

Eluned Morgan AS/MS

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

Julie Morgan AS/MS

**Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services**

Lynne Neagle AS/MS

**Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health & Wellbeing**



**Llywodraeth Cymru
Welsh Government**

Russell George MS

Chair

Health and Social Care Committee

SeneddHealth@senedd.wales

1 September 2022

Dear Russell

Please see attached our response to the specific issues raised by Members in your correspondence of 08 July, prior to the joint general Ministerial scrutiny session scheduled for 15 September.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'Eluned Morgan'.

Two handwritten signatures in blue ink. The first signature reads 'Julie Morgan' and the second reads 'Lynne Neagle'.

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Written response by the Welsh Government to the Health and Social Care Committee.

1. An update on actions to address the social care workforce crisis, including plans for sick pay once the temporary scheme expires in August; actions to mitigate the impact on the social care workforce of rising costs of living; and the work of the Social Care Fair Work Forum.

On 25 July, the Welsh Government provided additional funding for social work students starting their course in December. In total, this amounts to a package of almost £10 million in financial support for social work students over the coming three years. The funding which we have provided has been focussed on the recruitment of new students to social work courses to maintain the growth of a sustainable social care workforce in Wales.

The Covid-19 Statutory Sick Pay scheme ends on 31 August. The decision has been taken at a time when recent evidence from the ONS Coronavirus Infection Survey suggests the prevalence of Covid-19 in the community is decreasing. We are also reviewing the asymptomatic testing of social care staff and will make an announcement shortly. Social care workers and care home residents are priority groupings for the booster that starts in September, and this will afford staff and residents increased levels of protection.

Allowing the scheme to lapse is consistent with the view of Public Health Wales that Covid-19 is endemic and should be considered alongside other respiratory viruses. A Covid specific financial support scheme could not be supported indefinitely. The wider issue of the dearth of occupational sick pay in the social care sector will be considered by the Social Care Fair Work Forum as part of their work on terms and conditions. The current workstream to develop a national commissioning framework as part of the Rebalancing Care and Support agenda may also consider how this could influence increased levels of employer occupational sick pay schemes.

The Welsh Government remains committed to the implementation of the Real Living Wage to social care workers in Wales. The real living wage rate is independently calculated based on what people need to get by. We have also provided a £45m workforce grant to local authorities in 2022-23; and continue to work in social partnership with the Social Care Fair Work Forum to look at what further steps can be taken to support the workforce.

The Social Care Fair Work Forum was established in September 2020 following recommendation of Fair Work Wales Commission. The forum is a tripartite social partnership group consisting of employer and employees' representatives, stakeholders and government on an equal basis.

Professor Rachel Ashworth, Dean and Head of Cardiff Business School, is the forum's Independent Chair.

In the short term the Forum has focused its efforts on improvements to pay and has provided advice on how we can take forward the Real Living wage. It is now focusing

on its wider priorities.

These include tackling low pay in the commissioned independent sector through looking at pay structures and developing a framework that will provide a model of good practice and could be applied across Wales. Its other early priorities include ensuring safe, healthy and inclusive working environments, and the role of Employee voice. It will also seek to understand the impact on workers of non-guaranteed hours and the extent to which workers have knowledge of, and are able to access, their rights.

The Forum has agreed to publish an update on the progress being made within these key priorities by the end of 2022.

The Forum membership includes:

- Association of Directors of Social Services Cymru
- Care Forum Wales
- GMB
- National Provider Forum
- Royal College of Nursing
- Social Care Wales
- Trades Union Congress
- Unison
- Welsh Government
- Welsh Local Government Association.

2. Information about any plans for further support of unpaid carers (including those who are not eligible for the £500 payment).

We invested in an extensive communications campaign to promote the £500 carer payment throughout May and June to those eligible carers in receipt of Carers Allowance on 31 March. Information was shared via social media, the Wales Online homepage on multiple dates, and to reach people who are not online, we shared the messages via pharmacy bags, radio ads, print advertising and it was covered by national news television as well as being promoted by local authorities and organisations supporting unpaid carers. Despite this coverage we were aware that some unpaid carers missed the deadline or did not realise that they are required to contact their local authority to register for the payment.

The registration period to register for the £500 payment to unpaid carers in receipt of Carers Allowance on 31st March, closed on 15th July. Following feedback that a number of eligible individuals believed they would be contacted by their local authorities and invited to claim the payment, the registration period reopened on 15th August for three weeks. Targeted communications have been placed in a range of national and local newspapers in an effort to reach unpaid carers who are digitally excluded.

Local authorities have been asked to provide data on take up of the payment every two weeks. The most recent return currently includes data from 20 local authorities and shows that as of 19th August, 70% of eligible unpaid carers had successfully registered for the payment, with over 2,000 claims yet to be processed. The new

registration period will enable more unpaid carers to benefit from this payment.

During Carers Week in June, we announced funding of £4.5m to continue our successful Carers Support Fund over the next three years. Unpaid carers in financial hardship will be able to apply for grants of up to £300 to pay for food, household items and electronic items. Eligibility for the fund is not linked to Carer's Allowance and therefore individuals who were not eligible for the £500 payment will be able to apply. The fund will target carers on low incomes who are struggling to cope with their caring role.

Since the fund started in 2020-21 it has helped more than 10,000 of the most vulnerable unpaid carers facing financial hardship arising from the pandemic, with grants and services to improve their wellbeing and support them with their caring responsibilities. Carers have used vouchers from the scheme to buy essentials such as food, household items such as a new washing machine or clothing. With the increasing cost of living making life more difficult for unpaid carers on the lowest incomes, the extended fund will enable us to support thousands more carers with the practical and financial support they need.

Unpaid carers of all ages in Wales will also benefit from our £9m investment (over three years) into a new short breaks scheme. The scheme will increase opportunities for unpaid carers to take a break from their caring role and have a life alongside caring. A short break is a service, support or experience, which helps an unpaid carer take time away from their caring responsibilities. This new scheme delivers a Programme for Government commitment and will build on our investment of £3million into respite services in 2021-22.

Carers Trust Wales has recently been appointed as the national coordinating body to establish and oversee the scheme and will work collaboratively with Regional Partnership Boards, local authorities and the third sector across Wales to encourage innovation and promote good practice. The national body will also ensure unpaid carers have equal access to a range of suitable options to support them to take a break that meets their needs. A core principle of the scheme is that carers are seen as individuals, and the focus will be on achieving the personal outcomes that matter to them.

Day centres and services reopening

The Welsh Government is working closely with the Association of Directors of Social Services Cymru to monitor and support the resumption of day opportunities. To understand the current picture another snap-shot survey of re-opening was undertaken in May 2022, where most local authorities reported that a significant proportion of services have resumed, although there was variation across regions. Responding to the continuing pressures caused by the pandemic many authorities are adopting a hybrid approach between resuming building-based services and providing support in the community including in supported living where appropriate.

There continues to be significant limitations in the resumption of many day opportunities, this includes managing the availability of staff, as in addition to recruitment challenges many existing staff have been re-deployed or are working more flexibly to deliver high priority services; and maintaining staffing levels across social care services particularly in areas such as domiciliary care is of considerable concern.

Local authorities are focusing on ensuring individual support needs are met and that preferences are taken into account. The future development and provision of day opportunities will consider the many benefits realised through adapting services during the pandemic and this will include enhancing digital innovation. The landscape of day opportunities is changing, and feedback from many participants is reflecting a preference for community-based support to continue and to grow. As the presence of Covid-19 continues in the community, the future provision of placed based services will also need to take into account whether pre-pandemic premises are suitable, and that social distancing and infection controls can be maintained.

We are continuing to work with ADSSC to provide support for local authorities to learn from the innovation developed in the response to the pandemic and to re-build sustainable day opportunity services across population groups where needed. This will involve sharing good practice and supporting the development of services which are co-produced with participants and their families.

Covid 19 Booster Vaccinations and unpaid carers

Eligible adults in Wales have been invited for their COVID-19 Autumn booster since mid-August with the roll-out commencing at the start of September. This vaccination will help boost the immunity of those at higher risk from COVID-19, improving their protection against severe illness, and to protect the NHS over Winter 2022-23. Most will be invited via letter to attend a vaccination centre, GP surgery or pharmacy for this Autumn booster. A single dose of COVID-19 vaccine will be offered to individuals aged 16-49 who are carers, alongside the following groups:

- Residents in a care home for older adults and staff working in care homes for older adults
- Frontline health and social care workers
- All adults aged 50 years and over
- People aged five to 49 years in a clinical risk group
- People aged five to 49 years who are household contacts of people with immunosuppression

The full statement issued by the Joint Committee on Vaccination and Immunisation can be viewed using the following link:

[JCVI statement on the COVID-19 booster vaccination programme for Autumn 2022: update 15 August 2022 – GOV.UK \(www.gov.uk\)](#)

3. An update on the work of the Expert Group on a national care service, including whether the Group's recommendations will be published.

We are making progress towards the commitment, set out in the Co-operation Agreement (published November 2021), to establish a National Care Service which is free at the point of need. The Expert Group began meeting in February, engaging with topics including workforce, paying for care, systems and delivery, and citizens' voice.

The Expert Group will produce a report to provide recommendations on the practical steps which can be taken to create a National Care Service. The work of the Expert Group is ongoing and Welsh Government has yet to receive the final report. We anticipate that we will receive this report in early Autumn, following which it will be published and the process towards wider consultation will commence.

4. An update on progress on the national framework for care and support, including the work of the technical groups established in October 2021.

Progress has been made towards developing the strategic National Framework for commissioned care and support. This Framework will set standards for commissioning practice, reduce complexity, and focus on quality and outcomes.

A Technical Group was convened in January, to advise Welsh Government on the technical aspects of policy development in relation to the National Framework. Subgroups for Commissioning standards, health Services as well as equalities and Welsh Language are progressing the work. The National Framework will be published for consultation in 2023 in a Code of Practice.

5. An update on initial progress against the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists, including whether health services are on track to achieve the plan's recovery ambitions.

The Planned Care Recovery Plan was published on 26 April and sets out how we will transform the way services will be delivered to ensure patients in Wales receive the care and treatment they need in a timely manner.

The plan contains a number of ambitions, the first of which (to be achieved by the end of December 2022) is that there should be no open pathways over 52 weeks waiting for a first outpatient appointment. June data indicates there were 97,882 open pathways over 52 weeks waiting for a first outpatient appointment.

Progress: Although the cohort of patients (this is the list of **all** patients that need to be seen by the end of December 2022 and is different to the number currently waiting over 52 weeks) is reducing, progress is slower than we would like and would expect. Initial focus has been on addressing the urgent backlog and cancer outpatients. It is anticipated that improvement will be seen from September onwards. Health boards have been given clear directions as to what they need to do

to achieve this target. This includes treat in turn (which means seeing patients in chronological order based on their clinical need), clinical validation and utilising new pathways of care such as 'See on Symptoms' (SoS) and Patient Initiated Follow-up (PIFU) (which is when patients who have had treatment and are normally scheduled for follow-up appointments, but these new approaches mean it will be for patients to decide if they require an appointment and for them to contact the hospital, where they will be offered support and advice to help them make those decisions).

The second ambition is to have no open pathway over 104 weeks by the end of March 2023 (in most specialities). The end of June position shows 62,136 open pathways over 104 weeks, a 12% improvement compared to the March 2022 position.

Progress: We are seeing a reduction in the cohort size and an increased focus by health boards to achieve this target. The position remains challenging, and it is acknowledged that for the majority of patients this will be achieved, but there will be some specialities where this will not be achieved. We are working with the health boards on regional solutions and mutual aid to ensure that where possible, this target will be delivered.

Additional actions to address the current position: The National Director of Planned Care Improvement and Recovery has regular meetings with each health board and recently wrote out to them with advice on how they could improve their position. This included:

- the use of validation to ensure only those people who should be on the waiting list are on the waiting list,
- improving treat-in-turn rates to direct appointments to include long waiting patients,
- increasing day surgery rates so that they reach levels recommended by Getting it Right First Time (GiRFT),
- increasing overall activity back to pre-pandemic levels and a roll out of both Patient Initiated Follow-Up (PIFU) and See on Symptom (SoS), which would enable appropriate follow-up capacity to be repurposed to new outpatient capacity.

Weekly monitoring of these actions is part of the recovery team's remit.

Health boards are:

- Procuring additional validation from an external provider who will work with a number of health boards to help ensure waiting lists are accurate and assess whether patients need to be clinically reviewed
- Reviewing their Do Not Do lists (this is a list of procedures the NHS should stop doing or should not routinely undertake as there is no clinical evidence of its effectiveness) and
- Nationally agreeing referral guidance through a national project supported by a clinical lead.

Over recent months, activity levels have increased, but remain below the pre-pandemic levels. In June 2022, inpatient / daycase activity at an all-Wales level was at 81% of the pre-pandemic levels, with outpatient activity at 97% of pre-pandemic

levels. Health boards, through Welsh Government accountability meetings, have been made aware of the importance of increasing activity levels to help reduce the backlog of patients. Health boards have been advised to make full use of all available capacity, including the independent sector across Wales and England, as well as using insourcing companies to support work. Their additional monies will support this.

Examples of additional capacity developments

- Hywel Dda UHB has procured two new day theatres on the Prince Philip hospital site, with the expectation of delivering up to 4,600 additional cases a year. These theatres are scheduled to be operational in October 2022.
- Mobile diagnostic units are in place at the Royal Glamorgan Hospital and in Cardiff and Vale.
- Cardiff and Vale UHB are supporting Cwm Taf Morgannwg UHB to address some of the breast cancer backlog, with additional clinics being run on Saturdays in Cardiff. As of the 18 August, 143 patient pathways have been sent over to Cardiff and Vale

Examples of transformation

- Six out of seven health boards are now using the e-advice and e-referral, with the remaining health board (Aneurin Bevan UHB) going live in quarter 3 (October – December 2022). Early indications are that 15% of activity is returned as advice only and within 48 hours.
- A national toolkit and website for SoS and PIFU has been developed. There are over 50 medical and surgical pathways that have been clinically approved for inclusion and all health boards have been asked to implement at least 10 pathways by March 2023.
- Health boards have also been making use of virtual appointments and clinics, with a generic toolkit purchased in conjunction with NHS England.

Diagnostics recovery, June data showed a reduction in waits over the 8-week target with 43,564 open pathways, a reduction of 4% on the previous month and average waits reducing to 5.6 weeks.

Progress

- A programme board has been established and is overseeing the development of a national diagnostic strategy due to be published Autumn 2022. This is being supported by the establishment of a programme team within the NHS Delivery Unit and will include work on demand and capacity planning and will complement the work of the National Endoscopy Programme.
- The Programme is developing plans for three regional diagnostic hubs located in North Wales, South-East Wales and South-West Wales.

Cancer recovery, June data shows performance of 54% against the 62-day target, an improvement of 1 percentage point on the previous month. The number of patients informed they did not have cancer was 12,372 in June.

Progress

- A national campaign is being linking to the Cancer Services Delivery Plan to help patients recognise red flags and to seek advice.
- 21 approved optimum pathways have been developed and are being

implemented.

- There is national work to improve referral management and direct to test guidance.
- Improvement Cymru, the improvement arm of NHS Wales, is supporting work with health board multi-disciplinary teams to improve efficiency and quality. Their aim is to support the creation of the best quality health and care system for Wales so that everyone has access to safe, effective and efficient care in the right place and at the right time.
- Rapid diagnostic centres are in place in each health board area and the cancer vague symptom pathway has been approved by NHS Wales Chief Executives as a national optimal pathway.

Waiting Well services:

All health boards have introduced some type of services to support patients whilst they wait for their treatment ranging from information to specific services. National policy is being developed to agree a set of consistent principles for waiting well services to ensure consistency of approach and agreed outcomes from these services going forward, due to be completed March 2023.

Current examples

- Cwm Taf Morgannwg UHB, [WISE CTM - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)
- Cardiff and Vale [Home - Keeping Me Well](#)
- Hywel Dda – [Waiting List Support Service Launched - Hywel Dda University Health Board \(nhs.wales\)](#)
- Powys [Keeping Well While You Wait - Powys Teaching Health Board \(nhs.wales\)](#)
- Swansea Bay <https://sbuhb.nhs.wales/recovery-wellbeing/about-recovery-wellbeing/advice-for-patients-whose-operation-may-be-delayed-by-covid-19/documents/other-conditions-new/>
- National advice [Live Well - NHS \(www.nhs.uk\)](#)

6. An update on vaccination programmes, including COVID-19 and seasonal flu.

This year we have integrated our Covid-19 and influenza vaccination programmes. This is a major step in our Vaccination Transformation Programme and recognises the importance of a coordinated response to both respiratory viruses. Our [Winter Respiratory Vaccination Strategy](#) prioritises protecting those at highest risk, preventing hospitalisation and avoidable deaths from Covid-19 and influenza this Winter through vaccination.

Covid-19

The primary objective of the Autumn Covid-19 booster vaccination campaign is to augment population immunity and protection against severe Covid-19 disease, hospitalisation and death, over Winter 2022 to 2023. Over this Summer, the Joint Committee on Vaccination and Immunisation (JCVI) published advice on the Autumn campaign. The following individuals will be offered a vaccination:

- Residents in a care home for older adults and staff working in care homes for

- older adults;
- Frontline health and social care workers;
- All adults aged 50 years and over;
- Persons aged 5 to 49 years in a clinical risk group, as set out in the [Green Book](#);
- Persons aged 5 to 49 years who are household contacts of people with immunosuppression, as defined in the Green Book;
- Persons aged 16-49 who are carers.

The JCVI has also advised the deployment of bivalent vaccines (vaccines that target two different variants) which are targeted at both the Omicron and original strain of Covid-19. Eligible adults aged 18+ will initially be offered the Moderna bivalent vaccine and those eligible aged under 18 will be offered the Pfizer vaccine. Both vaccines will be offered at least three months after a previous dose.

The first booster vaccinations will commence in Wales from the start of September and those eligible adults will mostly be invited via letter to attend a vaccination centre, GP or pharmacy for their vaccination. The first invitation letters were sent during week commencing 15 August.

Influenza

This Autumn and Winter, we are offering the flu vaccine to the following:

- people aged 50 years and older
- staff in nursing homes and care homes with regular client contact
- staff providing frontline NHS/Primary care services, healthcare workers with direct patient contact; and staff providing domiciliary care
- people aged six months to 49 years in a clinical risk group
- individuals experiencing homelessness
- pregnant women
- carers
- people with a learning disability
- people with a severe mental illness

The integration of our flu campaign with our Covid-19 campaign through the Winter Respiratory Vaccination Programme will enable us to maximise uptake of the flu vaccine, including by co-administering the vaccines where appropriate, and drive service efficiencies. Specific groups, such as those with chronic obstructive pulmonary disease, who are particularly vulnerable if they contract influenza or coronavirus, will be offered both vaccines in the same appointment.

Winter Respiratory Vaccination Strategy

We expect both Covid-19 and flu to circulate this Winter and must be prepared for much higher or unseasonal flu activity. Our strategy sets out our plans for Autumn-Winter 2022-2023 and how we will offer both the influenza and Covid-19 vaccines to those who are eligible, while being prepared to increase our capacity quickly, should we need to, in response to any future significant coronavirus pandemic wave or a new variant.

Deploying a Winter Respiratory Vaccination Programme this Autumn is a significant step towards a fully integrated vaccination programme offering an improved experience, including greater convenience for patients and providing service

efficiencies in the NHS.

The strategy aims include:

- Offering the Covid-19 vaccine to all eligible individuals by the end of November and offer the flu vaccine by end of December
- Achieving 75% uptake for both vaccines
- Continuing to work to ensure no one is left behind and to maximise vaccine coverage in Wales for the protection of individuals, their families and the communities in which they live.

The Vaccination transformation programme

In Spring 2022, we initiated a Vaccination transformation programme, with the aim to identify and use the lessons from the pandemic to transition to a position of improved business as usual for all the vaccination programmes administered in Wales. The overall aim is to deliver world-leading outcomes in vaccine preventable disease through the establishment of a National Immunisation Service for Wales by 2023.

The 2022-23, Winter Respiratory Vaccination Programme is the first major step in our transformation journey. The next steps will be outlined in the National Immunisation Framework for Wales which we will publish later in the Autumn.

7. An update on short and longer term actions to address workforce pressures and challenges, including recruitment, retention and morale.

Through their Integrated Medium-Term Plans (IMTPs), organisations have developed workforce plans to recruit additional staff to close the vacancy gap. We will also continue to recruit additional healthcare professionals, including from overseas where this is ethical, and we have recently recruited over 400 international nurses to work in Wales through a new national programme.

In addition to training and attracting new healthcare professionals to Wales, it is of strategic importance to improve the retention of staff already working in the NHS. Health boards and trusts are supporting retention through a range of policies to enhance staff engagement and wellbeing to support people to remain in work.

We are in constant dialogue with our health boards, trusts and the trade unions to understand how we can provide targeted funding and services to complement the local support available for the workforce. We work closely with our NHS and Social

Care Health and Wellbeing Networks who are active in sharing best practice and solutions across organisations and workplaces.

We are providing £1.5 million per year until 2025 to support the expanded Canopi (*previously Health for Health Professionals (HHP)*) service which offers expert psychological support to assist health and social care staff with presentations directly related to Covid-19 experiences such as post-traumatic stress disorder, prolonged grief disorder and moral injury. These complement the local support and resources provided by NHS and social care employers and free-to-access health and wellbeing support resources and apps such as Mind, CALL and SilverCloud.

A workforce plan to underpin the planned care plan is currently in development and will be launched in the Autumn 2022.

8. An update on the establishment and role of the NHS Executive.

Setting up an NHS Executive is an essential part of making our health system fit for the future. Its key purpose will be to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.

To do this, working on behalf of Welsh Government, the NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing, where necessary, the NHS in Wales to transform clinical services in line with national priorities and standards.

Aligned to this role and purpose, the initial core areas the NHS Executive will cover have been determined as:

- **Improvement** – including reinforcing and refocusing national leadership for quality improvement, patient safety and transformation;
- **Planning** – including developing national and regional planning capability and support for national decision making alongside regional and local delivery; and
- **Oversight and assurance** – including enabling stronger performance management arrangements, and capacity to challenge and support organisations that are not operating as expected.

This is not an exhaustive list and will be refined as part of the implementation programme and the component functions of each worked through. Equally, as the NHS Executive matures, these may develop over time.

To support delivery of the areas outlined above the NHS Executive will comprise a small strengthened senior team within Welsh Government. It will oversee and direct a much bigger national resource (the NHS Executive Support Function) based in the NHS, as well as working alongside other national bodies such as HEIW and DHCW, to deliver the ambitious strategies that have been set out for the NHS and ultimately drive improvements in the quality and safety of care.

The NHS Executive Support Function will in the first instance comprise existing

national capacity from the following national bodies/functions:

- NHS Wales Health Collaborative – *we expect this to include the majority of its existing functions, with any exclusions to be agreed as part of the establishment process*
- NHS Wales Financial Delivery Unit
- NHS Wales Delivery Unit
- NHS Wales Improvement Cymru
- National Programmes

It is expected that there may also be a need to repurpose or supplement these national resources in the following areas:

- Additional capacity to evaluate and support efficient and effective deployment of workforce resources;
- Increased capacity and expertise to enable accelerated support for organisations in escalation; and
- Central planning and transformation capacity and expertise.

A formal implementation programme, chaired by Judith Paget, to oversee the establishment of the NHS Executive has now been established. This includes a Steering Group, as well as a number of workstreams, involving representatives from Welsh Government and the NHS to advise and support delivery.

The key building blocks that will need to be in place by the end of the year to bring together the existing national resources are now being worked through. This will include:

- The component functions the NHS Executive and the National Support Function will exercise;
- The governance model it will require to be operational;
- The priorities that it will need to support delivery of across the NHS; and
- Clarity on the relationship with the wider system, including links with the new Social Care Office for Wales.

9. An update on health boards' in-year financial position, including whether they are on track to meet their statutory duty to break even over the three year period ending in 2022-23.

Welsh Government has provided all NHS organisations with a core uplift of 2.8% in 2022-23, totalling £180m, providing a basis for the development of sustainable financial plans going forward. In addition, the NHS pay award I announced on 22nd July will be funded in full, as will costs relating to the continued response to the Covid pandemic in respect of the vaccination programme, testing and contact tracing, and the provision of PPE. We also recognise that the NHS is incurring significant costs associated with the increases in energy costs, and so have allowed them to anticipate funding for this impact in their reported positions.

Despite this level of support, four health boards are reporting anticipated deficits for the financial year, which total £113.1m as at the end of July. Hywel Dda University Health Board is reporting a deficit of £62m, which is a significant deterioration on their £25m deficit outturn at the end of 2021-22 financial year. Disappointingly, Cardiff and Vale, Cwm Taf Morgannwg University Health Boards and Powys

Teaching Health Board are also forecasting year-end deficits of £17.1m, £26.5m and £7.5m respectively. All three boards had balanced their books in 2021-22 and had met their three year break even duty last year. My officials are working closely with these organisations, with support from the Finance Delivery Unit, to ensure they are developing sustainable plans going forward and are chasing every opportunity to reduce their forecast deficits this year.

I am pleased that Betsi Cadwaladr and Swansea Bay University Health Boards now have balanced financial plans for 2022-23 and going forward. This is a significant achievement, although both organisations will still fail to achieve their three-year break-even duty at the end of 2022-23 due to deficits incurred in previous financial years. The other health boards and NHS trusts are expected to be financially balanced in 2022-23, as are the two special health authorities.

10. Information about actions to improve succession planning and attract high quality and diverse candidates for senior public appointments.

The need to do more regarding succession planning for senior public appointments is recognised and a number of actions are being taken to ensure vacancies attract high calibre candidates.

All action pays due regard to the Governance Code on Public Appointments, ensuring that public processes are designed to ensure that the best people, from a diverse and the widest possible pool of candidates, are appointed to roles.

When seeking to attract candidates Welsh Government has taken steps to extend the reach of public appointment publicity activity including targeting and engaging with diverse audiences. Public appointments are routinely advertised through online diversity platforms, and publicity is agreed with the Health and Social Services Group and tailored to an appointment campaign. All public appointments are shared with a diverse range of stakeholder organisations and individuals including those who informed the Welsh Government Diversity and Inclusion Strategy for Public Appointments.

Additionally, Executive Search consultants were recently engaged to assist with the campaign for the Chair of the Welsh Ambulance Services NHS Trust (WAST) and Powys teaching Health Board. These did attract candidates that had not applied for NHS Board positions previously and the Committee participated in the process, undertaking the Pre-Appointment Scrutiny Hearing for the chair of WAST in June. The Committee will conduct the Pre-Appointment Scrutiny Hearing for my preferred candidate for the Powys position on the date of this scrutiny session (15 September 2022). We will continue to review and use the services of Executive Search consultants to support appointments when there are clear benefits.

I have also established the NHS Wales Public Appointees Task and Finish Group, chaired by Mark Polin, the Chair of Betsi Cadwaladr University Health Board, with the remit of reviewing the arrangements for public appointments to NHS Boards, development of public appointees and succession planning.

Having initially established the Group for six months I have agreed it will continue its work into the Autumn to ensure it considers fully and recommend sustainable

improvements for areas within its remit. I look forward to receiving their recommendations and would be happy to report these to the Committee in the future.

The Group has already discussed opportunities for development of new and existing public appointees. Academi Wales provide or facilitate many of these opportunities which includes the NHS Wales Independent Member Induction Programme, Healthy Board and High Performance Capability Workshops for Boards, One Welsh Public Service Leaders' Winter School and the opportunity to access Non-Executive Coaching and Mentoring Support.

More generally the Welsh Government's Public Bodies Unit (PBU) has contracted external suppliers to deliver a 'Near Ready Leadership Programme' and 'Public Leaders of the Future Programme'. Both are modular based virtual interventions initially aimed at disabled people and people from ethnic minority backgrounds who are interested in obtaining a public appointment and who are nearly ready to apply or do not yet have the necessary skills and experience to apply. Whilst not specifically aimed at those seeking senior public appointments it should not be assumed that attendees will not already have the skills and experience required. After benefitting from the programme some attendees may recognise their potential and feel more confident to apply for senior positions as they arise. The programmes are scheduled to complete in November and will be subject to evaluation before further rollout.

PBU has also recruited a number of Senior Independent Panel Members from wide and diverse backgrounds who have an important role to join and support Assessment Advisory Panels for significant appointments. Their expertise and knowledge of the Governance Code on Public Appointments is informing and supporting public appointment recruitment.

Specifically within the NHS, and in line with our commitments in the Anti-Racist Wales Action Plan, an Aspiring Board Members Programme is currently being designed ready for commencement in early 2023.

11. An update on the operation and impact of the new Health and Social Care Regional Integration Fund, including the role of regional partnership boards.

The new £144.6m Regional Integration Fund (RIF), launched in April 2022 and being administered by Regional Partnership Boards (RPBs), is designed to build on the learning and experience of the Integrated Care Fund (ICF) and Transformation Fund

(TF) to develop six national models of integrated care (see RIF guidance¹). This programme is Welsh Government's bedrock from which we can develop, test and embed change at an operational level that will support more integrated service delivery.

RPBs have submitted their plans to Welsh Government officials and initial feedback has been given to regions in relation to their fit with the programme objectives and financial investment profiles. In addition, regional plans are being independently reviewed by Old Bell 3 to provide further insight into progress and learning from the previous ICF and TF and deliverability in relation to the six national models of care. RPBs have presented their approaches towards developing the national models of care directly to Ministers and continue to meet with them on a quarterly cycle of meetings. We will also be establishing an expert panel to provide support, challenge and scrutiny to RPBs in their work towards implementing the six national models of care. Given RPBs are all starting from a different place it will take time for the six national models of care to evolve and develop the consistent features we would expect them to, hence this is a 5-year fund. To facilitate this, we have developed a number of communities of practice under the RIF to facilitate the sharing of learning and assist us with working towards embedding those six national models of care.

Quarter 2 reports expected in the Autumn will provide the first information on progress and impact of RIF funded projects measured against the outcomes framework developed alongside the RIF. However, a bespoke review has been undertaken to explore the extent to which activity being delivered through the RIF is 'leaning into' and supporting the current system pressures in relation to health and social care.

12. An update on regional partnership boards' and health boards' seasonal planning, and their preparedness for Winter 2022, including the identification and implementation of any key learning points from last Winter.

The health and social care system has historically experienced pressure during specific periods of the year, resulting in delays to access that may result in risk of harm, poor experience, and reduced quality of care to people accessing services.

Recent years have seen an integrated approach to planning through RPBs, making good use of the breadth of skills and experience that partnership working across health, social care, independent and third sector brings.

From quarterly and financial end-year analysis of the RPBs, 2021/22 funding was allocated to a total of six of the eight priority areas within the Winter Plan, notably around maintenance of health and of social care services (these two areas accounted for the most spending), supporting carers and the wider workforce and keeping people well at home. Many of the investments sought to increase existing capacity in those areas that regions identified as at risk. Consequently, we have seen investment in:

¹ [Health and Social Care Regional Integration Fund - Revenue Guidance 2022-27 \(gov.wales\)](https://gov.wales/government/department-of-health-and-social-care/regional-integration-fund-revenue-guidance-2022-27)

- Supporting Discharge to Recover then Assess pathways, to support appropriate and timely discharge from hospital settings and to improve patient outcomes. This has been achieved by creating additional step-down capacity to ensure safe discharge home for patients and through increased stock for community equipment stores.
- Increasing social care capacity to support assessment and direct care provision.
- 24/7 enhanced welfare emergency support to support individuals and their carers
- Enhanced Mental health early intervention/ in-reach services
- Accelerated hospital discharge using technology-enabled care

Officials evaluated the 2021/22 Winter Plans in May. They found RPBs welcomed the Winter Plan and its focus on managing the pandemic and recovery, aligned with their own, planned approaches to managing seasonal pressures.

Learning from previous Winter planning has told us that a joined-up health and social care response is essential in order to manage cross sector impacts and interdependencies, to align and optimise resources and that RPBs can play a vital role in creating the space for joint planning and response. All Regional Partnership Boards have been working over the Summer months to prepare their own regional plans for Winter 2022-23.

It has also become clear that planning for Winter should not be a stand alone annual event that is thought about late in the year when Winter guidance gets issued by Ministers. Instead, it needs to be incorporated into the substantive planning frameworks for health and social care, including the development of NHS Integrated Medium Term Plans and joint planning through the RPBs.

Similarly, the reliance on short term injections of funding to address seasonal pressures do not support sustainable system change and resilience and as such resourcing for seasonal pressures needs to be considered as part of the wider planning framework.

We are currently considering how volunteers could be utilised to support our NHS over the coming Winter period, this will take into account the learning from during the pandemic when volunteers were called upon.

In a Post Covid world it is also becoming increasingly evident the system pressures are not just seasonal. The current system pressures over the Summer months due to ongoing covid impacts are an illustration of this. Therefore, system pressures need to be viewed as undulating across the year and that substantive planning frameworks need to incorporate the necessary arrangements for responding to any system pressure that might arise as any time.

For 2023-24 onwards new planning frameworks will develop this approach. However, in the meantime the arrangements for Winter 2022-23 are as follows;

- Priority should be focused on actions or parts of the patient pathway that can be accelerated or enhanced for a defined period, in an effort to reduce

risk of harm and improve outcomes and experience.

- The four national programmes (Mental Health), Primary Care, Urgent and Emergency Care, and Planned Care) are directed to work with key stakeholders to rapidly identify whole system key priorities for Winter 2022/2023.
- A targeted Winter planning framework is being rapidly developed for 2022-23 by the NHS Wales Delivery Unit using the priorities identified by Welsh Government officials and national programme directors. This framework will specifically target enhancements for goals 5 and 6 of the Urgent and Emergency Care goals. Health Board Directors of Planning and Regional Partnership Boards are being engaged at an early stage in the process to enable an integrated approach. Health boards and NHS trusts have been advised that Winter plans should be published online no later than the end of September 2022.
- For the upcoming Autumn 2022 seasonal vaccination roll out, we have launched our Winter Respiratory Vaccination Strategy, which recognises the importance of a coordinated response to both COVID-19 and influenza. Integration of our COVID-19 and Influenza programmes is the first major step of our Vaccination Transformation Programme.
- Invitations for a Covid-19 vaccine will all be issued to all eligible individuals by the end of November and the flu vaccine will be offered by the end of December.
- Through the Winter Respiratory Vaccination Programme we will offer 1.6 million people an Influenza vaccine and Covid-19 vaccine and up to 400 vaccination sites across Wales will be utilised including vaccination centres, community pharmacies and GP surgeries. Our Strategy sets an ambitious target of 75% uptake for both vaccines.
- Officials are working to develop “Our Public Health Approach to Respiratory Viruses Autumn/ Winter 22/23”. In particular, we are working to ensure coherence with broader NHS Winter planning, vaccination strategy, surveillance plans and communications strategy.
- The plan will be ready for publication in mid-October and recognises the potentially challenging Autumn/Winter period ahead if there are spikes in both Covid-19 and flu. It sets out how we can prepare our communities and the system through a combination of pharmaceutical and non-pharmaceutical interventions.