Agenda – Health and Social Care Committee

Meeting Venue:
Committee Room 3, Senedd
Meeting date: 11 January 2023
Meeting time: 09.00

For further information contact:
Helen Finlayson
Committee Clerk
0300 200 6565
SeneddHealth@senedd.wales

Private pre-meeting (09.00 – 09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 Welsh Government Draft Budget 2023-24: evidence session with the Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing

(09.30-11.30) (Pages 1 – 108)

Eluned Morgan MS, Minister for Health and Social Services
Julie Morgan MS, Deputy Minister for Social Services
Lynne Neagle MS, Deputy Minister for Mental Health and Wellbeing
Albert Heaney, Director Social Services & Chief Social Care Officer for Wales, Welsh Government
Nick Wood, Deputy Chief Executive NHS Wales, Welsh Government
Steve Elliot, Director of Finance, Welsh Government
Irfon Rees, Director of Health and Wellbeing, Welsh Government
Alex Slade, Director of Primary Care and Mental Health, Welsh Government

Research brief
Paper 1 – Welsh Government

3 Paper(s) to note

(11.30)

3.1 Letter from the Economy, Trade and Rural Affairs Committee regarding the cost of living pressures and the Young Persons Guarantee

(Pages 109 – 110)

3.2 Letter to the Deputy Minister for Mental Health and Wellbeing regarding the Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2022

(Pages 111 – 112)

3.3 Letter from the Deputy Minister for Mental Health and Wellbeing regarding the Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2022

(Pages 113 – 115)

3.4 Letter from the Legislation, Justice and Constitution Committee to the Deputy Minister for Mental Health and Wellbeing regarding the Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2022

(Pages 116 – 118)

3.5 Letter from the Deputy Minister for Mental Health and Wellbeing to the Legislation, Justice and Constitution Committee regarding the Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2022

(Pages 119 – 122)

3.6 Letter from the Llywydd to all Members regarding prioritising Committee business

(Pages 123 – 124)

3.7 Letter from the Finance Committee to the First Minister regarding Scrutiny of the financial implications of Bills – 16 November 2022

(Pages 125 – 127)

3.8 Letter from the First Minister regarding Scrutiny of the financial implications of Bills

(Pages 128 – 129)

Paper 2 - Retained EU Law (Revocation & Reform) Bill

7 Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2022

(12.05-12.10) (Pages 184 - 188)

Paper 3 - Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2022

8 Visit to University of South Wales: draft note

(12.10-12.15) (Pages 189 - 192)

Paper 4 – Visit to University of South Wales: draft note

Agenda Item 2

Document is Restricted

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

Julie Morgan AS/MS
Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health & Wellbeing

Llywodraeth Cymru
Welsh Government

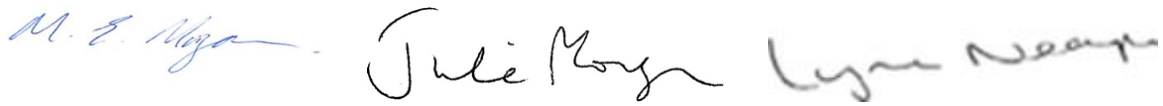
Russell George MS
Chair, Health and Social Care Committee

21 December 2022

Dear Russell,

Please see attached our response to the specific issues raised by Members in your correspondence of 28 October 2022, prior to the Welsh Government Draft Budget scrutiny session scheduled for 11 January 2023.

Yours sincerely,



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Welsh Government

Health & Social Care Committee - Scrutiny of Health and Social Services Draft Budget 2023-24

Date: 11 January 2023

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17. Please provide an update on the overall financial performance of health boards. This should include: • The projected end of year financial position for health boards, including identification of those that have continued to fail to meet their financial duties • Those that have been in receipt of additional end of year and in-year financial support, the extent of that support and the planned duration. • Details of how the Welsh Government will support and work with health boards to bring NHS Wales back into financial balance. • Information about what provision is being made in response to rising energy costs.	p.48
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Purpose

The Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Well-Being have agreed to attend the Health and Social Care Committee on the 11 January 2023 to give evidence on their Draft Budget proposals.

Introduction

This paper is an update on specific areas of interest to the Committee as outlined in a letter from the Chair of the Committee dated 8 November 2022.

Budget Overview

	2023-24
Revenue	**£m**
Revenue Baseline as @ Final Budget 2022-23	9,793.30
Baseline Adjustments	(4.3)
Budget Reprioritisation	(23.7)
MEG allocation	457.80
Transfer in of existing budget (CCG grant)	160.20
Revised DEL as @ Draft Budget 2023-24	**10,383.30**
Capital	
Capital Baseline as@ Final Budget 2022-23	339.3
Additional Allocation	35.7
Revised DEL as @ Draft Budget 2023-24	**375**
Overall Total HSS MEG Draft Budget 2023-24	**10,758.30**

The table above does not include Annual Managed Expenditure (AME), which is outside the Welsh Government's Departmental Expenditure Limit (DEL).

Approach to Budget proposals

The Health and Social Services Main Expenditure Group (MEG) contains the core revenue and capital funding for NHS Wales, as well as funding to support public health, social care and supporting children. It supports our well-being objectives to provide effective, high quality and sustainable healthcare, and to protect, re-build and develop our services for vulnerable people. It also supports the ongoing implementation of A Healthier Wales, our long term plan for health and social care.

This budget covers a two year period from 2023-24 to 2024-25. The MEG settlements have been assessed through the budget setting process with agreement by Cabinet to, as far as possible, protect front line core services.

The draft budget for 2022-23 provided for an increase in recurrent NHS funding of £824million, although this budget was set at a time when inflation rates were expected to plateau at around four per cent, and before the war in Ukraine created significant rises in energy prices.

With this funding we were able to provide a core uplift of £180million, at the beginning of the 22-23 financial year, to NHS organisations to meet core cost and demand growth and along with the £170million funding we allocated to support the recovery of planned care, these will be recurrent for 23-24.

The HSS MEG will increase from the adjusted revenue baseline of £9.789billion up to £10.383billion for 2023-24 and £10.613billion for 2024-25.

The HSS MEG settlement provides for a net increase in the 'Delivery of Core NHS Services' BEL in 2023-24 of £407.3million, with a further increase of £204million in 2024-25.

In addition to the NHS funding uplift allocated for 2023-24, the HSS MEG settlement also includes specific allocations for:

- Mental health £75million for 2023-24, increasing to £90million by 2024-25
- Social care £55million, increasing to £60million by 2024-25 and;
- Childcare & early years £28million allocated in 2022-23, increasing to £30million in 2023-24.

Recurrent revenue funding of £170million for NHS recovery remains in place for 2023-24 and this funding will be allocated to the NHS to support the implementation of plans to strengthen planned care services and help reduce hospital waiting times.

We will also continue to invest in a value-based approach to recovery over the medium term, with a focus on improving outcomes that matter to patients; £19million is allocated in 2023-24 for this. This allocation will also support NHS recovery, with a

focus on delivery of high value interventions that ensure improved outcomes for patients and support service sustainability and reducing waits for treatment over the medium term. This investment will give greater focus on delivery of outcomes that matter for patients and will complement the implementation of plans currently being developed to tackle the immediate backlog of patients waiting for treatment.

Taken together, these investments ensure we are on course to deliver against our commitment to invest £1billion for NHS recovery over the course of this Senedd.

We have set aside funding in this budget for ongoing Covid interventions, specifically testing, contact tracing, mass vaccination and provision of PPE to the NHS and social care. This funding has been scaled back, in line with plans, in 2022-23 and will be kept under review as we work through the ongoing challenges of Covid.

There will be a £17.8million increase in funding to support the Education and Training commissioning plan, investing in the future workforce of NHS Wales. This will be our largest ever investment in workforce training for the NHS. We will also continue to provide £7million towards meeting our commitment to establish a new medical school in North Wales.

We are also investing over £657million general capital for Digital Infrastructure, NHS Equipment, and NHS Infrastructure across 2023-24 and 2024-25. With additional capital investments for Social Care of £105million across 2023-24 and 2024-25.

We are also allocating an additional £10million to support the expansion of Flying Start to help meet the Programme for Government commitment to deliver a phased expansion of early years provision to include all two-year-olds (Phase One), with a particular emphasis on strengthening Welsh medium provision. This is also a key element of the cooperation agreement with Plaid Cymru.

Commentary on actions and detail of Budget Expenditure Line (BEL) allocations

1. **A breakdown of the 2023-24 Health and Social Services MEG allocations by Spending Programme Area, Action and Budget Expenditure Line (BEL).**

   Please refer to Annex A.

2. **Indicative Health and Social Services MEG allocations for 2024-25 and 2025-26.**

   The indicative budget allocations for 2024-25 are included in the BEL tables at Annex A. We do not have indictive budgets for 2025-26.

3. **Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes. The baseline for this purpose should be consistent with the baseline set out in the budget narrative and expenditure tables.**

   Please refer to Annex B.

Other information

In addition to the four usual themes of value for money, prioritisation, preventative spending and affordability, and an indication of how the Well-being of Future Generations Act 2015 and its five ways of working have influenced the budget allocations for health and social care, the Committee would like to receive information on the following (where not already covered in the commentary on each Action).

Putting people at the heart of health and social care

4. **Please provide details of how the draft budget allocations for primary care services, including investment in the primary care estate and primary care networks, will contribute to the Welsh Government's policy aim of shifting care from hospitals to primary care or community settings. How will you assess whether the allocations are achieving the intended outcomes.**

In order to reflect the fact that Health Boards will be under severe financial constraints as a result of inflationary pressures, they have been given only a few priorities in terms of guidelines in terms of priorities within their IMTPs. The first priority is the work to implement changes to improve delayed transfers of care and shift to community care. A proportion of the budget will be held back to incentivise closer cooperation between health and local government and to promote a shift to community care from secondary care.

Clusters were established as mechanisms to orientate planning away from individual service priorities and towards the needs of individuals and communities using all the resources available in each cluster area to the greatest effect.

A cluster brings together all local services involved in health and care across a geographical area, typically serving a population between 25,000 and 100,000. Working as a cluster ensures care is better co-ordinated to promote the well-being of individuals and communities.

Clusters are at the heart of the Primary Care Model for Wales, which supports the delivery of the vision in A Healthier Wales of an integrated health and care service focused on promoting health and well-being and designed to deliver access to the right care at the right time from the right professional or service at or close to home. A Healthier Wales recognises people should only go to a district general hospital if this is the only place that the treatment that individual can be provided

During 2023-24, we are accelerating cluster working and making the distinction between their planning and delivery functions. By March 2024, Professional Collaboratives will be established for GPs, pharmacists, optometrists, dentists, allied health professionals and nurses. These Collaboratives are represented at the cluster to optimise multi professional service delivery. To strengthen the cluster planning function, health boards and their local authority partners have established pan cluster planning groups (PCPGs) which, as they embed, can better align local planning with strategic planning at Regional Partnership Board (RPB) level. As RPB and PCPG planning strengthens, this should rebalance the health and care system with its workforce and investment away from hospitals and illness towards a focus on health and well-being in our communities.

A range of national actions to support the rebalancing of the health and care system into a locally accessed wellness service is led through the Rebalancing Care

Programme, the Strategic Programme for Primary Care, the Six Goals for Urgent and Emergency Care. From 2023-24 the Planned Care Programme will begin to drive the implementation of national care pathways designed to move from an episodic, medical model of care to a whole person and lifetime social model with more emphasis on self-care, prevention, and local services.

To help bring local services together to collaborate through clusters and to deliver better access to the right professionals, we are taking the following actions:

General Medical Services

The Welsh Government is investing over £17million in General Medical Services (GMS) through the GMS contract agreement for 2022-23. This agreement was announced on 28 October 2022 as a result of tripartite negotiations between Welsh Government, NHS Wales and GPC Wales and sees contract changes which will improve services for patients and reduce the administrative burden for GPs, enabling them to focus on providing high-quality care.

This will introduce the greatest change to the GMS contract since 2004. Subject to consultation in spring 2023, a new streamlined Unified Contract will come into force from 1 October 2023. The Unified Contract aims to simplify what services all GP practices in Wales must provide. We expect this to remove unnecessary bureaucracy for GPs and their teams, as well as making it clearer for citizens to understand what services that can expect to receive from GPs anywhere in Wales.

We are continuing to take steps to improve access to GMS. In 2019 our Access Standards put us on a path to improvement and ensuring consistency across Wales. Achievement has increased year on year over the past three years, with 89 per cent of practices now achieving all standards. We have continued to build on this approach: in April 2022 we introduced changes to the GP contract to improve access to appointments and to resolve the issues around the ‘8am bottleneck’. The contact agreement for 2022-23 will further lock-in our expectations on access, as practices move from demonstrating they have achieved the Access Standards, to being contractually mandated to maintain them from April 2023.

We are continuing to invest in our primary care workforce to strengthen and improve the capacity within the service. In 2021 we provided an additional £2million funding to support additional capacity in GMS through the challenging winter period. This

was increased to £4million from 1 April 2022 for the next three financial years. To meet the complex health needs of people in Wales, a diverse range of roles working together across primary care is needed. This enables people see the right person for their needs and, importantly, this is not always a GP.

Community Pharmacy

There is continued investment via the Community Pharmacy Contractual Framework to provide the Clinical Community Pharmacy Service and Community Pharmacy Independent Prescribing Service across Wales, supporting people to have access to free advice and treatment in the community, often without the need to wait for an appointment.

Integrated Health and Care Centres

The Programme for Government commitment to develop integrated health and social care community hubs and centres will provide opportunity to support the delivery of seamless services through creating local single points of access and co-location of staff and services delivering integrated care pathways.

Projects will be fully aligned to the principles of the Primary Care Model for Wales and A Healthier Wales: Long Term Plan for Health and Social Care (2019), in providing a whole system approach that demonstrates integration of health, social care, local authority and voluntary sector services. This has facilitated collaboration and consultation to reach a consensus on the type of primary care provision that patients and staff believe gives the best support to people, gives easy access to local services for care and which technological solutions improve access to support self-care.

The vision is focused on flexible functions and adaptable design that supports changing service provision. Feedback from engagement activities has highlighted the following key principles that are important elements of the future development of the primary care estate in Wales:

- The importance of establishing new facilities as a focus for the wider community.
- The need to move away from single partner pure General Medical Services models, in favour of more sustainable, collaborative, co-located multi-disciplinary services.

- The need to optimise the use of the wider public estate (e.g., libraries and community halls).
- Recognition that separation of unscheduled / urgent primary and community care pathways may require different facilities.
- No ‘one-size-fits-all’ design approach – the strategy must be flexible and able to respond to local needs.
- The importance of equity for all patients in terms of access, service offer, and environment is of critical importance.

Rehabilitation Care and Support

Older people who are also frail are more likely to have unplanned admissions and are more susceptible to healthcare associated infections, delirium and difficulties in maintaining good nutrition, hydration and skincare. As a result, frail older people usually have longer stays, higher mortality and rates of readmission, and they are more likely to be discharged to residential care (think frailty, NHS Improvement Scotland).

Frailty pathways, based on immediate assessment of frailty and access to a multi professional teams (comprising as a minimum of geriatricians, older people’s nurses, occupational therapists and physiotherapists) will deliver rapid improvement.

Redesignating wards for older people as step-up or step-down intermediate beds (as we are doing for the community capacity step down to recover work) will only succeed if additional occupational therapists and physiotherapists are deployed to facilitate patients’ rehabilitation and discharge and the principle of not referring to a care home from an acute bed (D2RA) is applied.

To reduce admission altogether, hospital at home (e.g., GP-led or virtual wards); front door turnaround (Stay Well at Home) and Community Resource Teams delivering ‘step up’ as well as ‘step down’ care are critical tools.

The issue at present is too many health boards are retaining their occupational therapy and physiotherapy resource on medical, surgical or orthopaedic wards with no frailty pathway and are not maximising provision of rehabilitation and admission avoidance services. This prevents effective action to reduce length of stay (LOS) and flow.

The Allied Health Professions (AHP) Framework: Looking Forward Together sets the vision for the transformation of AHPs services including increased access, a greater proportion of the workforce in primary and community services, and the increase of community rehabilitation.

The National AHP Lead for Primary and Community Care is a member of the Strategic Programme for Primary Care team and is leading work to develop the AHP Professional collaboratives as part of the Community infrastructure and Accelerated Cluster Development Programme. They are working with a national Primary Care AHP leadership group to agree how best to support the Pan Cluster Planning Groups to commission multi professional services for specific populations.

A 'kick-start' is needed to shift AHP resource into these services. Preferably this would be a statement or requirement to do this as part of either the Strategic Primary Care Programme or the Six Goals programme, which ideally should be underpinned by funding. In 2022, £5million was identified to increase access to allied health professionals in primary and community services. This now should be recurrent from April 2023 in order to ensure the transformation of AHPs from hospital-based provision to direct access primary and community services which 'pull' people out of hospital back home, based on the D2RA pathways and prevent admissions by providing community alternatives to admission. Integrated, community based AHP services will deliver the common aims of all of the National programmes. Without investment it will be difficult to initiate the change required in AHP working and thus support the workforce to deliver the Programme for Government Commitment to increase access to health professionals.

Dentistry

Funding of £167.7million is allocated to health boards for the provision of NHS dental services per annum. This is supplemented by the Patient Charge Revenue giving a total budget of just under £202million. The dental budget has been increased in line with the Doctors' and Dentists Review Body recommendation for 2022-23 with no reduction proposed in the draft budget for 2023-24.

We are currently working on a programme of reform in dentistry which aims to move from a system based on achieving Units of Dental Activity (UDA) to a system that can address inequalities by focussing on the risks and needs of patients but built on a foundation of prevention. This approach will improve access and quality of services.

Since April 2022 dental practices have been offered the opportunity to opt-in to a contract variation that replaces the old Unit of Dental Activity (UDA) measure with volume metrics. With 90 per cent of contracted dental funding now working under reform arrangements good progress has been made in embedding this approach.

The burden of oral disease remains high in the population, despite being predominantly non-communicable and preventable. The primary oral diseases are tooth decay (caries) and gum disease (periodontitis). Oral health disease can be prevented through a combination of dietary modification (reduction in sugar, alcohol, and tobacco consumption), regular toothbrushing with a fluoride-containing toothpaste, and guidance from dental professionals including the supplemental application of fluoride varnish.

Specifically on prevention five per cent of the contract value for each practice participating in contract reform is directly linked to achieving a volume metric on providing fluoride varnish to patients for whom it would be of benefit.

In terms of measuring outcomes dental reform introduces the use of the Assessment of Clinical Oral Risk and Needs (ACORN) tool which categorises patients as Red, Amber, Green for caries, periodontal and social history. The data generated by using this tool will provide a better picture of the oral health of the population and enable us to track improvement at both local and national levels.

Designed to Smile

Designed to Smile (D2S) is a national programme, which follows public health principles of proportionate universalism[i]. It is based on delivering approaches recommended in NICE guidance[ii]. Funding for D2S is included in the overall health board allocations with a total allocation of just under £4million per year. This remains unchanged for 2023-24.

D2S comprises a universal preventative programme for children from birth, integrated within the Healthy Child Wales Programme and a targeted preventative programme for nursery and primary school children, involving the delivery of nursery and school-based toothbrushing and fluoride varnish programmes for children to help protect teeth against decay.

The aims are to start good habits early, by giving advice to families with young children and encouraging regular attendance to a dental practice. This element of

D2S is aligned to the Healthy Child Wales programme and its approach to provision of universal and enhanced support. Children requiring enhanced support are supplied with toothbrushing home packs and feeder cups. All primary schools in Wales are encouraged to participate in the Welsh Network of Healthy Schools, and within that, incorporate good practice for healthy behaviours as part of a 'whole-school' approach. This includes healthy eating for oral health and oral hygiene, and policies on food and drink provision within the setting. D2S works closely with Healthy Schools Co-ordinators and the Nutrition Skills for Life programme. D2S teaching resources are universally available on Hwb (https://hwb.gov.wales/) to support teaching professionals providing oral health education and raising awareness of the importance of oral health.

D2S delivers a targeted preventative programme for nursery and primary school children involving the delivery of nursery and school-based toothbrushing and fluoride varnish programmes for children to help protect teeth against decay. Toothbrushing home packs are also supplied to encourage good habits at home. These aspects of D2S are targeted to more disadvantaged areas of Wales, with approximately 70 per cent of nurseries and schools invited to participate. Children up to and including Year Two (six to seven-year-olds) are included. Additionally, all nurseries with Flying Start status, and all schools with Additional Learning Needs provision are invited to participate.

2022-23 has principally been a recovery year post-pandemic, however we are confident that this programme will be fully re-established in 2023-24.

5. Please provide details of the allocations in the draft budget for prevention and early intervention, and how you will assess whether the allocations are achieving the intended outcomes. Will the allocations enable a 'whole system' joined up approach to improving people's health and well-being, in addition to targeting resources (and achieving measurable outcomes) in areas of key concern.

Our focus continues towards taking significant steps to shift the approach from treatment to prevention and early intervention. This is embodied in the vision we have established in A Healthier Wales, where we place a strong focus on prevention

and early intervention to help enable and encourage good health and well-being throughout life.

Current actions to address prevention and early intervention are embedded across a wide range of activity. Health Boards in Wales have a core responsibility for the health and well-being of their populations, and much of their prevention work will be funded through their core allocations. This includes work they undertake in partnership through Public Service Boards and Regional Partnership Boards. A core purpose of Public Health Wales is to reduce inequalities, increase healthy life expectancy and improve health and well-being for everyone in Wales, now and for future generations. Their core funding through this budget for 2023/24 is £134million.

Due to the strategic planning required by the Well-being of Future Generations (Wales) Act 2015, and through our health in all policies approach which is supported by the Health Impact Assessment (HIA) process, it is often not possible to disaggregate budgets to determine what is specifically allocated to prevention from the totality of government spending. However, some specific examples do exist including the Prevention and Early Years funding with a value of £7.2million per annum, which is allocated to Local Health Boards (LHBs) and Public Health Wales (PHW) to act as seed funding to support prevention activity. For 2022-23, 2023-24 and 2024-25, ministers have directed recipients of the funding to use the majority of it to support efforts to tackle smoking in pregnancy, the establishment of a Help Me Quit in Hospital service, and support for prevention aligned with the Healthy Weight: Healthy Wales strategy. Our governance structures, cross government working and collaborations with Health Boards and PHW enable us to have a whole system approach, and to embed evaluation into projects.

Developing a whole systems approach to the prevention and reduction of those overweight and obese, is entrenched into the Healthy Weight: Healthy Wales delivery plan for 2022-24. Officials are working with PHW and local public health teams to build on the role of seven regional co-ordinators and the wide range of health professionals who form an integral part of the system to make change in our eating and activity habits: and consider how each part of the system plays its part in addressing this change. This is being supported by an allocation of £1.2million through the Healthy Weight: Healthy Wales strategy budget.

Alongside this, funding has been targeted towards specific programmes of prevention and early intervention, including £600,000 to support a Children and Families pilot, which is being trailed in Ynys Mon, Merthyr Tydfil and Cardiff; and £1million for the development of an All-Wales Diabetes Prevention Programme (AWDPP), which is delivered across all seven health boards. Evaluation has been built into these programmes, with specific programme boards developed to support delivery and monitor success. Each programme within the Healthy Weight: Healthy Wales, delivery of the revised All-Wales weight management pathway has commenced across all seven health boards. Level one of the pathway focuses on prevention and early intervention and health boards have been supported in developing their delivery plans to support local populations. A national level one digital offer for wright management has been developed by PHW to support this work further, and officials are monitoring success through regular monitoring and discussions at the Evaluation, Research and Outcomes sub-group as specific agenda items arise.

We also have a significant focus on improving chronic condition management to reduce disease progression and the risk of developing secondary complications. Our approach is set out in a series of quality statements for major clinical services, such as heart disease, stroke, respiratory disease, kidney disease and neurological conditions. These statements set out what good clinical services should look like to support the NHS in Wales to plan services. They also include nationally agreed clinical pathways and clinical management guidelines to support NHS services to focus on delivering excellent chronic condition management. We have clinical leadership teams in place in these condition areas that work with services to collect data and improve core provision. For instance, the quality of routine disease management for COPD and asthma is monitored through the National Asthma and COPD Audit Programme. The national clinical lead for respiratory medicine works with health boards in Wales to respond to these findings and develop supportive tools that can help to encourage more consistent and hight quality healthcare interventions. This is supported by patients' groups, pulmonary rehabilitation and the provision of self-management apps that can help people to become experts in managing their condition.

We are also developing a Quality Statement for Diabetes that will have a key focus on key care process completion, access to structed education, the achievement of

treatment targets and the introduction of remission service for people with type 2 diabetes. This will build upon the Diabetes Remission Project for 150 patients across Wales to facilitate weight loss and diabetes remission and/or regression. It will enable dieticians across all seven health boards to provide intensive support to 150 patients over a 12-month period and 100 per cent funding of the meal replacement product. Clinical trials have shown that weight management is an effective intervention for those with pre-diabetes in preventing progression onto diabetes and to place type 2 diabetes into remission. The intervention involves withdrawal of antidiabetic and antihypertensive drugs, a total diet replacement formula of 825-853 calories daily for three to five months, followed by the stepped re-introduction of food over two to eight weeks, and structured support for long term weight loss maintenance. Participants will be given intensive diabetic support over a period of 12 months which includes cognitive behaviour therapy.

In addition to this people who are referred onto new pathways of care

will be referred to sources of guidance and support necessary to maximise their chances of successful outcomes, including on healthy behaviours and issues specific to their condition.

Importance of Vaccination – as a preventative health measure

Vaccination is a critical part of NHS Wales delivery to protect our citizens and communities and has an important role in both prevention and response to serious disease. The World Health Organisation estimates that vaccination prevents up to three million deaths worldwide every year. Vaccinations have a positive preventative effect on severe disease – reducing the number of people who need healthcare and saving people from harms which can have lifelong effects – and mortality for our population.

Ensuring that we are all immunised against diseases is important for our personal health management and in preventing both epidemics and severe levels of illnesses which could overwhelm the NHS. There is also a strong value for money element to vaccination as a health prevention mechanism. Evidence suggests, for example, the financial return on investment of the UK MMR programme was approximately 14:1.

Through the National Immunisation Framework, published in October 2022, we are applying lessons learned from the pandemic and informing decisions on deploying all vaccination programmes. Through making vaccination more accessible and acceptable, our aim is to make sure that we maximise uptake and ensure equality. Fundamental to this aim are patient centred services to improve health and well-being and protection from preventable harm for the current and future generations in Wales.

We are now implementing the National Immunisation Framework and the NHS Executive will have a key role to play in this going forward. A whole system approach is needed to engage in a culture of improvement. In line with the principles of prudent healthcare, it is essential to promote systematic efforts to reduce inappropriate variation, by using evidence-based practices consistently and transparently.

Service efficiencies are also an important element the new Framework and our approach to vaccination. We have seen this with the introduction of co-administration of the autumn COVID-19 booster and flu vaccination this winter. We will continue to look for opportunities like this across our vaccination programmes.

Health board accountability will remain unchanged, with boards assessing local need, commissioning, performance managing and evaluating provision in line with the national strategic direction. Our intention is to support that process, enable improvements and maximise uptake across all immunisation programmes.

6. **Please outline how your priorities for mental health and well-being are reflected in the draft budget across Welsh Government portfolios and MEGs, and how the impact of the allocations will be assessed to ensure they are achieving the intended outcomes. Please also provide details of:**

    - **Any reductions or increases relating to specific mental health allocations compared to previous years (e.g., grants being reduced or increased, or being introduced or removed).**
    - **Allocations in the draft budget relating to mental health services; children and young people's mental health and well-being; dementia;**

autism and neurodiversity; and implementing 'Healthy Weight, Healthy Wales'.

Mental Health

We will continue to prioritise mental health and well-being, demonstrated by the fact that despite ongoing budget pressures, we have prioritised the protection of the mental health and well-being aspects of the budget.

We will prioritise the implementation of the mental health workforce plan, which includes NHS, local authorities and the voluntary sector. The development of this long-term plan for the mental health workforce is a key action in our Together for Mental Health Delivery Plan to support service improvements and to ensure a stable and sustainable mental health workforce.

Within the NHS Planning Framework 2023-2026, mental health and CAMHS has been defined as one of the ministerial priorities and this will enable a vehicle for us to assess the impact of allocations.

Modelling undertaken to inform the preparation for the Welsh Government published in March 2022, suggested a potential increase of between 20 to 40 per cent in primary care mental health services and 20 to 25 per cent in secondary services (based on NHS benchmarking and published data). This evidence allowed us to secure additional resources to support mental health and well-being with £50million in 2022 to 23, £75million in 2023-24 and rising to £90million in 2024 to 25.

Within 2022-23 the £50million has included around £25million to directly support mental health services, with the remainder of funding being utilised to support key areas which impact on mental health including substance misuse issues, employability and prevention. This enabled us to ensure we both supported the recovery of services but that we retained flexibility to support the service developments identified with the Together for Mental Health Delivery Plan 2019-2022.

Mental Well-being

Improving the mental well-being of Wales is at the heart of everything we do, thanks to our ground-breaking Well-being of Future Generations Act and is included within Connected Communities, our strategy for tackling loneliness and social isolation, and our mental health strategy, Together for Mental Health.

Our new national milestone aims to improve adult and children's mean mental well-being and eliminate the gap in mean mental well-being between the most and least deprived areas in Wales. To achieve this, we will identify and understand interventions that help people feel resilient and part of a community and look at evidence to support these and other interventions. We will recognise what is already happening across Wales and determine where there are gaps, and we will bring this all together with tangible actions in the mental well-being section of the new mental health strategy for Wales.

Substance Misuse

Substance misuse is a major health issue which affects individuals, families and communities. Tackling substance misuse, and the stigma associated with it, continues to be a priority for the Welsh Government.

We currently invest almost £64million in our substance misuse agenda, of which over £36million goes to our Area Planning Boards through our Substance Misuse Action Fund. These allocations increased by £11million from £25million to £36million in 2022-23 as part of the Budget.

This includes:

- £3million to support ongoing alternative Opioid Substitution Therapy (Buvidal) for at-risk ex-heroin users.
- £4million to help address waiting times, implement recommendations within the Alcohol-Related Brain Damage Framework and support service improvements including developing trauma informed services.
- An increase of £1million to the residential rehabilitation ring-fenced allocation to support the rise in demand for these services since the onset of the pandemic.
- An increase of £1million to the ring-fenced children and young people's allocation to £3.75million. In addition, we have committed to increase this amount to £5.25million and £6.25million in 2023-24 and 2024-25 respectively.
- £2million to support services for people with housing and complex needs, including co-occurring mental health and substance misuse. We know the pandemic has disproportionately affected those with the most complex needs and vulnerabilities. This funding will also increase over the coming two years to a total of £4.5million in 2024-25.

We are currently considering the successor to the current Substance Misuse Delivery Plan 2019-22, which will be developed in the coming year. Early engagement on this has already commenced with key stakeholders. This will also include the development of a Substance Misuse Outcomes Framework to ensure we are measuring the impact on intended outcomes.

Neurological services

We continue to prioritise improvements in neurodevelopmental services, on 6 July we announced an additional £12million funding over three years up to March 2025, £4.5million is available in 2023-24 to deliver an improvement programme taking a whole systems approach focussing on early intervention, family support and sustainable assessment and support services. We will separately continue to support and develop the successful Integrated Autism Service and the National Autism Team which is supporting delivery of our improvement aims.

Healthy Weight: Healthy Wales

The delivery of Healthy Weight: Healthy Wales is being supported in 2022-24 by an allocation of £6.6million per annum. Across this period, children, young people, and adults will be supported in achieving and maintaining a healthy weight through a range of evidence-based programmes which have been developed with evaluation built in to monitor success.

School Health Research Network (SHRN) Student Health and Well-being survey

The SHRN Student Health and Well-being Survey, which takes places every two years, provides high quality data on the health and well-being of young people aged 11–16 in Wales. More than 120,000 students took part in the survey in 2021/22. A feasibility study is currently also being undertaken on extending SHRN and the associated survey to the primary school sector.

Budget

Earlier this year, the Minister for Education and Welsh Language and Deputy Minister for Mental Health and Well-being agreed to jointly make available:

- £433,019 in the 2022-23 financial year and £257,210 in the 2023-24 financial year for work on the SHRN Student Health and Well-being Survey in secondary schools.

- £438,982 in the 2022-23 financial year and £455,370 in the 2023-24 financial year for completion of a feasibility study on extending SHRN and the associated Student Health and Well-being Survey to primary schools.
- The budget is split between BEL 0231 Health Improvement & Healthy Working and the Whole Schools Approach programme within BEL 0270 Mental Health.

Value of SHRN

The high-quality data gathered is being put to a number of uses:

- to monitor a range of health and well-being indicators (e.g., mental well-being, healthy lifestyles), used not only by Welsh Government but schools, local authorities and a range of partners such as Estyn, as well as for international comparisons.
- for schools to plan and monitor their own health and well-being policies and activities, particularly important in light of curriculum changes in Wales.
- to inform the evaluation of Welsh Government priorities, such as the Whole School Approach to Emotional and Mental Well-being.

A data infrastructure facilitates data linkage studies and assists with attracting research funding to Wales (e.g., the Wolfson bid had a theme designed around SHRN). Investment has allowed us to expand the reach of study, with the large sample size allowing further analysis of protected characteristics, something not possible with many existing data sets of this nature. The ability to extend this work to the primary school sector is helping to tackle a longstanding evidence gap. Working across policy areas in a joined-up way is seen as being particularly important, given the important role school plays in the health and well-being of young people.

Social Prescribing

We are committed to developing and introducing a national framework for social prescribing which delivers a vision of social prescribing in Wales that is of a consistent, high-quality standard across the country. A quarter of a million pounds has been committed for 2023-24 and 2024-25 to assist the delivery of a work programme supporting the implementation of a national framework for social prescribing.

7. How will the draft budget allocations mitigate the public health impact of the rising costs of living, including the impact on the physical and mental health and well-being of people in Wales, unpaid carers and the health and social care workforce.

The Welsh Government recognise the impact of the cost-of-living crisis on the health and well-being of the population, and we are doing everything we can to support people through this cost-of-living crisis by providing targeted help to those who need it the most and through programmes and schemes which put money back in people's pockets. In this financial year, this is worth some £1.6bn across the totality of the Welsh Government budget.

The draft budget allocations will continue to offer support to those in the most need, through a variety of gross government programmes and schemes. For example, we will continue to offer Healthy Start vouchers to provide extra support to purchase healthy fruit and vegetables during pregnancy and for parents of young children. We will also continue to invest in our whole system approach to improve mental well-being in schools and easy to access mental health support, for instance our CALL helpline and online therapy.

Cabinet have agreed in the draft budget to maintain funding for the Discretionary Assistance Fund at current levels for the next two financial years (£38.5million), providing an additional £18.8million per annum on to the baseline budget. The Minister for Social Justice is exploring policy options regarding the current flexibilities and the operation of the new contract beginning in April 2023 and will make an announcement when plans are finalised. Partners report this fund is an essential lifeline, particularly during the cost-of-living crisis. Since April 2022 it has provided nearly £20million of support to our most financially vulnerable, which includes support for off-grid fuel payments.

There will continue to be collective efforts to put money back into people's pockets, through programmes like the free childcare offer, universal free school meals as well as maintaining existing support, such as free prescriptions.

We recognise the impact being out of work can have on the well-being of the workforce, and our draft budget will enable us to provide continued In-Work Support until March 2025 that builds upon the current European funded In-Work Support Service to expand the support from its current delivery in North and Southwest

Wales to all of Wales from April 2023. This will enable a greater number of people who are absent from work, or at risk of becoming absent due to their physical or mental ill-health, to receive free occupational health support to remain in work.

We are also providing continued employability support for people who are recovering from mental ill-health and/or substance misuse and who are out of work. This peer mentoring support is being provided until March 2025 and will help the most marginalised people furthest from the labour market into sustainable employment, raise household income and provide a route out of poverty bringing security to individuals, families and communities.

The draft budget provides for the continuation of our successful Carers Support Fund. Established in 2020, the fund aims to mitigate the financial impact of the rising cost of living on unpaid carers via direct grants and the development of local support services. The fund has proven successful in reducing immediate financial hardship whilst also linking more unpaid carers to ongoing support. Since its launch it has benefitted over 10,000 unpaid carers. In 2021- 22, 33 per cent of beneficiaries were previously unknown to services. In some areas this figure was as high as 70 per cent. Therefore, via this scheme, more unpaid carers are accessing preventative support to improve their mental health and well-being.

Real Living Wage

Introducing the Real Living Wage for social care workers has been a priority for the Welsh Government and a key commitment in our programme for government to build an economy based on the principles of fair work, sustainability and the industries and services of the future. Delivering improved pay through the uplift of the Real Living Wage included in our draft budget will help to address low pay associated with the sector, support the cost-of-living crisis and increase the attractiveness of social care work. The Real Living Wage makes a difference to lives and livelihoods and it is the difference that ensures work pays and living costs can be met.

The urgency of the recruitment and retention crisis in the social care sector will also have a major impact on other key priorities across health and social care. Social Care workers play a key role in supporting the vision of A Healthier Wales that everyone in Wales should have longer healthier and happier lives, able to remain active and independent, in their own homes, for as long as possible. The Real Living Wage uplift will provide some assurances around the loss of workers from the sector

and will support the wider agenda in increased burdens on unpaid carers, tacking delayed transfers of care from hospital, reduced hospital admissions, a reduction in the number of people who are able to receive care at home and increased pressure on care homes.

Innovating for improvement

8. **Please outline how the Draft Budget will support the development of a 'whole system approach', with greater integration of health and social care, as described in A Healthier Wales. In particular, please explain how the Draft Budget balances the need to meet existing service pressures with the need to transform services and develop new models of care.**

Significant funds have been provided through Regional Partnership Boards (RPBs) to support Health and Social Care partners to work closer together and develop six national models of integrated care that will offer preventative, seamless services for people in the community.

These resources include the five year Regional Integration Fund, providing £144.6million a year of revenue funds to support transformation and the newly established £50million Integration and Rebalancing Capital Fund which is directly supporting the Government's ambition to establish 50 integrated health and care hubs across Wales.

The Regional Integration Fund will establish six national models of integrated care, all of which are designed to take an integrated, whole system approach with a key focus on prevention. However, three of the models are specifically and directly working to create community capacity that is essential to addressing our system pressures. These are:

- **Preventative community co-ordination:** Supporting activity like social prescribing and helping people connect with support service local to them.
- **Complex care closer to home:** Helping people to stay well at home and prevent the need for hospital admission
- **Home from hospital:** Helping people to move from hospital back closer to home, into their community safely and swiftly with the aim of preventing the

detrimental deconditioning that occurs with unnecessary extended stays in hospital

RPBs have bolstered the projects directly contributing to building community capacity in readiness to support the winter pressures, providing an additional >360 step down beds to date.

The remaining three models of care which will also play a role in reducing pressures on statutory services focus on:

- Promoting good emotional health and well-being.
- Helping families to stay together and therapeutic support for children who are looked after.
- Accommodation based solutions.

9. How will service transformation and integration be supported in the longer term to achieve sustained progress on the transformation agenda, ensure a focus on rolling out and mainstreaming the learning from successful pilots, and avoid reliance on continued additional funding. How will the Regional Innovation Fund be deployed and what measurable outcomes is Welsh Government expecting?

The Health and Social Care Regional Integration Fund (the RIF) builds on the learning and progress made under the previous Integrated Care Fund (ICF) and Transformation Fund (TF) and will seek to create sustainable system change through the integration of health and social care services. The main aim of the RIF is to establish and mainstream at six new national models of integrated care. Following on from the investment made and testing conducted by the ICF and the TF these six models of care are in various degrees of development, with some project activity now at the stage of being ready for mainstreaming with others still in early stages of development.

An outcomes framework has been developed for the RIF. This presents two high-level specific person-centred intended outcomes as well as a suite of indicators and measures for each Model of Care. The outcomes framework provides examples of what is expected from the national models of integrated care. Results Based

Accountability (RBA) is being used to measure progress, and to understand and report the role that the national models of integrated care have played in supporting people (i.e., whether they have worked, what has been changed, and what has been learned). This reporting methodology also captures people's experiences of the national models of integrated care, to show what worked, for whom, and in which contexts/circumstances. This will provide a richer understanding of the impact and benefits of an outcome in improving people's well-being needs.

It is expected that there will be consistency in the use of valid tools (measures) for the funded national models of integrated care and support services. This will include tools that indicate/measure distance travelled by individuals as a result of the support they have received. Regions have been encouraged to use standardised tools such as *Most Significant Change*, Outcome Stars, and measures such as the Warwick Edinburgh Mental Well-being Scale (WEMWBS) and the EQ-5D. The aim of providing both the outcomes framework and a robust monitoring and reporting process to ensure consistency and comparability which was a challenge for both the ICF and TF evaluators.

In addition, the RIF is a five-year fund that has long term sustainability at its heart by the way of match funding. Currently, partner match funding is expected from year one with 10 per cent expected for accelerating change and 30 per cent for embedding models.

Alongside long-term funding, this tapered support is a key feature of the RIF. Its purpose is to ensure national models of care are embedded and mainstreamed into core service delivery by attracting support from the core budgets of statutory organisations. However, we recognise that the financial landscape has shifted since the launch of the RIF and we may need to review our ambitions on this in the short to medium term future.

RIF has helped to contribute to the 500 additional community care beds or equivalent, which will help delayed transfer of care this winter.

10. Please provide an assessment of the revenue and capital costs of delivering the Welsh Government's vision for digital and data, as described in A Healthier Wales, and including increased support for

digital and virtual care. This should also include details of spending on digital which has been funded through the Regional Innovation Fund*, and details of the proportion of spending through the RIF that has been spent on digital and data. *(*Please note, RIF is Regional Integration Fund).*

The Digital Priorities Investment Fund (DPIF) budget for 2023-24 is £45million Revenue and £20million Capital. This will deliver Digital Transformation within Health and Social Care sectors, as originally outlined in A Healthier Wales and re-validated in the refresh Digital Health and Social Care Strategy.

DPIF is targeted with supporting the transformation of health and social care in Wales. It does so by providing strategic funding for digital projects and programmes in health and social care which create benefits for citizens and professionals. These projects and programmes include strategic priorities such as:

- the Digital Services for Public and Patients (DSPP, developing the NHS Wales App),
- the National Data Repository (NDR, the centralisation of patient records to make this data accessible across systems and across health board boundaries),
- the Welsh Community Care Information System (WCCIS, the sharing of health and social care records seamlessly between health boards and local authorities) and;
- the Digital Medicines Transformation Portfolio (DMTP, the digitisation of the prescriptions and medicines journey across Wales, previously referred to as ePrescribing).

In 2023-24, DPIF already has commitments of around £31million of the £45million revenue budget. We will be approving further proposals from NHS and Social Care organisations in the next few months. These all contribute to the PfG commitment of “Invest in and roll-out new technology that supports fast and effective advice and treatments.

As part of our working process, with Digital Directors in the NHS, we challenge proposals to ensure that each one delivers value to patients and professionals quickly, commensurate with the investment they are seeking.

We have ring-fenced money within DPIF for the Digital Medicines Transformation Portfolio, a PfG commitment ("Introduce e-prescribing and support developments that enable accurate detection of disease through artificial intelligence"). To ensure that this continues with the pace demonstrated to date, £8.7million has been committed recurrently for 2023-24 for Digital Medicines, with a further £4.3million ringfenced for proposals expected in the coming months. We also intend to ring-fence money within DPIF for artificial intelligence proposals to allow these to be funded. We are currently working with stakeholders in the NHS and Social Care to determine the type of proposals we can expect and how they would address this part of the commitment.

There is a clear recognition that technology has an increasing role to play in helping people to self-care, stay well and live independently. This became increasingly evident during the Covid 19 pandemic which forced individuals, communities and service providers to think differently about how they supported people's individual well-being. Our aim is that by the end of the five-year Regional Integration Fund we will have established and mainstreamed at least six new national models of integrated care so that citizens of Wales, wherever they live, can be assured of an effective and seamless service experience in relation to:

- Community based care – prevention and community coordination
- Community based care – complex care closer to home
- Promoting good emotional health and well-being
- Supporting families to stay together safely, and therapeutic support for care experienced children
- Home from hospital services
- Accommodation based solutions

To effectively deliver these national models of care, Regional Partnership Boards were asked to consider and make good use of several key enabling tools, one of which was technology and digital solutions, with examples including:

- Self-care apps
- Digital reporting solutions
- Home technology and SMART homes

- Virtual information, advice and consultation

Given that digital systems are built in as an integral part of the delivery of these six models of care, we do not hold specific financial breakdown on the level of investment in technology and digital solutions.

Health and social care workforce

11. Please explain how the Draft Budget will contribute to the delivery of a sustainable health and social care workforce and will reduce and control spend on agency staff.

Workforce issues will continue to be a significant concern going forwards. Continuing recruitment of fully trained registered professionals and healthcare workers will be very challenging in the aftermath of several years of focus on Covid 19 and in a competitive employment market, with skills shortages and global workforce challenges for the health and social sectors.

We are providing a sustainable solution to Welsh NHS staffing by investing in the training of people for the future. In 2023-24 we are making our highest ever financial investment in workforce training, but we must also focus on ways to deploy our existing and future workforce more effectively. There are no quick fixes, however we must look at all innovative approaches to change not only our ways of working but also our ways of thinking. One area of particular focus will be the use of agency workers and actions that can be used to reduce spend in this area.

We are very concerned about the level of agency and locum expenditure and will be working with the relevant organisations to focus on managing this expenditure whilst working closely with trade unions. It is our aim for work to be carried out quickly to clearly understand the current position, reducing expenditure and reliance on agency and locum staff as soon as possible, and to ensure we are in a better position going forward. Through a national framework we will consider limits and targets for agency and locum deployment and expenditure, underpinned by standard operating systems.

Real Living Wage

Rising living costs and pay disparity in the social care sector mean that pay and conditions are accepted as significant factors in recruitment and retention within domiciliary care and care homes. The pandemic has placed even more pressure on this already struggling sector and has reinforced the importance of having a workforce strategy that crosses both health and social care. Provision of the Real Living Wage uplift will have a longer-term beneficial effect on sufficient care being delivered and could ease the pressure across the health and social care system.

Workforce and Sustainable Social Services Grant

In recognition of the important role that local authorities play in delivering core social services, the Welsh Government has provided recurrent funding to the sector in the form of a Workforce and Sustainable Social Services grant. The criteria for the use of the grant have been broadly set. Local authorities have been able to use the funding to support increases to pay, but also for other interventions aimed at supporting the delivery of sustainable social care services to ensure that they were better placed to meet increased or unexpected demand. This grant has been issued annually to local authorities since 2019 and will be £45million for 2023-24.

To support the development of a qualified workforce we are providing over £1.4million in 2023-24 to improve the financial package of support for the Social Work degree continuing the Bursary uplift for new students starting in 2022 and an uplift for existing students. In addition to this within the Social Care Reform Fund [£400,000 of] funding is being provided to continue to support the delivery of the Programme for Government commitments to Increase apprenticeships in social care and to recruit more Welsh speakers into social care.

Within the core SSID budgets funding was allocated to support the Social Care Fair Work Forum's work in improving terms and conditions for social care staff. This includes developmental work on a pay and progression framework for the sector; a framework for collective bargaining to be tested with the sector; as well as developing a campaign to increase awareness of workforce rights amongst staff and securing a stronger voice for employees.

Social Care Wales has also been funded across 2022 to 2025 to support the sector with innovation and across social care. This includes coaching support to build relationships, confidence, and skills in innovation and developing an approach to skills building to help embed innovation into practice. This will identify the skills people need, those they have, where they can access skills development and any gaps or further development needed.

SCW will continue to lead on the Joint HEIW and SCW Workforce Strategy for Health and Social Care was published in 2020. It is a ten year plan for the sector, with actions across seven themes which are: An engaged, healthy and motivated workforce; attraction and recruitment; seamless workforce models; building a digitally ready workforce; excellent education and learning; leadership and succession, and workforce supply and shape. The Social Care Wales workforce development grant programme (SCWWDP) is a large fund to help the social care sector workforce develop in Wales. The grant helps fund a range of work programmes, including learning, development and qualifications. Also, the WeCare.Wales campaign promotes a variety of roles available in social care through web based materials and television adverts. These web-based materials are used across the independent and public sector to support recruitment into care roles for example through careers fairs, work with employability partners such as Careers Wales, and other outreach activities. All this is aimed at promoting the profession and making it sustainable for the long term.

12. What provision has been made in the draft budget to build and maintain the morale and physical and mental health and well-being of the health and social care workforce, including volunteers and unpaid carers, and how will you assess the impact of these measures.

Unpaid carers consistently state that not being able to take a break from caring has a negative impact on their mental health and well-being. In response, we are investing £9million over three years to set up a short breaks scheme; £3.5million is allocated to the scheme in 2023-24. Following a competitive process, Carers Trust Wales (CTW) has been appointed as the national coordinating body and will work with Regional Partnership Boards and the third sector to develop locally based projects that provide unpaid carers with a choice of a short breaks tailored to meet their

individual need. CTW will also evaluate the impact of the scheme. A short break could be anything from the chance to learn a new skill, visit the gym, purchase garden furniture or take a trip away. The key aim is to provide unpaid carers with a chance to de-stress and take action to maintain their own health and well-being.

We also continue to fund Carers Wales to deliver the Carer Well-being and Empowerment project. Funded via the Sustainable Social Services third sector grant scheme, the purpose of the project is to inform, support and empower unpaid carers to manage their caring role whilst looking after their own health and well-being. Carers Wales supports unpaid carers to look after their own well-being, do what matters to them and make the most of their lives.

One million pounds is allocated to health boards to support unpaid carers when the person they care for is admitted to or discharged from hospital. Evidence from local health boards and their carer partnerships regarding how the allocation was utilised in 2021-22, show examples of activity already underway to improve communications with unpaid carers in the hospital setting, and engage them in the discharge process.

In terms of mental health and well-being support for health & social care staff, we will continue to support the Canopi service which has been contracted by Welsh Government for three years up to 31 March 2025 at £1.5million per annum.

Canopi offers access to free, non-emergency, confidential, mental health and well-being support to all NHS and Social Care staff working in Wales.

Canopi aims to:

• deliver sustainable, high quality, multi-tiered psychological and mental health support to the NHS and social care workforce in Wales.
• build and increase collaboration with organisations across social and health care.
• contribute to the positive promotion of mental health.
• work alongside and complement existing mental health and well-being support services.
• enable disclosure for those who feel unable to access employer-based services.

Canopi was formally launched on 26 May 2022 (the predecessor service being Health for Health Professionals Wales). Since its launch, Canopi has seen a continual trend towards growth and increased sector awareness in both health and

social care staff and have supported 1,500 clients from both sectors. Canopi will continue to co-produce the service with people with lived experience, reflect prudent care principles and adopt a continual service improvement approach. The developing needs of the workforce will be regularly reviewed, assessed, and addressed through strategic collaboration, data analysis and feedback.

Health inequalities and inequities

13. Please outline how the Draft Budget will contribute to the reduction of health inequalities, this should detail how the Draft Budget will ensure that the most disadvantaged are prioritised, and that there is fair access to health and care services in rural areas. The Committee would also welcome information about how the Draft Budget will target inequalities which have been exacerbated by the pandemic, or those resulting from a disproportionate impact of the pandemic on the health or well-being of particular groups (such as older adults, people from black and ethnic minority communities, or people on low incomes or who are otherwise financially insecure).

We aim to improve mental health and well-being by reducing inequalities through a focus on strengthening protective factors. There is a specific focus on this approach as part of the current Together for Mental Health Delivery Plan for Wales. This was a particular focus when we refreshed the plan in October 2020 as we strengthened those areas that are protective for good mental health. This is underpinned by a range of commitments being taken forward across different Welsh Government departments, such as improved access to financial inclusion and advice services and programmes that support people with mental health conditions into employment or to remain in work. This work is monitored through the Welsh Government's Mental Health and Substance Misuse Programme Board. Membership of the Programme Board includes officials from relevant Welsh Government Departments.

The attainment of the Well-being Goals of the Well-being of Future Generations (Wales) Act 2015 is a key driver in all our policy decisions. Given, this includes A Healthier Wales and A More Equal Wales, action on health inequalities is mainstreamed across the breadth of Welsh Government activity and budget

allocations. Our health in all policies approach (supported by the Health Impact Assessment process) and our integrated approach to setting budget allocations, means it is not possible to quantify exact figures from the totality of budget allocations which are solely related to reducing health inequalities.

However, specific examples of government spending which contribute significantly to tackling health inequalities include our Flying Start programme and our work to address two of the biggest causes of health inequalities in Wales: obesity and smoking. Over the course of the pandemic, smoking and obesity were identified as key risk factors which contributed to poorer outcomes for people who contracted COVID-19. Given smoking and obesity rates are generally higher amongst certain groups of people (including those living in the most deprived areas and those from some ethnic minority backgrounds), we know these risk factors played a key role in exacerbating health inequalities over the course of the pandemic. On obesity, our Healthy Weight: Healthy Wales 2022-24 Delivery Plan features action to reduce diet and health inequalities across the population at its core. On smoking, our Tobacco Control Strategy and our first two-year delivery plan for 2022-24 features tackling inequality as one of the strategy's core themes.

Turning to core allocations made to local health boards, ministers expect action on health inequalities to be at the core of all of the NHS's work. In this regard, the NHS Planning Framework issued to local health boards confirms that action on health inequalities should be a golden thread throughout Integrated Medium-Term Plans. For this reason, similarly to the Welsh Government, it is not possible to distinguish specific aspects of health boards' core funding allocations which are directed solely to addressing health inequalities. Nevertheless, specific examples of programmes of work involving health boards which contribute to efforts to address health inequalities include the recent designation of the Gwent Public Service Board area as a Marmot Region, and also the Well North Wales project.

Delivering a post-pandemic reset

14. Please explain how the pandemic has influenced allocations to budget lines within the Health and Social Services MEG and provide examples of any

changes made to allocations as a result of COVID-19. In answering this question, please address:

- **The assumptions underpinning allocations made as a result of the pandemic, including how you will ensure there are sufficient contingency funds in place should the situation escalate from Covid Stable to Covid Urgent.**
- **Allocations that have been made to support additional service capacity or additional staff resource as the response to the pandemic continues, including primary, community and hospital services, social care, public health, and the vaccine programme.**
- **Allocations for mental health support services for the health and social care workforce.**
- **Allocations that have been made to ensure the maintenance of an adequate and appropriate supply of PPE.**

Our assumptions in the budget allocation for the continued support for Covid are based on a Covid Stable scenario, that is, we expect to encounter additional waves of infection and expect new variants to emerge, and some may become dominant. But these waves will not put unsustainable pressure on the health and social care system. Vaccines and other pharmaceutical interventions are expected to remain effective in preventing serious illness, in the vast majority of cases. We consider this the most likely scenario, but on-going surveillance will be important to aid our policy and planning not only for Covid but for future pandemics.

Our funding will support a Covid Stable scenario and provide the basis to enable us to plan and step up in a Covid Urgent scenario. New variants could emerge that have a high level of vaccine escape or other mutations that put large numbers of people at risk of severe illness, as seen during the alpha wave in December 2020. The funding does not cover the implementation and potential scale up of activity that may be required in a Covid Urgent scenario.

The main programme areas the funding will support include:

- Test and trace
- Surveillance
- Vaccination programme

- PPE provision to the NHS and social care

The planned funding also provides additional capacity within the health protection system to support screening for asylum seekers, communicable disease outbreaks and winter planning.

During 2022-23, we have scaled back elements of our Covid response in line with the removal of legal restrictions at the end of May, and have rolled out a successful vaccination programme resulting in less harm and serious illness. We have significantly reduced our testing and tracing activity and, with fewer outbreaks, seen a reduction in demand for PPE. Our funding for 2023-24 will provide additional service capacity within health and care in the key areas listed, as we transition to longer term sustainable arrangements.

Our plans for 2023-24 enable us to maintain a health protection system that manages Covid stability for the future. This will include maintaining a base level of infrastructure in order to be able to flex upward, should the need arise. This funding will be kept under review as we work through the ongoing implications of the status and level of Covid infections, other threats and hazards and ensure we are prepared for future pandemics. This will build on the learning, investments and capability we have developed in our response to the Covid pandemic including the NHS Wales laboratories testing facilities, tracing systems and genomics.

We have also invested in own approach on surveillance, statistical modelling and early warning. This will help us to identify any future threats including changes in Covid variants. This all strengthens our emergency response to future threats and maintaining the level of countermeasures needed, including PPE and medicines, in order to respond effectively when needed.

We have also invested recurrently in new, specific programmes, that were put in place as a result of the Covid pandemic, for example:

- Long Covid Adferiad (Recovery) Programme
- Continuation of online STI testing – started during the pandemic to support the existing service.
- R&D Covid evidence centre

One of our key investments has been the Covid vaccination programme that will continue into 2023-24, with funding set aside to support delivery. As referenced earlier in this response, this is now our key preventative measure that has had the most impact in reducing the spread of Covid and the severity of symptoms when individuals get the virus. Following publication of The National Immunisation Framework for Wales, the focus now is on implementation of the priorities and new ways of working it describes. With a transition towards a more sustainable, business-as-usual footing, all vaccination programmes are integrated and the lessons from our pandemic experience are learned and applied across our vaccination programmes.

Service efficiencies are an important element in the new Framework and our approach to vaccination. We have seen this with the greater focus on co-administration of the autumn COVID-19 booster and flu vaccination this winter. We will continue to look for opportunities like this across our vaccination programmes.

As described above (p.34), addressing the mental health and well-being support for health and social care staff will continue to be supported by the Canopi service, which has been contracted by Welsh Government for three years up to 31 March 2025 at £1.5million per annum.

We have set this budget based on Covid stable and will continue to maximise every pound of funding to support core front line services as they continue to recover. Our ability to flex and respond if Covid response costs are rising is limited within the HSS MEG and if we have to move to a higher level response, the contingency measures will require a whole Government effort.

15. What allocations are included in the draft budget for tackling the waiting times backlog. In your answer, please explain what assessment has been made of the impact and outcomes of resources allocated during 2022-23, and how allocations in the 2023-24 draft budget will be targeted.

We have allocated £170million this year to health boards in Wales to address the planned care backlog. This money is recurrent for the NHS and will be utilised to support the delivery of the transforming planned care recovery and transformation

programme launched in April 2022. The Minister has been clear that it will take the whole Senedd term for the NHS to recover from the pandemic.

The additional £170million investment

The monies were put into the system in advance of the programme launch in April 2022. As such, organisations made individual choices as opposed to being led by the strategic direction we now follow. This has meant opportunities such as regional working were being missed, however some regional opportunities are now being developed, such as regional diagnostics.

Organisations focused the resources largely in the following areas:

- Maximizing internal capacity
- Bringing infrastructure on site – e.g., operating theatres
- Additional capacity with private sector
- Diagnostics
- Improvements in urgent care pathways to reduce the possibility of cancelations

Key headlines from the specialty data summary received by the FDU include:

- Ophthalmology £18million, activity 39,945
- Orthopaedics £13million, activity 18,519
- Planned Care / Various /Multiple specialities accounts for c. £42million
- Unscheduled Care/Urgent Care/Medicine £22million

We have seen added capacity in outpatients, but it has taken time for this data to come through, and it is not represented in every specialty.

£15million planned care transformation fund

To date there has been £3.4million of the planned care transformation fund been issued in Q1/Q2, with funding for Q3/Q4 being released in line with project reviews and delivering against project milestones. Below are key areas of impact seen in the first six months, other areas are more long-term and transformational, with benefits not evident in the first six months.

Outpatient transformation projects

Outpatient transformation projects are supporting the implementation of innovative approaches and initiatives that contribute towards sustainable transformation of outpatients. This includes working with primary care teams to look at the flow of referrals and identify what referrals needs to come through. Between April and August 2022 there has been a total reduction of referrals (18,802) across all health boards for the seven planned care speciality. This is against an overall increase in referral, rising above the same period in 2019 which was pre-covid. Evidence of significant reduction in referrals across all health boards in orthopaedics (down by over 18,800) and ENT (down by over 6,300) suggest that national work in these areas is showing an early impact.

Alternatives to follow-up

Across Wales, from April 2022 to September 2022, 89,000 See On Symptom (SOS) & Patient Initiated Follow-Up (PIFU) pathways have commenced which is an alternative to the traditional, in-person follow-up appointment. It is anticipated that of the 89,000 pathways, 10 per cent may convert to requiring a follow-up appointment. However, the reduction in the number of follow up appointments needed (approximately 80,100) could provide additional capacity for new appointments. This is an area of priority for next year's plans.

Teledermoscopy

Evidence from both Aneurin Bevan and Hywel Dda has shown that circa 50 per cent of the patients that have accessed the Teledermoscopy service have been discharged (compared to 25 per cent discharge previously). Specialists are able to undertake 24 digital reviews where previously they would do 12 in-person reviews during the same session. Health Boards with Telederm in place Swansea Bay, Aneurin Bevan and more recently Hywel Dda have zero or reducing numbers over 52 weeks at outpatients.

Validation

A centrally operated validation company has been secured to support wide scale validation across three Health Boards: Betsi Cadwaladr, Cwm Taf Morgannwg and Swansea Bay. Evidence so far at Betsi Cadwaladr indicates an 18 per cent removal rate, based on 7,786 admin validation and 6,386 telephone validation. By the end of

December 2022, 41,594 will have been validated at Betsi Cadwaladr, 39,228 at Cwm Taf Morgannwg, 31,900 at Hywel Dda and 30,582 at Swansea Bay.

Moving forward

The funding has been allocated on a recurrent basis. Health boards, as part of their plans, are continuing to look to maximise elective activity whilst balancing the demands of urgent and emergency care. Health boards continue to explore opportunities to outsource patients and to insource activity.

Social care

16. Please outline the planned allocation for social care, including:

- **Any additional funding identified for 2023-24, and how such funding will be targeted.**
- **How the allocations will ensure the ongoing viability and stability of social care services, including residential and domiciliary care.**
- **What support the draft budget will provide for unpaid carers, including evidence of specific spend on respite care and financial support for carers.**
- **Measures in the draft budget that will improve the sustainability of the social care workforce.**
- **How the draft budget will help the social care sector to respond to rising costs of living, including rising energy costs. In your answer, please provide evidence of specific spend to support domiciliary care workers, and unpaid carers and disabled people, and their families.**

The Social Care Reform Fund was introduced in April 2022 to support activity to promote reform and improvement in social care, to complement the funding provided in the Local Government settlement.

The Social Care Reform Fund is used to support the reform of Social Care, to improve delivery and increase the sustainability of services across the social care sector. The funding will be used to help deliver the Programme for Government commitments to reform social care for looked after children and to protect, re-build and develop our services for vulnerable people.

Our Programme for Government contains a number of commitments that set out our vision for children's services in Wales. Our ambition is for whole system change and, at its heart, we want to see more children and young people being enabled to live with their families and in their home neighbourhoods with many fewer needing to enter care. We also want to ensure the period that young people are in care is as short as possible.

We are committed to keeping families together. Our vision is to redesign how we look after children and young people so we can do the best for our young people, their families, and communities by providing services that are locally based, locally designed and locally accountable. It is about putting in place the right type of care for each child: reforming and joining up services for looked after children and care leavers, providing additional specialist support for children with complex needs and better supporting those who care for children.

The increase in the Social Care Reform Fund of £10million to £52million in 2023-24 and reallocation of the total available funding will be used to enhance the support provided to the Programme for Government Commitments to our vision for children's services in Wales. Funding has been awarded to Local Authorities to support proposals to deliver these commitments.

Eliminating profit from the care of looked after children

The allocation in the Social Care Reform Fund for eliminating profit from the care of looked after children has increased from £10million in 2022-23 to £16million in 2023-24.

Our Programme for Government contains a number of commitments that set out our vision for children's services in Wales. Our ambition is for whole system change and, at its heart, we want to see more children and young people being enabled to live with their families and in their home neighbourhoods with many fewer needing to enter care. We also want to ensure the period that young people are in care is as short as possible.

We are committed to keeping families together. Our vision is to redesign how we look after children and young people so we can do the best for our young people, their families, and communities by providing services that are locally based, locally designed and locally accountable. It is about putting in place the right type of care for each child: reforming and joining up services for looked after children and care

leavers, providing additional specialist support for children with complex needs and better supporting those who care for children.

As part of the Co-operation Agreement between the Welsh Government and Plaid Cymru, there is a clear commitment to ‘eliminate private profit from the care of children looked after’ as a key component of this radical agenda.

Feedback from children and young people suggests they have strong feelings about being cared for by privately owned organisations that make a profit from their experience of being in care. The Welsh Government does not believe there should be a market for care for children, or that profits should be made from caring for children facing particular challenges in their lives and intends to bring forward legislation to end this. This means the future care of children that are looked after in Wales will be provided by public sector, charitable or not-for-profit organisations.

Our aim is to ensure that public money invested in the care of children looked after does not profit individuals or corporate entities, but instead is spent on children’s services to deliver better experiences and outcomes for children and young people, addressing service development and improvement and further professional development for staff. We intend to focus, in the first instance, on children’s residential care and foster care.

Over the remainder of this Senedd term we need to focus on working with care experienced children, local authorities and partners to increase public and not-for-profit provision so there is a strong foundation to make a transition to not-for-profit care that meets the needs and entitlements of children and young people

Radical Reform

The allocation in the Social Care Reform Fund for radical reform of children’s services has increase from £3million in 2022-23 to £10million in 2023-24.

We have committed through our Programme for Government to explore radical reform of current services for looked after children and care leavers in order to deliver a new vision and ambition for children’s services, based on consistent practice, less risk averse behaviours and national restorative approaches adopted across Wales. Achieving this vision is not solely the responsibility of local authorities; it requires partnership working across public services and third sector organisations.

The programme will deliver preventative interventions for families with children on the edge of care including parental advocacy services, family group conferencing, Family Justice reform and a national practice framework. It will also require greater intervention and support for local authorities who are not delivering on our ambition to substantially reduce the number of children in care and this has been the focus of recent ministerial visits to local authorities and will continue to be so for the remainder of these visits.

Real Living Wage

The Draft Budget for 23-24 will include recurrent funding of around £70million in total, to raise the wages of social care workers, as part of our wider commitment to protect frontline public services. The uplift will apply to registered workers in care homes and domiciliary care (both adults and children's services) and registered domiciliary care workers in supported living settings. It will also be received by all personal assistants funded through a local authority direct payment.

Delivering improved pay through the Real Living Wage will help to address low pay associated with the sector and increase the attractiveness of social care work. This delivers not only improvements for social care workforce, but improved workforce retention and outcomes for people receiving care and support. While the uplift to the Real Living Wage alone will not address all challenges within Social Care, it will contribute to the sustainability and longer-term ambition to raise the profile of the sector as a professional place to work, enhance opportunities for individuals to progress their careers, and to help improve recruitment and retention. The Real Living Wage for Social Care workforce aims to integrate with the Social Care Fair Work Forum's recognition of low pay challenges in the sector. It also connects with policy objectives in the Welsh Government Health and Social Services Group around the promotion of the health and well-being of people using services. It contributes to allow individuals to achieve positive outcomes and can positively impact workforce capacity and morale.

Social Worker Bursary

Funding will be provided for additional financial support for student social worker bursaries to help students who started their courses in 2021-22 and in September 2022 to continue with their studies and help ensure that we have a sustainable supply of future social workers.

The enhanced financial support will be available for both undergraduate and postgraduate students in Wales via the Social Work Bursary. The increase to the bursary brings our funding for this programme to almost £10million over the next three years to assist with the training of future social workers. Of this £10million package of funding, the changes we are making total £3.5million across the three years. This represents a more than 50 per cent increase on the current bursary for both undergraduates and postgraduates.

Social workers carry out a vital role within our communities, supporting people to take charge of their own lives. They are at the core of our social care system and key to the delivery of effective care. The student Social Work bursary supports people with the right skills and attributes to be able to undertake social work training and aims to contribute to the growth of a sustainable social work workforce in Wales and is a contribution to the costs incurred by individuals training to be social workers.

Workforce and Sustainable Social Services grant (workforce grant)

In recognition of the important role that local authorities play in delivering core social services, the Welsh Government has provided recurrent funding to the sector in the form of a Workforce and Sustainable Social Services grant. The criteria for the use of the grant have been broadly set. Local authorities have been able to use the funding to support increases to pay, but also for other interventions aimed at supporting the delivery of sustainable social care services to ensure that they were better placed to meet increased or unexpected demand. In practice, the funding has been used for a variety of measures from salary uplifts to actions aimed at supporting the delivery of services.

This grant has been issued annually to local authorities since 2019 and will £45million for 23-24.

In addition to the annual funding settlement for local authorities via the Revenue Support Grant to meet their statutory duties to provide support to unpaid carers, £3.5million is allocated to continue the Short Breaks Scheme which will increase opportunities for unpaid carers to take a break from their caring role.

The Carers Support Fund (£1.75million in 2023-24) will support unpaid carers to cope with the rising cost of living via the provision of grants to buy basic essential items, such as food, household and electronic items or access to counselling, financial advice, well-being and peer support.

Local health boards' financial performance

17. Please provide an update on the overall financial performance of health boards. This should include:

- **The projected end of year financial position for health boards, including identification of those that have continued to fail to meet their financial duties**
- **Those that have been in receipt of additional end of year and in-year financial support, the extent of that support and the planned duration.**
- **Details of how the Welsh Government will support and work with health boards to bring NHS Wales back into financial balance.**
- **Information about what provision is being made in response to rising energy costs.**

We were aware that 2022-23 would be a year of transition for the NHS financially as it moved away from a reliance on the significant levels of non-recurrent funding that had been provided during the two previous financial years to support the response to the Covid pandemic. The continued impact of the pandemic into 2022-23 meant that the cost of these responses would need to continue despite the ending of this non-recurrent financial support.

The draft budget for 2022-23 provided for an increase in recurrent NHS funding of £824million, although this budget was set at a time when inflation rates were expected to plateau at around four per cent, and before the war in Ukraine created significant rises in energy prices. With this funding we were able to provide a core uplift of £180million at the beginning of the financial year to NHS organisations to meet core cost and demand growth. This was in addition to the £170million funding we had allocated to support the recovery of planned care. We also set aside funding to meet the costs of the NHS pay award, and to meet the costs of the national Covid response programmes, including the vaccination, testing and tracing programmes, and the provision of PPE to health and social care.

During the planning process for 2022-23, NHS organisations confirmed that ongoing costs from the pandemic as well as significant new inflationary costs would be much

greater than the funding we were able to provide. To provide a consistent approach to the development and delivery of financial plan, Welsh Government confirmed that it would provide additional funding, when available, to meet these exceptional cost items. Even with this additional support, three health boards (Cardiff and Vale, Cwm Taf Morgannwg and Hywel Dda) were unable to present balanced financial plans for 2022-23.

During the course of the financial year, three more health boards (Aneurin Bevan, Betsi Cadwaladr and Powys) have reported a significant variation from their plans with in-year forecast deficits. The reasons for these deficits are largely due to the inability of organisations to deliver against their initial savings plans; high levels of variable pay particularly agency costs; the need to maintain unfunded bed capacity; and significant increases in the cost and demand for continuing healthcare. As a consequence, the forecast outturn for NHS Wales as at month eight is a deficit of £167million. All six health boards reporting a deficit will fail their statutory break-even target at the end of the financial year if an outturn deficit is confirmed.

Swansea Bay University Health Board, the three NHS Trusts and two Special Health Authorities are continuing to forecast a balanced financial outturn. In July, the Minister for Health and Social Services approved a recurrent allocation of £24.4million to Swansea Bay in recognition that they were significantly underfunded against the resource allocation formula compared to other boards, and in support of their integrated medium-term plan.

The deterioration in the NHS financial position is a reflection of the significant challenges that organisations are experiencing this year in managing significant levels of emergency care and inflationary pressures, but it is not a position that Welsh Government is prepared to support or underwrite. The three health boards that presented deficits in their financial plans have been placed in a higher level of escalation, and officials and the Finance Delivery Unit are now working closely with these organisations to develop a clear understanding of the reasons for their deterioration, and to develop a pipeline of opportunities to enable them to work towards recovering financial stability. Whilst no formal action has yet been taken with the three health boards who have reported in-year deficits, officials and the Finance Delivery Unit are working closely with these organisations as well as they develop and implement financial recovery plans.

As outlined above, Welsh Government is providing funding in the current financial year to meet the exceptional costs of increased energy prices being experienced by NHS organisations.

Impact of the draft budget on particular groups and communities

18. How have you taken gender budgeting into account in this budget when preparing your expenditure plans.

We aim to improve mental health and well-being by reducing inequalities through a focus on strengthening protective factors. There is a specific focus on this approach as part of the current Together for Mental Health Delivery Plan for Wales and where relevant has included gender specific actions, for instance perinatal mental health.

As we develop the successor to Together for Mental Health, Talk to me 2 strategies and substance misuse delivery plan we will be considering our priorities for our forthcoming work. This will include the development of an integrated impact assessment that will enable to consider the impacts across protected characteristics, including gender.

We will continue to work across government to ensure that we maximise the impact from supporting mental health across portfolios, ensuring that supporting and protecting mental health is a key factor in any investment decisions we consider.

We have introduced a Quality Statement on women's health and work is being undertaken by health boards to turn this into a comprehensive ten year action plan. A key part of this plan will be to ensure that we have better data to assess the gender divide when it comes to health and care.

19. Please outline what assessment has been made of the impact of the draft budget allocations on particular groups or communities, including women and girls, black and ethnic minority communities, children and young people, and older people.

As part of the modelling work undertaken for mental health, referenced in question six, we recognised the disproportionate impact that the pandemic has had on some groups, including people from Black, Asian and Minority Ethnic communities and for children and young people. This in turn has informed the budget allocation over the

last couple of years and our policy responses. An example of which was the establishment of a task and finish group (chaired by the Wales Alliance for Mental Health) with the third sector and community organisations looking at ways to improve the access to and quality of support in mental health services for people from Black, Asian and Minority Ethnic communities. This work will inform our successor mental health strategy development outlined in question 18.

Real Living Wage

The policy behind the uplift of the Real Living Wage was developed in partnership with stakeholders across the social care sector and informed by focussed surveys. A full integrated impact assessment was also undertaken which considered a number of areas including equality and children's rights. In addition, the Social Care Fair Work Forum was established to implement the Fair Work Commission's objectives across social care in Wales. As part of this work the Forum provided the advice to ministers on the roll-out of the Real Living Wage commitment where all groups and communities would have been considered.

The pandemic has revealed society's dependence on work that is disproportionately done by women as unpaid carers and as employees within care and social work. Evidence shows the majority of social care workers are women aged over 40 who are not financially independent despite being in full time work. Delivering improved pay through the Real Living Wage will helps to address low pay associated with the sector and increase the attractiveness of social care work. The uplift to the Real Living Wage fund has already had a positive impact on equalities as the uplift also applied to all groups working within social care including part time workers and ethnic minority groups. People with enduring health issues who are on sick leave, pregnant women (who may also have taken time off) and parents or guardians on maternity, paternity or adoption leave have also received the uplift if in eligible posts.

Transformation Programme

Although not specific to any particular groups or communities, the Transformation Programme through A Healthier Wales continues to support transformational pilot projects across multiple disciplinaries aimed at short, sharp interventions that can be scaled up to a national level and integrated into mainstream services once the

benefits of an improved service and/or financial efficiencies has been evidenced for the people of Wales.

A few examples of projects or roles funded by the Transformation Project that are specific to particular groups or communities are listed below:

- **Bloody Brilliant – (Girls, Young People) –** The Transformation Project aims to build upon the success of the Women's Health Implementation Group (WHIG) development of the Bloody Brilliant menstrual awareness resource, which empowers young people who have periods to open up the conversation around period health so young people do not have to suffer in silence. The Transformation Programme has committed to additional funding to re-survey (post covid) young people to see what they would like included next, e.g., period education and whether it is integrated into the Curriculum for Wales, Social Media content such as YouTube channels, TikTok and Snapchat presence. This funding will allow the Bloody Brilliant team to develop content around 'Who has a period' and work closely with the equality team to ensure correct gender identity inclusive language is used and recognise disabled and cultural challenges associated with periods.
- **Secondee into the Tropical Health & Education Trust (THET) – (Equity in healthcare) –** The *Experts in our Midst: recognising the contribution diaspora NHS staff make to global health* report published in 2021 examined the role diaspora health workers (defined in this context as NHS staff with heritage from low- and middle-income countries [LMICs]) play in healthcare in the UK and in LMIC health systems. Their contribution is significant, for example bringing experiences and cultural understanding to the NHS and returning financial and practical contributions to countries of heritage. The report also shows how these contributions are under-recognised and under-valued, with detrimental effects on individuals, the NHS, and health systems globally. The report's recommendations encourage THET, the NHS, Health Partnerships, and governments to better understand and support the power of diaspora health workers. For the NHS, THET argues that this is fundamental to developing an inclusive and anti-racist culture, in which all staff feel valued and a sense of belonging. Since its publication, the report has been gaining traction with key bodies including Health Education England and the Department of Health and Social Care. THET is now developing a 'diversity

network' to create a multidisciplinary membership of NHS leaders, NHS equality and diversity champions, and Health Partnerships. The overall aim is that participating organisations better see and feel the benefits of valuing diaspora relationships with countries of heritage. The Transformation Programme has committed funding for a secondee from NHS Wales to be embedded in the core group. They will build on THET's existing pilot 'Diversity Network', developing and implementing a diaspora engagement plan that delivers the organisation's broader objectives. They will focus on bringing maximum benefits to the NHS across the UK and to global health systems, and will lead interactions with existing and prospective Network members, including NHS trusts and boards, diaspora professional associations and Health Partnerships, and will convene and maintain a steering group of international experts to lead the work.

- **Maternity and Neonatal Safety Support Programme – (Women, Children and young people) -** There are a number of drivers for change including population health and demographic trends, the need for quality improvement, workforce pressures and emerging evidence from various reports and deep dives into the service. Specific reports and audits which indicate significant issues with the safety of Maternity and Neonatal Services in Wales include:
  - ❖ The ***RCOG: Review of Maternity Services at Cwm Taf Heath Board (January 2019)***
  - ❖ **Healthcare Inspectorate Wales – National Review of the quality and safety of maternity services - Phase One Report**
  - ❖ Three **Maternity and Neonatal Audit reports** have been published in October 2021 and all have recommendations to improve the safety for mothers and babies:
    1) **National Perinatal Mortality Review Tool Report – *Learning from Standardised Reviews When Babies Die*** published 13 October 2021
    2) **MBRRACE-UK Perinatal Mortality Surveillance Report UK Perinatal Deaths for Births from January to December 2019** published 14 October 2021
    3) The **National Maternity and Perinatal audit** published 14 October 2021

  The programme's key driver is to improve the safety, experience and outcomes of maternal and neonatal care and provide support to enable teams

to deliver a high-quality healthcare experience for all pregnant people, babies and families across maternity and neonatal care settings in Wales.

[i] Marmot M. Social determinants of health inequalities. Public Health (2005). 365:6

[ii] National Institute for Health and Care Excellence. Guidance PH55 Oral Health: local authorities and partners (2014) https://www.nice.org.uk/guidance/ph55

HEALTH AND SOCIAL SERVICES

RESOURCE BUDGET			£'000												
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	COMMENTS
							-3,861						-3,861			
							-1,275						-1,275			
							-1,069						-1,069			
							-754						-754			
							-1,085						-1,085			
							165						165			
							-440						-440			
							-550						-405			
							-5,000						-5,000			
							-55						-55			
							-414						-414			
							-1,405						-1,405			
							-60						-60			
							-68						-68			
							-5,000						-5,000			
							-2,208						-2,208			
	0020	Core NHS Allocations	8,253,211	8,503,211			-941		8,611,185	8,703,211			-1,090		8,811,881	
							-3,885						-3,885			
							-589						-589			
							150						150			
							-1,000						-300			
							-4,104						-4,104			
							210						210			
							85						85			
							108						108			
							1,075						1,075			
							1,400						1,400			
							80						80			
							-150						-150			
							1,000						1,000			
							2,901						2,901			
							-1,386						-1,386			
							2,000						2,000			
							-1,399						-1,399			
							-10,000						-10,000			
							-7,280						-7,280			
							-2,500						-2,500			
					-9,722						-9,722					
								165,000						165,000		
Delivery of Core NHS Services								5,000						8,000		
	0020	Core NHS Allocations - Non cash	246,572	246,572					251,572	246,572					254,572	
							440						440			
							550						405			
							222						222			
							55						55			
							414						414			
							60						60			
	0030	Other Direct NHS Allocations	230,465	230,465			2,208		228,598	230,465			2,208		228,453	
							1,000						1,000			

HEALTH AND SOCIAL SERVICES

RESOURCE BUDGET			£'000												
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	COMMENTS
							43						43			
							-210						-210			
							150						150			
							-2,022						-2,022			
							-4,777						-4,777			
	0035	Digital Health and Care Wales	46,248	46,248			106		47,629	46,248			106		47,629	
							1,275						1,275			
	0035	Digital Health and Care Wales - Non cash	10,603	10,603					10,603	10,603				1,000	11,603	
	0050	Health Education Improvement Wales	301,933	301,933			1,069		311,202	301,933			1,069		311,202	
							1,085						1,085			
							-165						-165			
							7,280						7,280			
	0050	Health Education Improvement Wales - Non cash	551	551					551	551					551	
	0045	**New BEL** NHS Executive	0	0			2,022		13,112	0			2,022		13,112	
							5,000						5,000			
							2,448						2,448			
							1,386						1,386			
							29						29			
							450						450			
							4,777						4,777			
					-3,000						-3,000					
	0250	Public Health Wales	128,982	128,982			3,861		136,656	128,982			3,861		136,656	
							3,885						3,885			
							-43						-43			
							-29						-29			
	Total Delivery of Core NHS Services		**9,218,565**	**9,468,565**	**-12,722**	**0**	**-14,735**	**170,000**	**9,611,108**	**9,668,565**	**-12,722**	**0**	**-14,184**	**174,000**	**9,815,659**	
Delivery of Targeted NHS Services	0186	Workforce (NHS)	34,076	34,076			339		34,234	34,076			339		34,234	
							-181						-181			
	0060	A Healthier Wales	80,546	79,646	-8,500		-85		71,061	76,346	-8,500		-85		67,761	
	0682	Other NHS Budgets (Expenditure)	29,116	28,750			-40		22,532	28,939			-40		22,721	
							-106						-106			
							68						68			
							-222						-222			
							-1,000						-1,000			
							-2,448						-2,448			
							-2,000						-2,000			
							-470						-470			
	0682	Other NHS Budgets (Income)	-53,000	-53,000					-53,000	-53,000					-53,000	
	Total Delivery of Targeted NHS Services		**90,738**	**89,472**	**-8,500**	**0**	**-6,145**	**0**	**74,827**	**86,361**	**-8,500**	**0**	**-6,145**	**0**	**71,716**	
Support Education & Training of the NHS Workforce	0140	Education and Training	25,790	25,790			754		30,030	25,790			754		30,030	
							-339						-339			
							1,405						1,405			
							-80						-80			

HEALTH AND SOCIAL SERVICES

RESOURCE BUDGET			£'000												
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	COMMENTS
							2,500						2,500			
	0185	Workforce Development Central Budgets	1,505	1,505			181		1,686	1,505			181		1,686	
	Total Delivery of Targeted NHS Services		**27,295**	**27,295**	**0**	**0**	**4,421**	**0**	**31,716**	**27,295**	**0**	**0**	**4,421**	**0**	**31,716**	
							-5,400						-5,400			
							-5,400						-5,400			
							-150						-150			
							-378						-440			
							-250						-250			
Support Mental Health Policies and Legislation	0270	Mental Health	88,212	113,212			-14,000		83,601	128,212			-16,000		96,539	
							-108						-108			
							-1,075						-1,075			
							-1,400						-1,400			
							-450						-450			
					-1,000						-1,000					
	Total Support Mental Health Policies and Legislation		**88,212**	**113,212**	**-1,000**	**0**	**-28,611**	**0**	**83,601**	**128,212**	**-1,000**	**0**	**-30,673**	**0**	**96,539**	
							5,400						5,400			
Substance Misuse Action Fund	1682	Substance Misuse Action Fund	28,585	28,585			14,000		47,985	28,585			16,000		49,985	
	Total Deliver the Substance Misuse Strategy Implementation		**28,585**	**28,585**	**0**	**0**	**19,400**	**0**	**47,985**	**28,585**	**0**	**0**	**21,400**	**0**	**49,985**	
Food Standards Agency	0380	Food Standards Agency	5,110	5,110					5,110	5,110					5,110	
	Total Food Standards Agency		**5,110**	**5,110**	**0**	**0**	**0**	**0**	**5,110**	**5,110**	**0**	**0**	**0**	**0**	**5,110**	
							-150						-150			
	0233	Health Promotion	13,204	12,204			589		13,643	12,204			589		12,943	
Public Health Programmes							1,000						300			
							941						1,090			
	0232	Targeted Health Protection & Immunisation	6,592	6,592					7,533	6,592					7,682	
	Total Public Health Programmes		**19,796**	**18,796**	**0**	**0**	**2,380**	**0**	**21,176**	**18,796**	**0**	**0**	**1,829**	**0**	**20,625**	
							5,400						5,400			
							378						440			
Health Improvement	0231	Health Improvement & Healthy Working	9,384	9,384			250		12,011	9,384			250		12,073	
							-2,901						-2,901			
					-500						-500					
	Total Health Improvement		**9,384**	**9,384**	**-500**	**0**	**3,127**	**0**	**12,011**	**9,384**	**-500**	**0**	**3,189**	**0**	**12,073**	
							40						40			
Effective Health Emergency Preparedness Arrangements	0230	Health Emergency Planning	6,007	6,007					6,047	6,007					6,047	
	Total Effective Health Emergency Preparedness Arrangements		**6,007**	**6,007**	**0**	**0**	**40**	**0**	**6,047**	**6,007**	**0**	**0**	**40**	**0**	**6,047**	
							4,104						4,104			
New Action **Citizen Voice Body**	0220	**New BEL** Citizen Voice Body	0	0			1,399		5,503	0			1,399		5,503	
	Total Citizen Voice Body		**0**	**0**	**0**	**0**	**5,503**	**0**	**5,503**	**0**	**0**	**0**	**5,503**	**0**	**5,503**	
							5,000						5,000			
Develop & Implement R&D for Patient & Public Benefit	0260	Research and Development	42,545	42,545	-1,000				46,545	42,545	-1,000				46,545	
	Total Develop & Implement R&D for Patient & Public Benefit		**42,545**	**42,545**	**-1,000**	**0**	**5,000**	**0**	**46,545**	**42,545**	**-1,000**	**0**	**5,000**	**0**	**46,545**	
	0460	Safeguarding & Advocacy	3,365	2,365					2,365	2,365					2,365	
Social Care and Support																
							150						150			
	0661	Older People Carers & People with Disabilities	3,670	3,670			-1,000		2,820	3,670			-1,000		2,820	
	Total Social Care and Support		**7,035**	**6,035**	**0**	**0**	**-850**	**0**	**5,185**	**6,035**	**0**	**0**	**-850**	**0**	**5,185**	

HEALTH AND SOCIAL SERVICES

RESOURCE BUDGET			£'000												
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	COMMENTS
Partnership & Integration	0620	Partnership & Integration	227	227					227	227					227	
	0700	Care Sector	299	299					299	299					299	
Total Partnership & Integration			**526**	**526**	**0**	**0**	**0**	**0**	**526**	**526**	**0**	**0**	**0**	**0**	**526**	
Sustainable Social Services	0920	Sustainable Social Services	99,715	109,715					109,715	114,715					114,715	
Total Sustainable Social Services			**99,715**	**109,715**	**0**	**0**	**0**	**0**	**109,715**	**114,715**	**0**	**0**	**0**	**0**	**114,715**	
Social Care Wales	0582	Social Care Wales	25,383	25,383					25,383	25,383					25,383	
	0582	Social Care Wales - Non cash	230	230				-30	200	230				-30	200	
Total Social Care Wales			**25,613**	**25,613**	**0**	**0**	**0**	**-30**	**25,583**	**25,613**	**0**	**0**	**0**	**-30**	**25,583**	
Supporting Children	0310	Support for Childcare and Play	96,851	99,851					99,851	101,351					101,351	
	0311	Support for Children's Rights	1,020	1,020					1,020	1,020					1,020	
	0410	Supporting Children	4,865	3,865					3,865	3,865					3,865	
	1085	Support for Families and Children	6,720	6,520			-810		5,710	5,870			-810		5,060	
	1087	New BEL Entry CCG BEL Transfer	0	0		160,235			171,045	0		167,685			178,495	
							810						810			
							10,000						10,000			
Total Supporting Children			**109,456**	**111,256**	**0**	**160,235**	**10,000**	**0**	**281,491**	**112,106**	**0**	**167,685**	**10,000**	**0**	**289,791**	
CAFCASS Cymru	1268	CAFCASS Cymru	14,725	14,725			470		15,195	14,725			470		15,195	
Total CAFCASS Cymru			**14,725**	**14,725**	**0**	**0**	**470**	**0**	**15,195**	**14,725**	**0**	**0**	**470**	**0**	**15,195**	
HEALTH AND SOCIAL SERVICES - TOTAL RESOURCE BUDGET			**9,793,307**	**10,076,841**	**-23,722**	**160,235**	**0**	**169,970**	**10,383,324**	**10,294,580**	**-23,722**	**167,685**	**0**	**173,970**	**10,612,513**	

CAPITAL BUDGET			£'000													
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	COMMENTS	INVESTMENT AREA(S)
Delivery of Core NHS Services	0020	Core NHS Allocations	284,219	309,908			2,572		337,480	319,908					319,908		
							25,000										
Total Delivery of Core NHS Services			**284,219**	**309,908**	**0**	**0**	**27,572**	**0**	**337,480**	**319,908**	**0**	**0**	**0**	**0**	**319,908**		
Substance Misuse Action Fund	1682	Substance Misuse Action Fund	5,072	5,072			-2,572		2,500	5,072					5,072		
Total Deliver the Substance Misuse Strategy Implementation			**5,072**	**5,072**	**0**	**0**	**-2,572**	**0**	**2,500**	**5,072**	**0**	**0**	**0**	**0**	**5,072**		
New Action Citizen Voice Body	0220	New BEL Citizen Voice Body	0	0					0	0					0		
Total Citizen Voice Body			**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**		
Social Care Wales	0582	Social Care Wales	20	20					20	20					20		
Total Social Care Wales			**20**	**20**	**0**	**0**	**0**	**0**	**20**	**20**	**0**	**0**	**0**	**0**	**20**		

HEALTH AND SOCIAL SERVICES

RESOURCE BUDGET			£'000												
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Budget Reprioritisation	MEG to MEG Transfers	Transfers Within MEG	Allocations to / from Reserves	2024-25 Indicative Draft Budget December 2022	COMMENTS
Sustainable Social Services	0920	Sustainable Social Services	50,000	60,000			-25,000		35,000	70,000					70,000	
	Total Sustainable Social Services		50,000	60,000	0	0	-25,000	0	35,000	70,000	0	0	0	0	70,000	
HEALTH AND SOCIAL SERVICES - TOTAL CAPITAL BUDGET			339,311	375,000	0	0	0	0	375,000	395,000	0	0	0	0	395,000	

RESOURCE BUDGET - AME			£'000							
Action	BEL No.	BEL Description	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Changes	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Changes	2024-25 Indicative Draft Budget December 2022	COMMENTS
NHS Impairments	0025	NHS Impairments and Provisions - AME	186,420	190,257	21,921	212,178	127,172	83,611	210,783	
	Total NHS Impairments		186,420	190,257	21,921	212,178	127,172	83,611	210,783	
HEALTH AND SOCIAL SERVICES - TOTAL RESOURCE AME BUDGET			186,420	190,257	21,921	212,178	127,172	83,611	210,783	

HEALTH AND SOCIAL SERVICES - SUMMARY	2022-23 Final Budget March 2022	2023-24 Indicative Final Budget March 2022	2023-24 Changes	2023-24 Draft Budget December 2022	2024-25 Indicative Final Budget March 2022	2024-25 Changes	2024-25 Indicative Draft Budget December 2022
Resource	9,793,307	10,076,841	306,483	10,383,324	10,294,580	317,933	10,612,513
Capital	339,311	375,000	0	375,000	395,000	0	395,000
Total Resource & Capital	10,132,618	10,451,841	306,483	10,758,324	10,689,580	317,933	11,007,513
Total AME	186,420	190,257	21,921	212,178	127,172	83,611	210,783
HEALTH AND SOCIAL SERVICES - TOTAL BUDGET	10,319,038	10,642,098	328,404	10,970,502	10,816,752	401,544	11,218,296

Annex B

Health and Social Care Committee - Date: 11th January 2023

Commentary on each of the Actions within the Health and Social Services MEG, including an analysis and explanation of changes between the Draft Budget 2023-24 and the Final Budget 2022-23.

Action: Delivery of Core NHS Services					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
9,468.565	141.673	9,610.238	9,668.565	146.224	9,814.789

This Action supports the main funding to the NHS in Wales as well funding to Public Health Wales, Digital Health & Care Wales and the NHS body Health Education & Improvement Wales.

Explanation of Changes to Delivery of Core NHS Services Action
New allocations for 23-24 and 24-25 (Recurrent)

- **£165.000m** - Draft Budget 23-24 and 24-25 additional funding Fiscal Resource;
- **£5.000m (23-24) and £9.000m (24-25)** - Draft Budget additional Non Fiscal Resource funding.

Budget Prioritisation Exercise Reduction

- **(£12.722m)** – Draft Budget recurrent 23-24 and 24-25 reductions.

Budget adjustments within HSS MEG for 23-24 and 24-25

- **(£15.605m) for 23-24 and (£15.054m) for 24-25 –** recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

Action: Delivery of Targeted NHS Services					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
89.472	(14.645)	74.827	86.361	(14.645)	71.716

This action supports other various health budgets including NHS Workforce, *A Healthier Wales* and other health budgets.

Explanation of Changes to Delivery of Targeted NHS Services Action

Budget Prioritisation Exercise Reduction

- **(£8.500m)** – Draft Budget recurrent 23-24 and 24-25 reductions.

Budget adjustments within HSS MEG for 23-24 and 24-25

- **(£6.145m) –** recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

Action: Support Education & Training of the NHS Workforce					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
27.295	5.291	32.586	27.295	5.291	32.586

Education and training is fundamental to securing sustainable NHS services in the future. This action supports a range of activities undertaken in support of ensuring a sustainable workforce with the skills to address the demands on the service both now and in the future. The majority of the funding within this action covers the additional costs incurred by NHS UHB and Trusts in Wales for teaching (hosting) medical and dental students as part of their undergraduate studies. In addition, it supports the training of a number of postgraduate training places across Wales, including clinical academic posts. Funding within this action also support Consultants clinical excellence awards which are given for quality, excellence, and exceptional personal contributions.

Explanation of Changes to Support Education & Training of the NHS Workforce Action

Budget adjustments within HSS MEG for 23-24 and 24-25

- **£5.291m –** recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

Action: Support Mental Health Policies & Legislation					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
113.212	(29.611)	83.601	128.212	(31.673)	96.539

This Action supports a variety of:

- Mental health policy development and delivery, including Child and Adolescent Mental Health Services (CAMHS), psychological therapies, suicide and self-harm prevention, perinatal mental health support and funding for third sector organisations through the section 64 mental health grant

- Mental health legislation, including the Mental Health (Wales) Measure 2010 and Deprivation of Liberty Safeguards (DOLs)

- The healthcare needs of vulnerable groups, (those defined as having protected characteristics) including asylum seekers and refugees, support for veterans, offender health care, sexual assault referral centres, gypsies and travellers and transgender individuals.

Explanation of Changes to Support Mental Health Policies & Legislation Action

Budget Prioritisation Exercise Reduction

- **(£1.000m)** – Draft Budget recurrent 23-24 and 24-25 reductions.

Budget adjustments within HSS MEG for 23-24 and 24-25

- **(£28.611m) for 23-24 and (£30.673m) for 24-25 –** recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

Action: Substance Misuse Delivery Plan					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
28.585	19.400	47.985	28.585	21.400	49.985

The majority of substance misuse funding within this action is allocated to Area Planning Boards (APBs) via a funding formula to help them address the priorities outlined in our most recent Substance Misuse Delivery Plan 2019-22.

Explanation of Changes to the Substance Misuse Delivery Plan Action Fund Budget adjustments within HSS MEG for 23-24 and 24-25

- **£19.400 for 23-24 and £21.400 for 24-25 –** recurrent technical adjustments Action to Action within HSS MEG, including 23-24 budget commitment realignments.

Action: Food Standards Agency					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
5.110	0	5.110	5.110	0	5.110

This Action provides funding for the Food Standards Agency (FSA) Wales.
This budget allocation is provided to meet the cost of the work priorities set out in FSAs broad 'FSA Wales Service Delivery Agreement'. The funding is provided on the basis that where there is a joint interest FSA Wales will assist the Welsh Government to take forward its priorities, including continued assistance in delivery and implementation of a statutory food hygiene rating scheme in Wales, as established by the Food Hygiene Rating (Wales) Act 2013.

Funding remains at the same level as in the Final Budget.

Action: Public Health Programmes					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
18.796	2.380	21.176	15.796	1.829	20.625

This action funds a variety of public health programmes such as Organ & Tissue Transplantation, Immunisation, Payments to Public Health England who provides a number of specialist health protection services and some reference laboratory services to Wales, Healthy Start and NICE

Explanation of Changes to Public Health Programmes
Budget adjustments within HSS MEG for 23-24 and 24-25

- **£2.380m for 23-24 and £1.829m for 24-25 –** recurrent technical adjustments Action to Action within HSS MEG, including 23-24 NHS allocation transfers and budget commitment realignments.

Action: Effective Health Emergency Preparedness Arrangements					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
6.007	0.040	6.047	6.007	0.040	6.047

This action enables Welsh Government to ensure that NHS Wales is fully prepared and resilient to deal with the full range of hazards and threats identified in National Risk Assessments. This includes the highest risk of influenza pandemic and managing the health consequences of a terrorist incident involving hazardous materials.

Explanation of Changes to Effective Health Emergency Preparedness Arrangements
Budget adjustments within HSS MEG for 23-24 and 24-25

- **£0.040 –** recurrent technical adjustments Action to Action within HSS MEG (budget commitment realignment).

Action: Citizen Voice Body					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
0.000	5.503	5.503	0.000	5.503	5.503

The Citizen Voice Body is a new, independent Body that will engage with people all over Wales to represent the interests of the public in respect of health services and social services. It will be at the heart of conversation with the Welsh public, working together with NHS bodies and local authorities, and alongside other public, independent and volunteer organisations to seek out and strengthen the voice of citizens within the health and social care landscape. The Citizen's Voice Body will also provide a complaints advocacy service to help people who need to make complaints about the Health or Social services they have received.

Explanation of Changes to Citizen Voice Body
Budget adjustments within HSS MEG for 23-24 and 24-25

- **£5.503m –** recurrent budget commitment realignments Action to Action within HSS MEG for the creation of a budget for the newly established Citizen Voice Body.

Action: Develop & Implement R&D for Patient & Public Benefit					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
42.545	4.000	46.545	42.545	4.000	46.545

This action supports the work of the Welsh Government's Division for Research and Development (R&D) which sits within the Department for Health and Social Services and leads on strategy, policy, commissioning, funding, contract management and governance of health and social care R&D in Wales.

Through its 'external brand', Health and Care Research Wales, the R&D Division provides an infrastructure to support and increase capacity in R&D, runs a range of responsive funding schemes and manages resources to promote, support and deliver research. It also participates in partnership and cross-funder activities where these bring advantages to Wales. It supports translational research with a particular focus on applied and public health research. This includes research into the prevention, detection and diagnosis of disease; the development and evaluation of interventions; and the provision, organisation and delivery of health and social care services. The Division also works to support the implementation of research findings into practice.

The Division has key relationships within Welsh Government with the Department for Economy, Science and Transport's Life Sciences and Innovation teams, the Chief Scientific Adviser for Wales and the Department for Education and Skills. The Division also works very closely with colleagues with similar roles in the other UK nations, the UK research councils, other research funders and the European Commission.

Explanation of Changes Develop & Implement R&D for Patient & Public Benefit Action

Budget Prioritisation Exercise Reduction

- **(£1.000m)** – Draft Budget recurrent 23-24 and 24-25 reductions.

Budget adjustments within HSS MEG for 23-24 and 24-25

- **£5.000m –** recurrent technical adjustments Action to Action within HSS MEG (budget commitment realignments).

Action: Social Care & Support					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
6.035	-0.850	5.185	6.035	-0.850	5.185

This Action provides funding for both Safeguarding and Advocacy and Older People Carers and People with Disabilities.

It also funds programmes of work to support carers in carrying out their roles as carers whilst maintaining their own health and well-being. This is central to ensuring that the rights for carers in the Social Services and Well-being (Wales) Act 2014 make a real difference in supporting carers and involves a strong element of investing to save since informal, unpaid carers are estimated to provide 96% of the care in Wales, care that would otherwise have to be provided from social care budgets.

Funding to support taking forward programmes to improve the life chances of disabled people and in particular the Improving Lives Programme for People with a Learning Disability, launched in June 2018. Funding is also used to take forward actions within the Framework of Action for People with Integrated Framework for Action of Care and Support for People Who are Deaf or Living with Hearing Loss.

Explanation of Changes to the Social Care and Support Action

Budget adjustments within HSS MEG for 23-24 and 24-25

- **(£0.850m) –** recurrent technical adjustments Action to Action within HSS MEG (budget commitment realignment).

Action: Partnership & Integration					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
0.526	0	0.526	0.526	0	0.526

This Action provides funding to assist with the integration of health and social services and the implementation of the Social Services and Well-being (Wales) Act 2014. In addition, it also funds improvements to advice and guidance on continuing healthcare which should help people to access the support they need to meet their health needs. It also supports the consideration of a social care levy contributing to the wellbeing goals of a prosperous and resident Wales by considering options to provide the anticipated funding required in future to meet the increasing demands for social care resulting from an ageing population.

Funding remains at the same level as in the Final Budget 2022.

Action: Sustainable Social Services					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
109.715	0	109.715	114.715	0	114.715

The majority of this Action funds the Sustainable Social Services Third Sector grant.
Funding in this Action is also used to support delivery of the Social Services and Well-being (Wales) Act 2014, implementation of the Regulation and Inspection of Social Care Act 2016 (RISCA) and improvement of Social Care Services which deliver the changes required to achieve our vision for a social care in Wales that improves well-being and puts people and their needs at the centre of all care and support. Our principles include cultivating practice that promotes voice and control, independence, coproduction, person-centred care and prevention and early intervention approaches.
For 2022-23 Social Care workforce grant has been transferred to this action, plus the new Social Care Reform Fund

Funding remains at the same level as in the Final Budget 2022.

Action: Social Care Wales					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
25.613	-0.030	25.583	25.613	-0.030	25.583

This Action provides grant in aid funding to Social Care Wales a Welsh Government Sponsored body.
Social Care Wales (SCW) is funded to regulate the social care workforce, build confidence in the workforce, and lead and support improvement in social care.

Key priorities include:

- set standards for the care and support workforce, making them accountable for their work
- develop the workforce so they have the knowledge and skills to protect, empower and support those who need help
- work with others to improve services for areas agreed as a national priority
- set priorities for research to collect evidence of what works well
- share good practice with the workforce so they can provide the best response
- provide information on care and support for the public, the workforce and other organisations.

Explanation of Changes to the Social Care Wales Action
New allocations for 23-24 and 24-25 (Recurrent)

- **(£0.030m)** - Draft Budget recurrent additional Non Fiscal Resource funding.

Action: Supporting Children					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
111.256	170.235	281.491	112.106	177.685	289.791

The bulk of funding in this action supports the childcare offer (which is subject to scrutiny by the CYP&E Committee). This action also contains his action funding for the Looked after Children Transition Grant (LACTG) which provides funding for a number of initiatives which improve outcomes for looked after children so that all children in care have the same life chances as other children. It also contains the Vulnerable Children budget which supports children who have been adopted to ensure they and their family have the necessary access to support services to begin their family life.

Explanation of Changes to the Supporting Children Action

MEG to MEG transfers (Recurrent)

- **£160.235m (23-24) and £167.685m (24-25)** – Recurrent transfer of Children & Communities Grant funding into HSS MEG.

Budget adjustments within HSS MEG for 23-24 and 24-25

- **£10.000m –** recurrent technical adjustments Action to Action within HSS MEG (budget commitment realignment).

Action: CAFCASS Cymru					
Final Budget 2022 (2023-24) £m	**Change £m**	**Draft Budget 2023-24 (2023-24) £m**	**Final Budget 2022 (2024-25) £m**	**Change £m**	**Draft Budget 2023-24 (2024-25) £m**
14.725	0.470	15.195	17.725	0.470	15.195

Cafcass Cymru is a demand-led operational service delivers a statutory service to the Family Court in Wales on behalf of Welsh Ministers. Cafcass Cymru practitioners work with nearly 9,000 of the most vulnerable children and young people in the family justice system, ensuring our interventions promote the voice of the child, is centred on their rights, welfare and best interests to achieve better outcomes for the child involved in the Family Justice System in Wales.

The organisation seeks to influence the family justice system and services for children in Wales, providing high quality advice to Ministers and ensuring the needs of Welsh families and children are reflected in process and policy developments. Aside from staffing and running costs for the organisation, the budget provides grant funding to support separated parents, when directed by the Family Court, to have contact with their children. The budget also funds the provision of the Working Together for Children programme which supports parents who have separated, or are separating, to better manage their own behaviour to ensure the emotional, practical and physical needs and best interest of their children are paramount.

Explanation of Changes to the CAFCASS Cymru Action

Budget adjustments within HSS MEG for 23-24 and 24-25

- **£0.470m –** recurrent technical adjustments Action to Action within HSS MEG (budget commitment realignment).

Agenda Item 3.1

Pwyllgor yr Economi, Masnach a Materion Gwledig
—
Economy, Trade and Rural Affairs Committee

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Jayne Bryant MS
Chair, Children, Young People and Education Committee
Russell George MS
Chair, Health and Social Care Committee

28 November 2022

Dear Jayne and Russell,

On Thursday 24 November we took evidence on the effects cost of living pressures are having on skills, particularly focusing on the Young Persons Guarantee. As part of this we heard evidence which may be relevant to your Committees ongoing work:

- Children Young People and Education Committee – Services for care experienced children: exploring radical reform and Mental Health support in Higher Education.
- Health and Social Care Committee – Mental health inequalities.

I would like to draw your attention to the transcript.

I am intending to write to the Minister for Economy following the session, and we will also raise some of the issues covered with him in our general scrutiny session scheduled for 7 December. I will copy you into my letter to the Minister.

Kind regards,

Paul Davies MS
Chair: Economy, Trade and Rural Affairs Committee

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

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

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Lynne Neagle MS
Deputy Minister for Mental Health and Wellbeing
Welsh Government

1 December 2022

Dear Lynne

Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2022

Thank you for your letter of 21 November 2022 to provide early notification of the above Regulations, expected to be laid before the UK Parliament on 14 December 2022.

We would welcome clarification of the following issues (including, where appropriate) where the relevant information can be found in the Explanatory Memorandum that we anticipate will be laid alongside the Regulations in December.

Territorial extent

Your letter notes that the Regulations will apply in Scotland, Wales and England. It also states that "Consenting to a UK wide SI ensures there is a single legislative framework across the UK which promotes clarity and accessibility". However, the letter suggests that Northern Ireland will not be included within the extent of the Regulations.

1. Will these Regulations lead to divergence between GB and Northern Ireland? If so, what assessment has been made of whether any divergence could result in barriers to trade or public health matters?

You also state that the UK Government and Welsh Governments are agreed on the policy objectives, and that your rationale for consenting to the UK Government legislating in devolved areas is that "making separate SIs in Wales and England would lead to duplication, and unnecessary complication of the statute book".

2. Is the Scottish Government bringing forward its own Regulations in this respect?

3. Regulations brought forward by the UK Government are made only in English. Regulations brought forward by the Welsh Government must be made in Welsh and in English. To what extent did you consider whether legislation applicable to Wales should be available in both Welsh and English when making your decision on whether to consent to the Regulations?

Nutrition Labelling Composition and Standards Common Framework

4. Was the joint GB approach for these Regulations considered through the mechanisms set out in the Nutrition Labelling Composition and Standards Common Framework?

Rationale for the amendments

5. What is the rationale for making the amendments to be set out in the Regulations? For example, are they for the purpose of keeping pace with changes to EU legislation, or do they reflect developments in the scientific evidence?

Retained EU Law (Revocation and Reform) Bill

If the Retained EU Law (Revocation and Reform) Bill were to be passed in its current form, then unless these Regulations were to be saved by either UK or Welsh Ministers, they would be repealed automatically on 31 December 2023.

6. What discussions have you had with the UK Government about the potential implications of the Retained EU Law (Revocation and Reform) Bill for these Regulations?

We would be grateful for a response by 5 January 2022.

Yours sincerely

Russell George MS

Chair, Health and Social Care Committee

cc Jayne Bryant MS, Chair, Children, Young People and Education Committee
Huw Irranca-Davies MS, Chair, Legislation, Justice and Constitution Committee

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

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

HSC(6)-12-23(PTN 2)

Llywodraeth Cymru
Welsh Government

Russell George MS,
Chair, Health and Social Care Committee
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20 December 2022

Dear Russell

Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2022

Thank you for your letter of 21 November 2022 regarding the above amending regulations.

If I take each of your points in order.

An Explanatory Memorandum will be laid alongside the Regulations in December, and I will forward a copy to the Committee.

1. **Will these Regulations lead to divergence between GB and Northern Ireland? If so, what assessment has been made of whether any divergence could result in barriers to trade or public health matters?**

No formal assessment of divergence regarding barriers to trade or public health was undertaken. These changes will help to safeguard the public by providing consistency and clarity for manufacturers, enforcement officers and the public.

2. Is the Scottish Government bringing forward its own Regulations in this respect?
Scotland have brought forward its own regulations to make equivalent amendments to the Processed Cereal-based Foods and Baby Foods for Infants and Young Children (Scotland) Regulations 2004.

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3. Regulations brought forward by the UK Government are made only in English. Regulations brought forward by the Welsh Government must be made in Welsh and in English. To what extent did you consider whether legislation applicable to Wales should be available in both Welsh and English when making your decision on whether to consent to the Regulations?

I considered options for taking forward the proposed amending regulations which includes the option for Welsh Government to draft its own Statutory Instrument (SI) which addresses all amendments. However, to ensure alignment and enforcement with the rest of GB and EU, on this occasion it was felt necessary to progress on this basis. This proposed SI makes minor amendments to existing regulations rather than creating any new policy. Consent to the GBSI has not precluded the Welsh Ministers from taking a different approach upon receipt of any such future request, should it be considered that an alternative approach is warranted and/or preferable

4. Was the joint GB approach for these Regulations considered through the mechanisms set out in the Nutrition Labelling Composition and Standards Common Framework?

Yes, the joint approach was discussed as part of the Nutrition Related Labelling, Composition and Standards Working Group (NLCS). On the 9th March 2021 the European Commission amended Annex II of Directive 2002/46/EC to allow magnesium citrate malate to be a form of magnesium chloride and nicotinamide riboside chloride as a form of niacin used in the manufacture of food supplements. Following this legislative change in the EU and NLCS policy group considered the amendments and following a risk assessment and risk management processes set out in the NLCS framework (including scientific assessment), received GB ministerial consent to authorise nicotinamide riboside chloride as a form of niacin and magnesium citrate malate as a form of magnesium which can be used in food supplements.

5. What is the rationale for making the amendments to be set out in the Regulations? For example, are they for the purpose of keeping pace with changes to EU legislation, or do they reflect developments in the scientific evidence?

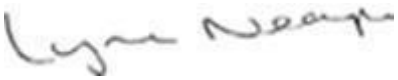
The purpose of these amendments varies. They are to correct errors: updating the units of measure for the labelling of zinc in food supplements, and a previously missed amendment to add zinc chloride and ferrous bisglycinate as permitted sources of vitamins and minerals for use in processed based baby foods and baby foods (baby foods) (the latter being applicable only to England in these Regulations as separate Welsh only Regulations will make the equivalent changes for Wales); to use different sources for certain vitamins and minerals to be added to food supplements, baby foods and infant formula and follow-on formula (IFFOF) and for consistency in labelling between food supplements and other types of food containing copper. The definition of pesticide residue will be updated from the terminology used in Regulation (EC) No 1107/2009 (concerning the placing of plant protection products on the market) to a more precise definition of residues taken from Regulation (EC) No 396/2005 (on maximum residue levels of pesticides in or on food and feed of plant and animal origin), providing more clarity and consistency with the definition which is used in the legislation for general food.

Whilst changes are technical in nature, they also ensure continued alignment with GB and EU on these matters.

6. What discussions have you had with the UK Government about the potential implications of the Retained EU Law (Revocation and Reform) Bill for these Regulations

The NLCS policy group are currently considering how best to discuss the future of the REUL and NIP bill work and whether this should be through the existing group or a separate sub-group with the appropriate colleagues.

Yours sincerely,



Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad

–

Legislation, Justice and Constitution Committee

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Lynne Neagle MS
Deputy Minister for Health and Wellbeing

7 December 2022

Dear Lynne

Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2022

Thank you for your letter of 21 November regarding the above proposed UK Government Regulations.

In your letter you state:

> *"There is no divergence between the Welsh Government and the UK Government (Department of Health and Social Care) on the policy for the corrections. Therefore, making separate SIs in Wales and England would lead to duplication, and unnecessary complication of the statute book. Consenting to a UK wide SI ensures that there is a single legislative framework across the UK which promotes clarity and accessibility. In this circumstance, the Welsh Government considers it appropriate that the UK Government legislates on our behalf in this instance."*

We would welcome clarification on the following issues:

1. Please can you explain why you believe separate Wales only, bilingual regulations, made in parallel with the UK Government, would lead to "unnecessary complication of the statute book"?

2. Please can you confirm that the Regulations are a Great Britain-wide (GB-wide) statutory instrument and that they are intended, from your perspective, to form part of a single GB legislative framework rather than a Welsh or, as your letter suggests, a UK framework?

3. Is all legislation in this policy area GB-wide or do divergences exist?

4. Your letter refers to amendments being made. Please can you provide more specific detail about each of these amendments (as the terms "update" and "standardise" are relatively vague)?

5. What is the rationale for making the amendments set out in the Regulations? For example, are they for the purpose of keeping pace with changes to EU legislation, or do they reflect developments in the scientific evidence?

6. What is your view on whether these Regulations will lead to divergence with EU standards for similar products?

7. What is your view on whether the Regulations improve pre-Brexit food standards?

8. Can you confirm if these regulations were considered through the relevant Common Framework or Frameworks and, if so, which ones?

9. What action are you taking to promote accessibility of this legislation to those affected by it, including Welsh-speaking citizens given that the Regulations are in English only?

10. Can you confirm what consultation has been undertaken with Welsh stakeholders on these Regulations?

11. How will this legislation be affected in the future should the UK Government's Retained EU Law (Revocation and Reform) Bill become law, particularly if there is any policy divergence between the Welsh and UK Governments?

12. When agreeing to GB-wide regulations, what discussions did you have about the impact of the Retained EU Law (Revocation and Reform) Bill (the REUL Bill) and what was the outcome?

13. Given that retained direct EU legislation is subject to the sunset in the Retained EU Law (Revocation and Reform) Bill, did you consider making separate Welsh legislation outside the framework of REUL?

14. Does the Welsh Government intend to revisit these Regulations if the REUL Bill becomes law?

I would be grateful to receive a response by 5 January 2022.

I am copying this letter to Russell George MS, Chair of the Health and Social Care Committee and Jane Bryant MS, Chair, Children, Young People and Education Committee.

Yours sincerely,

Huw Irranca-Davies
Chair

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Llywodraeth Cymru
Welsh Government

Huw Irranca-Davies MS,
Chair, Legislation, Justice and Constitution Committee
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20 December 2022

Dear Huw

Thank you for your letter dated 7 December.

If I take each of your points in turn:

Please can you explain why you believe separate Wales only, bilingual regulations, made in parallel with the UK Government, would lead to "unnecessary complication of the statute book"?

I considered options for taking forward the proposed amending regulations which includes the option for Welsh Government to draft its own Statutory Instrument (SI) which addresses all amendments. However, to ensure alignment and enforcement with the rest of GB and EU, on this occasion it was felt necessary to progress on this basis. This proposed SI makes minor amendments to existing regulations rather than creating any new policy.

Consent to the GBSI has not precluded the Welsh Ministers from taking a different approach upon receipt of any such future request, should it be considered that an alternative approach is warranted and/or preferable.

Please can you confirm that the Regulations are a Great Britain-wide (GB-wide) statutory instrument and that they are intended, from your perspective, to form part of a single GB legislative framework rather than a Welsh or, as your letter suggests, a UK framework?

This GBSI makes minor amendments and forms part of a single GB legislative framework. This is consistent with the approach taken in respect of previous legislative amendments in this area. However, amendments are also required through the Baby Food Regulations in Wales by Welsh Ministers, via Welsh legislation.

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Is all legislation in this policy area GB-wide or do divergences exist?

Not all legislation in this area is done on a GB basis as some regulatory making powers have been transferred to Welsh Ministers. In those cases, Welsh Ministers would make Wales specific amendment regulations.

Your letter refers to amendments being made. Please can you provide more specific detail about each of these amendments (as the terms "update" and "standardise" are relatively vague)?

These amendments will correct errors: updating the units of measure for the labelling of zinc in food supplements, and a previously missed amendment to add zinc chloride and ferrous bisglycinate as permitted sources of vitamins and minerals for use in processed based baby foods (baby foods) (the latter being applicable only to England in these Regulations as separate Welsh only Regulations will make the equivalent changes for Wales); to use different sources for certain vitamins and minerals to be added to food supplements, baby foods and infant formula and follow-on formula (IFFOF) and for consistency in labelling between food supplements and other types of food containing copper. The definition of pesticide residue will be updated from the terminology used in Regulation (EC) No 1107/2009 (concerning the placing of plant protection products on the market) to a more precise definition of residues taken from Regulation (EC) No 396/2005 (on maximum residue levels of pesticides in or on food and feed of plant and animal origin), providing more clarity and consistency with the definition which is used in the legislation for general food.

What is the rationale for making the amendments set out in the Regulations? For example, are they for the purpose of keeping pace with changes to EU legislation, or do they reflect developments in the scientific evidence?

The purpose of these amendments is to ensure continued alignment with GB and EU on these matters.

What is your view on whether these Regulations will lead to divergence with EU standards for similar products?

The EU has made legislation to make the same amendments which are already applicable in corresponding nutrition regulations across the EU.

What is your view on whether the Regulations improve pre-Brexit food standards?

These amendments are technical in nature and correct errors only, which aims to protect specific vulnerable groups of consumers by regulating the content and marketing of food products specifically created for and marketed to them, which align with the EU on these matters.

Can you confirm if these regulations were considered through the relevant Common Framework or Frameworks and, if so, which ones?

Yes, the joint approach was discussed as part of the Nutrition Related Labelling, Composition and Standards Working Group (NLCS). On the 9th March 2021 the European Commission amended Annex II of Directive 2002/46/EC to allow magnesium citrate malate to be a form of magnesium chloride and nicotinamide riboside chloride as a form of niacin used in the manufacture of food supplements. Following this legislative change in the EU and NLCS policy group considered the amends and following a risk assessment and risk

management processes set out in the NLCS framework (including scientific assessment), received GB ministerial consent to authorise nicotinamide riboside chloride as a form of niacin and magnesium citrate malate as a form of magnesium which can be used in food supplements.

What action are you taking to promote accessibility of this legislation to those affected by it, including Welsh-speaking citizens given that the Regulations are in English only?

Regulations are aimed at business and manufacturing of products and are technical in nature, however specific engagement will be undertaken with relevant stakeholders and bilingual information provided on the Welsh Government website.

Can you confirm what consultation has been undertaken with Welsh stakeholders on these Regulations?

The UK Government's Department of Health and Social Care in conjunction with Devolved Administrations launched a three-week UK wide consultation, inviting comments from the food and nutrition industry, representative groups, the public and other interested parties across the UK on the proposed approach.

How will this legislation be affected in the future should the UK Government's Retained EU Law (Revocation and Reform) Bill become law, particularly if there is any policy divergence between the Welsh and UK Governments?

We are in early discussion with UKG, Scotland and Northern Ireland about the implications of this Bill but we are not aware of any plans for policy divergence.

When agreeing to GB-wide regulations, what discussions did you have about the impact of the Retained EU Law (Revocation and Reform) Bill (the REUL Bill) and what was the outcome?

This was not considered as part of this amending SI. However, The NLCS policy group are currently considering how best to discuss the future of the REUL and NIP bill work and whether this should be through the existing group or a separate sub-group with the appropriate colleagues.

Given that retained direct EU legislation is subject to the sunset in the Retained EU Law (Revocation and Reform) Bill, did you consider making separate Welsh legislation outside the framework of REUL?

Making separate Welsh legislation outside the framework was not considered. However, we will be working with the UK Government to ensure that the retained direct EU legislation in this area is not allowed to sunset but is preserved or "assimilated" under the Bill.

Does the Welsh Government intend to revisit these Regulations if the REUL Bill becomes law?

No. We have no plans to revisit these regulations.

Yours sincerely,

Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Y Gwir Anrhydeddus Elin Jones AS
Llywydd, Senedd Cymru

Right Honourable Elin Jones MS
Llywydd, Welsh Parliament

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All members
Via email

1 Rhagfyr 2022

Dear Member,

Prioritising Committee Business

At recent meetings of the Chairs' Forum some concerns have been raised that a minority of committee members are prioritising other commitments over committee business, at times.

Guidance on Virtual and Hybrid Proceedings, including Committee proceedings was issued recently. I would like to remind members also of the importance of making time for committee business.

Whilst occasional absence from committee meetings is anticipated in our procedures, it is expected that a substitute will be sent in place of an absent member to avoid disruption to committee business.

One issue, described by Chairs, is that some committee members routinely leave at the end of the public part of a meeting. This means they are not present for private agenda items that might be scheduled at the end of a meeting. This is disrupting the work of some committees.

The Chairs' Forum has endorsed the report by Professor Diana Stirbu: *Power, Influence and Impact of Senedd Committees: Developing a framework for measuring committees' effectiveness*.

As part of her work, Professor Stirbu considered the features of committee effectiveness. One feature arising from her research is:

> *Effective committees have Members who are fully engaged and interested in their work. Members are prepared, are listening, and supporting each other in committee sessions.*

Committee Chairs expect members of their committees to be fully engaged with all aspects of a committee's work, and to prioritise committee work over other commitments for the full duration of committee meetings (including any private items scheduled). This is essential if committees are to be effective in the delivery of their objectives.

Of course, there are legitimate reasons why a member might not be able to engage fully with the work of a committee. In such circumstances, a Member should discuss this with the relevant committee Chair. The committee Chair can take account of this, from the perspective of supporting the Member, and delivering the committee's objectives.

Yours sincerely,

Rt. Hon. Elin Jones MS

Llywydd

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

Mark Drakeford MS
First Minister

16 November 2022

Dear First Minister

Scrutiny of the financial implications of Bills

I am writing to you given your overarching responsibility for the Welsh Government's Legislative Programme.

The Finance Committee is deeply concerned that the Welsh Government has moved away from the practice in the Fifth Senedd of providing a written response to Committee Stage 1 reports before the Stage 1 debate takes place and before the Senedd is required to agree a Financial Resolution.

The Finance Committee's role is to consider the financial implications of Bills and our reports often conclude that we are content with the financial information contained alongside Government Bills subject to a commitment from the Minister to provide further financial information that we have requested. As the motion to agree a Financial Resolution usually takes place straight after the Stage 1 motion has been agreed, the Welsh Government's refusal to provide a formal response to our recommendations means that the Senedd is being asked to agree to committing resources before the Minister's views are known. We consider this to be unacceptable and it undermines the scrutiny process.

The Committee has considered the financial implications of all Bills that have been introduced this Senedd, excluding the consolidation Bill which is subject to different procedures. In our scrutiny of the first Bill introduced, the *Tertiary Education and Research (Wales) Bill*, we set out our expectation for this Senedd that RIAs should contain the best estimate possible for costs and benefits to enable us to fully scrutinise the overall financial implications of a Bill. This built on issues outlined in the Fifth Senedd Finance Committee's Legacy Report which sets out further expectations in terms of the presentation of financial information that all Bills should adhere to.

We have recently received the Welsh Government's response to our recommendations on the *Environmental Protection (Single-use Plastics Products) (Wales) Bill*. The Committee was disappointed that in many cases the Minister has "agreed in principle" to provide further financial information requested. However, the preamble suggests that the Minister's officials are assessing the feasibility of updating the original cost and, if they are able to, "any work will take at least six months to complete". Even if the costs will be updated, the Bill is likely to have completed its legislative passage through the Senedd by the time the information is available.

This is simply not good enough. It is unhelpful to receive this information after the Senedd has already agreed to the Financial Resolution. It also undermines the Committee's efforts which, in turn, greatly increases the risk of the Senedd passing bad laws with uncertain financial outcomes that could place significant pressures on already stretched budgets.

We therefore request that Ministers revert to previous practice and provide a written response to the Finance Committee's recommendations prior to the Stage 1 debate and the consideration of a Financial Resolution as a matter of principle. This will ensure the Senedd is able to make an informed decision in relation to committing resources.

I would be grateful if you would circulate this letter to your cabinet colleagues. I am also sending a copy to the Business Committee and Chairs of Policy Committees.

Yours sincerely

Peredur Owen Griffiths MS
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Y Gwir Anrh/Rt Hon Mark Drakeford AS/MS
Prif Weinidog Cymru/First Minister of Wales

Llywodraeth Cymru
Welsh Government

Eich cyf/Your ref
Ein cyf/Our ref

Peredur Owen Griffiths MS
Chair of the Finance Committee

7 December 2022

Dear Peredur,

Scrutiny of the financial implications of Bills

I am writing in response to your letter of 16 November 2022 regarding the scrutiny of the financial implications of Government Bills.

Your letter highlights concern that the Welsh Government has moved away from practice in the Fifth Senedd where Welsh Ministers provided written responses to Stage 1 reports in advance of the General Principles debate and Financial Resolution.

It is during the Stage 1 debate that Ministers provide an explanation of the Government's response to the recommendations in each Committee report and in most, but not all, circumstances have provided further detail through a formal letter.

While there were occasions during the Fifth Senedd where the Government responses were issued before or on the date of the General Principles debate, this was not routine practice for all Bills. In fact, over half of responses were issued in writing after the debate or provided verbally during the debate.

Ministers endeavour to respond to the Committees as soon as reasonably possible but it is not always practical for Welsh Ministers to do this prior to the Stage 1 debate for every Bill, so in practice these written responses may be provided after the debate has taken place.

There may be circumstances where more time is required to consider the implications of the recommendations or where the detail needed to provide an informed response is not available in advance of the Stage 1 debate. In addition, the legislation may be novel and while we aim to provide best estimates of the likely costs, there are situations where multiple varying factors mean precise costings are not achievable until the provision is

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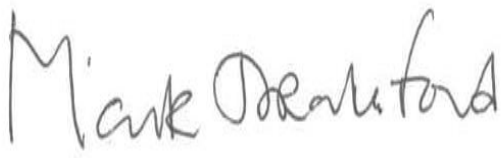
tested and assessed. Nonetheless, we will continue to inform the Finance Committee of the financial information relating to each Bill as they go through the various Senedd scrutiny stages.

In addition, Welsh Ministers will continue the practice established during the Fifth Senedd of writing to the subject and Finance Committees in advance of Stage 3 proceedings of a Bill if significant changes have been made to the Regulatory Impact Assessment post Stage 2.

Your letter along with this reply has been copied to all Welsh Ministers. This reply is also issued to the Business Committee and the Chairs of Policy Committees.



MARK DRAKEFORD

Senedd Cymru
Y Pwyllgor Cyllid
—
Welsh Parliament
Finance Committee

Mark Drakeford MS
First Minister

19 December 2022

Dear First Minister

Scrutiny of the financial implications of Bills

Thank you for your letter of 7 December, in response to the Finance Committee's request for the Welsh Government to revert back to the practice of providing a written response to Committee Stage 1 reports prior to the Stage 1 debate taking place.

It is disappointing that you are not able to give a commitment to this modest request. Your letter suggests that "it is during the Stage 1 debate that Ministers provide an explanation of the Government's response to the recommendations in each Committee report". However, we believe that this should not be considered common practice as it is not always possible for Ministers to provide a full and thorough response to each recommendation given the limited time available during the debate itself. As highlighted in my initial letter, it is standard practice that the Financial Resolution motion is taken immediately after the Stage 1 motion has been agreed. The Senedd therefore has very little time to consider the Government's response, before having to make a decision to commit resources.

You also state that there may be circumstances where more time is required to consider certain recommendations or where the detail needed to provide an informed response is not available in advance of the Stage 1 debate. Given that the timetables for Government Bills are proposed by the Welsh Government, with the Business Committee agreeing the deadlines for Stages 1 and 2, consideration should be given to moving away from the practice of voting on the Financial Resolution motion on the same day as the Stage 1 debate takes place. A similar decision was taken in the Fourth Assembly, reversing the default position to delaying voting on the Stage 4 motion until a week after Stage 3 proceedings had concluded, to allow Members the opportunity to consider the

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final version of a Bill prior to the Senedd being asked to approve it. We believe the same principle should apply to the Financial Resolution motion. This would allow time for Members to reflect on the Welsh Government's response to the Finance Committee's report. We consider this to be particularly important given that there is no further opportunity for the Senedd to formally consider the financial implications of Bills after the motion has been agreed.

Finally, you state that legislation "may be novel" and that there may be "situations where multiple varying factors mean precise costings are not achievable until the provision is tested and assessed". The Committee acknowledges these challenges, however, it is not acceptable for the Welsh Government to simply not attempt to calculate the potential costs of legislation. The Regulatory Impact Assessment (RIA) is a key tool to critically assess a range of methods explored in relation to the development of a legislative proposal and to provide an evidence based approach to policy making-decisions. We recognise that "precise costings" may not always be possible but it is imperative that RIAs contain the best estimate possible for costs and benefits to enable us to fully scrutinise the overall financial implications of a Bill, a point we have made as a Committee on a number of occasions.

We find it regrettable that the RIAs that have accompanied Bills introduced so far this Senedd seem to be more of a "by-product" of the decision-making process, rather than the tool driving it. The latest Bill we considered, the Agricultural (Wales) Bill, is a framework Bill where a significant proportion of costs relate to a future Sustainable Land Management scheme that will not be finalised until next year. In these situations, the Senedd may end up agreeing a Financial Resolution to a Bill based on the information contained in the RIA on introduction that subsequently could escalate significantly. This lack of clarity makes our role as a Finance Committee very challenging and significantly hampers our ability to take a decision on whether or not costs are reasonable.

Should the Welsh Government continue to provide RIAs where information is incomplete or insufficient, it will leave the Committee will little choice but to compel Ministers to reappear before the Committee once the information requested is available to ensure the financial information provided by the Welsh Government stands up to robust scrutiny.

As you are aware, a number of Senedd Committee have raised similar concerns regarding the timeliness of Welsh Government responses ahead of Stage 1 debates. This paints an unfortunate picture and calls into question the spirit in which the Welsh Government engages with the Senedd on legislative matters. I therefore ask you to reflect on the issues above and reconsider the Welsh Government's position of providing a written response to the Finance Committee's reports prior to the Stage 1 debate and to give consideration to tabling the Financial Resolution motion at least a week after Stage 1 has been

agreed. Given the current pressures on public finances it is more important than ever that the Welsh Government provides as much clarity and assurance as possible before Members are required to authorise spending arising from a Bill.

As these issues cut across Committee remits, a copy of this letter has been sent to the Chairs of all Senedd Committees.

Yours sincerely

Peredur Owen Griffiths MS
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Y Pwyllgor Cyllid

Finance Committee

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Chair, Children, Young People, and Education Committee
Chair, Climate Change, Environment, and Infrastructure Committee
Chair, Culture, Communications, Welsh Language, Sport, and International Relations Committee
Chair, Economy, Trade, and Rural Affairs Committee
Chair, Equality and Social Justice Committee
Chair, Health and Social Care Committee
Chair, Legislation, Justice and Constitution Committee
Chair, Local Government and Housing Committee

12 December 2022

Dear Committee Chairs,

Draft Budget 2023-24

I wrote to you prior to the summer recess in relation to the Finance Committee's pre-Budget engagement work and the Committee's Plenary debate on the Welsh Government's Spending Priorities for the forthcoming Budget. I am now writing to provide a further update on the Draft Budget scrutiny.

Consultation

At the start of the autumn term, the Finance Committee undertook a consultation seeking information on the Draft Budget on behalf of all Committees. We received 29 responses which are available on the Finance Committee webpage.

Timetable

As you will be aware the publication of the Welsh Government's Draft Budget has been delayed again this year due to the UK Autumn Statement that was announced on 17 November. The Minister for Finance and Local Government (the Minister) has confirmed that she will publish the outline and detailed Draft Budget together on 13 December. The Minister will appear before the Finance Committee on 14 December for an initial evidence session on the Draft Budget.

Budget focus

The focus of this year's budget is likely to centre on the cost of living crisis, rising energy costs and high inflation. In addition, the Finance Committee has identified a number of areas which we would like to see the focus of scrutiny, these are:

- what impact are inflationary pressures having on revenue and capital budgets and how has this changed affordability of previous plans;
- how resources should be targeted to support economic recovery and what sectors in particular need to be prioritised;
- to what extent alleviating climate change should be prioritised in supporting economic recovery;
- how budget allocations support aspirations of the Net Zero Wales plan;
- Welsh Government policies to reduce poverty and the impact of cost of living crisis and gender inequality;
- approach to preventative spending and how is this represented in resource allocations (preventative spending = spending which focuses on preventing problems and eases future demand on services by intervening early);
- sustainability of public services, innovation and service transformation;
- how evidence is driving Welsh Government priority setting and budget allocations;
- how the Welsh Government should use taxation powers and borrowing;
- support for businesses, economic growth and agriculture post-EU transition;
- what are the key opportunities for Government investment to support 'building back better' (i.e. supporting an economy and public services that better deliver against the well-being goals in the Well-being of Future Generations Act).

In addition, the following areas were identified as priorities during the Committee's stakeholder and engagement events during the summer term:

- tackling inequality and poverty – what are the priorities and how suitable is the current support given the proportion of people living in relative income poverty in Wales?

- NHS waiting lists – is there evidence of a robust plan, supported by adequate resources, to address the record number of people in Wales on waiting lists for planned or non-urgent NHS treatment, is it clear this is a priority for the Welsh Government?
- children and young people – is sufficient funding being provided and appropriately directed to support children and young people whose education, development, mental health and well-being have been affected by the pandemic?
- issues for long term sustainability of NHS, social care, further and higher education, local government and other public services, including how they can make efficiencies and transform how they deliver services.
- economy and infrastructure – are the right schemes being prioritised to support Welsh businesses and the economy, how does the Welsh Government enable Wales to prosper post COVID-19 and Brexit?
- how should the Budget address the needs of people living in rural communities and develop rural economies?
- creating a greener Wales – are Welsh Government's plans to move to a greener economy clear and is sufficient investment being made to tackle climate change and its impacts? Do these plans need to be revised to reflect the increased urgency to reduce reliance on gas and oil given the war in Ukraine?
- third sector and volunteering – how can the Welsh Government support third sector organisations as they deal with financial challenges and increased demand for some services as a result of the cost of living crisis and pandemic.
- taxation – How should the Welsh Government use its tax raising and borrowing powers and do you feel these powers should be expanded, kept the same or reduced?

We hope that the consultation and engagement work will complement and inform the work of policy Committees and I would encourage you to use some of the areas outlined above as the focus for your budget scrutiny.

Budget Process Protocol

As mentioned, the publication of the Welsh Government Draft Budget has been delayed again this year. This is the fourth consecutive year there has been a delay, which has resulted in curtailed scrutiny periods for the Senedd. The Finance Committee therefore believes the time is right to review the Budget Process Protocol that was introduced in 2017. Whilst the protocol has many benefits, we believe it requires updating to reflect established practices and recent experiences, particularly the trend in recent years for the publication of the Welsh Government's Draft Budget to be delayed in

light of the timing of UK fiscal events. I have recently written to the Minister proposing changes in the following areas:

- formalising the Committee's pre-budget engagement and scrutiny work; and
- providing greater certainty in relation to the timing of the Draft Budget.

The Minister has previously expressed a willingness to engage with the Finance Committee on this issue, and we hope that she will consider these changes to be proportionate. I will update Committee Chairs on this issue once I have received the Minister's response. The Finance Committee hopes that these changes can be addressed and implemented ahead of the 2024-25 budget round.

If you have any questions about any aspect of the Draft Budget process, please feel free to contact me or the Clerk to the Finance Committee, Owain Roberts, 0300 200 6388, seneddfinance@senedd.wales.

Yours sincerely,

Peredur Owen Griffiths
Chair, Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Y Pwyllgor Deddfwriaeth, Cyfiawnder a'r Cyfansoddiad

Legislation, Justice and Constitution Committee

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Russell George MS
Chair, Health and Social Care Committee

14 December 2022

Dear Russell

Legislative Consent: Retained EU Law (Revocation and Reform) Bill

You will be aware that the UK Government has introduced to the UK Parliament the Retained EU Law (Revocation and Reform) Bill (the Bill). If passed, the Bill would set in motion the UK Government's plan to retain, revoke or reform thousands of pieces of retained EU law (REUL). It would also begin a countdown to 31 December 2023, when the majority of REUL will automatically expire unless Ministers take action to save or reform it. Of concern to us, as legislators, is the fact that the Bill would enable Ministers, rather than parliaments, to significantly alter the UK's regulatory and legal landscape.

My Committee has, for some time, been keeping a watching eye on the UK Government's plan for REUL, and we began asking questions of the Welsh Government some months ago.

With the laying of the Bill before the UK Parliament, and in anticipation of the Welsh Government bringing forward the likely necessary consent memorandum, my Committee agreed to seek the views of stakeholders both in Wales and across the UK. We sought views on a number of matters including to what extent the Bill might impact Wales' regulatory landscape; what role should the Senedd have in the revocation and reform of REUL in devolved areas; the Welsh Government's decision not to carry out its own assessment of REUL, including not forming its own view on what is devolved and what is reserved; and whether the Bill might introduce new limitations for the Welsh Government, which wants to improve pre-Brexit standards, where possible.

Enclosed are the submissions we received from the Food Standards Agency, the Wales Governance Centre and Wales Council for Voluntary Action, and the Welsh NHS Confederation. We believe this evidence may be of interest to your Committee.

You will also be aware that the Welsh Government has now laid before the Senedd a legislative consent memorandum in respect of the Bill, and that my Committee has lead responsibility for scrutinising the memorandum.

At our meeting on Monday 5 December, we took evidence from Mick Antoniw MS, the Counsel General and Minister for the Constitution, in respect of the Bill and the Welsh Government's legislative consent memorandum. You may wish to note that the Counsel General repeated his concerns that the implementation of the Bill, should it be passed and enacted, has the potential to overwhelm the governments of the UK. You may also wish to note that concerns about implications for Senedd Business and for the Welsh Government's own legislative programme were also discussed.

I am writing to other Senedd Committees to draw attention to the evidence we received which falls within the remit and interests of their Committees.

Yours sincerely,

Huw Irranca-Davies
Chair

Asiantaeth Safonau Bwyd
food.gov.uk
Food Standards Agency

Oddi wrth / From Professor Susan Jebb
Cadeirydd yr ASB / FSA Chair

E-bost / E-mail [redacted]

By email: seneddLJC@senedd.wales

18 November 2022

Ref: MC2022/00298

Annwyl Weinidog / Dear Mr Irranca-Davies

I am writing in response to your request for stakeholder comment on the provisions in the REUL bill to inform scrutiny of the Bill and subsequent Welsh Government legislative consent memoranda.

Devolution transferred responsibility for food and feed safety and hygiene from the UK government to Wales, Northern Ireland and Scotland. This means that the FSA has the function of developing policies and advising Welsh Ministers on these areas. Our commitment to four-country working ensures that we can effectively protect public health and consumer interests across England, Wales and Northern Ireland, working with Food Standards Scotland.

As you will be aware, the Bill intends to automatically sunset Retained EU Law (REUL) at the end of 2023, unless Ministers agree to extend, preserve, reform or restate them. The Bill also includes the option to extend REUL to allow reform in the period until 2026.

In the FSA, we are clear that we cannot simply sunset the laws on food safety and authenticity without a decline in UK food standards and a significant risk to public health. While I'm sure this is not the Government's intention with these plans, the current timeframe does cause me some concern. We will need to work through more than 150 pieces of retained EU law, 39 of which are specific to Wales very quickly and to advise ministers on how best to incorporate important rules that safeguard food safety and public health within our domestic legislation.

Ensuring that people have food they can trust remains our number one priority. We also recognise this is an opportunity to review and reform these laws so that businesses have the right regulation to enable them to provide safe and trusted food, to trade internationally and to grow.

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SGÔR HYLENDID BWYD
FOOD HYGIENE RATING

In due course, we think a new UK Food and Feed Bill would provide the best opportunity for a comprehensive rethink, tailored to the needs of the UK. Our experience tells us that developing policy in an evidence-based, open and transparent way is better for consumers and for businesses, but this takes time to get it right.

Food law is devolved and we support devolved decision making on food and feed safety and standards. We will continue to work with Welsh Government officials on the bill's impacts in Wales and will consider any reforms in line with commitments in the common framework agreements for Food and Feed Hygiene and Safety and Food Compositional Standards and Labelling.

Yn gywir

Yr Athro / Professor Susan Jebb OBE, PhD, FRCP (Hon), FMedSci

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Response to the Senedd Legislation, Justice and Constitution Committee Call for Views

Charles Whitmore, Research Associate, Cardiff University – Wales Governance Centre & Wales Council for Voluntary Action.

November 2022

About this evidence

This evidence has been written by Charles Whitmore as a part of the Wales Civil Society Forum project (Forum). This is a partnership between Wales Council for Voluntary Action (WCVA) and Cardiff University's Wales Governance Centre (WGC) funded by The Legal Education Foundation. Its aim is to provide a civic society space for information sharing, informed discussion and coordination in areas subject to legal, administrative and constitutional change stemming from the UK's withdrawal from the European Union.

WCVA is the national membership organisation for the voluntary sector in Wales.

The **WGC** is a research unit sponsored and supported in the School of Law and Politics, Cardiff University.

1. Introduction

1.1 Many thanks to the Committee for the invitation to submit views on the Retained EU Law (Revocation and Reform) Bill. I am doing so in my capacity as coordinator of the Forum project as civil society organisations we have engaged with in Wales and at the UK level have expressed serious concerns about many aspects of the legislation. The Bill's core function – to automatically repeal or to amend without parliamentary or public scrutiny a massive body of law, while transferring vast law-making powers to ministers, with little to no consideration of the devolved implications reflected in the drafting - is constitutionally extremely worrying. The bill will:

a. Transfer significant legislative powers to ministers at both the devolved and central levels. Even going so far as to allow Ministers to use the broad powers in clause 15 to amend provisions of primary law (by virtue of clause 12(2)b).
b. Create significant legal uncertainty.

c. Likely lead to legislative errors and omission – potentially creating holes in the statute book which will require further legislative time to fix at a later date.
d. Drain capacity from the Senedd, Welsh Government and civil society in Wales – an issue that is likely to be felt even more acutely at the devolved level.
e. Empower the executives to enact policy change, either intentionally or by omission as a result of inaction - this is an entirely inappropriate means of reforming such a huge body of law. It is unclear how such a decision would be communicated, impact assessed, consulted on or challenged.
f. Risk sunsetting key rights and standards. The equality impact assessment[1] and the human rights memorandum[2] both note that in theory (UK Government reassurances notwithstanding) there is a risk of anti-discrimination protections and retained EU law (REUL) relevant to Convention Rights being caught by the sunset mechanism. The former explains that there are equality risks created by the Bill's provisions on departing from Retained EU case law, but that these are mitigated by the Human Rights Act section 3 duty on the courts to interpret domestic legislation in line with the European Convention on Human Rights (ECHR). **This ignores that the Bill of Rights Bill is also being considered by the House of Commons which will repeal this duty**.
g. Undermine ordinary legislative procedures, parliamentary oversight, and civil society's role in scrutinising significant policy change by providing no time or mechanism by which the impact of the potential sunset, preservation, restatement, update, repeal or replacement of REUL might be assessed, scrutinised or consulted on.

1.2 In addition to the above, there are further concerns that relate specifically to the non-consideration and complexity of interactions with devolution which I will now focus on.

2. Impact on Wales' regulatory landscape and Interactions with the UK Internal Market Act (UKIMA)

2.1 There has clearly been very little consideration and consistency in the drafting of the Bill around its interaction with the institutions of devolution. Devolution is mainly considered at only two points across the Bill's various documents – less than half a page in the explanatory notes,[3] and paragraph 36 of the Equality Impact Assessment.[4]

a. The former notes that the bill's approach is consistent with other EU related legislation, that the devolved 'administrations' have been appropriately and proactively engaged with, that the Bill reflects a commitment to respecting the devolution settlements and the Sewel Convention and '***will not create greater intra-UK divergence***' (my emphasis).

b. In contrast, the latter document recognises that the Bill is likely to lead to regulatory divergence but that this will be managed by the UK Internal Market Act and Common Frameworks. There is a vague reference to conversations having taken place in Whitehall (presumably without the Welsh Government) to ensure that the Bill does not '*change the*

[1] Retained EU Law (Revocation and Reform) Bill, Equality Impact Assessment, para. 27.
[2] Retained EU Law (Revocation and Reform) Bill, ECHR Memorandum, para. 8.
[3] Retained EU Law (Revocation and Reform) Bill, Explanatory Notes, Paragraphs 58-61.
[4] Retained EU Law (Revocation and Reform) Bill, Equality Impact Assessment, para. 36.

impact of the UKIM Act'. The impact assessment ends this argument noting that where divergence occurs, the UKIMA market access principles (MAPs) will apply in many areas. **This assessment is worrying and even misleading in several ways - I will take each in turn.**

The potential for and impact of regulatory divergence

2.2 As evidenced by the Equality Impact Assessment,[5] it is extremely misleading for the explanatory notes to state with certainty that the Bill will not increase intra-UK divergence. On the contrary, the mechanisms in the Bill provide significant scope for divergence, including in many areas that could trigger the market access principles - for example, around food composition, labelling and environmental policy. In theory it is conceivable that different parts of the UK may choose to allow different pieces of REUL to sunset and/or make different uses of the restatement, update, repeal and replacement powers in clauses 12-16 across a large body of law. There may even be different approaches to re-instating the principle of supremacy and the general principles of EU Law, particularly considering Scotland's Continuity legislation.

2.3 The brief explanation provided on this in the impact assessment is extremely limited and one-sided. It notes only that the UKIMA will protect consumers and businesses from the resulting divergences. However, it fails to acknowledge that **there could be significant and unforeseen extra-territorial policy impacts arising from different uses of the vast delegated powers in the Bill in different parts of the UK by virtue of the UKIMA MAPs**. As was explored at the time of the UKIMA's passage through Parliament, this is likely to work against Welsh policy autonomy as decisions to sunset or amend REUL / assimilated law in England will have disproportionately more impact on the other parts of the UK due to England's economic weighting and the constitutional imbalances between the central and devolved levels. **As a result, it should not be the case that the UKIMA is the default mechanism to manage the effects of any piece of legislation**. There is an acknowledgement of the overriding and problematic nature of the MAPs in the choice to provide a limited role for Common Frameworks in the operation of the UKIMA. This provides a statutory role for intergovernmental relations in helping to manage potential regulatory divergences that may otherwise result in tensions.[6]

2.4 Yet, depending on the policy directions taken by the different governments in the use of the delegated powers in the REUL Bill, the legislation risks triggering the MAPs on a scale far beyond what was initially conceived. **In practice this means that governments and legislatures will need to be hyper aware of the policy intentions behind the use of these powers in different parts of the UK as this may well result in *de facto* limitations of competence**.

2.5 In one hypothetical example, EU Regulation 1169/2011 on the provision of food information to consumers establishes essential requirements on nutrition, allergens and country of origin information on food labelling. There are relevant pieces of REUL at the devolved and UK levels implementing these requirements (the Food Information (Wales) Regulations 2014). Using

[5] There is a significant question as to why this Bill does not have a wider impact assessment. It is odd to see the equality impact assessment being used to consider wider regulatory impacts like potential interactions with UKIMA.

[6] As experienced recently with the expansion of exceptions to the MAPs in relation to single use plastics using the procedure in section 10 of the UKIMA, which provides a role for common frameworks in the discussion of further exceptions.

clause 15, the UK Government could decide to lessen these labelling requirements – indeed these powers are clearly drafted with deregulation in mind. It would also be within the scope of the powers in the Bill for the Welsh Government to preserve the requirements without amending them at the devolved level. It should be noted, that it would not be possible to introduce any changes that might fall within the Bill's extremely broad definition of an 'increased regulatory burden'. However, even if maintained, labelling requirements are likely to fall within the mutual recognition principle of the UKIMA and, as a result, products originating in England would not be required to comply with the 'preserved' standards in Wales. They would need only comply with the amended 'assimilated' lower standard in England. This would invariably place significant pressure on policy makers in Wales to match the standard introduced by the UK Government to ensure a level playing field for producers in Wales.

2.6 Given the amount of reserved and devolved REUL that would need to be considered in such a short amount of time, its extraordinary breadth, the limited capacity available, and the lack of an effective system of intergovernmental relations to support such an in-depth joint analysis in so many areas, **it is likely to be impossible to consider the impact of all such potential divergences on Wales' regulatory landscape while no policy direction is provided on how these powers might be used**. This is legal uncertainty on a constitutional scale.

The potential role of the Common Frameworks

2.7 The equality impact assessment (and questions provided to me by the UK Parliament Public Bill Committee) suggest that it is the UK Government's view that if significant policy divergence were to arise from different uses of the Bill's delegated powers, the Common Frameworks would be sufficient to manage this outcome.

2.8 It is the case that if there were no sunset date, a significant body of intergovernmental work should take place around the replacement of reserved and devolved REUL because there is scope for interaction with the UKIMA and there is a need to identify potential interactions and interdependencies between UK and devolved acts. This is very much in the spirit of what the Common Frameworks were intended to provide – intergovernmental cooperation based on trust and consensus in a shared space to facilitate meaningful policy differentiation. As a result, they have seen a measure of success,[7] **but are unlikely to be an adequate mechanism to manage the level of disruption that could arise from the REUL Bill**:

a. They were designed with a level of cooperation in mind necessary to facilitate the repatriation of competencies from the EU as examined in the framework analysis.[8] The potential scale of divergence and tension that could arise from different uses of the

[7] J. Hunt, T.Horsley, 'In Praise of Cooperation and Consensus under the Territorial Constitution: The Second Report of the House of Lords Common Frameworks Scrutiny Committee', 16 July 2022. Available at: https://ukconstitutionallaw.org/2022/07/26/thomas-horsley-and-jo-hunt-in-praise-of-cooperation-and-consensus-under-the-territorial-constitution-the-second-report-of-the-house-of-lords-common-frameworks-scrutiny-committee/

[8] Cabinet Office, 'Revised Frameworks Analysis: Breakdown of areas of EU law that intersect with devolved competence in Scotland, Wales and Northern Ireland', April 2019. Available at: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/792738/20190404-FrameworksAnalysis.pdf

delegated powers in the Bill and of the sunset mechanism, from potentially asymmetrical instances of omission and from different approaches taken to supremacy and the general principles – would likely be far beyond what the common frameworks are capable of managing. A higher-level commitment to intergovernmental work on the basis of consensus would be required.

b. There are gaps – some policy areas do not have common frameworks but do have REUL. Indeed the framework analysis identified only a minority of policy areas as requiring a common framework and left many others to rely on other mechanisms. If the common frameworks are expected to provide a formal role in managing divergence arising from the REUL Bill, it is unclear how policy areas without a framework would be managed.

c. It is likely that different teams in the civil service at the devolved and central levels work on the common frameworks and REUL. Given the already significant capacity challenges, there are likely to be further practical issues around ensuring communication between relevant teams.

d. Despite their successes, the Common Frameworks lack transparency and consistency. Furthermore, the timeline of the UK's withdrawal from the EU required them to enter force despite many being incomplete and provisional.

The Bill is out of keeping with the devolution, the spirit of the Sewell Convention and other pieces of EU withdrawal related legislation

2.9 Contrary to the claim in the explanatory notes, the Bill does not respect the devolution settlements or the Sewell Convention. Insufficient *a priori* engagement took place as evidenced by communications from the Welsh (and Scottish) governments. Even *a posteriori*, it is striking that the Welsh Government was not invited to give oral evidence alongside the Scottish Government to the Public Bill Committee. Indeed at his evidence session on 8 November 2022, Angus Robertson MSP, Cabinet Secretary for the Constitution, External Affairs and Culture at the Scottish Government, seemed to be placed in a position by the Committee to also present the views of the Welsh Government.[9]

2.10 The Welsh and Scottish Governments have both recommended against legislative consent yet given recent practice it seems likely that the legislation will be passed anyway. Furthermore, it grants law-making powers to the UK Government in areas of Welsh devolved competence that can be exercised without seeking the consent of the Senedd or the Welsh Government. The clause 16 power to update assimilated law, which does not appear to be time limited up to 2026, would give an indefinite power to the UK Government to update Welsh law where there is a 'development in scientific understanding'. This makes the bill asymmetrical in how it addresses devolution, as Schedule 2 places restrictions on devolved competence, preventing the use of powers by the devolved authorities, but it creates no parallel restriction or consent mechanism on the exercise of the ministerial powers by the UK Government in devolved areas.

[9] Transcript available at: https://www.theyworkforyou.com/pbc/2022-23/Retained_EU_Law_%28Revocation_and_Reform%29_Bill/02-0_2022-11-08a.76.2

2.11 Also contrary to the statement in the explanatory notes, the absence of a consent mechanism makes the Bill out of keeping with other EU Withdrawal related legislation.

e. For example, sections 6(7), 8(9), 10(9) of the UKIMA require the UK Government to seek the consent of Welsh Ministers when exercising relevant delegated powers.

f. The Withdrawal Act and its associated intergovernmental agreement provide a constitutionally sounder example of a consent mechanism. In the event of the powers to freeze devolved competence being exercised by the UK Government, the system required that the Llywydd be notified and that the relevant regulations be provided to the Welsh Government. The Senedd was to then be given an opportunity to consent. If the UK Government wished to proceed without consent, both devolved and central governments were to provide a written statement to the UK Parliament explaining why consent was denied. The UK Parliament could then decide whether to approve the regulations or not. **It is constitutionally egregious that no consideration is given on the face of the REUL Bill to seeking the consent of devolved authorities in the exercise of concurrent powers, which in the case of this Bill, are vast**.

2.12 Similarly, there are several issues with the power to extend the sunset as it is unclear why this is granted exclusively to the UK Government. While the government has noted that this is intended as a 'fail-safe', given the tightness of the deadline it is likely to be essential. It is equally worrying that directly effective rights derived from EU case law, EU treaties and EU directives will sunset in 2023 by virtue of clause 3 without the possibility of extension when it is entirely uncertain what the effects of this will ultimately be.

2.13 The mechanism in clause 1(2) to preserve from sunset does provide an option that is open to the Welsh Government, but it too requires that all devolved REUL be identified prior to the deadline. It is also far from ideal that it is subject to the negative procedure. The articulation and differences between the clause 1(2) and clause 2 mechanisms are not entirely clear, though it seems the latter may be usable in relation categories of legislation making it potentially broader. In either case, it is possible that the sunset deadline will lead to a rush to extend or preserve devolved REUL from the sunset and will be conducive to omissions and legislative mistakes, with potentially serious ramifications for the statute book and legal certainty.

2.14 Furthermore, the process is entirely inappropriate from the perspective of parliamentary scrutiny, as the Senedd will have no meaningful decision to make if presented *en masse* with a body of devolved REUL to preserve. The decision not to preserve would simply be too problematic. **The Senedd should have an ordinary legislative role in scrutinising the changes to REUL over a much more protracted timeline, wherein the merits of specific legislative reforms can be subject to considered debate, impact assessment and consultation. The sunset mechanism should be removed or changed so that instruments must be specified to be included within its scope such the decision to do so can be scrutinised. A mechanism akin to that in the Withdrawal Act should also be considered so that the Senedd has a scrutiny role where concurrent powers are being exercised by the UK Government in areas of devolved competence**.

3 Capacity concerns

3.1 The deadline created by the sunset in clause 1 will place enormous pressure on the Welsh Government and the Senedd as the timeline for identifying all devolved REUL is impossibly tight. **This is tantamount to the UK Government asking that Welsh legislative and executive priorities be put on pause while an entirely unnecessary exercise takes place that can only lead to significant legal uncertainty and tension between central and devolved authorities**. These capacity concerns extend to Welsh third sector organisations, who will struggle if any meaningful civic society scrutiny is to take place on the use of the sunset and ministerial powers. That such a large and unnecessary re-direction of capacity should take place while the country is grappling with the cost of living crisis, an energy crisis and the fallout from the war in Ukraine, is astonishing.

3.2 The Welsh Government has stated that mapping devolved REUL for the purpose of this Bill should not be placed as a burden on devolved authorities. While understandable on a political level, in practice if the Bill passes largely unamended, it will be crucial that devolved REUL be identified as comprehensively as possible, as the consequences of being caught by the sunset are severe.

3.3 The capacity pressures the Bill will create are not limited to the identification of devolved REUL however. Significant intergovernmental coordination is needed to ensure that cross-border policy implications are identified and considered jointly prior to any decisions to sunset, restate, amend or repeal specific instruments. Dialogue should also take place where changes to reserved policy areas using these powers would have significant implications in Wales (for example around potential changes to labour rights).

3.4 It is unhelpful that the dashboard does not identify relevant devolved REUL as this means that devolved authorities are likely further behind in this process than the UK Government. They are likely also subject to even more acute capacity constraints. However, even if the Dashboard were to distinguish between devolved and reserved REUL, this would be of limited help as it does not go into the level of detail necessary to support a policy exercise of this nature and scale. Indeed recent work by the National Archives has highlighted just how incomplete it is as a database – noting that it has identified a further 1,400 pieces of REUL.[10] Meanwhile, little to no consideration has been given in debates in the UK Parliament to the absence of devolved REUL from the database.

4 The scope of the new regulation-making powers and their scrutiny

4.1 The bill will transfer vast amounts of law-making powers from the legislatures to the executives with no meaningful scrutiny, consultation or impact assessment process – **this is constitutionally inappropriate regardless of the level of governance at which it takes place**. It undermines both the role of the Senedd and the democratic scrutiny role provided by wider civic society. Clause 12 (2) (b) would even allow Ministers to amend provisions of primary legislation using the already extreme powers in clause 15. Furthermore**, it will enable, either by intention or**

[10] See the Financial Times report on 7 November 2022. Available here: https://www.ft.com/content/0c0593a3-19f1-45fe-aad1-2ed25e30b5f8

omission, Ministers to enact policy reform by inaction. It is unclear how, or even whether given the tight deadline, the intention to allow a piece of REUL to sunset would be communicated, let alone challenged.

4.2 Clause 15 is particularly egregious in two regards. Firstly, it is striking in the breadth of powers given to ministers who would be able to revoke and replace REUL with any alternative they consider 'appropriate'. Secondly, despite political reassurances, the tone and mechanisms of clauses 15(5) and 15(10) are clearly deregulatory.

a. Clause 15(5) would place a limitation on the Welsh Government's ability to use the delegated powers in Clause 15 to make any changes that could be interpreted as increasing the 'regulatory burden'.

b. Meanwhile, clause 15(10) establishes an incredibly broad (and open ended) definition of what can amount to a regulatory burden. This includes for example 'obstacles to efficiency, productivity, or profitability', 'financial cost' or even an 'administrative **inconvenience'**. It is unclear how differences in interpretation might be discussed and addressed around these definitions. What one authority considers a burden, another might consider a higher regulatory standard. This would effectively prevent regulatory standards being raised using these powers which, it is important to remember, are exercisable by the UK Government unilaterally in areas of devolved competence. Ordinary legislative processes could be used to re-establish or raise standards, however, there are concerns around legislative time, capacity, and the potential risk of entrenchment of any changes that might be introduced using these ministerial powers.

Welsh NHS Confederation
Conffederasiwn GIG Cymru

	Welsh NHS Confederation response to the Legislation, Justice and Constitution Committee on the Retained EU Law (Revocation and Reform) Bill
Contact for further info	[redacted]
Date:	7 November 2022

1. The Welsh NHS Confederation welcomes the opportunity to respond to the Legislation, Justice and Constitution Committee's consultation on the Retained EU Law (Revocation and Reform) 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 (our Members). We also host NHS Wales Employers.

Introduction

3. The scope of the Bill is broad and could represent an enormous capacity challenge to UK and Welsh Government, due to the fact that they will have to repeal, amend or replace over 2400 pieces of retained EU law (REUL).

4. There are substantial grounds for concern over the potential level of resources it will take Welsh and UK Governments to achieve this task before the 'sunset' date at the end of 2023.

5. There is also a risk that important pieces of legislation which protect public health could be unintentionally lost due to the restrictive timescale set out in the Bill. This would be due to Welsh Government, the Senedd and other stakeholders being unable to properly consider each affected piece of legislation.

Public Health

6. Of the over 2400 REUL, many intersect with areas which are important for protecting and improving public health. These include employment law, environmental law and food standards. Some specific examples are:
   - Regulation (EC) No 1924/2006 - ensures that nutrition and health claims made about a food product are based on scientific evidence so that consumers are not misled.
   - Regulation (EU) No 1169/2011 - regulates the information provided to consumers, including on allergens and nutritional content, as well as other labelling requirements.
   - Regulation (EU) 2019/631 - sets CO2 emission performance standards for new cars and vans.
   - Regulation (EU) 459/2011 - sets out vehicle requirements that improve the protection of pedestrians and other vulnerable road users involved in collisions.
   - Regulation (EU) 2017/2177 - ensures fair and equitable access to stations, depots and other rail related services.

7. The Bill could also hinder efforts for the UK to go further and faster on legislation which protects public health. Clause 15(5) of the Bill outlines that Ministers in the UK or Welsh

Governments can only use the powers in the Bill to replace existing EU law if it "does not increase the regulatory burden". This includes anything that brings additional "financial cost", "administrative inconvenience", or "obstacle to trade or innovation… efficiency, productivity or profitability". This indicates a strong preference towards deregulation, even where that may relate to areas of public health concern.

8. Without the ability or adequate time to properly ascertain which REUL needs to be preserved on the grounds of public health, we could see vital progress on the aims outlined in Welsh Government policy and legislation, such as A Healthier Wales and the Well-Being of Future Generations Act, impeded.

Trade

9. Trade and health are linked in many ways, affecting many wider determinants of public health, from the food we eat to our healthcare services, job market and ability to invest in public services. For example, the future ability of Welsh Government to introduce effective public health regulations may be hampered by new trade agreements and related legislation. Public Health Wales has explored the link between trade and health further in its report What could post-Brexit trade agreements mean for public health in Wales?

10. The Bill does include powers which can be used jointly or by a UK Minister, or by Ministers in the devolved administrations in areas of devolved competence. Ministers may wish to make different use of the powers in the Bill and consequently, consideration is needed around the Bill's interaction with the existing post-Brexit legislative infrastructure, particularly the Internal Market Act. For example, how might it affect the standards that goods available in Wales must adhere to, such as food products?

11. Similarly, further clarity would be welcome on whether changes to public health relevant regulations could affect their status under international trade agreements. Departure from the current shared standards could trigger EU challenges and lead to disputes over alleged breaches of the UK's Withdrawal Agreement/Trade and Co-operation Agreement.

Conclusion

12. Without a clear indication from the UK Government as to how the aims of the Bill will be accomplished, we believe it will be difficult to achieve within the timeframes it sets out, without comprising robust consideration of each REUL and its potential impacts on public health.

13. It is therefore imperative that there is engagement between UK and Welsh Government for concerns around public health to be properly considered when making decisions on REUL. Important pieces of legislation, such as those outlined in this response, cannot be allowed to be sunseted due to a lack of oversight. Further provisions must therefore be made for the Welsh and UK Governments to effectively identify any regulations which fall under or impact devolved areas of competence.

14. Assurances will be needed that the Bill will retain and improve legislation which impacts on public health. Ministers who are seeking to use the powers within the Bill to replace existing EU law must ensure consideration is given to long-term implications for population health and wellbeing

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

HSC(6)-12-23 PTN 12

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Eluned Morgan MS
Minister for Health and Social Services
Julie Morgan MS
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25 October 2022

Dear Ministers

Follow up questions after general scrutiny session on 6 October 2022

Thank you for attending our meeting on Thursday 6 October and responding to our questions.

Following the evidence session, Members agreed to write to you with follow-up questions on the issues outlined in the annex to this letter.

We would be grateful for a response by 16 December 2022.

Yours sincerely

Russell George MS

Chair, Health and Social Care Committee
Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

Annex: follow up questions after general scrutiny session on 6 October 2022

Following the general scrutiny session with the Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing on 6 October 2022, we would welcome further information on the matters listed below. We would be grateful to receive your response by 16 December 2022.

National Diagnostics Board

1. In your Programme for transforming planned care, you make a commitment to form a Diagnostics Board to bring together key partners from across the NHS and social services. Please can you provide an update on the work of the National Diagnostics Board, including further details on the diagnostics approach for Wales and how the Board is working with national programmes such as Imaging, Pathology and Endoscopy.

Waiting times data

It is currently unclear from the available data in which specialties the longest waits are in different health board areas. StatsWales publishes number of weeks waiting by health board, by speciality but not by hospital.

2. In our recent report, Waiting well? The impact of the waiting times backlog, we recommended that the Welsh Government should support health boards to routinely publish waiting times data disaggregated by specialty and hospital (recommendation 17). In your response, you accepted our recommendation, explaining that it was an action in your Programme for transforming planned care. Please provide us with an update on the implementation of recommendation 17.

Your written evidence states in June 2022 there were 97,882 open pathways over 52 weeks waiting for a first outpatient appointment. It said:

> *"Although the cohort of patients (this is the list of all patients that need to be seen by the end of December 2022 and is different to the number currently waiting over 52 weeks) is reducing, progress is slower than we would like and would expect".*

Our understanding is that this number only includes patient pathways already waiting for their outpatient appointment. In coming months, there will be new patient pathways.

3. Does the Welsh Government monitor/publish data on new patient pathways waiting for first outpatient appointment per month vs patient pathways that receive their first outpatient appointment per month (i.e. closed pathways), as clearing the backlog depends on the difference between these rates. What analysis has the Welsh Government done with NHS Wales on how much capacity needs to increase to clear the backlog?

4. Could you share the data guidance on what's included in each treatment function as reported on StatsWales, and confirm whether this is consistent across all health boards i.e. what general surgery covers, what's included in diagnostic services etc. How does Welsh Government ensure consistency in how the data is recorded by different health boards.

Data on NHS waiting lists in England is broken down by patients on the waiting list that lie within so-called 'non-admitted pathways' and others who lie within 'admitted' pathways. Those on admitted pathways are those patients who are already on a surgical waiting list. Those on 'non-admitted' pathways have not yet been seen by a specialist or have been seen but are still either awaiting diagnostic tests or a follow-up consultation. It is generally thought that around 15-20% of patients on the non-admitted waiting list will end up requiring inpatient treatment.

5. Can you provide clarification on how this data is being reported for NHS Wales? For example, could you provide an explanation of the data on the number of patient pathways waiting by stage of pathway and what is being measured i.e. what each of the following covers: those waiting for diagnostic or therapeutic interventions, those waiting for a diagnostic or Allied Health Professional (AHP) test, intervention or result and those waiting for a follow up outpatient appointment or decision.

Summits

6. During the session you referred to recent and planned summits, including one focusing on orthopaedics and one on cancer. Could you provide further information about when the summits took place, who attended, what was discussed and the outcomes. It would also be helpful if you could indicate whether there's a public note of the meetings.

Regional Partnership Boards and integration

7. There are still concerns among stakeholders about the scrutiny and accountability arrangements for Regional Partnership Boards. What actions are planned to strengthen these arrangements and ensure that RPBs are delivering their objectives?

Public appointments

8. In your written evidence you outline steps taken by the Welsh Government to improve recruitment to public appointments. What assessment has been made of whether these steps have led to the desired outcomes, for example increased number of applications and greater diversity among applicants for public appointments in health and social care.
9. What are the emerging conclusions from the NHS Wales Public Appointees Task and Finish Group, and what actions will the Welsh Government be taking to implement any recommendations made.

10. During the session you agreed to provide further information about what constitutes good practice in respect of follow up appointments for people who have had cataract appointments—for example to prevent scar tissue forming—and whether this is being consistently applied across Wales.

Women and girls' health plan

11. Further to our correspondence in July and September, could you provide us with an update on the work that has taken place over the summer to progress the women and girls' health action plan, and when you anticipate the plan will be published.

Questions from the public

As you are aware, we asked the public to provide their suggestions for questions about health and social care in Wales. It was not possible to cover all of the issues raised by the public during the session. To help us to respond to the issues raised with us, we would therefore welcome information on the following:

12. What plans are in place to ensure that ensure that hospital staffing levels are safe.
13. What is being done to develop interim care services and strengthen community services.
14. What steps are being taken to improve ambulance performance.
15. In your view, what are the main challenges hindering the integration of health and social care in Wales.
16. Are you confident that the actions you are taking to engage the wider population in preventing ill health, including chronic conditions such as diabetes, will be effective.
17. Are appropriate services and patient pathways in place to support people in Wales with chronic conditions such as Myalgic Encephalomyelitis (ME) and Chronic Fatigue Syndrome.
18. Following the update you provided on 19 October 2021, are you are able to provide any further update on the clinical case for the new Velindre Cancer Centre.
19. Can you provide an update on the provision of gender identity services in Wales following changes at the Tavistock Gender Identity Clinic.

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

Llywodraeth Cymru
Welsh Government

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16 December 2022

Dear Russell,

Follow up questions after general scrutiny session on 6 October 2022

We are writing in response to your letter dated 25 October 2022, following the general scrutiny session held on 6 October.

Please find attached at annex 1 responses to the questions raised.

Please do not hesitate to contact us, should you require further clarification.

Regards

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

Julie Morgan AS/MS
Deputy Minister for Social Services
Dirprwy Weinidog dros Wasanaethau Cymdeithasol

Lynne Neagle AS/MS
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Annex 1

1. In your Programme for transforming planned care, you make a commitment to form a Diagnostics Board to bring together key partners from across the NHS and social services. Please can you provide an update on the work of the National Diagnostics Board, including further details on the diagnostics approach for Wales and how the Board is working with national programmes such as Imaging, Pathology and Endoscopy.
Response The National Diagnostic Board for Wales has been established to provide leadership for the prioritisation of diagnostics services as set out in *Our Plan for Transforming and Modernising Planned Care and Reducing Waiting Lists in Wales* published in April 2022. The Board has been meeting bimonthly since May 2022 and Senior Responsible Owners of the relevant national programmes are members of the board, this has recently changed to bi-monthly. The Board is currently finalising a diagnostics strategy for the long-term sustainability of services. This strategy will incorporate measures to increase capacity, such as Regional Diagnostic Hubs. It also recognises the integral need for workforce. As such, the Board has commissioned Health Education and Improvement Wales to develop an action plan to address diagnostics workforce challenges in Wales.
2. In our recent report, Waiting well? The impact of the waiting times backlog, we recommended that the Welsh Government should support health boards to routinely publish waiting times data disaggregated by specialty and hospital (recommendation 17). In your response, you accepted our recommendation, explaining that it was an action in your Programme for transforming planned care. Please provide us with an update on the implementation of recommendation 17.
Response Working with the 111 national website, we have started to publish waiting times data disaggregated by specialty and health board. This is available to the public at https://111.wales.nhs.uk/PlannedCare/Default.aspx We have developed this site based upon the evaluation of the English and Scottish publications and added additional features such as visual representation of the waits through graphs, the inclusion of two data points the median (middle point) and the 90th percental to present a realistic view of the waiting times. Phase two of this resource will follow in April 2023 and will include information and videos to support people to keep well whilst they are waiting.
3. Does the Welsh Government monitor/publish data on new patient pathways waiting for first outpatient appointment per month vs patient pathways that receive their first outpatient appointment per month (i.e. closed pathways), as clearing the backlog depends on the difference between these rates. What analysis has the Welsh Government done with NHS Wales on how much capacity needs to increase to clear the backlog
Response Welsh Government publish both Open and Closed pathway information via the StatsWales website and can be found at Referral to treatment (gov.wales). The closed pathway information includes all reasons for removal (i.e. attendance at an appointment, no longer requires treatment, did not attend etc.) and relates to patients at all stages of their care, this information cannot currently be

disaggregated. New Outpatient attendance activity informs on the pathway volumes that have been closed per month.

Management information (not published data) obtained weekly by health boards is being used by the planned care innovation and recovery team, to provide more detailed analysis to understand health board demand and capacity challenges. This is being used to provide internal improvement trajectories for each health board to address their delivery to meet the nationally agreed measures, to clear the backlog.

4. Could you share the data guidance on what's included in each treatment function as reported on StatsWales, and confirm whether this is consistent across all health boards i.e. what general surgery covers, what's included in diagnostic services etc. How does Welsh Government ensure consistency in how the data is recorded by different health boards

Response

Digital Health and Care Wales (DHCW) are responsible for the assurance and development of all NHS Wales data standards which ensure that data submitted on a national basis is consistent. DHCW maintain the NHS Wales Data Dictionary which is a guide to the definitions, collection and interpretation of nationally agreed data standards adopted by the NHS in Wales. They are also responsible for issuing Data Standards Change Notices (DSCNs) which are the mandates to the NHS and partner organisations and system suppliers to ensure that they are able to support any new or changed data standards.

Data submitted by health boards to DHCW each month undergoes consistency and validation checks before being sent to colleagues in the Knowledge and Analytical Services (KAS) within Welsh Government ahead of publication.

Work is currently being undertaken by DHCW, Welsh Government and health board colleagues to review particular treatment function codes to ascertain whether it is possible to provide data at a more granular level.

5. Can you provide clarification on how this data is being reported for NHS Wales? For example, could you provide an explanation of the data on the number of patient pathways waiting by stage of pathway and what is being measured i.e. what each of the following covers: those waiting for diagnostic or therapeutic interventions, those waiting for a diagnostic or Allied Health Professional (AHP) test, intervention or result and those waiting for a follow up outpatient appointment or decision.

Response

Referral to Treatment (RTT) Referral to treatment (gov.wales). waiting times in Wales are made up of a four stage of pathway. The stage of pathway is used to identify the point at which a patient is currently waiting in respect of their overall diagnosis and treatment.

- **Stage of pathway 1** - Waiting for a new outpatient appointment.
- **Stage of pathway 2** – Waiting for a diagnostic or Allied Health Professional (AHP) test, intervention or result.

- **Stage of pathway 3** – Waiting for a follow-up outpatient appointment or waiting for a decision following:
    - An outpatient appointment.
    - A diagnostic or AHP intervention result.
    - Or where the patient is waiting, and the stage is uncertain/unknown.

- **Stage of pathway 4** - Waiting for an admitted diagnostic or therapeutic intervention (i.e., treatment) only.

Whilst in the majority of patient pathways patients move from one stage to the next in sequence, this is not always the case. For example, a GP may refer a patient directly for a diagnostic procedure, therefore the patient will start their pathway at stage 2. Changes in clinical practice may introduce more variation over time. Therefore, the stages are not intended to be in chronological order only, as patients may commence their pathway at any one of the stages listed above.

There is a separate data collection and publication of Diagnostic and Therapy Services Waiting Times to report on waits which are outside of a RTT pathway. These can be direct primary care bookings or part of a follow-up requirement; each have their separate targets 8 weeks for diagnostics and 14 weeks for therapy AHP waits.

6. During the session you referred to recent and planned summits, including one focusing on orthopaedics and one on cancer. Could you provide further information about when the summits took place, who attended, what was discussed and the outcomes. It would also be helpful if you could indicate whether there's a public note of the meetings.

Response

There have been four Ministerial summits held, the first was orthopaedics in August, followed by cancer in October, urgent and emergency care and ophthalmology in November and an ENT summit will be held in December.

Attendance at these summits has included Chief Executives, Chief Operating Officers, Directors of Planning, Clinical Leads and Speciality Divisional Managers.

The following actions were agreed following the cancer summit:

The following commitments have been agreed and progress against these will be monitored closely:

- Health boards to reduce the number of people waiting over 62 days for their treatment to start in line with agreed trajectories.
- Health boards to plan to achieve 70% performance by the end of the financial year.
- Where possible health boards will implement straight to test pathways and establish one stop diagnostic clinics. This will reduce the need for outpatient clinics and reduce the length of time in the diagnostic pathways.
- Implement the national optimal pathways, this will aid in streamlining pathways with a particular focus on the front end of the pathway.
- Health boards to plan their cancer workforce to meet forecast demand, specifically clinical and medical oncology, cancer nurse specialists, medical physics and therapeutic radiographers.
- Health boards to continue to develop their business intelligence to improve their grip and control over services
- Health boards to maintain good communication and support services for all patients but in particular those waiting over 62 days. The Wales Cancer Alliance agreed to support health boards with this
- The Wales Cancer Network and the Planned Care Improvement and Recovery team to share good practice examples across all health boards and facilitate this learning.
- Health boards to work together on a regional and national basis to support the workforce shortages and capacity gaps at a local level.

- The Planned Care Improvement and Recovery team to lead on developing regional solutions and co-ordinating national initiatives.
- The Wales Cancer Network to produce a cancer services action plan.

Following the orthopaedic summit in August, the following has happened:

- Health boards have developed action plans to implement the GIRFT (Getting it Right First Time) proposals and the national pathways. The Planned Care Improvement and Recovery Team are following these up with health boards and making sure these actions are implemented.
- The Deputy Chief Medical Officer wrote to health boards to outline the position with regards to long waiting patients and that those waiting over 104 weeks should be placed in the same category as urgent patients when booking appointments.
- Progress has been seen in the number of open pathways waiting over 104 weeks, with the number at the end of September showing 16,554, the lowest it has been since December 2021. We expect to see further progress as health boards continue to implement and increase treat in turn rates, with the longest waiting patients being seen.
- For orthopaedics, latest management data shows that at an all-Wales level, treat-in-turn rate was 44% for outpatients and 33% for treatment - this compares to 26% for other specialities. An improvement since the summit.
- Activity levels, whilst not yet at levels I would like to see them at, have risen throughout the year from 52% in April to 69% in September. Day case activity levels have risen from 51% to 72% whilst inpatient activity levels have risen from 52% to 66%.

Considerable effort is being made to increase and maintain orthopaedic elective capacity over the winter months and this includes:

- Additional capacity has been made available at Prince Philip Hospital, through the installation of two new day theatres that should provide up to 4,600 additional procedures per year. The new theatres are scheduled to start working at the beginning of December.
- Swansea Bay UHB is rearranging orthopaedic services within the health board so that the majority of routine orthopaedics will be carried out at Neath Port Talbot Hospital, leaving the more complex work for Morriston. As part of the plan to increase orthopaedic activity, additional physiotherapy resource commenced at Neath Port Talbot clinics in November. A dedicated 10 bedded elective orthopaedic ward (Clydach ward) became operational in Morriston site during November to provide capacity for complex orthopaedic cases.
- Cwm Taf Morgannwg are centralising inpatient orthopaedic work at the Royal Glamorgan Hospital, leaving Prince Charles site for more daycase activity.
- Cardiff and Vale has the Cardiff and Vale Orthopaedic Centre (CAVOC), which offers protected activity.
- In Aneurin Bevan UHB, the health board is looking at the way to make best use of the hospital sites, with services delivered at Ysbyty Ystrad Fawr, Royal Gwent, Nevill Hall and St Woolos. This includes working regionally with Cardiff and Vale and Cwm Taf Morgannwg UHBs.
- In North Wales, the health board is developing proposals to undertake additional orthopaedic activity at one of their sites whilst they continue work on designing the diagnostic and treatment hubs for the region.

Attached is the final report following the cancer summit, this has been widely circulated through the Wales Cancer Network.

7. There are still concerns among stakeholders about the scrutiny and accountability arrangements for Regional Partnership Boards. What actions are planned to strengthen these arrangements and ensure that RPBs are delivering their objectives

Response

Regional Partnership Boards (RPB) are not a legal entity in their own right. Proposals as part of the Rebalancing Care and Support White Paper to create corporate legal status for RPBs was strongly rejected by statutory partners, although other key stakeholders such as providers and the third sector were in favour. Ministers agreed that in line with consultation responses RPBs would not at this stage be moved to having corporate legal status, but instead current arrangements would be strengthened and clarified.

Through the Governance and Scrutiny Task and Finish Group under the Rebalancing Care and Support Programme work had been undertaken with a range of internal and external stakeholders to review and make recommendations to strengthen scrutiny and accountability arrangements relating to RPBs.

The recommended improvements will result in changes being made to the Part 9 Statutory guidance which sets out the expectations and responsibilities of RPBs. It is intended that the amended Part 9 guidance will be out for consultation in April 2023.

The recommended areas for strengthening fall into 3 main categories.

1 **– Clarification of duty to co-operate and accountable bodies**

Given RPBs are not a legal entity in their own right they cannot have legal duties placed on them and therefore cannot be held legally to account. The duty to co-operate therefore firmly sits on Local Authorities (LAs) and Local Health Boards (LHBs). Work has been completed to ensure the revised Part 9 guidance more clearly articulates where the duty to co-operate lies and the role and function of the RPB in supporting Local Authorities and Health Boards to exercise their legal duty to co-operate. Given the legal duty to co-operate and the specific membership of the RPBs they should be viewed as an extension to these statutory bodies rather than a separate stand-alone organisation.

2 – Effective Scrutiny arrangements

The task and finish group has explored effective scrutiny from a number of different aspects;

- **LA and LHB scrutiny arrangements in relation to exercising their own duty to co-operate** – *New guidance will include an expectation that statutory partners ensure their own internal scrutiny processes consider how well they are meeting their own duty to co-operate*
- **Scrutiny of RPBs as an effective vehicle to support LAs and LHBs in exercising their duty to co-operate** – *New guidance will include the invitation for LAs and LHBs to consider developing regional scrutiny arrangements with delegated responsibilities to provide a more streamlined scrutiny process for regional working.*

- **RPB Scrutiny of the effectiveness of their own planning and delivery arrangements** – *new guidance will include the requirement for RPBs to undertake regular self-assessment and improvement activity. Work is also underway to agree the role CIW and HIW can play in triangulating evidence to support self-assessment processes*

3 – Balancing accountability across Local Authorities and Local Health Boards

Although the duty to co-operate is placed on Local Authorities and Local Health Boards equally there is a perceived imbalance whereby in Local Authorities the Director of Social Services is named as the accountable Executive Officer but there is currently no equivalent in Local Health Boards. Work is underway to build on existing governance and legislative arrangements to place a requirement on Local Health Boards to identify a named Executive Director to be the accountable officer on behalf of the Board for delivering against their duty to co-operate. Existing accountability arrangements at a Welsh Government level include;

- quarterly meetings between Ministers and RPB Chairs and Leads,
- quarterly reporting on spend of the Regional Integration Fund
- Regular Relationship Manager meetings between RPB Leads/teams and Welsh Government Officials
- Submission of annual reports to Ministers on progress more generally towards delivery of their Area Plans.

8. In your written evidence you outline steps taken by the Welsh Government to improve recruitment to public appointments. What assessment has been made of whether these steps have led to the desired outcomes, for example increased number of applications and greater diversity among applicants for public appointments in health and social care.

Response

A pilot initiative incorporating the training and development programmes were completed at the end of October. An interim assessment of delivery and ultimately impact is underway. The Public Bodies Unit intend to roll out the programmes again in 2023-24 taking the learning from year one. The effectiveness of interventions will be fully evaluated along with consideration of future support and awareness. I will work closely with the Minister for Social Justice who has policy responsibility for overall public appointments in Wales and will raise how the findings from these and future initiatives can be best shared with the Committee in due course.

In 2021 – 2022, women secured 55.3% of regulated health and social care appointments (excluding reappointments) versus 56.4% for all regulated appointments (health, social care and public bodies), 21.1% were disabled people verses 16.4% for all appointments, and 10.5% of appointments in health and social care were secured by Black, Asian and Minority Ethnic people versus 10.9% for all appointments.

9. What are the emerging conclusions from the NHS Wales Public Appointees Task and Finish Group, and what actions will the Welsh Government be taking to implement any recommendations made.

Response

Whilst I am still awaiting the report of the NHS Wales Public Appointees Task and Finish Group the group has concluded that whilst the NHS recovers from COVID 19 it is even more important to ensure roles appear attractive to those who may be considering a public appointment. In response they have developed model role profiles for Chairs, Vice-Chairs and Independent Members of NHS organisations in

Wales to clarify the expectations placed upon these post holders and ensure they have the required skills and experience to undertake their roles. The Group has also developed a model candidate pack which introduces the important role candidates will perform, an introduction to the NHS organisation they are applying to and the fact that we are seeking applications from people who will bring their lived experience to NHS Boards. NHS organisations are already using the packs, ensuring they are published in a much more attractive format which it is hoped will also increase interest in the roles.

One of the reasons for establishing the Group related to reports of the high demands placed on the time of Independent Members in the NHS when compared to other sectors. This has been a long-standing issue and anecdotally it is thought this may be impacting on the ability to attract people into some of the harder to fill roles. The intention is to identify sustainable solutions, working with NHS organisations to mitigate against this in future and I look forward to receiving the advice of the Group and Officials in the coming weeks.

10. During the session you agreed to provide further information about what constitutes good practice in respect of follow up appointments for people who have had cataract appointments—for example to prevent scar tissue forming—and whether this is being consistently applied across Wales.

Response

In Wales, all routine follow-up appointments for people who have had cataract surgery take place in primary and community care by Eye Health Examination Wales (EHEW)-accredited optometrists. This greatly increases the availability and accessibility of these appointments. In August 2022 there were 770 EHEW accredited practitioners offering EHEW at 312 practices with coverage in all Cluster areas across Wales.

Following cataract surgery, patients are given clear written instructions from the Hospital Eye Service (HES) regarding the timing of their visit to their referring optometrist for continuity of care and postoperative assessment, and the provision of spectacles as required. For most patients this will be four to six weeks after surgery.

Patients will be seen in an optometric practice for a sight test (either General Ophthalmic Services (GOS) or private sight test depending upon eligibility), followed by an in-depth assessment of the anterior segment of the eye to assess the cataract operation wound site, anterior chamber and intra ocular lens (this is undertaken through an EHEW band 3 assessment).

If, during the eye health examination, unexpected symptoms or post operative signs are found that require further investigation, or if referral back to ophthalmology HES may be indicated, further investigations will take place at the optometry practice (through EHEW band 2 assessment) to either prevent or further inform that referral back to the hospital eye service.

In all cases, whether an EHEW Band 2 or Band 3 postoperative assessment is performed, a report is returned by the examining optometrist to the ophthalmology unit where surgery took place and the patient's GP detailing the results of the examination.

This process and required clinical examinations, are clearly laid out in the optometry EHEW clinical manual and is, therefore, consistently applied across all health boards. This will continue to be the case following the introduction of new

contracted terms of service for optometry (summer 2023), when EHEW accreditation will become the new minimum standard for providing primary eye care services in Wales. All current EHEW services are included in the new contract – including post-operative cataract follow-up.

11. Further to our correspondence in July and September, could you provide us with an update on the work that has taken place over the summer to progress the women and girls' health action plan, and when you anticipate the plan will be published.

Response

A survey into women's health, launched by Judith Paget, NHS Chief Executive, on 5 August attracted close to 4,000 individual responses from women and girls aged 16 to 85 and above. Their responses have provided incredibly rich detail on the issues and concerns affecting women and their health in Wales which will enable the NHS to identify the key themes and issues that the service must target in the development of a Women's Health Plan.

The NHS Collaborative have produced ***A Discovery Report: Foundations for a Women's Health Plan*****.** This report is the first phase of the development of a 10-year Women and Girls' Health Plan for Wales and presents the state of the nation for women's health in Wales, combining an evidence review of women's health with the voices of women and girls in Wales. The Report provides a framework for next steps and includes priority actions for improvements. The Report is due to be published by NHS Wales in December.

12. What plans are in place to ensure that ensure that hospital staffing levels are safe

Response

The Workforce Strategy published by Health Education and Improvement Wales and Social Care Wales sets out our long-term vision and actions for the health and social care workforce. We are also developing a shorter-term plan to help deal with current pressures on our workforce. This year we are investing record levels in training and professional education, £262m, including more training places than ever before. We are also recruiting international nurses to close the vacancy gap in the short and medium term.

13. What is being done to develop interim care services and strengthen community services

Response

The Regional Investment Fund (RIF) is a key lever to drive change and transformation across the health and social care system and in doing so will directly support implementation of several key pieces of policy and legislation. The RIF enables delivery of new national models of integrated care in six priority areas including services to help people stay well at home, prevent admission to hospital and support swift and safe discharge from hospital. The resource predominantly funds staff posts in those areas or contracts/grants to third sector providers to deliver a community response.

The six national models of integrated care are:

- Community based care – prevention and community coordination
- Community based care – complex care closer to home
- Promoting good emotional health and well-being (Nyth / Nest)
- Supporting families to stay together safely, and therapeutic support for care experienced children

- Home from hospital services
- Accommodation based solutions

The population groups targeted by this RIF are:
- Older people including people with dementia
- Children and young people with complex needs
- Carers and young carers
- People with learning disabilities, neurodiverse and neurodevelopmental conditions
- People with emotional health and mental well-being needs

In this first year Welsh Government officials are working with Regional Partnership Boards on developing a set of robust plans which create a strong foundation for the next five years whilst considering where some enhancement or acceleration of those services or projects may provide additional capacity and resilience this winter.

Primary care plays an important role here. The Primary Care Model for Wales (PCMW) is the transformational model for community-based services, which is a place-based approach to sustainable and accessible local health and well-being care. The PCMW aspires to provide integrated care for people with multiple care needs. Effective working means GPs and advanced practitioners have more time to care for people with multiple needs, who are often elderly with more than one illness, at home or in the community.

People with both health and social care needs can be supported by uninterrupted care from community resource teams and other integrated local health and care teams. Welfare, housing and employment problems can be better managed through a whole system, multiprofessional approach. Coordinated teams are also well placed to care for acutely ill people who can be treated at home and at community centres. These community teams can also facilitate a faster discharge from hospital. This seamless model offers a more proactive and preventative approach to care, and when people are treated earlier, they respond better to advice and support for self-care, which results in better outcomes and experiences for people and carers.

Implementation of the PCMW and ACD programme during 2022-23 marks a new stage in the development of clusters across Wales, offering the opportunity for primary care and wider system colleagues to review progress, share good practice and plan future development within the context of a national common framework.

14. What steps are being taken to improve ambulance performance

Response

An active national ambulance improvement plan is in place and delivering a wide range of actions. The plan incorporates actions delivered by WAST, joint actions between WAST and Health Boards and Health Board specific actions. The intended outcomes of the plan focus on better management of 999 patient demand in the community, increased ambulance capacity and reducing ambulance patient handover delays.

Key actions are as follows:

- **Management of 999 patients in the community**: additional Welsh Government funding (£250,000) has been provided to implement new triage and video consultation software. Around 4,000 patients a month are now

safely discharged over the telephone without the need for an ambulance response;

- **Recruitment** – Welsh Government has allocated an additional £3m to WAST for an extra 100 ambulance clinicians, who are in training and will all be in place to respond to patients from 23 January 2023. This is in addition to 263 frontline staff recruited over the previous two years.
- **Ambulance patient handover improvement plans** – each health board and acute hospital site has a plan;
- **Ambulance workforce efficiencies** to unlock ambulance capacity – new staff rosters which better align available capacity to demand will be in place by the end of November; with an equivalent efficiency of around 72 whole time equivalent (WTE) staff; an attendance management programme to reduce sickness absence;
- Improvement in the availability and accessibility of alternative pathways to direct demand away from busy emergency departments and improve ambulance patient handover; and
- Health board actions to improve patient flow through hospital systems.

On 28 November, the Minister held a national summit attended by over 40 representatives from across NHS Wales, where she reiterated her expectations that health boards must work together, and with the Welsh ambulance service and partners to ensure patients within their communities receive safe and timely access to assessment and treatment and ensuring ambulance crews are available to respond when needed, through a whole system approach.

We are investing £25m annually to support local, regional and national delivery against the Six Goals for Urgent and Emergency Care , our five-year strategy published earlier this year to drive a whole-system transformation of access to urgent and emergency care.

15. In your view, what are the main challenges hindering the integration of health and social care in Wales.

Response

International evidence tells us that integration of health and social care is a long-term journey and will require an effective combination of structural, system, process, cultural and behavioural change to be realised.

To date some notable progress has been made in Wales including:

- the establishment of 7 Regional Partnership Boards (RPBs) which have had a significant improvement on promoting and improving relationships across health, social care, the third sector, housing and providers – this has provided a robust foundation to support joined up responses during the Covid 19 response and winter planning
- RPBs have also made significant progress in driving forward citizen and carer engagement and co-production and putting it as the heart for service planning, design and delivery
- Significant WG investment through RPBs (ICF, TF and now the RIF) has generated some notable integrated services/models of care have been established and are now being scaled up across Wales i.e. preventative community coordination, Discharge to Recover then Assess, Integrated Autism Services
- Joint strategic commissioning, planning and market shaping work
- Co-ordinating an integrated approach to Winter Planning and response
- Co-ordinating and securing integrated health and social care responses to alleviating system pressure during covid 19 and aligning RIF investment

- Developing a 10-year strategic capital investment plan for health and social care (for publication alongside their Area Plan in April 2023)
- Co-ordinating capital investments under the new £50m a year Integration and Rebalancing Capital Fund and the £60m a year Housing with Care Fund.
- Leading work to meet the programme for government commitment in relation to developing 50 integrated health and social care hubs.

'Improving quality, efficiency, and population health have all been aims of integration, but are rooted in complex problems heavily constrained by broader government policies that influence the distribution of resources across health and social care, and ability for people to lead independent, healthy lives.' (Nuffield Trust 2021). To address this we need to ensure our approach to creating an integrated health and care system in Wales addresses all of the following aspects:

- The need to create and communicate a clear, shared vision and leadership model for an integrated system
- Facilitate the necessary structural, legislative and strategic transformation in order to address barriers to integration and create opportunities for greater organisational collaboration and integration
- Support operational transformation ensuring we create an integrated workforce, the right skills, culture and conditions to grow more collaborative and integrated ways of delivering services across organisational boundaries.

In order to mainstream integrated ways of working Local Authorities and Health Boards will need to invest core resources in integrated services and reach beyond the resources allocated to them by Welsh Government for management via RPBs. They will also need to bring their wider organisational capacity into supporting integrated planning and delivery.

New models of leadership will also be required to create the right values, behaviours and culture to enable integrated working across sectors and ensure it becomes fully embedded within the health and social care system.
In addition to this further work is needed within Welsh Government to ensure a coherent and aligned policy context that will secure the ongoing shift away from medical to social, from acute to community, from intervention to prevention and from single agency to partnership. Integration must be firmly embedded across the wider health and social care policy context. There are currently a range of separate but inter-connected programmes of work which complement each other in terms of direction and intention but have created a complex landscape for delivery partners to navigate. The development of a health and Social care outcome Framework should help to provide joint strategic direction to jointly improve the population of the citizens of Wales.

16. Are you confident that the actions you are taking to engage the wider population in preventing ill health, including chronic conditions such as diabetes, will be effective.

Response
We have developed a comprehensive set of actions to prevent ill health and are constantly re-evaluating these to ensure that they are effective. These actions include:

General public health improvement/promotion

Obesity and smoking are drivers of inequalities given their impact on people's life expectancy and healthy life expectancy, and people who are from the most deprived areas are more likely to be obese or to smoke than those in the least deprived. On obesity, we are committing over £13m of funding to our forthcoming Healthy Weight: Healthy Wales 2022-24 Delivery Plan to tackle obesity; with action to reduce diet and health inequalities across the population at its core. On smoking, earlier this year we published our Tobacco Control Strategy and our first two-year delivery plan for 2022-24. In recognition of the health inequalities which arise as a result of smoking, tackling inequality is noted as one of the strategy's core themes. We have reprioritised the £7.2m annual Prevention and Early Years funding from April 2022, which will be used by Directors of Public Health across all Local Health Boards to specifically support interventions in the obesity and tobacco policy areas in line with our Healthy Weight: Healthy Wales and Tobacco strategies. The £5.9m Healthy and Active Fund (HAF) available over 4 years (2019-2023) is funding 16 projects aiming to improve mental and physical health by enabling healthy and active lifestyles. Projects funded by the HAF seek to reduce inequalities in outcomes for one or more of the following groups: children and young people; people with disability or long-term illness; people who are economically inactive or who live in areas of deprivation; and older people and those around the age of retirement from work.

Healthy Weight: Healthy Wales Strategy
We invested £5m over 2021-22 to bring together internationally evidenced programmes that supported crucial changes. We acknowledge that despite this funding overweight and obesity continues to rise in Wales, as over the rest of the UK, but this investment has provided a springboard for delivery in 2022-24. The scale of the challenge has been amplified by the pandemic and we are investing over £13m across 2022-24 to support a whole systems approach to tackle it together. The plan for 2022-24 has been developed in partnership with our stakeholders and is part two of five to support the delivery of our ten-year strategy. We will continue to work with our stakeholders to demonstrate tangible and measurable change for the people of Wales. The Healthy Weight: Healthy Wales Strategy and its Delivery Plans are evidenced based. We have explored international evidence of what works in terms of halting and declining obesity rates.

All Wales Diabetes Prevention Programme (AWDPP)
The All Wales Diabetes Prevention programme is being funded through Healthy Weight: Healthy Wales until 2024. The AWDPP builds on approaches piloted in two separate primary care clusters, Afan Valley and North Ceredigion, where a brief intervention was offered to a targeted population. We have invested £1m annually into this Programme. Public Health Wales are leading the programme and recruiting at a local health board level is ongoing to establish diabetes prevention teams. The programme will initially be rolled out to 14 primary care clusters across Wales (2 per health board area; 92 GMS Practices), with additional clusters anticipated to adopt the model through alternative funding streams. To support the launch, a video outlining the AWDPP, frequently asked questions (FAQs) and the AWDPP protocol, outlining the delivery approach for the programme, were published.

Diabetes Remission Project: Even when people are diagnosed with Type 2 pre-diabetes, we still want to support them to manage their weight and where possible put the disease into remission. The Diabetes Remission Project will in the first instance be available for 150 patients across Wales to facilitate weight loss and diabetes remission and/or regression. It will enable dietitians across all seven

health boards to provide intensive support to 150 patients over a 12-month period and 100 per cent funding of the meal replacement product.

17. Are appropriate services and patient pathways in place to support people in Wales with chronic conditions such as Myalgic Encephalomyelitis (ME) and Chronic Fatigue Syndrome.

Response

We recognise that there are insufficient services and patient pathways in place to support people in Wales with chronic conditions such as Myalgic Encephalomyelitis (ME) and Chronic Fatigue Syndrome (ME/CFS). Welsh Government with Health Boards are currently considering options to address the inconsistent and inequitable access to services for people with ME/CFS, fibromyalgia, and other post viral conditions often associated with complex multi-symptom presentations.

Following the allocation of funds to support the development of Adferiad services for long COVID, Health Boards have been asked to seek opportunities to expand the access model to Adferiad services and pathways to include people with conditions such as ME/CFS.

Policy officials are linked to the work of the UK government who announced in May this year that it would develop a cross-government delivery plan on ME/CFS, to be published May 2023. Details and learning from this work will be used to support the ongoing policy development in Wales.

18. Following the update you provided on 19 October 2021, are you are able to provide any further update on the clinical case for the new Velindre Cancer Centre

Response

The health boards in southeast Wales continue to work with Velindre Cancer Centre through the Collaborative Cancer Leadership Group to develop the clinical model for non-surgical oncology across the region. This includes development of regional cancer datasets to support effective planning and prioritisation and alignment of local strategies.

The criteria for all admissions to Velindre Cancer Centre, both scheduled and unscheduled, has been revised, implemented, and audited. An acute deteriorating patient pathway has been put in place.

The Regional Acute Oncology Service (AOS) model has been agreed following a clinically led engagement process across the region. The resulting business case was also agreed by all four organisations. The funding, implementation plan and SRO are all in place and appointments are being made to AOS oncology sessions. A new regional multi-disciplinary team for ‘cancers of unknown primary’ – which are cancers with undetermined origin – is in place.

Further work is required to confirm the Velindre outreach requirements and to develop the phase two business case for acute oncology.

A service specification for a tripartite Cardiff Cancer Research Hub (CCRH) has been agreed in principle by Velindre University NHS Trust, Cardiff and Vale University Health Board, and Cardiff University. This will be supported by the agreement of joint research priorities and investment strategy. The project brief and project board terms of reference have also been approved.

Cardiff and Vale University Health Board and Velindre University NHS Trust will jointly consider the optimal configuration for haemo-oncology services including the location for systemic anti-cancer therapy delivery in future. More broadly, discussions are taking place with other health boards on potential service changes.

19. Can you provide an update on the provision of gender identity services in Wales following changes at the Tavistock Gender Identity Clinic?

Response

We are committed to improve the Gender Identity Development pathway (GIDs) and the support available for young people in Wales. We are also fully committed to ensuring that stakeholders in Wales, including young people themselves, will be engaged when we are at a point of developing a service for Wales.

WHSSC's annual commissioning intentions document has been shared with Health Boards and includes an ask for expressions of interest to host a Gender Identity Development service for Wales. In the interim, the Welsh Health Specialised Services Committee (WHSSC) continues to work closely with the Cass Review team as we currently commission the service through NHS England. As part of this work, NHS England is also planning an engagement process and Welsh patients will be included as part of that plan. This will ensure that young people are engaged in the development of any future plans.

Following the recent announcement that NHS England will cease contracting with the Tavistock and Portman service, the WHSSC is working closely with NHS England to ensure Welsh children and young people have access to the regional centres whilst the development of a clinical model for Wales is explored.

The current priority is to manage the clinical risk associated with young people on the waiting list and those already under the care of the GID service. WHSSC's representation on the NHS England Programme Board will ensure the timely involvement of Welsh stakeholders and young people in the development of future services through a nationally lead and supported engagement strategy

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

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Julie Morgan MS
Deputy Minister for Social Services
Welsh Government

16 December 2022

Dear Julie

At its meeting on 30 November, the Health and Social Care Committee held an horizon-scanning session with the Chief Inspector and Deputy Chief Inspector of Care Inspectorate Wales (CIW) to explore the key issues affecting social care and social services.

A transcript of the meeting is available on our **website** but there were some very clear and stark messages around the fragility of the social care sector the Committee wanted to bring to your attention.

Increasing demand for services

The Chief Inspector told us there has been an unprecedented increase in demand for social care:

> *"...what we are faced with at the moment is a recruitment and, as seriously, a retention crisis for social workers and for social care workers, which is leading to significant fragility for services, and particularly in homecare and domiciliary support."*

When we took evidence earlier this year for our inquiry into hospital discharge and its impact on patient flow through hospitals, we were told that the situation in social care had been pressured for many years, and the pandemic had exacerbated what was already a very challenging situation. On 30 November, the Chief Inspector described a recruitment and retention crisis for social workers and social care workers, which is leading to significant fragility for care services, particularly in homecare and domiciliary support. The Chief Inspector told us:

> *"...what we see is essentially a health and care system that is gridlocked. Many social care leaders are describing it in terms of crisis, and we don't use that word lightly."*

Workforce

As the Chief Inspector pointed out, this will be the third winter that's been significantly pressured for the social care sector. The workforce is very tired and it is depleted, and existing staff are working longer shifts and more hours (due to shortages) which is not sustainable. There is therefore considerable concern about the resilience of the workforce.

The need for parity between social care workers and their NHS counterparts, in relation to both pay and terms and conditions, is a longstanding issue and has been called for by successive Senedd Committees. It had been hoped that the spotlight shone on social care through the pandemic would help to raise the profile of social care, and the need to address some of the issues that have been endemic for many years would be dealt with. It was therefore disappointing to hear from the Chief Inspector that the increased profile seems to have been short-lived for social care.

There is still a perception that social care work is a low pay and low skill workforce. If we are going to develop the workforce, parity of esteem and parity of terms and conditions is essential to dispel this myth and recruit and retain sufficient numbers of social care staff. CIW told us that if the staffing situation is not urgently addressed at a national level, local authorities and social care providers risk not meeting their statutory and regulatory duties.

Pressure on unpaid carers

During our inquiry into hospital discharge, we heard concerns about the pressure being placed on family and unpaid carers to fill the gaps in care provision.

The Chief Inspector told us that not only are too many people waiting for an assessment of their needs, too often there is not enough capacity in the system to meet those needs following an assessment. In addition, people's care and support plans are not being reviewed in line with the Social Services and Well-being (Wales) Act 2014. This means when people's needs change and they may require more care, this is not being provided. She also highlighted the untenable pressure being placed on unpaid carers to fill in the gaps in care.

We also share CIW's concerns that people are still being discharged from hospital to a care home when their choice is to return home but this is not possible because suitable care packages are not available. The Chief Inspector described this as "the least worst option". CIW told us that where there is no alternative to being discharged from hospital into a care home, it is important people receive the right support to maximise their independence whilst living at the care home. This means 'in reach' reablement services should be provided or care staff in care homes be supported to develop additional reablement skills.

None of these issues are new. Indeed, you acknowledged many of them in your response to our hospital discharge report recommendations. However, we are not yet assured that work is being progressed with the pace and urgency needed to address these issues, and bring about real change in the sector. We note the Social Care Fair Work Forum was due to publish a progress update by the end of 2022. We await this report with interest and are eager to see further action taken to improve the pay and working conditions for the social care workforce and address the shortages to "unlock" our health and care systems.

Yours sincerely

Russell George MS
Chair, Health and Social Care Committee

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

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Agenda Item 8

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