

Fifth Senedd Legacy Report

March 2021



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Health, Social Care and Sport Committee
Welsh Parliament
Cardiff Bay
CF99 1SN

Tel: **0300 200 6565**

Email: **SeneddHealth@senedd.wales**

Twitter: **@SeneddHealth**

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Fifth Senedd Legacy Report

March 2021



About the Committee

The Committee was established on 28 June 2016. Its remit can be found at:
www.senedd.wales/SeneddHealth

Committee Chair:



Dai Lloyd MS
Plaid Cymru

Current Committee membership:



Rhun ap Iorwerth MS
Plaid Cymru



Jayne Bryant MS
Welsh Labour



Angela Burns MS
Welsh Conservatives



Lynne Neagle MS
Welsh Labour



David Rees MS
Welsh Labour

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Chair's foreword



This legacy report is the culmination of the Health, Social Care and Sport Committee's work over the last 5 years.

We are grateful to all of the individuals and organisations who have taken the time to engage with our work during the Fifth Senedd. Their willingness to share their time, expertise and experience with us has greatly enhanced our scrutiny work.

The last 12 months have been some of the most challenging in recent memory, not only for the Committee, but for everyone in Wales. As the Senedd committee with lead responsibility for health and social care, we rapidly developed new ways of working, and reprioritised our focus on an ongoing basis to reflect the evolving context of the public health emergency.

The COVID-19 pandemic has already had a significant impact on the staff, services and service users across the health, social care and sport sectors. However, even as we move out of the second wave and look ahead to Wales' recovery, we recognise that the full magnitude of the pandemic's impact may not be clear for some years to come.

COVID-19, and the response to it, have highlighted and exacerbated underlying issues across the health and social care sectors, and had a significant impact on the workforce. The next Welsh Government must address these issues as a matter of priority. Our successor committee will have a key role in scrutinising the Welsh Government's approach. It will be up to our successors to decide how to approach this work, but we urge them to plan strategically, to prioritise their focus, to be flexible, to use a range of engagement and scrutiny methods, to ensure that a broad range of diverse voices are heard in their work, and to build strong working relationships with the Welsh Government and stakeholders.

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

Dr. Dai Lloyd MS

Chair

Recommendations

Recommendation 1. In addition to considering matters relating to COVID-19 since the dissolution of the Fifth Senedd, our successor committee should dedicate time at the start of the Sixth Senedd to developing strategic objectives to inform the identification of initial priorities and the development of its work programme. It should also consider conducting stakeholder and public engagement activity to inform its strategic planning, and to formally reviewing the strategy at suitable intervals during the Sixth Senedd..... Page 11

Recommendation 2. Our successor committee should strike a balance, as far as is possible, between addressing new priorities, responding to current affairs and committing time to undertaking follow-up work. It should tailor its approach to different issues according to the particular topic and in line with its strategic objectives..... Page 17

Recommendation 3. The Welsh Government in the Sixth Senedd should continue to improve the level of detail and clarity of information on funding allocations within the HSS MEG in its annual draft budgets. Page 19

Recommendation 4. Our successor committee should continue to make financial scrutiny a priority across all of its policy and legislative work during the Sixth Senedd, in addition to undertaking annual scrutiny of the Welsh Government’s draft budgets. Page 19

Recommendation 5. The Welsh Government in the Sixth Senedd should consider the impact of its legislative programme on committees’ ability to effectively scrutinise Bills, and to accommodate such scrutiny within their wider work programmes.....Page 20

Recommendation 6. The Welsh Government in the Sixth Senedd should take steps to ensure that it is able to provide as much notice, and as much time for scrutiny, of LCMs as possible..... Page 22

Recommendation 7. Our successor committee should include post-legislative scrutiny among its strategic objectives and early priorities for the Sixth Senedd. Page 22

Recommendation 8. Our successor committee should continue to undertake informal engagement activity to supplement formal evidence gathering. It should tailor its approach to reflect the particular inquiry and target audience, and should continue to seek new and innovative ways to engage with stakeholder groups.
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Recommendation 9. Our successor committee should consider what opportunities there might be to work with other Senedd committees, cross-party groups, or others to draw on expertise and work collaboratively to explore issues and identify improvements that could benefit people and communities in Wales.
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Recommendation 10. Our successor committee should develop a cooperative and collaborative working relationship with the Welsh Government in the Sixth Senedd where doing so can enhance the delivery of the committee’s scrutiny responsibilities..... Page 30

Health, Social Care and Sport Committee

Our work during the Fifth Senedd



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COMMITTEE
REPORTS



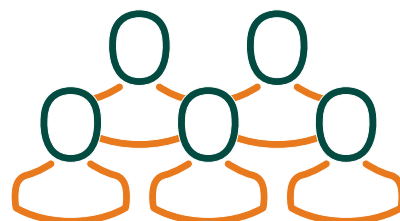
20

INQUIRIES

FIVE
BILLS
CONSIDERED



852 CONSULTATION
RESPONSES



556
WITNESS
APPEARANCES

COMMITTEE
MEETINGS **150**



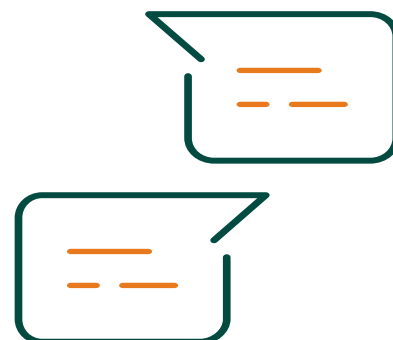
STAKEHOLDER
EVENTS



8

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COMMITTEE
DEBATES



1. Introduction

- 1.** We have responsibility for scrutinising policy, spending and legislation on matters relating to health, social care and sport. These sectors, like every other aspect of life in Wales, have been affected by the COVID-19 pandemic. The pandemic has also affected the way in which we have approached our work.
- 2.** In this report, we provide a brief overview of the work we have undertaken throughout the Fifth Senedd, and explore the effect the pandemic has had on our work during the last year. We also make recommendations and suggest areas of priority for our successor committee in the Sixth Senedd.
- 3.** Within the limited time available to us, and mindful of avoiding placing undue pressures on our stakeholders, we decided not to hold a consultation to inform our legacy report. This report therefore reflects the views of the current members of the Committee.
- 4.** Further detailed information about our work during the Fifth Senedd can be viewed on our website: www.senedd.wales/SeneddHealth

2. Strategic objectives for the Fifth Senedd

5. As part of its legacy work, the Fourth Assembly's Health and Social Care Committee issued a general call for evidence to invite the public and stakeholders to share their thoughts about its work and to identify future priorities.
6. Building on this work, we decided to issue a further call for evidence between August and September 2016 to inform the development of our strategic objectives and forward work programme.
7. Our consultation invited stakeholders and the public to identify the key priorities we should consider in the first 18 months of the Fifth Senedd, and to share their views on suggested longer term inquiries. We received 76 submissions.
8. We held a private externally-facilitated strategic planning session in September 2016. At the session, we reflected on the submissions we had received, and, taking account of the views of stakeholders and the public, we agreed strategic objectives for the Fifth Senedd and our priority areas for the short to medium term.
9. Our strategic objectives were to take account in all our work of:
 - The impact on health inequalities.
 - The extent to which a preventative approach has been pursued to health and wellbeing.
 - The evidence of effective and efficient spending commitments.
 - Matters relating to the health and social care workforce.
 - The implications of the UK's withdrawal from the EU.
10. We also agreed to focus on outcomes; follow up our completed policy and legislation work; strive to be a trusted and authoritative voice, drive change and influence policy; be a forum for public debate and the sharing of knowledge, experience and best practice; and engage regularly and meaningfully with the public, stakeholders and civic society.
11. We published our strategic objectives and short term priorities, and wrote to everyone who had responded to our consultation to thank them for their views and to explain how we would approach our work for the first 12-18 months of the Fifth Senedd.

12. Our approach to strategic planning reflected emerging best practice across committees at the start of the Fifth Senedd. Identifying and agreeing our objectives helped us set clear priorities, while also retaining flexibility to respond to emerging issues. We suggest our successor committee in the Sixth Senedd considers adopting a similar approach.

13. We published our forward work programme on an ongoing basis throughout the Fifth Senedd to keep stakeholders informed about our plans. However, while we kept our strategic objectives in mind as we considered our forward work programme and developed terms of reference for our scrutiny work, we did not formally review them during the Fifth Senedd. This may be something that our successor committee wishes to consider.

Recommendation 1. In addition to considering matters relating to COVID-19 since the dissolution of the Fifth Senedd, our successor committee should dedicate time at the start of the Sixth Senedd to developing strategic objectives to inform the identification of initial priorities and the development of its work programme. It should also consider conducting stakeholder and public engagement activity to inform its strategic planning, and to formally reviewing the strategy at suitable intervals during the Sixth Senedd.

3. Policy scrutiny

14. During this Senedd we undertook a wide range of inquiries on issues within our remit. The health, social care and sport portfolio is broad, and the issues within it are significant. In developing our work programme, we aimed to strike a balance between the physical, mental and public health and wellbeing of the people of Wales, including the social care system.

15. A list of the policy inquiries we undertook during the Fifth Senedd can be found at Annex A. We tailored our approach to each inquiry according to the particular topic and in line with our strategic objectives. Our work has therefore included longer-term thematic work, spotlight work, reactive and topical work, and follow-up work. In addition to our inquiries, we also held general scrutiny sessions with Welsh Government Ministers and public bodies and offices that fall within our remit, and received technical briefings on matters of interest.

Longer-term thematic work

16. Some of our inquiries have been longer-term, thematic work, giving us the opportunity to gather a substantial evidence base and explore the issues in depth before reaching conclusions and making recommendations.

17. Our thematic inquiries have included, for example: suicide prevention, physical activity of children and young people, and provision of health and social care in the adult prison estate.

Spotlight work

18. Some of our inquiries have been short, sharp and focused pieces of work that have allowed us to drill down to the heart of the matter quickly and to identify the matters which called for action from the Welsh Government to improve their policies and thinking around the policy making decisions on these topics.

19. Our spotlight inquiries have included: endoscopy services, dentistry in Wales, Hepatitis C, community and district nursing and mental health in policing and police custody. On the basis of the evidence we heard during our inquiry into medical recruitment, we also held a one-day inquiry into the All-Wales Medical Performers List.

Reactive and topical work

20. We agreed at the beginning of the Fifth Senedd to retain some flexibility within our work programme to be able to respond to emerging issues. Such issues have included:

- The decision by the Minister for Health and Social Services to place Cwm Taf Morgannwg University Health Board's maternity services into special measures. We held scrutiny sessions with the health board, the Chair of the Independent Maternity Services Oversight Panel, the independent advisor to the health board, and key Welsh Government officials.
- Concerns raised by healthcare professional bodies in response to the announcement of the outcome of the GMS Systems Framework procurement for the future provision of GP clinical systems and services to NHS Wales. We held an evidence session with the Royal College of GPs Cymru Wales and the British Medical Association Cymru Wales, and wrote to the Welsh Government to highlight our concerns and seek regular updates.

Follow-up work

21. A key element in the impact and influence of Senedd committees is our ability to identify issues, make recommendations, and follow up to assess what progress has been made.

22. Unfortunately, the breadth of our work programme, and the need to strike a balance between policy, legislative and financial scrutiny makes it challenging to find time to undertake robust and systematic follow-up reviews to assess what progress has been made in implementing our recommendations. This has been exacerbated by the COVID-19 pandemic, which has required us to reprioritise our work, curtailed the meeting time available to us, and placed significant pressures on many of the stakeholders from whom we might otherwise have wanted to seek evidence.

23. However, while the extent to which we have conducted separate, standalone follow-up work has been limited, we do ensure when we are deliberating on our reports and making our recommendations that we take account of issues that we have raised in earlier inquiries. For example, our December 2020 report on the impact of COVID-19 on mental health included reconsideration and reiteration of recommendations we made during the course of our 2018 inquiry into suicide

prevention, and our March 2021 report on the impact of COVID-19 on the social care sector and unpaid carers drew on our post-legislative scrutiny of the impact of the Social Services and Wellbeing (Wales) Act 2014 on carers.

General scrutiny sessions and technical briefings

24. During the Fifth Senedd we held general scrutiny sessions on a number of occasions with the Ministers whose work falls within our remit. We also held a series of scrutiny sessions with relevant office holders and organisations, including the Older People's Commissioner for Wales, Public Health Wales, Health Education and Improvement Wales, Social Care Wales and local health boards.

25. We also held one off sessions and technical briefings, including:

- During the work of the Parliamentary Review on Health and Social Care in Wales, we held a private discussion with the Chair of the Review Panel. We subsequently held two public evidence sessions with the Chair and Panel members to discuss the interim and final reports.
- We held a pre-appointment hearing as part of the recruitment process for the Chair of the Swansea Bay University Health Board. We scrutinised the Welsh Government's preferred candidate to assess her suitability and to discuss her priorities and objectives for the role. We made observations in our report about the recruitment process, in particular, the extent to which the process encouraged applications from a broad range of diverse applicants.
- We received a technical briefing from Welsh Government officials on the work of the Inter-Ministerial Group on Paying for Social Care.

Welsh Government responses to our recommendations

26. We are pleased that the Welsh Government has accepted many of the recommendations we have made during the Fifth Senedd. Other of our recommendations have been accepted 'in principle', although it is not always clear what this term means in practice, and we believe that its use should be discontinued.

27. However, it is not helpful that, on a number of occasions, Welsh Government responses to our reports have either accepted our recommendations or accepted them in principle, but have then detailed in the narrative the measures that are currently in place rather than addressing our specific recommendations.

28. This was evident, for example, in the Minister for Mental Health, Wellbeing and Welsh Language’s response to recommendation 6 in our report on the impact of COVID-19 on mental health and wellbeing. Our recommendation called on Welsh Government to:

“...take urgent steps to understand why there is such a big disconnect between health boards’ assurance about the provision of mental health services during the pandemic, and the significant problems accessing services reported by patients and frontline services”.

29. Rather than addressing our specific concerns, the response described existing accountability measures, and simply stated that the new Together for Mental Health Ministerial Delivery and Oversight Board for Wales would “add value to existing mechanisms”. As highlighted by Lynne Neagle MS during the Plenary debate on our report in March 2021, this did not address our concerns, as we believe that:

“...Welsh Government really needs to delve into this and to check that the methods being used to check that people are getting services are actually representative of people’s lived experience on the ground”.

30. It is disappointing that the Welsh Government has chosen to adopt this approach when responding to some of our recommendations, and we would discourage the Welsh Government in the Sixth Senedd from adopting a similar approach.

Priorities for the Sixth Senedd

31. We recognise that it will be for our successor committee to determine the issues it wishes to include in its work programme. However, we would ask its members to consider the following, in addition to any issues identified by stakeholders or Members during the committee’s strategic planning process:

COVID-19

- Continuing our work on the impact on the health and social care sectors of the COVID-19 pandemic, the response to it, and plans for Wales’ recovery from the pandemic. This should include seeking a response from the Welsh Government to our report on the impact of the pandemic for the social care sector and unpaid carers.
- Exploring the indirect harms arising from the pandemic and the response, including:

- The implications for the mental and physical health and wellbeing of Wales' diverse communities and groups.
- The implications for mental health services and suicide prevention work in Wales.
- Considering the implications of long COVID for the health and social care sectors in Wales.

Follow-up work

32. Throughout the Fifth Senedd, we have undertaken work on important and timely matters and produced detailed outputs making constructive and considered recommendations. It is therefore regrettable that we have not been able to dedicate time within our forward work programme to revisit some of these areas and to undertake follow-up pieces of work. We would particularly encourage our successor committee to consider undertaking follow-up work on:

- Social care, especially the fragility of the social care market place.
- Mental health and suicide prevention.
- GP clusters.
- Dementia pathways.
- The use of antipsychotic medication in care homes.

Other issues

- Continuing the work that we began in relation to sepsis and hospital discharge processes, but were unable to complete as a result of the pandemic.
- Seeking a response from the Welsh Government to our report on the provision of health and social care in the adult prison estate in Wales, and following up our recommendations during the Sixth Senedd to assess what progress has been made.
- Considering the implementation of NICE guidance within the NHS in Wales, as requested by the Petitions Committee following its consideration of Petition P-05-812 Implement the NICE guidelines for Borderline Personality Disorder.

- Following the recent extension of the second duty of the Nurse Staffing Levels (Wales) Act 2016 to include paediatric inpatient wards in 2020-21, monitoring progress on the Welsh Government's stated intentions to extend the duty to mental health and maternity settings. We would also encourage our successor committee to consider undertaking post-legislative scrutiny of the Act.
- Considering the implementation of the successor arrangements for the delivery plans for major conditions, including how the new quality statements and implementation plans will operate in practice, how their impact will be monitored and assessed, and how services will change as a result.

Recommendation 2. Our successor committee should strike a balance, as far as is possible, between addressing new priorities, responding to current affairs and committing time to undertaking follow-up work. It should tailor its approach to different issues according to the particular topic and in line with its strategic objectives.

4. Financial scrutiny

33. Spending on health represents a substantial proportion of the Welsh Government's budget, and significant sums are also spent on social care. Scrutiny of the Welsh Government's spending and its impact has therefore been a priority.

34. Our strategic objectives for the Fifth Senedd included seeking evidence within our inquiry work of effective and efficient spending commitments. In addition to conducting annual scrutiny of the Welsh Government's draft budgets, we have therefore incorporated financial scrutiny throughout our policy and legislative scrutiny work, as well as during our scrutiny sessions with local health boards and office holders within our remit.

Welsh Government draft budgets

35. We have scrutinised the Welsh Government's draft budgets each year, seeking in our scrutiny to pursue key themes year-on-year and to follow up on recommendations made in previous years. Key themes we have identified during our scrutiny have included:

- The impact of spend on delivering Welsh Government priorities, and how this is monitored, including the effect on outcomes for people and communities in Wales.
- Local health boards' financial planning and performance.
- Funding for service transformation, including greater integration between health and social care and the strategic vision driving the transformation agenda.
- Spending on mental health, and the operation of the mental health ringfence, including the level of detail available in respect of spending and outcomes.
- Whether successive budgets clearly demonstrate how funding is supporting a shift towards primary and community health care, and the preventative health agenda, including the role of physical activity.
- The ongoing fragility of the social care sector, and the need for systemic reform to put in place sustainable long term funding arrangements.

- The implications of short term funding cycles for strategic planning and sustainability, for example for third sector organisations that provide social care services, or sports governing bodies.
- Workforce issues, including workforce planning, recruitment, retention, pay and conditions, and the extent to which there is parity across the sectors.
- Seeking continuous improvement in the budgetary information provided, including increasing detail and clarity on spend and allocations within budget lines.

36. Where timescales have allowed, we have sought written evidence from relevant stakeholders to inform our scrutiny. However, in recent years the delays to the UK Government's spending reviews and the Welsh Government's draft budgets as a result of Brexit and the COVID-19 pandemic have limited the extent to which we have been able to take account of stakeholders' views in our deliberations.

37. We welcome the improvements in the level of detail provided by the Welsh Government in successive draft budgets and budgets in respect of spend within the Health and Social Services MEG (HSS MEG). Better information enables better scrutiny, which in turn leads to better outcomes. We would encourage the Welsh Government in the Sixth Senedd to continue to improve the level of detail and clarity within its budget documents, as this will give our successor committee greater clarity about the Welsh Government's spending plans.

Recommendation 3. The Welsh Government in the Sixth Senedd should continue to improve the level of detail and clarity of information on funding allocations within the HSS MEG in its annual draft budgets.

Recommendation 4. Our successor committee should continue to make financial scrutiny a priority across all of its policy and legislative work during the Sixth Senedd, in addition to undertaking annual scrutiny of the Welsh Government's draft budgets.

5. Legislative scrutiny

38. In addition to our programme of policy and financial scrutiny, five Bills, five Legislative Consent Memoranda and two supplementary Legislative Consent Memoranda have been referred to us for scrutiny. We have also undertaken one post-legislative scrutiny inquiry.

Primary legislation (Bills)

39. Our role in respect of primary legislation is to consider the general principles of any Bills referred to us (Stage 1 scrutiny) and to dispose of any amendments tabled to such Bills during the first amending stage (Stage 2 scrutiny). During this Senedd, four Welsh Government Bills and one member-proposed Bill have been referred to us for consideration. A list of these Bills is included at Annex B.

40. We have no control over the timing of the introduction of primary legislation, and while we are consulted by the Business Committee on the proposed timetable for each Bill's scrutiny, our influence is limited. We recognise the steps taken by the Business Committee at the beginning of this Senedd to address longstanding concerns about the disproportionate impact that primary legislative scrutiny can have on committees' ability to maintain their programme of policy scrutiny. However, with five Bills being referred to us during this Senedd, striking a balance between legislative, policy and financial scrutiny was a consistent and ever present theme for us.

41. The issue was particularly acute in respect of the National Health Service (Indemnities) (Wales) Act 2020, for which we were given only three weeks for Stage 1 scrutiny. This severely limited our opportunity to engage with stakeholders and required us to reschedule other planned scrutiny work. We were unable to issue a general call for evidence within the time available, and had sufficient time to hold only one oral evidence session. We did invite interested parties to submit their views on the Bill in writing, but received only six responses.

Recommendation 5. The Welsh Government in the Sixth Senedd should consider the impact of its legislative programme on committees' ability to effectively scrutinise Bills, and to accommodate such scrutiny within their wider work programmes.

Legislative Consent Memoranda

42. During the Fifth Senedd, five Legislative Consent Memoranda (LCMs) and two supplementary legislative consent memoranda (sLCM) were referred to us for scrutiny. Our role is to consider the LCMs and sLCMs, and report to the Senedd.

43. As a Committee we have no control or influence over the timing of LCM referrals, nor the timescales for reporting. The timing and timescales are determined by the UK Government's legislative programme, and in part by Welsh Government decisions on whether and when to lay LCMs or sLCMs. This gives rise to a longstanding issue over the extent to which we, and other Senedd committees, are able to undertake detailed and evidence-based scrutiny that is informed by engagement with stakeholders.

44. For example, in respect of the LCM on the Healthcare (International Arrangements) Bill, the Welsh Government told us that it had received insufficient notice from the UK Government about the introduction of the Bill. The result was a delay in the LCM process, including curtailment of the time available for scrutiny. This was exacerbated by the agreement of late amendments to the Bill in the UK Parliament, as the Welsh Government wished to wait until the final content of the Bill was clear before deciding whether or not to recommend that the Senedd gave its consent.

45. Conversely, the timetable for scrutiny of the LCM for the Medicines and Medical Devices Bill afforded us the opportunity to issue a targeted call for written evidence, hold an oral evidence session and exchange correspondence with the Minister for Health and Social Services. This was welcome. However, as discussions between the UK and Welsh Governments were still ongoing, we did not have sufficient information available to enable us to reach a view on whether the Senedd should grant consent. An sLCM was laid in due course, but it was not referred to us until the day before our last meeting in December 2020, with the debate then taking place in Plenary before our first meeting in January 2021. This prevented us from updating our report to provide advice to the Senedd.

46. We recognise that the timing and scrutiny timetables for LCMs are largely determined by decisions taken by the UK Government. However, if Senedd committees are to be able to undertake their scrutiny role effectively, it is important that there should be good working relationships and effective communication between the UK and Welsh Governments, and between the Welsh Government and the Senedd, to provide as much notice, and as much time for scrutiny, of LCMs as possible.

Recommendation 6. The Welsh Government in the Sixth Senedd should take steps to ensure that it is able to provide as much notice, and as much time for scrutiny, of LCMs as possible.

Post-legislative scrutiny

47. As the body of Welsh law grows, so too does the importance of effective and robust post-legislative scrutiny to consider the implementation of the legislation—including whether the financial and other impact assessments that accompanied the Bill were accurate—and assess whether the legislation is having the intended effect.

48. Since the Senedd gained primary law-making powers in 2011, there has been significant legislative activity in the health and social care sectors. However, the competing priorities within our policy, legislative and financial scrutiny work programme have limited the extent to which we have been able to undertake systematic or extensive post-legislative scrutiny work. This has been exacerbated during the last year by the COVID-19 pandemic.

49. Nevertheless, in light of concerns raised in 2018 by the Older People's Commissioner for Wales that the Social Services and Wellbeing (Wales) Act 2014 was not having the desired impact for carers in Wales, we carried out a piece of focused post-legislative scrutiny work. Our work took account of the Welsh Government's own evaluation of the Act. We issued a general call for written evidence, conducted informal engagement activity with carers and young carers, and held nine formal oral evidence sessions.

50. We regret that we have not been able to dedicate more time to post legislative scrutiny. While our successor committee in the Sixth Senedd is likely to encounter similar pressures on its work programme as those we have faced, we would encourage it to consider including post-legislative scrutiny among its strategic objectives and early priorities for the Sixth Senedd.

Recommendation 7. Our successor committee should include post-legislative scrutiny among its strategic objectives and early priorities for the Sixth Senedd.

6. Engagement activity

51. During this Senedd we have sought to ensure that we hear from a wide range of people, including those who would not traditionally engage with Senedd committees. By tailoring engagement activity to specific audiences, we were able to provide people with a platform to share their views with us. This helped us to understand the challenges they faced and the issues that mattered to them, as well as to highlight, recognise and celebrate the contributions made by frontline staff, service users, carers and the public in the health, social care and sport sectors.

52. For example, to inform our scrutiny of the Impact of the Social Services and Wellbeing (Wales) Act 2014:

- We held focus groups and roundtable events with carers.
- To highlight the contribution of young carers, and coincide with Young Carers Awareness Day in 2019, we held a range of engagement activities with young carers on the Senedd estate. This included working with Carers Trust Wales to invite young carers from across Wales to discuss with us in both informal and formal settings their experiences and views of being young carers.
- Our officials conducted filmed interviews with young carers.
- We took formal oral evidence from three young carers.

53. Unusually, for legislative scrutiny, the timetable for our Stage 1 scrutiny of the Autism (Wales) Bill proposed by Paul Davies MS, allowed us time to undertake more substantive engagement with stakeholders and the public. To inform our scrutiny we:

- Conducted a public consultation between July and September 2018 and received 34 responses.
- Held five oral evidence sessions.
- Arranged tailored engagement exercises with those who would be directly affected by the Bill, including: 10 focus group sessions across Wales to capture the views and experiences of a cross-section of people; roundtable discussions with family members of people with Autism Spectrum Disorder and service users at the Autism Spectrum Connections Cymru (ASCC) One Stop Shop in Cardiff.

54. While we had less time available to us for the Stage 1 scrutiny of the Health and Social Care (Quality and Engagement) (Wales) Bill, we nevertheless were keen to hear from people who might not ordinarily submit written evidence to us. We therefore ran a survey alongside our general call for evidence, asking the public for views on the proposed replacement of Community Health Councils with a single Citizen Voice Body. We promoted the survey via social media, and received 178 responses.

Recommendation 8. Our successor committee should continue to undertake informal engagement activity to supplement formal evidence gathering. It should tailor its approach to reflect the particular inquiry and target audience, and should continue to seek new and innovative ways to engage with stakeholder groups.

7. Cross-Senedd working

55. As a Committee, we have limited time available to us to cover the full range of issues within our remit. We have therefore looked for opportunities to work with others to avoid duplication and broaden our approach. This has included:

Working with Senedd committees

- Working with the Culture, Welsh Language and Communications Committee to agree a collaborative approach to scrutinising issues relating to sport. While physical activity falls within our portfolio, elite sport falls within the Culture, Welsh Language and Communications Committee's remit. To avoid duplication, we therefore agreed with the Culture, Welsh Language and Communications Committee that it would undertake an inquiry focusing on the impact of COVID-19 on sport.
- Working with the Children, Young People and Education Committee to agree a division in responsibilities in respect of children and young people's mental health. For example, we agreed that the Children, Young People and Education Committee would take the lead on scrutinising draft budget allocations in this respect.

Working with Cross-Party Groups

- Considering the report of the Senedd's Cross-Party Group on Hospices and Palliative Care on 'Inequalities in access to hospice and palliative care'. Recognising that the issues raised in the report—death, dying and bereavement—can be difficult to talk about, and often overlooked, we held an oral evidence session with members of the Cross-Party Group and subsequently wrote to the Minister to highlight our concerns.
- Following representations made by the Cross-Party Group on Hospices and Palliative Care and the Cross-Party Group on Nursing and Midwifery, we undertook a short spotlight inquiry into community and district nursing. Responding to our report, the Minister accepted our recommendation to 'develop a robust action plan to address shortages in community nursing for both children and young people, and adults with palliative care.'

56. Effective cross-Senedd working in this way can be an efficient way of bringing to bear expertise and energy in respect of issues, without risking

duplication. We would encourage our successor committee to consider how it can work with other committees and cross-party groups to identify and achieve shared objectives.

Recommendation 9. Our successor committee should consider what opportunities there might be to work with other Senedd committees, cross-party groups, or others to draw on expertise and work collaboratively to explore issues and identify improvements that could benefit people and communities in Wales.

8. The impact of COVID-19

Initial impact on Senedd business

57. In March 2020, the COVID-19 global pandemic necessitated a swift change to the ways in which Senedd business was conducted. Senedd committee business was initially suspended, before being resumed in virtual form at the end of April 2020.

58. Adopting remote working inevitably came with some initial challenges, including ICT security and rapid learning for Members and staff. We are grateful to the Senedd's ICT team for their hard work and support in helping us to become one of the first Senedd committees to hold a virtual meeting.

59. In addition, Business Committee made significant adjustments to the Senedd business timetable to reflect the initial technological limitations. The timetable has evolved over the course of the pandemic, and in April 2020 we became one of the first Senedd committees to resume meeting weekly.

Reprioritising our work programme

60. The COVID-19 pandemic put health and social care services in Wales under significant and sustained pressure. We therefore decided to adopt a constructive and sensitive approach to carrying out our role of scrutinising health and social care issues and holding Welsh Government to account. We rapidly reprioritised our forward work programme to take account of the significant demands of the pandemic on health and social care stakeholders, and the limitations on the time available to us and the range of approaches available within the initial technological constraints.

Approach to evidence gathering

61. The unprecedented speed and nature of the pandemic meant that the context changed rapidly. We therefore issued a rolling call for evidence, with no set end date. This new way of working allowed us to gather evidence on an ongoing basis from the public, stakeholders and various organisations, and kept the inquiry relevant. In total, we received 117 responses from 105 individuals or organisations.

62. In light of the limited formal committee time available, and the limited scope for informal engagement activity, we initially prioritised holding oral evidence sessions with key witnesses from the Welsh Government, organisations

and stakeholders. As the pandemic progressed, and key issues began to emerge, we focused our evidence sessions accordingly. In total, we have held 43 oral evidence sessions with 113 witnesses.

63. To ensure that we also heard the voices of frontline staff, carers, and people receiving care or treatment in both clinical settings and the community about the impact of the pandemic, we conducted a public survey that received 97 responses. We published the **interim results** in July 2020, and the **final results** in September 2020.

COVID-19 reports and key issues

64. We have published three reports making recommendations to the Welsh Government in respect of the COVID-19 pandemic and its management:

- Our **first report on the impact of the pandemic and its management** was published in July 2020. It covered issues including the use and supply of personal protective equipment in health and social care sectors; testing (including testing capacity, testing in care homes, and for care home staff, and turnaround times for test results); shielding for clinically vulnerable people (including the role of local government and the provision of services for people advised to shield); the Welsh Government's 'test, trace and protect' strategy (including the use of technology, public participation in TTP, cross border tracing, and the resources and funding available). The Welsh Government responded in September 2020, accepting or accepting in principle 27 of our 28 recommendations. We held a Plenary debate in September 2020.
- Our second report focused on the **impact of the pandemic on mental health**, and was published in December 2020. It covered issues including access to services; bereavement support; new ways of working; and the impact on certain groups, such as frontline staff, older people, and on children and younger people. The Welsh Government responded in February 2020, accepting or accepting in principle all 15 of our recommendations. We held a Plenary debate in March 2021.
- Our third report focused on the **impact of the pandemic on the social care sector and unpaid carers**, and was published in March 2021. It covered issues including restrictions to care home visits; the vaccination programme; access to personal protective equipment; financial and staffing pressures; access to services for unpaid carers; respite care; young carers and the financial impact on carers in Wales.

Unfortunately, as the report was published only shortly before dissolution, there has not been sufficient time for us to receive a response from Welsh Government or hold a plenary debate.

65. We also gathered evidence in spring 2021 about the impact of the pandemic on waiting times for non-COVID-19-related services, the rollout of the COVID-19 vaccination programme in Wales and COVID-19 testing. We wrote to the Minister for Health and Social Services in March 2021 to identify key issues in respect of these matters.

66. During the course of our evidence gathering, post-COVID syndrome or long COVID emerged as a key issue for consideration. We held an evidence session on long COVID in March 2021. While the full effects of the COVID-19 pandemic are not yet clear, we believe that long COVID is an issue which will present significant challenges in Wales in the coming years. While this will be a matter for our successor committee and the next Welsh Government, we would encourage our successor committee to undertake further work in this area.

Impact on our non-COVID work

67. An unfortunate consequence of our decision to focus our limited time on the impact of COVID-19 is that it has not been possible to complete our inquiries into sepsis and hospital discharge processes before the end of the Fifth Senedd. We initially paused our work on these matters in March 2020, but had hoped to return to them at a later date if circumstances had allowed. We deeply regret that we have been unable to continue our work on these important issues, and would urge our successor committee to continue this work during the Sixth Senedd.

Cooperative and collaborative working

68. We are grateful to the Minister for Health and Social Services, the Deputy Minister for Health and Social Services, the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Culture, Sport and Tourism for the way in which they and their officials have engaged with our work within the context of the unprecedented demands of the pandemic.

69. In addition to responding positively to our requests for formal written and oral evidence, we are particularly grateful to the Minister for Health and Social Services for offering us regular weekly informal briefings to keep us updated on the impact of the COVID-19 pandemic on health and social care services in Wales. These weekly sessions have helped us to stay up to date with the rapidly-changing context of the pandemic.

70. We would urge our successor committee and the Welsh Government in the Sixth Senedd to develop a similar collaborative approach where doing so can enhance the delivery of the committee's scrutiny responsibilities.

Recommendation 10. Our successor committee should develop a cooperative and collaborative working relationship with the Welsh Government in the Sixth Senedd where doing so can enhance the delivery of the committee's scrutiny responsibilities.

Annex A: policy inquiries

The table below lists the policy inquiries we undertook during the Fifth Senedd. Further information about each inquiry is available on our website.

Inquiry	Completion date
Priorities for the Health, Social Care and Sport Committee	October 2016
Winter preparedness 2016-17	February 2017
Welsh Government's draft national dementia strategy	March 2017
Medical recruitment	September 2017
Primary care	January 2018
Loneliness and isolation	February 2018
Use of antipsychotic medication in care homes	July 2018
Suicide Prevention	February 2019
Physical activity of children and young people	May 2019
Endoscopy services	September 2019
Dentistry in Wales	October 2019
Hepatitis C	November 2019
Community and district nursing	December 2019
Mental health in policing and police custody	January 2020
Impact of the Social Services and Wellbeing (Wales) Act 2014 in relation to Carers	January 2020
Sepsis*	January 2021
Pre-appointment Hearing -Chair of Swansea Bay University Health Board	March 2020
Hospital discharge processes*	January 2021
Provision of health and social care in the adult prison estate	March 2021
Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales	March 2020- March 2021

* As a result of the impact of the COVID-19 pandemic, in spring 2020 we decided to pause work on these inquiries to allow us to focus on our inquiry on the effect the pandemic was having on the health and social care sectors in Wales. We decided with regret in January 2021 that it would not be possible for us to complete these inquiries in the time remaining in the Fifth Senedd.

Annex B: legislative scrutiny

The table below lists the Bills we scrutinised during the Fifth Senedd. Further information about each Bill is available on our website.

Bill	Completion date
Welsh Government Bills	
Public Health (Wales) Act 2017	July 2017
Public Health (Minimum Price for Alcohol) (Wales) Act 2018	August 2018
National Health Service (Indemnities) (Wales) Act 2020	February 2020
Health and Social Care (Quality and Engagement) (Wales) Act 2020	June 2020
Member-proposed Bill	
Autism (Wales) Bill – proposed by Paul Davies MS	December 2018

The table below lists the Legislative Consent Memorandums and Supplementary Legislative Consent Memoranda that were referred to us for scrutiny during the Fifth Senedd.

Legislative Consent Memorandum	Completion date
Legislative Consent Memorandum for the Policing and Crime Bill	September 2016
Supplementary Legislative Consent Memorandum for the Children and Social Work Bill	December 2016
Legislative Consent Memorandum for the Health Service Medical Supplies (Costs) Bill	December 2016
Legislative Consent Memorandum: Assaults on Emergency Workers (Offences) Bill	December 2017
Legislative Consent Memorandum: Healthcare (International Arrangements) Bill	January 2019
Legislative Consent Memorandum: Medicines and Medical Devices Bill	January 2021
Supplementary Legislative Consent Memorandum: Medicines and Medical Devices Bill	