

**Y Pwyllgor Iechyd a
Gofal Cymdeithasol**

—
**Health and Social Care
Committee**

Eluned Morgan MS
Minister for Health and Social Services

Julie Morgan MS
Deputy Minister for Social Services

Lynne Neagle MS
Deputy Minister for Mental health and Well-being

22 November 2023

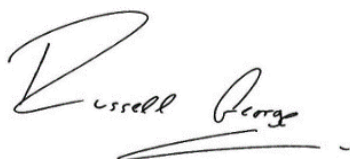
Dear Ministers

Thank you to you and your officials for attending the general scrutiny session on 8 November.

There were a number of matters that we did not have time to discuss with you, and there were a few areas where you agreed to provide further information in writing. There are also a number of questions arising from the announcement made on the day of our meeting about LHB allocations and target control totals.

For convenience, I have set these out in the attached annexe, and I look forward to receiving your response by 10 January 2024.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg. We welcome correspondence in Welsh or English.

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Annexe

Financial pressures

1. Can you provide the total revenue and capital allocations for each health board, which reflect your written statement on 8 November as well as other in-year allocations the Welsh Government may have made since it **published** the funding for 2023-24 (as set out in the letter to Health Board Chairs in December 2022) in February 2023?
2. In your announcement, you noted that each health board will be required to reduce its planned deficit by 10%. What discussions have you had with health boards about this, and how achievable is it? Why did you decide to adopt the same target for all local health boards?

Your written statement **included** a breakdown of the additional £460.2m by constituent element and LHB. It said the £460.2m will be issued to LHBs “proportionately according to the established Local Health Board resource allocation formula”. Some of the allocations are recurrent (funding for the underlying deficit contribution/COVID legacy, £150m and £186m for inflation) and others on a non-recurrent basis.

3. On what evidence have you determined the amounts to be allocated to health boards on a recurrent and non-recurrent basis and why have you decided to distribute the funding “according to the established Local Health Board resource allocation formula”?
4. In your written statement, you note £336m of the additional allocations will be recurrent and “conditional on each Local Health Board making progress towards the level of deficit which we have set for them to work towards (‘target control totals’)”. What does this mean in practice and what will happen if the health boards do not reduce their planned deficits by the 10% target?
5. In January 2023, your official **told** the Committee that the Welsh Government would not “bail out organisations that are not managing their core financial position” and it is “not effectively writing off or just giving them money to cover those deficits”. How does this fit with the recurrent allocation of £150m to local health boards for the “underlying deficit contribution/COVID legacy”. Do you expect the additional funding will put local health boards on a sustainable financial position going forward?
6. Your official **told** the Committee that the Welsh Government was holding funding in the Main Expenditure Group to cover the target £123m deficit for local health boards. Why did you decide on that approach rather than allocate additional funding to the local health boards?

Public health

7. Why has the Deputy Minister been facing challenges in effectively addressing the issue of obesity? Has the Deputy Minister placed adequate emphasis on addressing the commercial determinants contributing to obesity, such as the availability of unhealthy foods?

Healthcare access

8. To what degree is the Welsh Government evaluating the effectiveness of international models of health and care, and what can Wales learn from different countries' approaches to health and care service delivery, and public health and prevention?

Social care workforce

9. Could the Deputy Minister tell us more about any specific action to retain existing staff in the sector, both in the next 12 months and longer term (given the recent Social Care Wales workforce survey findings that over a quarter of all registered care staff expect to leave the sector within the next 12 months, and 44% in the next five years)?
10. In relation to care staff vacancies, the Deputy Minister said that Welsh Government has made a lot of progress in this area and now has "much more solid data". She agreed to write to the Committee with more detail on this point [RoP, paras 165-170].
11. The Social Care Wales workforce survey found that half of care workers receive no sickness pay when ill. Can the Deputy Minister give an indication of when social care workers can expect to see tangible improvements in this specific area?
12. In relation to the social worker bursary, the Deputy Minister agreed to provide figures for the increase in uptake of the social work degree [RoP, paras 195-199].

Unpaid carers and hospital discharge

13. Last winter, the Welsh Government announced extra 'step down' capacity, with additional community beds to help with hospital discharge pressures. What was the learning from this, and how has it influenced preparations to ease pressures this winter?

Waiting times – diagnostic testing and therapy interventions

The recovery target is to increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024.

14. What are the reasons behind the challenges and extended waiting times in audiology and endoscopy (identified by Cardiff and Vale UHB)?
15. How are you currently addressing the need for timely access to diagnostics to alleviate patient anxiety and what immediate steps are being taken to support faster and more accurate diagnostic tests?
16. What is your long-term strategy for investment in research and development for diagnostic technologies. Is the healthcare infrastructure fit for purpose to support the implementation of new innovations, including diagnostic labs and equipment?

Cancer waiting times

The recovery target is for cancer diagnosis and treatment to be undertaken within 62 days for 80% of people by 2026. In August 2023, 57.3% of cancer patients started their first definitive treatment within 62 days of first being suspected with cancer (the current target is 75%).

17. Why is the performance in addressing cancer significantly below the desired standards, and what factors contribute to these challenges?
18. Can you confirm that all GP practices in Wales have access to a rapid diagnostic centre (RDC)?
19. How is the Welsh Government planning to expand the availability and accessibility of RDCs, and what strategies are in place to ensure their effectiveness in improving healthcare services?

Waiting times - the seven 'exceptionally challenging specialties'

20. How extensively are health boards using insourcing, outsourcing and engaging the private sector to tackle waiting time challenges?