales Planning Programme for Learning to enhance planning capacity and capability across Wales

Enable stronger performance management and quality improvement support arrangements

- Building highly skilled additional capability and capacity to support organisations at risk of, or in escalation, that can be deployed flexibly across Wales.
- Organising and leading performance management and delivery conversations with all NHS bodies
- Leading escalation arrangements and support

Building the NHS Executive

The NHS Executive will bring together and repurpose - where necessary - existing national capacity into a single delivery and accountability structure, operating against a mandate agreed by the Health and Social Services Group in Welsh Government. However, bringing this existing system capacity together will now be done in a virtual way and with as little disruption to staff as possible. The logistics of this will be looked at as part of the implementation programme that will now be taken forward and with the engagement of staff.

In the first instance, the national bodies that will come together virtually under the banner of the NHS Executive will include:

- Finance Delivery Unit;
- Performance Delivery Unit;
- Improvement Cymru; and
- NHS Collaborative, including key national programme directors, clinical networks and national implementation programmes.

As well as:

- Additional capacity to evaluate and support efficient and effective deployment of workforce resources;
- Increased capacity and expertise to enable accelerated support for organisations in escalation; and
- Central planning and transformation capacity and expertise.

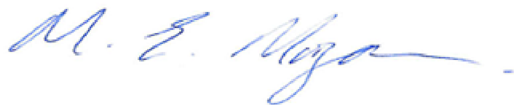
Under these new arrangements statutory accountability mechanisms will not change. All NHS organisations are already directly accountable to Ministers, and the Welsh Government, and will continue to be. Ministers will also continue to set priorities, targets and outcome measures for the NHS, which will feed into the mandate for the NHS Executive and wider NHS. However, the NHS Executive will provide additional capacity at a national level to oversee and support delivery of these priorities.

Implementation programme and transition
Within Welsh Government steps are now being taken to set up a formal implementation programme, which Judith Paget will chair. This will oversee the establishment of the NHS Executive and the detailed work that will now begin. The aim is to have made substantial progress on how the NHS Executive will operate by the end of this year.

The views of staff within Welsh Government and staff within the national NHS bodies that will form part of the NHS Executive, as well as wider stakeholders, will be particularly important to the successful delivery of this work. The implementation programme will include engagement with NHS Chairs and Chief Executives, the leads of national NHS bodies, Welsh Government and NHS staff, and wider stakeholders to help shape what the NHS Executive will do and how it will operate.

I will keep the committee updated on progress with the establishment of the NHS Executive and would be happy to discuss further if you would like to do so.

Yours sincerely



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

Llywodraeth Cymru
Welsh Government

WRITTEN STATEMENT
BY
THE WELSH GOVERNMENT

TITLE	**Update on setting up an NHS Executive for Wales**
DATE	**18 May 2022**
BY	**Eluned Morgan MS, Minister for Health and Social Services**

This statement updates Members about our plans to establish an NHS Executive to drive improvements in the quality and safety of care across Wales.

The decision to set up a national executive function was outlined in *A Healthier Wales* in 2018, and reconfirmed in the Programme for Government, and is based on the findings and recommendations of the OECD's Quality Review and the Parliamentary Review of the Long-term Future of Health and Social Care. Both of these reviews called for a stronger centre, additional transformational capacity and streamlining of current structures.

Work to establish the NHS Executive was paused in 2020 to focus on the pandemic response. As we move beyond the emergency response to the pandemic, we can ensure the learning from the pandemic is built into the development of the NHS Executive.

I have decided to establish the NHS Executive as a hybrid model, rather than a standalone organisation. It will comprise a small, strengthened senior team within Welsh Government, bolstered and complemented by the bringing together of existing expertise and capacity from national bodies in the NHS, which will operate under a direct mandate from Welsh Government.

Setting up the NHS Executive is an essential part of making our health system fit for the future. Its central purpose will be to support the NHS to deliver improved quality of care to people throughout Wales, resulting in better and more equitable outcomes, access and patient experience, reduced variation and improvements in population health.

The NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing the NHS in Wales to transform clinical services in line with national priorities and standards by:

- Strengthening national leadership and support for quality improvement;
- Providing more central direction to ensure a consistent and equitable approach to national and regional planning based on outcomes;

- Enabling stronger performance management arrangements, including capacity to challenge and support organisations that are not operating as expected.

It will bring together existing national capacity into a single delivery and accountability structure, operating to a mandate agreed by Ministers.

Under these new arrangements statutory accountability mechanisms will not change. All NHS organisations are already directly accountable to Ministers and the Welsh Government and will continue to be. I will continue to set priorities, targets and outcome measures for the NHS, which will feed into the mandate for the NHS Executive to deliver with the wider NHS.

The NHS Executive will provide additional capacity at a national level to oversee and support delivery of these priorities.

An implementation programme to take forward the detailed work about how the NHS Executive will operate will be established. This will be led by Judith Paget, chief executive of NHS Wales and the Director General for Health and Social Services in the Welsh Government. As part of this programme there will be full engagement with NHS chairs and chief executives, the leads of national bodies, NHS and Welsh Government staff and wider stakeholders.

I will update Members further as this work progresses.

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

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: MA/EM/1717/22

Russell George MS
Chair
Health and Social care Committee
Senedd Cymru
Cardiff Bay

30 May 2022

Dear Russell

HSC Committee Report – Waiting Well – the impact of the waiting times backlog on people in Wales

Thank you for your letter of 7 April containing a copy of the Report – Waiting Well – the impact of the waiting times backlog on people in Wales.

I am grateful to the Committee for undertaking this work and will address each of the recommendations you have made individually. As there are a large number of recommendations, the responses have been placed in an Annex to this letter.

Since the Committee reported, you will note we have published our Planned Care Recovery Plan - *Our programme for transforming and modernising planned care and reducing the waiting lists in Wales*, which addresses a number of the recommendations that were made within the report.

I hope the Committee finds this information helpful.

Yours sincerely

M. E. Morgan

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

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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.

Annex

Recommendation 1: In addition to setting out how the waiting times backlog will be addressed, the Minister for Health and Social Services must ensure that the Welsh Government's planned care recovery plan includes a focus on supporting patients to wait well.

Accept

"*Our programme for transforming and modernising planned care and reducing waiting lists in Wales*" has a strong focus on supporting patients to wait well including one of the four commitments which is:

We will provide better information and support to patients:

- Better information for people waiting for treatment, including greater access to personalised information.
- More help so people can decide which treatment is the most appropriate for them
- Targeted, accessible support if you are waiting for treatment and to help you prepare for surgery.
- More opportunities for people to provide rapid feedback to the NHS, which will be used to improve services.

There are two actions in the plan that support this:

Support for people to help them manage their conditions - Planned care recovery will be underpinned by a commitment to fundamentally transform the waiting list into a preparation list. This will allow people to be fully supported by the right health professional in using the waiting period proactively to improve their health, make informed decisions, and prepare physically and mentally for their operation or other treatment and recovery. Any intervention carries risk, and surgical intervention is no exception. This approach will also provide alternatives to surgery where appropriate, helping people to make informed choices and manage their conditions without surgery, using evidence-based approaches and clinical support, for as long as possible.

Supporting people to prepare for surgery - Too many operations are cancelled because people were not fit for the surgery or anaesthetic they were listed for. Of equal concern are the high number of people who are at risk of complications post-surgery because they are over-weight or suffer from long-term conditions that may not be controlled effectively. We will introduce integrated models of pre-habilitation and rehabilitation as standard elements of all pathways.

Recommendation 2: The Minister for Health and Social Services should set out what action the Welsh Government has taken to ensure that health services provide patients with adequate and appropriate information about their level of clinical need and the degree of urgency with which they need to receive treatment.

Accept

As with recommendation 1, "*Our programme for transforming and modernising planned care and reducing waiting lists in Wales*" is very clear that health boards need to be open and honest with their patients about their level of need and expected waiting times. The following actions in the plan reflect this:

Patient communication

Health boards need to provide patients with the options and choices that are available to them. The intention is to provide as much care as close to home as possible. However, if we are to make rapid improvements to the waiting lists, and consolidate best practice, then some people may need to be treated at a different site and travel further than they traditionally had to. Evidence shows that high volume surgery centres provide better

outcomes for people. These changes are likely to be permanent and we need to be clear about the changing face of surgical centres with our population.

Improved transparency and information on waiting times
People will have clear and simple information about how long they will be expected to wait, information about how they can access support and who to contact should they have any concerns.

NHS organisations need resourced capacity to provide this support. We are considering how best this is done as well as understanding the type of information that will be useful and meaningful to those waiting for outpatient appointments and planned care surgeries. A number of approaches piloted by health boards over the last two years will be the foundation and vehicle to develop the future solutions for Wales.

We will engage with those people waiting for treatment to discuss whether the planned intervention is suitable, noting that things may well have changed since they were added to the waiting list. Those waiting 52 weeks or more will be reviewed every six months or more frequently depending on their clinical needs until they are treated or discharged.

We will seek to set up communication hubs to support people accessing the information and support they need to understand their waiting times and what they need to do in case their condition worsens.

Recommendation 3: The Minister for Health and Social Services should work with NHS Wales and third sector organisations to develop and deliver a national campaign within the next 12 months to raise awareness of cancer symptoms, and to encourage people to access health services if they have any concerns. The campaign should also encourage people to take up invitations to participate in cancer screening programmes.

Accept

The Wales Cancer Network are working through a proposal which it will take to the Wales Cancer Alliance, and the Cancer Awareness Campaign Group to develop a campaign which will cover both raise awareness of cancer symptoms and encourage people to access health services if they have any concerns or symptoms of cancer. The campaign will also focus on the importance that screening plays in early diagnosis and outcome and will encourage people to take up invitations for cancer screening programmes.

This proposal will be presented to the Cancer Network Board in September 2022.

Recommendation 4: The Minister for Health and Social Services should provide more information about the role, membership, and work of the national steering group on dementia, and how it will ensure that regional partnership boards and dementia services are held accountable for reducing waiting times.

Accept

Improving timely diagnosis remains a priority for the Welsh Government and the new funding for diagnostic services will be monitored by officials to ensure that we are able to see the impact of this funding in timely access to services. The terms of reference of the Dementia Oversight of Impact and Implementation Group (DOIIG) are being reviewed including the alignment with other national groups supporting the dementia care and support policy, including the National Steering Group convened by Improvement Cymru,

and once completed we will provide further clarity on the structures supporting this policy area.

Recommendation 5: When she shares the findings of the neurodevelopmental services capacity and demand review with us, the Minister for Health and Social Services should also set out how and when any recommendations made by the review will be implemented and how their impact will be monitored.

Accept

On 11 May, Senedd Members were provided with an update on the progress of our demand and capacity review of all neurodevelopmental services. https://record.assembly.wales/Plenary/12840#A72012 The review has been completed and the authors have presented their findings to the Deputy Minister for Social Services. We are considering the action needed and will shortly be making a further statement confirming the urgent support we will be providing to reduce the immediate pressures on assessment services. Over the remainder of this term, we will work in partnership with practitioners and those seeking support to develop sustainable services which provide timely access and can provide much needed pre and post assessment care, through a person-centred holistic approach.

Recommendation 6: The Minister for Health and Social Services should provide an update in autumn 2022 on what action has been taken to identify and address any differences in the length of time taken in Wales to diagnose females and males with neurodevelopmental conditions such as autism.

Accept

Collecting accurate and informative data is key, the current waiting time target is not fit for purpose and does not provide us with the intelligence we need to plan and deliver neurodevelopmental condition services, and this includes the need to be able to disaggregate assessment data by gender. As part of the improvements, we will be making we will re-design the data collection so that it provides valuable information which can help us to identify how well services are delivering and whether there are any inequalities in assessment.

Recommendation 7: The Minister for Health and Social Services should set out what consideration the Welsh Government has given to supporting health boards across Wales to commission private healthcare on an ongoing basis as a means of addressing the waiting times backlog, including what role the Welsh Government has in ensuring that there is effective collaboration across providers and systems, and fair sharing of resources and capacity across health boards.

Accept

Reducing long waiting times is a key aspect of “Our programme for transforming and modernising planned care and reducing waiting lists in Wales” and we are clear that this must be done through a combination of approaches including the use of the private sector. The plan states that the immediate focus has to be the reduction of the waiting list so that we minimise the impact of the pandemic on outcomes. This will not be easy and in some specialities, it may take many years to recover our waiting list position. Our plan highlights that NHS organisations will need to approach this through a combination of the following:

- Delivering evidence based treatments that add value
- Additional sessional work at weekends and evenings.

- Partnering with the independent sectors to develop new approaches and models of care.
- Regional options which will allow protected planned care capacity at a higher volume than traditional hospital based theatres
- Outsourcing, insourcing and commissioning

The biggest challenge in increasing short-term activity is the availability of the workforce and the physical capacity to undertake the work. We will need to utilise the private sector where appropriate, undertake additional insourcing and extra lists within our clinical teams. Whilst not part of our longer-term intention, we recognise the need to utilise all available capacity to support reducing waiting times and offer equitable access for all patients in Wales whilst we seek to build longer term sustainable solutions. We will need to consolidate urgent and emergency services to free capacity for planned care. Whilst doing this we need to embed transformation and new models of care at practice, cluster, hospital and health board level.

Recommendation 8: The Minister for Health and Social Services should confirm whether the return to multi-year Welsh Government budgets is expected to result in longer-term funding certainty for services commissioned from third sector organisations.

Accept

The return to multi-year budgets will be welcomed and will help provide certainty to organisations of what will be available to them over the coming years and will enable health boards to commission relevant services where appropriate.

Recommendation 9: The Minister for Health and Social Services should set out what action is being taken to ensure that health boards are providing suitable venues for the delivery of services such as pain management, physiotherapy and occupational therapy both in hospitals, on the primary care estate, and in the community.

Accept

It is vital that appropriate space for the delivery of treatment is made available. This is a requirement for all partners and not just health boards. Wherever possible, services should be provided in community settings and adhere to the principles of place based care. However, some interventions require dedicated space or specific equipment. We expect spaces that were used differently in the pandemic to be made available again, unless a more appropriate community alternative is available. “Our programme for transforming and modernising planned care and reducing waiting lists in Wales” is clear that health boards should consider the use of the entire estate and suitable venues in the community to provide appropriate venues for the delivery of all services.

Recommendation 10: The Minister for Health and Social Services should provide an update on the appointment of the national clinical leads for pain management. This should include information about their role in ensuring the appropriate use of pain medication in the management of people on waiting lists, including their contribution to managing the risks associated with the prescription of opiates.

Accept

A range of resources are available to healthcare professionals to help them help people make informed decisions about their care and support. This includes using non-

pharmacological approaches wherever appropriate and avoiding the unnecessary use of medications. Where medicines are prescribed, healthcare professionals must make arrangements for regular reviews and for treatments to be stopped where they no longer provide benefit.

We have published guidance, Living with Persistent Pain in Wales (gov.wales), advising both health and social care professionals and those living with persistent pain about the different approaches available for the management of persistent pain. We have also recently appointed two National Clinical Leads for Persistent Pain to help support the implementation of the principles within the Living with Persistent Pain guidance and to support services as we recover from the impact of COVID19. The leads are currently undertaking a national scoping exercise to understand the extent and provision of services across Wales. Living with Persistent Pain in Wales aligns with the planned care recovery plan as it focuses on self-management, supporting diagnosis, improved information for those living with conditions and the support within primary care. The two leads are Dr Sue Jeffs who is a Consultant in Anaesthesia and Pain Management within Aneurin Bevan University Health Board and Owen Hughes a Consultant Counselling Psychologist and Head of Pain and Fatigue Management Service for Powys Teaching Health Board.

Recommendation 11: The Minister for Health and Social Services should provide an update in autumn 2022 on the Waiting Well support service pilot, including details of elements which are proving effective and what plans there are to roll them out to the other three health boards, and elements which have not worked as intended and have therefore been withdrawn or stopped.

Accept

Three health boards are piloting the Waiting Well Red Cross service - Cardiff and Vale, Swansea University Health Board and Betsi Cadwaladr University Health Board. The impact and effectiveness of this pilot will be undertaken after 12 months,

Recommendation 12: The Minister for Health and Social Services should ensure that the plan for the recovery of planned care includes clarity about how health services should be communicating with people who are waiting. This should include potential communication approaches, assurance that there is sufficient clinical and administrative resource to deliver it, and details of how communication will be evaluated and how best practice and innovation will be shared.

Accept

"Our programme for transforming and modernising planned care and reducing waiting lists in Wales" recognises the need for clear and effective communications with people who are waiting. One of the seven priorities in the plan is the provision of appropriate information and support to people. The plan highlights that we need to do more to improve communication with people before they access planned care and whilst they are waiting for their appointments and interventions. It includes the following actions:

- to make sure that support and information is easily accessible to those who are waiting. We want to support people to make informed decisions about their health care. This starts with giving people more information and the skills to better manage their health and condition. To do this we need to be honest and transparent about the challenges in the system by providing accurate and up-to-date information on waiting times, as well as information about what can be done to keep well whilst waiting.
- We need to offer access to information and support which will enable them to stay healthy and well before and after their treatment.

Recommendation 13: The Minister for Health and Social Services should provide an update on progress made on the implementation of recommendation 37 in the Into sharp relief: inequality and the pandemic report published by the Fifth Senedd Equality, Local Government and Communities Committee in August 2020. The recommendation, which was accepted by the Welsh Government on 23 September 2020, called for the appointment of an accessibility lead within the Welsh Government to oversee the production of all key public health and other information in accessible formats.

Accept

During the pandemic, Welsh Ministers commissioned 'The Locked Out: Liberating disabled people's lives and rights in Wales beyond COVID-19' was published in July 2021. The report highlighted the inequalities that many disabled people faced during the pandemic. In response the First Minister established the Disability Rights Taskforce to address these inequalities. In February, the Taskforce established a prioritisation group to identify the key priorities for its programme of work to be addressed through the development of working groups. This included the Access to services (including accessible communications) working group.

We are also currently reviewing how we improve use of British Sign Language (BSL) in how Welsh Government communicates with the public. This is part of the work from the British Deaf Association's (BDA) Audit. It is envisaged this BSL work will be taken forward through a BSL subgroup to be set up to support this workgroup.

The accessible communications group developed a set of guidelines for all staff within the organisation to work from to assist with producing comms that were accessible to all.

Recommendation 14: The Minister for Health and Social Services should work with health boards and community health councils to evaluate the recent standard communication campaign and waiting list validation exercise and implement any lessons arising when planning future waiting list validation exercises. The outcome of the evaluation should be published.

Accept

Communications with patients on the waiting lists has changed over the last year as health boards have learnt lessons from the standard communication campaign undertaken to those people experiencing long waiting times whilst on the waiting list. Lessons have been learnt and communications amended in light of these lessons. A more detailed evaluation will be undertaken.

Recommendation 15: The Minister for Health and Social Services should set out how priority theme 4 (promoting financial resilience) in the Welsh Government's unpaid carers delivery plan will be delivered. This should include details of actions that will be taken to promote and support carers in accessing a range of welfare benefits, financial support information and services, and how the impact of these actions will be assessed.

Accept

The Delivery Plan supporting the implementation of the Strategy for Unpaid Carers states that we will promote and support carers to access a range of welfare benefits, financial support information and services.

In line with this action, we are working to increase the take-up and raise awareness of both devolved and non-devolved benefits such as Carer's Allowance. This reflects the Welsh Government's commitment to boost incomes for families and raise awareness of the support and services which they are entitled to. Our priority is to continue to build on the excellent benefit take-up work we are taking forward, putting more measures in place to support households across Wales to maximise their income.

Our second national Claim What's Yours campaign is now live and delivering messages across all platforms, including TV, radio, and social media to raise peoples' awareness of their entitlements and encouraging them to phone the Welsh Government funded Advicelink Cymru to get the help they need to navigate the welfare benefit system.
The campaign materials have been developed to be deliberately generic in nature in order to appeal to the widest of audiences and capture a variety of circumstances, such as unpaid carers. The campaign urges people to seek advice regarding their financial situation and refers them to a single point of contact i.e. Advicelink. This approach eliminates any stigma and stereotyping of images relating to circumstances that we know to exist.

Since January 2020, the benefit advice services funded by Welsh Government have supported people in Wales to claim over £60m of additional income, helping them to become more financially resilient and supporting local economies where the money is spent.

With additional grant funding from Welsh Government, Advicelink Cymru has recruited an additional 35 FTE benefit advisors. This will enable Advicelink Cymru to better cope with the demand generated by the Claim What's Yours campaign and the inevitable demand that will naturally flow from the cost of living crisis.

The Welsh Government has also established an Income Maximisation Task and Finish Group comprising of key internal and external stakeholders including organisations representing unpaid carers.

The effectiveness of our Income Maximisation campaigns is measured through robust performance management information, including the number of people who respond to the campaign messages and accessed advice, the different welfare benefits they claimed and the additional income they gained.

Welsh Government has been clear that we did not support the ending of the £20pw Universal Credit payment which will impact on unpaid carers in receipt of this benefit. The Trussell Trust recently reported the need for emergency food has dramatically increased in the past six months. Across the UK 830,000 food parcels had to be provided for children and one in three people on Universal Credit are skipping meals.

This is why the Welsh Government has called on the UK Government to increase benefit payment rates by 7% from April and reinstate the £20pw uplift payment for Universal Credit, also offering this financial lifeline to people claiming one of the legacy benefits.

Recommendation 16: The Minister for Health and Social Services should outline her expectations for the involvement of carers and families in care and treatment planning, and how any reduction of their involvement during the pandemic will be reversed.

Accept

In 2021-22 the Welsh Government provided a total of £1m funding across local health boards to work with their unpaid carer partnerships supporting activities in a range of different aspects of need given the pandemic. Eligible activity included support in hospital settings for carers, and training of health staff to better support carers.

In 2022-23 health boards have been asked to prioritise support for unpaid carers when the person they care for is admitted to or discharged from hospital. This will include involvement in treatment and care planning.

The Health and Social Care Regional Integration Fund (the RIF) is a 5 year fund to deliver a programme of change from 1st April 2022 to 31st March 2027. The RIF builds on the learning and progress made under the previous Integrated Care Fund (ICF) and Transformation Fund (TF), however it is a new fund and will seek to create sustainable system change through the integration of health and social care services to deliver new models of care by the end of the five year programme.

Priority population groups within the RIF will continue to include unpaid carers as was the case with the Integrated Care Fund (ICF). It is expected that 5 percent of the total investment will be spent on activity which directly supports all ages of unpaid carers.

Recommendation 17: The Minister for Health and Social Services should require health boards to routinely publish waiting times data disaggregated by specialty and hospital. The publication of such data should be accompanied by clear information for patients and the public to ensure that they understand that the waiting times indicated by the data may be subject to change.

Accept

This is an action within "Our programme for transforming and modernising planned care and reducing waiting lists in Wales" as follows:

Improved transparency and information on waiting times
People will have clear and simple information about how long they will be expected to wait, information about how they can access support and who to contact should they have any concerns.

NHS organisations need resourced capacity to provide this support. We are considering how best this is done as well as understanding the type of information that will be useful and meaningful to those waiting for outpatient appointments and planned care surgeries. A number of approaches piloted by health boards over the last two years will be the foundation and vehicle to develop the future solutions for Wales.

Recommendation 18: The Minister for Health and Social Services and Digital Health and Care Wales should work with health and social care services, including primary and community services, to ensure that all health and social services have appropriate access to shared patient records.

Accept

The National Data Resource (NDR) will provide the digital architecture to underpin a single national health and care record. Digital Health and Care Wales (DHCW) is delivering the NDR programme with NHS Wales stakeholders and local government representatives, such as Social Care Wales, which has recently developed a memorandum of understanding with the NDR programme and DHCW to recognise their strategic relationship. The NDR is key to the provision of quality data to those directly involved in the health and care of the

people of Wales, and will allow the interoperability required between systems to ensure data can be shared across organisational and system boundaries. The Welsh Community Care Information System (WCCIS) was set up as a single community care digital platform across Health Boards and Local Authorities in Wales to make sharing of data between health and social care organisations more efficient. WCCIS is currently adopted by 15 Local Authorities and 2 Health Boards, with a further 3 Health Boards in the planning/onboarding stage. The WCCIS National Programme Team, hosted by DHCW, is engaging with organisations to challenge adopting organisations to increase the usage and spread of the service, and increase the number of modules they have adopted. The NPT is also re-engaging with all non-adopting organisations and challenge the historic decisions to not adopt WCCIS based on latest information, levels of functionality and integration. Welsh Government remains firmly committed to the goal of a joined up health and care system, allowing the sharing of patient/service user records between health and social care organisations and across geographic borders within Wales. Planned integration between WCCIS and the "GP2C" (General Practitioner to Care) will be available within the next six to nine months – this will allow record sharing from GP systems into WCCIS, and vice-versa. A similar timeline was attached to WCCIS integrating to the Welsh Clinical Portal. The Welsh Patient Administration System (WPAS) integration is underway and is expected to be available in within the next 12 months. These three integrations will allow wider record sharing across a substantially larger number of care settings i.e. records from social care feeding into GP and hospital systems, together with reciprocal flows of information. Another example of where digital records are being shared is the Welsh Nursing Care Record, which has digitised the way that nurses undertake and record assessments of patients. This multi-award winning project has captured over 950,000 inpatient nursing notes in the last year, almost 600,000 digital risk assessments and over 21,000 inpatients have been digitally assessed through the tool. Over 15,000 assessments have been shared between health boards (where patients have moved between settings in different health boards), as well as being digitally available within the health board that captured them. There are typically around 100,000 nursing notes captured digitally within WNCR each month, a figure which is growing as the rollout continues.

Recommendation 19: The Minister for Health and Social Services and Digital Health and Care Wales should outline the approach that is being taken to ensure that ICT systems used within health and social care services are compatible in order to facilitate effective communication and information sharing.

Accept

Welsh Government's draft Digital and Data Strategy for Health and Care advocates ~~for~~ once for Wales platforms wherever these are suitable. Where a once for Wales platform is not the most advantageous approach, the underlying dataset must be a single dataset covering all of Wales. NHS Wales' WISB (Welsh Information Standards Board) is the custodian of the Information Standards Assurance Process and oversees the definition and application of technical standards for interoperability between platforms, which are typically based on industry standard open architecture and open data standards. The National Data Repository, mentioned in point 18 above, is the central data source for all patient records; therefore platforms do not have to communicate with the dozens of other platforms, but only with the NDR to access (and feed into) the centralised dataset. Welsh Government has a number of processes and controls that allow it to block the procurement of solutions which are non-compliant with defined standards, though early engagement from the Digital Policy and Delivery team with health boards, trusts and DHCW often ensures that the correct compliant approach is taken forwards. Where DHCW or other health boards/trusts request funding from the Digital Priorities Investment Fund, there are a number of conditions attached to funding which allow further controls on how technical solutions interface with other platforms.

Recommendation 20: The Minister for Health and Social Services should outline what actions the Welsh Government and NHS Wales are taking to deliver targeted support and signposting to people living in more deprived areas in order to reduce the health inequalities gap, and how the impact of these actions will be assessed.

Accept

A national group across Welsh Government and NHS, co-chaired by the Welsh Government and NHS Wales, is being established to understand how health can influence and deliver on reducing health inequalities. This work will help develop effective solutions to support our local populations to target and sign post to support health and wellbeing and look to close gaps. This will be wider than for just planned care services. To support this work health prevention investment has been focused in 2022/23 to support improvements in weight management, and to reduce maternity smoking. Progress against these areas form part of the ministerial priority measures that the NHS will be monitored and held accountable in delivering in 2022/23.

It is important that this is not just around access to health services but as Welsh Government requires ensuring health equality is embedded in all policies and embedded in decisions.

Recommendation 21: The Minister for Health and Social Services should provide details of the work being undertaken with the Royal College of GPs to develop solutions to address health inequalities in Wales. This should include details of the proposed scope of the project, the anticipated timescales, how it will be resourced, and how the project will be evaluated to ensure that learning is rolled out across the health service where appropriate.

Accept

The Minister for Health and Social Services has agreed funding to the Royal College of GPs for the Deep End Wales Project. The aim is to address the additional needs for populations living in the most deprived areas of Wales and support the higher workload of GP practices and their communities. This work is complementary to the Accelerated Cluster Development programme as it calls for action through clusters which have high levels of health inequality and vulnerable populations. The anticipated timescale is 18 months. Additional information on resourcing and evaluation will be provided once the project has been scoped and initiated.

Recommendation 22: The Minister for Health and Social Services should outline what contribution the new community pharmacy contract will make to tackling health inequalities, including what scope it provides for pharmacy teams to refer patients into other health services and how it will contribute to raising awareness of the services and support community pharmacies can provide

Accept

The distribution of community pharmacies in Wales follows the so called "positive pharmacy care law". More than half of all community pharmacies in Wales are located in the bottom two quintiles of socioeconomic deprivation where the need for healthcare services is greatest. As a result, the number of consultations pharmacies provide for key public health services improving access to healthcare, preventing teenage pregnancy, supporting people to stop smoking, and promoting immunisation, are higher in these areas. This is directly

addressing those health problems known to have a disproportionate impact the on health of people in poorer communities.

Following our wide-ranging contractual reforms which came into effect on 1 April, 703 pharmacies (98%) will now provide the four services (the common ailments, emergency contraception, emergency medicines supply and flu vaccination services) incorporated within the new Clinical Community Pharmacy Service (CCPS), an increase of 15%. This will further improve access to a wider range of clinical services from community pharmacies. These pharmacies will also provide access to some forms of routine contraception from later this year.

As part of our reforms, we have also introduced a national independent prescribing service, which will for the first time allow community pharmacists who have undertaken additional training to register as prescribers to provide an even higher level of care, promoting faster, more convenient access to treatment for acute infections and a range of routine contraception. At the beginning of April, 92 community pharmacies are providing the Pharmacist Independent Prescribing service. This represents an increase of 42 (84%) on 2021/22. This service will expand rapidly as more pharmacists complete their independent prescribing training in 2022/23 and in subsequent years.

On integration and referrals, in 2021/22 we appointed a community pharmacy lead for each of our 60 primary care clusters. These pharmacy leads are already working with other professionals in their respective clusters to integrate pharmacies within care pathways this includes facilitating improved referral routes between services. This work will be developed through our accelerated cluster development programme.

As part of the ***Help us, help you*** campaign, the self-care element promoted the important role of community pharmacies. The campaign was launched on 15 December with social media and digital adverts. Social Media content was disseminated to partners and stakeholders, including Health Boards, to share on their channels. It also included PR and social influencer content. TV, Radio, VOD (Video on Demand), Out of Home, and press advertising went live from 20 January, and research showed that 2 in 5 people heard or saw the phrase “Help Us, Help You” with 1 in 3 having awareness of the pharmacy asset once prompted. From 15 December to the end of March, the digital and broadcast campaign for the pharmacy messages reached 98.52% of all adults in Wales with audiences being exposed to the messaging 30.76 times.

Our contractual reforms will also support further behavioural change by promoting consistency and understanding of Wales’ comprehensive community pharmacy offer.

Recommendation 23: The Minister for Health and Social Services should require all health data collected and published in Wales to be disaggregated on the basis of diversity characteristics.

Partially Accept

The Welsh Government always aspires, where possible and appropriate, to improve data collection to capture more in-depth patient level data that makes such analysis possible, such as with driving the new suspected cancer pathway data collection. We are restricted by the structure of the data collections and systems and local health boards are also independent legal entities in their own right.

To retrospectively collect data for those data collections in place would be complicated. Moving forward, we will ensure diversity data is collected and published.

Recommendation 24: The Minister for Health and Social Services and Health Education and Improvement Wales should provide an update on what consideration has been given to reducing the length of medical training placements, including what assessment has been made of the impact on patient safety and the number of training places that can be provided.

Accept

The duration of postgraduate training is under constant review at a UK level, with HEIW closely involved in any changes. Duration of undergraduate medical training is subject to GMC regulation. Medical student training in Wales is currently outside the remit of HEIW.

Undergraduate nursing, midwifery and other health professional education is quality assured by their parent regulators in a similar way to medicine. HEIW has been involved in recent NMC work, including programme length and the use of simulated learning. An NMC desk-top research undertaken on international comparisons of nursing programme length will inform further stakeholder engagement.

There has been significant and ongoing uplift in numbers of medical students, healthcare students and postgraduate trainees in recent years.

In undergraduate medical and healthcare training placements innovative programmes of work are underway led by HEIW in collaboration with universities and the medical schools to consider how to maximise the efficiency of clinical placements enabling improved experience for students as well as greater system capacity.

The new HEIW Multi-Professional Placement Advisory Group is looking to align best placement practice and placement intelligence across all programmes. In addition, it will look to develop a HEIW multi-professional quality framework and standards for clinical practice education and training.

Work with external stakeholders includes initiatives to maximise placement capacity to GP practices, utilisation of rural placements, simulated learning and the introduction of Care Home Education Facilitators.

Patient safety remains at the heart of all medical, nursing and healthcare training. HEIW continues to identify innovative ways to improve placement quality and experience for all students and trainees in Wales. A number of activities in Wales and across the UK are considering all aspects of undergraduate and postgraduate curricula to ensure patient safety. Duration of training is just one of the aspects central to these deliberations and HEIW are an integral part of these discussions.

Recommendation 25: The Minister for Health and Social Services should set out what consideration she has given to the twelve recommendations made in December 2021 by the Academy of Medical Royal Colleges ('A dozen things the NHS could do tomorrow to help the medical workforce crisis') to alleviate the medical workforce crisis in the short term, and what actions have been taken by the Welsh Government or the NHS in Wales as a result.

Accept

We welcome the Academy's 12 solutions to support the medical workforce across the UK. A number of these areas are already being taken forward by the Welsh Government in partnership with employers and trade unions. We will give careful consideration to any solutions where work is not already underway.

Recommendation 26: The Minister for Health and Social Services should outline how the Welsh Government will provide national oversight and leadership for the delivery of its planned recovery plan, including how it will hold health boards to account for the detailed actions to tackle the waiting times backlog set out in their integrated medium term plans.

Accept

In order to support and enable NHS Wales to deliver the ambitions set out in "Our programme for transforming and modernising planned care and reducing waiting lists in Wales", a National Director of Planned Care Improvement and Recovery was appointed in April 2022. His immediate task is to work with the NHS to assure that local implementation plans meet the four key commitments and waiting time ambitions set out in the plan, introduce regular engagement and assurance meetings with all health boards that can be used as part of the broader performance management arrangements to hold health boards to account and to establish robust and consistent national information flows that can be used to monitor and ensure progress is on track to deliver.

Health boards are held account by the Minister for the progress against their Integrated Medium Term Plans. This includes regular detailed one to one discussions with the Minister and the health board Chairs, which are informed by the Joint Executive Team meetings chaired by the Director General and Chief Executive of NHS Wales and all other regular contact points between Welsh Government and NHS Wales.

Recommendation 27: The Minister for Health and Social Services should outline the actions the Welsh Government will take to promote awareness among people who are waiting for care or treatment of the support that may be available to them from alternative primary and community care services.

Accept

"Our programme for transforming and modernising planned care and reducing waiting lists in Wales" sets out our approach to promoting awareness among people who are waiting for care or treatment of the support that may be available to them from alternative primary and community care services.
It sets out a number of actions including:

- Better access to healthcare closer to home – to doctors, nurses, dentists, optometrists and other healthcare professionals who work together so people receive the right care from the right professional.
- Clinicians will work with you to make sure your treatment options are the best for you.
- For those people who have been waiting a long time, there will be access to a national patient information website and support services to help you get ready for treatment
- More care and support will be available from a wider range of local services and healthcare professionals to help you stay well and remain at home.
- Better information for people waiting for treatment, including greater access to personalised information.
- More help so people can decide which treatment is the most appropriate for them.
- Targeted, accessible support if you are waiting for treatment and to help you prepare