

Cafodd yr ymateb hwn ei gyflwyno i ymgynghoriad y [Pwyllgor Iechyd a Gofal Cymdeithasol](#) ar [Flaenoriaethau'r Chweched Senedd](#)

This response was submitted to the [Health and Social Care Committee](#) consultation on [Sixth Senedd Priorities](#)

HSC PSS 121

Ymateb gan: | Response from: Archwilio Cymru | Audit Wales

Blaenoriaethau cychwynnol a nodwyd gan y Pwyllgor Initial priorities identified by the Committee

Mae'r Pwyllgor wedi nodi nifer o flaenoriaethau posibl ar gyfer ei waith yn ystod y Chweched Senedd, gan gynnwys: iechyd y cyhoedd a gwaith ataliol; y gweithlu iechyd a gofal cymdeithasol, gan gynnwys diwylliant sefydliadol a lles staff; mynediad at wasanaethau iechyd meddwl; arloesi ar sail tystiolaeth ym maes iechyd a gofal cymdeithasol; cymorth a gwasanaethau i ofalwyr di-dâl; mynediad at wasanaethau adsefydlu i'r rhai sydd wedi cael COVID ac i eraill; a mynediad at wasanaethau ar gyfer cyflyrau cronig tymor hir, gan gynnwys cyflyrau cyhyrysgerbydol.

The Committee has identified several potential priorities for work during the Sixth Senedd, including: public health and prevention; the health and social care workforce, including organisational culture and staff wellbeing; access to mental health services; evidence-based innovation in health and social care; support and services for unpaid carers; access to COVID and non-COVID rehabilitation services; and access to services for long-term chronic conditions, including musculoskeletal conditions.

C1. Pa rai o'r materion uchod ydych chi'n credu y dylai'r Pwyllgor roi blaenoriaeth iddynt, a pham?

Q1. Which of the issues listed above do you think should be a priority, and why?

Given our remit, you will appreciate that it would not be appropriate for us to comment on relative priorities for the Committee. We have commented below, however, on some specific matters arising from our previous work and work in progress that are potentially relevant to the Committee's remit. We hope that this will prove valuable to the Committee as it shapes its work programme.

Public health and prevention

Although we highlighted opportunities for improvement, our most recently completed 'structured assessment' for Public Health Wales NHS Trust (October 2020) reported in



generally positive terms on the Trust's governance arrangements, management of financial resources, and operational planning to support the continued response to the pandemic balanced against the provision of other essential services. We have explained the overall scope of our NHS structured assessment work under Question 3.

In October 2017, we reported on collaborative arrangements between the Trust and the wider NHS for managing local public health resources. We had found that these arrangements had not worked as effectively as they should do. Among other things, we highlighted issues to be resolved around leadership, arrangements for securing value for money from resources allocated to local public health teams and mechanisms for information sharing. We have been tracking progress in response to the issues identified but postponed finalising our follow-up work as NHS Wales responded to the COVID-19 pandemic. We are now revisiting our work to consider opportunities to learn from the collective COVID-19 response before finalising our output.

During the past seven months we have published reports on the Test, Trace and Protect programme in Wales (March 2021) and the vaccination rollout in Wales (June 2021). We are briefing the Public Accounts and Public Administration Committee (PAPAC) on these reports on 22 September 2021.

On Test, Trace and Protect, we highlighted how partners had worked together at a national, regional and local level to combine specialist expertise and local knowledge and how learning had been applied to adjust the programme over time. There had been times when the Test, Trace, Protect service has been stretched to the limit, but it had responded well to these challenges. We noted that the programme needed to continue to evolve, alongside the rollout of vaccines.

Our report on the vaccination programme recognised the progress that had been made, and at pace, by the end of May 2021. However, we highlighted that a longer-term plan was needed to move beyond the milestones that had been established at that time and to consider key issues such as resilience of the vaccine workforce, evolving knowledge of vaccine safety, the need for booster doses, and maintaining good uptake rates - especially in those groups that had shown some hesitancy in coming forward for their vaccinations. We also highlighted that there had been challenges identifying unpaid carers who have previously not been recorded on any system.

The health and social care workforce

We are preparing a short report that will consider how NHS bodies have supported staff well-being during the COVID-19 pandemic, with a particular focus on their arrangements for safeguarding staff at higher risk from COVID-19. This report will build on intelligence gathered during our NHS structured assessment work. We now expect to publish the report before the end of October. In our structured assessment reporting for Health Education and Improvement Wales in 2020, we acknowledged the role that the organisation had played in taking a lead on developing NHS staff wellbeing resources.

On 15 September 2021, we published our latest 'Picture of Public Services' report. Our report touches on some of the broader staffing capacity challenges across health and social care. Over the next four to six weeks we are publishing a series of related outputs. These will include two short commentaries, 'A Picture of Healthcare' and 'A Picture of Social Care'. Within these reports we will highlight workforce shortages in specific areas of healthcare. Likewise we will highlight workforce shortages in social care alongside challenges arising from low pay and high staff turnover which are playing out across the system. There are also other impacts from the pandemic that we are aware are starting to cause some concern, such as homeworking making it easier for some professional staff to move jobs in search of higher pay.

Our Picture of Social Care report will note that the Welsh Government's new programme for government sets out its intention to increase apprenticeships in social care and ensure that care workers are paid the real living wage. Improving pay for care workers may help fill gaps in the social care workforce, but increased staff costs will add to financial pressure on providers.

Our current round of NHS structured assessment work (see Question 3) is also touching on some of the impacts of the pandemic that are playing through to workforce planning and management and what these means for their wider plans for recovery. Also, work that we are progressing on NHS bodies' quality governance arrangements will consider workforce and organisational culture related issues.

Access to mental health services

It is now some time since we last reviewed adult or child and adolescent mental health services in detail. However, in September 2019 we published a package of material under the theme 'The Well-being of Young People'. That work included a short stand-alone commentary and supporting data on mental health. The Committee may find that report helpful for some background context. We set out opportunities for improvement in the Welsh Government's approach. Any future scrutiny could provide an opportunity to consider progress against those issues. Our Picture of Healthcare report (see above) will touch on issues relating to mental health policy/strategy and demand.

We would also draw attention to our July 2020 report on rough sleeping. Our report emphasised that to tackle and meet the complex needs of people sleeping rough requires a holistic multi-agency response. Our research with people sleeping rough highlighted that most had experienced adverse childhood experiences, had dual diagnosis (mental health and substance misuse) and depended heavily on health and social care to address their problems. But they were also mostly seen as having a housing problem. This was helping to create the revolving door of homelessness and the failure to share responsibility was resulting in money being wasted and very vulnerable service users being pushed back and forth between services with no resolution.

Support and services for unpaid carers

In July 2019, we published a report on the Integrated Care Fund. The broader findings from this report may be of interest as, in 2017-18, the Welsh Government extended the scope of the fund to include carers (of all ages). We also noted in the report that while third-sector organisations are represented on Regional Partnership Boards, there were challenges securing representation from service users and carers.

In September 2019, we published a report and supporting data tool on the 'front door' to adult social care, looking specifically at services for adults and in the context of expectations flowing from the Social Services and Well-being (Wales) Act 2014. Among other things, we found that carers were still not getting the equal treatment envisaged by the Act, and the provision of advocacy remained challenging throughout Wales. Our report and data tool drew on responses from carers to a survey that we had commissioned to determine whether they felt the Act was making a difference for them. Among our recommendations, we called on the Welsh Government to improve carers' awareness and understanding of their rights to be assessed for their own care and support needs, aimed at generating demand for local authorities' preventative services.

Also in September 2019, our Well-being of Young People work (see above) included stand-alone reports and supporting data on 'Young Adult Carers' and on 'Young Parents'. As in the case of our report on mental health, any future scrutiny could provide an opportunity to consider progress against some of the issues highlighted in those reports. For example, we reported that some assessments to understand young adult carers' needs were not taking place, and some young people were not getting the support they needed. And we highlighted that the Welsh Government did not know enough about where and why gaps in services for young parents exist and that it could do more to understand what help young parents in Wales need, and the best way to give it.

Our forthcoming 'Picture of Social Care' commentary will also touch on issues relating to carers, drawing on some of our previous work. Meanwhile, we are nearing the end of our fieldwork in a study looking at local authorities' provision of 'direct payments'. Although it is an area of relatively low spend, Direct Payments provision is a good indicator of how local authorities are ensuring value for money in their social care expenditure and how they promote people's voice, choice and control in line with the aspirations of the Social Services and Well-being (Wales) Act 2014. We have been gathering views from various stakeholder organisations as part of this work and from direct payment recipients. We now expect to complete this work during this coming winter.

Access to services for long-term chronic conditions, including musculoskeletal conditions

In 2015, we completed a large-scale review of orthopaedic services, reporting on the position across individual health boards and at a national level. We have been

undertaking follow up work on this topic which we plan to complete by the end of 2021. We have been reframing the outputs from this work to take account of the impact of the COVID-19 pandemic. We also mention our previous work on planned care, which is of broader relevance, in response to Question 3.

At a local level, we are currently completing some audit work on eye-care in Betsi Cadwaladr University Health Board, which includes services for patients with long-term eye conditions.

Unrhyw faterion eraill

Any other issues

C3. A oes unrhyw faterion eraill yr hoffech dynnu sylw'r Pwyllgor atynt?

Q3. Are there any other issues you wish to draw to the Committee's attention?

About our audit coverage

Our audit coverage across the NHS is quite wide ranging. It includes our audit of accounts work, local performance audit work across the sector and national studies. We publish our local and national audit reports on our Audit Wales website.

Our local audit work at individual health boards, NHS trusts and special health authorities includes an annual 'structured assessment'. This is undertaken to help meet the duty under section 61 of the Public Audit (Wales) Act 2004 for the Auditor General to be satisfied at the audit of accounts that NHS bodies have made proper arrangements to secure economy, efficiency, and effectiveness in their use of resources. The findings from this and our wider work inform the Auditor General's input to the NHS Wales Escalation and Intervention Arrangements. The Auditor General also has duties under the Well-being of Future Generations (Wales) Act 2015 to do sustainable development examinations—examinations of the extent bodies in the sector are adhering to the sustainable development principle in setting and pursuing well-being objectives.

We have a similarly broad reach and mix of local and national audit work across local government bodies, including potential coverage of social care. This includes an equivalent proper arrangements duty for local government bodies under section 17 of the Public Audit (Wales) Act 2004. Our annual assurance and risk assessment process across the principal councils in Wales includes consideration of risks relating to social services which can then also inform our wider work programme planning. Again, the Auditor General also has duties to do sustainable development examinations in local government bodies under the Well-being of Future Generations (Wales) Act 2015.

Under the Local Government & Elections (Wales) Act 2021, the Auditor General may undertake "special inspections" of principal councils if he considers that they may be failing to meet the performance requirements of that Act. The Auditor General's reports on special inspections may recommend Welsh Ministers take action to help a council improve performance.

We liaise with Healthcare Inspectorate Wales (HIW) and Care Inspectorate Wales (CIW) across various levels of our organisations to co-ordinate our functions and discuss respective work programmes.

We would be happy to discuss any aspects of our audit work in more detail with the Committee, its clerking team or its researchers as the Committee forms a view on its own priorities.

Issues from our wider work programme that may be of interest

Our Picture of Public Services report and our forthcoming Picture of Healthcare and Picture of Social Care reports include commentary on strategy, funding/finances, performance, demand and capacity, and we will highlight key issues for the sectors from our perspective. Also, each year we update our NHS finances data tool which provides a range of trend data about NHS bodies' financial position.

Our Picture of Healthcare report will highlight that whole system change is overdue, and that learning from the COVID-19 response offers opportunities to overcome barriers to transformation. We will stress opportunities to better focus the health system in Wales around outcomes for patients and the wider population, while also recognising the challenge of transforming services while tackling backlogs and managing the ongoing COVID-19 response.

Our Picture of Social Care report will note that the financial sustainability and funding challenges facing the sector are long-standing, and that progress addressing them has been slow. The pandemic has made the need for change more pressing, but transformation will still be challenging.

We have recently been completing work in North Wales examining care home commissioning arrangements. We will be finalising that regional report shortly. Alongside it, we plan to publish a short national summary drawing out some issues that we consider relevant at a national level and in the context of the Welsh Government's rebalancing care and support white paper. Drawing on our findings from North Wales, our national summary will challenge the Welsh Government to consider whether its proposals for reform will go far enough to tackle some long-standing issues.

As we have noted in our recent Picture of Public Services report, our previous audit work on informatics systems in NHS Wales (January 2018) and on the Welsh Community Care Information System (October 2020) has highlighted the potential benefits but slow roll out of digital services in the NHS and social care. We are currently undertaking some follow up work to take stock of developments with the Welsh Community Care Information System. We expect to report those audit findings before the end of 2021. The Auditor General is also the external auditor of the new Digital Health Care Wales Special Health Authority.

Other notable work that we have completed since the start of 2020, and not already mentioned in response to Question 1, includes:

Doing it differently, doing it right (January 2020): this report focused on how NHS bodies have governed during the COVID-19 crisis, highlighting key themes, identifying future opportunities, and sharing learning in three areas of governance: putting citizens first, decision making and accountability, and gaining assurance. The report drew on evidence gathered during our 2020 NHS structured assessment work.

Procurement and supply of Personal Protective Equipment (April 2020): recommendations in this report related to preparedness for future pandemics, PPE procurement strategy and transparency in respect of the supply position and contracting. We are briefing the PAPAC on this report on 22 September 2021.

Welsh Health Specialised Services Committee (WHSSC) governance arrangements (May 2020): we found that since the previous reviews in 2015, WHSSC's governance, management and planning arrangements have improved, but the impact of COVID-19 now requires a clear strategy to recover services and there is still a need to review the wider governance

arrangements for specialised services in line with the commitments within A Healthier Wales. We are briefing the PAPAC on this report on 22 September 2021.

Quality Governance Arrangements at Cwm Taf Morgannwg University Health Board (May 2020): this follow up work, undertaken and reported jointly with HIW, pointed to some good progress but with there still being work to do in each of the areas where recommendations were made in 2019. The predecessor Committee had taken an interest in our 2019 work when concerns about maternity services first came to light. We are briefing the PAPAC on this report on 22 September 2021.

Building on examples already cited in response to question 1, other work in progress includes:

Unscheduled care: we are working on a new data-tool and supporting commentary before progressing further local audit work on particular aspects of the urgent and emergency care pathway.

2021 NHS structured assessment: our work is continuing to gather evidence around how NHS bodies are adapting their governance arrangements to continue to respond to the pandemic. We are also considering their ability to transform services and learn from the pandemic response, and recover.

NHS waiting times / planned care: we will be publishing a new data tool and are now planning to produce an updated commentary on planned care alongside it. In September 2020 we published a report which set out 10 key opportunities for resetting and restarting the NHS planned care system. The challenges the NHS is facing in that regard have only increased over the past year, but we consider that the issues we highlighted in our report remain relevant.

NHS quality governance arrangements: we have been taking forward some wider local audit work across NHS bodies considering whether organisations' governance arrangements support delivery of high-quality, safe and effective services. We anticipate reporting at both a local and all-Wales level, with some of our local work nearly complete but with work at other bodies to follow. Any all-Wales output will not be until 2022.

Emergency services collaboration: we have been looking at how well emergency services are collaborating and integrating their response and operational delivery to ensure they remain resilient and sustainable. We had intended to publish outputs from this work in two phases, but are now planning a single output this winter.

Radiology services: We are looking again at radiology services in three health boards, following up on work that led up to our national report in 2018 (see below).

Some of the plans and timetable for this work in progress remain flexible as we continue to consider wider pressures on services arising from the pandemic response. We are also gathering evidence from NHS bodies as part of our wider climate change baseline review and a study considering public bodies' arrangements for equality impact assessment.

There are a range of other topics that we reported on during the fifth Senedd that may provide context for any future inquiry work should the Committee identify priorities in relevant areas.

Focusing simply since the start of 2018-19, these included:

Cracking the Code: Management of Clinical Coding Across Wales (September 2020).

Progress in implementing the Violence Against Women, Domestic Abuse and Sexual Violence Act (November 2019).

Primary Care Services in Wales (October 2019) and A Picture of Primary Care in Wales (April 2018).

Integrated Care Fund (July 2019).
Expenditure on agency staff by NHS Wales (January 2019).
Radiology services (November 2018)
Management of follow up outpatient appointments across Wales (October 2018).
Primary Care Out-of-Hours Services (July 2018)
Strategic Commissioning of Accommodation Services for Adults with Learning Disabilities (May 2018)
Speak my language: Overcoming language and communication barriers in public services (April 2018)

Some but not all of these topics were followed up with inquiries by the previous Public Accounts Committee.

Other matters

We have also responded to the equivalent consultation by the Children, Young People and Education Committee which included an invitation for responses on the theme of 'Health and well-being, including social care (as they relate to children and young people)'. We acknowledged the body of inquiry work undertaken by the Public Accounts Committee in the fifth Senedd on care experienced children and young people. There then followed a Care Inspectorate Wales National Overview Report in relation to care experienced children and young people in 2019. It seems clear that many of the challenges identified in that previous body of work remain. We note that the Welsh Government has committed in its Programme for Government 2021-2026 to two related actions, the details of which may merit further scrutiny: 'Explore radical reform of current services for looked after children and care leavers', and 'Eliminate private profit from the care of looked after children during the next Senedd term'.