Agenda - Health, Social Care and Sport Committee

Meeting Venue:
Video Conference via Zoom
Meeting date: 18 November 2020
Meeting time: 09.00

For further information contact:
Sarah Beasley
Committee Clerk
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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 Professor Robert West and Professor Susan Michie

(09.30-10.30) (Pages 1 - 24)

Professor Robert West, Professor of Health Psychology - University College London

Professor Susan Michie, Professor of Health Psychology and Director of the Centre for Behaviour Change - University College London

Break (10.30-10.45)

3 COVID-19: Evidence session with Professor David Heymann and Professor Devi Sridhar

(10.45-12.00) (Pages 25 - 27)

Professor David Heymann, Professor of Infectious Disease Epidemiology- London School of Hygiene and Tropical Medicine and Head of the Centre on

Global Health Security at Chatham House, London
Professor Devi Sridhar, Professor and Chair of Global Public Health - University of Edinburgh

4 Paper(s) to note

(12.00)

4.1 Letter from Chair, Children, Young People and Education Committee regarding the Welsh Government Draft Budget 2021-22

(Pages 28 - 32)

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

(12.00)

6 COVID-19: Consideration of evidence

(12.00-12.30)

Agenda Item 2

Document is Restricted

Living with the COVID-19 pandemic: act now with the tools we have

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October 8, 2020
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The responses of countries to the COVID-19 pandemic have been disparate.[1,2] Many countries are reopening workplaces, schools, and social gatherings and striving to adapt their economies and resume international travel. Other countries are attempting to suppress transmission of severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) by again restricting businesses, industries, and schools while hoping for future COVID-19 vaccines or treatments. The Strategic and Technical Advisory Group for Infectious Hazards (STAG-IH), the independent advisory group to the WHO Health Emergencies Programme, has reviewed information from countries around the world and has concluded that the most sound approach on the basis of current understanding is to deploy long-term strategies with a focus on preventing amplification of transmission, protecting those most at risk of severe illness, and supporting research to better understand the virus, the disease, and people's responses to them.

Evidence suggests that children shed SARS-CoV-2 as do adults, mostly with non-severe clinical presentations.[3] But many characteristics of SARS-CoV-2 are not yet fully understood, such as the levels of immunity and the immune response, the full spectrum of disease and long-term sequelae, the possibility of re-infection,[4,5] and the potential of the virus to become endemic. Until more is known about the immune response to SARS-CoV-2, it is not possible to make sound predictions.

SARS-CoV-2 does not seem to behave epidemiologically like influenza virus and continues to resurge in clusters or outbreaks, not always in waves with rapid widespread community transmission.[6] With a more precise and epidemiologically based public health response involving active case finding, contact tracing, and strategic testing strategies, outbreaks caused by SARS-CoV-2 can be contained and community spread decreased to a more manageable level.[7] Some countries in Asia and Europe (eg, South Korea, Japan, Hong Kong, Singapore, Vietnam, and Germany)[1,2] have shown that this approach keeps transmission at sustainably lower and safer levels than in countries not following this approach, thus preventing surges of patients in health facilities and decreasing overall mortality.[2] This approach is based on three principles: understanding, trust, and participation by all population groups; decreased transmission of SARS-CoV-2 using basic epidemiological and public health interventions; and acknowledging that any potential COVID-19 vaccines and treatments will only be part of the solution and that they will best perform in conjunction with a long-term overall public health strategy. The components of this epidemiologically based public health response to the COVID-19 pandemic (panel)[8] are familiar to public health specialists, but have been neglected or are inappropriately understood in some countries, both by leaders and the general public.

Alongside this comprehensive response, continued assessment is needed of how best to resume international travel. Most countries have focused on international travel as a risk for the (re)introduction of SARS-CoV-2 and use various risk-mitigation strategies (eg, PCR testing of international travellers and voluntary or mandatory isolation after arrival). Yet there is no optimum way to prevent importation of SARS-CoV-2, no matter how rigorously quarantine and testing are applied, because of the range in the SARS-CoV-2 incubation period (2–14 days),[11] the spectrum of disease (with subclinical and mild illness in many infected individuals), the fact that many travellers return to households with others who are not quarantined, and the number of days after infection to the time when PCR testing becomes positive. Other measures that could be equally or more effective include urging travellers to monitor their health and recommending they do not travel when ill; questioning travellers about their health status immediately before they travel; adhering to personal hygiene measures, physical distancing, and wearing masks in public when physical distancing is not possible; reporting illnesses to the destination country; and ensuring implementation of measures to provide safe travel environments. Introduction of digital smart tools might complement these measures and their evaluation should be continued.

Many countries consider that travel is safer from locations with low circulation of SARS-CoV-2 and strong capacities for outbreak containment, and they

are keen to obtain credible information about the infection and transmission status of other countries. Available WHO case reports are, however, based on laboratory-confirmed SARS-CoV-2 infections and since testing strategies vary by country[2] they are not an accurate indication of true transmission rates. Identification and use of more meaningful indicators of infection and transmission status are urgently required.

COVID-19 vaccines, therapeutics, and diagnostics are important for the pandemic response, and if any of the COVID-19 vaccine candidates are shown to be safe and effective, they will probably be deployed before full approval through emergency use authorisations or other strategies. Strategies must be developed to ensure equitable access through the COVAX pillar of the Access to COVID-19 Tools (ACT) Accelerator[12] and other mechanisms. In terms of treatments, use of glucocorticoids for critically ill patients is now best practice on the basis of evidence from clinical trials.[13] Other therapeutics, including antivirals (nucleoside analogues and antibody preparations) and immunomodulators, continue to be investigated.[14] Multiple diagnostic tests for nucleic acid, antigen, and antibody are being evaluated, including by a partnership between WHO and the Foundation for Innovative New Diagnostics (FIND).[15] As results of this research become available, countries will be able to make decisions about which tests meet their own standards and fit with their testing strategies. One example is the announcement by WHO, FIND, and The Global Fund to Fight AIDS, Tuberculosis and Malaria on the provision of externally validated, point-of-care rapid antigen detection diagnostic tests for SARS-CoV-2.[16] As other diagnostic tests are externally validated, they must be made widely available through the ACT Accelerator and other access mechanisms. Despite the urgency of identifying effective therapeutics and vaccines for COVID-19, the rules of science and the ethics of clinical research do not change in the setting of a pandemic. The most effective way to develop vaccines and therapeutics is through trials with robust safety and efficacy endpoints.

With current knowledge, even in the absence of COVID-19 vaccines or treatments and comprehensive knowledge of the immune response to SARS-CoV-2, countries can navigate pathways to reduced transmission, decreased severe illness and mortality, and less economic disruption in the short and longer term. Despite geopolitical tensions, information contributing to greater understanding of COVID-19 continues to be shared within the scientific community and with WHO. International travel is increasing, economic

Panel: **Checklist of the basic components of an epidemiologically sound public health response to COVID-19 pandemic**

✓ **Rapidly detect people with infection, outbreaks, and sites of increased transmission**
Strengthen surveillance of influenza-like illness[9] and acute respiratory tract infections and/or establish detection systems in health and other sectors, including schools, the homes of schoolchildren, and workplaces

✓ **Isolate and manage people infected with SARS-CoV-2**
Individuals who test positive for SARS-CoV-2 need to be isolated and managed at an appropriate level of care with best practices that incorporate evolving evidence

✓ **Investigate outbreaks**
Retrospective contact tracing and diagnostic testing, and/or serological surveys[10] are needed to investigate outbreaks and understand where transmission is occurring

✓ **Decrease community transmission**
Prospective contact tracing and self-quarantine of contacts must be undertaken, with the use of testing in a way that ensures that those contacts who develop signs and symptoms of COVID-19 can be properly managed

✓ **Strengthen control measures**
Ensure individuals, communities, and organisations are fully engaged in control activities (eg, physical distancing, wearing masks, and handwashing and cough and sneeze etiquette)

✓ **Ensure that testing is strategic**
Use highly sensitive and specific nucleic acid, antigen, and antibody tests linked to surveillance and contact tracing, patient diagnosis, and management

✓ **Protect the health and social care system**
Ensure that health facilities can accommodate the current disease burden and any disease occurring from future resurgence by protecting health workers and strengthening infection prevention and control practices; understanding the characteristics of high-risk groups and increasing their protection, especially in institutions such as care homes where they may live; and monitoring the health-care system to plan for and secure additional capacity if needs arise

✓ **Continue mitigation of general risks**
Prevent or de-risk large public gatherings and events

✓ **Involve the business and private sectors**
Engage with private sector in innovative ways to ensure a safe and productive workforce

✓ **Apply short-term preventive and mitigation measures**
Use these short-term measures, such as time-limited closures and restrictions where transmission is occurring, until transmission has been reduced or eliminated

✓ **Conduct, fund, and support research**
Research is crucial to better understand the characteristics of SARS-CoV-2, including the course of infection and the immune response; establish cohort studies to understand the extent of sequelae; and conduct qualitative studies to better understand and strengthen people's response to COVID-19; at the same time, continued clinical research on vaccines, therapeutics, and diagnostics is also required

and education sectors are reopening, and countries are benefiting from the experiences of others as they continue to live with the COVID-19 pandemic and develop more effective control strategies.

We are all members of the WHO Strategic and Technical Advisory Group for Infectious Hazards and declare no competing interests.

*Juliet Bedford, Delia Enria, Johan Giesecke, *David L Heymann, Chikwe Ihekweazu, Gary Kobinger, H Clifford Lane, Ziad A Memish, Myoung-don Oh, Amadou Alpha Sall, Kumnuan Ungchusak, Lothar H Wieler, for the WHO Strategic and Technical Advisory Group for Infectious Hazards*

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Anthrologica, Oxfordshire, UK (JB); Instituto Nacional de Enfermedades Virales Humanas "Julio Maiztegui" and CCWHO-OPS on Viral Haemorrhagic Fevers and Arboviruses, Buenos Aires, Argentina (DE); Karolinska Institute, Stockholm, Sweden (JG); Infectious Disease Epidemiology, London School of Hygiene & Tropical Medicine, London WC1E 7HT, UK (DLH); Nigeria Centre for Disease Control, Abuja, Nigeria (CI); Infectious Disease Research Centre, Université Laval, Faculty of Medicine, Québec City, QC, Canada (GK); National Institute of Allergy and Infectious Diseases, Bethesda, MD, USA (HCL); Research and Innovation Center, King Saud Medical City, Ministry of Health, Riyadh, Saudi Arabia (ZAM); J W Lee Center for Global Medicine, SNU College of Medicine, Department of Internal Medicine, Seoul National University Hospital, Seoul, South Korea (M-dO); Institut Pasteur de Dakar, Dakar, Senegal (AAS); Ministry of Health, Department of Diseases Control, Bangkok, Thailand (KU); and Robert Koch Institute, Berlin, Germany (LHW)

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3 Usher Network for COVID-19 Evidence Reviews (UNCOVER). Summary: what is the evidence for transmission of COVID-19 by children [or in schools]? July, 2020. https://www.ed.ac.uk/files/atoms/files/uncover_children_transmission_of_sars-cov-2_update_4_final.pdf (accessed Oct 1, 2020).
4 To KK, Hung IF, Ip JD, et al. COVID-19 re-infection by a phylogenetically distinct SARS-coronavirus-2 strain confirmed by whole genome sequencing. *Clin Infect Dis* 2020; published online Aug 25. https://doi.org/10.1093/cid/ciaa1275.
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11 McAloon C, Collins Á, Hunt K, et al. Incubation period of COVID-19: a rapid systematic review and meta-analysis of observational research. *BMJ Open* 2020; **10:** e039652.
12 WHO. COVAX. COVAX, the Act-Accelerator vaccine pillar. 2020. https://www.who.int/publications/m/item/covax-the-act-accelerator-vaccines-pillar (accessed Oct 1, 2020)
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15 WHO. Coronavirus disease (COVID-19) pandemic—Emergency Use Listing Procedure (EUL) open for in vitro diagnostics. 2020. https://www.who.int/diagnostics_laboratory/EUL/en/ (accessed Oct 1, 2020).
16 WHO. Global partnership to make available 120 million affordable, quality COVID-19 rapid tests for low- and middle-income countries. Sept 28, 2020. https://www.who.int/news-room/detail/28-09-2020-global-partnership-to-make-available-120-million-affordable-quality-covid-19-rapid-tests-for-low--and-middle-income-countries (accessed Oct 1, 2020).

The opioid crisis and the 2020 US election: crossroads for a national epidemic

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Health care is a major point of differentiation in the upcoming US presidential elections. One priority area is the opioid crisis. In 2019, reported deaths from drug overdose in the USA reached an all-time high of almost 72 000, with opioids involved in more than two-thirds of the total deaths.[1] The COVID-19 pandemic has exacerbated an already difficult situation by reducing access to life-saving treatment, harm reduction, and recovery support services, while increased stress and isolation might increase the risk of addiction and substance use disorders (SUDs).[2] As of July, 2020, deaths from drug overdose in the USA rose by an estimated 13% in the first half of the year compared with 2019, according to data compiled from several local and state governments. In some states, drug-related deaths climbed by over 30%.[3] The pandemic has also triggered an economic recession that threatens the survival of some addiction treatment centres,[4] and is expected to exacerbate social barriers such as housing instability, which can further hinder treatment of SUDs.[5] Against this backdrop, the presidential candidates propose divergent policy solutions to counter the opioid epidemic. There are three major differences.

First, the policy proposals differ in how they will treat addiction. Just one in five people with opioid use

Senedd Cymru
Welsh Parliament
Children, Young People and Education Committee

Vaughan Gething MS, Minister for Health and Social Services

Julie Morgan MS, Deputy Minister for Health and Social Services

Eluned Morgan MS, Minister for Mental Health, Wellbeing and Welsh Language

Dyddiad | Date: 06 November 2020

Pwnc | Subject: **Welsh Government Draft Budget 2021-22**

Dear Ministers,

In line with our usual practice, we are writing in advance of the publication of the Welsh Government's Draft Budget 2021-22 to request written information to inform our scrutiny.

As in previous years, we will base our approach on the four principles of financial scrutiny: affordability, prioritisation, value for money and budget processes. We will also seek evidence from the Minister for Education on matters of relevance to our remit.

We note the Welsh Government's intention to publish the 2021-22 Draft Budget on 21 December 2020, following the UK Government's announcement that its one-year Spending Review will take place on 25 November. Our intention is to hold evidence sessions as soon as possible after the Christmas recess – the Clerk will be in touch to finalise details once the Business Committee has agreed the Senedd Timetable for 2021. We would be grateful to receive the detailed information outlined in the Annex to this letter at least two working weeks before the date on which that meeting takes place.

Given the shared interest across committees in some of the areas listed in the Annex to this letter, I have copied the Chair of the Health, Social Care and Sport Committee, Dr Dai Lloyd MS.

Yours sincerely,

Lynne Neagle MS
Chair

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

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

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ANNEX – Request for written information in advance of Draft Budget scrutiny

The Committee would welcome a response to each of the points listed:

1. Transparency of expenditure on children

As in previous years, we emphasise the importance of presenting the Draft Budget transparently to enable full and thorough scrutiny. We request a transparent narrative explanation (and numeric depiction) of the following:

- reductions/removal or increases/additions relating to specific areas of the Draft Budget compared to previous financial years (e.g. grants being reduced or ceasing to exist altogether/being increased or introduced);
- what proportion any changes to the overall amount previously allocated represent;
- where exactly this change is being made in the Draft Budget, and whether money will be returned to/taken from central reserves or allocated to/from other budget lines; and
- information on the impact COVID-19 has had on allocations.

We further request that Ministers ensure that resources relating to children and young people are presented clearly so that we can identify the assigned resources, assess the extent to which they are being prioritised, and understand how they will deliver value for money.

2. Commentary on allocations

- A breakdown of the 2021-22 Health and Social Services MEG allocations as relevant to children and young people by Spending Programme Area (SPA), Action and Budget Expenditure Line (BEL), including an analysis and explanation of significant changes since the 2019-20 First Supplementary Budget.
- Indicative 2022-23 Health and Social Services MEG allocations as relevant to children and young people, if available.
- Commentary on each of the Actions within the Health and Social Services MEG as relevant to children and young people, including an analysis and explanation of changes between the Draft Budget 2021-22 and the First Supplementary Budget 2020-21.

3. Impact of expenditure on progressing children's rights under the Rights of the Child and Young Persons (Wales) Measure

In terms of the Welsh Government Draft Budget 21-22 **across all its portfolios**, the Committee:

- reiterates its request for a CRIA to be undertaken for the draft budget as a matter of course; and
- requests a copy of the overall CRIA undertaken by the Welsh Government to inform the allocations in the draft Budget 2021-22. If a specific CRIA has not been undertaken, the reasons for this and a copy of any alternative integrated impact assessment.

In respect of the **Health and Social Services MEG**, the Committee would be grateful to receive information about:

- how the Wellbeing of Future Generations (Wales) Act 2015 has influenced allocations to budget lines within the MEG; and
- details and/or examples of any changes made to allocations within the Health and Social Services MEG following considerations of children's rights, equalities, sustainability, the Welsh language, or the Wellbeing of Future Generations.

4. Policy and legislation allocations

The Committee requests an update on allocations within the Draft Budget 2021-22 Health and Social Service MEG in the following areas of interest:

- **Costs of legislation**: Planned expenditure on implementing the Children (Abolition of Defence of Reasonable Punishment) (Wales) Act in the run up to it coming into force.
- **Child Poverty:** Allocations to reduce poverty and prevent more children living in low income households in the context of the current economic position arising from the COVID-19 pandemic.
- **Flying Start:** Revenue and capital funding; the latest position on the outreach funding. Value for money and progress on assessing outcomes in relation to allocations and expenditure.
- **Families First Programme**
- **Childcare:** including the childcare offer and any additional allocations arising from the review of parental entitlement, commentary on additional allocations in the second Supplementary Budget October 2020; Parents, Childcare and Employment (PaCE); workforce development; other childcare funding.
- **Family Information Services**
- **Parenting support**, including any updates on any allocations associated with the implementation of the Children (Abolition of Defence of Reasonable Punishment) (Wales) Act.

- **Safeguarding services**
- **Looked after children:** including fostering services; Edge of care services / services to prevent children becoming looked after; Leaving care support. Value for money and progress in tracking outcomes in relation to expenditure.
- **Adoption:** services including post-adoption support.
- **Advocacy services:** including allocations to support the National Approach.
- **The Children and Family Court Advisory and Support Service**
- **Children and young people's rights and entitlements**: including allocations to Young Wales and value for money. Allocations to implement the recommendation of the Committee's report on Children's Rights.
- **The Office of the Children's Commissioner for Wales**
- **Play policy and services:** including Play Wales and the Playworks holiday hunger scheme.
- **Disabled children's services**
- **Childhood obesity:** Information allocations to implement 'Healthy Weight, Healthy Wales'.
- **Neonatal Services**: The allocations to deliver the latest revision of the All Wales Neonatal Standards; the Welsh Government's priorities for neonatal services for the next 12 months; and how the budget allocation for 2021-22 will help to deliver performance improvement.
- **Perinatal Mental Health:** information on:
  - the impact of COVID-19 on perinatal mental health services and allocations to address that;
  - allocations to support the further development of services across all areas of Wales, including in relation to quality standards, care pathways and in-patient provision [Specifically: the level of investment to establish a specialist in-patient perinatal mother and baby unit in Wales; and a breakdown of the funding by Health Board for community perinatal mental health support services, including commentary on the objectives for this funding, and what arrangements Welsh Government has in place to monitor spend and evaluate its impact].

5. Children and Young People's Mental Health and Emotional Well-being

As a key focus of the Committee's scrutiny during this Fifth Senedd, we would welcome:

- Detailed commentary in relation to children and young people's mental health and emotional well-being, including the financial implications for the Health and Social Services MEG in 2021-22 of the Welsh Government's response to the recommendations set out in the Committee's Mind over Matter report and follow up recommendations.

- Information on allocations for children and young people's mental health and emotional well-being in 2021-22 and where they can be found in the Health and Social Services MEG i.e. Details of the relevant Spending Programme Areas, Actions and Budget Expenditure Lines (BEL).

We would further welcome details of:

- Funding for delivery of priorities for children and young people's mental health and wellbeing as set out in the revised Together for Mental Health Delivery Plan.
- Details of funding to mitigate the impacts of COVID-19 on children and young people's mental health and wellbeing, including how this will address the disproportionate impact on certain groups (including, for example, those with pre-existing mental ill health, looked after and vulnerable children, and low income groups).
- How this Draft Budget will support a 'whole-system', cross-Government and cross-sector approach to children and young people's mental health and wellbeing, including a focus on prevention/early intervention and building resilience.
- Funding to support the development and sustainability of the children and young people's healthcare workforce, including specific reference to the children and young people's mental health workforce.
- Information on the £7 million mental health service improvement fund, to include (in relation to children and young people) details of how this funding is being utilised by health boards in 2020-21, and the objectives/priorities for this funding for 2021-22.