

Written Response by the Welsh Government to the Health, Social Care and Sport Committee.

Detailed Responses to the areas identified by Members are set out below:

1. An up to date assessment of the financial position of each health board and NHS trust.

All NHS Wales organisations, with the exception of Hywel Dda and Swansea Bay University Health Boards, are forecasting to achieve financial balance in 2021-22. The combined forecast deficit for these two organisations is currently £49.4m, which is consistent with their operational plans for the financial year. We expect both organisations to maintain or improve on their 2020-21 outturn position. Our officials, and the NHS Finance Delivery Unit, are working alongside the finance teams of both organisations to track progress against delivery of this expectation.

We recently announced an additional £551m funding for the NHS this year to help with their ongoing response to the pandemic and to make progress on recovery of routine care. This is in addition to the £540m confirmed through the 2021-22 budget process and first supplementary budget for Covid costs and initial funding to support recovery. In total, we are providing nearly £1.1bn of additional funding in 2021-22 to the NHS to help with the response to Covid and tackling the backlog of waiting lists.

Inevitably, the NHS has been unable to deliver the normal level of efficiencies while they have been concentrating on responding to the pandemic and starting to recover routine care. The impact of this shortfall in savings delivery on financial positions is currently being managed through the support of non-recurrent funding. We will need to ensure that the NHS is able to maintain financial sustainability as funding returns to recurrent baseline levels.

2. An update on the financial assistance being provided to local authorities and care providers to help with ongoing COVID-19 related pressures.

In 2020-21 the Welsh Government provided funding to Local Authorities and Local Health Boards to support adult social care and associated healthcare provision through the coronavirus pandemic. Funding for Local Authorities was administered through the Adult Social Care Hardship Fund, and Local Health Boards had commensurate discrete funding to support the additional healthcare component within the adult social care sector. As part of the suite of support provided to the sector, we provided over £160 million to meet general pandemic response costs and to help offset the additional pressures arising from unfunded voids in residential care through the Local Government Hardship Fund and Local Health Boards in 2020-21.

The Final Budget for 2021-22 included the Hardship Fund and NHS Covid response which supported the continuation of this funding to September 2021. This was in the form of a flat rate fee uplift to support commissioned care, support for eligible unfunded voids and a local sectoral support component (LSS) which provides discretionary funding for Local Authorities to support local need. Over £25 million has been issued to date. Support for the adult social care sector will continue to the end of the current financial year.

There is a recognition of the need for the sector to develop a path away from reliance on a high level of support, which retains flexibility for pandemic pressures, yet ensures it is equipped to meet population need in the time ahead. As such, the scheme will be tapered to provide a planned exit route from the current level of resource by the end of the financial year. The support provided to help offset the costs of unfunded voids will be tapered from September, and the flat rate uplifts for residential care and supported living from October; the Domiciliary care flat rate uplift will remain in place to the end of the year.

3. Plans for addressing the backlog of patients waiting for treatment, including prioritisation of patients/services.

We are aware of the challenges we face in trying to recover services to their pre-pandemic state and to improve them going forward. The immediate focus has to be recovery of the waiting list so that we minimise the impact of the pandemic on outcomes. This will be difficult to achieve given limitations imposed by infection prevention controls in our diagnostic, surgical and other treatment pathways; as well as the need to deliver and recover other clinically urgent care. However, I have set this as a priority for the system and this is reflected in health board annual plans.

There is also a backlog in regular reviews and checks for people living with long term health conditions, such as asthma and diabetes, to help them stay well. The NHS Wales Chief Executive is very clear in his expectations of health boards to promote collaboration between GP practices and community health teams to start to tackle this backlog ahead of this winter.

The national planned care programme is developing a new approach to planned care with 'Five Goals for Planned Care' developed alongside clinical and operational leads. The five goals are effective referrals; advice and guidance; treat accordingly; follow-up prudently; measure what's important. The five goals will be supported by quality statements.

The programme will be managed through three programmes of work; Clinical Programme for Planned care; Outpatient Transformation; and whole system measurement. The Clinical Programme initially focussed on five areas with the longest wait; orthopaedics; urology; dermatology; ENT; and ophthalmology. Based on the current numbers waiting, it has been agreed to extend the scope of the programme to include general surgery and gynaecology as well. This will now ensure that the specialities with the longest waits are covered with a transformation programme to aid recovery.

For each of these areas, actions are already in place. For orthopaedics, there is a clinical strategy being developed, there are virtual joint clinics, MSK management. For urology, there is the PSA self-management programme in place alongside improved referral guidance for primary care. A tele-dermoscopy pathway is being developed for dermatology alongside the See-on-Symptom (SOS) and Patient Initiated Follow-Up (PIFU).

We have invested a further £140 million to health boards and trusts to help address the backlog of patients. My officials are currently finalising the allocations and how the money will be used. This is on top of the £100 million that was allocated in May 2021.

The aim is to develop regional approaches to treat orthopaedics and cataract backlogs as well as the endoscopy backlog. Additional funding is being made available the Planned Care programme to support transformation of service delivery and the embedding of good practice across Wales. It is also recommended that a national transformation fund be provided along similar lines to the approach we have implemented for unscheduled care.

There will be an expansion of PACU (post anaesthetic care units) for those patients post-surgery that do not need the same level of care as a normal critical care unit provides. There will also be support for national recovery funds for cancer and ophthalmology and support to keep patients well whilst they are waiting for surgery.

The national Orthopaedic Clinical Board is currently developing a clinical strategy for orthopaedics for the long term. In the short term, health boards are looking at regional solutions, including the possible conversion of Ysbyty Seren to provide a South East regional hub to treat those orthopaedic patients waiting over two years and to develop the Neath Port Talbot site to provide a South West regional hub to deliver an additional 5,000 operations a year. Health boards are

already developing regional plans for cataracts, with plans to increase capacity in South East across the three health boards with a view for a regional centre in the longer term. For South West, the plan is to increase capacity at two sites and to share the workforce across the two sites.

On endoscopy, the aim is to develop a workforce and capacity capable of delivering against the backlog

There are separate solutions being developed for North Wales. The health board is looking at developing a regional approach to provide outpatient, cataract services, diagnostics, including endoscopy and inpatient orthopaedics.

A Planned Care Summit will be held shortly where clinicians and managers will be able to discuss plans.

4. Service transformation, including delivering the vision set out in *A Healthier Wales* and reflecting lessons learned during the COVID-19 pandemic.

Health and social care services in Wales have been at the forefront of responding to the Covid-19 pandemic. Covid-19 has accelerated change in how health and social care services are delivered and by building on the foundations of *A Healthier Wales* we have brought forward the implementation of our long term plan in some areas.

The original vision for *A Healthier Wales* has been validated and remains relevant for the Wales of today. As we move into a 'post-covid recovery' phase, *A Healthier Wales* continues to be our strategic framework for developing and implementing new ways of working.

Welsh Government has taken the opportunity to restate the *A Healthier Wales* priorities and review the 40 actions in the Transformation Programme to ensure they remain relevant and focus on the issues brought to the forefront during the pandemic. A written statement and revised actions were published in March including seven new actions to build resilient communities in Wales and focus on health inequities, prevention, mental health, children and young people and decarbonisation.

Our integrated approach to health and social care services through *A Healthier Wales* has strengthened partnerships and collaboration across both organisational and geographical boundaries, demonstrating the collective commitment of public services to respond to community needs. We have created an environment in which our partners and workforce have actively embraced and delivered service transformation at pace; often delivering in very difficult circumstances.

Significant and accelerated investment in digital technology has enabled rapid service transformation and the continuation of essential services in a safe environment. TEC Cymru have reported over 225,000 virtual consultations having taken place which has saved over 215,000 hours for patients no longer needing to travel.

With support from the Transformation Fund and Integrated Care Fund, Regional Partnership Boards have developed new models of care that have proved invaluable during the Covid-19 response including rapid discharge from hospital to home and admission avoidance models. Communities of Practice have been established to share experiences and best practice across these themes and are now being introduced for community based care, emotional and mental health and technology enabled care. Both the Transformation Fund and the Integrated Care Fund were extended during the pandemic and will come to an end in March 2022. Building on the learning and best practice from the current programmes Welsh Government has recently approved the introduction of a new five year revenue fund which will commence in April 2022 to further support integration.

To capture lessons learned during the pandemic Welsh Government, Aneurin Bevan University Health Board, Health Education & Improvement Wales and the NHS Wales Confederation jointly commissioned a report from Swansea University on the findings from the NHS Covid-19 Innovation and Transformation Study and the data collected from Allied Health Professionals and Healthcare Scientists during the Covid-19 response. This report was published in June 2021 along with a series of case studies from every Health Board in Wales. A specific action has been included in the refreshed *A Healthier Wales* Transformation Programme to ensure that this progress is maintained in the Health and Social Care system.

Our deliberate and significant increase in health and care innovation activity over the last 5 years, and the infrastructure investment that supports this, meant that we were able to better respond to the pandemic. As part of the Covid response we have further accelerated NHS innovation and service change, increased partnering with universities and industry, introduced new technologies at scale and pace along with diagnostics and precision medicine, and enhanced our digital infrastructure and services. To help ensure this momentum is not lost, Welsh Government has recently announced an Innovation Programme for Health and Social Care to bring a tighter focus to existing activities, strengthen national direction, and lock in changes we have seen in response to the pandemic, helping to maintain the pace and scale of change in health and social care.

We have provided funding to all RPBs and NHS Trusts to establish Research, Innovation and Improvement Co-ordination Hubs, building a national network of stakeholders to bring together research, innovation and improvement activity.

The delivery of service transformation requires a workforce that is equipped with the expertise, skills and confidence to drive the redesign of our systems, and for the better. We are therefore investing over £9m in new Intensive Learning Academies that will help deliver transformational training and support across preventative health, Value-Based Health and Care and innovation in health and social care. These new specialised academies, the first of their kind, will offer exciting opportunities for leaders and aspiring leaders from across all sectors who are committed to establishing new ways of evidence-based working through partnership.

It is important to note that whilst the immediate threat from COVID-19 may have reduced, we are still in a public health emergency. Pressures this coming winter will be challenging and will require organisations to continue to adopt new ways of working and to deliver care closer to home.

The recovery plans that health boards have put together recognise the need for more provision for mental health services and to tackle the waiting lists which have grown over the last 18 months. These range from new modular theatres and additional diagnostic capacity to moves to extend the working day and a six day working week for radiotherapy. Health board plans must also set out collaborative action between GP practices and community health and care teams to tackle the backlog in regular reviews and checks for people living with long term health conditions, such as asthma and diabetes, to help them stay well.

Urgent emergency care across Wales is being transformed with an investment of £25m. This is based on the implementation and delivery of 'six goals':

1. Coordination, planning and support for people at greater risk of needing urgent or emergency care
2. Signposting to the right place, first time
3. Access to clinically safe alternatives to hospital admission
4. Rapid response in a physical or mental health crisis
5. Optimal hospital care following admission
6. Home-first approach and reduce risk of readmission

There is an expectation on Health Boards, NHS Trusts and Regional Partnership Boards to place greater emphasis on supporting independent living and well-being to prevent escalation of care to urgent primary care, ambulance, Emergency Department and hospital services.

We are also implementing three specific models of care:

- A national '111 First' model – signposting people who believe they need to access urgent or emergency care services to the right place, first time. This includes an enhanced online offer and scheduling people to arrival time slots at the best place for their needs.
- 'Urgent Primary Care Centres' – to safely assess or treat people with urgent primary care needs quickly and effectively without the need for a GP appointment or presentation at an Emergency Department, enabling staff in those services to focus on people with complex or emergency care needs respectively; and
- 'Same Day Emergency Care' services to support people who need a face-to-face assessment, diagnostics and / or treatment to return home on the same day where it is clinically safe to do so.

5. The role of technology in the future delivery of care (e.g. video consulting), and ICT infrastructure in the health and care system.

TEC Cymru are currently undertaking a procurement exercise to identify a longer term platform for video consultations, allowing this to be operationalised as standard option for clinicians and patients to engage with. The use of video consultations provides flexibility for both clinicians and patients, and has reduced the number of "did not attend" instances by around 40% (compared to face to face appointments), saved time for clinicians and patients in travel and waiting in rooms – and waiting rooms are quieter which reduced the risk of cross-infection between patients.

The new NHS Wales App, which will be delivered by the Digital Services for Public and Patients programme, will give patients more digital access to their healthcare management; the ability to book a GP appointment via the app, conduct the appointment via video consultation, and then be able to see their primary care notes have been updated following the discussion will be available within the application.

In addition, repeat prescription ordering and other medicines management features – such as recording that they have not taken a prescribed medicine on a particular day and listing why, which would then be noted as part of their patient record and available to clinicians (for example, if someone elected not to take their prescription for 2-3 days and recorded this within the app, and was then admitted to hospital, clinicians there would be able to see what medicines they were supposed to be taking and how frequently they had been taken).

The app will also in the future allow patient reporting of outcome measures – for example blood sugar levels for diabetes patients, to allow clinicians to remotely monitor patients' progress without needing to bring the patient in for a review. Future intentions for the app include potential abilities to interact with personal wearable devices (e.g. Fitbit type watches) which have the ability to monitor a number of measurements such as heartbeat and then record these via the NHS Wales App in the patient's medical record.

There are a number of other programmes that are underway which will increase the efficiency of the Health workforce: eNursing Docs, ePrescribing, WEDS, WICIS, LINC and others. Digital Maternity will provide electronic maternity notes for patients and clinicians, removing the need to carry around the well-known "green folder" of notes wherever expectant mothers go – and mitigating the risk of losing or damaging those notes which is inherent with the current process.

Welsh Ambulance Trust's ePCR programme will see Ambulances equipped with tablet computers that will allow access to a patient's medical record, so that paramedics and ambulance technicians will be able to make better informed decisions in emergency situations by having access to pertinent information wherever they are. The Eye Care project is digitising the referral process from opticians to hospital eye care departments – the current process relies on faxing documents and spending time on the phone to the hospital for the Optician, whilst the designed solution is a web form which completes the referral process in a matter of minutes with upload functionality for relevant documentation, meaning opticians can spend more time with patients rather than processing paperwork.

6. Mental health provision across the spectrum of need.

Mental health has been identified as having the greatest potential contribution to long-term prosperity and wellbeing. Even before the Covid-19 pandemic, around one in four people in Wales was experiencing mental health issues. Latest data from Public Health Wales and other surveys show that overall, levels of anxiety within the population remain higher than pre-pandemic. Aspects of personal health and wellbeing, concern about health and wellbeing of others and personal finances have all caused worry for individuals to differing extents over the course of lockdown.

Evidence demonstrates that the impacts have not been felt consistently across all groups. Responses to the surveys undertaken to date show that certain groups of people, such as those with pre-existing mental health conditions, young adults, Black, Asian and Minority Ethnic communities, those in lower income households and women for example, report higher levels of mental health concerns than others, and have done so throughout the pandemic.

The Welsh Government's response to the mental health impact of the pandemic has been focused on three key areas:

1. Maintaining all age mental health services and responding to immediate mental health needs. Mental health services were designated 'essential' as part of the NHS Operating Framework throughout the pandemic.
2. Strengthening protective factors and reducing the socioeconomic impacts of the pandemic on mental health and wellbeing – recognising that the levers for this sit outside of health. The significant economic support we have offered is fundamental to this.
3. Supporting the NHS to meet the changing mental health needs in their areas, while planning for future waves and ensuring mental health services for adults and children and young people can stabilise and recover for the long term.

At the onset of the pandemic, additional resources were released to health boards to support the maintenance of essential mental health services while responding to the immediate pandemic pressures. Welsh Government has also provided additional funding for inpatient surge capacity both in adult and CAMHS provision, to ensure mental health units had flexibility to manage additional demands, increased capacity in voluntary sector provision and significantly expanded tier 0/1 (direct access without a referral) mental health support for young people and adults. We have also strengthened the CALL mental health helpline to meet the increased demand and we continue to promote it as one of our key offers. We have also provided funding for a range of regional approaches to reduce suicide and self-harm including bereavement support, training and awareness raising.

Welsh Government commissioned the All Age Mental Health Urgent Access Review which was published under the aegis of the Crisis Concordat Group on 21 December 2020. The aim of the review was to provide a better understanding of the mental health demand across emergency services. Whilst the review was undertaken before Covid-19, it highlights the range of social and

welfare needs (such as employment support, social services, debt advice) that are causal factors for a large proportion of people who contact emergency services when in crisis, often outside of regular office hours. Key recommendations of the review include agreeing common definitions for mental health crisis and welfare concerns across public services and improved data sharing. It also recommends effective collaboration between public and voluntary sector organisations to improve outcomes for people of all ages experiencing crisis and seeking help. Work is now being taken forward to ensure a multi-agency response can be implemented across public and third sector services, including access to advice and support 'out of hours' for a range of issues including debt, housing, domestic abuse and loneliness.

These additional resources and priorities are reflected in the Welsh Government's revised Mental Health Delivery Plan for Wales – which was published in October 2020.

In the Welsh Government's budget for 2021/22 additional investment of £42m for mental health services has been made available. This has been allocated to support the delivery of the following mental health priorities.

- £6m for all age crisis services and work to support a multi-agency pathway (£4m for health boards and £2m for direct commissioning on a national level).
- £4m for open access / tier 0 services for adults and children and young people (£1.4m for health boards to directly commission the voluntary sector and £2.6m for direct commissioning on a national level).
- £3m supporting memory assessment services / diagnostic support to be allocated to Regional Partnership Boards.
- £7m has been allocated to health boards (through service improvement funding) to support key service improvement areas within mental health (e.g. CAMHS, perinatal mental health and eating disorders).
- £13m funding for core cost growth within NHS mental health services.
- £4m is providing targeted additional support the Whole Systems Approach (previously Whole Schools Approach) to improve access to support the emotional and mental health well-being of children and young people.
- A further £5.4m of funding for specialist CAMHS is being used to support young people with diagnosed mental health conditions through community or specialist in-patient services (£3.6m for health boards and £1.8m for direct commissioning on a national level).

Alongside this funding, a framework that can support mental health services recover from the pandemic has been developed.

To oversee our priorities for mental health, we have established a Ministerial Delivery and Oversight Board. Chaired by the Deputy Minister for Mental Health and Wellbeing, the board aims to oversee the continued response to the mental health impact of Covid-19; strengthen oversight and assurance for the delivery of 'Together for Mental Health' strategy and associated delivery plan; and monitor evidence to inform the future programme of work and the successor to the Welsh Government's 10 year Together for Mental Health Strategy.

7. Quality statements and the successor arrangements for delivery plans for major conditions.

A Healthier Wales committed to the introduction of a National Clinical Plan [now a 'Framework'] and Quality Statements. The National Clinical Framework sets out the wider strategic approach to delivering high quality healthcare services. Quality Statements describe the outcomes and standards we would expect to see in specific high quality, patient focussed services. As a result of the intention to develop Quality Statements, the Deputy Minister for Health and Social Services

announced in March 2020 that major health condition delivery plans would be replaced by Quality Statements.

The National Clinical Framework and the first two underpinning Quality Statements (cancer and heart conditions) were published on 22 March and can be found:

[Written Statement: National Clinical Framework and Quality Statements \(22 March 2021\) | GOV.WALES](#)

These documents set out our ambitions to be delivered consistently across Wales over the term of the Parliament and beyond. These Quality Statements build on the work undertaken as part of the delivery plan approach that preceded them. Quality Statements for specific clinical services exist alongside other policy commitments and have a focus on quality of services and reducing unwarranted variation. They will inform national oversight of NHS delivery through the planning framework and the performance management system. The documents are live and will be further added to with national pathways, service specifications, guidance and service metrics as these become available.

A number of other quality statements including for stroke, diabetes, care of the critically ill and renal, are in development by existing national forums, which bring together the Welsh Government, NHS and third sector. They are due to be published this year as they are agreed. This will include delivery plans which were extended by one year, such as stroke, care of the critically ill, diabetes and respiratory disease. Consideration is also being given to replacing the planned care and unscheduled care plans with Quality Statements, while some other delivery plans, such as endoscopy and mental health, are not yet due to be replaced. Quality Statements set out the Welsh Government's policy expectation and NHS bodies must respond through their planning processes. As described in the National Clinical Framework, national programmes and clinical networks will enable any national leadership and coordination that is required; as well as link to the accountability regime through the proposed NHS Executive function.

8. Sustainability of the health and care workforce, and recruitment/retention of staff to meet future needs.

The NHS in Wales currently employs historically high numbers of staff and the highest ever number of healthcare professionals in training. Despite this, Wales, like elsewhere in the UK, is facing significant workforce pressures across the health and care system.

In October 2020, the then Minister for Health and Social Services launched the Health Education and Improvement Wales (HEIW) and Social Care Wales workforce strategy to ensure the future sustainability of the health and care workforce in Wales. The strategy will establish system wide workforce transformation and ensure workforce sustainability for the future. Its focus is on improving wellbeing, diversity, inclusion, capability and bilingualism of the health and social care workforce.

Workforce capacity and planning is a priority for health boards and trusts at a local and regional level. We will maintain and strengthen investment in education and training of healthcare workers, delivering 12,000 more clinical staff by 2024-25. We will also establish a new medical school in north Wales.

Alongside investment in the domestic supply of healthcare workers, a small but important proportion of the workforce will need to be recruited from elsewhere in the UK and overseas. However, this is set against a backdrop of national and international labour shortages which impact on the recruitment into the NHS in Wales. Health boards in Wales are currently recruiting healthcare professionals from overseas, aligned with ethical recruitment principles. Local level recruitment is supported by the 'Train Work Live' marketing campaign - which *transferred into HEIW's portfolio during 2020-21*. In addition to attracting additional healthcare professionals to

Wales, it is of strategic importance to improve the retention of staff already working here. Health boards and trusts have been assessing if staff are likely to leave the NHS due to pressures brought on by the pandemic and at the same time supporting retention through a range of policies to enhance staff engagement and wellbeing to support people to remain in work.

There are current significant pressures on the social care system that is impacting on timely discharges from hospital and the availability of care at home. We are working closely with health boards and local authorities to monitor impact and promote joined up approaches as we approach the additional winter pressures. Recruitment and retention is impacted by the opening up of retail/hospitality and improved pay and conditions in the NHS. Staff are tired and under greater pressure due to staff absences and vacancies increased demand for care services, particularly domiciliary care, being noted by social services across Wales.

We have provided financial support to Social Care Wales for a 3 week national recruitment campaign, beginning on 23 August to promote careers in social care jobs and to highlight the national jobs portal hosted by Social Care Wales. We have provided funding to Social Care Wales to allow a national roll out of an 'introduction to social care', free 4 day training course to introduce people to social care and support to seek employment thereafter.

We have established two schemes in 2020 and this year to provide financial rewards to staff in social care to recognise their commitment through Covid-19. A range of well-being services for staff and managers have been made available through Social Care Wales.

There is considerable current focus between WG officials, local authorities and health boards as to opportunities around system efficiencies, improved joint approaches and creative means of creating more staff resource – but this remains a significant challenge to bring about improvements in the short term.

Last year, the Welsh Government convened the Social Care Fair Work Forum, a social partnership group in which stakeholders come together to look at how the employment terms and conditions of social care workers can be improved in Wales.

The Forum was established in social partnership, bringing together government, employers and unions. Representatives from the Association of Directors of Social Services (ADSS) Cymru and Welsh Local Government Association (WLGA) are Forum members alongside Trade Unions and Provider representatives.

The Forum is looking at how the definition of fair work should be applied for social care workers in Wales and will, through collective discussions between unions, employers and government, set out what good working practices should look like in social care, including in regard to pay, working conditions, employee voice and training. The Forum has also been asked to provide advice on how the Welsh Government's commitment to paying social care workers in Wales the Real Living Wage should be implemented, and its recommendations are expected in October.

9. Understanding of long COVID and its impact on demand for health and social care services.

It became clear in April 2020 that there would be a potential increased demand in the longer term for health and social care services. At that point, the expectation was that this would be for those with severe Covid-19 infection, who had been hospitalised and could be expected to need longer

term rehabilitation and recovery services; alongside those who were affected by the wider impacts such as having to wait for treatment for other conditions and the impact of lockdown, isolation and job loss. Health and social care staff worked with officials to develop the Rehabilitation framework which was published in May 2020. Alongside this, a modelling tool was developed to assist in predicting the demand for rehabilitation services.

As we reached September, we recognised the long term impact on people who had not necessarily been admitted to hospital for treatment of their covid-19 infection. This has become known as long COVID (Ongoing symptomatic Covid-19/ Post-covid syndrome). The Directors of Therapies and Health Sciences led the development of the prudent response to this increased demand. Transforming and expanding access to existing services and contributing to the learning and NICE guideline development.

We launched the Adferiad (Recovery) Programme in June of this year that, along with £5m of additional funding, will support patients experiencing the symptoms associated with long COVID. The additional funding will allow our Health Boards to expand the provision of diagnosis, treatment, rehabilitation and care, targeting funding at pathways where patients can get personalised treatment for their needs, as well as ensuring care is provided as close to home as possible.

The money will go towards:

- Helping healthcare workers and Allied Health Professionals develop infrastructure to flexibly deliver services to help people recover from COVID-19, long COVID and those more widely impacted by the pandemic.
- Providing high quality, evidence based training and digital resources to assist in diagnosing, investigating and treating long COVID and supporting people in their treatment and rehabilitation.
- Investing in digital tools which will ensure the NHS helps people make the right treatment decisions.

As part of the Programme we have also launched the Adferiad (Recovery) All Wales guideline for the management of long COVID. This guideline is based on the All Wales Community pathway and offers health professionals the latest information for managing long COVID across NHS Wales. It is supported by a package of comprehensive education and resources. This includes the referral process into secondary care where needed and clear guidance on when to arrange diagnostics for people living with long COVID. Updates are provided direct to users of the guideline as new evidence, and changes to guidance emerge. Most importantly, it means that across Wales health professionals have access to the same information and treatment advice on this condition and also have clear guide on when and how to refer onwards for treatment and support.

It remains challenging to quantify the numbers of people who will need to access services, or which services people will need to access. This is largely due to the significant variability in both symptoms and experience of patients with this condition. Many are able to manage symptoms through self care at home and therefore do not access services where their condition may be recorded in GP records. It is also acknowledged that the condition is under recorded in GP systems, though we are working to address that issue through inclusion of coding advice within the digital pathway. In the latest published data from the ONS (5th August) the estimated number of people living in private households with self-reported long COVID who first had (or suspected they had) COVID-19 at least 12 weeks previously (four week period ending 4 July 2021) was 47,000.

As we are still in a learning phase in respect of this condition I have asked my officials to review the programme on a six monthly basis. During this period we continue to monitor UK and international learning on this important subject and we have asked the Bevan Commission to make recommendations in respect of the creation of a patient registry. NHS Wales, through the Directors of Therapies and Health Science and a community of practice, continues to share learning across the respective Health Boards as they put in place services to respond to this new condition.

Through the work of Health and Care Research Wales, Welsh Government continues to play a key role in the UK wide effort to gather evidence to address the impact of COVID-19.

Wales is taking part in the UK study called 'The Post-Hospitalisation COVID-19 Study (PHOSP COVID)', funded by the National Institute for Health Research (NIHR) and MRC UK Research and Innovation and led by the NIHR Leicester Biomedical Research Centre. This Urgent Public Health study has been established to assess the long-term effects of COVID-19 on patient health and recovery in 10,000 participants across the UK. Wales remains one of the highest recruiters with sites across Wales.

The 'Inspiratory Muscle Training (IMT) post COVID-19 recovery study' has also been set up by Swansea University to address patient recovery from the impact of COVID-19 for example, shortness of breath and fatigue. The aim of the study is to assist patients to re-train respiratory muscles to improve breathing technique thereby alleviating suffering of the patient and pressure on the NHS through potential re-admission to hospital.

In response to the pandemic, Welsh Government has established the COVID-19 Evidence Centre. This is a 24 month investment of £3M to provide a Welsh-specific programme of research, evidence synthesis and knowledge mobilisation to meet priorities and urgent needs arising from COVID-19, including the long-term effects of the pandemic.

10. The next steps and associated timescales following the *Rebalancing Care and Support White Paper* support consultation, including plans for legislation.

The [summary of the consultation responses](#) to the Rebalancing Care and Support White Paper was published on the Welsh Government website on 29 June.

The Welsh Government [Programme for Government](#) includes commitments to develop a national framework for social care and to legislate to strengthen partnership working and integration of health and social care services.

The Deputy Minister for Social Services provided Members of the Senedd with an update on the consultation responses in an oral statement on 6 July. The Deputy Minister committed to engage with the sector to develop co-produced policy. Technical groups will be established in the Autumn and these groups will inform the requirements for legislation.

11. Plans for reforming the system for paying for care.

In March, the then Minister for Health and Social Services delivered an oral statement to the Senedd, updating members on the work and conclusions of the Inter Ministerial Group on Paying for Care. The Group undertook considerable work to explore the implications for social care services of increasing population need and practical options to address this. The Group concluded that a UK-wide answer to social care funding remains preferable as this could take account properly of the important inter linking with the tax and benefits system. Whilst, as a consequence of the economic impact of the pandemic, the Group concluded a wales only tax solution for raising funds for social care was no longer an option in the short term, they supported shorter term investment in social care which may be possible through future budget choices. This

included providing support for the workforce through the Real Living Wage which is now a Programme for Government commitment. A decision has been made that the Group will be reconvening in this Senedd term.

In July, there were a number of press articles in the national media reporting the UK Government were aiming to publish their plans for social care, initially before summer recess but now anticipated to be in the autumn although exact timing remains unknown.

Reforming the system for paying for care is a complex issue that has profound consequences for many people. It will be important to understand the implications for Wales of any proposals published by the UK Government and we continue to press them for information on what their proposals will entail, early engagement, and clarity on the timing of any announcement. As has been stated previously, if the UK Government proposals do not realise a fully funded UK-wide solution, then we will proceed with developing our own plans for funding reform to support a sustainable adult social care sector.

12. Support for unpaid carers.

Welsh Government has a longstanding commitment to improve the recognition of and support to unpaid carers in Wales. The pandemic further heightened our awareness and our new Strategy, launched in March 2021, reaffirms this commitment and details how we will work with partners to ensure unpaid carers are supported more effectively and are able to access their rights and entitlements. The Strategy for Unpaid Carers also sets our intention to coproduce a new Charter for Unpaid Carers and our refreshed national priorities. Following engagement with unpaid carers and their representatives, we have added a fourth priority focusing on unpaid carers in education and employment. The four updated national priorities are:

1. Identifying and valuing unpaid carers
2. Providing information, advice and assistance
3. Supporting life alongside caring
4. Supporting unpaid carers in education and the workplace

Working with the Ministerial Advisory Group for Unpaid Carers we have convened three working groups to coproduce a supporting delivery plan and the new Charter. Membership of the groups has been extended to unpaid carers and organisations working with or for unpaid carers in Wales. We aim to publish the delivery plan, and a draft of the new Charter, coproduced with carers of all ages, for wider discussion, in autumn 2021. The plan will set out clear actions, timescales and measures for monitoring progress for each of the four national priorities.

To improve our mechanisms for placing the voice of the carer at the heart of policy design and delivery, we are reviewing the membership and terms of reference of our Engagement Group and working with regional partnership boards to promote best practice in supporting carer representatives.

A key Programme for Government commitment is the creation of the new post of Chief Social Care Officer for Wales. Albert Heaney, formerly Deputy Director General of Health and Social Services Group in Welsh Government has been appointed and one of his early priorities is to listen to the users of social care services, and those who work in the social care sector to ensure particular focus on the issues affecting them, including those with protected characteristics. He met with the members of the Carers' Ministerial Advisory group on 7 July, followed by a discussion with the national Carers' Engagement group on 14 July to listen to their concerns and feedback and in order to inform future work.

We recognise that the pandemic increased pressure on unpaid carers who may have already been struggling to cope with their caring role. In 2021-22, we have allocated £3million to increase

and diversify respite services for unpaid carers across Wales. Initially, local authorities have used the funding to meet the spike in demand for respite as lockdown restrictions were eased. As the year progresses, we are encouraging local authorities to work across sectors to develop more innovative approaches, such as a short breaks fund.

To guide this work and identify good practice that has the potential to be replicated across Wales, we commissioned Carers Trust Wales and academics at Swansea and Bangor universities to draft a 'Roadmap to Respite' report. Through the development of person-centred approaches that cater to individual need, all unpaid carers will be supported to benefit from this funding, including the families of children with life limiting conditions, young carers and older carers who may also be living with their own health condition.

The specific challenges faced by families and those caring for children with life-limiting conditions are also recognised and the Welsh Government is continuing to support children's hospices in Wales to ensure appropriate care is available when needed. We continue to invest more than £8.4m every year to support specialist palliative care services across Wales. Much of this goes to adult and children's hospices. We have also allocated £12.3m of emergency funding to hospices throughout the pandemic to protect core clinical services and to strengthen bereavement support. More than £2.3m of this funding has been allocated to support Welsh children's hospices.

The £1m Carers Support Fund was launched in late October 2020 in co-operation with Carers Trust Wales and its network partners across Wales. An additional £0.25m was made available in late January 2021, in recognition of the substantial demand identified through the first phase of delivery. The fund was advertised and promoted to a broad range of audiences nationally and locally. In 2020-21 the fund supported more than 5,900 unpaid carers, including young carers, to help them meet additional financial pressures.

Feedback from unpaid carers and the services delivering the Support Fund demonstrated that it helped to address significant unmet need and had a direct and positive impact on unpaid carers:

"I was very very thankful for the grant I received, took a huge amount of pressure off me that month regarding how I was going to be able to keep my children warm, I was issued a shopping voucher and the money I saved from having to shop I put straight into my gas meter. Thank you so so much."

Not only did the scheme help carers experiencing financial difficulty, it also helped to connect previously unsupported carers to wider support services. A further £1m has been agreed to continue delivery of the Carers Support Fund in 2021-22 and will aim to provide additional sustainable support services for the most vulnerable carers.

We are aware that young and young adult carers may require targeted support. Our ambitious project to create a national Young Carer ID card, working in collaboration with all 22 local authorities and Carers Trust Wales, has now entered its second year. In 2021-22 we have made available £186k, of which £150k is for local authorities to progress their activity and £36k to Carers Trust Wales to produce national resources and support the national project meetings and learning cluster groups. The project is enabling local authorities and their commissioned third sector young carers' service providers, to test and trial different approaches and systems to see what really works on the ground to benefit young carers. 16 local authorities have now launched an ID card or transitioned an existing card into the national project. The aim is to have all 22 local authorities offering the national ID card by end of March 2022.

Our successful Third Sector Sustainable Social Services Grant Scheme continues. We are providing £2.6 million over three years from 2020-2023, to Carers Wales, All Wales Forum of Parents and Carers, Carers Trust Wales and Age Cymru. The four projects provide a range of support for carers of all ages, as well as working with health and social care staff to improve

awareness of the issues affecting carers, and how to improve support for them. The projects have each completed their first year in operation and are successfully raising awareness and transforming services for carers across Wales.

We have provided funding of £1m to local health boards and their carer partnerships in 2020-21, with the same available in 2021-22. This funding has been flexible and is being used to support carers struggling with the increased pressures of the pandemic. It supports a range of projects, including new opportunities for online forms of support, and continue work with primary and secondary health services. The Integrated Care Fund is another source of financial support for unpaid carers projects and activity. They continue to be identified as one of the priority groups within the guidance for Regional Partnership Boards. In 2020-21 we invested £89m revenue funding, and recognising the positive benefits of the ICF we are investing another £89m revenue funding in 2021-22.

We are proceeding with a second phase of our successful national carers' rights publicity campaign later this year. It will be delivered by Carers Wales and Carers Trust Wales, and in close partnership with Welsh Government. The campaign will target all ages of carer in this phase, and aim to help individuals to self-identify whether they have caring responsibilities and make them aware that they can access the support that they may need.

The mental health and wellbeing of unpaid carers continues to be a priority. We provided £60,000 to Carers Wales in 2020-21 to develop their Me Time online sessions focussing on psychological support and carer wellbeing. The online sessions and wellbeing events provide carers with a brief break from their caring role, as well as useful guidance on how to manage their own mental health and wellbeing.

Carers Wales has also launched a Well-being Hub on its website as part of their "Carer Empowerment and Wellbeing" project, which is funded via the Welsh Government's Third Sector Sustainable Social Services Grant Scheme 2020-23. The mental health and wellbeing of young people and young carers has also been supported, for example the launch last year of the Young Persons' Mental Health Toolkit accessible via Hwb. We have also promoted access to information and support via the MEIC helpline and website and the national CALL helpline service. Young people continue to be able to access help through school counselling services, and information, advice and assistance from local authorities and their commissioned local young carers' service providers.