Agenda – Health, Social Care and Sport Committee

Meeting Venue:
Committee Room 5 – Tŷ Hywel
Meeting date: 15 May 2019
Meeting time: 09.00

For further information contact:
Claire Morris
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1 Introductions, apologies, substitutions and declarations of interest

(09.00)

2 Paper(s) to note

(09.00–09.05)

2.1 Letter from Minister for Health and Social Services regarding Health Inspectorate Wales

(Pages 1 – 3)

2.2 Letter from Deputy Minister for Health and Social Services regarding the Welsh Community Care Information System

(Pages 4 – 5)

2.3 Letter from Minister for Health and Social Services regarding Nurse Staffing Levels (Wales) Act 2016

(Pages 6 – 7)

2.4 Letter from Minister for Health and Social Services regarding Autism Services in Wales

(Pages 8 – 9)

2.5 Letter from the Deputy Minister for Health and Social Services regarding a loneliness and social isolation strategy for Wales

(Pages 10 – 11)

2.6 Letter from the Deputy Minister for Health and Social Services regarding the All Wales Medical Performers List

(Pages 12 – 14)

2.7 Letter from Welsh Government regarding Community and District Nursing Services

(Pages 15 - 17)

2.8 Letter from Wales Institute for Physical Literacy at University of Wales Trinity St David regarding the Report on the Physical Activity of Children and Young People

(Pages 18 - 19)

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

(09.05)

4 Dentistry in Wales: Consideration of draft report (2)

(09.05-09.15) (Pages 20 - 66)

Paper 9 - Dentistry in Wales: Draft Report

5 Inquiry into physical activity of children and young people: Consideration of Welsh Government response

(09.15-09.30) (Pages 67 - 83)

Paper 10 - Inquiry into physical activity of children and young people - Welsh Government response

Research Brief

Provision of health and social care in the adult prison estate: Visit to HM Prison Cardiff

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA-P-VG/1122/19

Dr Dai Lloyd AM
Chair
Health, Social Care and Support Committee
National Assembly for Wales
Cardiff Bay
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3 April 2019

Dear Dai,

Thank you for your letter of 7 March detailing further issues raised by the Committee following the evidence session held on 14th February with Healthcare Inspectorate Wales (HIW).

Powers and Independence of HIW

Following the recommendations of the Marks review a number of matters, including the independence and integration of HIW with the Care Inspectorate Wales (CIW) were consulted on in a White Paper: *Services Fit for the Future* in June 2017. However at that time there was not strong support to change the existing model particularly as HIW, together with CIW are operationally independent. Existing powers of HIW do allow them to identify where services may be failing, to report publicly on this, and to escalate to the health boards and the Welsh Government where they believe that action needs to be taken. I am aware that HIW is considering whether a more formal status or language might be useful in order to communicate in a more timely and transparent way where there are services of concern. I accept there is a need to review and future-proof the existing underpinning legislative framework in which HIW operates to ensure there are no regulatory gaps and they have the necessary powers to discharge their functions effectively. The First Minister has indeed confirmed the need to bring forward a future Bill to address this.

To help deal with some of the challenges faced by HIW to operate efficiently and effectively and in a more integrated way in line with 'A Healthier Wales' aspirations, I have recently provided additional resources to help build their capacity and capability and make the function more sustainable. My officials will be keeping the matter under review and continue to explore with HIW the complexities and deficiencies surrounding their existing legislative framework and the action needed to future-proof it.

Child and Adolescent Mental Health: in-patient provision

There are NHS inpatient beds available in both north and south Wales. These are provided by the North Wales Adolescent Services (NWAS), Abergele and Ty Llidiard, Bridgend respectively. If a patient has very specialised needs, such as learning or physical disability

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or they require secure accommodation, they are placed outside Wales through the Welsh CAHMS Framework which selects providers according to quality, cost and location. The framework is also used to identify beds if there is no capacity amongst Welsh NHS providers.

The Framework providers are monitored through Quality Assurance and Improvement Service (QAIS) who undertake site audits and monitor performance. All patients requiring Tier 4 inpatient CAMHS beds, irrespective of whether they are looked after by a Welsh NHS provider or by a Framework provider are subject to part 2 of the Mental Health Measure and will have a health board/local authority care co-ordinator who is responsible for agreeing and reviewing individual care and treatment plans.

The Welsh Health Specialised Services Committee (WHSSC) receive regular monthly monitoring returns from the two Welsh NHS units identifying bed usage, including the number of patient admissions, discharges and the numbers of patients on home leave. WHSSC also has contract and performance meetings with the health boards and the two units are considered within those wider meetings.

Issues concerning quality are reported through standard health boards' systems and are followed up by the WHSSC quality team and reported through the WHSSC Quality and Patient Safety Committee as appropriate. In addition, WHSSC has recently agreed an SLA for routine annual monitoring of NHS Wales providers by QAIS which manages the Framework. This now ensures consistency between the required quality standards of NHS Wales and Framework providers. In addition both units are currently being managed through the WHSSC quality escalation process and therefore subject to regular quality visits.

WHSSC currently commissions 12 beds from NWAS, however the service has been operating at a reduced capacity of 10 beds over an extended period of time. This is due to significant workforce challenges and the increasingly complex needs of patients. WHSSC is working closely with NWAS through its quality escalation process to return to the 12 bed commissioned capacity. The timing of a permanent return to 12 beds will be determined by clinical risk assessments. Overall, there has been a marked improvement in performance at NWAS during 2018/19 when, at certain points during the year, there was an increase to the full 12 beds. However, this continues to fluctuate due to patient acuity and staffing levels.

The Ty Llidiard service is operating at commissioned capacity, however, since March 2018 there has been a tightening of the admission criteria in response to a risk assessment of the physical environment. The service will continue to operate the admission criteria within the current policy until the remedial works to the building have been completed. Ty Llidiard has been affected by the Bridgend boundary change, therefore, phase one of the building works was handled by Abertawe Bro Morgannwg University Health Board during 2018/19. Cwm Taf University Health Board will undertake phase 2 within the next 6 months.

The issues described above have led to a small number of patients (6 in the last year) being placed out of area where they previously would have been able to access NHS services in Wales.

Review of Maternity Services

Following investigations into maternity services at Morecambe Bay NHS Foundation Trust, the Parliamentary and Health Ombudsman (PHSO 2014) in England recommended that midwifery supervision and regulation be separated and that the Nursing and Midwifery Council (NMC) should be in direct control of regulatory activity. As a consequence statutory supervision of midwifery was removed and the employer led model for Wales was launched

in April 2017. The model incorporated a number of broad principles which included clear governance structures for responsibility and accountability, and embedded key performance indicators holding health boards to account by Welsh Government for delivering clinical supervision for midwives.

Welsh Government expects the NHS in Wales to take action to deliver maternity services which place the needs of the mother and family at the centre so that pregnancy and childbirth is a safe and positive experience where women are treated with dignity and respect. This model of supervision is based on the ethos of 'supporting midwives to support women', and provides arrangements to achieve organisational learning rather than be part of a national inspection or assurance function. To date the model has been well received and there are links with the governance teams at local level to ensure learning and improvement whilst retaining clear separation from the regulatory function of the Nursing and Midwifery Council."

In response to a number of serious incidents identified in Cwm Taf University Health Board indicating cases of poor outcomes for mothers and babies, closer scrutiny of the governance and the quality and safety of care being provided was initiated by Welsh Government. Immediate action was taken and an external review of midwifery services was undertaken by the Royal College of Gynaecologists. The findings from the review and the immediate actions required were included in my Written Statement to Assembly Members in January. The final report is expected to be published this month and I anticipate this may identify further learning for the health board and maternity services more generally. I have also been told by HIW that they are planning to conduct a thematic review of maternity services in Wales in the coming year.

Communication with Assembly Members

I note your comments regarding the publication of the Kris Wade report by HIW but as they are operationally independent of Welsh Government this is a matter for them. However, I have asked HIW for a response to this matter and they have provided the following: "We have procedures in place which govern the publication of our reports and we aim to publish each of our reports in a consistent manner. This is to try and ensure our reports are seen as objective and independent; that reporting of our findings is accurate and sensitive; and that decisions regarding timing and handling are not regarded as being inappropriately influenced by political considerations. We are looking carefully at our procedures to consider whether there is a need for change for all reports, or potentially for a specific class of report".

I hope this is helpful.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Julie Morgan AC/AM
Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services

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Our ref : MA-P/JM/0329/19

Dr Dai Lloyd, AM
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
Cardiff Bay,
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4 April 2019

Dear Dai

Following my appearance on 14 February, giving evidence to the Health, Social Care and Sport Committee's Inquiry into the Social Services and Well-being Act 2014 and its impact on carers, I confirmed at the time that I would respond to you about the points raised about the Welsh Community Care Information System (WCCIS). I can now provide you with the following information.

A Healthier Wales reaffirms the Welsh Government's commitment to introduce WCCIS across Health and Social Services in Wales. This system will provide for the seamless service envisaged in our shared plan. As a national programme of scale, it is being delivered through a phased roll-out and 13 organisations have already adopted it with over 11,000 users.

The Welsh Government continues to work closely with partners on planning implementation to ensure effective benefits realisation. For the organisations that have signed deployment orders the latest go-live date is January 2021. We will continue to progress the sign-up and deployment orders for outstanding organisations. We have been very clear that this is the expected system for use across Wales through the national procurement. Whilst local authorities will need to make their own individual decisions, the NHS is required to use this system. Health Boards are quite properly ensuring local assessment and cases, particularly in respect of the business change the system offers. We will be reviewing and aligning funding options for digital to this key "A Healthier Wales" objective.

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Where WCCIS has been implemented, immediate benefits have been reported. Frontline practitioners, in particular, have been positive about the system's ease of use, improved

accessibility to information. Reductions in staff travelling time have also been achieved, meaning more time spent with clients and patients. At its core is the commitment for consistency of data and information across the health and social care interface.

In A Healthier Wales, Welsh Government have committed to accelerating the roll-out of WCCIS, so that these benefits can be fully realised across the country.

Yours sincerely

Julie Morgan AC/AM
Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
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Ein cyf/Our ref: MA-P/VG/1255/19

Dr Dai Lloyd AM
Chair
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8 April 2019

Dear Dai,

Thank you for your letter of 25 March in which you posed an additional question regarding the Nurse Staffing Levels (Wales) Act 2016.

I am aware of the concerns raised during stage 1 of the Bill process about the potential for health boards to ensure compliance with calculated nurse staffing levels by inappropriately moving staff from other settings which could negatively impact the care of patients in those settings.

This debate during the scrutiny process led to section 25A being included in the Act which puts a duty on health boards and trusts to "*have regard to the importance of providing sufficient nurses to allow the nurses time to care for patients sensitively".* This duty applies to any setting where nursing care is provided and also where nursing care is commissioned. The purpose of this section is to ensure that nursing staff won't be taken from a ward to the detriment of patients on that ward solely to ensure that an adult acute medical or surgical inpatient ward could meet its nurse staffing level. The fact that it was inserted as the first section of the Act was in part to convey its overarching nature.

Health boards have a duty to manage the risks to patients across the services they provide, ensuring that those risks do not become intolerable in any one area. This sometimes requires the movement of nursing staff from one area of the health board to another.

Nurses are sometimes moved from one ward to another to support high pressure needs/demand, and this is not new or exclusive to Wales. Having a systematic legal mechanism in place to ensure regard is given to patient care in all settings, and standardising the processes of planning nurse staffing on medical and surgical wards will help ensure that those movements are done in as methodical way as possible and aren't done to the detriment of patients on other wards.

The responsibility for ensuring compliance with section 25A lies with the health boards, and the reporting templates both for the boards' internal annual reports and the three-yearly reports to be submitted to Welsh Government include a section for articulating the processes used to meet that duty.

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As the first internal health board reports are scheduled to be tabled at their May board meetings, the Chief Nursing Officer has liaised with the Executive Nurse Directors to gain a brief overview of the narratives they will be including with those report papers. All health boards have given assurances that they have processes in place to ensure compliance with section 25A of the Act and that nursing staff are not inappropriately moved to adult medical and surgical wards from those not covered by sections 25B and C. These processes include: established daily huddles to consider staffing and patient demand across the service and escalation policies (which have become more robust since the implementation of the Act); the application of the triangulated calculation method in all areas despite the Act not explicitly demanding so; and robust and transparent processes of staff movement with senior nurse oversight.

I hope you find my response helpful.

Yours sincerely,

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Dr. Dai Lloyd AM
Chair
Health, Social Care and Sport Committee
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10 April 2019

Dear Dai,

Thank for your letter of 25 March about the delivery of autism reforms and your invitation to attend Committee in the summer. I would be very pleased to accept that invitation.

The full report of the independent evaluation of the Integrated Autism Service was published on 1 April. This was accompanied by a Written Statement issued on 3 April, which provides an overview of the evaluation outcomes and our next steps. It also explains the further research being undertaken on barriers to improving diagnostic waiting times and alignment between children's neurodevelopmental services and the Integrated Autism Service. This research was completed during March, and we anticipate the report being available by June. Moreover, I will continue to monitor the implementation improvements to services for autistic people. A further two year independent evaluation is planned, and the contract for this work should be awarded by the summer.

As you will be aware, I initiated a public consultation on our proposals for the Code of Practice on the Delivery of Autism Services, which closed on 1 March. Sixty responses were received. During the three month consultation process my officials engaged with a range of stakeholders including through four large stakeholder consultation events in Llandrindod Wells, Swansea, Llandudno and Cardiff. These events were well attended and generated valuable feedback to inform the development of the code. A summary of the consultation feedback will be published by June and my officials are establishing technical groups to provide expert advice on the development of the code. We aim to publish the draft code of practice for public consultation by December this year.

I am also pleased to confirm that the Integrated Autism Service is now operational in all areas in Wales. I acknowledge that due to the phased roll out of the service some regions are better established than others. We will continue to embed and improve the service over the next two years.

I will publish the second annual report on the delivery of the autism strategy by June. After publication, I welcome the opportunity to discuss the outcomes achieved over the last operational year and to provide an update on future delivery plans.

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Yours sincerely,

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Minister for Health and Social Services

Agenda Item 2.5

Julie Morgan AC/AM
Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services

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Ein cyf/Our ref MA-P/JM/1564/19

Dai Lloyd AM
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25 April 2019

Dear Dai,

With over a year having passed since the publication of the Health, Social Care and Sport Committee's valuable report on loneliness and social isolation, I wanted to update the committee on the progress made to date by the Welsh Government on tackling these important issues.

We remain committed to developing a cross-government strategy which will cover all ages; from children and young people feeling lonely or isolated due to being bullied at school, to older people as they move away from home and into residential care.

You will be aware in October last year we launched the consultation document 'Connected Communities'. The response to the document and the four public consultation events we held was overwhelming, with many wide-ranging comments and examples of successful interventions. Some of the key messages raised will no doubt be familiar to committee members: the importance of reducing stigma, better access to information and the need to develop and support local solutions and community resilience.

On 29 March, I issued a Written Statement highlighting some of the key messages from the consultation responses and a statement about the next steps we propose to take:

https://gov.wales/written-statement-connected-communities-outcome-loneliness-and-social-isolation-consultation

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https://llyw.cymru/datganiad-ysgrifenedig-cysylltu-cymunedau-canlyniad-yr-ymgynghoriad-unigrwydd-ac-ynysigrwydd

The Written Statement contains a link to the full consultation summary report.

To help shape the strategy, my officials continue to engage with colleagues across the Welsh Government, colleagues in the Scottish and UK Governments, external stakeholders and to visit projects working to address loneliness and isolation.

In line with the committee's recommendations, we have also commissioned two pieces of research:

- A review of the impact loneliness and social isolation can have on health and well-being and increased service use.

- A review of intergenerational contact, loneliness and social isolation.

The findings of this research will be published shortly.

Over the coming months we will continue to work across government and engage with external partners to develop a final strategy for publication in the autumn and raise awareness and reduce stigma by way of a national conversation/campaign.

Yours sincerely,

Julie Morgan AC/AM
Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services

Agenda Item 2.6

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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Ein cyf/Our ref MA-P-VG-1352-19

Dr Dai Lloyd
Chair
Health, Social Care and Sport Committee
National Assembly for Wales
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25 April 2019

Dear Dai,

Thank you for your letter of 25 March in response to my letter to you of 19 February regarding the All Wales Medical Performers List.

To confirm a few amendments are proposed to the National Health Service (Performers Lists) (Wales) Regulations 2004 ("the 2004 Regulations").

Reassignment of performers

As the National Health Service (Wales) Act 2006 currently stands, performers need only be on one Local Health Board (LHB) list to work in any LHB area in Wales. Performers are removed from a LHB's performers list if they have not worked in an LHB area in 12 months. The performer would then need to apply to the LHB area in which they are working.

It is recognised that the requirement for a new application when an applicant moves from one LHB area in Wales to another increases the administrative burdens on performers. We will therefore pursue the possibility of providing a system of transfer or reassignment where a performer moves to a new LHB, subject to appropriate safeguards, to minimise burdens and delay. The details will be considered further.

Provision of references, professional experience and qualifications

I originally amended the 2004 Regulations to streamline the application process and reduce the administrative burden for those performers who are already on a Performers List elsewhere in the UK who want to apply for inclusion in the Welsh Performers List. This was by way of allowing applicants to provide their consent for the LHB to obtain previous clinical references, professional experience and qualifications from the Primary Care Organisation (PCO) where the performer is currently listed. However, in response to the consultation, it appears that some applicants have experienced delays by NHS England submitting this information to the NHS Wales Shared Services Partnership and consider that providing some of the information themselves would reduce delay.

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I therefore propose to amend the 2004 Regulations to allow for an existing performer to provide either (i) the names and addresses of two clinical referees and updated professional experience and medical or dental qualifications; or (ii) their consent for the LHB to obtain previous clinical references, professional experience and qualifications from the PCO where the performer is currently listed. Alternatively the applicant could provide both (i) and (ii).

Miscellaneous Amendments to the 2004 Regulations

In addition to the proposed amendments above, we are considering making other miscellaneous amendments to the 2004 Regulations to assist in reducing the bureaucracy in existing arrangements.

Option 3 – amend the current Regulations to allow a GP or GDP Performer to be automatically listed on a LHB's list if they are already on a PCO performer list, with no requirement to submit an application or provide relevant information and documentation

This option did receive the majority of support. However, it should be noted that a number of the responses submitted in support of Option 3 from north Wales were the same and gave no commentary or evidence as to why Option 3 was preferred.

Given, however, the number of responses supporting Option 3, my officials did discuss this option with LHBs at one of their regular meetings. The representatives from the LHBs confirmed they would not support Option 3 from a governance point of view.

Option 3 does pose a risk to patient safety as there would be no checks or balances done in Wales on the Performer. For example, although the Performer would be listed on a PCO list, that Performer may be under investigation, have conditions imposed on their inclusion in the PCO list, working under supervision or may have a criminal conviction which could have been committed since their last Disclosure and Barring Service enhanced criminal certificate was submitted to NHS England. So whilst NHS England, for example may have included that Performer with conditions attached, if the same scenario occurred in Wales with a Performer, the Medical Director/Responsible Officer of an LHB may have refused inclusion in the Performers List or if already included, removed the Performer from the Performers List. So if a GP or GDP Performer were to be automatically listed on a LHB's list if they were already on a PCO performer list, it would remove the decision making process from Medical Directors/Responsible Officers of an LHB to make a decision on that Performer on clinical governance grounds.

As stated in the response to the consultation, a National Audit Office (NAO) report (published 17 May 2018) found that patients could potentially have been put at risk because of problems with Capita's administration of the performers list in England. Delays in processing new applications and making changes to existing performers, including whether GPs, dentists and optometrists practising in the NHS were suitably qualified and had passed other relevant checks, resulted in potential risks to patient safety, especially in cases where performers should have been removed from a list.

Allowing a performer registered in England to be listed automatically in Wales could therefore compromise patient safety. This reinforces the importance and supports the LHB's views that we need to undertake our own checks and balances on those performers who wish to perform in Wales.

I hope this has clarified the position.

Yours sincerely

Vaughan Gething AC/AM
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 2.7

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group

Llywodraeth Cymru
Welsh Government

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

Our Ref: AG/SOT

25 April 2019

Dear Dr Lloyd,

Transformation Fund Proposals – Community Nursing

Following request at the Health, Social Care and Sport Committee meeting of 21 March, I am writing to share further information relating to community nursing elements referenced in approved Transformation Fund proposals.

Community nursing is reflected in almost all proposals though mainly in the shape of integrated services and integrated community themes. The following extracts and key points from proposals highlight the role of community and district nursing services more explicitly:

Cardiff and Vale – Me, My Home, My Community - £6.9m

- Identifying people who are at risk and actively supporting them to remain as independent as possible – This project will provide support for identifying and managing people in need of support. An administrator will be recruited and based in one of the Cluster Practices. A Discharge Liaison Nurse will access clinical records via the Vision 360 system linking the Cluster. A link worker in each practice to coordinate work of discharge liaison nurse with practices. Cluster pharmacists will facilitate medicines reconciliation post discharge.

- Multi Disciplinary Team – A Lead GP will be recruited with locum backfill for protected time. A Multi-disciplinary team will be set up with community based health and social services and secondary care. Meetings will be held on rotational basis in Cluster Practices. Outcomes will be recorded using IT guidelines set up in Vision system.

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Gwent – Implementing a seamless system of health, care and wellbeing - £13.4m

- Integrated Community Teams: "The service presented in this offer will be a remodelled, integrated service- it will be multi-agency, delivered on a local authority footprint, will include specially trained domiciliary care staff, nurses, and consultant geriatricians, managed through a single access point (SAP) and single management structure. It will take the key learning from the 'My Care My Home' model and bring together the added value and synergy that is afforded by working through local authority partners."

- Compassionate Communities (Burtzorg model) and Single Point of Access.

- Dental services for children under five including "the appointment of a dedicated Oral Health Improvement Practitioner (OHIP), a Designed 2 Smile Therapist and a Dental Nurse to expand the child access pathway, supporting children to access to local dental services, identifying children absent from school with toothache as a priority."

- Refocus the work of School Health Nurses to enhance emotional wellbeing support for children (whilst continuing core tasks such as immunisation)

North Wales

Together for Mental Health - £2.2m
Seamless Services for People with Learning Disabilities - £1.6m
Community Services Transformation- £6m
Children, Young People and Families - £3m

- Community Resource Teams: navigation, co-ordination, managed care and support, crisis response

- Integrated teams as part of establishing a fully integrated cluster model, based on the Compassionate Communities model

- Collaboration with specialist Care of the Elderly clinicians to enable enhanced support for older people in the communities (at home or care home)

West Wales – A Healthier West Wales - £11.9m

- Multi-disciplinary Fast Access Community Team: will integrate care pathways by existing and new multidisciplinary professionals providing capacity to look after many more patients in the locality, avoid hospital admissions and facilitate early discharges. GP home visits will be reduced by employing advanced practitioners as part of this team. They will then be able to use their skills more appropriately in managing patients with complex medical issues in the community.

- This service will reconfigure and enhance existing services and will be organically linked to community resource team, GP practices. It will be flexible, adaptable and responsive, based upon the longitudinal care of GMS. The aim is to free GPs from providing unscheduled care that could be provided by others (advanced practitioners,

pharmacists etc.). This will allow time to develop the multidisciplinary working needed to enable more complex cases to be cared for successfully in the community.

- Depending on the locality model in a given area, the service could also be used to incorporate the Dr First/Triage/Signposting Service to co-ordinate the workload to relevant professionals and agencies, to manage many requests for unscheduled care in primary care, signpost to the most appropriate professional, thus contributing to the sustainability of General Practice in the locality. We will also be able to offer Skype consultations and face to face appointments with a variety of healthcare professionals which will allow the triage of patients from A+E into primary care therefore reducing the pressures on unscheduled care.

- "The pathway will be a truly integrated approach with access to medical ART (Acute Response Team) and rapid response domiciliary care as well as support and assessment by appropriate health and social care professionals including community nursing, physiotherapy, OT and Social Work."

Western Bay

Cwmtawe Cluster, Whole System Approach - £1.7m
7 Cluster roll out, Whole System Approach - £8.8m
Our Neighbourhood Approach - £5.9m

- A cohesive set of proposals based on the 'What matters to me' approach and aiming to co-ordinate and connect community-based services, including intermediate care services, and strongly cluster-led; this means PC practice nurses will be involved in an integral way.

I trust my response gives you and the Committee members some insight into the transformation of community based medicine.

Yours sincerely

Dr Andrew Goodall CBE

Agenda Item 2.8

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University of Wales
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ATHROFA LLYTHRENNEDD CORFFOROL CYMRU
WALES INSTITUTE FOR PHYSICAL LITERACY

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Dear Dr Lloyd and members of the committee,

I would like to take this opportunity to formally respond to the Physical Activity of Children and Young People report on behalf of the Wales Institute for Physical Literacy at The University of Wales Trinity Saint David (UWTSD).

I am delighted that the Committee have recognised the important role that early childhood plays in the development of physical literacy, and as such physical activity throughout the life-course. The early years is a unique window of opportunity when young children are excited by movement and are still highly motivated to be active and engage in vigorous and imaginative play. The recent First Minister's Manifesto (2018) identifies the need for a healthier Wales with a 'focus on preventing and intervening earlier'(p18). To capitalise on this window of opportunity in early childhood requires skilled staff with an understanding of motor development. SKIP-Cymru is a programme of professional development that enables Early Years staff to teach children the motor competence and confidence for later physical activity. These early foundations are crucial 'to support longer healthier happier lives promoting physical and mental well-being and resilience among young people' (First Minister's Manifesto, p 19)

As also highlighted in the First Minister's Manifesto 'Wales has led the world in early years education' (p24). If the SKIP-Cymru programme is rolled out nationally, as per recommendation 5 of the report, then Wales once again will be leading the world in addressing what is a global issue in relation to declining levels of motor competence and in particular addressing issues associated with deprivation. We know that children in areas of socio economic deprivation are more likely to be delayed in their motor development and as such at greater risk of a spiral of disengagement in physical activity and a negative health trajectory. This deprivation gap is highlighted in the recommendations, and is also highlighted in the manifesto stating that 'we can and must alleviate the worst effects of poverty in children's lives' (p 26).

I am pleased to see recommendation 1 identifying the need for a national measurement framework, but would suggest that this needs to also include motor competence in early childhood. Motor competence in early childhood is strongly associated with later physical activity. There is currently no data for children's motor competence in Wales (or the wider UK) other than a small sample from ongoing post graduate studies which are showing 100% of pupils in areas of deprivation having extreme developmental delays in their motor skills.

SKIP-Cymru includes aspects of working with parents and families and as such also contributes to the need to focus on family orientated approaches highlighted in recommendation 3 and builds a strong school and community ethos for valuing movement and physical activity, supporting recommendation 11.

We know from evaluations of the pilots of this work that children make significant improvements in their motor skills, but more than that staff and parents have reported increased levels of confidence, increased physical activity in school and at home and higher engagement in learning.

We would welcome the opportunity to further discuss a phased roll out of SKIP-Cymru across Wales and the revised costings for this work. The 2018 manifesto highlights the need to 're-engineer existing funding programmes to have maximum impact' in relation to child poverty. A targeted approach with an initial focus on areas of deprivation could both generate data about levels of motor competence and impact on pupil motor competence. Money from the soft drinks industry levy could be used to support this work as per recommendation 20.

I would like to congratulate to the committee on such a comprehensive and challenging review of the situation regarding children and young people's physical activity at a time when we are facing such a threat to our children's health.

Kind regards

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