

Agenda – Health, Social Care and Sport Committee

Meeting Venue:	For further information contact:
Video Conference via Zoom	Sarah Beasley
Meeting date: 16 September 2020	Committee Clerk
Meeting time: 09.00	0300 200 6565
	SeneddHealth@senedd.wales

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on www.senedd.tv

Informal pre-meeting (09.00–09.30)

1 Introductions, apologies, substitutions and declarations of interest

(09.30)

2 COVID-19: Evidence session with the Welsh Government's Technical Advisory Cell

(09.30–11.30)

(Pages 1 – 16)

Dr Rob Orford, Co-Chair of Technical Advisory Cell and Chief Scientific Adviser (Health)

Fliss Bennee, Co-Chair of Technical Advisory Cell

Dr Heather Payne, Senior Medical Officer for Maternal & Child Health

Dr Marion Lyons, Senior Medical Officer

Research brief

3 Paper(s) to note

(11.30)



- 3.1 Letter from the Deputy Minister for Health and Social Services providing an update to Members relating to the actions being taken forward by Welsh Government, following publication of the Committee's inquiry report on Carers last November**
(Pages 17 – 30)
- 3.2 Letter from Chair, Finance Committee regarding the Welsh Government's Draft Budget 2021–22**
(Pages 31 – 33)
- 3.3 Letter from the Chair to the Minister for Health and Social Services following the evidence session on 16 July 2020**
(Pages 34 – 37)
- 3.4 Letter from the Minister for Health and Social Services following the evidence session on 16 July 2020**
(Pages 38 – 45)
- 3.5 Letter from Chair, Petitions Committee regarding Petition P–05–966 Reverse Minimum price Alcohol**
(Page 46)
- 3.6 Letter from the Chair to the Minister for Health and Social Services regarding the Advanced Care Planning (ACP)**
(Page 47)
- 3.7 Letter from the Minister for Health and Social Services regarding the Advanced Care Planning (ACP)**
(Pages 48 – 49)
- 3.8 Additional information from the Royal College of Speech and Language Therapists to inform the Committee's inquiry into the impact of the Covid–19 outbreak, and its management, on health and social care in Wales**
(Pages 50 – 55)
- 3.9 Letter from the Deputy Minister for Health and Social Services regarding childcare provision for school–age children of critical workers over the summer period**
(Pages 56 – 57)

- 3.10 Letter from the Chair to the Minister for Health and Social Services regarding testing turnaround times**
(Pages 58 – 59)
- 3.11 Letter from the Minister for Health and Social Services regarding testing turnaround times**
(Pages 60 – 63)
- 3.12 Letter from the Minister for Health and Social Services regarding the shielding announcement**
(Pages 64 – 65)
- 3.13 Letter from the Royal College of General Practitioners Wales following the Committee's evidence session with the Minister and Deputy Minister for Health and Social Services and the Director General for Health and Social Services and the NHS Wales Chief Executive**
(Pages 66 – 67)
- 3.14 Letter from Dr Goodall, Director General for Health and Social Services and the NHS Wales Chief Executive in response to the letter from the Royal College of General Practitioners Wales**
(Pages 68 – 70)
- 3.15 Letter from the Chair to the Minister for Health and Social Services regarding the Holden Report**
(Page 71)
- 4 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting**
(11.30)
- 5 COVID-19: Consideration of evidence**
(11.30-11.45)
- 6 Legislative Consent Memorandum on the Medicines and Medical Devices Bill: consideration of written evidence**
(11.45-12.10) (Pages 72 – 87)

Paper 16 – Consideration of the Legislative Consent Memorandum for the Medicines and Medical Devices Bill

7 COVID-19: Consideration of the Welsh Government's response to the Committee's report on its inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

(12.10–12.30)

(Pages 88 – 125)

Paper 17 – Welsh Government Response

Document is Restricted

Julie Morgan AS/MS

**Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services**



Llywodraeth Cymru
Welsh Government

Our ref: MA JM 1744 20

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

14 July 2020

Dear Dai,

I am writing to provide you and the members of the Health, Social Care and Sport Committee with an update relating to the actions being taken forward by Welsh Government, following publication of the committee's inquiry report last November.

My first response sent in January of this year addressed all 31 of the inquiry recommendations. However, several of the recommendations requested an update in six months. I can now provide you with these, as well as an overview of progress and activity to help and support carers in Wales.

Due to the Covid-19 pandemic, I am conscious that many of the pre-existing issues and pressures that carers' experience have been exacerbated. I therefore thank all carers of all ages who have shown huge commitment and dedication to caring for family, friends, neighbours, and anyone who has required help and support in these extremely challenging times. We must work in partnership with carers, across government and all sectors, to ensure carers' needs are recognised and addressed, and in government we continue to ensure the rights of carers' under the Social Services and Well-being Wales Act 2014, are upheld.

As we are all continuing to adapt to the new ways of working in a frequently changing situation, the public sector and third sectors and businesses have had to respond in different ways. This has also affected Welsh Government and many officials have been redeployed to help manage the crisis. We remain some way from business as usual but have focused resources on the short term and necessary Covid-19 response, in relation to carers.

The crisis has inevitably required us to adapt and refocus our programme of carers' policy work which was in place prior to the emergence of the pandemic. As the immediate crisis eases somewhat we intend to address the impact of changing circumstances on many carers. Over the summer, we will determine, with the input of stakeholders and carers themselves, how we can best support carers as we emerge from lockdown and address their ongoing needs.

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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.

Current situation

For many carers there have been increased pressures, not just in terms of caring for others, but also for their own mental health and wellbeing and potentially their physical health. Carers have been worried about catching the illness, but also have fears about passing the virus to those they care for, particularly if such individuals have underlying health conditions, are in vulnerable categories, or are shielding. There has also been concern about reduced support because of the impact of the pandemic on the social care workforce.

For some carers the closure of opportunities for respite, such as day centres, community groups, or being unable to access an overnight sitting service, has increased pressures. People have not been able to call upon wider family networks to help, although in a small number of cases exceptions are permissible in order to ensure a continuation of care, or provision of respite.

Some carers took on more caring themselves because of concerns about domiciliary care workers coming into the home and potentially spreading Covid-19. Others have been concerned about lack of access to a needs assessment, and have experienced difficulties in accessing food or medication.

Third Sector response

The third sector has made a huge effort to support carers. Their swift move to increasing online provision and telephone helplines has helped many carers access vital information and advice. I know there has been an increase in demand for telephone help and support lines, which is why I was pleased that we could provide £50k of funding to Carers Wales to boost their emotional and wellbeing support services.

Coronavirus Act 2020

The temporary modifications to the 2014 Act are part of the range of measures we, and our sister Government's across the UK took in the Coronavirus Act 2020. I want to put on record, my thanks to the organisations representing carers and others from across the social care sector, who responded to our rapid engagement exercise on the accompanying draft statutory guidance.

Our approach has ensured we have directly addressed stakeholders' concerns and provided a clear and unequivocal framework should it be necessary to utilise those provisions. In all of our communications we have explicitly set out our expectations that:

- local authorities should comply with the 2014 Act requirements and related Codes of Practice for as long and as far as possible;
- any modifications should only be exercised where this is essential in order to maintain the highest possible level of services; and
- any modifications must only be temporary, justifiable due to unavoidable local circumstances, and removed at the first available opportunity.

We have been clear that any changes to individuals' care and / or support will be returned to their pre-modification arrangements at the earliest possible opportunity. Local authorities should establish arrangements and communicate to those impacted, how this will be achieved.

My Written Statement for Carers, published on 4th May explained the safeguards that are in place and that a person's wellbeing remains the prime consideration.

<https://gov.wales/written-statement-written-statement-carers> It is a testament to the commitment of both carers, and the social care workforce, that the impact on individuals' care and support has for the most part, been maintained, because of the continued dedication of individuals to deliver care within our communities.

Working with stakeholders

A crucial aspect in our work as government has been to ensure close communication and co-operation with bodies such as the Wales Carers Alliance, whose membership includes a number of different charities and organisations whose client groups include many carers.

My officials have been in near daily contact with Carers Wales, Carers Trust Wales and the All Wales Forum for Parents and Carers. A time limited working group has been created, which meets every fortnight to help channel the information from the third sector. This has provided swift feedback about the concerns of carers arising from the Covid crisis, and helped facilitate our response.

The range of issues we have worked to address with the national carers' organisations have ranged from: impacts of the Covid 19 situation on vulnerable groups and those who have been and remain shielding; concerns about unpaid carers not having access to supplies of Personal Protective Equipment (PPE); differences across local authority areas regarding confusing advice for carers; the financial impact of the crisis on those who are caring; and reductions in care and support planning.

Funding to support carers, third sector and adult social care

At the April meeting of the Carers' Ministerial Advisory Group I thanked the third sector for its innovative and flexible approach to supporting carers during this crisis. I recognise the hard work that is taking place in this sector and we are keen to learn from innovations and new ways of working.

I also recognise the unprecedented financial pressures on the third sector. Our Third Sector Covid-19 Response Fund worth £24 million, supports three distinct areas of activity; helping charities and third sector organisations financially through the crisis; helping more people volunteer by supporting third sector organisations in the community who are co-ordinating the volunteer response; and by strengthening the third sector infrastructure.

In addition we have set aside an initial £40m of extra funding to local authorities for costs incurred in adult services due to the Covid-19 pandemic. Local authorities are having to make difficult decisions on what matters most and how this money can be best spent, but they continue to work closely with the third sector so that critical services for individuals most at risk can be delivered, and new demands can be met. Unpaid carers will benefit from the services this funding aims to support.

In April 2020 three new carer specific projects commenced having been awarded funding of £2.1m under the new Third Sector Sustainable Social Services grant scheme for 2020-23. These projects will enable Carers Wales, Carers Trust Wales and Age Cymru, to offer services to help improve the lives of carers of all ages. We have discussed with each of these national charities how their activity might, if appropriate, be amended to better support carers who are struggling at this time. We have also agreed to provide an additional £50k to Carers Wales, alongside their existing Third Sector Sustainable Social Services grant funded project, for additional psychological and emotional support services.

Finally, please see attached in Annex A my response to those recommendations where you requested an update on activity / progress. The replies to Recommendations 1 and 2 have been combined, and the same for recommendations 21 and 23.

Yours sincerely,



Julie Morgan AS/MS

Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services

**Health, Social Care and Sports Committee Inquiry recommendations –
“Caring for our future - Impact of the Social Services and Well-being (Wales) Act
2014 in relation to Carers”**

Deputy Minister for Health and Social Services six month update letter to the Chair of the HSCS Committee – July 2020

Recommendation 1. *The Welsh Government must, as a matter of priority, demonstrate stronger national leadership in the delivery of rights and services for carers under the Act. As a starting point, it must prepare, within 6 months, a clear action plan for addressing the failings of implementation highlighted in the evidence we received. In doing this, it must consult key stakeholders and carers. It must also set out a clear timetable for delivery of the actions identified in its plan; and*

Recommendation 2. *The Welsh Government must plan now for the anticipated rise in the number of unpaid carers. It must take a long term view of what the needs of carers will be in the future and how, along with local authorities, local health boards and the third sector, it will meet those needs. The Welsh Government must clearly set out how it will achieve this and report back to us on progress in 6 months.*

As stated in my January response¹, we are planning for the significant population changes in our society. Forecasts show that Wales has an increasingly ageing society, and this is likely to result in higher carer numbers in future. Now more than ever planning will require a pro-active partnership approach. We intend using our Carers Ministerial Advisory Group (MAG), with its membership drawn from key sectors, to assist us in developing plans to respond to this trend.

Some activities have been temporarily delayed as a result of the need for us to address Covid-19 requirements, and this also affected the work planning of the Carers MAG. However, I am pleased that since January, we have held two “virtual” Carers MAG meetings, in late April and in early July.

In April members started to discuss a post Covid 19 exit strategy, and restarting work on a public consultation document, to help inform the development and drafting of our new national plan for carers. As part of this work the MAG will be considering a range of information and evidence emerging from the Covid-19 crisis. This includes reports from Carers UK such as their “Caring behind closed doors”, and “Carers Week 2020” research reports, plus the “Briefing: Young Carers and Covid 19” document published in April by Carers Trust Wales.

Financial Implications – Yes, contained in existing plans and budget.

¹ <https://business.senedd.wales/documents/s98194/Welsh%20Government%20response%20-%2028%20January%202020.pdf>
<https://busnes.senedd.cymru/documents/s98194/Ymateb%20Llywodraeth%20Cymru%20-%2028%20Ionawr%202020.pdf>

Recommendation 3. The Welsh Government must ensure that the Ministerial Advisory Group is supported and resourced to be an effective forum. *It must be of sufficient status within the Welsh Government to raise the profile of caring and carers' needs across government policy areas, including local government, health, housing and transport. As such, it should be chaired by a member of the Welsh Government. It should be transparent, and should publish agendas and minutes of its meetings. The Deputy Minister must report back to this Committee within 6 months on the actions that have been taken to address these issues.*

The Carers MAG has been maintained and its profile was strengthened by the appointment in January 2020 of its new independent Chair – Arwel Ellis Owen. Arwel has pro-actively engaged with the membership and is already offering robust challenge to the members, as well as offering practical advice from his experience of the health and social care sector. We are also seeking to invite new representatives to join the group, where this will strengthen links across government portfolios.

When the MAG was first created Ministers committed to the development of a new Engagement group which would extend the opportunity for carers with a broader range of experiences, including young carers, to support the work of the MAG. Initial funding of £12k in 2019-20 was agreed to support the creation of the group, and we have agreed funding of just over £33k in 2020-21 for Carers Trust Wales to continue to facilitate the group's work and support the membership.

This group's first meeting was on 20 January 2020, and the next will be a virtual meeting this summer. Ahead of the meeting we have asked Carers Trust Wales to speak with the members and collect evidence of their direct experiences of COVID-19, and any wider impacts on individuals and carers.

We have now published the Carers' MAG meeting minutes on the Welsh Government website, as well as the group's Terms of Reference. <https://gov.wales/ministerial-advisory-group-carers>

<https://llyw.cymru/grwp-cynghorir-gweinidog-ar-gyfer-gofalwyr>

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 4. *The Welsh Government must, as a matter of priority, give effect to its commitment to undertake a major publicity drive to raise awareness of the Act and carers' rights under it. This should raise the profile of caring, improve identification of carers, promote the benefits of needs assessments under the Act, and encourage take-up. It should also signpost people to appropriate information, advice and assistance about caring. The Deputy Minister must report back to this Committee within 6 months on progress.*

We launched our carers and older people's rights campaign on 21 November last year, with the support of national carers' organisations, to raise awareness of carers' rights in the 2014 Act. The supporting advertising element of the campaign was completed before the UK entered lockdown. This included a pan-Wales newspaper media schedule and a bilingual radio campaign. A social media element was receiving high levels of engagement but was cut short. This was to be followed with a second phase of

booklets and posters to be made available in, and displayed across community settings in Wales.

As a result of the Covid-19 situation Welsh Government communications campaigns have been paused so as to focus effort on keeping the public informed with key messages and guidance relating to coronavirus. However, all arrangements for the carers' rights campaign have been completed and this action will be delivered when it is appropriate to do so.

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 6. *The Welsh Government must ensure that the formal needs assessment process for carers is clarified and standardised across local authorities. It must be able to demonstrate how it has achieved this and should report back to this Committee within 6 months on progress.*

As I explained in my reply in January, we ensured that the Social Services and Well-being Wales 2014 Act places clear duties on those exercising functions under the 2014 Act, beginning with the assumption that the adult is best placed to judge their own well-being.

The carers' needs assessment process is clearly identified in the dedicated Part 3 Code of Practice (assessing the needs of individuals) which must be applied by all local authorities when they undertake an assessment with an individual or carer. This code sets out a process for assessing the needs of an individual for care and support, or support in the case of a carer, and a process of assessment that will apply to everyone – children, adults and carers, as well as a process of review and re-assessment, that will apply to assessments.

Coronavirus has resulted in significant challenges for everyone across our communities. Throughout those challenges we have continued to reinforce our expectations that the principles underpinning the Social Services and Wellbeing of Wales 2014 Act are undiminished. The statutory guidance issued under the Coronavirus Act 2020 was explicit that these principles remained unchanged. The model of assessment as described in my January reply remains fundamental - that everyone ensures that the rights of individuals with care and support needs, and carers, are always at the heart of our social care system.

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 13. *The Welsh Government must ensure equitable provision of services for carers across Wales, including respite services. As a starting point, it must ensure that a baseline range of support services for carers, based on eligibility criteria, is provided by all Local Authorities. The Welsh Government must introduce a mechanism to monitor delivery of this support. It should report back on progress within 6 months.*

As I stated in my reply in January, the national eligibility criteria set out in the 2014 Act provides for a consistent approach to meeting the care and support needs of all individuals in Wales, including carers. Central to this approach is the spirit of co-production, working with the individual, carer and family to understand their needs,

capacity and resources and the outcomes they wish or need to achieve. Needs can be met not only through the provision of services but also through active support and assistance to enable people to meet their own needs.

I also explained that we are discussing with local authority social services representatives how greater consistency can be achieved and reported on including by building upon existing mechanisms such as reports provided to the Regional Partnership Boards and their annual reports to Welsh Government. We have been unable to progress these considerations because of the Covid 19 situation, however, we will be inviting representation from the Association of the Directors of Social Services (ADSS), to the fortnightly working group meetings between carers' organisations and my officials. ADSS are also represented on the Carers MAG, so these two mechanisms will be used to consider this commitment and how we can take discussions forward.

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 17. *The Welsh Government must ensure that all young and young adult carers are able to access the support and services they need. In doing so, it must address the specific concerns raised by young carers in evidence to this committee. It must ensure that the support and services for young and young adult carers are person-centred, age-appropriate and flexible to meet their specific needs. There must also be a strong connection between schools and carers' services. The Welsh Government must clearly set out how it will achieve this, and must report back on progress within 6 months.*

I wish to applaud the swift response of the local authority funded young carers' services which have shown resilience, and continue to provide help and support via online, social media, telephone support mechanisms. The need for a range of support mechanisms and organisations to help all young people will be essential going forward, including supporting young carers with their emotional and mental health needs. I expect all local authorities to continue to maintain a quality service for young carers.

I want to be clear that throughout this crisis the rights of young carers under the Social Services and Well-being Wales Act 2014, have been maintained and the duties on statutory bodies to ensure this have not changed. The Coronavirus Act did not create any changes for young people, but applies in relation to adults with care and support needs, and adult carers.

To ensure young carers and young adult carers could access information about their rights as carers, as well as more general support and advice, we provided contact and website details of all local authorities to the operator of MEIC, the national young people's support service. <https://www.meiccymru.org/> This information was also given to the Children's Commissioner for Wales, who has created a coronavirus advice hub for young people, including a section for young carers. <https://www.childcomwales.org.uk/coronavirus/>

Some of the key problems affecting young carers which have been exacerbated by this pandemic situation, have been accessing medication and supermarkets. I was very pleased that we were able to work swiftly with Carers Trust Wales, Carers Wales,

Community Pharmacy Wales and other key bodies in the pharmacy sector, to support development of a new ID letter that is being used by carers of all ages to help them access medication and collect prescriptions for others.

With the closure of schools we made it clear that all schools should identify and initiate support wherever appropriate for all of their vulnerable learners, including young carers. Since the reopening of schools from 29th June we are conscious that families and young people need clear communications and guidance from government, local authorities and their own schools. This guidance can be found on the Welsh Government's website at: <https://gov.wales/education-coronavirus>.

Supporting vulnerable learners including young carers is important at any time. Schools and colleges continue to play a key role in helping identify young carers. Local authorities, governing bodies, head teachers, school and college employees can still do more to improve their understanding of the needs of young carers. To help them we have funded Carers Trust Wales to produce guides for teaching staff, school governors and lesson plans, and we plan to launch these in September.

Last year Estyn published their Thematic Review into Young Carers and Young Adult carers in schools, FE and PRU provision². Whilst the pandemic crisis has massively affected schooling and study for so many, I urge local authorities, schools, FE colleges and other bodies to review again the core recommendations from Estyn's report.

We will continue to look at a range of evidence around the experiences of carers, including young carers, emerging from the pandemic situation as part of the discussions of the Carers MAG, to help inform development of our new national plan for carers.

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 20. *We believe that the young and young adult carers' ID card scheme should be a national scheme, delivered by all local authorities with appropriate support from the Welsh Government and accessible to all young and young adult carers. The Welsh Government should ensure this is achieved as a matter of priority. It should report back on progress within 6 months.*

Back in January I made a statement for Young Carers Rights day, stating my commitment to progressing this project in the next 12-24 months³. There was a pause in activity due to Covid 19 resource pressures and while we agreed a revised 2020-21 work plan with Carers Trust Wales (CTW). We are providing annual funding of just over £36k for 2020-21 for CTW to continue developing resources to support this ID card work, and support local authorities as they test new models and processes.

A short survey has been launched by CTW seeking input from local authorities which will give us a clearer picture of their ability to progress their involvement in the coming

² <https://www.estyn.gov.wales/thematic-reports/provision-young-carers-secondary-schools-further-education-colleges-and-pupil>

https://www.estyn.llyw.cymru/adroddiadau-thematig/darpariaeth-ar-gyfer-gofalwyr-ifanc-mewn-ysgolion-uwchradd-colegau-addysg?_ga=2.49591072.785795501.1593535119-1878271694.1551452352

³ <https://gov.wales/written-statement-young-carers-id-cards>

<https://llyw.cymru/datganiad-yggrifenedig-cardiau-adnabod-i-ofalwyr-ifanc>

months. We have also maintained our commitment to making £200k available for use by local authorities in the current phase of activity, in 2020-21.

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 21. *The Welsh Government needs to ensure the standardisation of information, advice and assistance for carers across local authorities and local health boards. This must include bilingual provision of these services. As part of this, the Welsh Government should convene representatives from local government, health boards and the third sector with the aim of developing an approach that will secure these improvements for the service user. We ask the Deputy Minister to report back to us on progress within 6 months and;*

Recommendation 23 *The Welsh Government needs to ensure that staff providing information, advice and assistance as part of each local authority's central advice and information point have up-to-date information about rights and services for carers under the Act, and that refresher training will be provided where necessary. We note the work being undertaken by Social Care Wales, the Welsh Government and local authorities to develop a competency framework to support the development of information, advice and assistance workers. We ask that the Deputy Minister updates us on progress with this project.*

I was pleased to see that all local authorities moved swiftly to ensure their local communities and individuals have been able to access services through online support and telephone, including relevant information, advice and assistance for carers. I know that all of our partners across health and social care want to reflect upon the communication channels that have proved effective both in terms of their immediate reach, as well as their continued accessibility for people in their areas.

Our Carers MAG will be considering a number of actions going forward in light of COVID-19, including how carers can be appropriately helped and supported to access suitable information advice and assistance, whether from statutory services, or from the excellent advice and support that the third sector has implemented during the current crisis.

As I outlined in January, not every local authority uses a model of a single point of access for people to obtain IAA, as illustrated by the WAO's Front Door to Adult Social care report. The findings and recommendations of that report remain valid and I continue to expect all local authorities to have in place and fund, an appropriate up to date employee strategy and training offer for their staff, wherever they work.

We commissioned Social Care Wales to work with partners to develop a competency framework for those delivering statutory information, advice and assistance services ((IAA) and to update the 'Better Conversations' resources for IAA staff. Both of these are in the final stages of production and conversations are underway about their publication. These latest additions are part of the suite of resources that support all practitioners to deliver outcomes focussed social work practice that ensures a

consistent approach and experience for those engaging services across social care.

One is the new Social Services practitioner (SSP) award which is being developed ready for a launch in September 2020. All content has been developed including assessment methodology and now the teaching / delivery methodology is being agreed with the social care sector. This award is currently delivered by the Open University (OU) (and is equivalent to the OU's first year social work degree, but is also a discreet award at Level 4). This was introduced to meet the requirements in the 2014 Act, regarding the ability to ensure proportionate assessments of an individual's potential care and support requirements, or a carer's potential eligible support needs.

Alongside this SCW are considering what elements of the SSP award could be used to support IAA workers who are focused at the front line i.e. the information point of IAA services. This work is ongoing but should be complete at the same time as the work on the new SSP award.

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 25. *The statutory sector is heavily dependent on the third sector for delivery of vital services to carers. That dependency needs to be reflected in both the provision of adequate funding for the third sector, and the meaningful involvement of the sector in planning and decision-making around that funding. We believe this matter should be explored by the Ministerial Advisory Group. We ask the Deputy Minister to provide us with an update on this work within 6 months.*

Now that we have recommenced meetings of the Carers MAG, as part of their identification of key areas of activity and review within their forward work plan, this will include consideration of funding to the Third sector.

We were very conscious of the calls from WCVA and across the sector of the need for financial help and support at a time when they are themselves facing a significant increase in demand for their services. As a result of this we announced our £24m funding for the sector to provide support during the current crisis.

Looking ahead at our ability to plan for the longer term, the UK Government announced in the Budget in March, plans for a multi-year Comprehensive Spending Review (CSR) to be concluded this summer. At the time of writing, those plans have been put on hold due to the coronavirus crisis.

At present, the UK Government has delivered a Spending Round for one-year only. We recognise and are therefore sympathetic to calls from our public sector partners (and to many in the third sector who provide commissioned services), for budgeting over a longer period, in order to support forward financial planning. It is always our ambition to provide long-term clarity over budgets, whenever possible, however, this must be balanced with realistic and sensible planning assumptions. The UK Government's austerity agenda coupled with the ongoing impact of the COVID-19 crisis on public finances and continued uncertainty regarding the UK's EU exit, constrains our ability to do this.

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 27 - *The Welsh Government should provide a comprehensive and accessible list of available funding sources for support for carers to be delivered by the third sector. This should be done as soon as practicable.*

A mapping exercise was undertaken by officials in 2018 and details of the sources of funding available under each Regional Partnership Board footprint and where these entered the system, were issued in September 2018. This exercise did not include all funding to third sector bodies who provide services relating to carers, either nationally or locally.

I advised that we would look to expand on this exercise to provide more information about funding streams, and how we can improve the accessibility of Welsh Government grants, including raising awareness, particularly to the third sector. Unfortunately due to the impact of Covid-19 on internal Welsh Government resources the planned work to increase the profile of the information about the grants has been postponed, but this will be taken forward as soon as possible.

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 29 *The Welsh Government must take a stronger lead on a national approach to data collection on carers to ensure that appropriate and meaningful data is collected across all sectors in a coordinated and consistent way. We believe this should be a function of the Ministerial Advisory Group, which should develop national guidelines to determine what data needs to be collected, how it should be collected and how it will be used following collection. The data should be published, and should be used to inform future service and financial planning. We believe that the Performance and Improvement Framework is an important part of this work, and we ask that the Deputy Minister provides us with an update on progress.*

I can assure the committee members that development of our new national plan for carers, will be led with advice and input from our Carers MAG and Engagement group members, who will be considering a wide range of sources, including considering data and research evidence. We spent considerable time on development and consulting with stakeholders to develop our Performance and Improvement Framework. It is very much our intention that the new national carers plan will draw upon the Framework to inform its discussions.

The Performance and Improvement Framework for local authorities came into force as anticipated in April 2020. However due to Covid-19 social care data collections have been put on hold to allow local authorities to reallocate resources appropriately. Time has been spent to ensure we are receiving relevant social care data related to Covid-19 to allow understanding and support to be channelled to the pandemic.

Officials are in discussions regarding when routine social care data will resume, however mechanisms are now in place through the framework to allow for more detailed data to be collected from local authorities when it is considered the appropriate time to do so. As outlined in my previous response this will include more robust data on carers and their care and support. My officials are also working with the social care

sector to develop a social care data strategy. This will allow stakeholders and users of social care to agree on a shared vision for social care data, including how it can be used to support services to achieve better outcomes which are evidence led, accountable and effective. Work on the discovery phase of the project, in conjunction with KPMG, started earlier this year, and has recently recommenced.

The evaluation of the Social Services and Well-being (Wales) Act 2014 remains ongoing. A substantial amount of work has happened to date to assess how the 2014 Act has been implemented at a local, regional and national level. This will include how the principles of “voice and control” have been applied. Reporting of this phase of the evaluation was due to take place in June 2020, however due to Covid-19, fieldwork for the evaluation has had to be put on hold which will cause a delay in reporting. It is now anticipated that we will report towards the end of this year.

The final report assessing the impact of the 2014 Act on those who receive care and support, and carers who receive support, is due to be published in October 2021. It will give insight into how the principles of the act such as ‘voice and control’ have been applied and the impact the 2014 Act and the principles have had on carers and carers’ well-being. Findings from the evaluation will be used to support policy in understanding on how we can further improve the lives for individuals, and their carers.

I would also like to update the committee about the “Measuring the Mountain” Welsh Government funded project, which is designed to help us better understand the experiences of those who receive care and support, and carers. The report for the first phase of the work was published in March 2019 which set out its findings but also a number of recommendations to take forward, many of which related to how support for carers can be improved.

We provided a formal response to those recommendations ⁴and are working hard to ensure the findings of the project are recognised across the social care sector and more widely known and used. The project is now in its second phase looking to further understand the emergent trends from phase one. The project will next report in December and will provide further insight into the experiences of carers, and how services and the recognition of carers and their help and support needs can be improved. This project links very clearly with planned work to improve understanding of carers’ experiences under the aegis of the 2014 Act.

Financial Implications – Yes, contained in existing plans and budget.

Recommendation 31. The Welsh Government must provide an update on progress of implementation of the Welsh Community Care Information System within 6 months.

There are currently 15 organisations that have gone live on WCCIS, with 19 signed contracts in place. There are in excess of 11,500 users using WCCIS across Wales, this number has increased recently due to the latest go-lives, and increased usage due to COVID-19 (The programme is currently collating latest numbers). Hywel Dda

⁴ <https://llyw.cymru/datganiad-ysgrifenedig-ymateb-ffurfiol-ir-argymhellion-wnaed-gan-y-prosiect-mesur-y-mynydd>

<https://gov.wales/written-statement-formal-response-recommendations-made-measuring-mountain-project>

University Health Board is one of the most recent organisations to have gone live with Community Nursing and for integrated Social Care teams within the Ceredigion Authority area in December. Swansea Bay University Health Board are currently finalising a Full Business Case for the implementation of WCCIS.

In September 2019 Welsh Government committed additional funding to support the acceleration of the national programme, regional deployment by Local Government, and NHS implementation of WCCIS functionality. This funding is being made available from the Digital Priorities Investment Fund and the Integrated Care Fund.

Audit Wales is currently reviewing WCCIS and its report is expected in September 2020. The Welsh Government welcomes the review and is working with Audit Wales to identify areas within the WCCIS programme that can be supported to further accelerate and assure roll-out.

Financial Implications – Yes, contained in existing plans and budget. WCCIS funding to support the national programme and the work undertaken by health boards continues to be supported from within the Digital Priorities Investment Fund (DPIF) for 2020-21, the agreed funding this year totals £4.401m. The Integrated Care Fund (ICF) also continues to provide funding through the Regional partnerships, co-ordinated by the National programme in the form of agreed bids.

Chair, Children, Young People and Education Committee
Chair, Climate Change, Environment and Rural Affairs Committee
Chair, Culture, Welsh Language and Communications Committee
Chair, Economy, Infrastructure and Skills Committee
Chair, Equality, Local Government and Communities Committee
Chair, External Affairs and Additional Legislation Committee
Chair, Health, Social Care and Sport Committee

22 July 2020

Welsh Government's Draft Budget 2021-22

Dear Committee Chairs

Further to the Finance Committee debate on the Welsh Government's spending priorities for 2021-22 on [15 July 2020](#), I am writing to all Chairs of subject committees to share our thinking, and to encourage your committees to consider how you can contribute to delivering the most coherent and effective scrutiny of the Welsh Government's spending plans.

Budget focus


The Finance Committee has agreed to continue the approach followed in previous years, whereby budget scrutiny is centred on the four principles of financial scrutiny: affordability, prioritisation, value for money and process. The principles are:

- **Affordability** - to look at the big picture of total revenue and expenditure, and whether these are appropriately balanced;
- **Prioritisation** - whether the division of allocations between different sectors/programmes is justifiable and coherent;
- **Value for money** - essentially, are public bodies spending their allocations well – economy, efficiency and effectiveness (i.e.) outcomes; and
- **Budget processes** - are they effective and accessible and whether there is integration between corporate and service planning and performance and financial management.



I wrote to you on [1 June 2020](#), to notify you that given the current social restrictions we would not be holding our annual stakeholder event. Instead we undertook online engagement using Twitter polls and questions asking the public to suggest areas that should be prioritised. [A summary of responses is](#)



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available. Whilst the engagement exercise was limited in scope this year, as the sample was self-selecting and not based on a representative sample of the population, it did provide an interesting snap shot of views and these were highlighted during the Priorities Spending debate on 15 July 2020. I am pleased to confirm that the Business Committee and Minister for Finance and Trefnydd have agreed that this type of debate should be held annually and I am grateful to the Members that contributed to the debate.

The 2021-22 Draft Budget will undoubtedly be impacted by the recovery from the Covid-19 pandemic and the end of the Brexit transition period. In addition, from our engagement work and the contributions made during the priorities debate, we have identified a number of areas which we would like to see the focus of the scrutiny, these are:

- *How resources should be targeted to support economic recovery and what sectors in particular need to be prioritised;*
- *To what extent alleviating climate change should be prioritised in supporting economic recovery;*
- *Welsh Government policies to reduce poverty and gender inequality;*
- *Approach to preventative spending and how is this represented in resource allocations (Preventative spending = spending which focuses on preventing problems and eases future demand on services by intervening early);*
- *Sustainability of public services, innovation and service transformation;*
- *How evidence is driving Welsh Government priority setting and budget allocations;*
- *How the Welsh Government should use taxation powers and borrowing;*
- *Support for businesses. economic growth and agriculture after EU transition ends;*
- *What are the key opportunities for Government investment to support 'building back better' (i.e. supporting an economy and public services that better deliver against the well-being goals in the Well-being of Future Generations Act).*

We would encourage you to use some of these areas as the focus for your budget scrutiny.

Timetable

The Welsh Government's draft budget is usually published in October. However, this year it will be delayed as the Welsh Government does not have an indication of the total funding available until the UK Government publish a Budget or Comprehensive Spending Review. The Minister for Finance and Trefnydd has written to the Business Committee and in order to comply with Standing Order 20, has indicated that the Welsh Government will publish the outline and detailed draft Budgets together on 8 December 2020, and the final Budget on 2 March 2021. However, the Minister has said she will provide a firm timetable as soon as possible after the UK Government has made an announcement regarding its Budget

Draft budget consultation



Based on the timetable proposed by the Minister, the Finance Committee intends to consult slightly later this year in September/October. As has been the previous practice, we will be consulting on behalf of all Committees and the responses will be shared with you in the autumn in order to assist your scrutiny of the draft budget. As always, we would appreciate your assistance in promoting our consultation via your own communication tools to encourage and engage with a wider audience.

As you will be aware the provisions in relation to the reporting by policy committees changed in 2017, and you are now able to report in your own right (if you so wish), and your reports can be used as a supporting document to the draft budget debate.

If you have any questions about any aspect of the draft budget process, please feel free to contact me or the Clerk to the Finance Committee, Bethan Davies, 0300 200 6372, seneddfinance@senedd.wales.

Yours sincerely



Llyr Gruffydd MS
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Agenda Item 3.3

Senedd Cymru

Yr Eidd Gogledd, Gofal Cymdeithasol a Chwaraeon

Welsh Parliament

Health, Social Care and Sport Committee

Vaughan Gething MS

Minister for Health and Social Services

23 July 2020

Dear Minister

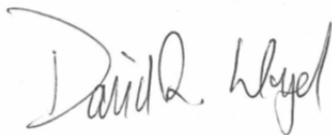
Thank you for your recent evidence to the Committee, alongside the Deputy Minister, Dr Andrew Goodall and Mr Albert Heaney.

The Committee has had the opportunity to reflect on the discussions and has now asked that I write to you setting out its concerns in a number of areas. These are included in the annexe to this letter.

I would be grateful if you would give consideration to these points, and I am sure we will wish to return to them with you in a further scrutiny session early in the autumn term. The clerk will contact your office separately about this.

A copy of this letter goes to the Deputy Minister for Health and Social Services, Dr Andrew Goodall, and Dr Frank Atherton.

Yours sincerely



Dr Dai Lloyd MS


Chair, Health, Social Care and Sport Committee



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Annexe

1. Memory clinics and older people with dementia

We discussed the suspension of memory clinics as a response to the outbreak, and the long waiting lists that have developed as a result. Dr Goodall gave an undertaking to look into this issue and respond.

We also discussed the harm inevitably caused to those older people living with dementia as a result of the cut-off of contact arrangements with loved ones during the lockdown period. Dr Goodall acknowledged this issue and sought to reassure us about the focus on dementia "right across the system". We feel it is particularly important to resolve this matter in advance of any future outbreaks, and we would be grateful if Dr Goodall could provide us with further information about progress or developments in this area.

2. Cancer services

We discussed the financial support available for the vital services provided by third sector organisations. In its submission to our inquiry, Hospice UK and Hospice Cymru stated that HM Treasury had identified £12 million of Barnett consequential to support hospices. You confirmed that "around £6 million" has now been made available in support of these. Can you confirm that the remaining amount is still unallocated and, if so, can you provide some indication of when you expect to be able to allocate this.

3. Social Care

We questioned the Deputy Minister about the decision to modify local authorities' care and support duties for adults as part of the response to the outbreak. She told us that "the restriction on the services has not really been as great as anybody feared" and that "on the whole, things have carried on in the way that they were before". She went on to say that "we have found it difficult to get actual examples of people who have suffered because of the withdrawal of care packages." However, we have heard through our own evidence-gathering that these arrangements have had a huge impact on people who need care and support at home.

We asked the Deputy Minister when she planned to reverse the modification, and she told us this "will be reviewed. It is under constant review". We would now be grateful if the Deputy Minister would provide further information, including a timetable, on when she will formally review the need for the modifications and aim to remove them.

4. Shielding arrangements

The CMO has recently announced that those people currently advised to shield will no longer need to do so after 16 August. Could you set out what contact these individuals can expect to have from the CMO about this and, in particular, what information and support is being provided to those people, and their families, in advance of these arrangements coming to an end, including in relation to priority access to online food shopping and delivery of medicines.



5. Young carers

We questioned the Deputy Minister about the impact of the outbreak on young carers, and what was being done within the Welsh Government to monitor this. Amongst other things, the Deputy Minister confirmed that the Ministerial Advisory Group on carers will be looking at what more can be done in this area. We would welcome an update on any progress or decisions here.

She also referred to the announcement of £50,000 for Carers Wales to increase psychological support for unpaid carers. Whilst all funding is welcome, this is a relatively small amount overall for the support that will be required, and we wish to re-iterate the need for greater focus in this area.

6. Transformation Agenda

We discussed the transformational changes that have been able to be achieved within the health service over the past few months. When we heard from Health Boards recently, they were very positive about these changes in terms of representing a shift towards lighter-touch governance and management arrangements, along with increased trust and empowerment for front-line staff and organisations as a result of the response to the outbreak.

There was general agreement about the need to retain and embed these positive characteristics in the longer-term, and acknowledgement of the need to undertake work in this area to achieve this, making changes where necessary. We feel strongly that there are significant benefits to service delivery and organisational culture that can be achieved here with the right focus, and we would be interested to hear about any progress towards and developments which are achieving and consolidating change in these areas. .

7. Mental health

We sought reassurance on two points – firstly, that the money which has been ring-fenced for mental health will not be diverted to other services that are facing challenges; and second, that the future planning and spending plans for the Welsh Government will reflect the increasing need for mental health.

You confirmed that money has not been taken out of mental health services and that you were not looking to reduce the amount spent on these services. You told the Committee that you will need to look at the overall picture and consider how best to use the available funding, and whether more significant spend will be needed for more significant interventions based on a higher level of need. You also confirmed that mental health recovery was a significant factor within your wider recovery planning.

Related to heading 6 above, we discussed the £7 million that has come out of the mental health transformation funding, and you acknowledged that money was being moved around “in every part of the service to cope with where we are”. You said that you were looking at what that means



in terms of the ability to carry on with those transformation projects” but that you were not rolling back on the need to transform.

This is an area of real importance, and something the Committee has previously reported on. We remain concerned that the impact of the outbreak will see money previously identified for mental health spend moved into other areas where there is demand. As such, we seek further assurances from you that any COVID-related mental health spend will be additional to the money already identified for service transformation.

8. Face coverings

We discussed the advice and recommendations about face coverings. You referred to the evidence provided by the CMO to the government about the wearing of face masks, including their safe donning and doffing. We note that the Chief Medical Officer has published a Ministerial policy update on medical masks and face coverings (14 June), which advises that the Welsh Government should support the public’s right to choose to wear face coverings in most settings.

However, the position on face coverings is now different in different parts of the UK and, whilst we are not suggesting this is a problem in principle, we feel that there would be benefit in the CMO placing in the public domain more information about how he has balanced the existing and emerging national and international evidence and debates that have led him to advise the Welsh Government in the way that he has.

We are aware of, and agree with, the evidence that face coverings are one of a number of public health measures to prevent transmission of the virus, rather than being a substitute for these other measures. We are not persuaded that the wearing of face coverings will make people more likely to undertake riskier behaviour.

9. Laboratory capacity

We had a wide ranging discussion about laboratory capacity and the arrangements in place to deal with demand for processing of Covid-19 tests. Related to this, what data do you have about the impact that the demand for Covid-19 testing is having on other, non-Covid related laboratory work, in particular whether other work is being delayed as a result of the processing of Covid-19 tests.



Agenda Item 3.4

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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: VG/0283/20

Dr Dai Lloyd MS
Chair
Health, Social Care and Sport Committee
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24 August 2020

Dear Dai,

Thank you for the opportunity to attend the Health, Social Care and Sport Committee on 16 July for the evidence session on the Government's response to the COVID-19 pandemic.

Following on from the session, you requested further information on several key areas of concern. I have addressed each of these respective areas individually below.

1. Memory clinics and older people with Dementia

Welsh Government has supported health boards, local authorities and the third sector to continue to provide support to those in receipt of dementia services, ensuring that funding remains available to enable services to adapt to the current situation. This includes the release of the Integrated Care Funding monies allocated to Regional Partnership Board (RPBs) to support the implementation of the Dementia Action Plan. Applications for funding for projects that run across Regional Partnership Board geographical areas have been reinstated and officials are considering a number of bids to provide further support for people living with dementia as we enter the recovery period.

However it is recognised that certain services such as memory assessment clinics have not been able to continue to operate as usual during the lockdown due in part to Covid-related restrictions. We continue to monitor older people's mental health community services as part of the regular mental health monitoring tool information received from health boards, which includes assurance that urgent dementia assessments are undertaken. Responses to the tool provide assurance that these services are still operational. It is clear that as lockdown is eased there will be a need for memory assessment clinics to step up their activity, not only to catch up on the typical levels of need but also potentially to meet additional need that has been identified during the lockdown period.

Local health boards have been given additional flexibility within their core budgets in order to address needs arising from COVID-19, and Welsh Government is clear in our expectation

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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.

that services are able to utilise some of this flexibility to ensure that memory assessment clinics are able to meet increased levels of demand. Health boards are now being asked to provide quarterly updates on their operational framework, which includes updates on how services will operate within the context of Covid and as part of this assessment we will be specifically looking at memory assessment services. If issues with the capacity of memory assessment clinics are identified through this process, we would expect this to be addressed by utilising the current funding flexibility provided to respond to the pandemic, for instance the Integrated Care Fund monies, which support the implementation of the dementia action plan.

Officials have issued a questionnaire to Regional Partnership Boards seeking an update on the Dementia Action Plan that will focus on changes to services and how a return to normal levels will be managed. This will include an update on what steps RPBs are taking to ensure that memory assessment services will have capacity to meet demand. Responses to this questionnaire are due in September.

Welsh Government recognises the impact that lockdown has had on people living with dementia, and officials have developed guidance to support local action and is assisting in the identification of the increased rehabilitation needs of people affected directly and indirectly by the pandemic. This includes people affected by the impact of the lockdown measures. The Quarter 2 NHS Operating Framework highlights the need to plan and develop rehabilitation services.

2. Cancer services (unallocated monies to third sector providers)

In line with Welsh Government policy, consequential funding is not ring fenced and is allocated to the Welsh Government reserves for deployment in line with Welsh Government priorities reflecting the needs and circumstances in Wales. In the current circumstances, consequentials are added to the fighting fund we have established to support public services and the economy through this crisis.

The Welsh Government has allocated up to an additional £6.3 million to address the loss in charitable income that hospices across Wales have faced as a result of the lock down restrictions. The amount is based primarily on figures provided by Hospice UK and will be kept under review. We continue to work with hospices across Wales to understand their future funding requirements. Future funding decisions will need to be seen in the context of the recent £800 million allocated to the health portfolio.

3. Social Care

Coronavirus has undoubtedly impacted on people's access to care and support. The Health Protection (Coronavirus Restrictions) Regulations 2020 have resulted in changes to how we have been able to live our lives and consequently the availability of community care services. This has resulted in the need to cease certain activities; to close premises entirely or in part; to impose limits on gathering with other people both indoors and outdoors; to limit close face-to-face interaction and to maintain hygiene.

As you will know, these restrictions have been subject to a rolling programme of review every 21 days. Each of these measures has meant that individuals and their families have been unable to access community based provision such as day-care, respite and breaks including overnight, leisure, education and linked activities or to visit their loved ones on care homes. Despite this, we also know that local authorities and care providers have found different ways of maintaining care and support or enabling alternative opportunities particularly through digital solutions

Those regulations and their impact on people's access to care and support are very distinct from the provisions under Part 1 and Schedule 12 of the Coronavirus Act 2020 that relate specifically to the Social Services and Well-being Wales Act 2014. Councillor Andrew Morgan, WLGA Leader confirmed in his evidence to the Committee about the use of those 2020 Act powers on 21 May that whilst planning had taken place around reasonable worst-case scenario, those plans had not been deployed.

In similar evidence to the Equalities, Local Government and Communities Committee on 21 July, again on behalf of WLGA, Cllr Morgan confirmed that he was "*not aware of any local authority that actually needed to use those powers.*" I am conscious that Members of the Senedd individually and collectively as members of Scrutiny Committees will have heard people's real concerns about the impact the pandemic is having on their lives and those of their families.

I recognise those concerns which is why from the outset, we have ensured that there are clear, accessible and regular opportunities for individuals and organisations to raise those concerns at least weekly with officials and the Deputy Minister, as part of a continuous process of scrutiny, review and co-operation with partners across the social care sector.

The Equalities, Local Government and Communities Committee have published their report on the impact of the pandemic on 10 August and recommended "*the immediate switch off*" of the measures in the Coronavirus Act 2020 related to social care and mental health. I want to re-assure you that I recognise the concerns raised and propose to consider these recommendations together and will respond to both Committees simultaneously.

4. Shielding arrangements

In advance of the advice to shielding being paused on 16th August a further letter was issued to all of those on the Shielding Patients List (SPL). This letter clarified why the advice to this group had changed, what this means for the group in terms of how they can keep themselves safe going forward, and also highlighted the potential that we may need to ask people to shield again in the future if prevalence was to increase.

As part of the preparation for the pause to shielding, we have increased our engagement across stakeholder groups, recognising for a lot of people with a specific condition that they are more likely to go to organisations linked to those specific conditions for advice. Not only have we engaged with these organisations to provide information, we have also asked them to review both the CMO letter and our guidance before publication. This has ensured the information we provide meets the needs of this group and addresses some of the questions they have been asking of these organisations. We have also been running a communications campaign in the week prior to the pause to provide response to questions from the public in an 'Ask Dr Frank' series. These videos can be viewed on twitter or Facebook and an infographic provided as part of this campaign has also been shared with local resilience fora, Health Boards and Local Authorities to ensure the message it contains reach the broadest possible audience.

As food boxes ended on 16th August, information leaflets were included in the boxes to ensure those receiving them were aware they were coming to an end and were informed of alternative options to get food, if they did not yet feel ready to leave the house to shop. This includes a continuation of the priority access to online shopping slots for those on the shielding patients list. A video on the same was also posted on social media alongside a link to website information on how to access food.

The volunteer medicine delivery scheme will continue to be available until the end of September. This information has been included in both the CMO letters and our online guidance.

5. Young carers

Officials in Social Services and Integration Directorate continue to meet regularly with the chief executives of the three national carers' organisations, to discuss the range of issues that have been, and continue to affect all ages of carer, during the current pandemic. Third sector organisations, such as Carers Trust Wales which leads on representing young carers in Wales, have provided invaluable support to carers and we are pleased to be working closely with them to help us better understand issues, but also find solutions.

The needs of young carers are a key part of the discussions of the Carers' Ministerial Advisory Group, which most recently met in late July. Information from across the membership is being shared with us, and work is currently progressing on the development of the new national plan for carers. We are looking to issue a public consultation document in the early autumn.

It has been a key concern that young carers have access to emotional help and support. A range of support materials and helplines can be accessed by young carers, such as the MEIC service, access to school counselling support, youth services, and the online tools available via Hwb, such as the Young Persons' Mental Health Toolkit. Local authorities have also continued to offer a young carers' service throughout the lockdown albeit online, via phone, social media, rather than face to face.

Currently officials are working closely with Digital Communities Wales to procure laptops in order to provide additional support for those young carers, aged 16 to 18, who are experiencing significant additional pressures in their caring roles because of COVID-19. We will be working closely with Carers Trust Wales and all 22 local authorities to ensure the laptops reach those young carers who are identified as being most likely to benefit. The devices will be accompanied by a 12 month data package, ensuring this scheme will help those young carers who are experiencing digital poverty, to get online and be connected.

The young carers who receive a laptop will be able to use these to maintain contact with their family, friends and their other support networks, which is very important for their mental wellbeing. At a practical level the devices will provide important assistance for their caring roles, particularly where websites, online services and social media are often now the first point of contact for accessing support and help. The devices will therefore support both the young carer, and the person they care for.

6. Transformation agenda

The NHS has moved out of a period of COVID-19 critical planning and response and into a longer period where our health and care system must remain both prepared for any future peaks, but also seek to effectively provide essential services and other high quality care and treatment for the people of Wales. Our plans remain focused on preventing:-

- Harm from COVID-19 itself
- Harm from an overwhelmed NHS and social care system
- Harm from a reduction in non COVID-19 activity
- Harm from a wider societal actions / lockdown

Given the continuing challenges and uncertainties, particularly as we move into the winter months, the quarterly planning cycle adopted is based on a "proceed with caution"

approach, working collectively in a flexible and agile manner to ensure confidence for the public and staff.

However, the unprecedented situation we have experienced in planning and delivering all aspects of health and care services during the COVID-19 pandemic has acted as a catalyst for testing innovative, outcome focused approaches. This has brought a new focus to how we deliver safe, person-centred services in these exceptional circumstances, and provided an opportunity to take learning and modernise, with a view to future-proofing our services.

The Welsh Government is working with partners across Health and Social Care to produce a report on the findings from the numerous studies that are being undertaken to identify innovation and new ways of working during the Covid-19 response. This report will be published by the end of the year.

It is also important to recognise the context and direction provided two years ago by “A Healthier Wales.” I will report on the progress made with the agenda that I set out in ‘A Healthier Wales’ before the half term recess this autumn.. As well as reflecting upon some of the progress made against the aims of A Healthier Wales during the Covid-19 response and I will emphasise the areas of the strategy that will aid the transition into the recovery phase.

I would like to acknowledge the significant clinical leadership, engagement and support that has underpinned the care and treatment of patients to deliver the highest standards possible throughout the pandemic. The Welsh Government will continue to work closely with NHS Wales Chief Executives, their executive teams and those in social care as this agenda moves forward.

7. Mental Health

To confirm the £7m Mental Health Service Improvement fund was re-purposed as part of our early response to the Covid-19 pandemic. Early on we positioned mental health services as ‘essential services’ and to support this, we immediately issued £3.5m of the mental health service improvement funding for local health boards to enable them flexibility to respond to the pressures associated with the current situation in mental health. This included access to crisis / out of hour provision and increased access to psychological interventions.

We have recently written to health boards to request proposals for the remaining £3.5m service improvement funding for 2020/21 and provisionally for the £7m from 2021/22 onwards. The funding will support the priority areas in our new three year Together for Mental Health Delivery Plan, including CAMHS / support for children and young people and increasing access to psychological therapies. We expect to receive proposals by 7 September.

In addition, we have also provided £2m, to date, procuring additional mental health in-patient capacity from the independent sector and /or third sector in Wales.

8. Face coverings (rationale for policy decided in Wales)

Protecting individuals and reducing transmission of the virus remains a top priority for the Welsh Government.

Following updated advice from the World Health Organisation (WHO), Welsh Government announced on 9th June that it was recommended people in Wales wear three-layer face coverings in situations where social distancing is not possible. The WHO position is strongly endorsed by Welsh Government in such circumstances.

The potential impact of revised WHO guidance has been modelled, and is now being refined again to take account of the clarification contained in the Written Statement on the Use of Medical Masks in Health and Social Care (13th June 2020).

On 13 July the First Minister announced changes to the 2m physical distancing duty. This recognises there are some occasions when it is not always possible to maintain a 2m distance and sets out the additional measures businesses need to put in place to reduce the risk of coronavirus. These include maintaining hygiene standards and limiting close face-to-face interaction, wherever reasonable.

To help reduce the risk of transmission while on public transport where it is not always possible to maintain a 2m physical distance, from 27 July it will become mandatory for people to wear a three-layer face covering while travelling on public transport, including in taxis. Wearing face coverings in the community setting is not currently mandatory, but we do encourage people to do so for the benefit of themselves and others. We are not recommending the use of face coverings outdoors.

Wearing a face covering does not replace the need for social distancing or washing your hands regularly. These together with the Trace Track and Protect (TTP) service remain the best way of stopping the spread of the virus.

Further scientific evidence is needed on the benefits to the wider public of wearing face coverings. However, observational findings suggest that homemade or purchased three-layer face-coverings might reduce transmission from one person to another if made, worn, handled and disposed of properly.

This advice only applies to people who are not showing symptoms of coronavirus. Anyone who has a high temperature, a new, continuous cough or a loss or change to their sense of smell or taste must self-isolate for a minimum of seven days and get a test as quickly as possible. Unless the test shows a negative result, people must not go out during this time, even with a face covering or mask.

Following discussion at the Technical Advisory Group, on 14th August an [updated advice statement](#) was published. Arguments were made both for and against mandating face coverings; it was advised that wearing of face coverings should be recommended in indoor settings, along with other risk mitigation behaviours such as social distancing. The statement also recommended that mandating of face coverings should take place in areas or circumstances where there is evidence of sustained or increasing viral transmission.

The Technical Advisory Group will continue to review new evidence on face coverings as it emerges and update its advice accordingly. In addition, the TAG Risk communication and behavioural insights subgroup will continue to consider the behavioural evidence on face coverings and provide appropriate advice to Welsh Government on risk communications.

9. Laboratory capacity (COVID-19 testing and impact on non-COVID related work)

Using more UK testing capacity will produce greater flexibility in the Welsh testing system and will enable us to focus our own testing capacity on areas of greatest need, from tackling future localised outbreaks to contain the spread, to testing more asymptomatic individuals to help us understand how the virus is spreading in certain communities.

The scale of testing capacity needed in Wales to support this approach is unprecedented. We have significantly expanded our testing capacity with laboratory capacity since July 13 currently available to process more than 15,157 tests a day.

An extensive network of testing facilities is available across Wales, including:

- Mass Testing Centres (MTCs) – 8 across Wales in Newport, Ebbw Vale, Cardiff, Abercynon, Swansea, Carmarthen, Llandudno and Deeside.
- Community Testing Units (CTUs) – 19 across Wales in a variety of settings.
- Mobile Testing Units (MTUs) – 18 units across Wales with 12 across Local Health Boards and 6 for rapid response.
- Home Testing Kits (HTKs) – including UK portals for members of the public and key workers to order these tests, and a dedicated portal for care homes.

A rapid response process has been put in place to manage localised outbreaks and testing at a community level. Testing will be rapidly deployed using temporary testing satellites, drop-off and collection routes, or through use of the existing Mobile Testing Units (MTUs) operated by the military and deployed through the local health boards. Additional MTUs are also being made available for managing outbreaks and ‘pop ups’ in communities. Wales also has access to around 30 Strategic Reserve MTUs, which are regionally dispersed but scheduled and operated centrally by the DHSC which may be deployed in support of local outbreaks when requested to provide surge capacity.

We will continue to increase this capacity over the coming weeks and months, enabling us to test more people staying in hospitals and care settings and those working in these sectors and in other critical services.

The number of tests we will need in Wales will depend on the spread of the disease, the prevalence of symptoms and the emerging evidence on how testing can best be used to prevent infection. We will continue to keep this evidence under review.

PHW routinely monitor turnaround times for non-COVID related laboratory work. Based on the most recent data it is evident that COVID has not had a significant impact on laboratory turnaround times and there is no evidence to suggest that other work is being delayed. There was notably a 20% drop in the number of non-COVID samples in June 20 for processing when compared with June 19, however numbers are increasing as NHS services resume. The tables below provide the relevant data to confirm these findings.

Table 1 - Microbiology turnaround times achieved (%) June 19 compared to June 20

Laboratory section	Microbiology turnaround times achieved (%)	
	Jun-19	Jun-20
Bacteriology	93.9	93.5
Specialist and Reference Units	98.1	98.4
Food, Water & Environment	96.8	98.5
Virology	94.2	91.6

Note: turnaround times are variable. They are agreed on clinical grounds with health boards and documented within service level agreements.

Table 2-Total number of samples for processing June 19 compared to June 20

Total number specimens in June		
Specimen Type	Year	
	2019	2020
BC	6,091	5,007
Superficial Wound	5,231	3,764
MRSA Screen	7,755	4,250
Enteric PCR	5,107	3,632
Sputum	3,890	1,980
Eye/Ear/Deep wound/Abscesses/Throat/Mouth	3,828	2,426
Genital	7,488	5,019
Urine	21,034	22,830
Mycology	2,828	538
TOTAL	63,252	49,446

Please do not hesitate to contact me should you require any further information.

I hope this information is helpful.

Yours sincerely,



Vaughan Gething AS/MS

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

Agenda Item 3.5

Welsh Parliament

Petitions Committee

Dai Lloyd MS
Chair, Health, Social Care and Sport Committee
Welsh Parliament
Ty Hywel
Cardiff Bay
CF99 1SN

24 July 2020

Dear Dai

Petition P-05-966 REVERSE Minimum price Alcohol

The Petitions Committee has received the above petition, which the committee considered for the first time at our meeting on 7 July, alongside comments from the Minister for Health and Social Services.

At that meeting, the Committee agreed to note that a Minimum Unit Price for alcohol has only recently been introduced and studies into its consequences and effectiveness are being conducted, and to write to the Health, Social Care and Sport Committee to share the petition for consideration during any post legislative scrutiny that you may decide to do. The Committee also agreed to close the petition.

Further information about the petition, including related correspondence, is available on our website at:

<https://business.senedd.wales/mgIssueHistoryHome.aspx?IId=28611>.

If you have any queries, please contact the Committee clerking team at the e-mail address above, or on 0300 200 6454.

Yours sincerely



Janet Finch-Saunders AS/MS
Cadeirydd/Chair



Senedd Cymru
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 SeneddDeisebau@senedd.cymru

 0300 200 6565

Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN

 SeneddPetitions@senedd.wales

 0300 200 6565

Vaughan Gething MS

Minister for Health and Social Services

27 July 2020

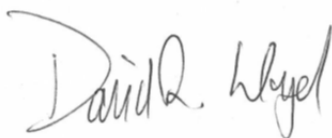
Dear Minister

I am writing to request an update on Advanced Care Planning (ACP) and in particular on progress in developing an electronic record for advance care plans in Wales.

I understand that this has been on the agenda of the End of Life Board for Wales for several years, and that the Board's preferred solution is a system called Co-ordinate My Care, run by the Royal Marsden Hospital and in use across London. I believe it is also able to handle CPR/DNACPR decisions as well as advance care plans.

The current COVID-19 situation has highlighted the need to prioritise this issue. However, it appears that progress has stalled. I would therefore be grateful if you could look into what is preventing this important project from moving forward and provide an update to the Committee.

Yours sincerely



Dr Dai Lloyd MS

Chair, Health, Social Care and Sport Committee



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Agenda Item 3.7

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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/05261/20

Dai Lloyd MS
Chair
Health, Social Care and Sport Committee
Cardiff Bay
Cardiff
CF99 1SN

27 August 2020

Dear Dai,

Thank you for your letter of 27 July seeking an update on advance care planning (ACP) and in particular an update on progress with development of an electronic patient record.

The Welsh Government is committed to ensuring people can end their lives in the locations of their choice – whether that is in their own home, in hospital or in a hospice setting. Good progress has been made on ACP across a number of areas. These include but are not limited to:

- Establishing an Advance Future Care Planning (AFCP) Strategic Group to provide clear leadership and strategic direction for all aspects of ACP across Wales;
- Implementing a single All-Wales do not attempt cardiopulmonary resuscitation (DNACPR) form;
- Initiating a serious illness conversation training programme;
- Supporting a website that summarises AFCP projects from across Wales, to showcase good practice and encourage cross-collaboration and less repetition (<http://www.wales.nhs.uk/researchandresources/publications/nhswalesadvancefuturecareplans>);
- Supporting advance care planning facilitators in Welsh health boards;
- Developing an All Wales Paediatric Advance Care Plan (PAC-Plan);
- Supporting the Talk CPR (CardioPulmonary Resuscitation) website (<http://TalkCPR.wales>) to encourage conversation about CPR for people affected by life-limiting and palliative illnesses;
- Supporting the use of the Aneurin Bevan University Health Board COVID-19 Treatment Escalation Plan across Wales for singular use (i.e. a specific treatment episode in hospital for instance);

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
0300 0604400

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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.

- Publishing a statement covering the current status of those patients during COVID-19, who do not have a prior established DNACPR and/or AACP decision and the decision making processes in acute situations
<http://www.wales.nhs.uk/researchandresources/publications/sharingandinvolvingaclinicalpolicyfordonotattemptcardiopulmonaryresuscitationdnacprforadultsinwales>;
- Organising a national AACP conference where stakeholders from across Wales came together to set a strategic direction for AACP.

Feedback from the AACP conference included requests for good link up between all the different electronic systems, including from primary care and secondary care, so that Advance and Future Care Plans are widely accessible and visible. A system that makes patients' wishes available to professionals needs to be a key component of any electronic health and care record.

The AACP group subsequently produced an electronic record specification and received presentations from three off-the shelf providers who were selectively chosen following discussion with English NHS Trusts and representatives from NHS Digital. Whilst Coordinate my Care was considered the product with the best fit with the electronic specification, it was acknowledged that any system would need to be procured in a transparent and open manner.


This was then referred to the End of Life Care Board in December and was scheduled to be discussed at its Board meeting in March. Unfortunately due to Covid-19, this meeting was cancelled and it was not discussed until the June meeting.

The Board were grateful to the AACP group for the significant amount of work undertaken to get this far, however, there remained some concerns that any solution should be fully integrated with the work being undertaken centrally by NWIS to develop a national data resource (NDR). The NDR will deliver a more joined up approach to health and care data, using common language and technical standards. It will improve the way data is collected, shared and used across health and care organisations in Wales and will drive forward the interoperability of health and care systems.

Given the potential for overlap between functionality that the NDR and a system like Coordinate my Care will provide, the chair of the End of Life Care Board has asked for an outline business case to be produced to demonstrate the value for money of procuring such a system. Work on the business case will commence shortly.

Please be assured that the Welsh Government remains committed to improving AACP in Wales and will continue to work with the End of Life Care Board on this matter.

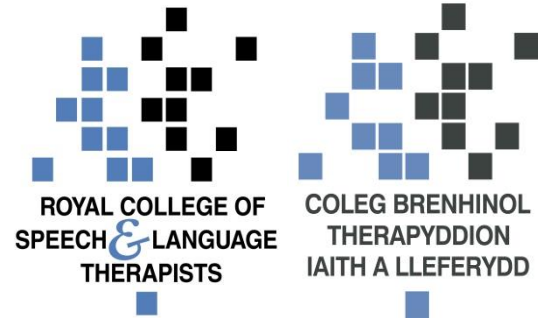
Yours sincerely,



Vaughan Gething AS/MS

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

Agenda Item 3.8



Dr Dai Lloyd AM
Chair, Health, Social Care and Sport Committee
Senedd Cymru
Cardiff Bay
Cardiff,
CF99 1NA

28 July 2020

Dear Dr. Lloyd MS,

Re: Health, Social Care and Sport Committee inquiry into the impact of COVID-19 on health and social care in Wales

Thank you for meeting with ourselves, the Chartered Society of Physiotherapy and the Royal College of Occupational Therapists last month. We were very pleased to hear that rehabilitation will be a key strand under consideration as part of the committee's wide ranging inquiry into the impact of COVID-19. Following our meeting and your specific questions around rehabilitation demand both for COVID patients and other key groups, we have compiled some additional information below. This is supplementary to the broader evidence we provided to the committee last month. We hope this will be helpful in informing the committee's deliberations and would be happy to discuss further or provide more information if required.

COVID 19 and rehabilitation needs

Early modelling from Welsh Government suggests that 11% of those who have had COVID-19 may need rehabilitation at home, 6% may need rehabilitation in a bedded facility, such as a care home or community hospital and 1% may need inpatient rehabilitation¹.

¹ Welsh Government (2020). Rehabilitation needs of people affected by the impact of COVID-19. Available here https://gov.wales/sites/default/files/publications/2020-06/rehabilitation-needs-of-people-affected-by-the-impact-of-covid-19_1.pdf Accessed 16.7.20

While the communication, swallowing and respiratory rehabilitation needs of people recovering from COVID-19 are emerging, early data suggests that for some there will be a prolonged impact on their quality of life. In particular, people affected more severely by the COVID-19 virus and those who required intensive care treatment may suffer from a whole range of associated problems lasting for months and even years. The consequences of life saving interventions such as sedatives, mechanical ventilation, oxygen therapies and tracheostomy may lead to a myriad of problems:

- voice disorders;
 - swallowing muscle weakness with a need for restricted diets or artificial feeding via a tube;
 - chronic respiratory compromise impacting on the coordination of swallowing and breathing which carries an increased risk of chest infection and further lung complications;
 - cognitive communication disorders potentially limiting return to work and daily life;
 - psychological trauma and post traumatic stress disorder; and
 - chronic upper airway narrowing or stenosis requiring complex multidisciplinary team management
- neurologic symptoms manifest in a notable proportion of patients with COVID-19. Emerging clinical data suggest approximately 25-30% of COVID-19 survivors are presenting with new neurological impairments.²

People may face any of the above issues to differing degrees.

Speech and language therapists will have an important role to play in supporting post-COVID patients. The rehabilitation of their communication and/or swallowing disorders needs will require careful planning and speech and language therapy input into the multidisciplinary approach will be essential. Speech and language therapy delivered in the community will be vital in order to prevent any negative health consequences and to optimise long-term outcomes.

While it is currently difficult to estimate demand in detail, speech and language therapy services across the UK are currently collecting clinical data with the support of the RCSLT dataset, to inform further modelling and understanding of rehabilitation needs. This data will link into a larger professional dataset under development by the Intensive Care Society (ICS).

SLT Services in Wales report increased referrals across all acute services with the impact of COVID-19 exacerbating pre-existing conditions and more acuity seen on wards due to rapid discharge from intensive care units to free bed capacity. Swallowing difficulties appear particularly prevalent with one service estimating that up to 91% of post intensive care patients require support in this area. Services also report increased occurrence of associated mental health difficulties due to COVID-19 with patients presenting with increased anxiety and depression.

Rehabilitation for non-COVID patients

² Royal College of Speech and Language Therapists (2020). COVID-19 Speech and Language Therapy Pathway https://www.rcslt.org/-/media/docs/Covid/RCSLT-COVID-19-SLT-rehab-pathway_15-July-2020_FINAL.pdf?la=en&hash=29A7914A98103BDDF61ECAA072A70C80FBF50551

While ensuring the rehabilitation and recovery of COVID-19 patients, it is also essential that people who do not have COVID-19 related issues, but acquire communication and/or swallowing needs receive the specialist professional support they require. As a profession, we are aware of the high level of unmet need for speech and language therapy services. This need is being driven by a range of factors including an ageing population; the increasing incidence of chronic disease; earlier identification of conditions across all age groups; and improved survival of infants who are premature, chronically ill or have a disability and of adults who experience a stroke, progressive neurological disorders, head injury, or life-threatening illness, such as cancer.

The statistics below present a snapshot of likely swallowing and communication needs of patients from key client groups within the community.

Needs

- At least **40% of stroke survivors will initially experience some difficulty swallowing**. If left untreated, swallowing difficulties can result in pneumonia, increased hospital admission and lengthier stays in hospital.³
- Around a third of people will have some level of communication difficulties (called aphasia or dysphasia) following a stroke.⁴
- Changes to swallowing affect eating and drinking for up to **80% of people with Parkinson's** and become a major issue as the condition progresses.⁵
- Speech problems (dysarthria) occur in **more than 80% of people** living with **Motor neurone disease**.⁶
- • Research has found that dysphagia (swallowing difficulties) affects **50-60%** of head and neck cancer survivors.⁷

Pre-COVID rehabilitation provision in Wales

Our members tell us that despite the impact of high quality rehabilitation on quality of life and long-term NHS and social care costs, community rehabilitation is often piecemeal and varies significantly depending where you live in Wales. Data from one health board suggests that only 53% of stroke patients are seen within recommended timeframes and only 25% of progressive neurological disorder patients are previously know to SLT, suggesting that patients are only being referred to SLT for crisis management and there are missed opportunities to engage in advanced care planning and active treatment.

³ Stroke Association (2012). Speech and Language Therapy after Stroke. Stroke Association: London.

⁴ Ibid.

⁵ Miller N, Allcock L, Jones D, et al. Prevalence and pattern of perceived intelligibility changes in Parkinson's disease. J Neurol Neurosurg Psychiatry 2007;78:1188-90

⁶ Tomik, B. and R.J. Guiloff, Dysarthria in amyotrophic lateral sclerosis: A review. Amyotrophic Lateral Sclerosis, 2010. 11(1-2): p. 4-15.

⁷ Wilson, J.A., Carding, P. N., & Patterson, J. M. (2011). Dysphagia after Nonsurgical Head and Neck Cancer Treatment: Patients' Perspectives. Otolaryngol Head Neck Surg, 145(5), 767-771

Members have commented that often, community care packages (including their availability) do not provide the communication support needed (in terms of numbers of hours needed for intervention, education and support by speech and language therapists) as the capacity for independent living dwindles. These packages frequently do not recognise the need for older people to have adequate communication abilities and the need for adequate nutrition if swallowing is compromised. This also increases the demand on family members who also need support and education as how to best assist the older person to maintain the best functional ability at home. This situation is exacerbated by the impact of shielding and social isolation as a result of the pandemic.

These concerns about the provision of community rehabilitation provision are echoed in two recent reports by Senedd cross party groups. A 2020 report from the Stroke Association, based on evidence collated as part of the Stroke Cross Party Group inquiry, revealed that 21% of stroke survivors in Wales reported that they did not receive enough support after a stroke⁸ with only a minority of stroke survivors receiving therapies at guideline levels⁹. The report recommends that 'Health boards must take immediate steps to improve their therapy provision and bring delivery of therapies closer to RCP guidelines.'¹⁰

The Wales Neurological Alliance has also recently undertaken an inquiry into the impact of the Welsh Government's neurological delivery plan. The report recognises that there has been investment in neurological rehabilitation but highlighted that there remain low levels of availability of community services stating;

'Many poor experiences were described by contributors, in particular in relation to a lack of availability of community based services such as physiotherapy, speech and language therapy, occupational therapy, continence advice and support, services that help people to be physically active, mental health services and emotional support.'¹¹

The reports and feedback from our members suggest that sustained focus and continued investment is required to improve community rehabilitation services.

Next steps

Without doubt, the impact of COVID-19 and the resultant clinical presentations will present significant challenges for already stretched community teams. The pandemic has enabled the transformation of SLT services to incorporate telehealth and telephone options. Moving forward, telephone screening, telehealth, accessible digital therapy resources and digital platforms should all be considered.

⁸ Stroke Association (2018), Lived Experience of Stroke - Chapter 4 Rebuilding lives after stroke, 2018. Available: https://www.stroke.org.uk/sites/default/files/leos_one_pager_wales_chapter_4.pdf

¹⁰ Stroke Cross Party Group (2020). The Future of Stroke Care in Wales: report of the inquiry into the implementation of the Welsh Government's Stroke Delivery Plan.

¹¹ Cross Party Group on Neurological Conditions (2020). *Building the foundations for change: The impact of the Welsh Government's Neurological Delivery Plan*

It is vitally important, however, that sufficient resources are provided to ensure that these services are able to respond in as timely and appropriate way as possible. This may also include the need for additional speech and language therapy resource and training for colleagues to provide the support COVID-19 patients with long-term rehabilitation and recovery needs require. If these potential extra resources are not made available and rehabilitation not prioritised, there may be negative consequences for the physical and mental health of people with communication and/or swallowing needs and their families which in turn may result in greater costs to the public purse. We have included a number of good practice examples at **Annex A** highlighting how services are being redesigned to better meet patient need.

We hope this paper will be helpful in supporting the committee discussions around the importance of rehabilitation. We would be happy to provide further information if this would be helpful.

Yours sincerely,

Dr. Caroline Walters

Policy Adviser, Wales

caroline.walters@rcslt.org

ANNEX A

Good practice examples

SLTs at front of door in A and E

In Swansea Bay University Health Board, an SLT has been funded to work alongside other allied health professional colleagues in reducing unnecessary admissions for swallowing difficulties therefore reducing, unnecessary NG tubes, risk of pneumonia, malnutrition, dehydration and improving patients' wellbeing. The service is relatively new but a trial; of similar 7 day service in another Welsh local health board indicated projected annual cost-savings of **£998,748**.

Communication partner training

Based on evidence on the effectiveness of communication partner training and current barriers to accessing face to face intervention due to COVID 19, ABUHB is currently implementing and enhancing group communication coaching groups to focus on communication partner training virtually. Initial outcomes suggest skilled communication partners can facilitate and support the communication activities and participation of people with aphasia and improvement in carer wellbeing scores on the Therapy Outcome Measure scale. Making best use of resource, ABUHB is engaging and co-producing maintenance programmes with the Stroke Association..

Voice therapy

With the global outbreak of COVID-19, video conferencing applications have seen an approximate five fold increase in usage. Services are predicting to see high demand for voice therapy from the working aged population due to consistent use of video conferencing which contributes to a persistent increase in vocal volume. A number of services are working closely with ENT colleagues and revisiting traditional pathways. Work undertaken includes changes to triage systems with ENT prioritisation based on referral information only and those suitable for vocal hygiene groups being seen by SLT without ENT review. This has a two fold effect in reducing the ENT waiting list and speeding up access to SLT for intervention. SLT can then monitor responsiveness to interventions and if clients are not responding as they clinically should, SLT can review with ENT colleagues to prioritise those that require endoscopy for visual assessment.

Agenda Item 3.9

Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services



Llywodraeth Cymru
Welsh Government

Dr Dai Lloyd MS
Chair
Health, Social Care and Sport Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1NA

SeneddHealth@senedd.wales

30 July 2020

Dear Dai,

Thank you for your letter to the First Minister dated 3 July regarding the committee's inquiry into the impact of the Covid-19 pandemic and the impact on health and social care in Wales. As the Minister responsible for this portfolio, I have been asked to respond.

Responding to the pandemic has required significant changes to the way in which the health and social care sectors operate across Wales. The health and social care workforce in Wales has risen to these challenges at every stage.

You ask specifically about childcare provision for school-age children of critical workers over the summer period.

During the immediate response to the virus, we put in place arrangements to ensure critical workers could access childcare. As you note, for school-age children of critical workers and vulnerable children this was largely provided within schools, and run by members of the education workforce. Alongside this, we put in place the Coronavirus Childcare Assistance Scheme for pre-school age children.

These measures were necessary to ensure critical workers could go to work and to keep the number of children in settings low at that particular time; we could not direct parents to use registered childcare because settings did not have the space available to accommodate the numbers of children safely and in line with the requirements around distancing.

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Correspondence.Julie.Morgan@gov.wales

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.

As our understanding of the virus has evolved, and in particular our understanding of the impacts on children, we have been able to make changes to the regulations and guidance which enabled all school pupils to check in and catch up at school ahead of the summer holiday and childcare settings to expand their services safely.

Since 22 June, childcare providers across Wales have been able to increase their operations, opening services to more children. Across Wales, there are more than 3,500 childcare settings with a capacity to provide almost 79,000 childcare places. A number of these settings closed at the outset of the pandemic but the majority are now open and accepting children.

The summer sees dedicated holiday play and activity schemes, which further boost capacity. Alongside this, we have enabled families to come together to form extended households, allowing more informal childcare to be provided.

While the childcare sector is increasing its operations, the recovery has been varied and there are differences in capacity and availability. We are working with local authorities and the childcare sector to ensure services, which can operate do so, and we recently amended our regulations to enable childcare settings to operate from community centres and places of worship.

We announced £2.6m towards the provision of childcare and play opportunities for our more vulnerable children over the summer. Several local authorities have been able to combine that provision with wider summer schemes which support critical workers, and we are looking at what more we can do to support this work.

Our health and social care workers have played a significant role in our response to the virus to date, and we are grateful to them for all that they have done and continue to do. I look forward to the committee's findings.

I am copying this letter to the First Minister and to the chair of the Children, Young People and Education Committee.

Yours sincerely,



Julie Morgan AS/MS

Y Dirprwy Weinidog Iechyd a Gwasanaethau Cymdeithasol
Deputy Minister for Health and Social Services

Vaughan Gething MS

Minister for Health and Social Services

31 July 2020

Dear Minister

As you will be aware, the Committee's recent report into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales highlighted the importance of quick turnaround times for test results and recommended that the Welsh Government aim for all test results to be returned within 24 hours. We are therefore extremely concerned by the latest data on turnaround times, particularly for Coronavirus Testing Units, where testing is prioritised for health and care workers but results are little better than those for the general public,

While the latest figures from Public Health Wales show a marginal improvement in the percentage turnaround within 1 day (36.6% compared with 32% the previous week) for Coronavirus Testing Units, this is actually a significant decrease on the figures for week commencing 22 June, when 46.4% of tests were returned within 1 day and significantly more tests were undertaken (10,878 compared with 7,958). This is in stark contrast to tests conducted in hospitals, where turnaround times have continued to improve and are currently recorded at 87.9% returned within 1 day.

The figures for Regional Testing Centres are even more concerning, with turnaround times deteriorating rather than improving, and only 26.8% being returned within 1 day, compared with 40.9% the previous week (and again fewer tests were undertaken – 5,252 compared with 6,451).

It is widely acknowledged that quick turnaround is key to effective contact tracing, and indeed, advice from the Welsh Government's own Technical Advisory Cell states that the most successful contact tracing schemes require test results within 24 hours. This will become increasingly more important as we move into the winter months, with the additional pressures this will bring.



Senedd Cymru

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Pack Page 58

Welsh Parliament

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The Committee would therefore appreciate your urgent response to the following:

- what work has been undertaken to investigate the causes of the delays in turnaround times, and what are the findings of this work?
- linked to this, are there problems in particular regions, and if so which areas or regions are particularly affected and what are the causes of the problems?
- can you provide information on the measures that have been put in place to deal with the delays?
- what timeframes or milestones for improvements are you working towards?
- if these milestones are not met, what alternative actions will you take?

I look forward to receiving your response.

Yours sincerely

A handwritten signature in black ink that reads "David Lloyd". The signature is written in a cursive style with a large initial 'D'.

Dr Dai Lloyd MS

Chair, Health, Social Care and Sport Committee



Agenda Item 3.11

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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref VG/00289/20

Dr Dai Lloyd MS
Chair, Health, Social Care and Sport Committee
Welsh Parliament
Cardiff Bay
Cardiff
CF99 1SN

28 August 2020

Dear Dr Lloyd,

Thank you for your letter dated 31 July.

As I set out in my response to the committee's report on the *'Health Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales'* we know that test turnaround times are vital to the effectiveness of contact tracing in controlling the spread of the virus.

We are working at pace with Local Health Boards and Public Health Wales on a number of improvements and you will be aware that I have committed an additional £32 million in funding to improve in-lab processes to enhance efficiency and speed. This investment provides for extra staff and equipment for the Public Health Wales regional laboratories based at University Hospital Wales, Cardiff, Singleton Hospital, Swansea and Ysbyty Glan Clwyd, Rhyl, so they can operate 24 hours a day, seven days a week. It also enables the creation of six Hot Labs at acute hospitals across Wales, which will have rapid, under four hour, testing equipment and new testing equipment for other conditions to free up staff to work on Covid-19 testing.

I expect the three regional laboratories will be able to operate 24 hours a day from October. The six new Hot labs will be up and running in November. Work is underway to implement these changes with Public Health Wales undertaking a recruitment drive to recruit up to 160 staff into the new roles.

There are some testing routes which are not set up to achieve a turnaround within 24 hours. Home testing for example cannot operate within this timeframe. Similarly Care Homes have some flexibility in how the tests are administered to reflect staff shift patterns and working hours. We will always seek to deliver the fastest time possible in line with the aims and purposes of the tests being undertaken.

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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.

It may be helpful to explain, the timeliness of results authorised is presented in the Welsh Government's weekly summary of testing data in the location of tests table. It is shown as the proportion of tests which had an authorised result within 1 calendar day, 2 calendar days and 3 calendar days of the sample being collected from the patient. Results are presented in calendar days as many tests processed at NHS Welsh labs are missing information on the time the specimen was collected. Work is ongoing to improve the reliability of capturing this information.

Data on the time taken to receive a COVID-19 test result is split by testing route, as this will have an impact on the time taken to complete the test processing. These testing routes are:

NHS Wales lab processed tests

- Hospital
- Mass and community: in person
- Satellite asymptomatic screening of key workers and residents
- Other

Non-NHS Wales lab processed tests

- Organisation portal
- Community testing: in person
- Home tests

Key worker screening tests may take longer to complete as these individuals are asymptomatic in the main and there is an extended delivery process compared to samples collected at test centres. For example, care homes may complete batches of tests across different staff shifts before returning the tests by courier to the laboratory to be processed.

Tests on symptomatic individuals at test centres or individuals being tested as part of pre-operative, pre-partum and oncology-related asymptomatic testing (i.e. clinical need) will have a different testing pathway reflected by the clinical need to be tested. These varying methods and pathways can have an impact on the turnaround time of the test.

The latest statistics show in the week ending 23 August that 86% of tests requiring a rapid turnaround time were completed within one calendar day. These tests are through the following testing routes:

- Hospitals processed via NHS Wales labs
- Mass and community testing: in person via NHS Wales labs
- Community testing via non-NHS Wales labs

In answer to your specific questions:

What work has been undertaken to investigate the causes of the delays in turnaround times, and what are the findings of this work?

Since June, an NHS TTP operational team has been in place to oversee the operational performance of the system. A key deliverable of the team is to review and agree an action plan on turnaround times (TAT).

An initial deep dive into the end to end process was carried out which included the following:

- A review of access to tests
- Sampling process inclusive of consistency of process
- Courier times and routes from sampling centres to laboratories

- Laboratory process work cycles
- Detailed analysis of all time stamps of the end to end process in order to review delays at the different stages

The findings highlighted opportunities for improvements in all areas of the end to end process with actions at operational and strategic levels.

Linked to this, are there problems in particular regions, and if so which areas or regions are particularly affected and what are the causes of the problems?

There are areas of improvement in each region with some parts of the improvement plan addressing all areas but the courier improvements have addressed some of the issues affecting more rural areas.

Can you provide information on the measures that have been put in place to deal with the delays?

Measures that have been put in places to reduce turnaround times include the following:

- Consistent operational process on booking tests to accurately time stamp process start
- Operational processes at sampling sites to adhere to best practice. This relates specifically to taking of tests, labelling of samples and preparation for courier
- Reduction in long courier journeys
- Laboratory processes from arrival of samples, testing platforms (machines) and operating hours
- Data for each stage required on a consistent basis inclusive of tests occurring in lighthouse laboratories
- Clarification from clinicians on timeliness of tests, to include those tests requiring an optimum pathway of 1 day
- Presentation of data to reflect the purpose for testing

Weekly meetings are held with each region on sampling and testing performance along with weekly meetings with DHSC on lighthouse laboratory performance. There is also a regular review with NWSSP on courier performance

What timeframes or milestones for improvements are you working towards?

The timeframe for improving the turn-around-times in Wales is an ongoing process, but as I have said I expect 24 hour lab working to be in place in October and the new Hot Labs in place in November. These will provide for much improved turnaround times as well as providing enhanced resilience as we approach the winter.

The actions outlined above are in place to ensure that every opportunity to improve performance is taken at a local and national level.

If these milestones are not met, what alternative actions will you take?

Through the strategy we have diversified our sampling and testing. This utilises the totality of the resources made available to us from the UK Government as well as making our own budget choices including bolstering our own workforce and ability to test more rapidly and on a consistent basis.

I hope that his information is helpful in informing the committee of the work that is being undertaken to improve turnaround times.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive style with a large initial 'V' and a long, sweeping tail on the 'g'.

Vaughan Gething AS/MS

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



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref: VG/00273/20

Dr Dai Lloyd MS
Chair, Health, Social Care and Sport Committee
Welsh Parliament
Cardiff Bay
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5 August 2020

Dear Dai,

Thank you for your letter dated 16 July following the extended scrutiny session with the Health, Social Care and Sport Committee.

This was a session on my entire portfolio that, as you know, overran and there were a significant number of areas to discuss. I have never sought to avoid scrutiny on shielding and I would have been happy to address the announcement by the Chief Medical Officer for Wales that day if shielding had been a topic of questioning. The Chief Medical Officer for Wales had of course already extended the shielding timescale before the committee met on 16 July and other UK nations had already publicly announced that they would pause shielding some time beforehand. England for example announced the pause to their shielding arrangements on 22 June. It is of course a matter for the committee to prioritise areas of questioning as you see fit.

In recognition of the number of our citizens affected by the advice to shield, and the key role of the third sector in supporting those individuals, my officials have held a number of stakeholder events in recent weeks. These sessions set out the future direction of shielding, explain how and why decisions are made and also take any questions and comments organisations may have about shielding or the support mechanisms which enable people to shield. Groups involved in these sessions have included the Disability Equality Forum, Learning Disability Third Sector Consortium and the Wales Cancer Alliance. The CMO and DCMO have also attended the Disability and Equality Forum on three occasions to discuss shielding.

Given the vital role of our Local Authorities (LAs) and County Voluntary Councils (CVCs) in supporting the shielding programme, a briefing session was held in advance of the announcement to ensure these organisations were prepared and had a chance to ask questions around the change to advice.

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In preparation for the announcement, we provided resources to organisations across Wales, including a FAQ document, with links to all the relevant information on shielding. This helped organisations prepare for questions they were likely to receive after the announcement and provide appropriate support.

There is always more we could do and we will continue to respond to the feedback we receive which helps us shape our support for this cohort.

I hope this provides some reassurance to the Committee on our approach on this important area.

Yours sincerely,

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

Vaughan Gething AS/MS

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

Agenda Item 3.13



22 July 2020

Dear Dr Dai Lloyd MS,

COVID-19: Evidence session with the Minister and Deputy Minister for Health and Social Services and the Director General for Health and Social Services and the NHS Wales Chief Executive

The Royal College of General Practitioners Cymru Wales, would like to provide an observation on a comment made at one of the HSCS Committee's recent meetings. During the HSCS Committee Meeting on 16 July 2020 Dr Andrew Goodall said:

"we've seen a drop of about 30 – 35% in GP attendance and activity which has still stayed at about that level over these recent weeks".

While we fully appreciate that Dr Goodall was not seeking to be critical of general practice, indeed he was fulsome in his praise for all health workers during the Committee session, it is the view of the Royal College of GPs that this specific quote is not reflective of the experience of our members.

GPs' current workload

As has been widely acknowledged, including in the College's submission to this Committee, there was an initial drop off in the number of patients contacting their GP at the start of the COVID-19 outbreak in Wales. However, this is no longer the case. Through the active work of the profession, NHS Wales and Welsh Government, a concerted effort was made to emphasise that while the format of the consultation may be different to that pre-pandemic, surgeries were open, and GPs were on hand to help patients. Senior officers at RCGP Wales engaged with broadcast and print media to explain that general practice was still very much 'open for business'. This was a message also conveyed during the Committee's evidence session with RCGP Wales. The current attendance, both virtual and in person, at GP surgeries is high. There is a logical explanation for this. The workload one might typically expect at this time has been supplemented by those patients who were reluctant to contact their GP earlier in the pandemic and those who have conditions which have been accentuated by the pandemic and lockdown measures. It should also be noted that in person consultations now require additional time due to PPE protection. It is also the case that virtual consultations can often take a little longer than traditional in person consultations. It is undoubtedly a very busy period for GPs across Wales

and we anticipate the long-term effects of COVID-19 will result in a prolonged increase in GP workload.

Availability of Data

We appreciate that Dr Goodall was basing his assertion on collated data which he has subsequently offered to share with us. However, we do not feel that data producing an output which is so skewed in comparison to the experience of our members can be regarded as providing a full perspective on the current position. On this point, it is our belief that RCGP has a role to play in helping to provide a more accurate picture.

The RCGP Research and Surveillance Centre (RSC) is an internationally renowned source of information, analysis and interpretation of primary care data. Established in 1957, the RSC is an active research and surveillance unit that collects and monitors data, in particular influenza, from over 500 practices. However, at present there is a problem in the Centre accessing data from Wales. This matter has been raised with Dr Goodall and we are encouraged by his keenness to help find a solution so that information from Welsh general practice can also be processed via the Centre to provide us all with an improved indication as to work being undertaken in general practice.

In conclusion, it is our hope that this letter has brought clarity to the current and anticipated workload in general practice. We are grateful for the pro-active way in which Dr Goodall has engaged with the College following concern about the comment from the meeting and look forward to working closely with him to help provide the most accurate possible picture of workload in general practice in Wales.

Yours sincerely



Dr Mair Hopkin
Joint Chair
RCGP Wales

Prof Peter Saul
Joint Chair
RCGP Wales

cc.
Vaughan Gething MS
Dr Andrew Goodall

Agenda Item 3.14

**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**

Chair, Health, Social Care and Sport Committee
Welsh Parliament
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12 August 2020

Dear Dr Lloyd

I am writing further to the correspondence you have received from the Royal College of GPs in respect of the recent Welsh Government evidence session. I thought it would be helpful to provide some comments in the light of this correspondence and confirm that I have discussed the issues raised with both the Royal College of GPs and the BMA.

You will recall during the course of the evidence session I was responding to a question about patient activity through the pandemic response and impact on patients and, as I have previously done both in committee and publicly, I was outlining some of the national activity figures we have reviewed across the system. As I indicated it is clear that there has been a reduction in patient activity through the period of the pandemic response, most visibly at the peak of the response through March, April and May. We have seen however some recovery of patient activity in a number of different settings and there has been an overall increase in activity in all settings over recent weeks towards (but not yet at) more normal levels. This is true of areas such as cancer referrals, A&E attendances, emergency admissions and planned activity. We have been focused as I outlined on maintaining essential services and more recently looking to reset some of the more routine areas of activity, again across a range of healthcare settings.

I am pleased that we have very good relationships in Wales with the representative bodies of our NHS staff, including professional bodies such as the Royal Colleges and they have been involved in our processes and influenced actions including our priorities for operational frameworks in our pandemic response. Having spoken to both the Royal College of GPs and the BMA, I am concerned that my comments out of context would have inadvertently linked my activity comments to a reflection on GP workload. I have been able to clarify to them both on behalf of their members that I am very aware of the extraordinary response that has been provided by primary care to maintain services and access right through the response, although inevitably there have been some limitations particularly during the peak weeks. In fact I covered this point in my broader evidence. However, I would like to be explicit

to the committee that the activity I was using, whether reduced A&E attendances or primary care activity, will not necessarily reflect how busy a service or department is having to work, whether in hospital or in primary care settings. Staff are having to make many changes to normal access that has significant implications for working practices and GP practices have worked very hard to ensure actions and activities are in place that support access but protect staff and patients. This includes the impact on time and activity in respect of safety measures such as PPE. This experience has been developing and changing over recent weeks to increase the services offered across primary care, including those that have been transformed and being provided through different routes such as remote consultations. I would be grateful if you could ensure that this is clear to committee members further to the session I attended.

I have agreed that we will undertake some work collectively across the system to ensure that our central reporting can take account of different practices and shifts of settings, so that for example remote consultations can be accommodated or described in our reporting figures whether in GP practices or in outpatients. This is such a major change in providing services at scale that the reporting process will inevitably lag behind the proper change of service. The Royal College of GPs has specifically offered to work alongside Welsh Government to support the transparency of the workload of practices including in respect of the COVID19 response. Not all of these pressures would be captured by our traditional measures. At the same time I would wish to ensure that data collection methods in primary care are done as easily as possible and without undue bureaucracy.

I want to reiterate my appreciation and dedication to GPs and their teams across Wales. The response from practices in the delivery of that workload has seen many positive outcomes; such as increased MDT working, more complex caseloads and greater collaboration with other practices (as RCGP highlighted in *General practice in the post Covid world*, July 2020). There has also been a significant shift of working with technology to promote more remote working with patients, that have seen benefits to clinical teams and patients. Maintaining the momentum of delivering for patients through innovative ways of working will be an important factor in developing what becomes normal service post COVID19.

I trust this letter clarifies my position with respect to comments about activity levels.

Yours sincerely



Dr Andrew Goodall

Copied to:
The Royal College of GP's
BMA
The Minister for Health and Social Services
The Deputy Minister for Health and Social Services

Cynulliad Cenedlaethol Cymru

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

National Assembly for Wales

Health, Social Care and Sport Committee

Agenda Item 3.15

Vaughan Gething AM
Minister for Health and Social Services
Welsh Government

10 August 2020

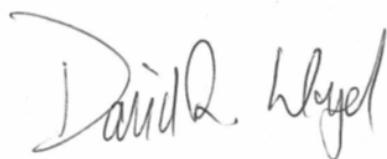
Dear Minister

You will recall that I wrote to you in February to request a full, unredacted copy of the report produced by Mr Robin Holden relating to the Hergest Unit in North Wales. In your response, you indicated that the four page summary document was the only report, and the use of the term 'full report' in correspondence by Simon Dean covered the summary report along with the personal statements recorded as part of the investigation, which were being withheld due to the confidential nature of the information they contained. However, the Information Commissioner's ruling that the health board should "disclose a full copy of the report with only the names of individuals subject to the grievances redacted", along with recent media reports referring to a 14 page document, would suggest the availability of a fuller, more detailed document.

In light of these new developments, I would be grateful if you could provide a further update on the situation in relation to this document.

I look forward to hearing from you shortly.

Yours sincerely



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



Agenda Item 6

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

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Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/VG/2497/20

Dr David Lloyd MS
Chair
Health, Social Care and Sport Committee

19 August 2020

Dear Dr Lloyd,

Thank you for your letter 8 July providing me with the committee's report on the '*Health Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales*'. I would like to thank the committee for their time in considering this important topic. It was a challenging time for us all.

I want to put on record my thanks to staff across the health and social care sector who worked incredibly hard to treat and care for those who contracted COVID-19, those who had other urgent health and social care needs and to protect those who are most vulnerable in our communities. The system has undergone an extraordinary transformation across all settings in demanding and exceptional timescales. In relation to PPE, I also wanted to acknowledge the enormous logistical and manufacturing challenge that was faced by the service to secure millions of items at what was a very difficult time.

In the context of the reasonable worst case scenarios at that time, the scale of the levels of capacity that was anticipated, the numbers of critical staff required and seeing other well regarded health systems overwhelmed, this was an exceptionally intense and worrying time for all those involved.

I took the early decision on 13 March to step away from routine activities to ensure the NHS and care system had appropriate time to prepare, including the creation of capacity and the training and realignment of staff. Routine primary and secondary care was paused to support the anticipated numbers of patients infected with COVID-19. Difficult decisions were taken that reflected the pressure and significance of the situation that we were all confronted with and we were mindful of the need to respond to a rapidly changing environment, through April and May in particular.

Our actions were focused on protecting the Welsh population, saving lives and protecting the NHS. In this context, the UK modelling work, translated for Welsh scenarios, demonstrated the need for 10,000 extra beds to be made available and 950 critical care beds. In order to address the very visible pressures and potentially overwhelmed systems, we were able to put plans urgently in place that allowed for a tripling of critical care capacity

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if required through surge capacity and also doubled the number of acute hospital beds in Wales – all within days and weeks in the face of this unprecedented challenge.

Thanks to the professionalism and agile response that characterised the co-operation from all parts of the health and care system and our rapid preparation overall, Wales was able to respond quickly to deal with this public health emergency. The response was assisted by the close proximity and openness of relationships across health organisations and with social care partners across Wales, building upon existing structures and partnership arrangements. Regular communication and collaborative decision making facilitated delivery of a number of key milestones from the temporary scaling back of routine NHS activities, to field hospital developments and later the establishment of local TTP arrangements. These strengthening arrangements lay an important foundation for the emergence of the new NHS Wales Executive.

The evidence base at the time, informing our decisions and, crucially, supported by the broader impact of the population respecting regulations to stay at home, thankfully meant that we did not see (and continue not to see) the over 100,000 hospital admissions that were expected at that time and the up to 28,000 potential deaths in Wales. However, sadly, many people have lost loved ones and we were mindful throughout this situation that preventing more families from experiencing tragedy from COVID-19 was paramount. This was and remains an exceptionally challenging time for all those on the front lines of our services and particularly as we prepare for the unpredictable winter period ahead.

I want to recognise also the level of transformation, supported by digital innovation, which has been immense in supporting the health and care system. Thanks to the scale of the challenge and rapid acceleration, many of the new ways of working and innovative approaches have received positive feedback from a range of stakeholders, including patients and clinicians. We continue to learn from our work so far and will build on these efforts as we plan for the winter and beyond. The recommendations from the Committee will also help inform our future approach and actions.

The committee has taken evidence from a number of key sources and has appreciated the complex position that those managing the pandemic were faced with. The committee's report says that it will apply the evidence as known at the time but, in some cases, it would appear that knowledge known now has been applied retrospectively. This is particularly apparent in terms of its observations about decisions taken regarding care homes and the policy for asymptomatic patients.

I know Dr Rob Orford, chair of the Technical Advisory Cell (TAC) wrote separately to you on 14 July, explaining the unique role that TAC has and continues to play in offering advice to the Welsh Government. I understand that you have invited him and colleagues to attend the Committee on 16 September. I am sure this will assist the committee's understanding of the milestones for decisions and evidence. This will be especially relevant in terms of the decisions made about testing for care homes and the discharge of people from hospital to care homes. Our decisions were made in absolute good faith and based on our knowledge and understanding at the time. As the evidence has evolved, we have adapted our approach where that is appropriate and this will continue. I can assure the committee that protecting those living in care homes has been an urgent priority throughout this pandemic. Protecting the most vulnerable in our society and acting in their best interests remains at the heart of our decision making.

Committee members will have received a copy of the Deputy Minister for Health and Social Services' Written Statement on 30 July which sets out the actions we are taking to provide support for the care home sector. Our actions will consider lessons learned and any further

measures required regarding infection prevention and control; personal protective equipment; general and clinical support for care homes; residents' well-being; social care workers' well-being and financial sustainability. We have commissioned an independent facilitator to carry out a rapid review of the operational experience of care homes between March and June this year. The outcome of seven regional care home support plans and a national overview report will inform the Welsh Government winter preparedness planning. In addition, a scientific paper analysing discharges from hospitals and COVID-19 care home outbreaks in Wales has been written by Public Health Wales. The paper has been submitted to a peer review journal for publication. We will share the paper with you as soon as it is available.

I support and 'accept' or 'accept in principle' the majority of the recommendations from the committee. I have not accepted part of recommendation 10. This is in relation to home testing kits being used in care homes. Extensive guidance and training for administering the home testing kits has been developed and this approach is recognised as effective and flexible to meet the particular needs of care homes. I have also not accepted recommendation 20 in relation to contact tracing, which can only begin on receipt of a positive test.

I can confirm that many of the recommendations reflect areas which are already in train and where there is already strong progress. Over the next few weeks we will be taking steps to deliver further improvements, mindful of the financial implications. Choices will need to be made to secure the best 'value based healthcare' going forward and in the context of preparing for a challenging winter period.

You will be aware that there was no blueprint for COVID-19. While plans for a flu pandemic had been developed and tested, the scale and impact of COVID-19 was unprecedented. Together with partners across health, social care and beyond we are learning to prevent, contain and treat this disease and we recognise that we will continue to live with the virus in many aspects of our daily lives for some time to come.

I announced the development of a national Winter Protection Plan on 7 August, which will be issued in September. This will be an overarching plan setting our expectations for health and social care and informing engagement with wider partners and stakeholders. It will provide a clear direction for the remainder of the year and will also support many of the committee's recommendations.

The work of the committee has helpfully focused on a number of key areas: Personal Protective Equipment (PPE); Testing; Shielding; Test, Trace and Protect; and financial implications for adult social care. I will address these and further information to support this response is provided in Annex 1.

Personal Protective Equipment (PPE) **These three recommendations are accepted.**

Recommendation 1

The Welsh Government must, as a matter of urgency:

- *publish a strategy for securing a resilient supply of PPE;*
- *stockpile appropriate PPE in sufficient quantities for any future outbreak;*
- *keep under review the PPE it has stockpiled to ensure that it remains of adequate quality and is fit for purpose, including that the design and fit is appropriate for all wearers and suitable for staff, patients or carers who are deaf or hearing impaired;*
- *publish a strategy for ensuring resilience of distribution arrangements for PPE;*

- *work with partners to ensure that guidance on PPE is kept up to date in the light of the most recent scientific advice, and communicate this advice clearly to staff.*

Recommendation 2

The Welsh Government must review its own systems to ensure the mechanisms are in place to enable manufacturers in Wales to respond quickly in supplying appropriate PPE in the event of any future outbreaks. This must include having procurement arrangements that are able to respond in a timely manner.

Recommendation 3

The Welsh Government must ensure that third sector organisations providing vital care services have reliable access to appropriate PPE.

A strategic plan for PPE procurement for health and social care is being developed. This work is being coordinated through the PPE Stock, Sourcing and Distribution Group, chaired by the Welsh Government. The plan will be developed as part of the wider winter preparations undertaken by Health and Social Services within the Welsh Government in the national Winter Protection Plan. NHS Wales Shared Services Partnership (NWSSP) have already taken measures to secure a stable stock position in respect of PPE and will continue to build upon this to further improve resilience.

Welsh businesses have an important role to play in strengthening our resilience to a second peak of COVID-19 and the risks posed by a no-deal Brexit. Our PPE procurement plan for health and social care will blend local manufacture with international supply. Increased orders from Welsh businesses are anticipated over the coming year, as their production of PPE items come on-stream.

Industry Wales and their partners will be integral to informing our future engagement with business regarding future PPE requirements as well as exploring the potential to on-shore more of our other procurement requirements.

The Welsh Government has funded NHS Wales Shared Services Partnership (NWSSP) to supply PPE to the health and social care sectors in Wales. Where third sector organisations operate in support of the statutory health and social services, they are supplied with PPE by local health boards or local authorities in order to carry out those functions. A number of third sector organisations providing medical care, such as hospices, have been part of NWSSP's core distribution for many years and this has continued throughout the COVID-19 response.

With regard to social care, NWSSP provides PPE directly to local authorities through their Joint Equipment Stores (JES) for onward distribution to care providers. NWSSP will continue to source and distribute PPE to local authorities to meet the needs of the social care sector for the remainder of this financial year, maintaining a stable supply of PPE throughout the recovery phase.

PPE is the legal responsibility of the employer including of course a number of independent sector providers in domiciliary and residential care. NWSSP has stepped in to provide PPE to ensure that staff and people they care for are protected because of the extraordinary tightening of normal PPE supply chains. We should not lose sight of the significance of this successful undertaking in logistical or financial terms.

Financial implications: PPE costs arising from the development of the strategic plan for health and social care will be met through the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis.

This was announced by Welsh Ministers on 5 August. Any additional costs will be drawn from existing programme budgets.

Testing

The following recommendations are accepted.

Recommendation 4

The Welsh Government, and its partners, must ensure that there is local access to testing for anyone who needs it, as and when they need it. GPs and primary care need to be an integral part of these arrangements.

Recommendation 5

The Welsh Government, working with its partners, must ensure an ongoing campaign of clear, consistent and repeated public messaging – at a national and local level – about when to seek a test for Covid-19 and how to do this.

Recommendation 6

The Welsh Government should ensure there is similarly clear and consistent messaging about the value of testing, not only in identifying people with the virus but to assist in research and development of future solutions.

Recommendation 7

The Welsh Government, working with NHS Wales, must develop a clear plan for regular and repeated testing of health and social care staff, including asymptomatic staff.

Recommendation 8

Given the concerns about a future second spike of infection, the Welsh Government, working with its partners, should assess the likely future demand for testing and take steps to ensure there is sufficient capacity so that anyone who needs a test will be able to access one quickly and easily. As part of this, the Welsh Government and partners must remain alive to the development of different types of testing models.

Recommendation 9

The Welsh Government must ensure that all patients being discharged from hospital directly into a care home have been tested in accordance with latest best practice to ensure maximum protection for residents and staff.

The Testing Strategy published on 15 July outlines the plan for testing of health and social care staff. Our strategy is based upon the latest evidence. As ever, it is subject to change as the evidence base may change during the course of the pandemic.

<https://gov.wales/covid-19-testing-strategy-html>

The Welsh Government is working with local health boards to agree a whole system testing approach for Wales and will continue to review the testing policy for health and care settings as the evidence evolves. Additional NHS testing capacity is being used to routinely and strategically test asymptomatic frontline staff as part of infection prevention and control measures.

Estimating the need for testing is affected by a number of variables including the spread of the disease, the incidence of new cases and transmission rates in the community, the prevalence of symptoms and emerging evidence on how testing can best be deployed to prevent infection. New scientific advice will be continually reviewed, alongside re-modelling

and international experience and this evidence will be kept under review, adapting our estimates of need accordingly.

A national testing infrastructure has been established with an extensive network of testing facilities available across Wales, from Coronavirus Testing Units, to Mobile Testing Units and Mass Drive-through Testing centres. Home testing kits are available for those that are unable to attend test sites. Individuals can apply for tests online via the GOV.UK platform or via telephone through the 119 service.

Our sampling capacity more than meets current requirements. Welsh laboratories hold capacity for over 15,000 tests per day, together with access to wider UK capacity, which is being used for population testing, surveillance testing in care homes and for key workers. Welsh capacity is being used to respond to clinical need and outbreak management.

For people being discharged from hospital, test results must be available prior to discharge. We have also established an additional discharge pathway for people who test positive or are still infectious; they will go to step-down care to be cared for and will be tested again to ensure a negative test result before returning to their care home. This is set out in the guidance, *COVID-19: update to step-down and step-up care arrangements guidance*: <https://gov.wales/hospital-discharge-service-requirements-covid-19>

All of this capacity is not being used currently, reflecting the low prevalence of the disease at present. Maintaining the capacity to respond to spikes in testing need arising from outbreaks is vital.

The Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public. This ensures people understand how to get a test as soon as they start displaying symptoms, while reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks.

The campaign to-date has included a digital campaign, media coverage, community outreach, print advertising, social media and radio adverts. Over 450 pieces of campaign materials have been produced in 34 different languages. Partners such as NHS, local authorities and wider public services communications teams have been given access to the campaign materials to use. The campaign will continue to focus on reinforcing who, how and when people should get tested, as well as the role of contact tracing as lockdown is eased.

The Welsh Government is supporting Health and Care Research Wales who are leading on the communications with the public on recruiting people to help with the research and development of future solutions.

Financial Implications – The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Any additional costs will be drawn from existing programme budgets in the Health and Social Services Main Expenditure Group. The additional costs for recommendation 8 in relation to the Reasonable Worst Case for Winter Welsh R Model work is £250K and will be met from programme budgets in the Health and Social Services Main Expenditure Group.

Recommendation 10

The Welsh Government must ensure that:

- *testing within care homes takes place on a regular and systematic basis,*
- *such tests are administered by suitably trained individuals rather than using home testing kits and*
- *Sufficient capacity is available to support both of the above.*

The first bullet recommendation is accepted in principle.

There has been regular and systematic testing in care homes in Wales. All residents and staff in care homes were tested during May and June. In mid-June a policy to test all care home staff on a weekly basis was introduced, which was subsequently extended. The release of the Welsh Government's Testing Strategy on 15 July supported the reduction in the frequency of testing care home staff to a fortnightly basis, if prevalence rates remained low.

The results have been closely monitored and prevalence rates have remained low. As part of developing a more targeted and differentiated approach to testing, where prevalence remains high or a spike occurs, more regular, systematic testing may be maintained or reintroduced.

The second bullet recommendation is rejected.

Local health boards have provided guidance and training for administering tests using home testing kits. Home testing kits delivered to care homes as testing satellites have provided an effective and flexible approach that meets the particular needs of care homes. Health boards continue to support, train and advise care homes on testing and on infection control measures.

The third bullet recommendation is accepted.

There is sufficient capacity in Welsh laboratories and the UK Lighthouse laboratory to enable testing in care homes in Wales. Repeat testing occurs via the Lighthouse labs model using home testing kits.

Where incidents occur (two or more positive cases), then Public Health Wales laboratories are used, where sampling is administered by trained individuals to support outbreak management. This enables a more flexible, responsive approach to outbreaks supporting the Test, Trace and Protect process.

Financial Implications – No additional as in line with existing policy. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Shielding

The following recommendations are accepted/accepted in principle.

Recommendation 11

The Welsh Government must take steps to: ensure there are no further breaches of patient data going forward, and better communicate with people who have been advised to shield. This needs a clear, well-structured, responsive, timely and transparent approach, and must be an integral part of the future strategy for support to this very vulnerable group of individuals.

Recommendation 12

The Welsh Government must re-examine the arrangements with major supermarkets to ensure it can satisfy itself that there will be sufficient capacity for online food shopping and home delivery to meet demand, particularly during the coming winter period.

Recommendation 13

The Committee recognises that there is a cohort of people not on the shielded patients list who are otherwise vulnerable or normally rely on online food shopping and delivery services. The Welsh Government must look at how best to identify and offer support to these people.

Recommendation 14

The Welsh Government should commission a focused and rapid review of the current arrangements for delivery of medicines to ensure they are robust, reliable, safe and sustainable, and able to meet both current demands and potential future pressures, especially during the winter months.

Recommendation 15

The Welsh Government must work in partnership with local authorities to review existing support arrangements for shielded people, and implement improvements as necessary.

The Information Commissioner's Office has closed the investigation into the breach that occurred with no regulatory action, recognising that it was a case of human error and also that remedial action was swift. Whilst this incident was unacceptable, lessons have been learned and we are committed to continuing to improve in this area.

A data group has been established within the Welsh Government to ensure appropriate data issues are resolved promptly with the onward sharing of data to Local Authorities and other partners. More stakeholder engagement has been undertaken where stakeholders have been able to discuss shielding and related communications directly with officials. This has influenced both the content and method of distribution of our communications materials.

The Welsh Government has worked with seven major food retailers, sharing data to enable them to prioritise on-line orders and home deliveries for people who are shielding. We welcome the effort these retailers have made to expand their on-line ordering and home delivery operation and to prioritise shielding people.

The Minister for Environment, Energy, and Rural Affairs regularly meets major food retailers and her officials have also held discussions with seven main retailers offering on-line ordering. Priority online delivery slots are working well and retailers have confirmed they will carry on ensuring that there are priority slots for shielding people after shielding advice was paused on 16 August. The Welsh Government has identified that there are people who are vulnerable and has been working with local authorities and voluntary councils who have been supporting both these groups, providing access to food, support and wider befriending. The Minister for Housing and Local Government wrote to all local authority leaders in April to scope the extent of support provided for non-shielding vulnerable people and was assured that effective support is in place. Ministers have agreed that there will be a further letter to leaders and Voluntary Councils in August to enable them to update the information they provided.

The number of volunteers recruited to support the Volunteer Scheme and the capacity of the Royal Mail service exceeds current demand from pharmacies and dispensing doctors across Wales. Following the advice from the Chief Medical Officer to pause shielding, both the Volunteer Delivery Scheme and the Royal Mail Service will continue, as planned, to

support these patients until 30 September. A review of the COVID-19 medicines delivery arrangements has been undertaken in consultation with stakeholders and participants. The findings of the review will inform the need to respond to a further spike in the autumn or to local outbreaks of community transmission.

With regard to the third sector, almost £7m has been distributed in emergency grants and loans to 150 organisations through the Voluntary Sector Emergency Fund since the start of the pandemic, potentially benefitting over 730,000 individuals. Each Voluntary Council has received £25,000 to support local organisations to respond to their community needs; as at 31 July this fund has supported over 200 organisations.

Financial Implications – Funding for shielding communication is allocated from within programme budgets in the Health and Social Services Main Expenditure Group.

In relation to recommendation 13, under the Test Trace Protect scheme, £1m has been agreed as part of the Local Government Hardship Fund to support local authorities in the Protect element of the scheme, to help those people who are required to isolate as a result of contact tracing and no access to any support from family or friends. This will be included in the general strand of the fund and the amount available will be kept under review.

In relation to recommendation 14, £5.8m within the Community Pharmacy Contractual Framework funding has been re-purposed to support these arrangements throughout 2020-21 if required, with £7m having been distributed to the third sector.

These recommendations are accepted in principle.

Recommendation 16

The Welsh Government must ensure that there is clear guidance made available to those who are shielding about accessing routine healthcare services and how to do this safely.

Recommendation 17

The Welsh Government must ensure there is clear guidance provided for families and carers of people who are shielding about returning to work, and the support they can expect.

The Chief Medical Officer (CMO) wrote to those who are shielding on what to do in relation to attending health settings for routine care and planned appointments. Early advice was to avoid the settings wherever possible and when an individual did need advice or treatment, it was important to communicate directly with the setting that they were shielding.

Advice changed on 13 June in relation to the wearing of face masks, to clarify people who had received a shielding letter from the CMO (including a carer of patient or child who is on the Welsh shielded list) should wear a medical mask when there was an unavoidable need to access health or social care settings. Masks should be provided to people in this category if required.

The Welsh Government aims to provide guidance which would support all of those individuals with the appropriate action to take. Employers have a legal obligation to minimise the risk of exposure to COVID-19 in the workplace. Advice is available via the 'Work, skills and financial support' website on how to stay safe at work and how to access help on money or the security of employment. <https://gov.wales/work-skills-financial-support>

Financial Implications – None.

Test, Trace Protect Strategy

This recommendation is accepted.

Recommendation 18

The Welsh Government must take the opportunity now to review all arrangements to ensure that the scale of the infrastructure, the technological rollout and the necessary recruitment exercises are in place to ensure an efficient and effectively functioning contact tracing system. The system must not be compromised because of a lack of planning, resources or technology, when there has been time to prepare and important opportunities for learning.

The Test, Trace and Protect system has been designed to scale, as required with regional plans to support this. Resourcing, infrastructure and capacity planning have been undertaken based on the latest modelling and scientific advice.

Working in close partnership with Public Health Wales and NHS Wales Informatics Service, health boards and local authorities, continual improvements and refinements are being implemented at pace and at a system wide level.

This recommendation is accepted in principle.

Recommendation 19

The Welsh Government, working with Public Health Wales, must aim for all test results to be returned within 24 hours.

Speed is vital to the effectiveness of the contact tracing system. Health board testing leads and Public Health Wales are working at pace on a number of improvements including:

- Improving in-lab processes to enhance efficiency and speed.
- Provision of extra staff and equipment for the Public Health Wales regional laboratories based at University Hospital Wales, Cardiff, Singleton Hospital, Swansea and Ysbyty Glan Clwyd, Rhyl, so they can operate 24 hours a day, seven days a week.
- Creation of six Hot Labs at acute hospitals across Wales, which will have rapid, under four hour, testing equipment and new testing equipment for other conditions to free up staff to work on COVID-19 testing. They will operate from 8:00am – 10:00pm, seven days a week.

Financial Implications – Whilst work is ongoing with NHS Wales on this, funding for improvements will be met from the £800m stabilisation package to support the Welsh NHS. Funding approval has been provided of £32 million to speed up turnaround times.

This recommendation is rejected.

Recommendation 20

The Welsh Government should move immediately to a system where contact tracing begins either on receipt of a positive test, or within 24 hours.

Contact tracing begins on receipt of a positive test. The vast majority of those who are tested return a negative result (93.5% negative as at 9 August). Initiating contact tracing before test results are known could result in significant negative impacts on those contacts asked to isolate unnecessarily and undermine confidence in the system. It would also require significant additional resources within contact tracing teams. Our approach takes

into consideration both the latest medical advice and the broader socio economic impacts of asking close contacts to self-isolate. This is an evolving situation and subject to ongoing review.

Financial Implications – No additional costs. Funding has been allocated to health boards and local authorities to support the Test, Trace, Protect programme.

This recommendation is accepted in principle.

Recommendation 21

The Welsh Government must ensure there are systems in place to both monitor effectively the false negative rate, and to ensure testing is delivered responsively and flexibly to minimise the false negative rate.

The Testing Strategy, previously referred to, outlines how testing for Wales will be delivered. Low prevalence of the disease is likely to generate a higher rate of false positives and false negatives. False negatives are hard to measure, however work is underway to provide an estimation of false negative rates based on the clinical sensitivity of testing.

Financial Implications – No additional costs. Funding will be drawn from agreed budgets for testing as described above.

This recommendation is accepted.

Recommendation 22

In consultation with Public Health Wales, the Welsh Government should:

- *publish a strategy to increase the number of people presenting for tests in order to utilise more fully the available testing capacity*
- *take steps now to provide assurances that 20,000 tests per day will be able to be delivered*
- *ensure that safeguards are in place to guarantee that capacity from facilities outside Wales is fit for purpose and sufficient to meet demand*
- *ensure that the system is able to respond to increases in demand, and expand to meet these.*

In collaboration with Public Health Wales, local health boards and the UK Government's Department of Health and Social Care, a national testing infrastructure has been developed to ensure those who need a test are able to access one easily and quickly. A communications strategy is focussed on reinforcing who, how and when people should get tested, encouraging those with symptoms to access testing.

Extensive modelling work is helping to inform requirements for capacity planning. Reserve Mobile Testing Units can be drawn on flexibly to help respond to outbreaks ensuring an agile response to outbreak management. We have already seen these used to good effect in responding to outbreaks within Wales.

Financial Implications – No additional costs. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

This recommendation is accepted.

Recommendation 23

The Welsh Government must, as a matter of urgency review its decisions about the number of staff needed for contact tracing in order to assure itself and the public that the system will be able to function effectively at times of highest demand, and can flex and respond according to changes in demand. It should publish the results of the review.

The Welsh Government has not set a target regarding the number of staff needed for contact tracing. The policy is to build on and develop the contact tracing expertise that exists in our local authorities and health boards in order to create a workforce that can be rapidly scaled up or down depending on circumstances.

This partnership approach has enabled a workforce to be established quickly with some 700 people, which is more than sufficient to cope with the current low number of people testing positive currently. The initial assumption that a workforce of 1000 contact tracers was based on earlier modelling. If a second wave of this scale occurred, this would require a workforce of some 1,800. All health boards and local authorities are currently implementing their workforce training and recruitment plans and the position will be closely monitored and fully reassessed in September.

This recommendation is accepted.

Recommendation 24

The Welsh Government must confirm, as a matter of priority, the financial support package for local authorities to support the employment of professional tracers, rather than depend on redeployment of existing staff.

Local authorities and health boards will need support and resource. Up to £45m is available this financial year to support a total contact tracing workforce of 1,800 with capacity to contact trace up to 11,000 new positive test cases per week. The position will be kept under constant review.

Financial Implications – None. £45m has been made available in 2020-21. Funding has been allocated to health boards and local authorities to support the Test, Trace, Protect programme. Any additional costs will be reviewed on an ongoing basis.

This recommendation is accepted.

Recommendation 25

The Welsh Government, working with its partners, must ensure a system of clear and repeated public messaging – at a national and local level - about individual responsibilities to self-isolate on symptoms, and the importance of urgent self-referral for testing.

The Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public. It is ensuring everyone understands how to get a test as soon as they start displaying symptoms and reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks. Partners such as NHS, local authorities and wider public services communications teams have been given access to the campaign materials. The campaign will continue to focus on reinforcing who, how and when people should get tested, and also the role of contact tracing as lockdown is eased.

Financial Implications – No additional costs. The additional costs will be drawn from programme budgets within the Health and Social Services Main Expenditure Group.

This recommendation is accepted.

Recommendation 26

The Welsh Government must pursue with the UK Government the arrangements for statutory sick pay for social care workers in Wales required to self-isolate. This should be done urgently.

Statutory sick pay (SSP) is a non-devolved matter and Ministers continue to raise the financial impact of isolation at a UK level. The First Minister and Health Minister have written formally to the UK Government on this issue without a positive reply. The Health Minister has raised this regularly in 4 nations Cabinet Health Minister meetings. Employees in self-isolation are entitled to SSP for every day they are in isolation as long as they meet the eligibility conditions, including self-isolating for at least 4 days in a row (including non-working days). People who have been contact traced and required to self-isolate, due to being in contact with someone who has tested positive for coronavirus, are also covered under the regulations UK Government made on 27 May 2020, subject to eligibility criteria.

Financial Implications – None.

This recommendation is accepted.

Recommendation 27

The Welsh Government must provide further information about the protocol on cross-border arrangements.

Processes are in place to enable the sharing of data and information between England and Wales to support contact tracing. The process of sharing information occurs daily between Public Health England and Public Health Wales, electronically via a secure system (and vice-versa) and is underpinned by a data-sharing agreement between both organisations. The Test, Trace and Protect or Test and Trace system where the person resides, is the one that takes the lead to make contact with the individual.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Financial Implications for local government /funding for adult social care

This recommendation is accepted.

Recommendation 28

The Welsh Government must, as a matter of urgency, put in place a short-term, guaranteed funding commitment to support adult social care services to mitigate the financial impact of Covid-19. This commitment must be developed in consultation with service providers, including local government.

The Welsh Government has allocated to date over an additional £155m to meet the costs faced by local authorities in responding to COVID-19. This includes just under £63m to help them meet the additional costs adult social care providers are incurring.

The financial pressures local authorities are under due to loss of income are recognised and a further £78m to assist local authorities with these costs has been agreed.

The Welsh Government is committed to working closely with the Welsh Local Government Association (WLGA) and the Society of Welsh Treasurers to understand the impact of the pandemic on local government and act as required to address this.

Financial Implications – Around £155m has been made available to local authorities in Wales to support additional costs from COVID-19.

Winter for the NHS and social care sector is always challenging, but this winter in particular brings additional issues and concerns. The Winter Protection Plan is under development and will seek to provide a national framework under which organisations will be collaborating to produce integrated plans that will deliver seamless care across the health and social care sector.

Earlier this week the Welsh Government also announced more than £260m for local authorities. This will help them prepare their budgets and ensure they are able to cover increased costs and manage the additional cleaning requirements to support our collective approach to COVID-19.

I will update members of the committee when the Winter Protection Plan is issued. I hope this information is helpful.

Yours sincerely,

A handwritten signature in black ink that reads "Vaughan Gething". The signature is written in a cursive style with a large initial 'V' and a long, sweeping tail on the 'g'.

Vaughan Gething AS/MS

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

Response to the recommendations in the Health, Social Care and Sport Committee Report – Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales

Personal Protective Equipment (PPE)	
<p>Recommendation 1 The Welsh Government must, as a matter of urgency:</p> <ul style="list-style-type: none"> ▪ publish a strategy for securing a resilient supply of PPE; ▪ stockpile appropriate PPE in sufficient quantities for any future outbreak; ▪ keep under review the PPE it has stockpiled to ensure that it remains of adequate quality and is fit for purpose, including that the design and fit is appropriate for all wearers and suitable for staff, patients or carers who are deaf or hearing impaired ▪ publish a strategy for ensuring resilience of distribution arrangements for PPE; ▪ work with partners to ensure that guidance on PPE is kept up to date in the light of the most recent scientific advice, and communicate this advice clearly to staff. 	
<p>Response – Accept A strategic plan for PPE Procurement for Health and Social Care is in development. This work is being coordinated through the PPE Stock, Sourcing and Distribution group, chaired by Welsh Government with representation from NHS Wales Shared Services Partnership (NWSSP), Local Health Board PPE Operational Executive Leads and the Association of Directors of Social Services. The plan will be developed as part of the wider winter preparations undertaken by Health and Social Services within Welsh Government.</p> <p>The strategic plan will include steps to increase levels of stock and expand storage capacity to secure an appropriate winter ‘buffer’ of PPE supplies, as well as replenishing our pandemic stock. Recent investment in stock management systems and modelling capability has ensured that we are in a better-informed position on ‘burn-rates’ on PPE usage, and demand and supply analysis by product and sector as we prepare for the winter period. This will continue to be refined and developed. To further build resilience, the plan will consider securing products from international suppliers as early as possible and blending more Welsh-based manufacturers of PPE into supply lines.</p> <p>Wales has contributed to formulation of guidance, via membership of the UK infection prevention and control (IPC) Cell, and adheres to the UK evidence based IPC guidance (and accompanying Personal Protective Equipment (PPE) tables) https://www.gov.uk/government/publications/wuhan-novel-coronavirus-infection-prevention-and-control</p>	

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A Nosocomial Transmissions Group (NTG) has been established across Welsh Government, health and social care, jointly chaired by the Deputy Chief Medical Officer and the Chief Nursing Officer. The purpose of the group is to advise, support and provide direction on the actions needed to minimise nosocomial transmission and enable the safe resumption of services.

IPC guidance, including that on PPE, forms an integral part of the remit of the NTG and to facilitate this, a NTG sub-group, focussed upon IPC, chaired by a Director of Nursing has been established. This group comprises representation from health and social care in Wales as well as Health Education and Improvement Wales (HEIW) and amongst other work will develop the core IPC training standards and revise cleaning standards. The IPC group will oversee a survey and training needs analysis of workforce IPC education, training and capacity of both health and social care settings. A task and finish group has been directed to develop standardised and current IPC education and training for Wales.

Financial implications: PPE costs arising from the development of the strategic plan for Health and Social Care will be met through the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Recommendation 2

The Welsh Government must review its own systems to ensure the mechanisms are in place to enable manufacturers in Wales to respond quickly in supplying appropriate PPE in the event of any future outbreaks. This must include having procurement arrangements that are able to respond in a timely manner.

Response – Accept

Welsh businesses have an important role to play in strengthening our resilience to a second peak of Covid-19 and the risks posed by a no-deal Brexit. Our PPE procurement plan for health and social care will blend local manufacture with international supply, and we anticipate increasing orders from Welsh businesses over the coming year as their production of PPE items come on-stream.

CERET (The Critical Equipment Requirement Engineering Team) was established March and is chaired by Industry Wales to provide a conduit between the health sector and industry and expedite a supply pipeline of PPE. CERET has supported a number of Welsh-based manufacturing organisations to bring a manufacturing capability to Wales.

Industry Wales and their partners will be integral to informing our future engagement with business regarding future PPE requirements as well as exploring the potential to on-shore more of our other procurement requirements.

We have used the current Covid-19 provision for direct procurement awards to engage local business in PPE supply chains. We are keen that we continue to use every lever possible so that those businesses who stepped up at a critical point in the onset of the pandemic can continue to access public contracts so that we can better use public expenditure to support economic and social wellbeing across Wales.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Recommendation 3

The Welsh Government must ensure that third sector organisations providing vital care services have reliable access to appropriate PPE.

Response – Accept

Welsh Government has funded NWSSP to supply PPE to the health and social care sectors in Wales. Where third sector organisations operate in support of the statutory health and social services, they are supplied with PPE by Local Health Boards or local authorities in order to carry out those functions. A number of third sector organisations providing medical care, such as hospices, have been part of NWSSP’s core distribution for many years and this has continued throughout the Covid-19 response.

With regard to social care, NWSSP provide PPE directly to local authorities through their Joint Equipment Stores (JES) for onward distribution to care providers. NWSSP will continue to source and distribute PPE to local authorities to meet the needs of the social care sector for the remainder of this financial year, maintaining a stable supply of PPE throughout the recovery phase.

We recognise that local authorities are best-placed to identify the care providers operating within their local area which require PPE, including services provided by third sector organisations. As NWSSP will supply PPE to meet the need identified by local authorities, we do not consider it necessary or practical to have an additional direct distribution route to third sector organisations.

Financial Implications – No additional financial implications. This is covered in the strategic PPE plan referenced above.

Testing

Recommendation 4

The Welsh Government, and its partners, must ensure that there is local access to testing for anyone who needs it, as and when they need it. GPs and primary care need to be an integral part of these arrangements.

Response: Accept

We now have a national testing infrastructure that means anyone who needs a test can access one. An extensive network of testing facilities is available across Wales, from Coronavirus Testing Units, to Mobile Testing Units and Mass Drive-through Testing centres. Home testing kits are available for those that are unable to attend test sites. Individuals can apply for tests

online via the GOV.UK platform or via telephone through the 119 service. We will continue to explore community based provision through local sites and utilise access to home testing kits in community settings which can provide rapid results.

Financial Implications – The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Recommendation 5

The Welsh Government, working with its partners, must ensure an ongoing campaign of clear, consistent and repeated public messaging – at a national and local level – about when to seek a test for Covid-19 and how to do this.

Response: Accept

Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public, ensuring everyone understands how to get a test as soon as they start displaying symptoms, and reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks.

The campaign to-date has included a digital campaign, media coverage, community outreach, print advertising, social media and radio adverts. Over 450 pieces of campaign materials have been produced in 34 different languages. Partners such as NHS, Local Authority and wider public services communications teams have been given access to the campaign materials to use on their internal and external communication channels.

The campaign will continue to focus on reinforcing who, how and when people should get tested, and also the role of contact tracing as lockdown is eased.

The Technical Advisory Group have also created a Risk Communication and Behavioural Insight Group, chaired by Professor Ann John in order to provide advice on effective risk communication, behavioural science and engagement.

Financial Implications – The additional costs will be drawn from programme budgets within the Health and Social Services Main Expenditure Group.

Recommendation 6

The Welsh Government should ensure there is similarly clear and consistent messaging about the value of testing, not only in identifying people with the virus but to assist in research and development of future solutions.

<p>Response: Accept Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public, ensuring everyone understands how to get a test as soon as they start displaying symptoms, and reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks.</p> <p>The campaign to-date has included a digital campaign, media coverage, community outreach, print advertising, social media and radio adverts. Over 450 pieces of campaign materials have been produced in 34 different languages. Partners such as NHS, Local Authority and wider public services communications teams have been given access to the campaign materials to use on their internal and external communication channels.</p> <p>The campaign will continue to focus on reinforcing who, how and when people should get tested, and also the role of contact tracing as lockdown is eased.</p> <p>Welsh Government is supporting Health and Care Research Wales who are leading on the communications with the public on recruiting people to help with the research and development of future solutions.</p> <p>The Technical Advisory Group have also created a Technical Testing Advisory Group, chaired by Professor Robin Howe in order to provide advice on COVID-19 testing in Wales. Several public facing guidance documents on testing have been published by TAG.</p> <p>Financial Implications – The additional costs will be drawn from programme budgets within the Health and Social Services Main Expenditure Group.</p>
<p>Recommendation 7 The Welsh Government, working with NHS Wales, must develop a clear plan for regular and repeated testing of health and social care staff, including asymptomatic staff.</p>
<p>Response: Accept The Welsh Government’s testing strategy published on the 15th July on gov.wales outlines the plan for testing of health and social care staff. We are working with LHBs to agree a whole system testing approach for Wales and we will continue to review our testing policy for health and care settings as the evidence evolves. We will support LHBs through our NHS Planning Framework to mobilise testing for both staff and patients. In line with the Technical Advisory Group advice, when the prevalence of the disease is low, as it is now, care needs to be taken in using RT-PCR tests as a screening tool. Low prevalence of the disease is</p>

likely to generate a higher rate of false positives and false negatives. We will adapt our approach according to need in high prevalence situations and in line with scientific advice.

For critical worker screening, this may lead to significant unnecessary exclusion from work which has to be balanced against the risk to patients of transmission particularly where they are vulnerable and at risk of more severe illness. The balance of risks needs to be carefully considered.

We are currently utilising additional NHS testing capacity to routinely and strategically test asymptomatic frontline staff as part of infection prevention and control measures.

Financial Implications – The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Recommendation 8

Given the concerns about a future second spike of infection, the Welsh Government, working with its partners, should assess the likely future demand for testing and take steps to ensure there is sufficient capacity so that anyone who needs a test will be able to access one quickly and easily. As part of this, the Welsh Government and partners must remain alive to the development of different types of testing models.

Response: Accept

Estimating the need for testing is affected by a number of variables: the spread of the disease, the incidence of new cases and transmission rates in the community, the prevalence of symptoms, and the emerging evidence on how testing can best be deployed to prevent infection. We will continue to review new scientific advice, our modelling and international experience and we will keep this evidence under review and adapt our estimates of need accordingly.

We currently have sampling capacity that more than meets our current requirement, with our Welsh laboratories holding capacity for over 15,000 per day and we also have access to wider UK capacity, which is being used for population testing, surveillance testing in care homes and for key workers. Welsh capacity is being used to respond to clinical need and outbreak management. We are not using all of this capacity, reflecting the low prevalence of the disease at present. But it is vital that we maintain the capacity to respond to spikes in testing need arising from outbreaks. However, we know that the end to end process and the effective staffing and resources will require contingency plans with partners to meet any spike in demand.

The Modelling Subgroup of the Technical Advisory Group (TAG) have refined the UK Cabinet Office Commission for a Reasonable Worst Case for Winter using the Welsh data. Two Welsh R Models have been developed to help support strategic planning for the winter.

Financial Implications – The additional cost for the Reasonable Worse Case for Winter Welsh R Model work is £250K and will be met from programme budgets in the Health and Social Services Main Expenditure Group.

Recommendation 9

The Welsh Government must ensure that all patients being discharged from hospital directly into a care home have been tested in accordance with latest best practice to ensure maximum protection for residents and staff.

Response: Accept

The Welsh Government’s test strategy published on 15 July, in order to safeguard those residents currently living in care homes, all potential new residents and all patients being discharged to a care home or a hospice from hospital will continue to be tested before admission into a care home.

For people being discharged from hospital, test results must be available prior to discharge. We have also established an additional discharge pathway for people who test positive or are still infectious; they will go to step-down care to be cared for and will be tested again to ensure a negative test result before returning to their care home. This is set out in the guidance, *Covid-19: update to step-down and step-up care arrangements guidance*: <https://gov.wales/hospital-discharge-service-requirements-covid-19>.

Testing if patients leaving care homes has been in place since 2nd May <https://gov.wales/testing-process-care-homes-covid-19.html>. The Technical Advisory Group have recently published revised testing regime for patients leaving hospitals for care homes <https://gov.wales/technical-advisory-group-testing-criteria-discharging-asymptomatic-patients-care-homes>. The guidance seeks to improve flow by further evaluating positive testing against threshold levels and antibody positivity.

Financial Implications – No additional as in line with existing policy. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Recommendation 10

The Welsh Government must ensure that:

- testing within care homes takes place on a regular and systematic basis,
- such tests are administered by suitably trained individuals rather than using home testing kits and
- Sufficient capacity is available to support both of the above.

Response – Accept in principle/ reject/ accept

Accept in principle - There has been regular and systematic testing in care homes in Wales during the past few months. All residents and staff in care homes were tested during May and June. On 15 June we introduced a policy to test all care home staff on a weekly basis, which was extended from an initial period of four weeks to eight weeks. When releasing the Welsh Government’s Testing Strategy on 15 July, the Minister for Health and Social Services indicated that the frequency of testing care home staff would be reduced to fortnightly if prevalence rates remained low. The results of the testing have been closely monitored and prevalence rates have remained low. However, as part of developing a more targeted and differentiated approach to testing, where prevalence remains high or we see a spike, more regular, systematic testing may be maintained or reintroduced.

In line with the Welsh Government Testing Strategy, testing must have a ‘clear purpose’ and regular and systematic testing in care homes must be informed by analysis of scientific evidence and consideration of levels of vulnerability and risk of transmission. However, work will continue to support, train and advise care homes on testing and on infection control measures.

Reject - Local health boards have provided training for administering tests using home testing kits and extensive guidance is available via gov.wales. Home testing kits delivered to care homes as testing satellites have provided an effective and flexible approach that meets the particular needs of care homes.

Accept - There is sufficient capacity in Welsh labs and the UK Lighthouse labs to enable testing in care homes in Wales. Repeat testing occurs via the Lighthouse labs model through home testing kits. Where incidents occur (2 or more positive cases) then we utilise PHW labs and sampling routes where sampling is administered by trained individuals to support outbreak management. This enables a more flexible, responsive approach to outbreaks supporting the TTP process.

Financial Implications – No additional as in line with existing policy. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the

Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August.

Shielding of Extremely Vulnerable People

Recommendation 11

The Welsh Government must take steps to:

- ensure there are no further breaches of patient data going forward, and
- better communicate with people who have been advised to shield. This needs a clear, well-structured, responsive, timely and transparent approach, and must be an integral part of the future strategy for support to this very vulnerable group of individuals.

Response - Accept

The Information Commissioner’s Office have closed the investigation into the breach that took place with no regulatory action, recognising that it was a case of human error and also that remedial action was swift. Whilst this incident was unacceptable, lessons have been learned, including the importance of Welsh Government officials working more closely alongside NWIS colleagues to ensure issues and questions with regard to data can be swiftly resolved. In addition to a more structured set of meetings in place with NWIS to discuss the Shielded Patients List (SPL), a data group has been established within Welsh Government with attendance by NHS Delivery Unit representatives to ensure appropriate data matters are discussed and issues resolved promptly with the onward sharing of data to Local Authorities and other partners.

We have been responsive to feedback from stakeholders throughout the process for shielding but recognise that active engagement with interested parties had been lacking. Since June, we have had a part-time member of staff dedicated to stakeholder engagement and have run a number of events where stakeholders have been able to discuss shielding and related communications with the policy team. This has influenced both the content and method of distribution of our communications materials. The Chief Medical Officer for Wales and his Deputy have met with the Disability Equality Forum on three occasions in recent months to hear directly from and respond to the queries from this Group. We are committed to continuing to do better in this area.

Financial implications: No additional. Funding for shielding communication is allocated from within programme budgets in the Health and Social Services Main Expenditure Group.

Recommendation 12

The Welsh Government must re-examine the arrangements with major supermarkets to ensure it can satisfy itself that there will be sufficient capacity for online food shopping and home delivery to meet demand, particularly during the coming winter period.

Response: Accepted in principle

We engage regularly with the major retailers offering priority online delivery slots to people who are shielding and they have reassured us they will continue to make these available.

Welsh Government has worked with seven major food retailers, sharing data to enable them to prioritise on-line orders and home deliveries for people who are shielding. We welcome the effort these retailers have made to expand their on-line ordering and home delivery operation, and to prioritise shielding people.

Over 269,939 orders have been placed for on-line deliveries from the shielding population in Wales, with 249,419 currently delivered (w/e 24 July 2020). Geographic coverage provided by online shopping is extensive, with online shopping offered by two retailers across the whole of Wales. A third retailer provides additional coverage for the vast majority of Wales and another provides coverage to 89% of the Welsh population.

The Minister for Environment, Energy, and Rural Affairs regularly meets major food retailers and her officials have also held discussions with seven main retailers offering on-line ordering. Priority online delivery slots are working well and retailers have confirmed they will carry on ensuring that there are priority slots for shielding people after shielding advice is paused on 16 August.

Financial implications: None

Recommendation 13

The Committee recognises that there is a cohort of people not on the shielded patients list who are otherwise vulnerable or normally rely on online food shopping and delivery services. The Welsh Government must look at how best to identify and offer support to these people.

Response: Accept

The Welsh Government has identified that there are people who are vulnerable because of their age, because they are pregnant or because of their health condition and are therefore at increased risk of Covid 19. Others may be economically vulnerable and not able to afford food. The Welsh Government has been working with local authorities and county voluntary councils who have been supporting both these groups through providing access to food, access to support and wider befriending support. This has included linking people to volunteers who can do their shopping or provide other support.

<p>The Minister for Housing and Local Government wrote to all local authority leaders in April to scope the extent of support provided for non-shielding vulnerable people and was reassured that effective support is in place. Ministers have agreed that there will be a further letter to leaders and CVC chief executives in August to enable them to update the information they provided.</p> <p>Financial implications: Under the Test Trace Protect scheme, £1m has been agreed as part of the Local Government Hardship Fund to support local authorities in the Protect element of the scheme, to help those people who are required to isolate as a result of contract tracing and no access to any support from family or friends. This will be included in the general strand of the fund and the amount available will be kept under review.</p> <p>With regard to the Third Sector:</p> <ul style="list-style-type: none"> • Almost £7m has been distributed in emergency grants and loans to 150 organisations through the Voluntary Sector Emergency Fund since the start of the pandemic, potentially benefitting over 730,000 individuals. • We have also provided each Voluntary Council with £25,000 to support local organisations to respond to their community needs; as at 31 July this fund has supported over 200 organisations. • These funds have enabled the organisations to support the most vulnerable in our communities including those who are shielding •
<p>Recommendation 14 The Welsh Government should commission a focused and rapid review of the current arrangements for delivery of medicines to ensure they are robust, reliable, safe and sustainable, and able to meet both current demands and potential future pressures, especially during the winter months.</p>
<p>Response: Accept We have undertaken a review of the Covid-19 medicines delivery arrangements in consultation with stakeholders and participants. The findings of the review will inform the need to respond to a further spike in the autumn or to local outbreaks of community transmission.</p> <p>The National Prescription Volunteer Delivery Scheme (The Volunteer Scheme) and the Royal Mail Track 24 Click and Drop Service (The Royal Mail Service) were established to ensure prescription medicines continued to be made available to those shielding and those who were self-isolating with no other means of support during lockdown. The Volunteer Scheme was fully rolled out by 5th May and the Royal Mail Service became operational across all of Wales on June 1st. Agreements are in place to continue and fund both until 30th September.</p>

The Volunteer Scheme and Royal Mail Service were introduced to increase capacity and resilience of pre-existing medicines delivery arrangements operated by community pharmacies, and dispensing doctors, in response to the additional demand resulting from measures taken to reduce the spread of COVID-19. The Committee’s report refers to the arrangements needed to meet current demand; we can confirm the number of volunteers recruited to support the Volunteer Scheme and the capacity of the Royal Mail service exceeds current demand from pharmacies and dispensing doctors across Wales, many of whom did not require additional support. We do not, therefore, consider capacity to have been an issue in terms of the current arrangements.

The Committee’s recommendation also refers to potential future pressures. The current arrangements are restricted to the shielding period ending on 16th August. Following the advice from the Chief Medical Officer to pause shielding, both the Volunteer Delivery Scheme and the Royal Mail Service will continue, as planned, to support these patients until 30th September. We are now working with Royal Mail, Pro Delivery Manager and third sector organisations such as British Red Cross and St John Ambulance Cymru to discuss the logistics of a ‘paused model’ of support for medicines delivery to allow rapid remobilisation should a second wave occur in the winter months. This would allow arrangements to be reinitiated rapidly in the event of a significant subsequent wave of COVID-19.

Delivery services are provided by community pharmacies on a commercial basis and not as part of NHS terms of service. However, we have been reassured that all community pharmacies have arrangements in place to ensure those patients we have prioritised receive their medication and have repurposed £5.8m within the Community Pharmacy Contractual Framework funding to support these arrangements throughout 2020-21 should they be required. For patients not in prioritised groups, many pharmacies continue to offer private delivery arrangements.

Financial Implications – £5.8m within the Community Pharmacy Contractual Framework funding has been re-purposed to support delivery of medications throughout 2020-21

Recommendation 15

The Welsh Government must work in partnership with local authorities to review existing support arrangements for shielded people, and implement improvements as necessary.

Response: Accept

The relationship with Welsh Local Government Association, Local Authorities, Wales Council for Voluntary Action, Community Voluntary Councils and the shielding policy team is well established and has been a vehicle for open discussion on what could be better. As well as providing a fast track response to queries and issues from Local Authorities, the shielding team have direct contact through WLGA and WCVA multiple times per week to ensure issues are raised, discussed and resolved in a timely

manner. As the relationship has developed and the implementation issues have become less, this relationship has supported improved communications, in line with other stakeholders, to improve information sharing on announcements and guidance changes at an earlier stage.

We recognise that our relationship with our Local Authority partners is key in supporting those who have been shielding as the advice to shield is paused, whether it is because of an ongoing vulnerability or as part of their role in supporting the Test, Trace Protect programme and involvement in outbreak management.

At Ministerial level, there has been weekly contact with leaders by a variety of Ministers as appropriate. The Minister for Health and Social Services has attended for conversations on shielding and the Test, Trace, Protect system.

We intend to continue to invest in these important relationships, with a focus on continuous improvement, to support our citizens.

Financial implications: None

Recommendation 16

The Welsh Government must ensure that there is clear guidance made available to those who are shielding about accessing routine healthcare services and how to do this safely.

Response: Accept in principle

The letters from the Chief Medical Officer contain information for those who are shielding on what to do in relation to attending health settings for routine care and planned appointments. However, it is challenging to make this more specific to the setting the individual is attending. Whilst advice to shield has been in place, the advice was to avoid the settings wherever possible and when attending due to an absolute requirement it was important to communicate directly with the setting you were visiting to highlight that you were shielding.

When the advice changed in relation to the wearing of face masks (13th June), it was clarified that people who had received a shielding letter from the Chief Medical Officer for Wales (including a carer of patient or child who is on the Welsh shielded list) should wear a medical mask when there is an unavoidable need to access health or social care settings. Masks should be provided to people in this category if required.

Financial implications: None

Recommendation 17

The Welsh Government must ensure there is clear guidance provided for families and carers of people who are shielding about returning to work, and the support they can expect.

Response: Accept in principle

It is important to note that there is a broad range of people, with actual or perceived vulnerability, who are worried about returning to work. As a Government, we aim to provide guidance which would support all of those individuals with the appropriate action to take. In all instances the most important conversation to be had is with the employer, and this should be done as early as possible in order to facilitate a safe return to work. Employers have a legal obligation to minimise the risk of exposure to COVID 19 in the workplace. Advice is available via the ‘Work, skills and financial support’ area of our website <https://gov.wales/work-skills-financial-support> on how to stay safe at work and also how to access help if people have concerns around money or the security of employment.

Financial implications – None

Test, Trace, Protect Strategy

Recommendation 18

The Welsh Government must take the opportunity now to review all arrangements to ensure that the scale of the infrastructure, the technological rollout and the necessary recruitment exercises are in place to ensure an efficient and effectively functioning contact tracing system. The system must not be compromised because of a lack of planning, resources or technology, when there has been time to prepare and important opportunities for learning.

Response: Accept

The TTP system has been designed to scale as required with regional plans in place to support this. Resourcing, infrastructure and capacity planning have been undertaken based on the latest modelling and scientific advice.

Working in close partnership with PHW, NWIS, health boards and local authorities, we are making continual improvements and refinements at pace and at a system wide level, to ensure that contact tracing continues to be run efficiently and effectively.

Financial Implications – No additional costs. Funding has been allocated to health boards and local authorities to support the Test, Trace, Protect programme.

Recommendation 19

The Welsh Government, working with Public Health Wales, must aim for all test results to be returned within 24 hours.

Response: Accept in principle

We know speed is vital to the effectiveness of the contact tracing system. We are working at pace with health board testing leads and Public Health Wales on a number of improvements. An additional £32 million in funding has been approved for Public Health Wales to implement improvements to ensure faster results to support the contact tracing process. This includes:

- Improving in-lab processes to enhance efficiency and speed.
- Provision of extra staff and equipment for the Public Health Wales regional laboratories based at University Hospital Wales, Cardiff, Singleton Hospital, Swansea and Ysbyty Glan Clwyd, Rhyl, so they can operate 24 hours a day, seven days a week.
- Creation of six Hot Labs at acute hospitals across Wales, which will have rapid, under four hour, testing equipment and new testing equipment for other conditions to free up staff to work on Covid-19 testing. They will operate from 8:00am – 10:00pm, seven days a week.

It is expected the three regional laboratories will be able to operate 24 hours from October. The six new Hot labs will be up and running in November. Work is underway to implement these changes with Public Health Wales undertaking a recruitment drive to recruit up to 160 staff into the new roles. Additional activity has also focused on improving courier scheduling and processes.

In addition to the improvements within the labs we are working with partners to improve and optimise the pre-lab turnaround time by increasing the throughputs of sampling sites, frequency of sample collection, speed at which the samples reach the labs and ensuring an effective arrival time.

There are some testing routes which are not set up to achieve a turnaround within 24 hours. Home testing for example cannot operate within this timeframe. Similarly Care Homes have some flexibility in how the tests are administered to reflect staff shift patterns and working hours. We will always seek to deliver the fastest time possible in line with the aims and purposes of the tests being undertaken.

Officials are also working to improve accessibility to local testing by introducing new hyper-local walk-in sampling sites and mobile pop-up sites which will mean that symptomatic individuals can access a test quickly.

Financial Implications – Whilst work is ongoing with NHS Wales on this, funding for improvements will be met from the £800m stabilisation package to support the Welsh NHS. Funding approval has been provided of £32 million to speed up turnaround times.

Recommendation 20

The Welsh Government should move immediately to a system where contact tracing begins either on receipt of a positive test, or within 24 hours.

Response: Reject

Contact tracing begins on receipt of a positive test. The vast majority of those who are tested return a negative result (93.5% negative as at August 9th) Initiating contact tracing before test results are known could result in significant negative impacts on those contacts asked to isolate unnecessarily. TTP relies on people adhering to the advice given and we need to be very mindful of this in considering the behavioural impacts of any approach. Asking people to isolate without evidence that they need to do so could undermine confidence in the system. It would also require significant additional resources within contact tracing teams. Our approach takes into consideration both the latest medical advice and the broader socio economic impacts of asking close contacts to self isolate. This is an evolving situation and subject to ongoing review.

Financial Implications – No additional costs. Funding has been allocated to Health Boards and Local Authorities to support the Test, Trace, Protect programme.

Recommendation 21

The Welsh Government must ensure there are systems in place to both monitor effectively the false negative rate, and to ensure testing is delivered responsively and flexibly to minimise the false negative rate.

Response: Accepted in principle

The testing strategy published on the 15 July outlines how we will deliver testing for Wales. Low prevalence of the disease is likely to generate a higher rate of false positives and false negatives. False negatives are by their nature hard to measure in the system, however work is underway to provide an estimation of false negative rates based on the clinical sensitivity of testing.

Financial Implications – No additional costs. Funding will be drawn from agreed budgets for testing as described above.

Recommendation 22

In consultation with Public Health Wales, the Welsh Government should:

- publish a strategy to increase the number of people presenting for tests in order to utilise more fully the available testing capacity;
- take steps now to provide assurances that 20,000 tests per day will be able to be delivered; ensure that safeguards are in place to guarantee that capacity from facilities outside Wales is fit for purpose and sufficient to meet demand.
- ensure that the system is able to respond to increases in demand, and expand to meet these.

Response - Accept

In collaboration with Public Health Wales, Local Health Boards and the UK Government's Department of Health and Social Care, we have developed a national testing infrastructure to ensure everyone who needs a test is able to access one easily and quickly. Our communications strategy is focussed on reinforcing who, how and when people should get tested, encouraging those with symptoms to access testing. Our communications strategy is focussed on reinforcing who, how and when people should get tested, encouraging those with symptoms to access testing.

Our Testing Strategy released on 15 July outlines how we will utilise our testing capacity effectively to ensure that those requiring a test have access to one. The strategy also outlines how tests will be routed to provide optimum pathways and outcomes RT-PCR testing is and will continue to be deployed within defined targeted settings or cohorts in line with Technical Advisory Group advice. We have an extensive network of sampling and testing facilities of drive-through Mass Testing Centres, Mobile Testing Units and Coronavirus Testing Units, and home testing kits available for those unable to attend testing sites

We have and continue to take active steps to build our testing capacity. Our Welsh Laboratories hold capacity for over 15,000 test per day alongside access to wider UK capacity used for population testing, testing in care home and for key workers. New sampling routes via walk-in Local Test Sites will help to bolster capacity alongside increased provision from UK Lighthouse Labs.

We continue to work closely with UK government colleagues to ensure that the provision offered from facilities outside of Wales is fit for purpose and sufficient to meet demand. Our strategy enables us to route tests according to need ensuring an effective response.

Extensive modelling work is helping to inform requirements for capacity planning. Reserve Mobile Testing Units can be drawn on flexibly to help respond to outbreaks ensuring an agile response to outbreak management. We have already seen these used to good effect in responding to outbreaks within Wales.

Financial Implications – No additional costs. The financial implications of the testing in Wales will be covered from a combination of funding as part of the direct UK infrastructure and the £800m stabilisation package to support the Welsh NHS to continue to respond to and recover from the impact of the coronavirus crisis, announced by Welsh Ministers on 5 August

Recommendation 23

The Welsh Government must, as a matter of urgency review its decisions about the number of staff needed for contact tracing in order to assure itself and the public that the system will be able to function effectively at times of highest demand, and can flex and respond according to changes in demand. It should publish the results of the review.

Response - Accept

The Welsh Government has not set a target regarding the number of staff needed for contact tracing.

The policy is to build on and develop the contact tracing expertise that exists in our local authorities and health boards in order to create a workforce that can be rapidly scaled up or down depending on circumstances.

This partnership approach has enabled us to quickly establish a contact tracing workforce of some 700 which is more than sufficient to cope with the current low number of people testing positive. The initial assumption that a workforce of 1000 contact tracers would need to be in place by 1 June was based on earlier modelling of the spread of the virus.

Going forward, all regions have undertaken detailed contact tracing workforce resource planning based on the assumption that there will be a very significant second wave of the virus in the autumn which, at peak, could require up to 11,000 new positive cases per week to be contact traced.

A second wave of this scale would require a total workforce of some 1,800 and Welsh Government has subsequently allocated funding of £45m to the regions to fully meet the cost of a workforce of this size. Requirements are being continually monitored and there is a major review planned for September.

All health boards and local authorities are currently implementing their workforce training and recruitment plans and the position will be closely monitored and fully reassessed in September to ensure that it is sufficient.

Financial Implications – None. £45m has been made available in 2020-21. Any additional costs will be reviewed on an ongoing basis.

<p>Recommendation 24. The Welsh Government must confirm, as a matter of priority, the financial support package for local authorities to support the employment of professional tracers, rather than depend on redeployment of existing staff.</p>
<p>Response: Accept We are acutely aware that local authorities and health boards will need our full support and the resource implications will be high.</p> <p>We have made up to £45m available this financial year. This is sufficient to support a total contact tracing workforce of 1,800 with capacity to contact trace up to 11,000 new positive test cases per week.</p> <p>The position will be kept under constant review as we move forward.</p> <p>Financial Implications – None. As above £45m has been made available in 2020-21. Funding has been allocated to health boards and local Authorities to support the Test, Trace, Protect programme. Additional costs will be reviewed on an ongoing basis.</p>
<p>Recommendation 25</p> <p>The Welsh Government, working with its partners, must ensure a system of clear and repeated public messaging – at a national and local level - about individual responsibilities to self-isolate on symptoms, and the importance of urgent self-referral for testing.</p>
<p>Response: Accept Welsh Government has been leading on a sustained COVID-19 public awareness campaign since the start of the outbreak. This work has been and continues to be vital in communicating the latest health advice to the public, ensuring everyone understands how to get a test as soon as they start displaying symptoms, and reassuring them about the role of contact tracing in keeping Wales safe from future outbreaks.</p> <p>The campaign to-date has included a digital campaign, media coverage, community outreach, print advertising, social media and radio adverts. Over 450 pieces of campaign materials have been produced in 34 different languages. Partners such as NHS, Local Authority and wider public services communications teams have been given access to the campaign materials to use on their internal and external communication channels.</p> <p>The campaign will continue to focus on reinforcing who, how and when people should get tested, and also the role of contact tracing as lockdown is eased.</p>

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Financial Implications – No additional costs. The additional costs will be drawn from programme budgets within the Health and Social Services Main Expenditure Group.

Recommendation 26

The Welsh Government must pursue with the UK Government the arrangements for statutory sick pay for social care workers in Wales required to self-isolate. This should be done urgently.

Response: Accept

Concerns continue to be raised with UK Ministers about the financial impact of isolation. Statutory sick pay in itself simply cannot cover cost of living expenses and poses a risk to financially vulnerable individuals and families in our communities. Statutory sick pay (SSP) is a non-devolved matter and we are strongly urging the UK government to take action to ensure appropriate financial support for those expected to self-isolate.

Employees in self-isolation are entitled to SSP for every day they are in isolation as long as they meet the eligibility conditions, including self-isolating for at least 4 days in a row (including non-working days).

People contact traced and required to self-isolate due to being in contact with someone who has tested positive for coronavirus, are also covered under the regulations UK Government made on 27 May 2020, subject to eligibility criteria.

If people cannot work from home whilst they are self-isolating, they may also be entitled to an Employment Support Allowance accessed through gov.uk.

Financial Implications – None.

Recommendation 27

The Welsh Government must provide further information about the protocol on cross-border arrangements.

Response: Accept

The necessary processes are in place to enable the sharing of data and information between England and Wales to support contact tracing.

The Customer Relationship Management (CRM) system in Wales identifies cases and contacts who reside outside of Wales and places them in a separate queue to other contacts for sharing with PHE. The process of sharing this data and information between England and Wales occurs daily between PHW to PHE, electronically via a secure system (and vice-versa) and is

underpinned by a data-sharing agreement between both organisations. The TTP or Test and Trace system where the person resides, is the one that contacts them.

Financial Implications – None. Any additional costs will be drawn from existing programme budgets.

Financial implications for local government and funding for adult social care

Recommendation 28. The Welsh Government must, as a matter of urgency, put in place a short-term, guaranteed funding commitment to support adult social care services to mitigate the financial impact of Covid-19. This commitment must be developed in consultation with service providers, including local government.

Response: Accept

As the Committee acknowledges, local authorities have been an integral part of the response to the pandemic providing vital services and support in their communities in difficult circumstances. To enable this, we have allocated to date over an additional £155 million to meet the costs faced by local authorities in responding to Covid-19. This includes approximately £63 million (as outlined below) to help them meet the additional costs adult social care providers are incurring. Added to this, we recognise the financial pressures local authorities are under due to loss of income and so have allocated a further £78 million to assist local authorities with these costs. We will continue to work closely with the WLGA and the Society of Welsh Treasurers to understand the impact of the pandemic on local government and act as required to address this.

In relation to the financial impact of Covid-19 on adult social care providers, as an immediate response to the pandemic the Welsh Government made available to local authorities up to £40 million to help them meet providers’ additional day-to-day costs. This package of support was developed in consultation with stakeholders and was to enable providers to continue to operate at this time so as to maintain their care provision. This funding was originally for April and May but was extended to cover June.

While this provided much needed support to the sector, many providers continue to face financial pressures, particularly care homes who are facing the additional challenge in relation to a loss of income caused by lower occupancy rates than usual. As a result we have already committed to provide further funding over a longer period of £22.7 million to enable local authorities to continue to assist adult social care providers with these on-going costs. This further injection of funding has again been developed in partnership with stakeholders and is available until the end of September, when the situation will be reviewed. This commitment provides both adult care social providers and local authorities with an assurance over how unplanned costs arising from the pandemic will be met in the short-term while we assess the longer term impact of Covid-19.

Financial implications: £155m available to local authorities in Wales to support additional costs from COVID-19.