

## Agenda – Health and Social Care Committee

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Meeting Venue:	For further information contact:
Hybrid – Committee room 5 Tŷ Hywel and video conference via Zoom	Sarah Beasley Committee Clerk
Meeting date: 8 November 2023	0300 200 6565
Meeting time: 09.30	<a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a>

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### Private pre-meeting (09.00–09.30)

#### 1 Introductions, apologies, substitutions, and declarations of interest

(09.30)

#### 2 General scrutiny session with the Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing

(09.30–11.30)

(Pages 1 – 34)

Eluned Morgan MS, Minister for Health and Social Services

Julie Morgan MS, Deputy Minister for Social Services

Lynne Neagle MS, Deputy Minister for Mental Health and Wellbeing

Jeremy Griffith, Director of Operations – Welsh Government

Hywel Jones, Director of Finance – Welsh Government

Albert Heaney, Chief Social Care Officer – Welsh Government

Alex Slade, Director of Primary Care and Mental Health – Welsh Government

Irfon Rees, Director of Health and Wellbeing – Welsh Government

Research brief

Paper 1 – Welsh Government



### **3 Paper(s) to note**

(11.30)

- 3.1 Response from the Minister for Health and Social Services to the Chair of the Legislation, Justice and Constitution Committee regarding the UK–Norway–Liechtenstein–Iceland Convention on Social Security Coordination**

(Pages 35 – 36)

- 3.2 Letter to the Chair from Disability Wales regarding the Welsh Government's draft budget for 2024–25**

(Pages 37 – 39)

- 3.3 Letter to the Chair from the Deputy Minister for Social Services regarding the Association of Directors of Social Services Cymru's (ADSSC) review of unpaid carers**

(Pages 40 – 42)

- 3.4 Letter to the Chair from the Welsh Association of ME and CFS Support (WAMES) regarding the ME/CFS Delivery Plan Proposal for Wales**

(Pages 43 – 47)

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

(11.30)

### **5 General scrutiny session: consideration of evidence**

(11.30–11.45)

### **6 NHS waiting times monitoring report**

(11.45–12.00)

(Pages 48 – 62)

Paper 2 – NHS waiting times monitoring report

### **7 Gynaecological cancers: consideration of draft report**

(12.00–12.30)

(Pages 63 – 160)

Paper 3 – draft report

Document is Restricted

**Eluned Morgan AS/MS**

**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**

**Minister for Health and Social Services**

**Julie Morgan AS/MS**

**Y Dirprwy Weinidog Gwasanaethau Cymdeithasol**

**Deputy Minister for Social Services**

**Lynne Neagle AS/MS**

**Y Dirprwy Weinidog Iechyd Meddwl a Llesiant**

**Deputy Minister for Mental Health & Wellbeing**



**Llywodraeth Cymru  
Welsh Government**

Russell George MS

Chair

Health and Social Care Committee

[SeneddHealth@senedd.wales](mailto:SeneddHealth@senedd.wales)

27 October 2023

Dear Russell

Please see attached our response to the specific issues raised by Members in your correspondence of 2 October, prior to the Joint general Ministerial scrutiny session scheduled for 8 November.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Eluned Morgan'.

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

A handwritten signature in blue ink, appearing to read 'Julie Morgan'.

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

A handwritten signature in blue ink, appearing to read 'Lynne Neagle'.

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

**Written response by the Welsh Government to the Health and Social Care Committee.**

**Social care**

**1. An update on progress in improving recruitment and retention in social care and addressing the significant shortages. Any evidence that the situation is stabilising/improving.**

The Welsh Government recognise the significant challenges in recruitment and retention within social care. Social care employers are competing with retail, hospitality, and other sectors. Workforce data and surveys reinforce the importance of our identified workforce priorities, to reduce the number of social care vacancies.

Our programmes of work, investment, and our work with stakeholder's - targets supporting a resilient and stable workforce. We believe a holistic and systematic approach is necessary. As a Government, we are focusing on creating a firm foundation on which we can build our workforce. Examples of areas of work include:

- Our £10 million over three years investment in the social worker bursary to make the social work degree financially attainable and an attractive career. We are confident that the increased offer of support helps to draw more students into taking up social work as a career.
- Our funding through Social Care Wales (SCW) backs local authorities' 'grow your own' schemes - which support paid employment and funded social work training. This has also seen an increase in uptake.
- The Welsh Local Government Association is currently leading work focusing on terms and conditions for social workers, including looking at national approaches. This is to support and attract individuals into the profession, but also to also reduce movement of qualified staff between local authorities due to variations in terms and conditions.
- As a Government, we have shown our commitment to improving pay by investing a further £70 million this financial year to ensure all social care workers continue to get paid at least the Real Living Wage.
- The Social Care Fair Work Forum is working in partnership to improve terms and conditions for social care workers with improved opportunities for career progression.
- We continue to invest in SCW's national recruitment campaign: WeCare.Wales, which promotes the variety of roles available in social care through web-based materials and television adverts. This is having a real impact in terms of people accessing these materials about social care work and people feeling more positive about working in the sector.

These positive investments and programmes of work come with the realism that it will take time to feel the impact of these programmes. Social work training for example can take between 2-6 years, but this is promising for the future.

Work is being taken forward to review the position relating to winter vacancies at a regional level by health boards and local authorities.

Progress has been made following the publication in June of a Statement of Intent about Building Capacity through Community Care – Further Faster, as a focussed effort working with health boards and local authorities to deliver additional system capacity this winter. We have since re-established the Care Action Committee, involving local government and the NHS. We will work to boost the community care workforce, for example community nursing and Allied Health Professionals. The Care Action Committee has met in September and October, and will continue to meet monthly through the Winter.

We have seen more than our initial estimates registering with the workforce regulator, and these numbers continue to increase. This shows that people are still joining the sector. However, we are aware that the situation is still volatile, and we continue to work with our partners to monitor this situation.

The Workforce Strategy, published in 2020, sets out our long-term vision and actions for the health and social care workforce. Social Care Wales are now developing a Workforce Strategy Delivery Plan building on progress made so far and engagement with the sector has been central to developments. It will detail the key actions that will help move the social care workforce forward over the next three years.

## **2. An update on the Fair Work Forum's progress and an updated timeline for key actions, including any work on sickness pay.**

In response to the recommendations in the Health and Social Care Committee's report titled *Welsh Government draft budget 2023-24*, the Deputy Minister for Social Services wrote to the Chair of the Committee in June providing an update on the work of the Social Care Fair Work Forum. This included a link to the Social Care Fair Work Forum's [annual progress report](#) published in March 23 which also set out the Forum's priorities in 2023. A further update was provided in the summer as part of the Health and Social Care Committee Inquiry on Hospital Discharge and its Impact on Patient Flow Through Hospital.

### Pay and Progression Framework

The updates made reference to the development of a draft Pay and Progression Framework for the social care sector which has been developed in partnership by a sub-group of the Social Care Fair Work Forum. The draft Framework aims to provide more consistent pay, progression, and development opportunities by setting out broad bands of roles within social care, aligned with skills, learning and pay levels.

The draft Framework consultation took place during the summer period, as part of the wider Welsh Government consultation on the Rebalancing Care and Support Programme. Responses are being reviewed and the outcome will be published in due course. A workshop has been arranged in the autumn for the Forum to consider the Framework consultation response and agree on the next steps moving forward.

### Social Care Workforce Partnership Council

The Forum is also progressing work to develop a unique model in the form of a 'Social Care Workforce Partnership Council' for the independent social care sector in Wales. By the autumn, the Forum will agree and establish its broad principles and vision for partnership working and provide a Memorandum of Understanding for voluntary membership. It will then engage with the sector ahead of a phased approach to implementing and testing a voluntary partnership arrangement for social care in Wales.

The overarching aim of this partnership is to agree a minimum set of employment expectations for staff working in the independent social care sector to be adopted on a voluntary basis by employers. The longer-term ambition of the Partnership Council is to embed fair work in the social care sector and for the minimum expectations it agrees to be adopted as minimum standards for all staff within scope in the social care sector.

Officials continue to work in social partnership with the Social Care Fair Work Forum to explore recommendations made by the Forum to Ministers earlier in the year on short-, medium- and long-term action on sickness pay, including work to enhance wrap-around services in areas, such as wellbeing and menopause support, which is currently being progressed.

### **3. Information about plans for further support of unpaid carers (beyond existing schemes).**

The committee recommended the Welsh Government should review how the rights of unpaid carers are being upheld in its June 2022 report on hospital discharge and the impact on patient flow through hospitals. We commissioned the Association of Directors of Social Services Cymru (ADSSC) to undertake a rapid review of how unpaid carers' rights have been upheld during and after the Covid-19 response. This was received in June 2023.

The findings of the report focused on the need for continued greater recognition and self-identification of carers, improving knowledge of and access to carer's needs assessments and the rights of carers more generally. The report also highlighted the impact of the cost of living on carers, who are more likely to be on lower household budgets.

The Deputy Minister for Social Services addressed the Ministerial Advisory Group on Unpaid Carers on 25 September and requested a working group be established to map the findings of the review against our current Carers' Strategy and Delivery Plan. While it appears the findings are covered in the four strategic aims of the current plan, we wish to use the rapid review to refresh and refocus our approach. Access to carers' needs assessments and support plans has been raised as an area for improvement since the establishment of the Social Services and Wellbeing Act. We wish to work with local authorities and the carers' organisations to take collective recognition of the barriers across Wales and share good practice to bring about positive change.

We are reviewing how we promote greater carer recognition and self-identification with the carers' organisations who deliver much of this activity. We are continuing to promote awareness of the Charter for Unpaid Carers, which outlines their rights under the Social Services and Wellbeing Act.

The current national programmes to increase integrated health and social care delivery in the community provide opportunities for increased professional recognition of the role of unpaid carers in the assessment and care planning for the individual receiving services. We are ensuring unpaid carers are named as key individuals in the working documents for these programmes.

- 4. An update on the latest developments and next steps with the national care service, including whether research has been commissioned on paying for care (mentioned in Plenary in June), and confirmation of whether an implementation plan will be published at the end of the year.**

### **Rebalancing Care and Support Programme**

The Rebalancing Care and Support White Paper published in January 2021 set out a range of ongoing challenges facing social care in Wales. As a next step arising from that white paper, a formal consultation launched on 22 May 2023 on the following –

- Development of a National Framework for Commissioning Care and Support which will be a statutory Code of Practice
- Creation of a National Office for Care and Support within Government
- Strengthening Regional Partnership working and integration of services
- Updated Code of Practice under Part 8 of the 2014 Act relating to the role of the Director of Social Services, and
- Draft Pay and Progression framework developed by the Social Care Fair Work Forum.

That extensive consultation concluded on 14 August. Detailed analysis on the 90+ responses received to the consultation is now ongoing with the Summary of Responses Report due to be published in late November.

It should be noted however that any ambitions relating to care now need to be set within the extremely challenging financial environment we find ourselves in.

### **National Care Service Expert Group Report – Towards a National Care Service**

The Expert Group produced a thorough and detailed final report with 46 far-ranging recommendations about how a national care service could be developed with a number of those recommendations aligning with the agenda for the reform of the social sector. For example, there is support in the independent report for the changes the Welsh Government is introducing through the Rebalancing Care and Support White Paper, and the work of the Social Care Fair Work Forum.

These recommendations are being thoroughly considered, particularly in the current extremely challenging economic context which has arisen since this work began. Ministers, the Plaid Cymru Designated Member and Officials are currently finalising the development of an Initial Implementation Plan comprising a three staged



approach, including the research projects such as paying for care time lined into it, with a further statement to be made and its publication planned for late November.

## Health

### **5. The Minister's expectations re. how the reformed contracts for GPs, dentists, and pharmacists will improve access to GPs and other primary care professionals for people across Wales.**

The first phase of GMS Access Standards, implemented 1 April 2023, focussed on systems and processes which would make it easier for patients to contact their GP practice, became mandatory for all practices through the GMS contract, ensuring consistency across Wales. Practices take a forward-looking and planned approach to managing patient need, addressing the 8 am bottleneck we know has been an ongoing issue. The Access Commitment requires GP practices to adopt a blended model of access, offering a mix of remote, face-to-face, urgent, on-the-day and pre-bookable appointments, with people able to contact their practice at any time throughout the day to make an appointment. The recent £5m of funding for Allied Health Professionals will increase the support available to GPs via community resource teams.

For dentistry and contract reform, 2023/24 is the second full year where most practices have chosen to work under dental contract reform arrangements. The reform offer has moved practices away from the universally disliked UDA contract that incentivises activity, to a system that is centred around prevention and the provision of treatment on a risk and needs basis. The reform offer incentivises practices to see new patients. Since April 2022 nearly 244,000 patients who have historically struggled to get access have received a course of treatment. A further 30,000 have received urgent care in the current year.

October will see the introduction of new wide ranging innovative reform in optometry. This will further improve access to treatment, advice, and shared care between primary and secondary care. The overall aim is to provide clinically focused services that diagnose, manage, and treat more people closer to home. Reform of audiology services is ongoing with the same focus on services closer to home. The number of examinations delivered through direct access audiology services is increasing year on year; however, more still needs to be done to roll out direct access to Advanced Audiology Practitioners in all primary care Clusters across Wales.

Since April 2022 'Presgripsiwn Newydd - A New Prescription' has resulted in wide ranging reforms to community pharmacy service provision. This includes the common ailment scheme, which has already been estimated to have saved around 200,000 GP appointments between April 2022 and March 2023. In addition, community pharmacies provide seasonal influenza vaccination and emergency supplies of repeat prescriptions.

## **6. An update on vaccination programmes and their uptake, including routine childhood vaccinations as well as COVID-19 and seasonal flu.**

### **Importance of vaccination**

Vaccination is a critical part of NHS Wales delivery to protect our citizens and communities and has an important role in both prevention and response to serious disease, reducing the pressure on the NHS, social care and other public services. The World Health Organisation (WHO) estimates that vaccination prevents up to 3 million deaths worldwide every year.

### **The role of the Joint Committee for Vaccination and Immunisation**

The Joint Committee on Vaccination and Immunisation (JCVI) is an independent expert advisory committee which advises United Kingdom health departments about immunisations, making recommendations about vaccination schedules and vaccine safety.

### **Winter Respiratory Vaccination Programme**

The Winter Respiratory Vaccination Programme (WRVP) sets out the Welsh Government's plan to protect those who are most vulnerable from COVID-19 and influenza during autumn-winter 2023-24. The 75% uptake target for COVID-19 and flu vaccine has been exceeded for those aged 65 and over for the last three years. This remains the ambition in the WRVP for 2023/24.

### **COVID-19**

As ever, the primary aim of the COVID-19 vaccination programme is to boost immunity in those at higher risk from COVID-19 and to improve protection against severe illness, hospitalisation and death.

In the latest JCVI [advice](#), alongside residents in care homes for older adults, frontline health and social care workers, the clinically vulnerable aged 6 months to 64 years, carers and those living with those immunosuppressed (as defined by the [green book](#)) the Committee recommended a single dose of COVID-19 vaccine be offered to all adults over the age of 65 years. This means the age threshold for a COVID-19 autumn booster now aligns with eligibility for flu vaccination in 2023. The JCVI also [advised](#) the use of both the approved bivalent Omicron BA4-5 mRNA and monovalent XBB vaccines for the autumn programme.

The COVID-19 autumn booster programme commenced on 11 September with BA.4.5 vaccine prioritised for the most vulnerable cohorts, including those in care homes, before switching to the XBB vaccine on 2 October when supply became available. The programme is now rolling out to all eligible groups.

Latest vaccine data shows that vaccination teams have visited every care home in Wales and more than 75% of residents have received their COVID-19 booster

vaccination. Over 45%<sup>1</sup> of the 65+ cohort have been offered a vaccine. Health boards are reporting they are on track to meet the target (set by Welsh Government) of inviting all those eligible by the end of November.

## **Influenza**

Influenza (flu) vaccination is one of the most effective public health interventions to protect people against infection and reduce pressure on health and social care services over the busy winter period.

The groups eligible for a flu vaccine as part of the routine national flu programme 2023-24 are outlined in the [health circular](#) issued to NHS Wales.

Uptake data is expected to be available by the end of October. Our aim is that uptake rates will be improved for all eligible groups in 2023-24 across the duration of the programme but in particular during the main vaccination window, between September and December, in order to maximise protection before the peak of the flu season which is expected at the turn of the year.

## **Childhood Immunisations**

Children and young people are invited for their childhood routine immunisations at specific stages of their development, beginning at 8 weeks old through to 13-14 years old (school year 9). The routine immunisations are summarised on the [routine immunisation schedule](#).

NHS Wales has a target to achieve 95% of children who are up to date with the scheduled vaccinations by age 5 ('4 in 1' preschool booster, the Hib/MenC booster and the second MMR dose) in line with WHO recommendations.

Last August, in light of the polio outbreak in London, and in response to JCVI advice, the Chief Medical Officer for Wales instructed NHS Wales to commence a targeted immunisation catch up programme, focussing on Polio, but with a mind to increase uptake on other childhood vaccines such as MMR, and the 6-in-1. As a result of the catch-up programme, over 3,500 additional children received protection against all childhood illnesses (over 1,500 children receiving a polio containing vaccine), with a high percentage of these children being vaccinated in the most deprived areas ensuring greater equity in vaccination.

Public Health Wales [data](#) for the period April-June 2023 showed uptake of immunisations in infants remained broadly stable. Uptake of the complete three-dose course of '6 in 1' and two doses of MenB vaccine by the first birthday increased slightly but remains slightly below 95%. Uptake of PCV in infants remained above 96.3%.

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<sup>1</sup> This figure will be lower than the true percentage as GP practices do not always enter offer data in a timely way. Where health boards rely heavily on GP delivery this figure is likely to be significantly lower than the actual which negatively impacts the overall percentage for Wales.

The proportion of children up to date with all routine immunisations by five years of age was 87.9% this quarter.

Vaccination teams are making significant efforts to recover and increase uptake to pre-pandemic levels, collaborating with partners to catch-up those children that remain unvaccinated and promoting the importance of vaccination to parents. It is important to acknowledge that our uptake rates in Wales are still very high and compare favourably within the UK and globally.

### **Human Papillomavirus (HPV)**

The HPV vaccine protects against head and neck cancers, as well as cervical cancer. JCVI advice published on 5 August 2022 recommended the vaccination schedule for HPV change from two doses to one for adolescents and MSM under 25 years old. The Committee saw compelling evidence which showed that a single dose of HPV vaccine provides good and long-lasting protection when offered in early adolescence. This change occurred on 1 September 2023 and will be implemented by school nursing team throughout this academic year.

Studies have shown an almost 90% reduction in cervical cancer cases amongst vaccinated groups, and is a useful example of how upfront investment in preventative vaccination not only saves the lives of those young women, but also all the costs that would have gone into the health service in dealing with the consequence of their illness.

Data for the year ending March 2023 shows uptake of the first dose of the human papillomavirus (HPV) vaccine by school year 9 (aged 14) was 69.1%, with uptake of the complete two-dose course by school year 10 (aged 15) was 70.8% (2022/3 annual COVER [report](#)). Of all the vaccinations given to teenagers, HPV uptake continues to be the most impacted by school self-isolation measures due to the COVID-19 pandemic. Uptake data are as at end of March for each academic year presented, final uptake figures are likely to be higher for each cohort as vaccination offers continue throughout the academic year.

### **Shingles**

Shingles can cause severe illness, particularly in older people. One in every thousand cases can be fatal. By vaccinating people to prevent them from contracting the virus, we are protecting individuals and protecting the health service. Data as of February 2023 shows that 56% of 70–79-year-olds have been vaccinated in Wales.

From 1 September 2023, the cohorts eligible for vaccination against shingles were expanded, as advised by the JCVI, to ensure individuals are protected from an earlier age. All newly eligible individuals will be offered two doses of the inactivated shingles vaccine Shingrix® instead of one dose of Zostavax.

The Committee advised that the programme should be implemented in stages, starting with vaccination at ages 65 and 70 years. This means that from September, those turning 65 **and** 70 years old, will be offered the Shingrix vaccine, while maintaining the existing offer for those aged 70 to 79 years. This is the policy across

all the UK nations. [Guidance](#) to NHS Wales was issued with an explanation of how the changes will be rolled out.

## **Mpox**

Mpox is the new preferred term given by the WHO to what was previously known as Monkeypox. An emergency response was implemented in May 2022 to deal with an initial outbreak, followed by the publication of the [UK Strategy](#) for mpox control, agreed by all UK public health agencies. Wales published its revised deployment model on [31 March to ensure all eligible individuals will be offered two vaccine doses \(primary course\)](#).

There are currently no plans to end the availability of the mpox vaccination in Wales, with NHS Wales working closely with key stakeholders to ensure targeted communications are reaching all those eligible for vaccination.

For the period 1 July 2022 to 30 June 2023, data drawn from the Sexual Health in Wales Surveillance Scheme estimate that 69.1% of those eligible have received 1 dose of mpox vaccine, and 4.3% have received 2 doses. These figures may be subject to change following further submissions.

Since the initial outbreak response, Public Health Wales has been considering the establishment of a more robust surveillance system for the long term, though much will depend on the advice of the JCVI in relation to the future of the mpox vaccination programme, which is expected in the near future.

## **National Immunisation Framework**

The [National Immunisation Framework](#) (NIF) for Wales was published in October 2022 to support the delivery of world-leading outcomes in vaccine preventable diseases. Our focus is to boost uptake and remove inequities, to ensure every citizen enjoys the health protection benefits provided by our vaccination programmes. The next in the series of progress reports on implementation of the NIF is due to be published before the end of this year.

- 7. An update on workforce sustainability, including actions being taken to address immediate pressures; improve retention and wellbeing of staff, and; recruit/develop the workforce needed to meet future health and care needs.**

### Maternity and neonatal workforce sustainability

We have introduced an opt-in streamlining process to match midwifery graduates from Welsh universities into appropriate newly qualified midwifery job vacancies across Wales. This approach has helped to ensure equitable and sustainable future planning to fill vacancies across all health boards.

Since 2017, midwifery training places have increased by 41.8% in Wales (from 134 to 190). In addition, we now have two HEIs commissioned for two intakes a year which will assist with the peaks and troughs currently experienced with one academic intake across the year, with available newly qualified midwives to recruit.

We recently commissioned Birthrate® Plus (a tool recognised by NICE for safe staffing within maternity services) to undertake a review of the number of midwives required to meet future needs of women and families. The maternity staffing included maternity support workers who provide essential skill-mix within the workforce. Birthrate® Plus has been working collaboratively with leads of midwifery services to ensure this review informs future workforce planning.

HEIW is currently developing a comprehensive perinatal workforce plan, which encompasses the training, recruitment and retention of healthcare professionals and will help ensure NHS Wales has the right maternity and neonatal workforce in place, now and for the future. The perinatal workforce includes midwives, maternity support workers, obstetricians, neonatologists, anaesthetists, neonatal nurses, pharmacists and allied health professionals. The Welsh Government has tasked HEIW with ensuring the Birthrate® Plus report findings and associated recommendations are informing this work.

### Primary Care

HEIW is responsible for ensuring the primary care workforce is available in sufficient numbers and with sufficient skills to deliver the objectives of the primary care reforms.

Aligned to the Strategic Workforce Plan for Primary Care, HEIW has also produced a series of professional specific workforce plans including the Strategic Pharmacy and Dental Workforce Plans. HEIW has committed to support community pharmacists to train as independent prescribers and provide modern apprenticeship pre-registration pharmacy technician training for community pharmacy employers.

Our investments across primary and community care also support GPs and their practice teams to deliver General Medical Services. Investment in Urgent Primary Care Centres and the 111 Press 2 for Mental Health service are just two examples. The recent funding for Allied Health Professionals will increase the support available to GPs via community resource teams. Our primary care model for Wales recognises that GPs shouldn't always be the first point of contact for treatment and draws on a range of other health professionals to make sure that people receive the right care, in the right place at the right time.

### **8. An update on health boards' in-year financial position, including whether they are on track to meet their statutory duty to break even.**

At the end of the previous financial year all of the local health boards, with the exception of Betsi Cadwaladr University Health Board, failed to meet their three-year breakeven duty. The detailed position against revenue resource limits was laid out in the accounts of the organisations but is summarised in the table below.

<b>Under/(Over) spend against revenue resource allocation limit</b>			
	<b>2020-21</b>	<b>2021-22</b>	<b>2022-23</b>
	<b>£000</b>	<b>£000</b>	
Aneurin Bevan University LHB	245	249	
Betsi Cadwaladr University LHB	490		
Cardiff and Vale University LHB	9		
Cwm Taf Morgannwg University LHB			
Hywel Dda University LHB			
Powys Teaching LHB			
Swansea Bay Univ			
All			

During the 2022/23 financial year health boards were provided with significant additional funding in recognition of both the exceptional high costs of energy experienced that year and the on-going costs of Covid-19. These allocations were provided on a non-recurrent basis. Despite that support five of the seven boards posted annual deficits, with Swansea Bay University Health Board and Betsi Cadwaladr University Health Board achieving a surplus position. The Boards combined recorded an annual deficit of £152 million.

The Welsh Government provided all NHS organisations with a core uplift of 1.5% in 2023-24, to support front line services in the context of the budget settlement. In addition, we have been clear with Boards that the costs of the NHS pay award would, as in previous years, be funded in full. As part of the subsequent planning round, the seven Boards submitted annual deficit plans totalling £648m. Since their submission officials, with support from the Finance, Planning and Delivery team within the NHS Executive, have been working with organisations to scrutinise those plans.

A key element of the submitted plans was that NHS organisations planned to find a combined total of £221 million of savings to meet their declared deficits. This total would equate to a level of savings greater than any achieved in recent years. Therefore, work has concentrated around supporting the identification of those locally planned targets.

As announced by the Minister for Finance and Local Government on 17 October, we have been considering our response to the inflationary impacts on our budget this year. The Health and Social Services MEG received a £425 million increase to its revenue budget as part of that exercise. Through careful financial management we have looked for further opportunities and savings within Health and Social services departmental budget and will be allocating additional funds to the NHS to support the inflationary pressures they have faced this year and also in recognition of the underlying challenge due to the growth in their cost bases as a result of the

pandemic. We have been clear that further improvement from the deficit level in submitted plans will be required.

Finally, given the three-year deficits recorded by the six local health boards last year and the challenge they face to achieve in year financial balance, none of the Boards forecast that they will achieve that statutory break-even duty at the end of this financial year.

All NHS trusts are expected to be financially balanced in 2023-24, as are the two special health authorities.

#### **9. Actions being taken to improve succession planning and attract high quality and diverse candidates for senior public appointments.**

The NHS Wales Public Appointees Task and Finish Group has developed model role profiles and candidate packs. The new presentation helps to professionally promote the NHS in Wales and clearly outlines the role, skills and knowledge required. They also recognise the importance of lived experience and colleagues within the central WG equalities team advised on the accessibility of the language used.

Discussions are taking place regarding diversity in the Public Appointment pipeline and funding has recently been approved for 2023-24 and 2024-25 on a new pilot job shadowing scheme which will ensure pay parity for people who undertake job shadowing. We are currently developing a Campaigns page to increase online presence and raise awareness in driving interest and activity to Public Appointments.

Development of a platform to develop a network for Partnership Teams to share best practice with regards to Equality and Diversity is progressing. We have held a series of sessions with Partnership Teams to provide context and guidance ensuring information is cascaded to Chairs and Board Members in developing specific and relevant diversity objectives as part of their performance appraisal. The Welsh Government have commissioned - utilising the support of Chairs and key equalities organisations - a high-level leadership programme for Board development, especially for those from disabled and Black and Asian Minority Ethnic communities who are nearly ready to apply. The high-level leadership courses provide mentoring, Board observation and shadowing opportunities. These Training Programmes went live in July 2023 until March end 2024 and have been revised following feedback received from Year one of the Training programme. This training has been paused as the current delivery partners will cease to operate as a business as of 20th October 2023. We are currently in the process of sourcing alternate suppliers to deliver the training. We are reviewing recruitment process currently taking place to increase participation from Black, Asian and Minority Ethnic and disabled candidates.

All advertisements are sent to equality networks and groups.

#### **10. Information about work being done to understand the impact of commercial determinants on health in Wales, and the levers available to the Welsh Government to tackle/mitigate their detrimental impacts, with specific reference to gambling and ultra-processed food.**

The activity of large companies can play a role in our health. Some of these activities can be positive, for example through employment or by providing services or



products that are essential for health and wellbeing, but some can undermine our health.

The strategies and approaches used by the private sector to promote products and practices that influence our choices which are detrimental to our health have been referred to as the commercial determinants of health.

Markets for certain products like tobacco, alcohol, and unhealthy food and drink are dominated by large companies with huge distribution and marketing budgets and an overriding pursuit of profit over public health concerns.

With increasing attention being paid to the commercial determinants as drivers of non-communicable diseases such as cancer, diabetes, respiratory and circulatory conditions that can result in premature deaths and increasing health inequalities; the more we understand about how these activities shape the physical and social environments in which people live, work, play, learn and love – both positively and negatively, the better we will be able to predict and if necessary, intervene, in order to avoid health damaging consequences.

### Tobacco

The tobacco industry has been responsible for more than 100 million premature deaths worldwide. Most of these have occurred since it was clearly established that tobacco was lethal around 60 years ago. One might imagine that the discovery would have led to steps to close the business or diversify it away from tobacco, but its revenues are greater than ever, and it is still one of the most profitable sectors for investors.

Wales has often been at the leading edge of tobacco regulation. Whilst government regulation in this area can and does have a significant impact, the tobacco industry continues to look to protect its market by developing new tobacco and nicotine containing products.

The tactics in attempting to create a new generation of people addicted to nicotine is most starkly seen in e-cigarettes. Although many areas of tobacco and e-cigarette policy is reserved, the Welsh Government has long advocated for much stronger regulation of the tobacco and vaping industry, in particular to prevent the targeting of vaping products at children and young people. We are therefore working closely with the other UK governments and consulting jointly on proposals to tackle smoking and youth vaping, including looking at ways to reduce the appeal, affordability and availability of vapes to our children. We believe these measures will be stronger and most impactful if undertaken on a four nations basis.

### Gambling

High population consumption or use of products such as tobacco, alcohol, unhealthy food and drink and gambling is often less about individual 'choices' and more as a result of the strategies used by large companies who produce, market, distribute, or sell these products.

There are techniques that large companies can use to drive sales and consumption by targeting certain populations. Companies can also target where they sell their

products to reach as many people as possible who will consume them, for example increasing density of gambling, fast food and alcohol outlets in more deprived areas of the country.

Harmful gambling is a pattern of excessive gambling where the individual has little to no control over the repeated behaviour, and although the negative consequences are substantial and have a significant impact, the behaviour cannot be stopped and may often increase. Harm from gambling can often be distributed unequally, with those most likely to experience harm already experiencing disadvantage in their communities, such as people from socio-economically deprived backgrounds, and those suffering with mental health problems.

In April 2023, the UK Government published the outcome of their review of the Gambling Act 2005 and a White Paper setting out details of the changes they plan to make to reform gambling legislation. A key proposal is the establishment of a statutory levy on gambling operators and a consultation was launched by the UK Government on 17 October with the intention of providing an independent funding mechanism to support gambling research, prevention and treatment in Great Britain.

Officials are working with those in the UK Government on the detail of the proposals and how they will affect Wales, particularly focusing on risk reduction and harm prevention and the development of the gambling industry levy. We are also working with Education Department officials and PHW on how messages on all health topics (including gambling) can be integrated with the new curriculum for Wales.

### Food

The increase in the numbers of overweight and obese people is a global issue. In Wales overweight or obesity affects over 60% of the population and nearly one in three of our children starting primary school.

The food environment shapes our everyday choices, and the availability, cultural desirability, and prices of products can shape what we consume. The food industry influence can be exerted through four main channels:

- Marketing, which enhances the desirability and acceptability of unhealthy commodities.
- Lobbying, which can impede policy barriers such as plain packaging and minimum drinking ages.
- Corporate social responsibility strategies, which can deflect attention and whitewash tarnished reputations; and
- Extensive supply chains, which amplify company influence around the globe.

Although the studies linking ultra- processed foods and adverse health effects are concerning, the evidence is not clear. Many of these foods are energy dense and high in salt, sugar, and/or saturated fat (HFSS) – we already have good evidence of the harms of eating too much of these, and our Healthy Weight Healthy Wales strategy is designed to support Wales to eat fewer HFSS products. Further research is needed to show if there's any adverse health effect from the processing process itself (briefing on ultra-processed foods below).

The Welsh Government are considering a range of approaches in the retail environment to make healthier choices easier for consumers. Officials are currently drawing up new legislation around the promotion and placement of high fat, salt, sugar (HFSS) products in both online and physical retail settings. This will mean that retailers will not be able to encourage the purchasing of HFSS products through displaying them in prominent locations such as at the front of a store or on an online home page and will also not be able to include them in price promotions such as volume-based offers.

### **Ultra-Processed Foods (UPF)**

Although the studies linking ultra-processed foods and adverse health effects are concerning, the evidence is not clear. Many of these foods are energy dense and high in salt, sugar, and/or saturated fat– we already have good evidence of the harms of eating too much of these, and our Healthy Weight Healthy Wales strategy will support us to eat less. Further research is needed to show if there's any adverse health effect from the processing process itself.

UPF also includes foods we encourage as part of a healthy diet like wholemeal bread, wholegrain breakfast cereals, baked beans, tomato-based pasta sauces and fruit yogurts - these can be a convenient and affordable source of some important nutrients.

### **Background**

The Welsh Government and other UK government organisations are advised on nutrition and related health matters by the Scientific Advisory Committee on Nutrition (SACN). In a statement published in June 2023, SACN noted the observed associations between higher consumption of (ultra)-processed foods and adverse health outcomes are concerning [www.gov.uk/government/publications/sacn-statement-on-processed-foods-and-health/sacn-statement-on-processed-foods-and-health-summary-report](http://www.gov.uk/government/publications/sacn-statement-on-processed-foods-and-health/sacn-statement-on-processed-foods-and-health-summary-report). However, the limitations in the NOVA classification system, the potential for confounding<sup>1</sup>, and the possibility that the observed adverse associations with (ultra-) processed foods are explained by established nutritional relationships between nutritional factors and health outcomes<sup>2</sup> mean that the evidence to date needs to be treated with caution. SACN has recommended that further research is required in a number of areas.

There is increasing discussion and debate in the media regarding the implications of UPF on health. At present there is no agreed or consistent definition for UPF and they are not referred to in UK government dietary recommendations.

The term UPF was coined by the NOVA model to describe the most processed food category. NOVA is the most widely used of several different models that have been developed to classify foods by degrees of processing, but it does not consider the nutrient content of foods.

The ultra-processed category includes a wide range of foods and drinks. Many of these are less healthy options, HFSS that we already advise to reduce in the diet such as sugary drinks, cakes, ice creams, pastries, sweets, burgers, sausages and fried/salty snacks. But it also includes foods we encourage as part of a healthy diet

wholemeal bread and breakfast cereals, baked beans, tomato-based pasta sauces and fruit yogurts.

More than half of the UK's calories come from UPF, although most people in the UK find it difficult to distinguish between foods classed as ultra-processed and other processed foods.

Food processing plays a critical role in feeding the population. As well as improving food safety and extending shelf life, it can improve access to affordable nutrition and result in less food waste. It has also helped to eradicate vitamin and mineral deficiencies through fortification. Nutrient fortification of processed foods like bread and breakfast cereals makes a substantial contribution to vitamin and mineral intake, especially in children.

UPF includes infant formula and foods and drinks needed for medical or nutritional purposes (e.g. gluten free products, fortified plant-based milk alternatives).

Messaging to avoid UPF implies that you cannot be eating well if your diet is not made up from fresh food cooked from scratch. But most foods we eat are processed in some way and processed foods help us to prepare meals within the limited time and budgets we have. And just because something is homemade does not necessarily make it a healthy option.

## **Waiting times**

### **11. Waiting times affecting patients referred for diagnosis, care and treatment in England. What information does the Welsh Government have about waiting times for Welsh patients referred for diagnosis, care and treatment in England, given that the reporting of waiting times data in Wales excludes information about the waits experienced by patients on such pathways.**

As part of the regular monthly returns from health boards, data is provided on the number of Welsh residents on an open referral to treatment pathway outside of Wales. This could be in England or Scotland, although the majority are likely to be in England. The waiting time is not split by the stage of the pathway but is an amalgamated figure. The monthly published Welsh statistics relate to Welsh residents waiting at Welsh NHS organisations.

The data received is a month in arrears and relates to patients waiting at non-Welsh organisations.

The latest data, relating to the end of July 2023 shows a total of 26,961 open pathways for Welsh residents at non-Welsh organisations. This is 4% higher than July 2022. The majority of open pathways waiting in non-Welsh organisations are from Powys Teaching Health Board and Betsi Cadwaladr University Health Board. There were 1,869 open pathways over 52 weeks and of these, 50 were open pathways over 104 weeks at the end of July (39 from Betsi Cadwaladr and 11 from Powys).

We do not have data on the number of Welsh residents waiting for diagnostic tests in England.

## **Endometriosis**

### **12. An update on the impact of the appointment of specialist endometriosis nurses in Wales, including (a) on the extent to which women awaiting diagnosis for endometriosis are (and feel) supported and (b) on the waiting times for endometriosis diagnosis and treatment.**

The Endometriosis Task and Finish Group's report in 2018 made clear the need for improvements to ensure that women experiencing endometriosis symptoms receive high-quality care and support in a timely way.

Whilst some progress has been made in addressing the Endometriosis Task and Finish Group's recommendations, it is important to acknowledge that the response to the pandemic, whilst necessary, has meant that we are not as far along as we want to be. It is vital that this work is now progressed as a priority.

The Welsh Government has funded dedicated Endometriosis Nurses within each health board across NHS Wales who are actively spending time with patients in clinics and liaising with their multidisciplinary teams to improve the endometriosis service provision within their respective health boards.

The endometriosis nurse specialists are vital in supporting their local populations seeking care and support for endometriosis symptoms, as well as supporting the wider multidisciplinary team in delivering endometriosis services.

The appointment of endometriosis nurse specialists has been welcomed and these clinicians are making a real difference for women in their local areas.

There are some challenges around absence cover, and referral to the specialist centres and a key aspect in developing the Women's Health Plan will be undertaking demand and capacity modelling to ensure that service provision meets the needs of women throughout Wales.

A formal review of the impact of these roles has not yet been undertaken so it is not possible to assess the impact on waiting times for diagnosis and treatment.

Feedback received by the Endometriosis nurses from patients suggests that although the women are frustrated by the long waiting times for surgery, they appreciate the support provided by the nurses. Some areas report that patients have reported feeling listened too and involved in their care.

**13. As gynaecology has been identified as one of the ‘exceptionally challenging’ specialties which is outside the Welsh Government’s waiting times targets, information about the actions being taken to ensure that addressing long waiting times for endometriosis diagnosis and treatment is not deprioritised as a result.**

Gynaecology is far from being outside the Welsh Government’s waiting times targets. It is, through the national planned care programme, one of the key areas of focus for recovery. We recognised pre-covid that there were national challenges in delivery and a programme of work was established to identify and address some of the delivery challenges. This has continued after the pandemic.

In July 2022, we published the Women and Girls Health Quality Statement. This was the first step in transforming the care received by women in Wales. The quality statement sets out what the NHS is expected to deliver to ensure good quality health services to support women and girls through the course of their lives.

In December 2022, the NHS published the discovery phase of the NHS Women’s Health Plan which has been developed with significant input from women in Wales. The discovery phase report presents the state of the nation for women’s health in Wales, combining an evidence review of women’s health with the voices of women and girls in Wales. Following the consultation of over 3,800 women, this report builds the foundations for the development of a Women’s Health Plan for Wales.

The publication of the first phase of the Women’s Health Plan represents the start of a conversation and covenant with women over the next 10 years, taking the ‘A Healthier Wales’ approach of coproduction and demonstrates a clear commitment for the Women’s Health Plan to be driven by the voices of Welsh women and girls.

We have made a strong commitment to ensuring there are improvements to women’s health services in Wales, which includes provision for endometriosis support, diagnosis and treatment.

Health boards are responsible for delivering high quality gynaecology services and it is vital they provide a robust and effective pathway, which includes early diagnosis, for the management of endometriosis in accordance with the National Institute for Health and Care Excellence (NICE) guidance.

The NHS Executive is currently establishing the Women’s Health Network. The Network will be responsible for developing the Women’s Health Plan. It is expected that the Plan will build on the recommendations from the Endometriosis Task and Finish Group.

In April 2022, the programme for transforming and modernising planned care and reducing waiting lists in Wales was published. The publication of the recovery plan puts a specific focus on seven specialities, one of which is gynaecology, as well as setting an ambitious timescale for achieving recovery.

To support the plan, the NHS Executive (hosted by Public Health Wales), are initiating a number of programmes and Clinical Implementation Networks (CINs) that will sit within the Strategic Programme for Planned Care. By recognising the need for a whole system approach, CINs have been developed and will be led by National Clinical Leads who will promote implementation of programmes of continuous quality improvement and service transformation, in line with the aims and principles of Welsh Government's Transforming and modernising planned care and reducing NHS waiting lists | GOV.WALES

The Gynaecology Clinical Implementation Network has been established and consists of multi-disciplinary health care providers from all health boards and from both primary and secondary care. The network is led by a clinician whose role is to drive forward and implement best practice, promoting sustainable service models to deliver improved outcomes for patients. The CIN will also contribute to national discussions around enablers including workforce and digital improvements to support implementation of best practice.

The Gynaecology CIN will be linked to the Women's Health Network, but will be separate to the network and the development of the Women's Health Plan. This will allow the Network to look at broader aspects of Women's Health while progress on gynaecology services is still being made by the CIN.

### **Cross cutting**

#### **14. An update on regional partnership boards' and health boards' seasonal planning and their preparedness for winter 2023/4, including any key learning points from last winter.**

### **Planning**

Seasonal planning has now become a core part of the annual planning cycle of Regional Partnership Boards. Over the summer months RPBs have brought health, social care, third sector and other key partners together to shape plans that will help to target resources and activities that will provide resilience for the health and social care sector this winter.

New joint data sets such as the pathways of care delays data is further assisting health and social care partners to jointly understand where system pressures are occurring and helping them to take targeted action to make improvement where needed.

This integrated planning approach and joint activity is critical to ensure all partners can play a full and effective role in building community capacity and prevent escalation of need to help people stay well at home as well as support efficient and safe flow home from hospital for those who need it.

### **Regional Integration Fund**

All activity funded through the RIF directly supports the development and delivery of the six national models of integrated care which includes helping communities to support people to stay well at home as well as enable people to return home from hospital and into their community safely and swiftly.

To build on the services funded through previous programmes, the Regional Integration Fund will enable Regional Partnership Boards to explore new models of care to support with Home from Hospital planning and delivery and implementation of the D2RA framework.

Regional Partnership Boards are taking every opportunity to accelerate RIF funded services and projects, specifically those aligned to:

- Community Based Care: Prevention and Community Co-ordination (£36.1m\*)
- Complex Care Closer to Home (£24.3m\*)
- Home from Hospital Models of Care (£29.6m\*)

\*2022/23 allocated funding

The overall aim is to help people to stay and live well at home, avoid admission to secondary care in the first place and for those admitted to hospital expediting a speedy and safe discharge from hospital.

There is a need to focus on prevention and early intervention to make services sustainable into the future and ensure better health and wellbeing outcomes for people. Social value organisations such as the third sector have received RIF monies from regions totalling £24.6m in year one. This funding is critical to delivering vital care and support services within the community whilst preventing reliance on Primary and / or secondary core services.

Through the RIF, regions have commissioned additional stepdown beds, whilst creating further capacity through intermediate care services - supporting a person in their own home and the development of regional assessment units, providing reablement support within a regional setting where place based bedded intermediate care is not available.

There are several examples of RIF funded activities where specific teams (eg. the Discharge And Recovery Team, DART Flintshire) with an in-built trusted assessor role, who work closely with a step-down facility through the appropriate D2RA pathway. There are also other RIF funded activities which are equally important to alleviate winter pressures, ensuring people remain at home as the first option such as fast track home adaptations, enhanced community care (virtual ward) access and non-clinical interventions through a social prescribing offer.

### **Sharing the learning**

*Home from Hospital:* This Community of Practice continues to work closely with the 6 Urgent and Emergency Goals programme offering feedback on good practice activity from last winter to support optimal patient flow and prompt discharge, emerging resources and planned developments. Colleagues have explored how to ensure that the 'What Matters' approach, enshrined in legislation and a key commitment of the 'A Healthier Wales', is fully delivered in practice so that 'What Matters' ' conversations inform assessments and produce the best possible outcome of home first. They have developed a report to help local and regional partners to



develop more robust approaches to ‘What Matters’ conversations as core elements of the D2RA/Home from Hospital process, and to explore some of the implementation challenges that many partners are facing across Wales. The Community of Practice has contributed to initial thinking in Welsh Government about what a national model for integrated care in this area might look like and how it might be developed.

**15. An update on the operation and impact of Llais, including whether it is now fully operational (including the new social care complaints advocacy service), and assurances on whether the delays and difficulties in introducing new systems and approaches (mentioned in the new ‘First 100 days’ report) are now fully resolved**

From 1 April 2023, Llais replaced and built on the achievements of the seven Community Health Councils in the healthcare system, with an expanded remit to include social care services as well. It was set up by the Welsh Government to raise the power and influence of the voices of people living in Wales in shaping both our health and social care services. It is now fully operational across all of its legislative responsibilities but it should be acknowledged that certain systems and processes still require development.

Llais published their [First 100 days report](#) in August 2023. Highlights included:

- developing and launching a multi-media marketing campaign to promote and raise awareness of their independent role.
- engaging in extensive engagement with citizens, community representatives and groups, carers, the NHS, local authorities, the third sector and similar organisations elsewhere in the UK. There was a specific emphasis on reaching out to groups perceived as hard to reach and traditionally under-represented, including children and young people and Black, Asian, and Minority Ethnic people.
- creating and continuing to develop a new organisation structure to deliver their functions and wider responsibilities locally, regionally and nationally.
- recruiting to a range of new roles regionally and nationally.
- providing a response to Welsh Government’s consultation on the [Code of practice on access to premises and engagement with individuals](#).

*Social care complaints advocacy service*

Llais is rightly using its first year to build and develop its relationships and understanding of social services.

The social care complaints advocacy service is part of Llais’s overall advocacy service, which deals with complaints about health or social services alike.

All of Llais’s complaints advocates have the National Advocacy Qualification. It covers the principles of independent advocacy, the independent advocacy role, communication, and equality and inclusion within independent advocacy.

Llais has increased its complaints advocacy staffing by nine across Wales to support clients to make complaints within the health and/or social services sectors.

To support all of their complaints advocates, Llais has provided staff with learning

opportunities on supporting children and young people; an overview of the social care sector and how to navigate through the social services complaints process. There has also been regionally delivered development to Llais staff and volunteers on safeguarding.

Llais is now in the process of procuring a wider learning programme for its volunteers and staff.

The complaints advocacy teams dealt with 368 complaints during the first 100 days; 19% (67) were about social care services. Issues raised included care needs assessments, access to social services and the way the services were provided.

Llais has published a [Complaints Advocacy Guide](#) to help citizens raise concerns about health or social care with Llais.

Llais is working with the Public Services Ombudsman for Wales to introduce new arrangements for their teams to support people to raise any concerns about the way local authorities (which provide social care) or NHS bodies have dealt with a complaint.

Llais is building links with local authority scrutiny committees and social services teams to drive improvement.

It is working with Social Care Wales and Care Inspectorate Wales to raise public awareness and understanding of each other's roles and activities, and to agree arrangements to share information and refer matters when action is needed.

#### *Introducing new systems and approaches*

The 100-day report noted "delays and difficulties in introducing new systems and approaches . . . with much more work still needed in the year ahead".

Llais staff had full access to end-user computing (laptops, networks etc.) when it went operational in April. Since then, further work has continued to fully implement these functions and fully migrate Llais away from reliance on NHS devices and networks. Final minor work will be completed this quarter.

The new customer relationship management (CRM) platform for handling Llais services is on target for completion in February 2024. This has allowed Llais as a new organisation to develop and scope the system to meet their operational needs. Until the new platform is available, Llais are using the legacy NHS Datix CRM for both health and care functions.

Corporate systems (eg. finance, HR) are provided as services from the NHS Wales Shared Services Partnership with support from Digital Health and Care Wales.

**Eluned Morgan AS/MS**

**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol**

**Minister for Health and Social Services**



Llywodraeth Cymru  
Welsh Government

Huw Irranca-Davies MS

Chair,

Legislation, Justice and Constitution Committee

[SeneddLJC@senedd.wales](mailto:SeneddLJC@senedd.wales)

16 October 2023

Dear Huw

I am writing in response to your letter to the First Minister of 29 September, concerning the UK-Norway-Liechtenstein-Iceland Convention on Social Security Coordination (“the Convention”). The letter has been passed to me for response, as discussions with the UK Government concerning the content of devolved aspects of international reciprocal healthcare agreements, and the impacts and implementation of such agreements, sit within my portfolio.

My officials meet monthly with UK Government officials and officials from the other Devolved Governments to liaise on reciprocal healthcare matters. These meetings include discussion of the development and impact of new international healthcare agreements, as required by the Intergovernmental Memorandum of Understanding in Respect of the Consultation Process for International Healthcare Agreements and their Implementation Regulations.

Since EU exit, the UK Government has been negotiating new social security agreements with Switzerland, Norway, Iceland and Lichtenstein, the aim of the UK Government being to place all these countries on the same basis as the Trade and Cooperation Agreement (“TCA”), which re-instates the majority of the reciprocal health arrangements that prior to EU Exit were provided for by the various EU reciprocal healthcare provisions. The UK-Switzerland Convention on Social Security Coordination came into force on 1 November 2021.

The UK Government’s broad intent regarding the reciprocal healthcare provisions within the Convention has thus been clear and the Welsh Government has been consulted and commented on the content of both this agreement and the previous, similar UK-Switzerland Convention. The UK Government has provided updates on progress on the negotiation of the Convention by UK Government, including assessments of potential impacts and updates on timings.

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

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

Although signed by all parties, the Convention is not yet in force. UK Government officials expect the Convention will be brought into force before the end of 2023 with regard to Iceland and Liechtenstein, and in early 2024 with regard to Norway, once the necessary procedures have been undertaken by their relevant national bodies.

Ahead of the coming into force date the Welsh Government will amend the National Health Service (Charges to Overseas Visitors) Regulations 1989 (“the Charging Regulations”) to add Iceland and Liechtenstein to the countries covered by those Regulations. Norway is already listed in the Charging Regulations as there is a pre-existing limited bi-lateral agreement with the UK (the 1991 Convention on Social Security between the Government of the United Kingdom of Great Britain and Northern Ireland and the Government of the Kingdom of Norway and subsequent supplementary protocol). The amending regulations will be accompanied by an impact assessment including the expected impact to the NHS of the Convention.

All relevant Welsh Government guidance documents and NHS websites will also be updated to reflect the new arrangements with the three countries. Welsh Government officials have informed the Local Health Boards of the signing and provisions of the Convention and will further update once the coming into force date is known.

I trust this answers your questions.

This letter has been copied to Russell George MS, the Chair of the Health and Social Care Committee.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

**Eluned Morgan AS/MS**

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

HSC(6) 30-23 PTN 2

Dear Health and Social Care Committee

We are writing to you to express the importance of including specific financial support for disabled people in the upcoming 2024-2025 budget.

We have all felt the effects of the cost-of-living crisis, but we have not all experienced it equally. We have found that there are disabled people across Wales, forced to live in awful circumstances due to the twin problems of poverty and the cost-of-living crisis. A fifth of the population of Wales is disabled<sup>1</sup> and households containing at least one disabled person is more likely to be living in poverty,<sup>2</sup> disabled people are more likely to be economically inactive or if in work, that work is more likely to be insecure and low wage.<sup>3</sup> Poverty has long been a problem for disabled people living in Wales, but the rising cost-of-living is forcing people into worse and worse circumstances.

The 2023-2024 budget did not provide specific support for disabled people during the crisis and our findings from our report “Barely Surviving the impact of the cost-of-living crisis on disabled people” displays some of the consequences. We found that the financial support available was short-sighted, the cost-of-living payments supporting people to pay one month of bills, but nothing beyond. Disabled people often have more essential costs than non-disabled people, this extra cost of disability has not been accounted for, beyond the support already available.

The consequences are severe. Disabled people reported only being able to eat one meal a day, having to let go of support workers or stop going to vital therapies because of cost, being unable to run access equipment due to costs, in some cases losing their lives.

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<sup>1</sup> Office of National Statistics, Census 2021, “Disability, England and Wales: Census 2021”, 19<sup>th</sup> January 2023, <<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/healthandwellbeing/bulletins/disabilityenglandandwales/census2021#how-disability-varied-across-england-and-wales>>

<sup>2</sup> Joseph Roundtree Foundation, “UK Poverty 2023 – The essential guide to understanding poverty in the UK”, 20th January (2023), p65, <[https://www.jrf.org.uk/sites/default/files/jrf/uk\\_poverty\\_2023\\_-\\_the\\_essential\\_guide\\_to\\_understanding\\_poverty\\_in\\_the\\_uk\\_0\\_0.pdf](https://www.jrf.org.uk/sites/default/files/jrf/uk_poverty_2023_-_the_essential_guide_to_understanding_poverty_in_the_uk_0_0.pdf)>

<sup>3</sup> Department for Work and Pensions, “Employment of disabled people 2022”, UK Government, 26th January (2023), <https://www.gov.uk/government/statistics/the-employment-of-disabled-people-2022/employment-of-disabled-people2022#labour-market-status>

HSC(6) 30-23 PTN 2

These have been difficult years to be a disabled person in Wales. We have been living through a mass-disabling coronavirus pandemic, in which disabled people have been disproportionately harmed. Disabled people have disproportionately been impacted by over a decade of austerity policies and with severe changes to their benefit entitlement from the UK Government, this period of financial uncertainty and continued poverty does not look likely to change.

We are calling for the Budget to include a series of recommendations and for certain questions to be asked of what we need and what is missing.

- The Welsh Government, health services and local authorities in Wales should provide specific support for the running and maintenance of disability related equipment, to ensure that all disabled people are not financially impacted by their need to use certain equipment.
- Welsh Government to urgently review its policy on social care charges, including whether the disregards for disability related expenditure are adequately protecting disabled people on low incomes with high costs.
- Urgent action to recognise and tackle mental health issues amongst disabled people, including pathways to accessing appropriate mental health support whether from social care, other areas of the health service and/or through peer support, such as from disabled people's organisations.
- Food subsidies should be considered to reduce the cost of food in shops. To supplement this, the Welsh Government and Local Authorities should provide support to and nurture the creation of community food schemes. These schemes should include accommodation for dietary requirements and include options for access requirements.
- Public transport, such as buses and trains, should be taken under public ownership to be delivered as a public service, including measures such as reduced ticket prices with the eventual goal to make public transport in Wales free.
- Provision of resources and capacity building measures to ensure the establishment and sustainability of at least one Disabled

HSC(6) 30-23 PTN 2

People's Organisation in every local authority, to support coproduction of policies and services with public bodies, including peer support schemes for disabled people

- Commitment from the Welsh Government to prioritise tackling the extra cost of disability

You can find our full report here: <https://www.disabilitywales.org/wp-content/uploads/2023/07/Barely-Surviving-cost-of-living-report.pdf>

Kind regards,

Megan Thomas

Policy and Research Officer

Disability Wales





Russell George MS  
Chair  
Health and Social Care Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

25 October 2023

Dear Russell,

The Health, Social Care and Sport Committee recommended we review how the rights of unpaid carers are being upheld in its report on hospital discharge and patient flow in June 2022. We commissioned the Association of Directors of Social Services Cymru (ADSSC) to undertake a rapid review and this was received in June 2023. I wish to update you on the findings of the report and our plan to take forward. The report will shortly be published on the ADSSC website.

### The findings were:

**Impact of COVID-19** – The report noted the significant negative direct and indirect impact on unpaid carers from Covid-19, and the legacy of poorer health outcomes of those receiving care. The report highlights the concern of some unpaid carers about the loss of day opportunities for the person in receipt of care. ADSSC have undertaken a separate review of day services. Policy officials for unpaid carers and day services are liaising to ensure impacts are known.

**Financial** – The report noted the significant impact of the current cost-of living-crisis on unpaid carers. Carers Trust Wales (CTW) have recently published a paper on access of unpaid carers to financial and statutory support<sup>1</sup> which outlines similar findings to the rapid review. I have previously raised my concerns with the UK Government regarding the level of Carers' Allowance and will consider how to continue to raise this matter.

We provided a one-off £500 payment for carers last year. The Carers Support Fund provides grants for unpaid carers on low incomes to purchase essential items. This fund is providing £4.5m over 3 years (2022-25).

**Carers' rights** – Several years on from the implementation of the Social Services and Well-being (Wales) Act 2014, the review found a lack of awareness and recognition of the rights of unpaid carers.

<sup>1</sup> [finance-briefing-\(eng\).pdf \(carers.org\)](#)



The [Charter for Unpaid Carers](#) is published and funding is provided to carers' organisations to promote awareness of carers' rights and the charter. I accept the findings of the review that there is more to do to encourage and understand those who are reluctant to identify themselves as carers and to ensure that more are aware of their rights.

**Carers' needs assessments** – The review expressed concern at the relatively low number of carers' assessments undertaken by local authorities and the number of support plans subsequently agreed. This is a significant and enduring issue which I wish us to take active steps to address on a national basis.

**Meeting carers' needs** – The report noted access to respite as the most common area of reported provision deficit. We have provided £9m of additional funding over 3 years (2022-25) to Regional Partnership Boards to address this and enable innovative, creative and individualised short break opportunities to unpaid carers. In addition, we have provided £1m to health boards this year to support carers at times of hospital admission/ discharge of the cared for person.

**Recognising and valuing unpaid carers** – I agree with the findings of the report that recognition and valuing of unpaid carers is fundamental to working in partnership and in taking a person-centred approach. It is vital we include unpaid carers in our planning of greater community based integrated models of service provision.

We fund Carers Wales to undertake awareness raising sessions with health and social care staff but, together, we must ensure all statutory agencies are taking responsibility for raising awareness of the very valuable role of unpaid carers and the challenges they often face.

Young carers can often be overlooked in our consideration of unpaid carers and regarding the review's findings, we must ensure we are including this group of children and young people.

### **Next steps**

I addressed the Ministerial Advisory Group on Unpaid Carers on 25 September and requested a working group be established to map the findings of the review against the current Welsh Government Carers' Strategy and Delivery Plan. While it appears the findings are reflected in the four strategic aims of the current plan, I wish to use the review to refresh and refocus our approach.

I consider improving access to carers' needs assessments and support plans as a priority. We wish to work with local authorities and the carers' organisations to develop collective recognition across Wales of the barriers and share good practice to bring about positive change.

We are reviewing how we promote greater carer recognition and self-identification with the carers' organisations who deliver much of this activity and ensuring people are aware of their rights, as outlined in the Carers' Charter.

The current national programmes to increase integrated health and social care delivery in the community provide opportunities for increased professional recognition of the role of unpaid carers in the assessment and care planning for the individual receiving services. We are ensuring unpaid carers are named as key individuals in the working documents for these programmes.

The rapid review is a helpful and timely report that is an opportunity for us to refocus our priorities and be a catalyst for new workstreams that will be overseen by the Ministerial Advisory Group.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Julie', is positioned below the text 'Yours sincerely'.

**Julie Morgan AS/MS**

Y Dirprwy Weinidog Gwasanaethau Cymdeithasol  
Deputy Minister for Social Services

## WAMES' ME/CFS Delivery Plan Proposal for Wales

26 October 2023

WAMES welcomes the DHSC's [Interim delivery plan on ME/CFS](#) for England. We also are pleased that the Welsh Government is

*'keen to review the views of their residents on the interim delivery plan so that they can consider the implications for local policy.'*

WAMES has therefore drawn together some thoughts on the themes and actions in the plan which we believe Wales should also be considering.

### Key actions for Wales:

- Wales-wide commitment to co-production
- encourage biomedical research
- develop a pro-active strategy to educate train and raise awareness amongst professionals
- raise awareness of how people with ME/CFS and unpaid carers can access relevant support
- avoid the 'red flags' of unhelpful language

### Co-production

The English Delivery Plan was developed by the UK government department DHSC through co-production, specifying:

*'we must trust and listen to those with personal experience of ME/CFS'.*

WAMES believes a commitment to co-production is important in normal circumstances, but more so with ME/CFS. As the investigations of the working groups and workshops report, people with ME/CFS have endured decades of conflicting theories about our condition and treatment approaches, and disinterest or hostility from the healthcare profession. In such a climate, even the most well-meaning professionals would find it difficult to develop effective strategies and pathways without the input of a range of lived experience.

### Key action for Wales – Wales-wide commitment to co-production

The Welsh Government's [Social Services and Well-Being \(Wales\) Act](#) 2014 places a duty on Local Authorities to:

*'put in place transparent arrangements where people are equal partners in designing and delivering services'.*

The [Co-Production Network for Wales](#)' slogan is 'All in this together' and advises NHS Wales of the need to:

*"work together as equal partners.  
Co-production definition: shared power and shared responsibility."*

Currently some Health Boards are planning engagement and/or co-production for the expansion of the Adferiad services for other post-viral illnesses. Some Health Boards appear reluctant to engage with service users and their advocates. WAMES would like to see a more thorough Wales-wide commitment to co-production in Health Boards and local authorities, but also at a national level, to develop a strategy or delivery plan. We believe this will reduce the amount of ‘trial and error’ in the development of services and improve outcomes for people with ME/CFS in a timely manner.

## Research

The delivery plan is based on the premise that:

*‘we do not know enough about ME/CFS,  
which must change if we are to improve experiences and outcomes’.*

The Medical Research Council (MRC) has had a funding [highlight notice](#) for ME/CFS prioritising biomedical research over psycho-social research since 2003 and this now particularly welcomes proposals that address one or more of the research areas identified by the ME/CFS Priority Setting Partnership for ME/CFS research.

The Delivery plan’s Research working group identified the need to encourage and support researchers and clinicians to research ME/CFS and establish effective patient and public involvement and engagement (PPIE).

### **Key action for Wales – encourage biomedical research**

For many years research has been done in Cardiff on fatigue and mental health, but has not had a focus on people with strictly defined ME/CFS and fatigue, so has added nothing to knowledge about the condition.

Although the research community is much smaller than in England, there are scientists in Wales who are keen to develop their initial research and contribute to the search for a diagnostic test. WAMES would like to see strategies developed to encourage them, and emerging researchers, to get involved in this and other aspects of biomedical research and to work in collaboration with other research groups throughout the UK, thus speeding up the search for breakthroughs in the understanding and treatment of ME/CFS.

## Attitudes and education of professionals

One group of problems revealed by one of the Working Groups relate to patients not being believed, understood, supported and given equal treatment to other chronic illness groups. Also identified were the limited opportunities for education and training in ME/CFS, at both an undergraduate and postgraduate level for all professional groups, and the problem of out-of-date information remaining in circulation.

### **Key action for Wales – develop a pro-active strategy to educate train and raise awareness amongst professionals**

These problems also exist in Wales and WAMES would like to see the recommended actions for England also taking place in Wales in a coordinated way, with attention to additional problems experienced in Wales:

- develop a strategy to increase our knowledge of public sector professionals’ current attitudes towards ME/CFS, to help show where there are gaps in understanding that need

to be targeted (Action 7). As services for ME/CFS have started launching in Wales their success will depend on the willingness of doctors to accept and diagnose ME/CFS. Other professionals will receive referrals from the new Services and will also need a thorough understanding of the key characteristic of ME/CFS ie Post Exertional Malaise/ Post Exertional Symptom Exacerbation (PEM/PESE) in order to deliver services that will help and not harm. WAMES believes there's a need to begin monitoring and engaging with professionals in every Health Board area of Wales as soon as possible. (Action 7)

- develop a centralised shared learning resource to support the training given to NHS professionals which utilises existing on-line tools that are in line with NICE guidelines. Future e-learning modules should complement them, with a commitment to update. (Action 10)
- a Wales-wide commitment to using trainers in Health Boards with experience in ME/CFS, not just Long COVID. This includes both training in understanding ME/CFS and management approaches.
- a Wales-wide commitment to improving the understanding of fluctuating conditions and energy limiting disabilities throughout NHS Wales. Penalising patients for unexpectedly being unable to make appointments or complete a course of treatment because of the nature of their illness leads to unequal access to healthcare.
- ensure all NHS online information sources and print resources about ME/CFS throughout Wales reflect the revised NICE guideline NG206 and do not contradict each other, including NHS Wales 111. (Action 9)
- encourage all Welsh medical, nursing, education and healthcare sciences colleges to raise awareness and absorb training into their curricula, including using direct patient experience of ME/CFS. (Action 10)
- NHS Cymru to work with the DES to ensure there is a shared understanding of the nature of ME/CFS and the needs of children and adults in education, and provide centralised updated guidance for teachers, teaching assistants and home tutors on education for children with ME/CFS in school and remote guidance for those who cannot attend school. (Action 11)
- improve understanding of ME/CFS in social care by supporting the BASW in their commitment to raise awareness and knowledge with the social work profession. And develop shared educational resources and protocols between NHS Cymru and CIW so that no one with ME/CFS is refused care due to lack of understanding of PEM/PESE and the fluctuating nature of the condition. (Action 12)
- assess the effectiveness of new services using, amongst other markers, those contained in the Delivery Plan section Quality of Life, (4) and Language use in relation to ME/CFS (Supporting Info).

## Living with ME/CFS

The working group felt there was a need for existing services:

*'to support people with everyday life in better ways,  
while we wait for research to help identify new treatments.'*

The 6 key areas most important to people living with ME/CFS and unpaid carers were:

- *overarching quality of life* – reduced by loss, stigma, disbelief, isolation, practical issues
- education, training for work and social care support (for children and young people with ME/CFS)
- *health services* – difficulty getting a diagnosis & lack of care for ME/CFS is compounded for those moderate, severe, or very severe patients who often struggle to access healthcare for other health needs.
- *adult social care support* – difficult to access and care is often uninformed about PEM/PESE and fluctuating nature of ME/CFS
- *employment support* - inclusive and flexible job opportunities (paid or unpaid) are limited for people with ME/CFS and recruitment processes often are not accessible

## **Key action for Wales – raise awareness of how people with ME/CFS and unpaid carers can access relevant support**

- explore ways that Welsh Government and public services can show recognition that ME/CFS is a disability and encourage reasonable adjustments to enable people with ME/CFS and their families to take part in services and activities to improve quality of life.
- all service planning needs to cater for children and young people and ensure families don't 'face inappropriate investigations and safeguarding referrals to children's social care.' It is important to acknowledge that children and young people can advocate for themselves in some circumstances. For those who are severely or very severely affected they may need a parent or independent person to advocate for them.
- there is a need to scope the extent and nature of the understanding of ME/CFS and services for children and young people across Wales, so gaps can be addressed and lessons learned to develop a strategy for health, education, social care, safeguarding, disability and employment training.
- there is a need to standardise services. Health Boards in Wales are developing services at different paces with little access to experienced ME/CFS professionals, some with no services for children, using different guidelines and with varying degrees of input from patient groups. It is going to be difficult to achieve a uniform level of service across Wales with the additional Adferiad funding.
- look for ways to increase awareness among people with ME/CFS and their unpaid carers of support available from adult social care and how to access it by collaborating with stakeholders to disseminate information and guidance (adult social care services). (Action 16)
- look for ways to increase awareness among people with ME/CFS about how to feed back or make a complaint about care, treatment or service they have received. Many are unaware of their rights under the NHS Constitution and how to navigate the NHS complaints process (health service) (Action 16)
- Unpaid carers find it difficult to get a timely and accurate assessment of their needs as noted in the Welsh Government's [Social Services and Well-Being \(Wales\) Act 2014](#). identify how best to raise public awareness of ME/CFS (Action 16)
- Welsh Government to work with Public Health Wales to ensure that all people eligible for public health screening receive it in a place which is appropriate for them when the individual is not able to attend a central venue.

## Language

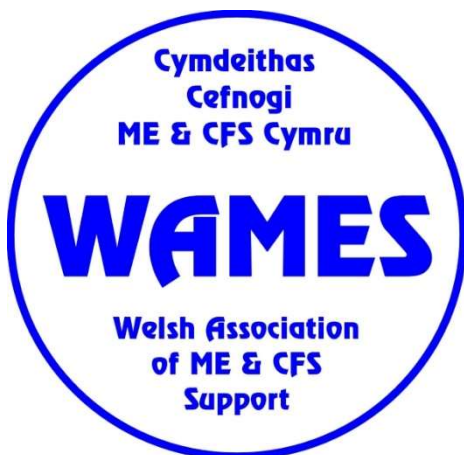
The DHSCC intend to complete a 'Language matters in ME/CFS' guide (Action 15) by the end of July 2024 and this could be very useful, though a long time to wait.

### Key action for Wales – avoid the 'red flags' of unhelpful language

WAMES would like the post-viral services in Wales to learn about the effects of language and the 'red flags' they send up as **soon as** Health Boards begin to name their new service and design their web pages. That includes language that belittles, is linked to views that have been debunked or may have been acceptable for a Long COVID service but cannot always be used for an ME/CFS service without creating the wrong impression and deterring future users. (Action 15)

### In conclusion

WAMES asks the Welsh Government to build on past preparatory work and, like the DHSC in England, embark on a journey to improve the lives of a forgotten community of people with ME/CFS and post-viral illness, with the collaboration of the community itself.



Jan Russell, Chair & Campaigns co-ordinator



Sylvia Penny, Youth & Care Officer



[www.wames.org.uk](http://www.wames.org.uk)

# Agenda Item 6

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

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