

## **Agenda – Health, Social Care and Sport Committee**

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Meeting Venue:

Committee Room 2 – The Senedd

Meeting date: 25 April 2018

Meeting time: 09.15

For further information contact:

Claire Morris

Committee Clerk

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### **Informal pre-meeting (09.15 – 09.30)**

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

(09.30)

#### **2 Inquiry into physical activity of children and young people: Evidence session with National Association of Schoolmasters Union of Women Teachers (NASUWT) and Association of School and College Leaders (ASCL)**

(09.30 – 10.30)

(Pages 1 – 6)

Rex Phillips, National Official Wales, NASUWT

Tim Pratt, Director, ASCL Cymru

Research brief

#### **3 Papers to note**

(10.30)

##### **3.1 Out of hours services: Letter from the Chair of the Royal College of General Practitioners Wales – 5 April 2018**

(Pages 7 – 8)

Paper 1



**3.2 Letter from the Cabinet Secretary for Health and Social Services on the potential implications of Brexit on health and social care services in Wales – 23 March 2018**

(Pages 9 – 13)

Paper 2

**3.3 Letter from the Chair to the Cabinet Secretary for Finance on the implications of the UK's withdrawal from the EU – 22 February 2018**

(Pages 14 – 16)

Paper 3

**4 Motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting**

(10.30)

**5 Inquiry into physical activity of children and young people:  
Consideration of evidence**

(10.30 – 10.40)

**6 Public Health (Minimum Price for Alcohol) (Wales) Bill: Update on Stage 2 procedures**

(10.40 – 11.10)

Document is Restricted



05 April 2018

Dai Lloyd AM  
Chair, Health, Social Care and Sport Committee  
National Assembly for Wales  
Cardiff Bay  
CF99 1NA

## Out of hours services

Dear Dai,

As you may be aware, Royal College of General Practitioners Wales has concerns about the provision of out of hours services. Gaps in rotas have made political and media headlines, and caused public concern. Out of hours needs to be an attractive place to work and we have concerns that this is not the case at the moment.

In Wales we talk about shifting resource to primary care, but when a patient is unable to access an out of hours service they are more likely to contact secondary care through the emergency services.

RCGP Wales believes there are immediate steps that could be taken to improve the situation. These include all out of hours organisations adopting home triage arrangements, an increase in the number of call handlers, the redirecting of patients to other parts of the health system at first encounter and a recognition by health boards of the key role out of hours services place across the health economy.

We would welcome the opportunity to discuss these issues with the Health, Social Care and Sport Committee to establish constructive ways to improve out of hours provision in Wales.

Best wishes,

Rebecca Payne.

**Dr Rebecca Payne**  
**Chair, RCGP Wales**



Llywodraeth Cymru  
Welsh Government

Vaughan Gething AC/AM  
Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau  
Cymdeithasol  
Cabinet Secretary for Health and Social Services

Ein cyf/Our ref MA-P/VG/0964/18

Dr Dai Lloyd AM  
Chair, Health, Social Care and Sport Committee  
National Assembly for Wales  
Cardiff Bay  
Cardiff  
CF99 1NA

23 March 2018

Dear Dai,

Thank you for your letter of 22 February addressed to the Cabinet Secretary for Finance about the potential implications of Brexit on health and social care services in Wales. I am responding given my portfolio responsibility for Brexit as it affects the health and social care sectors.

As the UK leaves the EU, significant aspects of the devolved settlement will no longer be constrained by EU law. Of the 64 areas identified as relevant for Welsh Government, 11 are directly relevant to Health and Social Services:

- Mutual recognition of professional qualifications;
- Organs;
- Blood Safety and Quality;
- Tissues and cells (apart from embryos and gametes);
- Elements of reciprocal healthcare;
- Free movement of healthcare (the right for EEA citizens to have their elective procedure in another MS);
- Elements of tobacco regulation;
- Good laboratory practice;
- Nutrition health claims, composition and labelling; and,
- Food and Feed Law (Food and feed safety and hygiene; food and feed law enforcement).

Officials from the Welsh Government are now actively engaged on groups established by UK Cabinet Office and Department of Health to assess the implications of these returning powers, including the potential need for UK-wide frameworks and ongoing coordination arrangements across the UK post Brexit. Although many of these are in their early stages, officials will seek to protect the interests and promote the priorities of Wales in the development of UK Government policy thinking.

Bae Caerdydd • Cardiff Bay  
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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.

In addition to considering the returning powers, officials are reviewing more than 70 items of Welsh domestic legislation which may need to be amended, mostly in public health and food standards areas.

Officials have worked closely with the Welsh NHS Confederation to elaborate the key risks to services in Wales. The NHS Wales Executive Board has also identified service leaders for the main areas of concern, helping to address aspects of recommendation 3 in the External Affairs and Additional Legislation Committee report '*How is the Welsh Government preparing for Brexit?*' We have ensured increasing lines of two-way communication on Brexit matters, with organisations like Public Health Wales working alongside officials to identify which health protect systems, forums and networks are at risk in the event of a no-deal scenario. Similar arrangements are being developed with Social Care Wales.

I trust this re-assures the Committee that the Welsh Government is linking to key health and care stakeholders within Wales to develop a more comprehensive appreciation of the implications for service delivery and using the information gathered to inform negotiations with UK Government departments.

Let me now turn to the areas you highlighted as particular areas of concern for the Committee:

### **Implications for health and social care workforce following changes to immigration rules**

One of our six Brexit priorities clearly sets out that any new migration system should link migration more closely to employment so we can recruit the doctors, nurses and other workers that we need, while also protecting employees from exploitation.

As noted in our "Brexit and Fair Movement of People" policy document published in September last year, the potential impact of Brexit on EU nationals working in the health and social care sector not only affects doctors and nurses. Other health professions, including healthcare assistants and support workers such as cleaning staff, are also likely to be affected. Indeed, the effects of Brexit migration changes may be most keenly felt in roles requiring less skilled workers in both the NHS and Social care sectors.

The UK Government agreed the phase 1 deal with the European Council in December 2017 which set out the new settlement status for EU citizens in the UK. The UK Government is currently agreeing the legal text of this agreement with the European Parliament. While the UK Government's announcement that EU citizens currently living in the UK will be able to remain is seen as a positive development, we may still see restrictions on migration numbers that impact on the availability of staff, particularly for those groups not on the UK's Shortage Occupation List.

Latest figures indicate over 1,400 EU nationals are directly employed by the NHS in Wales with around 7% of doctors coming from the EU. This represents a significant number of trained, qualified and dedicated staff who could not be replaced in the short term. We are working with Welsh NHS Confederation and NHS Employers to break this figure down further by key roles. Interestingly, while the numbers of EU registered nurses and new registrations have been falling across the UK since the referendum, the number of EU registered nurses working in NHS Wales has increased.

We will ensure our 'Train, Work, Live' campaign continues to target nurses in EU countries if new immigration rules allow post 31 March 2019.

Data on the nationality of workers within the social care sector in Wales is not collected, but 2016-17 figures for similar regions in England (published by Skills for Care) suggest around 3% of jobs within social care are held by people with a non-UK EU nationality and a further 4% were held by people with a non-EU nationality although this can vary significantly depending on the role. For example, for registered nurses within the social care sector, the figures are significantly higher with an EU nationality of around 8%-10% and those with a nationality outside the EU at around 12%-16%. It is also an area where significant resourcing pressures already exist.

We are therefore following closely the work commissioned by the Scottish Government to forecast the number of EU and non-EU nationals within the social care sector in Scotland and will use the emerging findings to inform steps in Wales.

We are also addressing a range of Brexit-related challenges in the programme of work underway within the social care sector to address recruitment and retention issues. This includes:

- Improving terms and conditions by making regulations to limit the use of zero hours contracts and to clearly delineate between care and travel time;
- Professionalising the workforce by extending registration to domiciliary care workers from 2018 and to adult residential care workers from 2020;
- Social Care Wales (SCW) (the workforce regulator) is engaging with the sector to develop a workforce strategy and underpinning plan to identify and address future resource and skills needs;
- A commitment to raise the profile and status of the social care workforce – SCW is developing an attraction, recruitment and retention campaign which is expected to launch in the autumn.

In addition to our direct engagement with the UK Government that I set out above, the Welsh NHS Confederation, NHS Wales Employers and Skills for Care are part of the UK-wide Cavendish Coalition which is actively campaigning for measures to help mitigate potential workforce shortage issues post Brexit. We are working with these organisations to ensure Welsh views are clearly and consistently delivered.

Continued mutual recognition of professional qualifications (MRPQ) post-Brexit will be crucial for the movement of health and care staff. The Department for Business, Energy and Industrial Strategy (BEIS) lead the negotiations for the UK Government and Economy, Skills and Natural Resources lead for the Welsh Government. However, health officials are active participants in the framework discussions, which also include officials from the other devolved administrations. Whilst health professional qualifications are not devolved, social care is devolved with Social Care Wales having responsibility for setting the qualifications required for registered roles in Wales. As social care policy in Wales may diverge from that in England, my officials will ensure the Welsh requirements are fed into the ongoing discussions and negotiations on MRPQ.

## **Research Collaboration and Innovation**

Countries and regions across the world are facing common and significant health and care challenges. Diseases do not recognise national borders and our challenges cannot be addressed in isolation. Continued cross-border collaboration in research, development and innovation, (principally through the Horizon 2020 programme at present), is particularly important and should continue after the UK has left the EU. EU programmes provide opportunities for health and care professionals and businesses to collaborate with each other and work together towards common goals.



We advocate that the UK Government should seek to ensure continued participation for NHS and social care organisations in Horizon 2020 and its successor programmes. We will also make explicit representation to ensure continued access to the 3<sup>rd</sup> Health programme and any successor.

We want our health and care researchers and innovators to continue to work with partners throughout Europe and beyond, building on successes such as our 4-star reference site status in the European Innovation Partnership on Active and Healthy Ageing. To this end, we are strengthening our direct links to other regions in Europe through partnerships with, for example, Basque Country in Spain. We also take an active role in a number of European networks, such as the European Regional and Local Health Authorities (EUREGHA). The newly established Digital Health Ecosystem Wales is a member of the European Connected Health (ECH) Alliance, connecting with 20 ecosystems across Europe, USA, Canada and China with the objective to share good practice, develop relationships and partner on work where there are joint interests.

In the areas of disease prevention, public health and health technologies regulation, my officials are working closely with counterparts in the UK Government and its agencies. For example, we are working with the Medicines and Healthcare products Regulatory Agency (MHRA) on regulatory and supply issues on both medicines and devices. While the regulatory aspects are non-devolved, we will continue to press for close continued cooperation between the EU and the UK to ensure Welsh patients have timely access to the latest new drugs and innovations and Welsh life science businesses can access new markets to innovate and grow. MHRA is also seeking to identify drugs and vaccines whose supply and availability may be at risk in the event of no-deal, enabling us to more accurately identify risks to service delivery in Wales.

### **Reciprocal health care arrangements**

The joint report from the EU and the UK Government on progress during phase 1 of negotiations stated that EU nationals currently living in the UK, and UK nationals currently living in the EU, will be able to continue to reside abroad and will have the same access to health care as they do now. The report also stated that UK residents - who are temporarily in the EU (and vice versa) on the date of the withdrawal - will continue to be eligible for healthcare reimbursement under the European Health Insurance Card (EHIC) scheme for as long as that scheme continues. Future arrangements are subject to further negotiation. Preliminary discussions between Welsh Government officials and UK Government officials have taken place with further detailed workshops scheduled. The Welsh Government will continue to actively engage with UK Government on the rights of Welsh residents to access healthcare after the date of withdrawal.

### **Funding**

With the health and social care taking the largest proportion of the Welsh Government budget, any deterioration in the performance of the wider UK economy will bring further pressure. We will continue to make our case to the UK Government for negotiating outcomes that minimise any economic downturn for the people of Wales.

Closer to home, the First Minister has announced the EU Transition Fund, supported by an initial £50m. This will be developed in partnership with Welsh businesses, public services and other key organisations, to provide tailored support as the UK prepares to leave the EU. Officials are working with stakeholders to identify opportunities for using this funding for innovative projects in the Welsh health and social care sector.

I hope the above information provides you with reassurance that I and my colleagues in the Welsh Government are actively engaged with the process of exiting the EU, and are seeking to ensure continued cooperation in the areas above, wherever and whenever the opportunity arises.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive, flowing style.

**Vaughan Gething AC/AM**

Ysgrifennydd y Cabinet dros Iechyd a Gwasanaethau Cymdeithasol  
Cabinet Secretary for Health and Social Services

# Agenda Item 3.3

Cynulliad Cenedlaethol Cymru

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

National Assembly for Wales

Health, Social Care and Sport Committee

## Mark Drakeford AM

Cabinet Secretary for Finance

22 February 2018

Dear Mark,

In the autumn of 2016, the Health, Social Care and Sport Committee established a set of strategic objectives for the Fifth Assembly and agreed to consider all its work in the context of these objectives. I am writing to you in your capacity as Chair of the Welsh Government's European Advisory Group and in relation to our fifth strategic objective – consideration of the implications of the UK's withdrawal from the European Union (EU).

In November 2016, the Committee raised the issue of exiting the EU (Brexit) with the then Cabinet Secretary for Health, Well-being and Sport and Minister for Social Services and Public Health during scrutiny of the Welsh Government draft budget for 2017–18. At that time, we said there is a need to be confident that work is underway in the Welsh Government to plan for any number of future possibilities, particularly in relation to the key areas of staffing, research, regulation and funding. We further considered the implications of Brexit during our scrutiny of the Welsh Government draft budget for 2018–19.

Our report into Medical recruitment in Wales, published in June 2017, looked at the implications of Brexit for medical recruitment. During our evidence gathering, concerns were raised about the potential and very uncertain consequences of Brexit on health and social care staffing. We concluded that continued dialogue with the UK Government was needed to clarify the ability of EU nationals to continue working in the UK, as well as having the ability to work as medical professionals in Wales in the future.

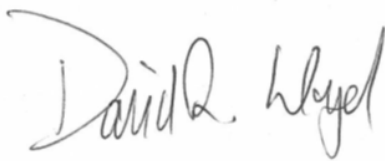


You will be aware that the External Affairs and Additional Legislation (EAAL) Committee published its report 'How is the Welsh Government preparing for Brexit?' earlier this month. The Chair of the EAAL Committee wrote to me to draw specific attention to sections 3.2 and 3.4 of the report, which comment on changes to immigration rules and implications for health following the UK's exit from the EU. We have noted the strength of concern presented to the EAAL Committee regarding disease prevention, health technologies regulation, reciprocal health care arrangements, and research collaboration and innovation. We have also noted that, in your written evidence to the EAAL Committee, you state the implications for health and other public services are being addressed by senior officials across the Welsh Government and co-ordinated through the Cabinet Sub-Committee and the European Transition Officials Group.

Members considered the letter from the Chair of EAAL Committee during our meeting on 14 February. Following that discussion, I would like to request that you provide this Committee with information on how the Welsh Government is looking to ensure continued cooperation with the EU on the matters outlined above and on other matters such as recognition of medical qualifications, maintaining medical research links, and continued cooperation on public health issues.

I look forward to receiving your response at the earliest opportunity.

Kind regards



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

**Copied to:**

Vaughan Gething AM, Cabinet Secretary for Health and Social Services  
David Rees AM, Chair of the External Affairs and Additional Legislation Committee