Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Committee Room 5 Ty Hywel and Video Conference via Zoom	**Helen Finlayson**
	Committee Clerk
Meeting date: 27 April 2023	0300 200 6565
Meeting time: 09.00	SeneddHealth@senedd.wales

The Committee agreed on 30 March 2023 in accordance with Standing Orders 17.42 (vi) and (ix) to exclude the public for items 1 to 3

1 Health Service Procurement (Wales) Bill: draft report

(09.00–09:45) (Pages 1 – 74)

Paper 1: Draft report

Paper 2: Stakeholder discussion: draft note

2 Forward work programme

(09.45–10.00) (Pages 75 – 81)

Paper 3: Forward work programme

3 Mental health inequalities: Welsh Government response

(10.00–10.30) (Pages 82 – 126)

Paper 4: Welsh Government's response to the Committee's report

Paper 5: Research brief

Paper 6: Online advisory group: summary of views

Break (10.30–10.45)

4 Introductions, apologies, substitutions and declarations of interest

(10.45)

5 Gynaecological cancers: video evidence

(10.45–11.45) (Page 127)

Paper 7: Approach to receiving video evidence

Break (11.45-11.55)

6 Gynaecological cancers: Panel 1

(11.55-12.55) (Pages 128 - 187)

Dr Aarti Sharma, British Gynaecological Cancer Society

Sarah Burton, Royal College of Nursing

Research brief

Paper 8: Royal College of Nursing

Break (12.55-13.45)

7 Gynaecological cancers: Panel 2

(13.45-14.45) (Pages 188 - 198)

Professor Tom Crosby, Wales Cancer Network

Dr Louise Hanna, Wales Cancer Network

Paper 9: Wales Cancer Network Gynaecological Cancer Site Group

8 Paper(s) to note

(12.55)

8.1 Letter from the Minister for Health and Social Services regarding the Committee's scrutiny of the Chief Nursing Officer for Wales

(Pages 199 - 200)

8.2 Letter from the Children, Young People and Education Committee to the Deputy Minister for Mental Health and Wellbeing regarding Mind Cymru's Sort the Switch report

(Pages 201 - 203)

8.13 Letter from the Equality and Social Justice Committee to the NSPCC regarding suggested inquiry into link between poverty and social care involvement

(Page 235)

8.14 Letter to health bodies regarding the Health Service Procurement (Wales) Bill

(Pages 236 - 237)

8.15 Letter from Aneurin Bevan University Health Board regarding the Health Service Procurement (Wales) Bill

(Pages 238 - 239)

8.16 Letter from Cardiff and Vale University Health Board regarding the Health Service Procurement (Wales) Bill

(Page 240)

8.17 Letter from Cwm Taf Morgannwg University Health Board regarding the Health Service Procurement (Wales) Bill

(Pages 241 - 242)

8.18 Letter from NHS Wales Shared Services Partnership regarding the Health Service Procurement (Wales) Bill

(Pages 243 - 245)

8.19 Letter from the Welsh Health Specialised Services Committee regarding the Health Service Procurement (Wales) Bill

(Pages 246 - 249)

8.20 Response from the Minister for Health and Social Services to the Committee's report: Dentistry

(Pages 250 - 258)

8.21 Letter from the Finance Committee regarding the engagement strategy for scrutiny of the Welsh Government Draft Budget 2024-25

(Pages 259 - 261)

9 Motion under Standing Order 17.42 (ix) to resolve to exclude the public for the remainder of the meeting

10 Gynaecological cancers: consideration of evidence

(14.45-15.00)

Agenda Item 1

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Agenda Item 2

Document is Restricted

Agenda Item 3

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

Llywodraeth Cymru
Welsh Government

Our ref: MA/LN/0280/23

Russell George MS
Chair, Health, and Social Care Committee

20 February 2023

Dear Russell

Thank you for sending me the Health and Social Care Committee's report entitled *Connecting the dots: tackling mental health inequalities in Wales*.

Please find attached our response to the committee's recommendations.

Yours sincerely

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

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Written response from the Welsh Government to the report by the Health & Social Care Committee entitled *Connecting the dots: tackling mental health inequalities in Wales*

A detailed response to each of the recommendations is listed below.

Recommendation 1
The Committee recommends that

The mental health and wellbeing of the population will not improve, and in fact may continue to deteriorate, unless effective action is taken to recognise and address the impact of trauma, and tackle inequalities in society and the wider causes of poor mental health. This message, combined with a clear ambition to reduce mental health inequalities, must be at the centre of Welsh Government's new mental health strategy.

Response: Accept
The current Together for Mental Health Strategy 2019-2022 is cross-Government, multi-agency and includes a specific focus on supporting vulnerable groups and reducing inequalities.
A fundamental principle of the successor strategy will be reducing mental health inequalities.

Financial Implications – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

Recommendation 2
The Committee recommends that

Ideally in its response to our report, but at latest by July 2023, the Welsh Government should provide a frank appraisal of which policy, legislative and financial levers for tackling poverty and other social determinants of mental health are held by the Welsh Government, and which are within the control of the UK Government. This appraisal should be accompanied by a realistic assessment of how far the Welsh Government can go in improving the mental health and wellbeing of the population using the levers within the Welsh Government's control, and information about how the Welsh and UK Governments are working together to ensure the levers at the UK

Government's disposal are used to best effect to improve mental health and wellbeing in Wales.

Response: Accept in principle

The current strategy is cross Government and is underpinned by a cross Government senior officials' group. Our future mental health strategy will set out how we intend to further improve the mental health and wellbeing of the population.

Part of any future strategy will be a focus on understanding measures that can support our desire to achieve improvement on Well-being of Future Generations (Wales) Act 2015 Well-being Indicator 29: Mean mental well-being score. This will focus on population-wide measures to improve and support mental wellbeing and understanding the levers the Welsh Government has to improve that will form part of that work.

It is widely acknowledged that the levers the Welsh Government has to tackle poverty are limited. To substantially reduce poverty levels would require a radical change in the approach taken by the UK Government. The last three years have been unlike any we have had to navigate since devolution.

In line with the broad aims for contributing to the eradication of child poverty in the Children and Families (Wales) Measure 2010, we have continually prioritised and made significant investments in a range of policies and programmes to promote prosperity and prevent and mitigate poverty. Despite this, it remains a pervasive issue and our best efforts have been hindered by decisions taken by the UK Government.

Although the key levers for tackling poverty – e.g. powers over the tax and welfare system – sit with the UK Government, our priority as a Welsh Government remains to protect the people of Wales and to help them through the cost-of-living crisis, while striving to secure a stronger, fairer and greener Wales. Given the effects of the pandemic and the cost of living crisis, the most recent Welsh Government actions on poverty have focussed on mitigating the immediate impact of poverty. This year alone (2022/23) we are spending more than £1.6bn on schemes that target the cost-of-living crisis and on programmes that put money back in people's pockets.

Wales Centre for Public Policy (WCPP) report 'Poverty and Social Exclusion a Way Forward'[1], published in September 2022, sets out the conclusions of a Welsh Government commissioned review. This includes Mental Load and Mental Health – Addressing the emotional and psychological burden carried by people living in poverty and social exclusion through tackling stigma, (re)humanising 'the system' and treating people with the respect and dignity they deserve. These findings will be taken into consideration as we take forward our commitment to a whole government approach to tackling poverty and inequality and the delivery of Programme for Government commitments through a poverty lens, to meet current need and achieve longer term change.

During 2023, we are involving a wide range of stakeholders, including children and young people, families and communities and the organisations that work with them in

[1] *Poverty and social exclusion: A Way Forward* by Dan Bristow, Anna Skeels, Manon Roberts & Isabelle Carter Published September 2022

a two-phased approach to the development of a co-constructed revised Child Poverty Strategy for Wales. Importantly, this work includes targeted engagement with those with protected characteristics and the organisations that work with them

Financial Implications – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

Recommendation 3

The Committee recommends that

By December 2023 the Welsh Government should have commissioned an independent review of the existing evidence, and such further research as may be necessary, to explore the impact of the UK welfare system on mental health and wellbeing in Wales, and what effect the devolution of welfare and/or the administration of welfare could have on tackling physical and mental health inequalities in Wales. The review and research should take into account issues of principle, as well as the practicalities and associated financial implications of retaining the current situation or any further devolution. The Welsh Government should commit to publishing the outcome of the review and research.

Response: Accept in Principle

The importance of undertaking research into how interaction with the UK social security system impacts on mental health and wellbeing is acknowledged. Since 2013 there have been a variety of studies in this field, particularly on the mental health impacts that are generated by benefit sanctions and through the assessment processes that are used to determine eligibility for disability and incapacity benefits. Work is also being progressed in connection with the Co-operation Agreement to explore the necessary infrastructure required to prepare for the devolution of the administration of welfare.

Health and Social Services research team will collaborate with relevant policy colleagues to explore the need for additional research, determine how long the research would take and how it fits with other priorities and commitments.

Financial Implications – Not known

Recommendation 4

The Committee recommends that

The Welsh Government should set out how the new mental health strategy will ensure that people with severe and enduring mental illness will have routine access to physical health checks, and what actions will be taken to minimise the impact of

factors such as poverty, disadvantage and diagnostic overshadowing on this group.

Response: Accept
The core contract for GPs as part of unified services requires GPs to record information about people with serious mental illness and have a record of high blood pressure and other physical health conditions / risks.
As part of the work to support the development of the successor to Together for Mental Health, we have already commissioned work to inform our approach to improve the physical health of individuals with mental health issues.
The National Collaborative Commissioning Unit, working in partnership with the Royal College of Psychiatrists, is undertaking a systematic review of the current approach and best practice to support optimum physical health in mental health services.
The current Together for Mental Health Strategy is cross-Government, and this is supported by a cross-Government Senior Officials Group. The Group represents the key policy areas that are protective of good mental health, for instance Tackling Poverty, Employment, Housing and Education. We will be working with this Group to inform the cross-Government approach in the successor plan.

We will also be working with the NHS and wider partners to strengthen the existing approach to Care and Treatment Planning which already includes consideration of outcomes across key life areas including finance, housing, work and family.
One of the aims of the successor strategy to Together for MH is to improve the diagnosis and effects of physical ill health and prevention of diagnostic overshadowing will be included as part of this work.
The approach to each of the elements of this recommendation will be included in the consultation on the successor to Together for Mental Health at the end of 2023.

Financial Implications – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

Recommendation 5
The Committee recommends that

The Welsh Government should, in line with the recommendation from our advisory group, publish a roadmap setting out clear actions at national and local level to improve mental health among neurodivergent people. This should be published by July 2023 and include actions to simplify and make more accessible the process for adults and children to be assessed/diagnosed for neurodivergent conditions.

Response: Accept
A demand and capacity review of all neurodevelopmental condition services was completed in March 2022. In response, in a Written Statement of 6 July the Deputy Minister for Social Services announced a neurodivergence improvement programme

backed by £12million of additional funding. The programme has commenced; an initial £1.4 million has been allocated to Regional Partnership Boards to meet urgent need. The programme has three workstreams, the first, considering early help and support, the second, developing sustainable neurodevelopmental services and the third to ensure cross cutting priorities including data and workforce are progressed. Support for neurodivergent people with co-existing conditions including meeting mental health needs will be developed as a priority area within the programme. The programme will align with the NEST/NYTH framework for children and young people's well-being and will take a whole system approach to developing services. To oversee this work, we have established a Ministerial Neurodivergence Advisory Group, which is co-chaired by individuals who have lived experience of neurodivergence.
In November we undertook a series of public engagement events across Wales to discuss the programme's priorities and seek stakeholder views. The feedback received was positive and was summed up in a bilingual summary report[2].

Financial Implications – An additional £12million has been provided up to March 2025 to secure improvements in neurodevelopmental condition services.

Recommendation 6
The Committee recommends that

In its response to our report, the Welsh Government should provide assurance that work to develop cross-cutting early support for children and young people who may be neurodivergent, and their families, before they receive a formal diagnosis will be progressed with pace and urgency. This should include setting out what specific actions will be taken and when, and details of when and how evaluation will be undertaken to assess whether people's experiences and outcomes are improving. Consideration should be given to the use of peer support approaches, video buddies and neurodivergent champions.

Response: Accept
As above, in addition we have commissioned the NHS Delivery Unit to undertake a review of existing ND assessment services and to make recommendations on where improvements can be achieved. The Delivery Unit will also develop an assurance framework to measure the impact of changes in services and support as they are developed.

Financial Implications – As above

[2] Neurodivergence improvement programme: engagement events November 2022 | GOV.WALES

Recommendation 7
The Committee recommends that

In its response to our report, the Welsh Government should set out a clear timeline for the urgent review of mental health provision for deaf people and commit to providing us with an update on the review, and any conclusions or emerging findings, by July 2023. It should also provide assurances that the review will take account of the issues raised by the All Wales Deaf Mental Health and Well-Being Group in its report, Deaf People Wales: Hidden Inequality, and consider whether the establishment of a national specialist deaf mental health service for Wales is required.

Response: Accept
We will review mental health provision for deaf people and in doing so take account of the issues in the Deaf People Wales: Hidden Inequality report, although this will be part of work that will look at sensory loss more broadly. A fundamental aim of our work to develop the successor to Together for Mental Health will be to reduce inequalities in access and outcomes for ***all*** groups where there is a barrier to accessing support. This will include actions to ensure services meet the all-Wales standards for communication and information, but also language and other protected characteristics. The aim will be to remove barriers to support for each cohort and we will be looking at the evidence around sensory loss more broadly to inform the future plan.
We will do early scoping work by July 2023 but as this will be part of the work of our successor to Together for Mental Health this work will be ongoing throughout 2023 and will form part of our draft mental health strategy which will go out to formal consultation at the end of the calendar year.

Financial Implications – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

Recommendation 8
The Committee recommends that

In its response to our report, the Welsh Government should provide an update on the implementation of the recommendations made by the Auditor General for Wales in his 2018 report, Speak my language: overcoming language and communication barriers in public services.

Response: Accept
In our Mental Health Delivery Plan for Wales 2019-2022 we outline our commitment to ensuring support is equitable and accessible, and that services are delivered in

line with the all-Wales standard for communication and information for people with sensory loss.
As part of the ongoing work in relation to successor arrangements for our Together for Mental Health Strategy we will consider what further action is necessary to strengthen access to support for those with sight or hearing loss, and for those whose first language is not Welsh or English.
Wales Interpretation and Translation Services (WITS) annual report states that Arabic was its most commonly requested interpretation language and second most commonly requested translation language in 2022. 99.1% of all requests (for all languages, not just Arabic) were allocated for interpretation and translation services.
Welsh Government has recently commissioned a research report into the availability and adequacy of foreign language interpretation services in Wales and we hope to be able to publish this soon.
The Deaf People in Wales Report will be crucial in informing ongoing work in this area.
In February 2021, the British Deaf Association (BDA) undertook an audit of the British Sign Language (BSL) policies and provision in Welsh Government with a view to signing up to their BSL charter. The BDA and Equality Branch officials have worked collectively with Welsh Government Policy leads to establish what we are doing around BSL.
We also continue to make available mental health resources in multiple languages – to support access to healthcare. Most recently, we have translated resources such as the National Centre for Mental Health Stabilisation Toolkit for people who have been exposed to traumatic events.
The Welsh Government also continues to promote the CALL mental health helpline (and has translated information about the helpline into over 20 languages). CALL also uses Language Line – which means anyone calling the helpline can access support and advice in their preferred language.

Financial Implications – No immediate financial implications.

Recommendation 9
The Committee recommends that

In its response to our report, the Welsh Government should outline what duties are on health boards and other public services to provide interpretation and translation services for languages other than Welsh and English. In doing so, it should provide assurance that the duties in place are adequate, and are being implemented effectively, to reduce the reliance on family members or community volunteers to provide interpretation or translation other than in urgent or emergency cases.

Response: Accept in principle
In February 2021, the British Deaf Association (BDA) undertook an audit of the

British Sign Language (BSL) policies and provision in Welsh Government with a view to signing up to their BSL charter. The BDA and Equality Branch officials have worked collectively with Welsh Government Policy leads to establish what we are doing around BSL. This includes BSL interpreting and translation provision and challenges of the shortage of these registered professionals in Wales.

The initial results of the BSL Audit Report were submitted to the Welsh Government in August 2021. The draft Report summarised an assessment of the Welsh Government's policies and services, with recommendations to inform an action plan and a proposal for ongoing engagement with Deaf communities. Officials have reviewed the contents of the BDA Audit Report and have finalised the report which will be published by BDA shortly. Officials have met with the BDA and are awaiting a confirmed publication date from the BDA. It is anticipated that this will be published in January 2023. A Written Statement will issue on the publication date welcoming the report and recommendations. A BSL translation of the written statement will also be issued.

The Welsh Government welcomes the report and recognises the need to take an intersectional approach in responding to the Audit's recommendations. Taking forward action from the BDA's Audit requires a long-term plan for change and will require sustained commitment and focus. Some of this work can be taken forward within the Disability Rights Taskforce and some can be progressed now. An assessment will take place to develop a work plan to progress areas that can be taken forward outside the remit of the Disability Rights Taskforce.

Wales Interpretation and Translation Services (WITS) provides access to a wide range of registered interpreters covering approximately 120 languages, including BSL. Partner organisations can access the WITS on demand services through their partner agreement. All Health Boards and Trusts in Wales are now partners to WITS. It is the responsibility of the health board to make requests to WITS and inform the patient.

The 'All Wales Standard for Accessible Communication and Information for People with Sensory Loss' sets the direction for Health Boards and Trusts to ensure the communication and information needs of people with a sensory loss are met when accessing our healthcare services. All health boards and trusts are expected to put in place implementation arrangements to deliver on the standards to ensure all services are accessible and available including for the deaf community through the communication medium of choice, such as BSL.

In 2023, Welsh Government Officials will be working with Health Boards across Wales to undertake a review of all Equality Diversity Inclusion reporting mechanisms, including those for vulnerable groups, and developing recommendations for improving collaboration and providing greater assurance that Equality duties are in place and being implemented effectively.

The 2018 Guidance for Health Boards on the Health and Wellbeing of Asylum Seekers and Refugees sets out expectations for health boards in terms of support for asylum seekers and refugees. In 2021, Welsh Government officials wrote to the health boards to remind them of their responsibilities in delivering the priorities set out in the 2018 Guidance on the health and wellbeing of asylum seekers and refugees, particularly in relation to providing access to interpreters and ensuring that

language is not a barrier to accessing services.

Financial Implications – Any financial implications would be considered when developing the recommendations to support duties under the Equalities Act.

Recommendation 10
The Committee recommends that

We endorse and reiterate recommendation 1 made by the Equality and Social Justice Committee in its October 2022 report, Gender based violence: the needs of migrant women, that the Welsh Government should consider creating and maintaining a directory of recognised interpreters.

Response: Accept
The Welsh Government understands the barriers patients face in accessing services without the use of an interpreter and how this can make them hesitant to access services. The Welsh Government has recently received a report on the availability and adequacy of foreign language interpretation services as part of our Migrant Integration Wales Project. We will look at the recommendations and findings of the report alongside this recommendation and the work of our Migrant Integration Framework. Future work will consider how barriers to access can be removed, working with public and third sector organisations. We will also explore new ways of working to ensure access, which could be incorporated into our communications work on the Migrant Integration Wales Project.

Financial Implications – No immediate implications

Recommendation 11
The Committee recommends that

By July 2023 the Welsh Government should publish the key deliverables and qualitative and quantitative measures for the impact of the trauma-informed framework for Wales and put in place a robust evaluation framework. If the Welsh Government is not able to commit in its response to our report to the work being completed within this timeframe, it should explain why it is not achievable and provide information about the timescales within which the measures and evaluation framework will be completed.

Response: Accept in principle
The new Trauma-informed Practice Framework will be a key component in the Welsh Government's drive to make Wales a trauma-informed nation. The framework

will help inform existing and new policy, including the new mental health strategy and the Adverse Childhood Experiences (ACEs) Plan. It will also contribute towards the broader aims of tackling inequality, improving individuals' life outcomes, and making Wales a more prosperous and equal country.
Led by ACE Hub Wales and Traumatic Stress Wales, the framework was developed with stakeholders from various sectors. The Welsh Government played a key role in facilitating and supporting this work and will continue to work closely with partners on the next phase – the successful implementation of the framework.
The first stakeholder meeting about the framework's implementation and evaluation process took place on 23 January 2023. It is expected an implementation plan, including key deliverables, outcomes measures and evaluation processes will be published by the end of July 2023.

Financial Implications – The Deputy Minister for Social Services has agreed to provide funding of a minimum of £300k, £350k and £400k for 2022-23, 2023-24 and 2024-25 respectively, to support the implementation of the Trauma-Informed Wales Framework.
The Welsh Government also provides £1.2 million a year to Traumatic Stress Wales, which aims to improve the health and wellbeing of people of all ages living in Wales at risk of developing, or with, post-traumatic stress disorder (PTSD) or complex post-traumatic stress disorder (CPTSD).

Recommendation 12
The Committee recommends that

The Welsh Government should work with relevant organisations to ensure that appropriate and supportive information on attachment and parent-child relational health is provided to expectant parents and new parents, for example in literature and via antenatal classes. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Response: Accept in principle
Information to support sensitive and responsive parenting starts at antenatal classes and continues through the pregnancy for mothers and their partners. This support and education continues via a range of personally delivered, written and electronic media in a range of languages through the early years, after midwifery handover to health visiting Services. The work of the First 1000 days project is distilled into key messages for parents to promote attachment and responsive parenting, with specific attention to the child's emotional wellbeing and secure attachment through parental information such as Bump, Baby and Beyond. We will consider what further action we can take to develop parent infant relationship work in planned learning, to include potential areas of learning from the delivery models and approaches being piloted through the early years pathfinder projects, where there is a specific focus on parent-

infant relationships and interventions.
We are also considering how the successor to the Together for Mental Health Strategy can strengthen support for parent/infant relationship work in Wales.

Financial Implications – Not yet known

Recommendation 13
The Committee recommends that

The Welsh Government should work with partners including local authorities, Regional Partnership Boards and community organisations to use the outcomes of its recent community mental health service mapping exercise to co-produce an online directory of community and digital services available locally, regionally and nationally across Wales. The directory should be publicly accessible, should be designed to complement and signpost to information that already exists rather than duplicating it, and should include information about what support is available and how it can be accessed, including whether a referral is required.

Response: Accept in principle
This information is already available on the 111 website for national support (NHS 111 Wales - Health A-Z: Mental Health and Wellbeing[3]) and via DEWIS for local/community-based support. The CALL helpline handlers have access to a comprehensive directory of local services (by postcode) to signpost people to local support. We also provide more tailored information for specific cohorts, for instance the Youth Mental Health Toolkit which is hosted on HWB. As opposed to developing a new online directory, our aim is to improve the current information available and to ensure people are aware of how to access resources.
We will continue to do that through the Help Us Help You campaign, and other public awareness campaigns, for instance when we launch 111 press 2 for urgent mental health support nationally.

Financial Implications – None.

Recommendation 14
The Committee recommends that

To accompany the publication and ongoing implementation of the social prescribing framework, the Welsh Government should develop and deliver targeted communication campaigns to promote awareness of social prescribing and the new

[3] Mental Health and Wellbeing (111.wales.nhs.uk)

framework among health professionals, services and community groups and organisations to which people could be prescribed, and the general public.

Response: Accept
A key theme in our recent consultation on the national framework for social prescribing was the acknowledgement that there appears to be significant confusion and lack of awareness both amongst professionals and the public as to what exactly social prescribing can offer.
Furthermore, the consultation acknowledged that for social prescribing services to connect people to community-based support, there needs to be improved awareness of what is available and how accessible it is.
The initial analysis of the consultation responses supports the need for a campaign to build an understanding of social prescribing, its benefits, and to raise awareness of the national framework. As we take forward the development of the national framework for social prescribing, a work programme to raise awareness will be implemented.

Financial Implications – Not yet known

Recommendation 15
The Committee recommends that

The Welsh Government's social prescribing framework should include measures by which the health and social impacts and outcomes of social prescribing schemes at local, regional and national levels can be assessed. The Welsh Government should commit to publishing data as part of the ongoing evaluation of the social prescribing framework to enable us and stakeholders to monitor the impact of both social prescribing and the social prescribing framework.

Response: Accept in principle
The Welsh Government is committed to ensuring the national framework demonstrates the value and monitors the impact of social prescribing. This requires a mixture of qualitative and quantitative measures that focus on the individual, the community, and health services. How best to capture this data and evaluate the health and social impact and outcomes of social prescribing at local, regional, and national levels, is still to be determined.

Financial Implications – Not yet known

Recommendation 16
The Committee recommends that

In its response to our report, the Welsh Government should outline what actions it will take to develop a more professional structure for the social prescribing workforce, including how it will address variation in pay, terms and conditions, and improve funding sustainability for such roles. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Response: Reject
Our 'Connected Communities' strategy already commits the Welsh Government to developing a skills and competency framework for social prescribers which will form an integral part of our national framework for social prescribing.
Over the last few months work has been ongoing with Health Education and Improvement Wales (HEIW) leading the development of a skills and competency framework that makes the link between evidence and practice. The skills and competency framework will help those developing services to deepen their understanding of the social prescribing practitioner role. A draft framework has already been developed by HEIW and its partners, including the Welsh Government, which will be issued for consultation soon.
This skills and competency framework will set out the key knowledge and skills needed to successfully perform the social prescribing role and will go some way to developing a more professional structure for the social prescribing workforce.
However, given the complexity of the makeup of the social prescribing workforce, with many based in local authorities and third sector organisations, negotiating specific pay, terms and conditions are outside the remit of the Welsh Government and are the responsibility of the employing organisations. For this reason, we are unable to accept this recommendation.

Financial Implications – None

Recommendation 17
The Committee recommends that

In its response to our report, the Welsh Government should set out how it, working with Health Education and Improvement Wales and Social Care Wales, will monitor the impact of the actions in the mental health workforce plan aimed at improving staff wellbeing. It should also commit to publishing annual reports setting out whether the actions in the plan are having the intended impact, and if not, what will be done differently. The first annual report should be published no later than December 2023.

Response: Accept
Progress on delivery of the actions in the mental health workforce plan and their impact will be monitored through an implementation board established by HEIW and

Social Care Wales, which includes people with lived experience, Royal Colleges, the voluntary sector, the Welsh Government and other key stakeholders. Regular updates will be provided to the Welsh Government's Mental Health Oversight and Delivery Board, National Partnership Board, and to the HEIW and Social Care Wales public boards. An annual, public-facing report will be published detailing progress.

Financial Implications – Current financial implications are being picked up through existing budgets.

Recommendation 18

The Committee recommends that

Once the Welsh Government has published its draft budget for 2023-24, it should confirm which of the actions in the mental health workforce plan have been allocated full funding, which have been allocated partial funding, and which have not yet been allocated funding. It should also provide details of which partially-funded or unfunded actions will be prioritised should further funding become available.

Response: Accept

The Deputy Minister for Mental Health and Well-being has indicated that support for the implementation of the Mental Health Workforce Plan will be a priority in 2023-24. Between the funding provided for the NHS Wales Education Commissioning and Training Plan (2023-24) and additional funding provided from the mental health programme budget, the Mental Health Workforce Plan will be fully funded in 2023-24.

Financial Implications – Current financial implications are being picked up through existing budgets.

Recommendation 19

The Committee recommends that

The Welsh Government should work with neurodivergent people to co-produce training and awareness-raising campaigns to increase understanding in schools and across public services of neurodiversity. The focus of the training should be on understanding neurodivergent people's lives, how to support and help them, and developing positive, constructive and helpful attitudes and culture, not just on specific conditions. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Response: Accept

The Welsh Government has supported the National Autism Team to develop resources for schools and across other sectors, working in partnership with neurodivergent people and parents and carers. The website autismwales.org provides details of comprehensive training programmes and awareness raising tools in education, for employers and for community services.

Financial Implications – None

Recommendation 20

The Committee recommends that

The Welsh Government should ensure that the workforce survey to be undertaken across health and social care as part of the mental health workforce plan is undertaken as a matter of urgency, and no later than July 2023. The Welsh Government should work with groups and communities identified through analysis of the diversity data gathered through the survey as being underrepresented in the mental health workforce, and with neurodivergent people, to design and deliver a mentoring and support programme to help them enter the mental health workforce. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Response: Accept

Workforce surveys will be undertaken across health and social care before July 2023. Inclusion has been identified as one of the fundamental principles underpinning the plan, with a view to “creating a culture of true inclusion, fairness and equity across the Mental Health workforce”. HEIW and Social Care Wales are engaging with the Ethnic Minorities Task and Finish Group in the first instance to develop an approach that seeks to increase the recruitment and retention of underrepresented groups into the mental health workforce.

Financial Implications – Current financial implications are being picked up through existing budgets.

Recommendation 21

The Committee recommends that

The Welsh Government should require its civil servants to include, in every submission made to Welsh Government Ministers seeking a decision on policy, legislative, spending or taxation proposals, an assessment of how the recommended course of action will contribute to improving the mental health and wellbeing of the

people of Wales.

Response: Accept in principle

The Welsh Ministers are subject to the sustainable development and well-being duty in the Well-being of Future Generations (Wales) Act 2015, which requires public bodies to carry out sustainable development, and in doing so contribute to the seven well-being goals. Within those goals 'A Healthier Wales' is described as "A society in which people's physical and mental well-being is maximised and in which choices and behaviours that benefit future health are understood". In implementing the WFG Act, the Welsh Government has embedded the Act in how it develops policy and advice to Ministers. This is part of a more integrated approach to the assessment of policy impact which already includes consideration of health and mental wellbeing through incorporating our established health impact assessment practices.

Alongside the Well-being of Future Generations (Wales) Act 2015, Part 6 of the Public Health (Wales) Act 2017 requires the Welsh Ministers to develop regulations which will require a list of public bodies (including the Welsh Government) to carry out a health impact assessment (which includes considering mental and physical health) in circumstances to be specified in the regulations. Work to develop the regulations was paused initially to focus resources on EU Exit and subsequently to supporting the response to COVID-19. However, work to develop the regulations restarted in 2022 and in a response to a letter from the Health and Social Care Committee, the Minister for Health and Social Services committed to publishing a consultation on the regulations (as required by the 2017 Act) in late Spring/early Summer 2023. In terms of developing the Regulations, we will consider the findings of the committee's report and this recommendation in preparing policy proposals for consultation. In terms of implementing the Regulations within the Welsh Government, we will update our impact assessment approach as needed accordingly once the Regulations are agreed.

In addition to considering the mechanisms which require officials to consider the impact of a decision on health, the focus of our efforts is on developing the understanding and capability of policy and decision makers within Welsh Government so that they have the knowledge, skills and behaviours to design and deliver policy effectively.

Financial Implications – None

Recommendation 22

The Committee recommends that

The Welsh Government should provide us with annual updates on progress made in implementing the recommendations set out in this report. The first annual update should be provided in December 2023.

Response: Accept in principle
The Welsh Government is very grateful to the Health and Social Care Committee for their consideration of this issue. The Welsh Government will continue to update the Health and Social Care Committee on progress in relation to the recommendations outlined in this report as appropriate.

Financial Implications – None

Recommendation 23
The Committee recommends that

In its response to our report, the Welsh Government should commit to commissioning and publishing independent interim and final evaluations of its new mental health strategy. The interim evaluations should include assessment of the impact of the strategy to date on the mental health and wellbeing of Wales' population, the outcomes it has achieved, and any learning points or recommendations for change. Alongside each interim evaluation report, the Welsh Government should publish details of what actions it will take in response to any learning points or recommendations for change.

Response: Accept
Plans for ongoing evaluation will be an essential part of the new Mental Health Strategy for Wales. There will need to be specific consideration of learning points and / or recommendations for change as part of any planned evaluations, alongside a focus on progress towards achieving the strategy's planned outcomes and objectives.

Financial Implications – Any cost implications will be considered as part of the development of the successor Mental Health Strategy.

Recommendation 24
The Committee recommends that

In its response to our report, the Welsh Government should confirm that the data to be collated and published as part of the mental health core dataset will enable us and stakeholders to see and track progress over time in mental health inequalities relating to access to mental health services and outcomes for different groups and communities. This should include information about what data will be included, how frequently data will be published, what analysis will be undertaken, and confirmation that the data will be disaggregated on the basis of diversity characteristics.

Response: Accept
A key priority for the Welsh Government and NHS Wales is to ensure that health and mental health data in relation to race, ethnicity and intersectional disadvantage is actively collected, understood and used to drive and inform continued improvements in services and to ensure the underpinning of equitable outcomes in service delivery. We already publish a range of activity data, some of which includes ethnicity information, as part of the NHS Benchmarking Programme. The latest NHS Benchmarking information for Wales can be accessed online (nhs.wales)[4].
In terms of the core dataset, this will include patient level information (for instance gender and ethnicity). We have recently strengthened the governance arrangements to drive this work forward and the current focus is working with health boards to agree the core activity data that will be reported. Our intention is to publish this data and we will update the Committee in due course on the data for publication and the frequency of publication.
The activity measures are one of four elements which will make up the core data set. The other measures are:

- *Patient Reported Outcome Measures (PROMS).*
- *Patient Reported Experience Measures (PREMS).*
- *Clinician Reported Outcome Measures (CROMS).*

We have established an Oversight Group and a refreshed Board with a technical group. The Board has a range of stakeholder members and as well as providing the main oversight and governance line of this programme, the Board will also consider the key findings of the Academic Research, looking at what matters to people in Wales.

Financial Implications – Current financial implications are being picked up through existing budgets.

Recommendation 25
The Committee recommends that

Following the completion of the research commissioned from the University of South Wales on measuring clinical and social outcomes, the Welsh Government should set out a timetable for the development and implementation of wellbeing measures to inform the monitoring and evaluation of the impact the new mental health strategy has on tackling mental health inequalities. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Response: Accept

[4] Events - National Collaborative Commissioning Unit (nhs.wales)

The Mental Health Outcomes and Measures Board referred to in response to recommendation 24 is considering the outcome of the research as part of developing the outcome measures in the core-dataset. Further information, including timescales, will be shared with the Committee in due course.
The Welsh Government already publishes data on the mean mental wellbeing score for people aged 16 and over in Wales using the Warwick-Edinburgh Mental Well-being Scale WEMWBS) as part of reporting on Wellbeing of Wales: National Indictors[5].
As part of the Well-being of Future Generations (Wales) Act 2015, we have consulted on and set milestones against Indicator 29 'Mean well-being score for people'. This measure is collected and reported on as part of the National Survey for Wales for Adults and we will utilise the School Health Research Network for children and young people. This will be one of the indicators that will drive future work around promoting population-wide good mental wellbeing, with a focus on narrowing the gap between our most and least deprived communities.
As part of the arrangements to develop the successor to Together for Mental Health, we have dedicated resource from Knowledge and Analytical Service in the Welsh Government to support the development of key measures to determine progress against the agreed strategic objectives. The proposed measures will be included in the consultation document which is expected to be available by the end of 2023.

Financial Implications – None

Recommendation 26
The Committee recommends that

The Welsh Government should work with the police and crime commissioners and the police forces in Wales to identify opportunities to improve access for police officers to ongoing training in mental health awareness, suicide prevention, neurodiversity awareness, learning disability awareness, and cultural competence. In line with our recommendation 22, the Welsh Government should provide us with an update on this work in December 2023.

Response: Accept
Policing is reserved to the UK Government and as such the training of police staff is the responsibility of the Home Office rather than the Welsh Government. However, we do recognise the importance of using our partnership links to support effective criminal justice outcomes, especially where policing interfaces with policy areas which are devolved to Wales.
We will broker a discussion with Policing in Wales on:

- The training which is currently available on these subjects and how it is used.

[5] Wellbeing of Wales: national indicators (gov.wales)

- How accessibility and awareness of the existing training can be increased.
- Where there might be opportunities for new links or further work.

This work will be taken forward with the Police Liaison Unit and relevant Welsh Government policy leads.

In terms of neurodiversity, the Welsh Government funds the National Autism team which provides expert advice and training on neurodivergence awareness. The team has worked with both South Wales and Gwent police on neurodivergence issues. We are also delivering a neurodivergence improvement programme which includes considering workforce training needs. There is a representative from criminal justice on the Ministerial Advisory Group on Neurodivergence, and the team also work closely with the Ministry of Justice to support the non-devolved areas of their neurodiversity strategy.

Additionally, as part of the Welsh Government Learning Disability Strategy the team has supported the development of the Learning Disability Education Framework and its initial roll-out to health professionals. The team is working with Improvement Cymru to scope out how the Framework can be expanded to other public sector organisations, potentially including the police.

Financial Implications – No immediate implications

Recommendation 27

The Committee recommends that

In its response to our report, the Welsh Government should provide an update on its discussions with the UK Government on the draft Mental Health Bill. This should include information about whether the Welsh Government has reached a view on whether it supports the UK Government's intention to legislate in the devolved area of mental health, details of the analysis and consultation undertaken by the Welsh Government to inform its view on this matter, and information about the actions taken by the Welsh Government to ensure that the different legislative and policy contexts in Wales and England are being taken into account in the development of the legislation and planning for its implementation.

Response: Accept

In line with the commitment set out in the Anti Racist Wales Action Plan, we have established an Ethnic Minorities Mental Health Task and Finish Group. When established, the purpose of the task and finish group was to agree tangible actions that can deliver improvements in mental health support and access to services amongst ethnic minority communities, spanning the age range. Originally established for 12 months, the Task and Finish Group will now remain in place for a further two years – and will play an important role in informing the development of the new Mental Health Strategy for Wales. The Task and Finish group will also play an important role in ensuring that new mental health legislation for Wales reflects the

needs of minority ethnic communities and will be a key stakeholder in ongoing discussions and work to implement the reforms of the Mental Health Act planned for Wales, and the development of the supporting Code of Practice for Wales.
Following publication of the White Paper outlining proposed reforms to the Mental Health Act aimed at delivering the recommendations of the Wessely Review, Welsh Government officials undertook a series of discussions with stakeholders and partners in Wales, including the Ethnic Minorities Mental Health Task and Finish Group, to determine which of the proposals would be beneficial to Wales. Following those discussions, the Welsh Government wrote to the UK Government Secretary of State for Health to outline our position about which of the proposals we would like to extend to Wales and include in a draft Mental Health Bill. In line with the Sewel Convention, it is likely that a Legislative Consent Motion will still need to be passed in the Senedd once the Bill is introduced, in accordance with section 107(6) of the Government of Wales Act 2006 and the Senedd's Standing Orders. The Welsh Government's final recommendation to the Senedd about whether to pass such a motion will be subject to our being satisfied with the final provisions in the Bill.
The draft legislation has been subject to pre-legislative scrutiny in the UK Parliament, and the relevant scrutiny committee published its report on 19 January 2023. The recommendations in that report are likely to result in changes to the proposed Bill compared to the first draft. Welsh Government officials will continue to work closely with their UK Government counterparts to consider the extent to which Wales should be included in any new or substantively different provisions that emerge as the Bill is developed in light of the committee report.

Financial Implications – No immediate implications

Lynne Neagle MS
Deputy Minister for Mental Health and Wellbeing

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Royal College of Nursing (RCN) Wales response to Health and Social Care Committee Inquiry into Gynaecological Cancers

The Royal College of Nursing Wales (RCN) Wales welcomes the opportunity to provide written evidence to the Health and Social Care Committee's inquiry on gynaecological cancers.

This evidence will focus on the barriers to diagnosis, public health awareness and the need for investment and expansion of the workforce and services to reduce waiting times.

Recommendations

- To ensure adequate workforce planning the Welsh Government must publish information on how many specialist cancer nurses, including gynaecological cancer nurses, are employed in Wales.

- Public Health Wales should increase targeted public awareness of symptoms of gynaecological cancers through a consistent, all Wales approach to reduce inequalities. This must include using social media, public messaging, and easily accessible online resources.

- NHS Wales should expand education and training opportunities for health professionals to increase their awareness of the symptoms of gynaecological cancers, and internal examinations.

- The Welsh Government must invest in rapid access diagnosis and treatment services for women with suspected gynaecological cancers. This should be similar to the rapid access services provided for those with suspected breast cancer.

Introduction

There are five main types of gynaecological cancers including: cervical, ovarian, uterine, vaginal, and vulval.

Gynaecological cancers currently have one of the longest waiting times in Wales, with just 25% of patients starting treatment within 62 days of first being suspected of cancer.

This compares to the average of 52% for all cancers, with some cancers having more promising figures, such as lung (61.5%), skin (74.8%) and brain/central nervous systems (100%) and acute leukaemia (100%).[1]

Prevention and early intervention are crucial for early diagnosis and survival rates. However there are clear barriers to achieving early diagnosis including: socioeconomic inequalities, health professional knowledge of the symptoms of gynaecological cancers, confidence and skills to undertake internal examinations and the need for further targeted public health messaging.

There should also be consideration as to whether gynaecological cancers has been adequately prioritised in the forthcoming Welsh Government/NHS Wales women and girls' health and care action plan. Gynaecological cancers were not specifically mentioned in the Welsh Government women and girls' quality statement published in July 2022. The investment in gynaecological cancer services should be scrutinised by the new NHS Executive as part of the performance framework.

Nursing workforce

Gynaecological cancer nurses, employed by NHS Wales, MacMillian and other third sector provider, provide highly skilled care, treatment and support for the individual and their families. However they are facing the same struggles as the rest of the nursing workforce including burnout and short staffing.

To become a gynaecological cancer nurse, an individual must be registered on the Nursing and Midwifery Council (NMC) register having completed an undergraduate degree in one of the four fields of nursing: adult, mental health, child and learning disability. Having done so they will have achieved significant experience in cancer services and additional masters level education.

Currently there is no way to identify how many gynaecological caner nurses are employed in Wales, as the Welsh Government do not publish this information. This is crucial information for workforce planning and ensuring Wales can meet public demand now and in the future.

To ensure adequate workforce planning the Welsh Government must publish information on how many specialist cancer nurses, including gynaecological cancer nurses, are employed in Wales.

Inequalities

The most well-known gynaecological cancer is cervical cancer with substantive efforts in vaccinations, screening, and public health messaging but more could be done to further increase awareness and address inequalities.

[1] https://statswales.gov.wales/Catalogue/Health-and-Social-Care/NHS-Hospital-Waiting-Times/Cancer-Waiting-Times/Monthly/suspectedcancerpathwayclosedpathways-by-localhealthboard-tumoursite-agegroup-gender-measure-month

Wales has the highest uptake of cervical cancer screening (2018) at 77%, compared to 72% in England, 73% Scotland and 76.8% Northern Ireland.[2] Data relating to 2019-2020 was published by Cervical Cancer Wales in 2022. The data showed that 228,004 individuals aged 25-64 were invited for screening and 178,259 were screened, an uptake of 78%.[3]

However a *Screening Division Inequalities 2020-21* report by Public Health Wales highlights that coverage of cervical cancer screening is lowest in the youngest age group (25-29), with 63.4% uptake compared to 77.2% in those aged 50-54.[4]

It further identified an inequality gap between cervical cancer screening coverage in the least deprived communities compared to the most deprived communities with a difference of 12.1%.[5]

Therefore despite substantive efforts to increase awareness, vaccinations and screening there remains individuals that are being missed and widening existing inequalities. This is not unique to cervical cancer but shared across all gynaecological cancers.

HPV vaccinations and access to timely screening services including the consideration of inequalities and well known barriers should be monitored by Public Health Wales and scrutinised by the new NHS Wales Executive as part of the performance framework.

Public Awareness

Third sector organisations and charities play a crucial role in increasing public awareness of gynaecological cancers and provide supportive services for those diagnosed with gynaecological cancers. Gynaecological cancer awareness month does draw attention to gynaecological cancers but there needs to be awareness of gynaecological cancers all year round. Third sector organisations and charities are crucial to this, but further investment is needed by the Welsh Government.

The Welsh Government in partnership with Public Health Wales and NHS Wales need to increase public awareness through school talks from health professionals, signs and symptoms posters in public locations and what to do if an individual does have symptoms. These efforts should be targeted at the most deprived communities in an attempt to reduce inequalities.

[2] https://www.jostrust.org.uk/sites/default/files/final_accessibility_policy_jun2018.pdf
[3] https://phw.nhs.wales/services-and-teams/cervical-screening-wales/information-resources/programme-reports/csw-annual-statistical-reports/csw-annual-statistical-report-2019-20/
[4] https://phw.nhs.wales/news/men-younger-people-and-those-living-in-the-more-deprived-communities-in-wales-show-lower-uptake-of-life-saving-screening-services1/screening-division-inequities-report-2020-21/
[5] https://phw.nhs.wales/news/men-younger-people-and-those-living-in-the-more-deprived-communities-in-wales-show-lower-uptake-of-life-saving-screening-services1/screening-division-inequities-report-2020-21/

There also needs to be targeted consistent messaging on social media platforms to address the stigma of HPV, debunk myths and fears of screening and explain the importance, and how to contact health professionals to discuss symptoms.

Primary Care

An individual's first point of contact regarding symptoms of gynaecological cancers is often a GP or nurse within a general practice surgery.

Recent data has shown that in 2021-22, nearly half (49%) of GP appointments were over the phone and 1% were by video call. This is a rise of phone appointment from 32% from 2020-21. Subsequently, in person appointments have decrease from 67%, 2020-21 to 50% in 2021-22.[6] Although the use of phone appointments is supported by RCN Wales, there needs to be an emphasis on continuing in person GP appointments for those experiencing gynaecological cancer symptoms who may require internal examination.

When symptoms of gynaecological cancers are present a GP will be required to complete an internal examination. The omission of an internal examination has been associated with diagnostic delay in women diagnosed with gynaecological cancer.

Research has found that if a clinician does not carry out the examination frequently the skills, or confidence in those skills, may decline along with ability to distinguish normal from abnormal findings and willingness to undertake the procedure.[7]

To ensure internal examinations are untaken in a timely manner, when required, health professionals need to be able to access training opportunities to ensure they retain their confidence and skills. This will reduce unnecessary diagnostic delay in women diagnosed with gynaecological cancer.

Internal examinations are predominately undertaken by GPs. However Advance Nurse Practitioners and consultant nurses working within primary care should be supported to use their skills and competence to deliver these examinations. This will reduce the workload on GPs and enable more timely diagnosis. It will also provide the patient with a choice of practitioner. Advance Nurse Practitioners already complete cervical cancer screening within general practice.

Furthermore, all practice nurses should be educated in gynaecological cancer symptoms. Nurses are the patient's advocate and remain the highest trusted

[6] https://www.gov.wales/hospital-and-gp-services-national-survey-wales-april-2021-march-2022-html#:~:text=Most%20non%2DGP%20appointments%20were,appointments%20were%20with%20a%20nurse.
[7] https://bjgp.org/content/bjgp/early/2023/02/08/BJGP.2022.0363.full.pdf

profession across Britain[8]. It is important that women feel comfortable disclosing symptoms that they may find uncomfortable to talk about, and that these symptoms are recognised and addressed quickly, making sure the women feels listened to. In order to do this, nurses need to understand gynaecological cancer symptoms and the diagnostic pathways for addressing any concerns.

About the Royal College of Nursing (RCN)

The Royal College of Nursing is the world's largest professional organisation and trade union for nursing, representing over 500,000 nurses, midwives, health visitors, healthcare support workers and nursing students, including over 29.500 members in Wales. RCN members work in both the independent sector and the NHS. Around two-thirds of our members are based in the community. The RCN is a UK-wide organisation, with National Boards in Wales, Scotland and Northern Ireland.

The RCN represents nurses and nursing, promotes excellence in nursing practice and shapes health and social care policy.

[8] https://www.ipsos.com/en-uk/ipsos-veracity-index-2022#:~:text=It%20also%20reveals%20that%20nurses,truth%20in%20Britain%20in%202022.&text=This%20year's%20top%20six%20most,scientists%2C%20teachers%20and%20museum%20curators.

Health and Social Care Committee Consultation on Gynaecological Cancers – closing 17th March 2023

Purpose of the consultation
The Health and Social Care Committee is looking at the experience of women with symptoms of gynaecological cancer, how they are listened to and treated by healthcare professionals, and how services empower, care for and look after women diagnosed with a gynaecological cancer (to ensure their physical, psychological and practical needs are met).

Evidence submitted by: Dr Louise Hanna, Clinical Lead for the Gynaecological Cancer Site Group of the Wales Cancer Network.

The Gynaecological Cancer Site Group is a group of clinicians working within gynaeocological cancer throughout Wales. The group welcomes anyone who has an interest in working within gynaecological cancer and improving the experiences and outcomes of women affected by cancer. I am grateful for the multiple conversations that I have had with many colleagues throughout Wales from within the Gynaecological CSG and the wider oncology community in preparation for this submission. We welcome this timely and important consultation, and the response is structured around the points listed on the consultation webpage. Where possible we have used published or unpublished data to support the evidence. Where data are lacking, we have drawn on personal experience and knowledge of the service.

1) **The information available and awareness about the risk factors for gynaecological cancers across the life course and the symptoms associated with gynaecological cancers.**

1.1 Gynaecological cancer can affect women of any age, and the term gynaecological cancer covers a complex array of different cancers within organs both outside and inside the body. The risk factors for the individual tumour sites vary. A variety of lifestyle factors contribute to gynaecological cancer, for examples smoking and obesity. Whilst many women are aware of the benefits of a healthy lifestyle, they may not be aware of the specific impact on gynaecological cancers. Patients who are diagnosed with gynaecological cancers frequently ask why they developed it. Genetic mutations can also lead to a greater risk of cancers and women might not be aware of this. In the Target Ovarian Cancer Pathfinder study of women in the general population in Wales, only 16% thought that genetics might be a factor in developing ovarian cancer.[1]

1.2 The symptoms associated with gynaecological cancers are very varied and awareness of the symptoms appears to vary depending on the cancer site. For example, endometrial cancer typically presents with post-menopausal bleeding that alerts women to seek medical advice. As a result, women are frequently diagnosed with endometrial cancer at stage I, and have a good prognosis. In contrast, ovarian cancer is typically diagnosed at a late stage (stage III/IV). The symptoms of ovarian cancer are not symptoms that would be typically associated with the gynaecological tract. These include persistent bloating, early satiety

[1] Target Ovarian Cancer. (2016). Pathfinder Wales – transforming futures for women with ovarian cancer.

(feeling full quickly), loss of appetite, pelvic or abdominal pain, urinary urgency, changes in bowel habit, fatigue and weight loss. There is less awareness among women of these symptoms relating to gynaecological cancer. Evidence for this lack of awareness comes from the Target Ovarian Cancer Pathfinder Study of 2016 in Wales.[2] When women in the general population were asked to say which symptoms they think might be linked to ovarian cancer, only 18% were able to name pelvic or abdominal pain, 17% persistent bloating, 5% feeling full/loss of appetite and 1% increased urine urgency/frequency. A follow-on Pathfinder study was conducted and published in 2022, and although the results are reported for the UK, they also show low levels of awareness: 32% pelvic or abdominal pain; 21% persistent bloating; 3% feeling full/loss of appetite; 1% increased urinary frequency.[3] Recent data from the Wales Macmillan Cancer Experience Survey shows that 24.9% of women waited three months or more from the time they first thought something was wrong with them until they first saw a GP or other doctor. 9.3% did not think something was wrong until they were told.[4] Therefore women may not know the potential significance of the symptoms and this may delay their access to healthcare services.

1.3 Conversations with colleagues suggest that continued education is needed around particular issues such as: the upper limit of cervical screening (i.e. women still need cervical smears after the menopause); it is not only people with heterosexual contacts that develop cervical cancer; bloating/change of bowel habit is a symptom and not necessarily a sign of normal 'ageing'; gynaecological cancers can happen at any age, and the importance of internal examination where necessary; irritable bowel syndrome is an unusual first diagnosis for women in their 50's; hormone replacement therapy can mask symptoms of gynaecological cancer; education that a normal CA125 tumour marker does not exclude ovarian cancer. Initiatives such as Gateway C may increase awareness among healthcare professionals: Gateway C is a free educational resource that is available for Primary Care professionals across Wales that provides evidence based information to support early detection of cancer.

2) The barriers to securing a diagnosis, such as symptoms being dismissed or confused with other conditions.

2.1 There are many and varied barriers to women presenting to the Health Service. There is a lack of data to identify all the barriers within Wales or to quantify the number of individuals affected. Nevertheless, it is acknowledged that barriers include a past history of sexual assault, or conditions such as vaginismus (uncomfortable spasm in the vagina). Furthermore, women may be embarrassed. Other diverse groups of women for whom there may be a barrier to disclosing symptoms include those from ethnic minority groups, those living in areas of deprivation, members of the LGBTQ+ community, those with mental health issues, and those with learning difficulties or dementia.

2.2 Women report a variety of different experiences once they present with symptoms. Whilst some women are promptly referred for investigation, others report repeated visits to primary care before referral. Gynaecological specific data from the recent Wales Macmillan

[2] Target Ovarian Cancer. (2016). Pathfinder Wales – transforming futures for women with ovarian cancer.
[3] Target Ovarian Cancer. (2022). Pathfinder 2022: Faster, further, and fairer
[4] Wales Cancer Network, NHS Wales Health Collaborative personal communication. (2023).

Cancer Experience Survey show that whilst 50.5% of people with gynaecological cancer visited their GP only once before referral, 11.8% visited their GP on three or more occasions and 6.6% went straight to hospital via Accident and Emergency.[5] For ovarian cancer, the Pathfinder Wales study found that 36% of women visited their GP three times or more before being referred for diagnostic tests, and 29% of women were initially referred for tests for something other than ovarian cancer.[6] For cervical cancer, the NICE guidance on recognition and referral for suspected cancer states that if the appearance of the cervix is consistent with cervical cancer then this should trigger a referral for suspected cancer with an appointment within two weeks.[7] Therefore, an examination is required to demonstrate the appearances of cancer, and there are reports of women not being examined. On occasion this is due to the lack of a chaperone in Primary Care. Whilst there has been an agreement during the pandemic that women can be referred without examination, these particular experiences relate to women being neither examined nor referred and they illustrate the importance of clinical examination.

3) Whether women feel they are being listened to by healthcare professionals and their symptoms taken seriously.

3.1 Among published reports it is also evident that there are a variety of experiences. The Macmillan Cancer Patient Experience Survey published in 2023 showed that 92% of people with cancer surveyed rated their cancer care in the first year of the pandemic as 7 or above out of 10, with 45% rating their care as very good or 10 out of 10.[8] Although these data are not specific to people with gynaecological cancer, they correlate well with the Macmillan Wales Cancer Experience Survey of people with gynaecological cancer in Wales in 2013 where 87% of patients rated their overall NHS care as excellent or very good.[9] Whilst many rate their care highly, there are undoubtedly women whose experience falls short. Free-text comments relating to gynaecological cancer from the recent Wales Macmillan Cancer Experience Survey provide examples of individual experiences.[10] Whilst the survey was taken at a time where patient care was affected by the pandemic, the comments are of general relevance.

'Due to COVID I did not see my GP, but a telephone discussion resulted in my GP referring me straight to gynaecology, where a scan and taking a tissue sample was done in a timely period. The result was delivered within a week by a very caring Macmillan nurse, who gave me explanation on classification and type of cancer using a leaflet, which was useful as I was able to read up the information again later.'

'In a way, COVID-19 helped with my diagnosis and treatment. Within [number removed] days of seeing my GP I was having an ultrasound and CT scan and within [number removed] weeks I had had biopsies, aspiration of pleural effusions, had weekly telephone conversations with the gynaecologist and oncologist, face to face to discuss treatment then commenced chemotherapy.'

[5] Wales Cancer Network, NHS Wales Health Collaborative personal communication. (2023).
[6] Target Ovarian Cancer. (2016). Pathfinder Wales – transforming futures for women with ovarian cancer.
[7] NICE. (2015). Suspected cancer: recognition and referral. NICE guideline [NG12]. Last updated: 15 December 2021.
[8] Macmillan. (2023). Cancer Patient Experience Survey.
[9] Macmillan. (2013). Macmillan Wales Cancer Patient Experience Programme 2013 National Survey.
[10] Wales Cancer Network, NHS Wales Health Collaborative personal communication. (2023).

'I had a scan on [date removed] checked my organs which I didn't know was going to happen I suppose naive of me said all was ok but where [the healthcare professional] checked wasn't [where] my pain was. Doctor said they would refer me to Gynae but haven't hear anything yet.'

'I was meant to have surgery as we initially locked down. I quickly noticed something was very wrong and a big mass was growing in my abdomen. My GP wouldn't see me, my consultant wouldn't see me and when I presented at A and E, the gynaecology team dismissed me again. If I hadn't requested a CA125 blood test 5 months later, which showed an increase, I dread to think what could of happened to me.'

4) **HPV vaccination and access to timely screening services including consideration of the inequalities and barriers that exist in uptake among different groups of women and girls.**

4.1 Uptake for preventative measures such as HPV vaccination and screening vary among different groups in society such as those described previously in question 2. There may be cultural barriers that inhibit people from accessing HPV vaccination or screening. Parents may feel that HPV vaccination is not relevant or necessary for their children. Others may only visit healthcare services for a specific problem rather than for prevention.

4.2 For screening, as mentioned in question 2, women with a past history of sexual assault, mental health issues or conditions such as vaginismus may prevent them attending. Some would only accept screening if undertaken by a woman, and their fear that this might not be the case inhibits them from attending. Others may have difficulty attending for screening, for example due to their hours of work. Fear, embarrassment, lack of awareness and availability of the service are all factors.

4.3 On a positive note, introduction of primary screening for HPV is an excellent example of timely service development that can better direct follow up screening tests to those who need it most.

5) **NHS recovery of screening and diagnostic services, specifically the level of extra capacity that has been provided for services to recover from the impact of the COVID-19 pandemic.**

5.1 Colleagues around Wales report different experiences. Whilst some report that capacity is back to pre-pandemic levels, others report that the service has not recovered. Examples of the latter include a hysteroscopy clinic that was lost during the pandemic and not reinstated. This has caused additional pressure on other services within the Health Board. Others report loss of operating theatre capacity that has not recovered to pre-pandemic levels despite a post-covid increase in demand.

6) **The prioritisation of pathways for gynaecological cancers as part of NHS recovery, including how gynaecological cancer waiting lists compare to other cancers and other specialities.**

6.1 Gynaecological cancers are relatively uncommon compared with other tumour sites. For example there are around 2.5 times as many cases of breast cancer per year as there are gynaecological cancer. Gynaecological cancer is therefore a relatively small specialty. Gynaecological cancers are a diverse group of cancers which occur both inside and outside of the body. Within gynaecological cancer, there are five different tumour sites recognised by the National Institute of Health and Care Excellence (NICE).[11] Within these five tumour sites there are many different histological cell types that can occur. Therefore, gynaecological cancers are relatively uncommon, and many of them are rare. The presentations of gynaecological cancers are very different depending on the tumour site and, as such, each tumour site has a different pathway within gynaecological oncology. There are currently four Wales National Optimal Cancer Pathways for cervical, endometrial, ovarian and vulval cancer. So, within a relatively small specialty the service set-up is complex and there are many different routes to diagnosis. All patients need to be seen within a clinic – there isn't a diagnostic test that can be performed to rule out a cancer in advance of a clinic appointment. Within a gynaecological department, patients may be referred to, for example, a post-menopausal bleeding (PMB) clinic, a colposcopy clinic, an urgent suspected cancer clinic or a pelvic mass clinic. These 'entry points' lead to very different cancer pathways. Some of the services are one-stop services including a biopsy and radiology, and there are examples of pilots of other novel routes of entry such as a one-stop ovarian cancer service. There is a need to evaluate these new models further and to see if they can improve compliance with the single pathway and early diagnosis.

6.2 The NHS Wales Cancer dashboard currently shows waiting times for gynaecological cancer are long, with low percentages of women starting treatment within 62 days of the first suspicion. Clinicians working in sites where capacity has not returned to pre-pandemic levels report difficulties reinstating services. Capacity issues are very real within gynaecological cancer services. This involves gynaecological-specific services such as a gynaecological rapid assessment service, or services that work across tumour sites such as radiology and pathology. There are theatre capacity issues and pressure on services such as radiotherapy and systemic anti-cancer chemotherapy (SACT). Capacity issues involve both the facilities and the workforce, and workforce issues are not easy to fix rapidly as recruitment and training is required. There are reports of very large numbers of referrals requiring triage. Long waiting times in non-urgent services mean that patients are more likely to be referred on an urgent suspected cancer pathway because of concerns waiting for routine appointments. Within the pathways, delays occur in obtaining radiological tests, biopsies and pathological reporting.

6.3 Gynaecological cancer pathways are frequently complex. Due to gynaecological cancers being relatively uncommon, much of the treatments are delivered in cancer centres, whilst patients present initially to cancer units. Colleagues describe occasions where patients see a general gynaecologist and then need to see the cancer unit lead gynaecologist. Patients are then further referred to a gynae-oncologist in the cancer centre which may be in a different Health Board. This requires discussion in the local multi-disciplinary team meeting (MDT) and then the cancer centre MDT. Although there are examples of collaborative working such as a gynae-oncologist from a cancer centre holding clinics in a cancer unit,

[11] NICE. (2015). Suspected cancer: recognition and referral. NICE guideline [NG12]. Last updated: 15 December 2021.

there is a lack of regional commissioning that would facilitate better use of resources and smooth out inconsistencies.

6.4 For radiology, there are delays in obtaining scans as well as delays in reporting scans. There is a shortage of radiologists. The Royal College of Radiologists Clinical Radiology census, 2020 showed significant variability across the UK in the distribution of clinical radiology consultants relative to population size.[12] Wales has the lowest number of clinical radiologists per head of population within the UK (7.8 per 100,000 compared with a UK average of 8.6). This compares with the European average of 12.8 radiologists per 100,000 population. Compared to France and Spain, Wales has half the number of radiologists per head of population. Ten percent of clinical radiology consultant posts in Wales were vacant in 2020. Delays in reporting lead to delays in MDT discussions which contributes to longer waiting times.

6.5 Within pathology, there are vacancies within Wales. The Royal College of Pathologists workforce census in 2018 showed that 17% of consultant pathologists in Wales are locums.[13] Wales had the highest proportion of staff aged 55 or more, at 36%, with 12% at least 60 – the highest of the four UK nations. Workforce shortages lead to delays in reporting histopathological specimens. In addition, specimens frequently need to be reviewed in the cancer centre MDT. Although digital solutions are being explored and piloted, the specimens currently need to be sent to the cancer centre health board, and this can incur further delays.

6.6 Within gynae-oncology surgical services and oncology services there are also workforce issues within a range of professional groups. Because the teams are generally made up of small numbers of clinicians there is a large impact of vacancies and absences from work. Some colleagues are working as single-handed consultants meaning that the service is lacking in resilience. There is inequity of access to gynaecological cancer clinical nurse specialists.

6.7 Waiting times for cancer diagnosis and treatment are therefore reliant on relatively small teams in multiple locations, managing multiple and varied clinical pathways, for often uncommon or rare cancers, and coordinating among health boards. Pathways require infrastructure (clinic provision, theatre space) and a multi-professional workforce (including gynaecology, gynae-oncology, pathology, radiology, oncology, cancer nurse specialists and MDT coordinators). Small teams are more vulnerable when there are staff vacancies or members of the team are away. If a single member of a team of two is away, then the workload doubles for the remaining individual and the capacity of the service may be halved. If a single-handed practitioner is away, then the service stops. The pathways need resilience both within gynaecological cancer teams and in the wider NHS.

7) **Whether there are local disparities in gynaecological cancer backlogs (addressing inequalities so that access to gynaecological cancer care and treatment is not dependent on where women live).**

[12] RCR. (2021). Clinical radiology UK workforce census 2020 report. London: The Royal College of Radiologists.
[13] RCPath. (2018). Meeting pathology demand. Histopathology workforce census. London: The Royal College of Pathologists.

7.1 Within General Practice, there may be difficulties accessing a female GP, particularly in rural communities. As mentioned there are some areas where capacity has not recovered from the pandemic. Data from StatsWales reveal a dynamic picture with local disparities among health boards with regard to waiting times. There are also reports of different waits within individual health boards, dependent on local services.

8) The extent to which data is disaggregated by cancer type (as opposed to pooling all gynaecological cancers together) and by other characteristics such as ethnicity.

8.1 Routinely available data on an All-Wales basis is not disaggregated by cancer type, and all gynaecological cancers are pooled together.

8.2 For example women with endometrial cancer typically present with post-menopausal bleeding (PMB) and would be referred to a 'PMB clinic'. In contrast women who are suspected of having cervical cancer might be referred to a colposcopy clinic. Women with suspected ovarian cancer might be referred to an urgent suspected cancer clinic or to a non-gynaecological specialty. Due to gynaecological cancers being relatively uncommon, gynaecological cancer teams are generally small teams who need to manage all these different pathways. Receiving data pooled together as gynaecological cancers makes it difficult or impossible to provide robust evidence of where the pinch-points are in the various cancer pathways. Providing cancer performance teams in each health board with the same coding for individual gynaecological cancer types for tracking purposes would allow a focussed approach with each cancer pathway. Automated data collection systems improve efficiency and compliance.

9) Whether adequate priority is given to gynaecological cancers in the forthcoming Welsh Government/NHS Wales action plans on women and girls' health and cancer, including details of who is responsible for the leadership and innovation needed to improve cancer survival rates for women.

9.1 We are aware of the Planned Care Programme for gynaecology being transferred from a Welsh Government driven programme to an NHS programme driven by the Planned Care Improvement and Recovery team. This is currently being relaunched.

9.2 For the recently published Women's Health in Wales Discovery Report, there isn't a specific section on cancer, however many aspects of the report are relevant to cancer, not least healthy lifestyle choices, access to healthcare, information, education and communication, and research.[14] Within the document, public health considerations including screening are listed as a priority area. Leadership is not specifically mentioned. The document references the Healthier Wales Women and Girls survey. The reported age profile of the respondents showed that 9.2% of respondents were aged 65 or over, compared with national statistics where 22.5% are in this age group. This contrasts with the age profile of those responding to the recent Macmillan Cancer Experience Survey Results where 59% of those with gynaecological tumours were aged 65 or over, reflecting the fact

[14] NHS Wales. (2022). Women's health in Wales. A Discovery report: foundations for a women's health plan.

that the incidence of cancer rises with increasing age. Nevertheless, gynaecological cancers affect women of all ages, and focus groups within the survey highlighted areas that are of great relevance to cancer including access to services, informed choices, embarrassment and shame, research, listening.

9.3 The Wales Cancer Network three-year Cancer Improvement Plan focusses on improving cancer services, experience and outcomes.[15] This is a generic document but of great relevance to gynaecological cancer.

9.4 Within Wales we feel that leadership is multifactorial. Leadership occurs at many levels including government, health boards, cancer services and MDTs.

9.5 Within the Wales Cancer Network, there are tumour site specific Cancer Site Groups (CSGs). These are advisory groups with no direct managerial responsibility. Engagement with the CSG is voluntary and clinicians that make up the groups are not remunerated. The gynaecological CSG is active and engaged. Within the gynaecological CSG, there have been a number of initiatives and projects in recent years. These include:

- Members of the gynaecological CSG have developed four National Optimal Pathways for cancer diagnosis in ovarian, endometrial, cervical and vulval cancers.
- Development of all-Wales guidelines for cervical cancer, ovarian, fallopian tube and primary peritoneal cancer, uterine cancer, vulval cancer, testing for Lynch syndrome, and gynaecological cancer follow up.
- Members of the gynaecological CSG have successfully developed and put forward the clinical case introducing PET scanning within gynaecological cancer in Wales. This includes written submissions to the Welsh Heath Specialised Services Committee.
- The gynaecological CSG has undertaken national peer review, which has highlighted inequities including the need for acute oncology services and Cancer Nurse Specialists. This has undoubtedly supported health boards to develop business cases and services development.
- The gynaecological CSG has provided clinical leadership to work alongside the clinical and laboratory Genetics services to develop pathways for clinician-led BRCA testing and, more recently, testing for homologous recombination deficiency (HDR). Similarly, pathways for mis-match repair (MMR), promotor methylation testing (for Lynch syndrome), and genetic POLE testing, which is required for molecular classification of endometrial cancer, have been developed by collaborative working between the gynaecological CSG and colleagues in Genetics. This has included the development and delivery on-line education sessions, supported by the Wales Cancer Network. These tests are important for identifying people at increased risk of cancer and for informing treatment decisions for patients with cancer, including the use of new drugs that are approved by the National Institute for Health and Care Excellence (NICE). These excellent collaborations with colleagues in Genetics mean that Wales is among the of earliest regions to take innovations in genetics into clinical practice.
- The gynaecological CSG holds an annual all-Wales educational event. Although paused during the pandemic, it was reinstated in 2022. These events include

[15] Wales Cancer Network. (2023). A cancer improvement plan for NHS Wales 2023-2026.

internationally renowned speakers and provide updates on innovations in gynaecological cancer, sharing of best practice and networking opportunities.

- Gynaecological CSG members have also provided clinical leadership for successful applications for the use of bevacizumab in Wales for ovarian and cervical cancer, thus enhancing equity of access with other UK nations.
- Clinical representation on the International Cancer Benchmarking Partnership ensures Wales is represented internationally.
- With administrative support from the Network, colleagues within the gynaecological CSG have championed the need for a national ovarian cancer audit, and have done background work on what information is available via existing databases and the logistics of collecting data. This has led to an extensive data collection study. These foundations have helped to highlight the need for a national audit and has put us on a firm foundation now that the planned Health Quality Improvement Partnership (HQIP) ovarian cancer audit has been announced.
- The Gynaecological CSG facilitated and supported a successful application to the Ovarian Cancer Action Improve UK initiative for the All Wales Ovarian Cancer Prehabilitation Programme. This involved interventions from dieticians, occupational therapists, physiotherapists, geriatricians and prehab nurses. The results have reduced hospital stay and interval from surgery to chemotherapy compared with historical data.

10) The extent to which gynaecological cancers, and their causes and treatments (including side-effects), are under-researched; and the action needed to speed up health research and medical breakthroughs in diagnosing and treating gynaecological cancers.

10.1 Further research is needed within gynaecological cancer. Within Wales there is research taking place within Universities and the clinical service. Wales has representatives within research at national and international levels within the UK National Cancer Research Institute and the International Cancer Benchmarking Partnership.

10.2 As is the case with all cancer, many research questions remain unanswered and much more research is required to improve the lives of women diagnosed with these cancers. There is however growing academic interest and activity in Wales. The Wales Cancer Research Centre gynaecology oncology multidisciplinary research group (MDRG) formed in 2021 has mapped out the research activity in Wales and brought healthcare professionals and scientists together to network, develop new ideas, promote existing research and problem solve. This group links with the Wales Cancer Network Gynaecology Cancer Subgroup (CSG) so that all relevant stakeholders are aware of research activities and ideas creating a bidirectional flow of information with the aim of developing meaningful research in the context of Welsh gynaecological cancer care.

10.3 To give a few examples of the excellent work we have going on, we have scientists in Wales undertaking basic science research investigating prognostic and predictive biomarkers in patients with ovarian cancer. This work requires collaborative working for successful sample collection between clinicians and scientists at several sites in Wales and is growing in success as time goes on. We have scientists developing state-of-the-art,

advanced therapies such as virotherapies and nanomedicines in the context of gynaecological cancers which have the potential to have significant positive impact on patient prognosis. Some of these therapies are approaching first in human stage of development. We have psychologists carrying out qualitative research to better understand why patients don't engage with cervical screening and prehabilitation. We have clinicians leading collaborative research investigating novel therapies and biomarkers that can be used in the treatment of vulval intraepithelial neoplasias and undertaking patient surveys evaluating patient experience of vulval services in general. We have clinicians in Wales leading UK teams running multicentre randomised controlled trials investigating novel therapies in patients with gynaecological cancer and including the associated translational research and much more. There is a definite enthusiasm and willingness in Wales to grow research and put Wales on the map for the benefit of our patients. The MDRG has aided in this.

10.4 Despite this much more could be done. Very few healthcare professionals in gynaecological cancer have research time in their job plans and are commonly not appropriately remunerated for research work they carry out. To encourage clinicians to open existing clinical trial in their centres appropriate remuneration for the work this requires should be made. This would motivate more clinicians to carry out principle investigator (PI) work and increase the access Welsh patients have to clinical trials. This can be demoralising for staff and lead to lack of engagement. Research fellowships are relatively few in number in Wales (although increasing in number over recent years). More support and funding to run fellowships would engage clinicians early in their training and encourage more Welsh trained consultants to continue with academia in their consultant posts. Further, national audit and service evaluation needs to be undertaken to allow us to establish deficiencies in our services and identify areas of research that should be focused on in Wales to focus some research on tackling these issues and raising the standard of care offered.

10.5 For clinical research, colleagues report vacancies within clinical trials units and a lengthy process to set up clinical trials. Some specialised clinical trials are open in selected centres and there are reports of practical and funding difficulties referring patients to clinical trials in England if those trials are not available in Wales.

10.6 For side effects of treatment, an example is the late effects of pelvic radiotherapy. This is an area of unmet need that requires the identification, investigation and treatment of patients with side effects, sometimes years after treatment, and after patients have been discharged from follow-up. There is variation of provision of a late effects service among health boards.

10.7 There is a need for more and accurate data on gynaecological cancer within Wales. This includes data on waiting times, disaggregated for tumour type and with more granular detail of the pathways. Currently data are available by health board and divided into whether patients are waiting for diagnostics or treatment, but there is no other detail available to drill down to which diagnostic test or which treatment is awaited, and where the issues lie. Clinicians are often reliant on reporting their own experiences without data to back up their assumptions. More detailed data currently require individual service

reviews or audits with manual collection of data which is very time-consuming. There is a need for accurate, automated data entry and data collection on waiting times, treatments delivered, and outcomes (e.g. local control, survival, toxicity) and patient reported outcome measures. This requires accurate coding, computer systems to handle large amounts of data and the ability to interpret the outcomes. Organisational and management structures are required to translate insights and innovations into clinical practice.

11) The priority given to planning for new innovations (therapy, drugs, tests) that can improve outcomes and survival rates for women.

11.1 New NICE-approved drugs are currently made available in Wales, with funding for the drugs themselves. However there is an impact on the service when new treatments are introduced, especially if these are maintenance treatments where patients will be on therapy for two years or more. Funding is also required for pharmacy to prepare the drugs, chair time (if the drug is given intravenously), prescribing and out-patient review and management of toxicities. With new indications becoming available, additional strain is put onto the capacity to deliver treatments. Once the service has flexed beyond its existing capacity, new staff appointments and infrastructure are required. The infrastructure needs to support local and regional services, joined up working, collaboration for the clinical service and research, and sharing of best practice. This is the best way to ensure equity of access of treatments for patients.

11.2 The provision of some new treatments and innovations have taken longer than in some other UK nations. Examples include bevaczimab in ovarian and cervical cancer. The provision of new innovations not only benefits patients, but also has the potential to enhance the workforce recruitment by making jobs attractive within Wales. For data collection, a pilot national ovarian cancer audit took place in England. Unfortunately it wasn't possible for Wales to take part in this because of the lack of a funding stream and compatibility of computer systems. A baseline audit did take place in Wales but required individual patient data collection. Pleasingly Wales will now be taking part in the forthcoming HQIP audit. In addition to new innovations on therapy, drugs and tests, there is a need efficient and accurate data collection to facilitate the evaluation of these advances.

11.3 Other innovations have been adopted rapidly into clinical services within Wales. Examples include developments in genetic testing such as increased capacity for BRCA testing, HRD testing and POLE testing.

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Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Russell George MS
Chair, Health and Social Care Committee

SeneddHealth@senedd.wales

28 March 2023

Dear Russell

Thank you for your letter of 28 February regarding the Chief Nursing Officer's committee scrutiny session on 26 January. It is valuable to see in writing the issues raised in that session, on which the committee is most focussed.

With regards the ***nursing workforce***, the CNO reflected what has been clear for some time, and what I have acknowledged many times in the Senedd - that the NHS and its workforce is currently experiencing the biggest challenge of its 75-year existence. The World Health Organisation estimates that nursing and midwifery vacancies currently represent more than 50% of the global shortage of health workers That is why I see it as vitally important to solve some of the underlying causes also highlighted in your letter.

You have made reference to the recently published *National Workforce Implementation Plan* and I would similarly refer to that document, for the immediate plans on the issues raised in your letter.

On staff ***retention***, HEIW has committed to delivering a retention plan by April 2023 which will shed more light on the national direction in that area. I am sure we are equally keen to review that document.

There is competition even from within the UK where England showed with their latest data published a vacancy rate of 10.8% within the Registered Nursing staff group (43,619 vacancies). This is an increase from the same period the previous year when the vacancy rate was 10.2% (39,721 vacancies).

With regards ***recruitment***, the plan mentions consultation on a refreshed NHS Wales bursary scheme, a refreshed and enhanced attraction and recruitment campaign by HEIW, the second phase of our international recruitment scheme, modernising recruitment processes and increasing work-based learning to widen access.

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I am resolved to making NHS careers as attractive as possible and I appreciate that as part of this there is a need to modernise job roles and employment models to better reflect the lives and desires of our staff in the 21st century. To that end, the plan commits the Welsh Government, by July 2023, to commissioning work to develop new ***flexible employment*** and contract options that better suit those who wish to work in primary and community sectors. This will be an important first step in that journey.

On the ***use of agency staff***, the CNO is right to describe current expenditure as exceptional. There is almost certainly a causal link between the exceptional circumstances brought about by the pandemic and the exceptional use of agency staff, however it is clearly not sustainable or fiscally prudent. I am determined to dramatically reduce reliance on agency expenditure, and I expect the work of Effective Use of Resources Group, mentioned in your letter, to yield tangible results in this area.

I fully agree with the importance the CNO places on the ***wellbeing of the workforce*** and this is a clear thread running through the National Workforce Implementation Plan, intersecting with many of its facets. Specifically, there are commitments for Welsh Government to work with partners to deliver on the staff welfare project in social partnership to enhance staff wellbeing; HEIW to require NHS organisations to review results of the NHS Wales Staff survey and assess how systems, policies and procedures can positively contribute to workforce health and wellbeing; and Welsh Government to roll out an individualised Workforce Wellbeing Conversation Guide based on pilot related data to proactively understand and address workforce needs.

You have already referred in your letter to the commitment in the plan to publish NHS Wales vacancy ***data*** by June 2023. I have been clear it is unacceptable for us to be the only country in the UK not to do so and I am glad the technical issues which have prevented it to this point are being surmounted.

As for the ***Nurse Staffing Levels (Wales) Act 2016,*** the CNO is quite right to point out there is a tension between the uni-professional nature of the Act and the need for a more fundamentally multi-professional approach to workforce planning in the future. I understand the committee is planning post-legislative scrutiny of the Act for this summer/autumn which I welcome and I am positive that will be a central point within that scrutiny exercise.

Yours sincerely,

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

Y Pwyllgor Plant, Pobl Ifanc ac Addysg

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Children, Young People and Education Committee

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Lynne Neagle MS
Deputy Minister for Mental Health and Wellbeing

Dyddiad | Date: 31 March 2023

Pwnc | Subject: Mind Cymru "Sort the Switch"

Dear Lynne,

Thank you for giving evidence to the Committee on 15 December 2022 on the important issue of transitions between Child and Adolescent Mental Health Services ("CAMHS") and Adult Mental Health Services ("AMHS"). As well as informing our work on transitions, it was very timely for our report on mental health support in higher education, in which we called for the recommendations from Sort the Switch to be implemented in full

As you are aware this session was a result of hearing directly from young people who were involved in Mind Cymru's Sort the Switch report. The session with young people was incredibly powerful. They shared their experiences with great eloquence, and with a very clear sense of the changes they want to see to improve things for other young people making this transition. As you are aware we asked questions that directly came from the young people. Hearing from, and acting on the direct experiences of children and young people is a central focus of our work.

We know that you are personally very committed to ensuring significant improvements in children and young people's mental and emotional wellbeing and the services that support this. You were clear during the session that transitions is an area of priority. Following this session, and the budget scrutiny sessions in January, we noted that there are a number of priority areas for the Welsh Government. With Ministers regularly telling us that different areas are priorities for them, it is sometimes difficult to understand exactly what are the key priorities. Can you outline how you ensure

there is a cross government commitment to your priority areas when we know other Welsh Government Ministers have other priority areas.

During the session we explored the "implementation gap" between the existing transitional strategies and policies and young people's experiences of how they are being delivered across Wales. To inform our understanding of this gap, it would be helpful if you could share with us the full suite of strategies and guidance produced by the Welsh Government that are relevant to the transition between CAHMS and AMHS. We are aware that there are a range of documents that come into play, and for our clarity it would be helpful to have them all set out.

In December, you highlighted the challenges around data, saying that some things are difficult to measure. As you described there is work being done on developing outcome measures both in CAMHS but more generally across mental health services in Wales. We would welcome more information on this work; what the likely outputs will be and whether this will be data that will be available more generally, or will just be used for management purposes by Health Boards and the Government?

We heard about the series workshops with CAMHS and AMHS, which you were hopeful would "really drill down into what the implementation challenges are…." It would be very helpful to our work if you could provide us with more information on the workshops, including the outcomes and your view on how they will feed into policy development and improvement?

We would also welcome you setting out how you more generally evaluate the effectiveness of transitions support and services across Wales. In December, you discussed your regular meetings with Health Board Vice-Chairs and that you have discussed transitions with this group.

During the session you referenced the work of the Welsh Government's Delivery Unit on CAHMS. We would welcome more information on the findings of this work, and what are the next steps. While we are interested in this specifically in the context of transitions, we are also more broadly interested in this work as it relates to our wider interest in children and young people's emotional and mental wellbeing.

We also touched on eating disorder services during the session, where you described the progress being made in these services. We would welcome more information on the improvements being delivered across eating disorder services, in particular around the transitions between child and adolescent; and adult services.

Due to the shared interest in this area, I am copying in the Chair, Health and Social Care Committee.

Yours sincerely,

Jayne Bryant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Y Pwyllgor Iechyd a Gofal Cymdeithasol
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Eluned Morgan
Minister for Health and Social Services
Welsh Government

13 March 2023

Dear Eluned

Welsh Government plans

The Committee recently held a strategic planning session to reflect on our work to date in the Sixth Senedd, and to consider our future work programme. We plan to publish a brief report on our review in due course.

In our work of scrutinising the Welsh Government, we aim to be constructive. When scheduling our work, therefore, we try to take into account as far as possible what information is available to us about the Welsh Government's planned policies, strategies, plans and consultations, including timescales (and any changes to previously announced timescales).

To assist us in developing our work programme, we would be grateful for an update on the following:

1. The women's health plan being developed by the NHS Wales Collaborative to deliver the ambitions set out in July 2022 in the quality statement for women and girls' health. In particular, we would be grateful for information about:

    a. Your decision to ask NHS Wales to develop the women's health plan, when only some of the issues can be addressed by health services. For example, improving women's health depends on wider determinants such as poverty, research and development, not just the provision of clinical services.

b. The terms of reference for the clinical network on women's health, to help further our understanding of how service delivery (clinical/ health-related services) and wider policy decisions aimed at improving women's health will work together.

c. The plans for the dedicated research fund for women's health, including when it will be operational and who will oversee it.

d. How sustainable co-production in the development, implementation and monitoring of the women's health plan will be resourced.

e. Your specific priorities for women's health during this Senedd. We note that the quality statement includes a list of many different health conditions where there is gender inequality. How will work in these different areas be prioritised?

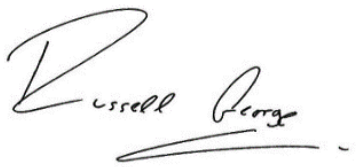
2. The stroke implementation plan being developed by the Stroke Implementation Group to deliver the ambitions set out in September 2021 in the quality statement for stroke, including when you expect the plan to be published.

3. The final report on the evaluation of the Social Services and Wellbeing (Wales) Act 2014. Our understanding is that the final report is due to be published before the end of March 2023; could you confirm this date.

4. When the Health Planning Guidelines and health board allocations will be published (as they have been in recent years).

We would be grateful for a response by 3 April 2023.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

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

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4 April 2023

Dear Russell,

Thank you for your letter of 13 March, which requested a number of updates on Welsh Government's planned policies, strategies, plans and consultations to assist the Health and Social Care committee in developing their future work programme.

Please find the response to your requests below.

1. The women's health plan being developed by the NHS Wales Collaborative to deliver the ambitions set out in July 2022 in the quality statement for women and girls' health. In particular, we would be grateful for information about:

a. Your decision to ask NHS Wales to develop the women's health plan, when only some of the issues can be addressed by health services. For example, improving women's health depends on wider determinants such as poverty, research and development, not just the provision of clinical services:

I have been clear that we must change the way we provide healthcare for women and girls in Wales so they can access it in a timely way, so the NHS is responsive to their choices and needs and that research and development reflects women's and girls' lived experiences.

This is why we in Wales are committed to bringing all these important issues together in a Women's Health Plan, developed and owned by our NHS in Wales. And we have already taken important steps towards the creation of this plan.

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During December 2022, the NHS Wales Collaborative published A Discovery Report: Foundations for a Women's Health Plan. Reporting the perspectives of women and girls across Wales, this document identified inequalities and gaps in current service provision, as well as opportunities for improvements in women's health.

Addressing existing inequalities in the way in which women access and experience healthcare in Wales is vital if we are to generate the improved experiences and outcomes we wish to see, and it is for this reason that NHS Wales has been tasked with developing a 10-Year Women's Health Plan.

However, there are of course wider social determinants of health which must also be addressed. My officials will therefore be working closely with colleagues from a range of policy areas to provide a coordinated approach to delivering the ambitions set out in A Healthier Wales.

b. The terms of reference for the clinical network on women's health, to help further our understanding of how service delivery (clinical/ health-related services) and wider policy decisions aimed at improving women's health will work together:

In line with the National Clinical Framework, a Women's Health Network is being created this year which will facilitate a more strategic and systematic approach to coordinating, delivering and assuring women's healthcare provision across Wales.

The Network will bring together clinicians from a variety of disciplines and sectors, patient representatives, academics and policymakers to deliver NHS Wales' Women's Health Plan, as well as determine and monitor key measurable outcomes and share best practice.

The terms of reference for the Network will be collaboratively defined by its constituent members, organisations and patient representatives, ensuring the needs and voices of women remain central to planning and development.

c. The plans for the dedicated research fund for women's health, including when it will be operational and who will oversee it:

Historically, women have been disadvantaged by a lack of research and data about conditions which affect them, or where clinical care is modelled on data and research primarily based on men and their experiences.

There are examples of vital research already underway in Wales to advance understanding of women's health conditions and evaluate existing approaches to treatment and support. However, there is both scope and need for an expansion of this research focus.

My officials are therefore working to support research opportunities into areas of women's health where there are known knowledge gaps. Meetings are scheduled during April to further progress this important work.

d. How sustainable co-production in the development, implementation and monitoring of the women's health plan will be resourced:

Sustainable co-production is central to effectively delivering the ambitions set out within A Healthier Wales and a duty placed upon all health boards in delivering services for their local communities.

Responsibility for establishing the Women's Health Network and fulfilling essential quality planning and control functions is made clear within the NHS Executive remit letter which will imminently be issued by the Welsh Government. The Network will replace the Women's Health Implementation Group (established in 2018) and act as the primary vehicle for designing and delivering the Women's Health Plan.

My officials meet regularly with representatives from the Women's Health Wales Coalition, which represents over 60 charity and third sector organisations, to ensure their perspectives and priorities, as well as those of the women they represent, continue to feed into the development of both the Women's Health Plan and the Women's Health Network. I am pleased to confirm that the Coalition has agreed to put forward representatives as part of the Network who will be pivotal in ensuring vital co-production is maintained as the Women's Health Plan is developed, implemented and its outcomes monitored.

e. Your specific priorities for women's health during this Senedd. We note that the quality statement includes a list of many different health conditions where there is gender inequality. How will work in these different areas be prioritised?

The Quality Statement makes clear my expectations for the delivery of health services for the women of Wales. This includes those conditions specific to women and girls, but also those areas where we know there exist gender inequalities in the care provided and the outcomes achieved.

The Women's Health Plan will set out how NHS Wales will meet these expectations as well as our broader ambitions for women's health. The workplan, inclusive of the prioritisation of activities and timescales for delivery, will be co-produced between the Women's Health Network and the NHS Executive.

2. The stroke implementation plan being developed by the Stroke Implementation Group to deliver the ambitions set out in September 2021 in the quality statement for stroke, including when you expect the plan to be published:

We recognise that our current model for the management of stroke has to change to reach the improvement in stroke outcomes we are aiming for. We are working towards that aim through the Quality Statement for Stroke and the development of an outcome-focussed Service Specification for Stroke.

Quality Statement for Stroke
The Quality Statement for Stroke was published in September 2021. This sets out the Welsh Government's vision for stroke services for the next 5 years and gives clear aims for all people of all ages in relation to stroke. These aims have been translated into clear outcomes for three population groups:

- Population Group 1 - All people in Wales who have not had a stroke.
- Population Group 2 - All people in Wales who have had a stroke.
- Population Group 3 - All people in Wales who care for a loved one who has had a stroke.

A Service Specification
For the next step, we are currently producing an outcome-focussed service specification for stroke to underpin the quality statement. This will outline the standards for stroke care, support local planning and drive performance improvement for stroke services in Wales. It will contain a clear emphasis on prevention and the outcomes that matter to people.

The service specification is being developed by a sub-group of the Stroke Implementation Group, led by the Clinical Lead for Stroke in Wales and comprises clinical, third sector and academic partners.

The immediate focus is on population group 2; a service specification is in development for this group and a pathway is being developed. The pathway has been co-produced and is being endorsed through a series of engagement events that are currently underway. For population groups 1 and 3, a similar approach will be followed and appropriate partnership groups established. The stroke association is heavily involved in this work.
We anticipate this work will be completed by late summer and supported by a new data dashboard for stroke developed by the NHS Wales Delivery Unit.

Public awareness
Public Health Wales will be facilitating rerunning the FAST campaign to improve public awareness of the signs of stroke, and discussions are taking place to develop a sustainable solution for future campaigns.

Workforce and Comprehensive Regional Stroke Centres and Operational Delivery Networks
A new Workforce Subgroup has been set up as part of the new Stroke Programme to develop four Comprehensive Regional Stroke Centres and Operational Delivery Networks. We are confident these centres and networks will improve the outcomes for people in Wales who have had a stroke. The development of this new model will enable us to transform stroke care and develop pathways to get people directly to the stroke care and treatment they need without going to A&E first.

However, across the UK there is a shortage of the specialist clinicians required to operate Comprehensive Regional Stroke Centres effectively, and in particular, to undertake mechanical thrombectomy. A robust workforce strategy will therefore be developed in parallel to the Comprehensive Regional Stroke Centres. Workforce Subgroup will look at the requirements for a robust, sustainable stroke workforce and their training needs. The group will work towards developing the appropriate solutions for Wales. Members of the subgroup have already met with colleagues in NHS England to discuss and learn from their experiences of developing a workforce strategy for the development of Comprehensive Regional Stroke Centres.

Thrombectomy service for Wales
Welsh Government strongly supports the plans to develop a thrombectomy service for Wales. We have been making incremental improvements in the number of people accessing thrombectomy, and our rate has doubled in the last 12 months. There is more to do but steps are being taken to accelerate the numbers of people having a thrombectomy facilitated by the drive being taken to establish Comprehensive Regional Stroke Centres. Under the governance of the Stroke Implementation Group, a National Thrombectomy Oversight Group meets every 2-3 months. This group seeks to identify areas in the patient pathway that can be improved and put in place actions to address these. Some of the improvements that have been seen are as a result of the actions taken by this group.

3. The final report on the evaluation of the Social Services and Wellbeing (Wales) Act 2014. Our understanding is that the final report is due to be published before the end of March 2023; could you confirm this date:

The report will be published on 30th March 2023, with a written statement on the WG website and a press notice issued by the University of South Wales.

4. When the Health Planning Guidelines and health board allocations will be published (as they have been in recent years):

I wrote to NHS Chairs setting out the NHS Wales Planning Framework for 2023-26 on 28th November 2022. The framework sets the direction for our NHS organisations in Wales to inform their planning for the 2023-26 planning cycle. Given the complex planning environment we are all having to face at the present time, in both the short and medium term, and recognising the financial and system pressures, a modified approach for the next planning cycle has been adopted.

The planning framework sets out a smaller number of priorities with the need for delivery in the next financial year. These are:

- A closer relationship with the NHS and Local Government to tackle delayed transfers of care
- Improving access to primary care services
- Urgent & emergency care
- Planned Care, Recovery, Diagnostics and Pathways of Care
- Cancer services and reducing the backlog of patients waiting on the cancer pathway
- Mental health and child and adolescent mental health services

I also refer you to my written statement issued on 7th February which can be found online HERE. NHS organisations will be required to submit their plans by 31st March 2023 and they will be robustly assessed.

Finally, the health board allocations for 2023-24 have been published and are available online in Welsh or English.

I hope you find this information useful.

Yours sincerely,

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

Y Pwyllgor Iechyd a Gofal Cymdeithasol
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Health and Social Care Committee
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Lynne Neagle MS
Deputy Minister for Mental Health and Wellbeing

19 January 2023

Dear Lynne

Consideration of a national children's counselling service

As you will agree, building positive mental health and wellbeing should begin in early in a child's life, as positive and healthy relationships and connection are vital for their healthy development and their future mental health. For the same reason, where trauma does occur in a child's early years, it is crucial that the right services and mechanisms are in place, and that they work together in a joined up way to support children, young people and their families. This includes school counselling services, whole school and whole families approaches, and CAMHS, as well as the implementation and embedding of the NEST/NYTH framework.

As part of ensuring that the right preventative and intervention services are in place to support children across Wales, we would be grateful if you could indicate whether any consideration has been given to establishing a national children's counselling service to ensure that all children of all ages, including those who are not yet school age, have access to mental health and wellbeing practitioners.

Yours sincerely

Russell George MS
Chair, Health and Social Care Committee

Jayne Bryant MS
Chair, Children, Young People and Education Committee

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

Lynne Neagle AS/MS
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Deputy Minister for Mental Health and Wellbeing

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5 April 2023

Dear Russell and Jayne,

Thank you for your letter dated 19 January regarding a national children's counselling service. Please accept my sincere apologies for the delay in replying. We have been receiving a significant amount of correspondence recently and in some cases I am afraid it is taking longer to respond than we would wish.

As you are aware, the mental health and well-being of children and young people in Wales is a top priority for me and we are taking a whole system approach to improve emotional mental health and well-being to ensure the right services are easily accessible for all. In November I provided the Children Young People and Education Committee with an update which sets out the changes we continue to implement to drive services improvements.

In terms of your suggestion regarding a national counselling service for children, there is already a range of national provision where appropriate. Our schools based counselling has a statutory duty to provide support for all school age children in Year 6 and above, with CAMHS services providing in-reach support. In 2020, the Welsh Government also revised the *School and community-based counselling operating toolkit* highlighting the need to ensure adequate counselling support in the community for children who may not be able to attend school due to exclusion or for other reasons.

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To support our work with schools, we have introduced a school in-reach service. This provides CAMHS support to schools to help them provide emotional support to students. Dedicated mental health practitioners are now in schools providing consultation, liaison, advice and training. Following a successful pilot programme, the service has now been rolled out across all-Wales. We have provided over £5.3m in the current year to support this and health boards inform us they have recruited over 100 (whole time equivalent) staff to work with schools.

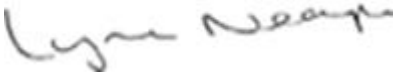
This is in addition to the counselling services provided through primary and secondary CAMHS which is available to children of all ages who meet the threshold to benefit from this support. All Health Boards in Wales now have single points of access which facilitates easier access to services and health boards have a range of services, including counselling, available for young people while they are waiting for assessments and intervention to start providing timely access to support.

Counselling services will not be appropriate for all children, particularly younger children where there is a focus on the provision of play, families and other therapies. This is the model being adopted by health boards and we are replicating this model in our prevention and early intervention services. For example, for several years we have required local authorities to develop age-appropriate provision for younger age children, below the current Year 6 threshold, with most now offering some form of support. This was highlighted in research we commissioned from Cardiff University (published March 2022) 'Review of statutory school and community-based counselling services: Optimisation of services for children and young people aged 11 – 18 years and extension to younger primary school aged children'. We have been working with commissioners and providers of the service in the last year to take forward the findings of the research and further improve provision. The Minister for Education and Welsh Language and I have convened an Oversight and Delivery Board, replacing the previous Joint Ministerial Group on a Whole System Approach to Wellbeing, to assure us that our wellbeing work is having the desired impact. A dedicated school counselling workstream has been established beneath the Board to consider extending and improving provision of counselling and therapeutic support to children and young people.

We are also currently in the process of tendering further research in this area for an evaluation of impact of school and community-based counselling services for young people. The aims of which include determining the effectiveness and impact of services on young people's mental health and wellbeing, further educational and social outcomes (e.g. young people's attainment, attendance, relationships), and referrals to CAMHS and other mental health services.

Moving forward, focus is on utilising the NYTH/NEST framework to further embed the no wrong door approach into service design and delivery. Regional Partnership Boards have all assigned NYTH/NEST leads to drive forward the implementation of the NYTH/NEST framework. As part of this work the regions are mapping what mental health and wellbeing services are available, including counselling, and improving the access to these services. It is important that we do not approach the provision of support in a one size fits all manner with the risk of excluding members of society – particularly the most vulnerable. I am also very conscious of the repeated request by young people not to over medicalise growing up which we need to factor into our approach.

Yours sincerely



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

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—

Health and Social Care Committee

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Eluned Morgan
Minister for Health and Social Services
Welsh Government

17 February 2023

Dear Eluned

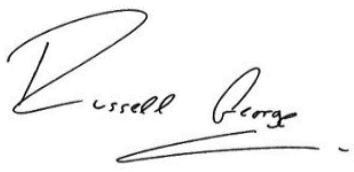
NHS waiting times

As you will be aware, the Health and Social Care Committee is monitoring progress against the recovery targets set out in the Welsh Government's programme for transforming and modernising planned care and reducing waiting lists in Wales.

At our meeting on 15 February 2023, we considered the November 2022 NHS waiting times data released in January 2023 against the recovery targets set out in the programme. The reduction in the median waiting time from 29.3 weeks in October 2020 to 21.2 weeks in November 2022 shows that progress is being made, although more slowly than envisaged in the programme. In recent months, activity levels have increased, which is welcome, but given the volume of patients still waiting to be seen, capacity needs to increase beyond current levels if the backlog is to be cleared.

We would be grateful for a response on the issues outlined in the annex by 31 March 2023.

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: NHS waiting times: request for information

We would be grateful for a response on the following issues by 31 March 2023.

Recovery targets

1. Despite the publication of the Welsh Government's planned care recovery plan, waiting times in Wales are still rising in some specialities. Projections based on progress to date suggest that unless activity significantly increases, the Welsh Government's recovery targets are unlikely to be met. What steps are being taken to address this.

2. What impact do you anticipate the 2022-23 winter pressures and recent industrial action taken by NHS Wales staff will have on planned care and the achievement of the recovery targets, in particular the first target (no-one waiting longer than a year for their first outpatient appointment by the end of 2022).

3. Have any revisions been made to the improvement trajectories for each health board to address their delivery and meet the nationally agreed measures to clear the backlog? If so, what changes have been made, and are all health boards on track?

4. You have previously said that "it will take a full Senedd term and a lot of hard work to recover from the impact of the pandemic".[1] Are you still of the view that planned care can return to pre-pandemic waiting time levels by the end of this Senedd?

Data granularity

5. Are you willing to share more granular data (or management information recognising the limitations of this data) with the Committee relating to the number of closed pathways by setting out exactly how many of the closed pathways are a result of a patient starting treatment and how many patient pathways have been removed from the list for other reasons (i.e. what the impact of the waiting list validation exercises has been and whether the results are consistent across health boards).

Recovery of different specialties

There are several specialities where waiting times are particularly long, such as trauma and orthopaedics, ENT and ophthalmology.

6. Based on current projections, which specialities do you anticipate will achieve each of the recovery targets, and which specialities will not.

[1] Plenary RoP [para 165], 26 April 2022

7. What does success look like for you in terms of "most specialities" achieving the recovery targets (i.e. 50 per cent, 95 per cent etc).

Trauma and orthopaedics

8. For Trauma and orthopaedics, the health boards have developed action plans to implement the GIRFT (Getting it Right First Time) proposals and the national pathways. Have these actions plans been published and if so, can they be shared with the Committee.

9. In December 2022 you wrote to us to say that following the Ministerial orthopaedics summit in August, 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". Could you confirm whether this applies only to trauma and orthopaedic pathways, or to all patient pathways.

Diagnostics

10. In December 2022 you told us that a national diagnostics programme board was established in May 2022, and that it was "currently finalising a diagnostics strategy for the long-term sustainability of services". You also said that the strategy would include measures such as regional diagnostic hubs to increase capacity. Could you provide an update on the work of the programme board, including when the diagnostics strategy will be published and progress in developing regional diagnostic hubs and other measures to increase diagnostic capacity.

11. In November 2021 the Welsh Government announced £51m investment to "help ensure NHS Wales has up-to-date diagnostic facilities using the latest imaging technology. Image quality will be improved, supporting earlier and more accurate diagnosis of many common diseases, including cancer". Could you provide an update on progress in upgrading diagnostic equipment and imaging technology.

Cancer

An area of concern within the data is performance against the cancer target, with only 53.9 per cent of patient pathways achieving the recovery target in November 2022.

12. Please provide an update on action being taken to improve cancer waiting times, specifically for the cancers with the longest waits such as gynaecological, head and neck and urological.

Ministerial summits

13. Please provide an update on the outcomes of the Ministerial summits held in late 2022 in respect of ophthalmology, emergency care, and ear, nose and throat.

Workforce

14. To what extent are workforce challenges in health and social care affecting progress in achieving the recovery targets? Please outline what the specific workforce challenges are, how they are affecting progress.

15. Are you confident that the national workforce implementation plan published on 1 February 2023 will adequately address these workforce challenges, and that there are sufficient financial and staff resources in place for the plan's implementation? Please also outline how progress in implementing the plan will be measured and reported to the Senedd.

Eluned Morgan AS/MS
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Minister for Health and Social Services

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Welsh Government

Russell George MS
Chair
Health and Social Care Committee

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4 April 2023

Dear Russell,

HSC Committee letter and questions, 17 February – related to monitoring progress against the national planned care recovery targets.

Thank you for your letter of 17 February in relation to your role in monitoring progress being made against the programme for transforming and modernising planned care and reducing waiting times.

I am pleased the committee has noted the progress the NHS has made in this area; I too acknowledge that more pace is required. I and my officials are very clear on our expectations and together with the NHS, we are working hard to deliver against the plan. I have responded to each of the questions you have raised and have provided you with a summary position. As there are a large number of questions raised, the responses have been placed in an Annex to this letter.

I hope the Committee finds this information helpful.

Yours sincerely

M. E. Morgan

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

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Annex

No.	Question
Recovery targets	
1	**Despite the publication of the Welsh Government's planned care recovery plan, waiting times in Wales are still rising in some specialities. Projections based on progress to date suggest that unless activity significantly increases, the Welsh Government's recovery targets are unlikely to be met. What steps are being taken to address this.**
Response	We acknowledged that the targets we set in our plan were a challenge. However, we felt it was important to drive pace in the delivery of recovery. While our first target has not been achieved, we have seen significant progress. Total waiting times have shown an overall reduction in the last four months, something that England has not achieved in their approach to recovery. Variation across health boards and challenging specialities will be prioritised for action in 2023/24 as regional plans are developed and implemented and national pathways are developed to deliver value-based care pathways. Transformation: delivering things differently is key to addressing the growing imbalance between demand and capacity. We need to not only recover but ensure we build more sustainable, prudent and timely services moving forward. The refreshed Outpatients Transformation Strategy 2023-26 reflects this. This will also be supported by a new policy (national service specification) currently being development to promote, prevent and prepare people effectively for treatment. This builds on the concept of "Waiting Well", the first phase of the specification is to be issued in June. £50 Million of the recovery fund has been held back from individual issue to health boards to support the development of local and regional solutions. Particular areas being diagnostic and treatment capabilities. This resource will be allocated during 2023/24 to take forward schemes to increase capacity in line with the priorities identified in the recovery plan.
2	**What impact do you anticipate the 2022-23 winter pressures and recent industrial action taken by NHS Wales staff will have on planned care and the achievement of the recovery targets, in particular the first target (no-one waiting longer than a year for their first outpatient appointment by the end of 2022).**
Response	As indicated with the publication of the December data, the target to reduce outpatient waits to below 52 weeks was not achieved.

	Significant progress however has been seen. We prioritised a target for outpatient waits in Wales as we understood the importance of getting an early review as part of a patient's pathway. Undoubtedly industrial action and winter pressures have impacted on the of patients waiting in excess of the milestone target. Management information however demonstrates that activity has quickly returned and that the overall volumes of outpatient and treatment activity is now consistently above our 2019 pre-covid levels. While the target was not achieved, in excess of 320,000 pathways were removed from the waiting lists from January 2022-December 2022. A more significant factor in the non-delivery of the OPD milestone relates to the differential in urgent and routine patients being seen by health boards pre and post pandemic within the first 9 months of 2022/23 60,000 more urgent patients were seen than in the same period pre pandemic. The prioritisation of urgent pathways reduces the available capacity to provide care to patients clinically prioritised as routine who then wait longer. In recent months we have seen the highest number of suspected cancer pathways (over 10,000 each month) downgraded (telling patients they do not have cancer). This demonstrates our commitment to balance our approach to prioritise both clinical priority and long waiters. As of December 2022, just under 9 out of 10 outpatient pathway waits over 52 weeks were across just seven specialties, with 33 specialities with none or less than 100 open pathways.
	Have any revisions been made to the improvement trajectories for each health board to address their delivery and meet the nationally agreed measures to clear the backlog? If so, what changes have been made, and are all health boards on track?
Response	As stated above, the targets set in the plan were a challenge and despite the original targets not being achieved we continue to drive the delivery of the targets with revised dates of June 2023. These adjustments recognise the scale of the challenge and the continued need to balance resources between clinical urgency and long waiters. I have tasked the Planned Care Improvement and Recovery Team in the new NHS Executive to support and challenge health boards on the actions that will support delivery of this requirement together with my officials to hold the NHS accountable for their delivery in this area.

	You have previously said that "it will take a full Senedd term and a lot of hard work to recover from the impact of the pandemic".1 Are you still of the view that planned care can return to pre-pandemic waiting time levels by the end of this Senedd?
Response	Yes, it will take a full Senedd term to recover. However, I am pleased to note that as stated in a previous response that we have started to see some early signs of change due to the hard work of the NHS staff in Wales. Since the end of October, we have seen a monthly reduction in our total waiting list, something not seen in England with their total waiting list continuing to increase**.** We are committed to not only reducing the backlog but also to build sustainable service models where we will redesign planned care pathways based on value-based care which will deliver better outcomes for the people in Wales.
Data granularity	
	Are you willing to share more granular data (or management information recognising the limitations of this data) with the Committee relating to the number of closed pathways by setting out exactly how many of the closed pathways are a result of a patient starting treatment and how many patient
Response	An RTT pathway can be closed for a variety of reasons. Commencement of treatment is only one of the reasons. We do not hold, or report closed pathway data based on what reason they were closed. The majority of non-surgical pathways will close in outpatients after diagnosis and a treatment plan is commenced, in response to patient choice or clinical requirement to close a pathway for a period of time. The reason for closing a pathway is not currently available on the PTL (Patient Tracking List). However, the Modernised Outpatient Dataset work stream is exploring the consistent recording and reporting of more detailed outcomes data. This is being explored for 2023-24.
	Pathways have been removed from the list for other reasons (i.e. what the impact of the waiting list validation exercises has been and whether the results are consistent across health boards).
Response	Validation is part of effective management of waiting lists, and regular review is seen as good practice. During Covid this validation was not always carried out. Planned care funds have been utilised by a number of Health Boards to deliver internal validation of waiting lists and reductions have been noted in these Health Boards. However, given the scale of challenge to meet our

	ambitions for maximum waiting times, a validation exercise was commissioned across four Health Board areas namely Betsi Cadwaladr, Cwm Taf Morgannwg, Hywel Dda and Swansea Bay to support the accuracy of their waiting lists. As of 23 March, 141,000 patients were validated of which 9,500 were removed and a further 5,000 were recommended to the health board for further contact and review.
Recovery of different specialties	
	There are several specialities where waiting times are particularly long, such as trauma and orthopaedics, ENT and ophthalmology. Based on current projections, which specialities do you anticipate will achieve each of the recovery targets, and which specialities will not.
Response	Currently it is believed that seven specialities will not achieve the 104 -week total RTT wait target by March 2023 by more than 1,000 patients for each speciality area (Orthopaedics, Ophthalmology, ENT, General Surgery, Urology, Gynaecology and Oral Surgery). Orthopaedics will account for a third of the total volume of pathways likely not to achieve the target. Management data indicates a further six specialities will have between 100 and 500 pathways which will miss the target.
	What does success look like for you in terms of "most specialities" achieving the recovery targets (i.e. 50 per cent, 95 per cent etc).
Response	We continue to drive the challenge across all specialities but recognise that some are more challenged than others: surgical specialities in particular. Currently we have seven areas where most health boards are challenged to deliver the targets against. We are refocusing the national clinical groups in the planned care programme to provide leadership and challenge to share good practice and support the implementation of new ways of working to transform service delivery and drive down waits in these areas. As of June 2023, management data projects that ophthalmology, ENT, dermatology and urology will still have significant numbers of people waiting over 52 weeks. A further three specialities are expected to have up to 1,000 patients waiting in excess of the milestone target. These three areas reflect service specific challenges in individual health boards rather than national areas of concern.

	With respect to the 104-week target, management data currently suggests five of the seven specialities that will miss the March target will continue to have significant challenges with respect to the delivery of the target by June, in particular orthopaedics, general surgery and urology. We continue to explore how we can further mitigate against this.
Trauma and orthopaedics	
	For Trauma and orthopaedics, the health boards have developed action plans to implement the GIRFT (Getting it Right First Time) proposals and the national pathways. Have these actions plans been published and if so, can they be shared with the Committee.
Response	Progress against implementation of the local GiRFT reports forms part of the targeted NHS Executive support through the Planned Care Improvement and Recovery team. This area will be managed and reported through the Assistant Director for Orthopaedics, NCSOS and the dedicated health board representatives. The progress will be monitored and reported through the orthopaedic clinical implementation network ensuring clinical leadership and guidance. Non-delivery or concerns around pace of delivery will be escalated as required to form part of Welsh Government accountability meetings. Reporting will formally commence from April 2023 as part of the redesign of the clinical groups of the planned care programme.
	In December 2022 you wrote to us to say that following the Ministerial orthopaedics summit in August, 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". Could you confirm whether this applies only to trauma and orthopaedic pathways, or to all patient pathways.
Response	It applies to all long waiting pathways. However, clinical priority is the authority of the local clinicians. The clinical leads across the planned care clinical groups will be tasked as part of implementation to work with local clinical teams to understand how clinical priority, long waiters and clinical sub-specialisation are being managed and to increase the treat in turn rate.
Diagnostics	

	In December 2022 you told us that a national diagnostics programme board was established in May 2022, and that it was "currently finalising a diagnostics strategy for the long-term sustainability of services". You also said that the strategy would include measures such as regional diagnostic hubs to increase capacity. Could you provide an update on the work of the programme board, including when the diagnostics strategy will be published and progress in developing regional diagnostic hubs and other measures to increase diagnostic capacity.
Response	The planning framework for 2023/24 set out the establishment of diagnostic hubs as a key requirement for Health Boards by March 2024. £50million of the £170Million recovery fund has been retained to support the delivery or diagnostic hubs and regional increased capacity. With the Llantrisant site now purchased by the Welsh Government, the southeast Wales region are working up plans for a Diagnostics Regional Hub as part of a managed service contract so that the requisite workforce to manage these facilities sustainably can be developed over this period. Whether the site can also accommodate a regional Endoscopy Unit including two theatres that can be utilized as an Endoscopy Clinical Skills Training Academy is also being explored. Discussions are ongoing with the southwest and North Wales regions regarding their plans for sustained diagnostic capacity. Further demand and capacity modelling and procurement processes will be required to achieve implementation of hubs locally. The diagnostic strategy is due to be published in April and will detail further measures for the recovery and enhancement of diagnostic services.
	In November 2021 the Welsh Government announced £51m investment to "help ensure NHS Wales has up-to-date diagnostic facilities using the latest imaging technology. Image quality will be improved, supporting earlier and more accurate diagnosis of many common diseases, including cancer". Could you provide an update on progress in upgrading diagnostic equipment and imaging technology.
Response	The National Imaging Equipment and Capital Priorities project is moving to phase two of the project. This phase prioritises and develops the recommendations for capital replacement of imaging equipment at a national level. See table as of **appendix 1** with summary of progress to date on the £51M investment
Cancer	

	An area of concern within the data is performance against the cancer target, with only 53.9 per cent of patient pathways achieving the recovery target in November 2022. Please provide an update on action being taken to improve cancer waiting times, specifically for the cancers with the longest waits such as gynaecological, head and neck and urological.
Response	Backlog removal is impacting on achievement of this target, as cancer pathways are reported by closed pathway. Health boards are prioritising the removal of pathways already over the target 62 days. While thy are reducing them, this impacts the target which looks at the percentage of pathways treated each month under 62 days. The end of March Cancer summit has asked health boards to provide a summary of their local plans to improve delivery in the three areas you have highlighted. They will be monitored against these plans going forward.
	Please provide an update on the outcomes of the Ministerial summits held in late 2022 in respect of ophthalmology, emergency care, and ear, nose and throat.
Response	There have been a number of Ministerial summits that have taken place, including ophthalmology, emergency care, ENT and more recently, a second orthopaedic summit. These summits have provided the service with an opportunity to update officials on the progress they are making in implementing the recommendations made in the various reports, including GiRFT reports and the recommendations of the Six Goals Programme. All the summits considered the challenges the service is facing to return to a level that meets the needs of the population they serve, with a particular focus on specific areas. In the ophthalmology summit it was cataract and glaucoma; in the ENT summit, sustainable pathways, interventions not normally undertaken and cancer; and in the orthopaedic summit, it was progress made by organisations since the first orthopaedic summit. There were presentations from health boards, providing both an individual update and a regional one, discussions on how we can support each other to improve and the opportunities that were available to organisations to implement nationally agreed pathways.
Workforce	

	To what extent are workforce challenges in health and social care affecting progress in achieving the recovery targets? Please outline what the specific workforce challenges are, and how they are affecting progress.
Response	There are workforce challenges in a number of health boards. In particular health boards have reported Anaesthetic, Ophthalmic and Urology consultant pressures, as well as theatre staffing challenges. Health boards have indicated that these workforce challenges have reduced or slowed their capability to deliver historical levels of activity.
	Are you confident that the national workforce implementation plan published on 1 February 2023 will adequately address these workforce challenges, and that there are sufficient financial and staff resources in place for the plan's implementation? Please also outline how progress in implementing the plan will be measured and reported to the Senedd.
Response	- The National Workforce Implementation Plan was a commitment in the Programme for transforming and modernising planned care and reducing waiting lists in Wales published in April 2022. - The Plan builds on the strategic direction in A Healthier Wales: Our Workforce Strategy for Health and Social Care Workforce Strategy, whilst recognising the need for rapid collective action on some key priorities in order to expand and accelerate progress in light of current pressures. - A Strategic Workforce Implementation Board will be chaired by Judith Paget and will report to the Minister for Health and Social Services. - The Board will ensure alignment for cross cutting actions and collective accountability. - The Board will receive monthly progress and focused risk reports from each lead organisation and will report quarterly to the Minster for Health and Social Services. - We would propose a yearly progress report to the Senedd.

Appendix 1

Health Board	Priority	Site	System	Project costs (£M)	Project status @ 14 March 2023
Aneurin Bevan University Health Board	1	Various	Ultrasounds	£1.440	All delivered and in clinical service
	2	NHH	CT	£2.120	Delivered and in clinical service
	3	Various	4 DR rooms	£1.900	Delivered and in clinical service
	4	R.Gwent	CT	£2.120	System being delivered 18 March 2023, in line with the programme for immediate commissioning into clinical service
				£7.580	
Betsi Cadwaladr University Health Board	1	YMH	MRI Upgrade	£1.040	Delivered and in clinical service
	2	YMH	CT	£2.920	Delivered and in clinical service
	3	Various	6 DR rooms	£2.345	3 units delivered. And in clinical service 3 in progress will enter clinical service April 2023
	4	YGC	Fluoroscopy	£1.320	Delivered and in clinical service
				£7.625	
Cardiff and Vale University Health Board	1	UHL	MRI	£2.140	Unit in UK and will be in clinical service mid-2023. Minor delays due to mechanical ventilation lead times
	2	UHW	4 DR rooms	£1.900	2 systems delivered and in clinical service, 3rd being commissioned for clinical use commencing April and the 4th is being installed in the new fracture clinic for clinical service in line with the programme in May 2023
	3	UHL	Fluoroscopy	£1.430	Delivered and in clinical service
	4	UHL	CT	£2.240	System being delivered 18 March 2023, in line with the programme for immediate commissioning into clinical service
				£7.710	
Cwm Taf Morgannwg University	1	PCH	Ultrasound and CT Injector	£0.160	All delivered and in clinical service
	2	POW	C Arm	£0.120	Delivered and in clinical service

.

Health Board	Priority	Site	System	Project costs (£M)	Project status @ 14 March 2023
Health Board	3	POW	Gamma	£1.180	System undergoing final commission tests and will enter clinical service in April 2023.
	4	Various	5 DR rooms	£3.250	All bar one in clinical service, final unit currently undergoing installation prior to entering clinical service in April
	5	R.Glam	MRI Upgrade	£0.970	Installed and in clinical Service
				£5.680	
Hywel Dda University Health Board	1	PPH	CT	£2.400	Delivered and in clinical service
	2	BGH	CT	£2.400	Delivered and in clinical service
	3	Various	Ultrasound/Image Intensifiers	£2.292	Delivered and in clinical service
	4	Various	4 DR rooms	£2.200	3 units delivered, Bronglias delivery 24 March 2023 for immediate commissioning into clinical service
	5	Various	1 Fluoroscopy Rooms	£2.820	Delivery 24 March 2023 for immediate commissioning into clinical service
				£12.112	
Swansea Bay University Health Board	1	MOH	MRI	£2.790	Delivery 25 May 2023 for immediate commissioning into clinical service
	2	Sing	CT	£2.400	Delivery planned for 24 April 2023 for immediate commissioning into clinical service
	3	NPT	CT	£2.720	Delivery 9 May 2023 for immediate commissioning into clinical service
	4	NPTH	Gamma	£2.180	Installation being designed, system ordered and expected to enter clinical service before November 2023
	5	NPT	DR Room	£0.620	Delivery 3 April 2023 for immediate commissioning into clinical service
				£10.710	
			Total	£51.417	

Y Pwyllgor Iechyd a Gofal Cymdeithasol
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Health and Social Care Committee

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Dr Chris Llewelyn
Chief Executive
Welsh Local Government Association

8 December 2022

Dear Chris

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

We discussed the issue of CIW reports, for example inspection reports on children's homes, and what happens to them once they have been submitted to the relevant local authority. Members are keen to understand the process and would be grateful if you could clarify:

1. What happens to the report after publication, for example is it formally considered by the relevant scrutiny committee.
2. How is action taken forward.
3. How are actions monitored and by whom.

We will be considering our forward work programme early in the new year, and it would be helpful therefore to receive your response by 27 January 2023.

Yours sincerely

Russell George MS
Chair, Health and Social Care Committee

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

cc Jayne Bryant, Chair, Children, Young People and Education Committee

Dr Chris Llewelyn
Prif Weithredwr / Chief Executive

Cymdeithas Llywodraeth Leol Cymru
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Dyddiad / Date: 2/4/2023

Gofynnwch am / Please ask for:

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Russell George MS
Chair, Health and Social Care Committee
Senedd Cymru

Via e-mail

Dear Russell,

Thank you for your letter in relation to the issue of Care Inspectorate Wales (CIW) reports and what happens to them once they have been submitted to the relevant local authority.

Councils are fully aware of their statutory responsibilities in relation to social services and the important part these services play in helping people to receive the care and support that is essential to supporting their wellbeing and independence. As part of this CIW plays a crucial role in registering, inspecting and taking action to improve the quality and safety of services for the wellbeing of the people of Wales. Local authorities are aware of the importance of ensuring that social care services remain open to critique, feedback from service users as well as constant self-reflection and self-assessments, all of which are informed by the inspections and reports of CIW.

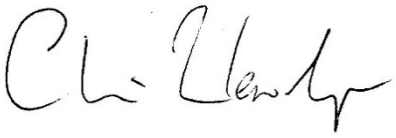
As an organisation we do not hold the detail of how each individual council will respond to the reports published by CIW, nor any of the other inspectorates. This is for each council to determine, which will be in part determined by the committee structures in place to enable consideration and scrutiny. However, in fulfilling their statutory obligations councils will be cognisant of CIW's published code of practice for review of social services which states:

> "The inspection report will be published to our website within 25 working days of receipt of the local authority's comments. The local authority will be expected to present the report to elected members and subject the report to public scrutiny through a formal and open committee meeting at the earliest opportunity. An invite should also be extended to CIW to attend the meeting."

While we cannot respond for every council as to what their arrangements are to address the recommendations coming out of relevant reports, such as those from CIW, we have been informed of the arrangements in some councils. Here, these reports will go to the relevant Scrutiny Committee with any action points being monitored by the Committee. Where relevant these will then be further included on the corporate risk register, which will again be overseen by the relevant scrutiny committee.

In addition, we would expect councils to draw on regulator reports within their self-assessment as a source of assurance and to highlight areas for improvement. There may also be cross-referencing to the Director of Social Services annual report. As the self-assessment duty is continuous, many councils have a quarterly approach which may involve some form of panel (senior officer and councillor) challenging and monitoring progress and required intervention. Again, councils determine their own approach so this will vary. This provides an additional safety net to ensure that all relevant recommendations and action points are monitored.

Yours sincerely,



Dr Chris Llewelyn
Prif Weithredwr / Chief Executive

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

Llywodraeth Cymru
Welsh Government

Russell George MS
Chair, Health and Social Care Committee

11 April 2023

Dear Russell,

Ministers wrote to you on 7 March in response to the Health and Social Care Committee's report entitled *Welsh Government draft budget 2023-24*.

Under Recommendation 9 you asked for Welsh Government to provide a written six-monthly update to the Committee on (1) the work of the Social Care Fair Work Forum and (2) actions to progress the recommendations made by the Expert Group on the development of a national care service for Wales.

We committed to providing updates by the end of June 2023 when a full response will be sent. In the meantime, you may wish to note the recently published 'Social Care Fair Work Forum: annual progress update 2023' which can be found here:

https://www.gov.wales/social-care-fair-work-forum-annual-progress-update-2023
https://www.llyw.cymru/fforwm-gwaith-teg-gofal-cymdeithasol-adroddiad-cynnydd-blynyddol-2023

Yours sincerely

Julie Morgan

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

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Dear Committee Chair,

I am writing to you to propose that the Equality and Social Justice Committee carry out an inquiry into the relationship between poverty and children's social care involvement in Wales. Research has shown that poverty and inequality affect how the child protection system responds to families who are struggling; An inquiry should:

- Look at the levers Welsh Government has to poverty proof the child protection system.
- Consider to what extent families who experience poverty are supported.
- Consider how the system can recognise when it is the context of poverty itself which is causing harm to the family, rather than intentional neglect.
- Consider the role of the forthcoming child poverty strategy in poverty proofing the child protection system.
- Look at cross-departmental policies, training, regulation and data collection and how they can be truly anti-poverty.

While we welcome the work Welsh Government has undertaken so far to tackle child poverty, NSPCC Cymru is concerned about the increased risk to children as families come under increasing pressure from the cost-of-living crisis. This is against a backdrop of austerity and the pandemic.

Recent research from Paul Bywaters[1] and colleagues highlights a 'contributory causal relationship between the economic circumstances of families and child abuse and neglect'. The authors of the research suggest we should not view poverty necessarily as another factor of abuse, but something that is 'intrinsic to' other factors such as domestic abuse and substance misuse. Poverty has been described as 'the wallpaper of the social care system', in that is it is too big to tackle and too familiar to notice. Paul Bywater says supporting families to exit poverty must be core business for children's social care.

NSPCC considers poverty to be a preventable, structural harm which negatively impacts children and can put them at increased risk. A lack of resources can prevent families from being able to provide adequately for their children, and the stress of financial insecurity can overload families, affecting relationships. Living in poverty means parents are not having their needs met, in turn, this can impact their capacity to care for their child.

Within this context, NSPCC Cymru is urging the Committee to undertake an inquiry into the relationship between poverty and children's social care involvement. In these times of financial hardship, creating a social safety net around our most vulnerable families has never been more important.

Yours faithfully,

Elinor Puzey,
Senior Policy and Public Affairs Officer, NSPCC Cymru

[1]https://research.hud.ac.uk/media/assets/document/hhs/RelationshipBetweenPovertyChildAbuseandNeglect_Report.pdf

Y Pwyllgor Cydraddoldeb a Chyfiawnder Cymdeithasol

—

Equality and Social Justice Committee

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Elinor Puzey
NSPCC

April 13 2023.

Dear Elinor,

Suggested Committee inquiry into link between poverty and social care involvement

Thank you for your letter to the Equality and Social Justice Committee regarding a potential inquiry into the relationship between poverty and children's social care involvement in Wales. This was noted at our meeting on 27 March 2023. Thank you for flagging up the research by Paul Bywaters and colleagues on the need for social care to address the underlying economic distress caused by the cost-of-living crisis, against a backdrop of austerity and the aftermath of the pandemic, which is driving up rates of referrals to social services for child neglect and abuse.

Senedd committees typically schedule their work many months in advance. At present we do not have a specific plans of work on child poverty, however it is one of the potential priority areas we will be discussing as part of our future work.

Updates on our forward work programme are available on our website and if the Committee's future timetable allows for a focussed inquiry on this important topic or a similar topic, we will write to invite you to submit evidence. Given the relevance to their remits, we have also shared your letter with the Children, Young People and Education Committee and the Health and Social Care Committee for information. I am sure they will similarly inform you of any relevant work they may be carrying out.

Yours sincerely,

Jenny Rathbone MS
Equality and Social Justice Committee

cc Children, Young People and Education Committee
Health and Social Care 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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Health board Chief Executives

Neil Frow, Managing Director, NHS Wales Shared Services Partnership

Dr Sian Lewis, Managing Director, Welsh Health Specialised Services Committee

4 April 2023

Dear Colleagues

Health Service Procurement (Wales) Bill

The Health and Social Care Committee is currently scrutinising the Welsh Government's Health Service Procurement (Wales) Bill. During our scrutiny, the Welsh Government has indicated that a key driver for the Bill is the proposed introduction of the Provider Selection Regime in England and the desirability of maintaining a 'level playing field' for Wales through broad alignment of health service procurement regimes in Wales and England. We would be grateful for your assistance in helping us to understand the potential implications should such alignment not take place.

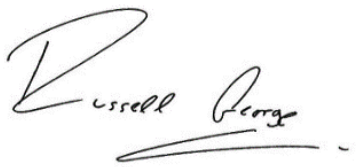
In oral evidence on 30 March 2023, the Minister for Health and Social Services told us that the Welsh Government wished to avoid a situation where, for example, organisations that are providing a service in both England and Wales may choose to no longer provide services in the smaller Welsh market because of a different procurement regime, with subsequent loss of services in Wales.

We would like to understand the potential extent of this risk. We are aware from the Explanatory Memorandum to the Bill, and the evidence given to us on 30 March by the Minister and her officials, that the Welsh Government discussed these issues with NHS Wales finance, procurement and commissioning leads as it developed the Bill.

We would be grateful if you could provide any specific examples of contracts or services for health services that you procure, and that you are concerned could be lost or otherwise affected if the PSR proposals were implemented in England, and no equivalent regime were introduced in Wales. We appreciate that this request could include information that is commercially sensitive; we would be willing to treat any such information in confidence.

To enable us to consider this information as we prepare our report and recommendations on the Bill, we would be grateful for a response by Monday 17 April 2023.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

Bwrdd Iechyd Prifysgol Aneurin Bevan University Health Board

Our Ref: RH/ac

14th April 2023

Letter sent by Email only SeneddHealth@senedd.wales

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

Health Service Procurement (Wales) Bill

Thank you for your letter dated 4th April 2023 and for the invitation to provide views if there was a change of legislation in Wales.

The proposal for changing legislation in Wales to match that of England would generally be favourable for Health Boards, depending on the final form of legislation.

Currently, external private sector commissioning is encompassed within a national framework contract arrangement managed through NHS Wales Shared Services Partnership (NWSSP) on behalf of Health Board commissioners. This process is renewed every few years and provides a once for Wales due diligence process for providers to be part of the framework within NHS Wales. The specification has been clinically and operationally efficient and allows a degree of flexibility to commissioners as part of mini competition local procurement.

Key implications of matching the English legislation may encompass:

- To allow health boards to take advantage of a 'leaner' procurement mechanism.
- To enable the use of NHS England frameworks by NHS Wales (if these continue).
- To avoid NHS Wales losing market share to NHS England from a potentially less rigorous procurement process.

Cont/d

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- There will still be the need to perform due diligence on providers as part of any selection process and there will remain the requirement for commissioners to undertake local clinical governance due diligence regardless of tendering processes to ensure provider evaluation is based on current circumstances at time of procurement.

Currently, the Health Board has external contracts in place for endoscopy, cardiology and pathology but is likely to require further capacity as part of regional elective solutions, most imminently ophthalmology. The Health Board does not consider the potential change to the English regime to present a high level of risk and is confident of securing capacity, however this assessment will be kept under review.

I hope the above information is helpful to the Committee.

Yours sincerely

Robert Holcombe
Cyfarwyddwr Gweithredol Cyllid, Caffael a VBHC /
Executive Director of Finance, Procurement & VBHC

Copy to: Alex Curley, Head of Operational Procurement, NWSSP

Evidence from Cardiff and Vale University Health Board

Senedd Cymru | Welsh Parliament

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

Bil Caffael y Gwasanaeth Iechyd (Cymru) | Health Service Procurement (Wales) Bill

Ymateb gan Bwrdd Iechyd Prifysgol Caerdydd a'r Fro| Evidence from Cardiff and Vale University Health Board

Thank you for providing the opportunity for Cardiff and Vale University Health Board to comment on this Bill and the Provider Selection Regime.

The Health Board's Commissioning Department has indicated support to a procurement 'level playing field' across England and Wales that would be provided by the Provider Selection Regime. However, the Commissioning Department also indicate that they have no intelligence from existing providers that a differing procurement regime would discourage providers from bidding for Welsh contracts.

Kind Regards

Tim
Tim Davies
Head of Corporate Business/Pennaeth Busnes Corfforaethol
Cardiff and Vale University Health Board/Bwrdd Iechyd Prifysgol Caerdydd a'r Fro
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Eich cyf/Your Ref: **SAM/CJM**
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Dyddiad/Date:

Sent via email

To whom it may concern

Re: HSC Committee - request for information on Health Service Procurement (Wales) Bill

The NHS England Provider Selection Regime (PSR) will be a new set of rules for arranging healthcare services in England, expected to be applied from July 2023.

The stated aim of the NHSE Provider Selection Regime is to give decision makers a more flexible process for deciding who should provide healthcare services, to make it easier to integrate services and enhance collaboration, and to remove the bureaucracy and cost associated with the current rules. It is intended to fit with the integrated, collaborative approach to healthcare commissioning by providing a decision-making process that makes space for collaboration to happen and that ensures all decisions about how healthcare is arranged are made transparently and fairly, and in the best interests of patients, taxpayers, and the population.

Therefore, if Wales was not to adopt a similar approach, providers could face a higher burden of bureaucracy and cost due to the application of compulsory competitive tendering; this might discourage providers from providing services to the Wales NHS. For example, UK wide third sector organisation could face higher costs in Wales as the healthcare services that they provide would be subject to periodic compulsory market testing. Health Boards could also incur unnecessary management costs in carrying out procurement exercises. It is difficult to estimate the potential extent of the risk of providers choosing to opt out of providing services to Wales, but the additional costs and bureaucracy may present an additional barrier.

Example – UK wide not-for-profit provider is commissioned to provide mental health services under an initial 12 month contract award. Under the UK Government Procurement Bill, at the end of this period, this health service must be offered to the market and the existing provider must respond via a formal tender process. In England, the Provider Selection Regime will allow flexibility for Integrated Care Systems to continue with existing service provision, where the arrangements are working well and there would be no value for patients, taxpayers and population in seeking an alternative provider. The application of a similar regime in Wales would support the development of longer term partnerships and collaborations to deliver services for the population. In this example, it could enable the non-for-profit provider to co-produce its service offer in partnership with a Health Board with greater certainty about the continuity of the service contract.

Yours sincerely

Sally May
Cyfarwyddwr Gweithredol Cyllid/Executive Director of Finance

Potential Implications of the Provider Selection Regime

NHS Wales Commissioning of External Capacity

When NHS Wales has neither the internal capacity or specialist capability to meet patient needs it commissions this care from NHS England, the charitable sector or from private providers, collectively termed 'non-NHS providers'. NHS Wales currently procures services commonly regarded as 'NHS/Health and Social Care services' from across the border within England from these types of providers across a wide range of disciplines. Such services have been contracted on an NHS-to-NHS basis with NHS England organisations as well as with private providers whose headquarters/location of service delivery is in England. Health services purchased from England include Emergency secondary care services (complex/specialist care); Orthopaedics; Ophthalmology; Dermatology; Dental Services; Mental Health/Learning Disability Hospital care; Mental Health/Learning Disability Hospital/CAMHS/Care Homes; Training and Laboratory Tests; Pancreatic surgery; Multiple patient services/surgery. Total annual spend for such services equate to c£57m (based only on contracts let by NWSSP procurement services with English providers (both NHS and private) therefore not healthcare services spend such as NHS to NHS).

NWSSP Procurement Services (PS) currently access a number of English framework agreements in order to award contracts for the purchase of products and services for the provision of health care provision. Framework providers include NHS Shared Business Services, Health Trust Europe, NHS Blood Transfusion (NHSBT), Scottish National Blood Transfusion Service (SNBTS), Irish Blood Transfusion Service (IBTS), Central Medicines Unit, NHS England & NHS Improvement, and NHS Commercial Solutions with a total annual value of call offs is c£100m. Call offs from frameworks include outsourced clinical services, radiology reporting services, clinical managed services for breast radiology services, histopathology reporting, testing, DNA extraction, blood products, population health management and inventory management. At this juncture there have been no indications, from English framework providers, of an inclination to cease the provision of framework agreements however it has been noted, of late, that a number of English frameworks are not being renewed which is requiring NWSSP PS to support in the delivery of an all-Wales agreement to ensure that NHS Wales has a framework to call off in the future.

Access to English framework agreements has afforded NHS Wales opportunities to put in place a solution for patient treatment/care, and the purchase of critical products/services relatively quickly. Should such frameworks cease, it would be necessary to take required steps to support areas of expenditure in the establishment of NHS Wales framework agreements. The implications of not being able to call off such products/services would result in a requirement to undertake a full procurement resulting in additional resource, time and effort required from NWSSP PS and key stakeholders from NHS Wales, a loss of access to expertise and potentially increased prices due to loss volume discount arrangements. This would incur additional procurement activity for NHS Wales in addition to the management of the framework during the term of contract. To move away from English frameworks/providers would require significant planning and resources (capital and staffing) due the size of the service across Wales.

NHS Wales can continue to draw opportunity from undertaking national procurements on behalf of all Health Boards, and if applicable combining the requirements of social care organisations. Therefore, in consideration of buying power Wales may benefit from still attracting the attention of English providers as, with the exception of large English CCG's/Trust, this may still provide significant opportunity. However, at this juncture it is not possible to quantify such impacts however notable may be the question as to providers appetite to bid to be part of such frameworks when they may show preference to collaborating with NHS England bodies (under PSR) whom they can establish more collaborative working relationships with rather than enter into an arm's length/adversarial tender processes.

Potential Impact of PSR

PSR will govern the arrangement of healthcare services in England delivering upon the ambitions set out within NHS England of a Long-Term Plan (proposals for possible changes to legislation), 2019. The Green Paper 'Transforming Public Procurement' and NHS England of a Long-Term Plan considered the need to enable the promotion of the 'triple aim' of better health for everyone, better care for all patients, and sustainability by organisations working together to redesign care around patients, removing current barriers to future success. Effectively NHS England are removing processes deemed burdensome and wasteful when commissioning healthcare services.

Until the roll out of the PSR regime in England it is difficult to comprehend the potential impact and cost of having a stricter/time consuming/costly procurement mechanism in place in comparison to the proposed PSR. At this stage there are no clear indications that health and social care organisations would cease procurement activity with surrounding nations once the PSR is in place.

A risk may exist in England's promotion of the 'triple aim' of better health for everyone, better care for all patients, and sustainability by organisations working together to redesign care around patients, removing current barriers to future success. A matter for consideration is the relationship's that may be borne as part of the regime change, namely the involvement of organisations outside of the NHS/LA (CCGs, NHS trusts, foundation trusts and local authorities) i.e., 3rd sector and private organisations resulting in potential affiliation/arrangements forming between NHS bodies and 3rd sector/private organisations. It is difficult to understand the full impact on NHS Wales therefore we are only able to, at best, make assumptions of its impact and contemplate 'what if' scenarios. The following assumes that private/3rd sector providers may secure future demand for healthcare services via 'Joint Committee' affiliations. If this was the case NHS Wales may be impacted due to potential prioritisation of service for NHSE patients, by means of an example bed blocking of mental health/learning disability beds. The net impact of this, for current contracts, may be that we would not have sufficient Mental Health and Learning Disability (medium secure/low secure/locked/open rehabilitation/CAMHS) beds, also providers may not wish to go through a lengthy procurement process to gain access to one of NHS Wales frameworks and all of the quality controls that come pre and post award. Other specialist services currently commissioned by NHS Wales are proton beam therapy; PET scans; acute services; emergency secondary care services (complex/specialist care); and multiple patient services/surgery.

For Aneurin Bevan University Health Board and Betsi Cadwaladr University Health Board there may be some cross border activity in Bristol and Shrewsbury, if providers based within these areas have a partnership arrangement with the local Trust this may impact on their future use. A further risk may be that NHS England organisations may create partnership relationships with market leaders, leaving NHS Wales with a reduction in companies with the capacity and capability to deliver future requirements.

An unintended consequence of the legislative changes for England may result in NHSE/private and 3rd sector providers no longer wishing to support NHS Wales frameworks/contracts for healthcare services procured under the Public Contracts Regulations 2015. The worst-case scenario may be a reduction in the availability of cross border services to NHS Wales which are currently critical to the delivery of care for vulnerable and sick patients. Therefore, a potential reduction in capacity, though the true impact of this is unknown.

To summarise: The true impact on NHS Wales will not be known until after PSR has been introduced. At this stage we do not know whether English frameworks will be accessible to NHS Wales following the regime change and the introduction of the PSR regime in England; there may be a reduction in providers wishing to participate in an NHS Wales frameworks/and or contracts; without the interest of providers in bidding for NHS Wales future contracts NHS Wales may struggle to deliver care for very vulnerable patient groups.

GIG CYMRU NHS WALES
Pwyllgor Gwasanaethau Iechyd Arbenigol Cymru (PGIAC)
Welsh Health Specialised Services Committee (WHSSC)

Your ref/eich cyf:
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Date/dyddiad: 17 April 2023
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Madelaine Phillips,
Policy and Public Affairs Officer/Swyddog Polisi a Materion Cyh
Welsh NHS Confederation

Dear Madelaine

Procurement Bill Evidence

Thank you for the opportunity of contributing to the process of considering the procurement bill. In order to provide structured feedback I thought it would be helpful to provide some background around procurement in the context of commissioning specialised health services which is the role of Welsh Health Specialised Services Committee (WHSSC). The letter then gives some specific examples which support the need for the bill.

Context

WHSSC commissions specialised health services for the population of Wales on behalf of the 7 Welsh Health Boards and has a revenue budget of circa £750m per annum. WHSSC commissions these services from healthcare providers in both Wales and England with the majority procured via the NHS. Approximately £30m is procured directly from the independent sector as set out below. A further £70m is procured from independent sector providers for renal dialysis via contracts held by WHSSC's NHS health board and NHS Trust providers.

When WHSSC commissions from the independent sector it is tendered via the NHS Wales Shared Services Partnership or relevant national framework agreements. The directly annual value of services procured directly from the independent sector is fairly modest at £30m with the main components as follows:

- The key area is mental health placements for medium secure and eating disorders totalling £17.662m. This is procured via an NHS framework agreement tendered by the National Collaborative Commissioning Unit (NCCU) via NHS Wales Shared Services Partnership.

- The next largest value is a national tender via NWSSP for HPN (Home Parenteral Nutrition for Intestinal Failure) at £5.863m. This has recently been extended but at a material cost increase given market conditions and reduced competition.
- The third largest value is £3.109m for a rare disease high cost drug with the vast majority of the cost being the drug price accessed via an agreed PAS (Patient Access Scheme discount). As these prices are set nationally and not further negotiated there is little procurement risk in this area.
- The final significant area is £2.720m for the positron emission tomography scanning service from Cardiff University – this is procured via a long term contract under a limited competition procurement linked to a Welsh Government funded initiative – this is being renewed under a new national programme with NWSSP advice on the new tender arrangements owing to fixed site requirements.

WHSSC's main commissioning route to access independent sector providers is normally via its main NHS providers – for Wales, mainly CVUHB, SBUHB and BCUHB. Out of these contracts the highest value non-NHS area is the procurement of renal satellite dialysis which across Wales totals up to £70m per annum. WHSSC is closely involved in these processes via the Welsh Kidney Network - setting the requirements for specification, standards and volumes but all contracts are held by the three regional NHS providers and recharged to WHSSC. These contracts are tendered via the NWSSP who also provide ongoing contract management as part of their function.

Procurement Risks Relevant to the Bill

WHSSC's experience over the last three years is that the procurement environment has become more difficult. There has generally been upward pressure in prices on renewed contracts sometimes disproportionate to general inflation conditions. A number of areas have experiences supply problems and issues particularly when there is dependence on one or two main providers. With the supply side constraints post the pandemic the procurement environment feels less competitive which has been reflected in higher prices and generally less competition in some key areas. This means that in practice we are increasingly in competition with the NHS system in England to secure services/products which are in limited supply. This is highly relevant to the procurement bill as it essential that doing business with NHS Wales must not be seen to be more difficult or less flexible than with other parts of the UK.

There are a number of specific experiences that WHSSC's has had that are potentially relevant to any change in procurement legislation:

- Mental Health NCCU framework – this has recently been renewed but indications are significant upward pressure on tendered prices for many framework providers in response to staffing and facilities cost

escalation. The strategic issue here is that the majority of the provision in the framework is based in England and we are competing for these resources. These places are becoming a more limited commodity as NHS England demand is growing and NHS provision difficult to meet all demand. Wales therefore needs to remain attractive for providers to be part of the framework. There is a risk that different legal frameworks could become a perceived barrier for providers to wish to bid or may price in perceived additional risk.

- Dialysis – via WHSSC's regional providers the most recent large scale procurement has concluded for the whole of South West Wales. We experienced reduced competition with fewer providers bidding and material prices increases. Whilst the specific risks identified in this recent process predated any legislative changes elsewhere, the issues of staffing difficulties and spread of resources, will be continue to relevant for some time. [REDACTED] The strategic procurement risk is the need to remain attractive as a place to do business given the degree of systemic uncertainties in the current market. Historically, procuring dialysis capacity from the independent sector has had the advantages of price, speed, flexibility and not requiring access to capital expenditure resources. However, if conditions continue to move adversely there will at some point be a need to reconsider the balance of provision between the NHS and the independent sector. The relationships with the independent sector in dialysis are longstanding and important and hence it is essential that we remain competitive as a market with the NHS in England.
- HPN – this direct contract was recently extended via the NWSSP process. Against a background of limited effective competition and recent national supply difficulties the cost increases have been material despite negotiation. The very limited competition available for this service reinforces the need to remain an attractive market for providers as alternative provision is difficult to source or recreate in the NHS.

The risks seen in the WHSSC portfolio as illustrated in the above examples lead to a clear preference for a cautious approach where Wales remains in initial alignment with the new system in NHS England. This would give us time to assess the impact on the English system in practice and take the learning into a more localised Welsh approach which could be enabled by the proposed bill.

Other considerations:

- Foundational economy – the nature of WHSSC's specific service requirements above mean that we can justify the need for local delivery. This may be more difficult in some other areas of procurement which technically could be supplied from a distance. Consideration could be given as to how any new Welsh

procurement framework could be more directly aligned to the principles of the foundational economy goal.

- Flexibility of contract models – a bespoke Welsh framework could enable more flexible arrangements which could encourage long term contracts with flexibility to adapt delivery models over time to increase the proportion of a service delivered by the NHS as opposed to be wholly provided by the independent provider – for example, changing the model of delivering home nursing support for intestinal failure services to a mixed economy of NHS/private provision where local services can integrate better.

I hope you find this information useful to inform collective thoughts on the proposed bill.

Yours sincerely

Stuart Davies
Director of Finance

HSC(6)-20-23 PTN 20

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

Llywodraeth Cymru
Welsh Government

Our ref: MA-EM-0959-23

Russell George
Chair
Health and Social Care Committee

SeneddHealth@senedd.wales

18 April 2023

Dear Russell,

Thank you for the Committee's report of 13 February following the inquiry into dentistry in Wales.

I have carefully considered the 16 recommendations of the Committee and enclose my written response.

Yours sincerely,

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

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Written response by the Welsh Government to the Health and Social Care Committee report following their inquiry into dentistry in Wales.
February 2023

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1. I would like to thank the Committee for the report on their inquiry into dentistry in Wales. I am pleased to say the Committee's recommendations generally support our current policy direction.

2. We are in the midst of the most significant change to the dental system in two generations. It should not therefore be a surprise that there is some disquiet while this much needed change is brought about. The Welsh Government is firmly committed to reorientating dentistry to a preventative model that delivers care and treatment on a risk and needs basis. The dental contract is just one part of this major reform, and I am pleased that this is recognised in the committee's recommendations.

3. In the next 12-14 months our focus will inevitably need to be on negotiating the new dental contract. This is the cornerstone for the delivery of primary care dentistry and once fixed in place will enable us to develop and build the wider dental system on top of a secure foundation.

Detailed responses to the report's recommendations are set out below:

Recommendation 1. The Welsh Government must ensure that consultation about potential changes to the dental contract should, other than in exceptional circumstances, take place no less than 6 months before the reforms are planned to come into effect.

Welsh Government Response: Partially Accept
We would always seek to involve the dental profession in any changes at the earliest possible opportunity. Indeed, if changes are designed using a social partnership model the consultation takes place during the development of the agreed solution which mitigates the need to consult. That is our ultimate aim, where all interested parties work together to identify and agree solutions.

The Welsh Government accepts that the contract variation offer for 2022/23 was issued later then we would have wanted. However, the COVID-19 pandemic was an exceptional circumstance. Faced with the option of delaying reform for a further year, with no new patient access for another year, we made the decision to press ahead with contract variation. For the 2023/24 variation offer we commenced the consultation via engagement events in September 2022 and made the written offer in December 2022. This is the approach we would hope to continue taking which strikes a balance between engagement to shape policy and giving time to reflect on the final offer.

There has been some recent criticism due to the contract variation notice (CVN) for 2023/24 being issued at the end of March 2023. The is the legal vehicle for enacting the variation offer that was made in December 2022. No changes to the volume

metrics were introduced by the CVN save for a clarification on over performance of the new patient metric which introduces a consistent approach and is in the practices' favour compared to the previous year.

Financial Implications – None.

Recommendation 2. The Welsh Government must monitor the provision of patient appointments to ensure the right balance is being struck between prevention, needs-based care, urgent dental provision and seeing new patients, and report back to this Committee prior to making any further changes to the dental contract.

Welsh Government Response: Partially Accept
We would be content to provide the committee with a report on activity in relation to care and treatment delivered in 2022/23 under the reform variation. This could be submitted in the Autumn term if agreeable to the committee.

The direction of travel for 2023/24 is already set with the reform variation offer having been issued to practices in December 2022. We have since written to the British Dental Association (BDA) setting out our intention to commence formal negotiations on a new dental contract and asking them for their negotiation mandate. We hope that 2023/24 will be the last variation year and that through tripartite (BDA, NHS, Welsh Government) negotiations the changes will be agreed through negotiations using the principles of social partnership. It is likely that changes to the GDS contract regulations will need to be consulted on formally which will provide the committee with an opportunity to feed in their views.

Financial Implications – None. Legal costs arising from legislative changes are provided for within existing programme budgets.

Recommendation 3. The Welsh Government should explore options for a centralised waiting list and report back to the Committee on progress by the end of 2023. As an interim measure, the Welsh Government should ensure every health board establishes a centralised waiting list for its area by the end of 2023.

Welsh Government Response: Accept
Officials are already in discussions with Digital Health Care Wales (DHCW) to scope a design for an all-Wales dental waiting list. Initial indications are that this can be delivered within the next financial year and finances have been set aside to fund the project.

Some health boards already have arrangements in place to maintain a waiting list. We would suggest that for those that don't, putting one in place in the same time frame as the all-Wales solution is unnecessary.

Financial Implications – Funding already identified from existing programme budgets.

Recommendation 4. In order to reduce inequalities, the Welsh Government must ensure each health board provides information on how to join a waiting list for dental services that is available in a variety of formats and languages, not just online, by the end of 2023.

Welsh Government Response: Partially Accept
As outlined under the response to recommendation 3 we believe this is best resolved by delivering an all-Wales solution and we are committed to delivering that solution in the 2023/24 financial year. Implementing a new system will require a public communications campaign, including new public information resources for accessing dental care. This aspect of the project will provide the opportunity to address the recommendation to ensure information is available in a variety of formats.

Financial Implications – Development and implementation funding for a central waiting list is provided from existing programme budgets.

Recommendation 5. The Welsh Government should review the data collection requirements for NHS dentists in order to simplify the process and reduce duplication. This review should be completed by December 2023 and the findings reported back to us no later than March 2024.

Welsh Government Response: Accept
The dental reform programme is supported by a number of workstreams. In order to increase the opportunity for dentists to engage in the reform programme a new workstream was created last autumn. We will ask this working group to review this recommendation and identify options to minimise administrative burden.

Financial Implications – None.

Recommendation 6. By the end of summer term 2023, the Welsh Government should provide this Committee with a clear plan and timescales for how it will introduce a single software system for use by all dentists across Wales, followed by six-monthly updates on progress. The plan should also include details of how Welsh government will engage with private practice.

Welsh Government Response: Reject
We welcome the recommendation in principle. However, whether it is feasible given the private/NHS mix or even wanted by the profession is not certain. Any implementation would also require a significant procurement process. We will use existing channels to engage the profession in this proposal and undertake an options analysis by the end of the summer term 2023. This will include potential risks, benefits and costs and provide firm evidence for taking forward this recommendation.

Any decision to implement this recommendation would also be linked to the negotiations for the new dental contract which are unlikely to conclude by end of this summer term. Once the negotiations have concluded we would be happy to update the Committee.

Financial Implications – None at this time.

Recommendation 7. In its response to this report, the Welsh Government should tell us what it is doing to obtain a clear understanding of the barriers to vulnerable groups accessing dental services and where inequalities lie, and whether there is a need for further research in this area.

Welsh Government Response: Accept
There is a need for additional research in this area and officials have already commissioned research around access to dentistry, pharmacy, and allied health professionals. The specification for the research includes a requirement to identify barriers to access for vulnerable groups.

This project is due to report at the end of May 2023 and will be made available for the committee to consider.

Financial Implications – Costs of the research are funded from existing programme budgets.

Recommendation 8. The Welsh Government should ensure that the dental workforce strategy reflects the changing aspirations and the need for a wider skill mix within the workforce and is published as soon as possible. On the basis that the Minister for Health and Social Services expected to receive the draft in December 2022, the final strategy should be published no later than spring 2023.

Welsh Government Response: Accept
The draft workforce plan was seen as intended and we have since been working with HEIW on finalising the plan and financial costs. Unfortunately this has delayed formal publication until July.

Financial Implications – none

Recommendation 9. The Welsh Government should bring forward the legislative changes needed to enable dental therapists to have a performer number as a matter of urgency and provide us with a timescale for this.

Welsh Government Response: Accept
Following the announcement by England that Dental Therapists and Hygienists will now be permitted to open and close courses of treatment officials have sought and received fresh legal advice on the legislative barriers preventing this being mirrored in Wales. In summary, lawyers have advised that Dental Care Professionals can provide NHS dental services providing they have the clinical experience, training, qualifications, competence, and indemnity required to enable them to properly perform any dental services. Therefore, there is no need for legislative change at this time.

Officials are now preparing communications to health boards to clarify how this change will be operationalised for next financial year.

Financial Implications – none

Recommendation 10. The Welsh Government should explore options for the establishment of a dental school in North Wales and report back to us on its feasibility by July 2024.

Welsh Government Response: Accept
Expanding training provision for all the dental team is a key workforce priority moving forward. We know that people are more likely to work where they train and therefore, we must increase training opportunities in rural areas. This has already started with a phased approach to enhancing rural recruitment through a targeted training initiative for students graduating this September.

Financial Implications – none

Recommendation 11. The Welsh Government must provide assurance that oral health is being integrated into prevention policies such as Healthy Weight, Healthy Wales, and provide examples of where and how this is being done.

Welsh Government Response: Accept
There is a standard governance process for the development of policy within the Department of Health and Social Care. The Policy Forum is a key component of that process that ensures all policies being developed are reviewed and interdependencies by all policy leads in the department.

Priorities 1 and 6 of Health Weight Healthy Wales which focus on healthy eating choices are an excellent example of this policy contributing to improving oral health.

Financial Implications – none

Recommendation 12. The Welsh Government must ensure the Designed to Smile programme is restored to pre-pandemic levels as quickly as possible and provide an update to the Committee on progress by the end of the summer term 2023.

Welsh Government Response: Accept
We can assure the committee that the recovery of Designed to Smile (D2S) is progressing well. There are still some schools that are reluctant to re-engage for a range of reasons. The 2022/23 D2S annual report will be provided to the committee in advance of summer recess.

Financial Implications – none, the delivery of the D2S programme is funded from a ringfenced allocation to health boards.

Recommendation 13. The Welsh Government should carry out research to identify whether oral health programmes for up to 12-year-olds should be delivered through schools in all health boards as a preventative measure.

Welsh Government Response: Accept
Advice received to date has been that there is little evidence of clinical benefit for extending the Designed to Smile approach beyond aged 7. Children benefitting from the D2S programme will have normalised good habits around good oral health. However, we do want to improve access to dental services for all ages of children

and we know that the regular application of fluoride varnish is a proven preventative approach for tooth decay. We would therefore look to establish whether this is best or most efficiently done through a school programme or through primary care dental services.

Financial Implications – funding has been identified from within existing budgets to resource a research project.

Recommendation 14. The Welsh Government should explore options for expanding the Gwen am Byth programme into other residential settings, such as care homes for younger vulnerable people, sheltered housing and extra care housing, and report back on its findings to this Committee by the end of 2023.

Welsh Government Response: Accept
Since receiving the recommendation, we have established that some health boards, via their community dental services, already do engage with these types of services. Furthermore whilst the programme itself is aimed at older people living in care homes the resources are freely available through the Public Health Wales website - Gwên am byth - Public Health Wales (nhs.wales)

Financial Implications – none

Recommendation 15. The Welsh Government should commission research into the public health value of and attitudes towards introducing fluoride into the public water system in Wales and commit to publishing the findings of this research.

Welsh Government Response: Reject
The 4 UK medical officers published their view on this matter in September 2021 - Statement on water fluoridation from the UK Chief Medical Officers - GOV.UK (www.gov.uk). It's public value therefore is not in question.

Up-to-date costings for implementation in Wales are not available but a Technical Feasibility Study carried out in 1997 by Hyder on behalf of the Welsh Health Authorities stated that the capital cost for installing fluoridation plant at each of the then 121 water treatment works in Wales was £21 million. The recurrent annual running costs were estimated at just over £1 million.

The estimated capital cost of introducing water fluoridation in the Dwr Cymru Welsh Water area of Wales would now cost over £38 million, taking inflation alone into account. The annual running costs of such a scheme are estimated to cost between around £2million.

Given the financial pressures at this current time, regardless of public opinion, it is unlikely that the Welsh Government could introduce Wales-wide fluoridation of its water supply. We would therefore argue that any research into public opinion at this time would not offer value for money.

Financial Implications – Not applicable

Recommendation 16. The Welsh Government should review whether the current levels of funding are appropriate for the services to achieve what's needed in terms of reducing the backlog and report back to this Committee by the end of the summer term 2023.

Welsh Government Response: Accept
We are working to establish the centralised waiting list. Once this is in place we will be able to establish the scale of people waiting for NHS dentistry. Based on this information we will be able to make an assessment of the level of funding required both for additional activity and additional workforce to undertake that activity. Within this assessment, and the reforms we are undertaking, we will also consider the appropriate skill mix to ensure that people received care from the most appropriate professional.

Financial Implications – unknown at present

Y Pwyllgor Cyllid

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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

19 April 2023

Dear Committee Chairs,

Welsh Government Draft Budget 2024-25: Engagement

At our meeting on 23 March 2023, the Finance Committee (the Committee) considered its programme of engagement for the forthcoming Welsh Government's Draft Budget 2024-25, ahead of the Committee's annual Plenary debate on spending priorities, provisionally scheduled for 12 July. I am writing to Chairs of subject committees to share our thinking. The Committee has agreed to undertake a number of engagement activities prior to the publication of the Draft Budget, in the autumn. These include, a stakeholder event, focus groups held with the general public, and a workshop with Members of the Welsh Youth Parliament.

Stakeholder Event: Wrexham

This year's stakeholder event will take place at the Glyndwr University Campus (Catrin Finch Centre) in Wrexham on the morning of Thursday 15 June. This will be an opportunity for the Committee to hear directly from interested organisations/individuals on the expected draft budget proposals, as well as their views on the Welsh Government's approach to setting the budget and prioritising resources. As cross-Committee engagement with stakeholders on the budget is crucial to effective scrutiny, I would like to invite Committee Chairs or a Member of your Committee to join the event. If Chairs or

Members are interested in attending, please contact the clerking team seneddfinance@senedd.wales by 22 May.

Citizen engagement focus groups with the Welsh public

On behalf of the Committee, the Senedd's Citizens Engagement Team will be holding a series of focus groups on the Draft Budget with the Welsh public. The team has undertaken similar exercises over the past few years and the aim of this work is to form a longitudinal study to allow the Committee to monitor perspectives and attitudes over time. Participants will be sourced through similar partner organisations to cover the same demographics as last year, and groups will be organised to focus on particular policy areas. The Citizens Engagement Team will circulate the dates of sessions to all Committees, should any Members wish to participate. This will allow an opportunity for Members to hear first-hand from the citizens of Wales where spending should be prioritised.

Welsh Youth Parliament

Last year to further complement our engagement work, the Committee held a workshop with Members of the Youth Parliament. It was extremely informative to hear openly from these young Members about the issues concerning and directly affecting them. We are keen to continue building on this invaluable work and will be inviting the youth Members to participate in a workshop again this year.

Finance Committee Plenary Debate on the Welsh Government spending priorities

As mentioned above, the Committee intends to hold a Plenary debate on Wednesday 12 July on the Welsh Government's spending priorities for 2024-25. The outcomes of our engagement work will inform and feed into this debate, which will provide the best opportunity to influence the Welsh Government spending priorities before the Draft Budget is formulated in the autumn. As ever, we would very much welcome the participation of Committee Chairs, as well as other Members, as part of this debate, to ensure that the Welsh Government's spending plans are informed by the views and priorities of Senedd Committees.

Approach to budget scrutiny

I will shortly be writing to Chairs, with regard to the Committee's approach to budget scrutiny, including information on the consultation and timetable once the Trefnydd has notified the Business Committee of the Draft Budget publication dates.

The Finance Committee has tried to ensure that the profile and effectiveness of budget scrutiny in the Senedd is continually improved and that the Welsh public are able to engage fully with the process. As you are aware, we are currently discussing proposals with the Minister for Finance and Local Government to amend the Budget Process Protocol, which sets out an understanding between the

Welsh Government and the Senedd on the administrative arrangements for the scrutiny of the annual draft budget and other related budgetary matters.

In addition, during last year's budget round the Committee agreed to consult with Committees on the documentation provided by the Welsh Government alongside its Draft Budget proposals, with a view to seeking improvements to the information provided. I wrote to Chair on this issue on 8 March and I am grateful to the Committees that have responded. As this work progresses, I will continue to provide updates to Committees on developments.

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.