

Sixth Senedd strategy

Interim review

June 2023

1. Background

1. In December 2021, the Health and Social Care Committee published a Strategy for the Sixth Senedd (“the Strategy”). The development of our Strategy was informed by consultation with stakeholders and the public, evidence sessions on COVID-19 and COVID recovery, and a general scrutiny session with the Ministers responsible for health and social care.

2. The Strategy sets out our vision for health and social care for 2021-2026 and how we will measure progress. It identifies cross-cutting issues and areas of priority, and outlines how we will work together. It also includes a commitment to:

“Put time aside periodically to reflect on progress made towards the overarching vision, what contribution we have made, and what further actions we could take to drive progress”.

3. This publication provides an overview of our work to date in the Sixth Senedd, and the outcomes of the interim review of the Strategy we conducted in February 2023. It should be read alongside our Strategy.



2. Activity to date

Committee membership

4. Our membership remained the same between July 2021 and July 2022. In July 2022, the Senedd appointed Sarah Murphy MS to the Committee in place of Mike Hedges MS.

Committee activity

5. Between July 2021 and February 2023 our work included:¹



Developing and agreeing our **strategy**



Policy inquiries including: mental health inequalities; the impact of the NHS waiting times backlog on people who are waiting for diagnosis or treatment; hospital discharge and its impact on patient flow through hospitals; dentistry; and endoscopy services. See annex for a summary of our key findings.

We are currently working on policy inquiries into gynaecological cancers, and supporting people with chronic conditions.



One-off sessions to put a spotlight on priority issues or inform our thematic work including: the evidence for a women and girls' health plan; priorities for COVID recovery; updates on COVID from the Chief Medical Officer for Wales, Chief Scientific Adviser for Health and the Welsh Government's Technical Advisory Cell; social care horizon-scanning with Care Inspectorate Wales; and winter planning.



Scrutiny of the **Welsh Government's draft budgets** for 2022-23 and 2023-24.



Three **pre-appointment hearings** and one **post-appointment hearing** for senior health and social care roles in Wales. We held a further pre-appointment hearing in March 2023.

¹ Details of all of our work is available on our website at www.senedd.wales/seneddhealth



Scrutiny of Ministers and bodies with responsibility for health and social care including: two general Ministerial scrutiny sessions (one of which included suggested questions from the public and stakeholders); Health Education and Improvement Wales and Social Care Wales' joint workforce strategy for health and social care; joint scrutiny of Digital Health and Care Wales with the Public Accounts and Public Administration Committee; and scrutiny of the Chief Nursing Officer for Wales.



Legislative scrutiny including: Legislative Consent Memoranda for the Nationality and Borders Bill and the Health and Care Bill; four provisional common frameworks; the impact of the Retained EU Law (Revocation and Repeal) Bill on health and social care; and issues relating to the Food Supplement and Food for Specific Groups (Miscellaneous Amendments) Regulations 2023. We are currently scrutinising the Health Service Procurement (Wales) Bill, and will soon be looking at the evaluation of the Social Services and Wellbeing (Wales) Act 2014 and launching a post-legislative scrutiny inquiry into the Nurse Staffing Levels (Wales) Act 2016.



Visits to the University of South Wales School of Nursing and Midwifery to inform our thematic work on the health and social care workforce; and to community projects and services as part of our work on mental health inequalities.



Follow up work on Fifth Senedd Committee recommendations including correspondence with the Ministers, and inquiries into endoscopy services and dentistry.



Correspondence with the Ministers and others on a range of topics.



Publication of **termly monitoring reports** to assess progress in achieving the Welsh Government's planned care recovery targets.






Piloting an **Area of Research Interest** as a mechanism to inform potential future work on health literacy.

Committee meetings

6. The Committee was established in July 2021. Between July 2021 and April 2022 we were allocated one full day meeting per fortnight² From April 2022 onwards, we have been allocated one and a half full day meetings each four weeks, and the ability to use up to one and a half full day reserve slots per four weeks without needing to seek permission from the Business Committee.

7. Between July 2021 and February 2023 we held:

 30 formal meetings	 3 informal meetings and Member-led stakeholder events	 2 visits
---	--	---

How we have worked

8. Our role is to scrutinise the Welsh Government and hold Ministers to account for policy, spending and legislation in respect of health and social care. Our approach to this role has been shaped by the ambitions set out in our Strategy. For example:

- When planning activity, such as our inquiry on mental health inequalities and our work on the women and girls' health plan, we **time our work to maximise our potential influence** on Welsh Government policy and strategy. We also frame the terms of reference for our work to **focus on specific issues, barriers and solutions**.
- We **keep our work programme under regular review**, and ensure we **retain flexibility** to allow us to respond to changing circumstances or emerging priorities.

² Excluding one 'protected week' at the end of each term during which meeting slots were available only on request from the Business Committee.

- We try to build **positive relationships** with stakeholders. We publish work about our upcoming work programme, our Chair and officials meet stakeholders regularly, and we piloted an Area of Research Interest as a new mechanism for engagement with academics and researchers.
- We **approach politically controversial issues frankly and constructively** to try to find common ground and compromise wherever possible.
- We explore and take up opportunities for **joint and coordinated work with other Committees**, including information sharing through our officials; sharing briefing materials; correspondence between committees; joint correspondence with Ministers; joint recommendations; inviting members of other Committees to take part in our work; and taking up invitations from other Committees to take part in theirs. We also engaged Members of the Welsh Youth Parliament with an interest in mental health as part of our work on mental health inequalities.
- In addition to progressing work on our own priorities for the Sixth Senedd, we've **followed up key recommendations** made by the Fifth Senedd Health, Social Care and Sport Committee.

3. Cross-cutting themes

9. Our strategy identifies five cross-cutting themes that we have agreed to embed across our work. These themes help us ensure that we are looking at the big picture, and identifying where similar issues may be affecting different areas or parts of the health and social care sectors.

10. During our review, we reflected on how the themes have guided and been embedded in our work to date.

Theme 1: putting people at the heart of health and social care

11. We embed consideration of the experiences of people and communities affected by policy, spending and legislation into our work. This shapes the terms of reference of our work, and the way in which we gather evidence to make sure that we encourage and facilitate diverse technical, clinical, academic, policy and lived experience and expertise. For example:

- **People, and their lived experiences**, were at the heart of our work on mental health inequalities, which focused on what needs to be done to foster environments and circumstances in which people can thrive. Similarly, in our work on hospital discharge and the impact of the NHS waiting times backlog we focused on how people, and their families and carers, are affected by the issues under consideration, and what support, advice and help they may need.
- Across our work we've **taken different approaches to gathering evidence**, including formal written and oral evidence, informal stakeholder discussions, interviews and case studies, focus groups with people from different groups and communities and the health and social care workforce, visits, an online advisory group, and use of social media to gather suggested questions for the Minister for Health and Social Services from the public and stakeholders. We design our evidence-gathering to be proportionate, add value and have impact, and to ensure that people who share their experiences are appropriately supported and find it a worthwhile experience.
- We've also made use of **remote, hybrid and in person facilities** as appropriate for who we are engaging with, and the topic we're discussing with them. This helps facilitate diverse evidence, minimise the impact on patients when we are hearing from clinical experts, reflect the inclusive ethos of the Senedd, and ensure that our scrutiny of Ministers is conducted in the most effective way.
- We **communicate** our work in different ways to reach different audiences, including our website, Twitter and other social media, media releases, blogposts, mailing list update emails, targeted calls for evidence, reports, letters, and Plenary debates. We have also trialled more accessible report formats, including online and MS Word versions.

Theme 2: Innovating for improvement

12. We've explored issues relating to innovation throughout our work so far, including how innovation is funded and what impact it has, whether successful innovations are consistently shared and embedded, and the role of digital innovation in the health and care sectors. For example:

- In our scrutiny of the Welsh Government's draft budgets we've examined the new **Health and Care Regional Integration Fund**, and its

role in driving the rollout of innovation and transformation across health and social care. We've also considered issues relating to the HCRIF's operation, implementation and impact in our work on hospital discharge and mental health inequalities.

- We've consistently heard, including during our work on waiting times and mental health inequalities, that while there are many innovative pilot projects, all too often **funding is not put onto a sustainable footing**, and **good practice is not consistently shared**, and **pilots that demonstrate positive outcomes are not mainstreamed or rolled out across Wales**.
- We have explored issues relating to **digital technologies** and **information sharing and access** in a number of our inquiries, including the impact of the waiting times backlog and hospital discharge. We have also worked with the Public Accounts and Public Administration Committee to conduct **joint scrutiny of the recently-established Digital Health and Care Wales**.

Theme 3: Health and social care workforce

13. We've explored issues relating to the workforce as part of almost every element of our work, including general Ministerial scrutiny, budget scrutiny, scrutiny of LCMs, and policy inquiries, as well as undertaking some activity focusing specifically on the workforce. For example:

- We gathered written evidence to inform a joint scrutiny session with Health Education and Improvement Wales and Social Care Wales on their **health and social care workforce strategy**. We intend to return to this work later in the Senedd.
- Our policy inquiries on hospital discharge, the impact of the waiting times backlog, mental health inequalities³, dentistry and endoscopy services have all explored issues relating to the health and social care workforce. Issues which consistently emerge have included **capacity, recruitment, retention, staff wellbeing, time for training and development, and strategic workforce planning**.
- In relation to the **social care workforce** in particular, we have consistently heard concerns about the fragility of the sector, and the need to

³ Including focus groups with key frontline workforce groups

improve pay, terms and conditions as a matter of urgency. In addition to raising these issues throughout our scrutiny, we held a horizon-scanning session with Care Inspectorate Wales in November 2022. We welcome the Welsh Government's recent commitment in response to our scrutiny of the 2023-24 draft budget to provide us with regular updates on the work of the Social Care Fair Work Forum, and work to implement the recommendations made by the Expert Group on the development of a national care service.

- We visited the University of South Wales School of Nursing and Midwifery in December 2022 to see the facilities, and to **meet staff, students and academics** to hear first-hand about the issues they face, and inform an evidence session with the Chief Nursing Officer for Wales in January 2023.
- The **pre- and post-appointment hearings** we've held have provided opportunities to scrutinise the Welsh Government's preferred candidates for key senior roles within the health and social care sectors, as well as to raise issues about succession planning for these significant roles and the public appointments process itself with the Welsh Government and as part of the Public Accounts and Public Administration Committee's inquiry into public appointments.

Theme 4: Health inequalities and inequities

14. We've embedded exploration of the differential experiences of different groups and communities, including the inequalities, inequities and barriers they may face, into the scope of much of our activity. This informs both how we frame our inquiries, and our tailored approaches to evidence gathering. For example:

- Our mental health inequalities inquiry focused specifically on issues relating to health inequalities, and what needs to be done to remove **barriers that disproportionately affect some groups** and to create and foster environments and circumstances in which everyone can thrive. To keep diverse voices and lived experience at the heart of our work as we reported and consider the Welsh Government's response, we have established an **online advisory group** comprising people from different backgrounds and communities.
- Other inquiries, including the impact of the waiting times backlog and dentistry, have included specific terms of reference to help us to

examine the **impact of different policies, legislation and spending on different groups** (taking into account demographic factors and those such as disadvantage and poverty).

- We have consistently emphasised the importance of **disaggregated data**.
- We have also used our scrutiny of the Welsh Government's draft budgets to explore how the Welsh Government is **targeting resources** to tackling health inequalities.

Theme 5: Post-pandemic reset

15. The pandemic, the response to it and recovery from it have set the context for all of our work, including general Ministerial scrutiny, budget scrutiny, scrutiny of LCMs, and policy inquiries. For example:

- We've received two **formal updates on the pandemic** from the Chief Medical Officer for Wales, the Chief Scientific adviser for Health and the Welsh Government's Technical Advisory Cell. We've also received regular **private briefings** from the Minister for Health and Social Services and her senior officials on the pandemic, the pressures on the NHS, and progress in tackling the waiting times backlog, and have allocated time during Ministerial evidence sessions as parts of other work to raise **topical questions** with the Minister for Health and Social Services about COVID (and other matters).
- At the start of this Senedd, we ran a **rolling call for written evidence** on the impact of the COVID-19 pandemic, and its management, on health and social care in Wales. We also held a private discussion with academic experts to identify and explore key issues relating to **COVID recovery**.
- In April and August 2022 we corresponded with the Chair of the **UK COVID Inquiry** and the First Minister in about the scope of the Inquiry, and about the way in which Wales and Welsh issues would be addressed in the initial modules.
- We've **embedded matters relating to the pandemic in the scope of relevant activity and inquiry work**, including our follow up inquiries into dentistry and endoscopy services, as well as the horizon-scanning

session we held with Care Inspectorate Wales to discuss issues affecting the social care sector and workforce.

- Following our inquiry into the impact of the NHS waiting times backlog, we held a stakeholder discussion to explore views on the Welsh Government's programme for transforming and modernising planned care, and we're publishing **termly monitoring reports to assess progress on achieving the programme's recovery targets**.

4. Strategic priorities

Year 1 priorities

16. Our Strategy identifies seven priorities for year 1 of the Sixth Senedd. Our work has addressed these priorities in a range of different ways.

COVID: watching brief on the pandemic, and post-COVID reset

17. As noted above, in addition to specific pieces of work, we have embedded issues relating to the impact of the pandemic and the response to it, and COVID recovery in the scope of our work.

Health and social care workforce

18. As noted above, the health and social care workforce is also one of our cross-cutting themes, and has been a key part of much of our work to date.

Waiting times

19. In addition to a policy inquiry on the impact of the waiting times backlog, which focused on the impact on people who are waiting for diagnosis or treatment and explored people's lived experiences through in depth interviews conducted by the Citizen Engagement team, we have:

- Gathered written evidence from stakeholders on their views on the Welsh Government's April 2022 plan for transforming and modernising planned care, and held an informal stakeholder discussion.
- Published termly reports monitoring progress towards the five key ambitions set out in the Welsh Government's plan.

- Raised issues relating to waiting times with the Minister, including through general Ministerial scrutiny and correspondence.
- Considered issues relating to waiting times as part of other policy inquiries, including dentistry, endoscopy services, and mental health inequalities.

Patient flow through hospitals, with an initial focus on hospital discharge

20. We conducted an inquiry in to hospital discharge and its impact on patient flow through hospitals between autumn 2021 and summer 2022. We also raised issues relating to hospital discharge during our scrutiny of the Welsh Government's 2023-24 draft budget.

Mental health

21. Our predecessor Committee in the Fifth Senedd did significant and substantial work on mental health, and we were keen to explore the progress that has been made in implementing their recommendations, and to conduct our own work in areas that have not previously been explored. We have:

- Jointly with the Children, Young People and Education Committee, sought updates from the Welsh Government about which recommendations made by the Fifth Senedd Committees are still considered outstanding, what work is being done to progress them, and how this is contributing to tackling mental health inequalities.
- Conducted an inquiry into mental health inequalities. In line with our cross-cutting themes of health inequalities and putting people at the heart of health and social care, we focused on mental health inequalities. Starting with broad terms of reference, we used the initial evidence gathered in writing, focus groups with people from different backgrounds and communities, and scene-setting evidence sessions to identify four key themes. We explored these themes through targeted oral and written evidence, a visit to community services, informal stakeholder discussions, and workforce focus groups. To keep people at the heart of the inquiry, we established an online lived experience advisory group during the Ministerial evidence and reporting stages.
- Embedded consideration of mental health into our inquiry work, for example our work on the impact of the waiting times backlog looked at the mental health support needs of people facing long waits for

diagnosis and treatment, our work on endoscopy services included consideration of the mental health needs of people diagnosed with Lynch syndrome, and our work on dentistry highlighted the mental health impact on the workforce.

Winter planning for health and social care

22. During winter 2021-22, we held a targeted call for written evidence from health and social care stakeholders to inform an oral evidence session with the Minister on winter planning, after which we wrote to the Minister.

23. We raised issues relating to winter preparedness for 2022-23 during our general Ministerial scrutiny session in October 2022. We also discussed the pressures on the health and care sectors with Ministers in January 2023 during scrutiny of the Welsh Government's draft budget for 2023-24.

Budget

24. We have scrutinised and reported on the Welsh Government's draft budgets for 2022-23 and 2023-24.

Potential priorities for years 2 to 5

25. Our Strategy also identified potential areas of priority for the remainder of the Senedd. These issues remain under review as potential priorities, and we have already begun to explore some of them during our work to date.

Primary care, including widening understanding of the range of services, signposting, unconscious bias, and health literacy

26. Our inquiry on the impact of the waiting times backlog included recommendations regarding raising awareness of the potential support available from primary and community care services other than GPs.

27. In autumn 2022, we piloted an Area of Research Interest on health literacy. The responses to the ARI will help inform any future work in this area.

The promotion of healthy lifestyles and prevention

28. During our scrutiny of the Welsh Government's draft budget for 2023-24, we explored with the Ministers how the draft budget allocations would support and drive the preventative health agenda.

Women's health

29. We held a one-off session in March 2022 to explore the health inequalities experienced by women and the evidence for a women and girls' health plan. We followed this up with ongoing correspondence with the Minister, and are currently holding an inquiry into gynaecological cancers.

Access to services for long term chronic conditions

30. We launched an inquiry into supporting people with chronic conditions in spring 2023. This is a broad area, so the first phase of our work comprises a call for written evidence; we will use the responses to identify key themes and issues for exploration during the second phase of our inquiry.

Support and services for unpaid carers

31. We have explored issues affecting unpaid carers throughout many aspects of our work to date, including:

- Our inquiry into hospital discharge looked at support, help and advice families and unpaid carers during the discharge process, and with the support of the Alzheimer's Society Cymru we took oral evidence from an unpaid carer.
- Our report on the impact of the waiting times backlog included consideration of the impact on, and needs of, unpaid carers including financial support. The individuals who shared their stories through interviews conducted by the Citizen Engagement Team included two unpaid carers.
- As part of our inquiry into mental health inequalities we held a focus group with young carers.
- We have explored issues relating to unpaid carers, and the support available to them, as part of our scrutiny of the Welsh Government's draft budgets for 2022-23 and 2023-24.
- In summer 2022 we received suggestions from unpaid carers for questions to put to the Minister for Health and Social Services as part of our general Ministerial scrutiny. Issues we raised with the Ministers included the impact of the cost of living, support for unpaid carers

(including respite care and financial support), and the pressures unpaid carers are facing.

- We discussed issues affecting unpaid carers with Care Inspectorate Wales as part of our horizon-scanning session in November 2022, following which we wrote to the Deputy Minister for Social Services.

32. During summer 2023 we will hold evidence sessions with academics on the evaluation of the Social Services and Wellbeing (Wales) Act 2014, which will help to inform decisions on further work in this area.

5. Conclusions

33. Our first interim review of our Strategy in February 2023 reached the following conclusions:

Conclusion 1. We are content that our Strategy for the Sixth Senedd, including the vision, measures, cross-cutting themes and ambitions for how we will work continues to be appropriate to guide and inform our work.

Conclusion 2. We will continue to keep our forward work programme and potential priorities under review throughout the Sixth Senedd, including the issues identified in our Strategy in December 2021, new issues which emerge over time, and those suggested to us by the public, stakeholders, Members of the Senedd and our officials. There will not be sufficient capacity in our work programme to undertake specific inquiries or detailed work on every issue; where appropriate we may make use of alternative approaches, including correspondence, one-off sessions or Ministerial scrutiny sessions. We may also decide not to undertake work on some issues.

Conclusion 3. We intend to increase the focus within our work on exploring whether different groups or communities—for example women, people from ethnic minority backgrounds or disabled people—are affected differently by the policy, spending or legislation we are looking at.

Conclusion 4. The availability and robustness of data, whether about the workforce, patients or services, has been a key issue emerging from much of the work we have undertaken. We intend to review our work to date to identify where there may be common issues or barriers that need to be resolved.

Annex: summary of key findings

34. This annex summarises the key findings from our policy inquiries to date.

Waiting well? The impact of the waiting times backlog on people in Wales (April 2022)

Our focus

35. Waiting lists for diagnostic and therapy appointments and surgical treatment in Wales significantly increased during the COVID-19 pandemic. Tackling the backlog is a priority for the Welsh Government, but the scale of the challenge means it could take the whole of the Sixth Senedd.

36. Our work focused on the impact of the backlog on people who are waiting, including the services and support available to them, the role of the third sector, the effectiveness of messaging and communication, the extent to which inequalities exist in the backlog, and plans to restore planned care in Wales.

Our recommendations

37. The key message in our report was a call for the Welsh Government to ensure that its plan to tackle the waiting times backlog (which was then anticipated) should include a focus on supporting patients to wait well.

38. In total we made 27 recommendations, covering issues including: the adequacy of information for patients about their clinical needs; public awareness of cancer symptoms; the outcomes of the neurodevelopmental services capacity and demand review; the role of NHS-commissioned private healthcare; short term funding for the third sector; pain management; effective and accessible communication and waiting list validation; carers' financial resilience; involving families and carers in care and treatment planning; disaggregated data; information sharing and ICT access; tackling health inequalities; workforce issues; and Welsh Government leadership.

The Welsh Government's response

39. The Welsh Government accepted 26 of our recommendations in full, and one in part.

Hospital discharge and its impact on patient flow through hospitals (June 2022)

Our focus

40. Good patient flow improves the quality of care for patients, but a number of factors, including capacity issues within the social care system, are causing delayed transfers of care. This means that some patients who are ready for discharge remain in hospital. This has detrimental impacts on both the individual, and the flow of patients through the hospital, contributing to pressure on A&E departments and ambulance services.

41. Our work focused on hospital discharge and its impact on patient flow through hospitals. We considered the scale of the issue and where there are pressure points, the impact of delays, variation in practice across Wales, the support, help and advice available for family and unpaid carers, what has worked, and what is needed to enable people to return home at the right time with the right care and support.

Our recommendations

42. A central theme in our report was the unprecedented pressures faced by the health and care workforce and unpaid carers during the pandemic. It was clear that poor communication and lack of integration and joined up working must be tackled to see improvements in patient flow. In addition, the social care workforce crisis and lack of social care service capacity were among the main causes of delayed hospital discharge. We concluded that unless radical steps are taken to reform the way in which social care is provided, rewarded and paid for, we are unlikely to see any real change.

43. We made 25 recommendations, covering issues including: progress updates; the impact of transformation funding; data; targets in the urgent and emergency care and the Six Goals Programmes; funding for reablement, home therapy and rehabilitation services; availability of step up and step down facilities and intermediate care accommodation; availability of allied health professionals in different health and care settings; pay, terms and conditions for social care staff, including sickness pay; social care recruitment; direct payments; carers' rights and services; dementia training and discharge; the role of pharmacy teams; communication with families and carers; and information sharing and data protection.

The Welsh Government's response

44. The Welsh Government accepted 20 of our recommendations in full and a further five in principle.

Mental health inequalities (December 2022)

Our focus

45. Mental health is inextricably linked with our physical, emotional, and spiritual health, and the circumstances in which we live. Mental health inequalities existed before the COVID-19 pandemic, but the pandemic has made them worse. These inequalities affect large numbers of people from different sections of the population:

- Some groups of people are disproportionately at risk of poor mental health. This is often linked to wider inequalities in society.
- Groups with particularly high levels of poor mental health can have the most difficulty accessing services.
- When people do get support, their experiences and outcomes are often poorer.

46. Our work focused on how such inequalities can be tackled.

Our recommendations

47. The key message of our report was that the mental health and wellbeing of the population will not improve, and in fact may continue to deteriorate, unless effective action is taken to recognise and address the impact of trauma, and tackle inequalities in society and the wider causes of poor mental health. We called for this message, and a clear ambition to reduce mental health inequalities, to be at the centre of the Welsh Government's new mental health strategy.

48. We made 27 recommendations, covering issues including: a frank appraisal of which policy, legislative and financial levers for tackling poverty and other social determinants of mental health are held by the Welsh and UK Governments; research into the devolution of welfare; a roadmap for improving mental health among neurodivergent people; access to translation and interpretation for languages other than Welsh and English; measures for the trauma-informed and social prescribing frameworks for Wales; workforce wellbeing and diversity;

assessments of the impact of Welsh Government decisions on mental health and wellbeing; and disaggregated data.

The Welsh Government's response

49. The Welsh Government accepted 17 of our recommendations in full and a further nine in principle. It rejected one recommendation.

Dentistry

Our focus

50. Our inquiry followed up work undertaken by the Fifth Senedd Health, Social Care and Sport Committee in 2019. We considered whether the Welsh Government is doing enough to bridge the gap in oral health inequalities and rebuild dentistry in Wales following the COVID-19 pandemic and in the context of rising costs of living.

Our recommendations

51. We concluded that while COVID-19 inevitably had a severe impact on access to NHS dentistry, it is clear there were long-standing issues prior to the pandemic. If we really want to tackle inequalities in access to NHS dentistry, we have to target resources where they are most needed. However, this is difficult as it is not clear how many people are waiting to see NHS dentists, or how many people have been unable to get onto an NHS dentist waiting list. We were also concerned about the impact of the pandemic on the dental workforce, and about low morale in the sector.

52. We made 16 recommendations, covering issues including: consultation about changes to the dental contract; the balance between prevention, needs-based care, urgent provision and seeing new patients; centralised waiting lists; accessible information about how to join waiting lists; data collection and ICT systems; barriers affecting vulnerable groups; the workforce; a dental school for North Wales; prevention programmes such as Healthy Weight, Healthy Wales, Designed to Smile and Gwên am Byth; fluoridation; and funding.

The Welsh Government's response

53. The Welsh Government accepted 11 of our recommendations in full and a further three in part. It rejected two recommendations.

Endoscopy (March 2023)

Our focus

54. Our short inquiry followed up work undertaken by the Fifth Senedd Health, Social Care and Sport Committee in 2019. We considered what further action may be needed to implement the national endoscopy plan, reduce waiting times, and ultimately improve patient outcomes and survival rates.

Our recommendations

55. We concluded that endoscopy capacity was significantly stretched before the pandemic, and the suspension of non-urgent activity in 2020 has resulted in a bigger backlog of patients waiting longer for diagnostic tests. Measures to increase capacity and recover the backlog of patients waiting for endoscopy have seen some success, which is welcome. But, we were concerned that much of the improvement has been the result of expensive, short-term initiatives such as insourcing and outsourcing. We agreed with stakeholders that more sustainable solutions are needed.

56. We made six recommendations, covering issues including: the role and governance of the NHS Wales Executive; an academy of clinical endoscopy; putting endoscopy services on a more sustainable footing; variations in health boards' HR policies; leadership in innovation; and support for people with genetic conditions such as Lynch Syndrome (including how such support is tailored to the needs of particular groups).

The Welsh Government's response

57. The Welsh Government accepted our recommendations in full.