

## **Agenda – Health and Social Care Committee**

---

Meeting Venue:

For further information contact:

Video Conference via Zoom

Helen Finlayson

Meeting date: 15 July 2021

Committee Clerk

Meeting time: 15.00

0300 200 6565

[SeneddHealth@senedd.wales](mailto:SeneddHealth@senedd.wales)

---

In accordance with Standing Order 34.19, the Chair has determined that the public are excluded from the Committee's meeting in order to protect public health. This meeting will be broadcast live on [www.senedd.tv](http://www.senedd.tv)

### **Private pre-meeting (15.00–15.15)**

#### **1 Introductions, apologies, substitutions and declarations of interest**

(15.15)

#### **2 Committee remit**

(15.15–15.20)

(Pages 1 – 4)

#### **3 Paper(s) to note**

(15.20)

##### **3.1 An update from the then Minister for Mental Health, Wellbeing and Welsh Language on progress against recommendations made by the Fifth Senedd Health, Social Care and Sport Committee in its report: 'Everybody's Business: A report on suicide prevention in Wales**

(Pages 5 – 26)

##### **3.2 A response from the then Minister for Mental Health, Wellbeing and Welsh Language to recommendations made by the Fifth Senedd Health Social Care and Sport Committee in its report on the impact of COVID-19 on the social care sector and unpaid carers**

(Pages 27 – 44)



- 3.3 The Fifth Senedd Health, Social Care and Sport Committee's Legacy Report**  
(Pages 45 – 79)
- 3.4 The legacy report of the Fifth Senedd Chairs' Forum**  
(Pages 80 – 99)
- 4 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting**  
(15.25)
- 5 Committee procedures and ways of working**  
(15.25–15.40) (Pages 100 – 107)
- 6 Strategic approach to Committee remit**  
(15.40–16.00) (Pages 108 – 124)
- 7 Early Committee activity**  
(16.00–16.15) (Pages 125 – 138)

# Health and Social Care Committee remit

July 2021

## Purpose

1. The paper sets out the remit and responsibilities of the Health and Social Care Committee.

## Recommendation

2. The Committee is invited to note its remit.

## Background

3. The rules and procedures of the Senedd are laid out in **Standing Orders**. Standing Order 16.1 requires the Senedd to establish committees with power within their remit to:

*"(i) examine the expenditure, administration and policy of the government and associated public bodies;*

*(ii) examine legislation;*

*(iii) undertake other functions specified in Standing Orders; and*

*(iv) consider any matter affecting Wales."*

4. In doing this, the Business Committee has to ensure that every area of responsibility of the Welsh Government and associated public bodies, and all matters relating to the legislative competence of the Senedd and functions of the Welsh Ministers and of the Counsel General, are subject to committee scrutiny.

## Committee remit

5. The remit of this Committee, as agreed by the Senedd on 23 June 2021, is:

*to examine legislation and hold the Welsh Government to account by scrutinising its expenditure, administration and policy matters, encompassing (but not restricted to):*



*the physical, mental and public health and well-being of the people of Wales, including the social care system.*

**6.** Further details on the wider roles and responsibilities of Senedd committees are set out in the Business Committee's report **Sixth Senedd Committees: Titles and remits** laid before the Senedd on 23 June 2021. This report states:

*"As was the case in the Fifth Senedd, it is important to understand that, in the case of the policy and legislation committees, their remits are not prescriptive or restrictive. We have deliberately allowed them to remain broad and we decided not to provide a list of subjects attached to each committee. As in the previous two Seneddau, we believe that providing committees with the ability to pursue issues across portfolios and subject areas makes for better scrutiny and avoids the risk of too narrow an approach."*

**7.** Notwithstanding this, an indicative list of the Ministerial responsibilities that broadly fall within the Committee's remit is attached at Annex 1 for information.

## **Annex 1: Ministerial responsibilities within the Committee's remit**

- Public health: Covid 19 response, screening and vaccination
- NHS delivery and performance
- Escalation procedures
- Receipt of, response to, and direction of reports from Health Inspectorate Wales
- Oversight of the Welsh Government's relationship with Audit Wales regarding activities relating to the NHS
- Medical workforce training and development [with the exception of years 1-5 of University Education for Doctors]
- Research and development in health and social care
- Health innovation and Digital
- Mental health services
- Suicide prevention
- Dementia
- Autism
- Health impact of problem gambling
- Substance misuse
- Armed Forces and Veterans' Health
- Public Health: Health improvement and wellbeing services
- Obesity strategy
- Food Standards Agency in Wales, including food safety
- Genetically-modified food (but not genetically-modified crops)
- Patient experience, involvement and the citizen's voice
- Safeguarding
- Policy and oversight of the provision of all social service activities of Local Authorities in Wales, including the issue of statutory guidance
- Oversight of Social Care Wales
- Regulation of residential, domiciliary, adult placements, foster care, under 8's care provision and private healthcare

- Inspection of, and reporting on, the provision of social services by Local Authorities (via Care Inspectorate Wales), including joint reviews of social services and responding to reports

**8.** Matters relating to the health and social care of children and young people fall primarily within the remit of the Children, Young People and Education Committee. However, in line with the Business Committee's view that remits are not prescriptive or restrictive, this would not prevent the Health and Social Care Committee considering matters relating children and young people.



Our ref MA/EM/0941/21

Dai Lloyd MS  
Chair, Health, Social Care and Sport Committee  
Welsh Parliament  
Cardiff Bay  
Cardiff  
CF99 1SN

24 March 2021

Dear Dai,

In a recent response during the Health, Social Care and Sport Committee's scrutiny of the Welsh Government's draft budget I undertook to provide a more detailed update on progress against the recommendations within your report entitled 'Everybody's Business'. This letter provides additional context and information to support the attached update against each of the recommendations in your report. Whilst overall progress against this programme of work is good there are areas that are more advanced than others as we have prioritised our effort in those areas that will have the greatest impact and which align with other Committee reports. All recommendations have shaped our broader mental health work programme as set out in the *Together for Mental Health Delivery Plan*.

Clearly, the focus of the programme of work to prevent suicide and self-harm remains of crucial importance and has shifted over the last 12 months in response to the pandemic. Part of this shift was, and still is, to respond to concerns about the possible impact that Covid-19 and the associated restrictions might have on suicide in Wales. In early 2020, we commissioned the NHS Delivery Unit, working with key partners to look more closely at the available data to enable us to have an up to date understanding of any impact from the pandemic and to inform our programme of work. Whilst no rate of suicide, whether it is rising or falling is acceptable, this work concluded that it is too early to tell what the overall effect of the pandemic on suicide rates will be. However, recent reports provide some reassurance with a reasonably consistent picture across high income countries suggesting no rise in suicide rates during the early part of the pandemic. Whilst we continue our efforts to work with partners to review the data, this is an area of deep concerns to me and, given the delay that exists before suicide verdicts are confirmed, I have asked officials to accelerate plans to develop an all-age real time suicide surveillance system for Wales. This work is underway and a joint health and policing group has been established to oversee it. The aim is to provide better and more timely access to information about suspected suicides to help inform our

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:  
0300 0604400

Bae Caerdydd • Cardiff Bay  
Caerdydd • Cardiff  
CF99 1SN

[Gohebiaeth.Eluned.Morgan@llyw.cymru](mailto:Gohebiaeth.Eluned.Morgan@llyw.cymru)  
[Correspondence.Eluned.Morgan@gov.wales](mailto:Correspondence.Eluned.Morgan@gov.wales)

Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

preventative approach and to ensure support, for instance for bereavement, is offered at the earliest opportunity.

Since the last update we provided to Committee, the National Suicide and Self-Harm Prevention Co-ordinator is established in her role, and the three regional co-ordinators have been appointed. This, of course, was a key recommendation of the Committee and we are already seeing the benefits of this new resource which is helping us to better understand the needs, strengths and gaps across Wales. The new coordinators are now driving the programme of work to reduce suicide and self-harm and further strengthening the partnership working that had already been established to deliver on regional and local suicide and self-harm action plans. At a national level, this work is focused in three key areas: to establish the real time surveillance system for suspected suicide in Wales; to develop a Wales wide response to bereavement by suicide; and to develop a capability framework to maximise opportunities for prevention by ensuring a minimum level of skills and understanding in suicide prevention in the NHS, wider public and third sectors and communities in Wales.

The Committee will be aware that we have confirmed an additional £42million for mental health services next year. This represents significant and recurrent investment to continue to improve and expand access support in response to mental health needs. This will build on our previous investment and the additional £11.5m that we provided this year to ensure services have been maintained during the pandemic. In particular, this funding will support a number of key areas as part of our approach to reduce suicide and self-harm, including expanding tier 0 support and improving access to crisis services. Some of this work is already underway and we have already established pathfinders in three health boards to improve the mental health response to crisis through 111 and we are looking to expand this work through 2021-22. We have also established mental health conveyance pilots in four health boards to reduce waits for transportation to appropriate support for people in mental health crisis. This is another area where I expect approaches to be scaled up at pace, informed by learning from the pilots. Through the recently revised Together for Mental Health Delivery Plan, we are also continuing to support vulnerable groups by developing bespoke materials on mental health and wellbeing. For those in prison in Wales, this also includes the development of new standards for mental health services and providing access to the CALL Mental Health Helpline across the prison estate.

However, I have been clear that we need a cross-Government and multi-agency approach to truly respond to mental health needs in Wales, including our commitment to prevent suicide and self-harm. I have recently taken a paper to Cabinet to seek agreement to strengthen this approach in the context of the wider socio-economic impact of the pandemic. The mental health urgent access review, *Beyond the Call*, has shone a light on the breadth of social and welfare issues that can push people beyond their ability to cope and to present in crisis – and we can expect this to be exacerbated by the impact of the pandemic. I am clear that we all have a role to play in preventing suicide and I have set the platform for a cross-Government and multi-faceted approach to do this.

Yours,



**Eluned Morgan AS/MS**

Y Gweinidog Iechyd Meddwl, Llesiant a'r Gymraeg  
Minister for Mental Health, Wellbeing and Welsh Language



	Recommendation	Welsh Government Update.
1	<p>We recommend that a suicide prevention training framework should be adopted and implemented across all public services in a similar way to the framework for domestic violence, where training requirements are specified depending on the role. In particular, GPs would be one of the groups of professionals with greater training / skills requirements, and it is important that they and their practice staff have confidence to ask the right questions, and respond compassionately and effectively when dealing with patients who may be at risk of suicide. We believe that the National Advisory Group should take this forward as an immediate priority, particularly given that a training framework has already been developed and is being launched in England</p>	<p>We have previously reported that Professor Ann John (Chair of the Suicide and Self Harm National Advisory Groups) contributed to the children and young person's component of the <a href="#">self harm and suicide prevention framework</a> (Health Education England, University College London (UCL), National Collaborating Centre for Mental Health (NCCMH)) (published October 2018), which is in 3 parts:</p> <ul style="list-style-type: none"> <li>• Children and young people</li> <li>• Adults and older adults</li> <li>• Public (community and public health).</li> </ul> <p>The National Lead (Claire Cotter) is currently leading on the development of a 'capability framework'. This will set out the capabilities required at a universal level across multi-sectoral workforces, working with Health Education and Improvement Wales (HEIW), and digital experts. Specific groups of front-line workers are engaged to develop this resource through co-production, to build capability and confidence in the system e.g. local area coordinators; further education welfare officers; primary care teams; a health board. We expect this work to be concluded by the end of the secondment period (March 2022).</p> <p>The training material for the GP DES is complete but the necessary engagement with GPs has been delayed due to the pandemic. New timescales will be agreed in due course.</p>
2	<p>We recommend that the Welsh Government should take the lead in promoting existing materials, such as the "See. Say. Signpost." training resource as part of a campaign to raise public awareness and embed the message that suicide is everybody's business and can happen in any community at any time.</p>	<p>We continue to share and promote resources and the National and Regional Co-ordinators will play a key role in identifying further opportunities to raise awareness of materials.</p> <p>The <a href="#">NHS Wales Health Collaborative</a> now includes specific information on suicide and self-harm and signposts to other key websites for information.</p>

	Recommendation	Welsh Government Update.
		<a href="#">The Public Health Network Cymru</a> website also has a page, and is developing a new page on suicide and self-harm on the revised platform (currently being updated). This website has facility for a community of practitioners and professionals.
3	We recommend that the Assembly Commission offers suicide prevention training for Assembly Members, Assembly Members Support Staff, Commission staff and contractors. We hope that, as well as equipping Assembly Members and staff to respond appropriately, this will show an example to other employers, and we would urge the Welsh Government to promote suicide prevention training to all of its staff	<p>The Assembly Commission will need to update separately regarding the implementation of the recommendation.</p> <p>The Welsh Government HR Directorate (Workforce Department) have reviewed the provisions that are available to staff in respect to support and have strengthened the offerings available. More widely, Welsh Government have an active Health and Wellbeing Strategy that encompasses mental health and wellbeing. This is featured on the staff intranet. The Health and wellbeing Strategy, Toolkit, Reasonable Adjustments Policy and training covers mental health. This is also covered in the Disability Confident training for SCS and line managers. 'Let's Talk' performance management process includes conversations about mental health and wellbeing. Support and resources have also been strengthened throughout 2020-21 including:</p> <ul style="list-style-type: none"> <li>• Training provided by Able Futures covering line manager capability in handling sensitive conversations and providing support to staff experiencing mental ill-health; peer to peer support; and how we can look after our own mental health;</li> <li>• A playlist of extensive resources available on the Welsh Government Learning Lab;</li> <li>• Recruitment of cohorts of Mental Health Allies and Respect Mentors due to commence late March 2021;</li> <li>• Bespoke support in mental health provided to specific business areas by Employee Assistance Programme provider and HR.</li> </ul> <p>This action is now considered complete.</p>
4	We recommend that the Welsh Government and National Advisory Group work with Network Rail and the Samaritans to evaluate the success of the Small Talk Saves Lives	A wide range of initiatives are in place across Wales. Regional suicide prevention leads have now been appointed and are mapping what is available in each area, as well as the outcome measures that are available to evidence impact. Decisions around longer term funding or the upscaling of specific programs will be considered alongside setting

	Recommendation	Welsh Government Update.
	<p>campaign with a view to rolling this out to a wider range of organisations</p>	<p>the priorities for our recurrent regional funding programme, led by the national coordinator in discussion with the National Advisory Group.</p> <p>Additionally, regional coordinators now attend a bi-monthly Wales and Borders multi-agency meeting organised by Network Rail, and attended by rail operatives including Transport for Wales (TfW), Samaritans and the British Transport Police. This group will link with the Real Time Surveillance work, and they continue to develop opportunities for suicide prevention.</p> <p>We have also strengthened our engagement with our Knowledge and Analytical Services Team, through the recently established Delivery and Oversight Board so as to ensure that all interventions that are developed have a clear evidence base. A number of work streams are reported to this board, one of which being suicide and self-harm prevention.</p>
5	<p>We recommend that the Welsh Government take urgent action to ensure that all GPs in Wales are aware of and understand the GMC guidelines on sharing information and the consensus statement agreed by the UK Department of Health, Royal Colleges and other partners. We support the campaign by Papyrus to encourage chief executives of NHS bodies to provide assurance that they will support staff who make a best interest decision to break patient confidentiality in order to protect life</p>	<p>Whilst we have highlighted this issue internally with policy leads, we have not been able to prioritise further work on this action. This will be taken forward as part of our staged approach to respond to recommendations in this report and the broad range of recommendations across other related Committee reports.</p>
6	<p>We recommend that the Welsh Government must take all necessary steps to ensure parity between mental and physical health services. This should be tied to “A Healthier Wales”, and the Welsh Government must ensure that its plans for the development of health and social</p>	<p>In the budget for 2021/22, an additional £42 million for mental health has been allocated to support the delivery of priorities laid out in the Together for Mental Health Delivery plan 2019-2022. This represents significant additional and recurrent funding for mental health services that will increase the baseline to support services to meet changing mental health needs. This additional investment takes total spending on mental health to £783m in 2021-22. Included within this total is £726 million that will be provided to</p>

	Recommendation	Welsh Government Update.
	<p>care services give the same priority to mental health and wellbeing as to physical health. This includes ensuring the allocation of appropriate resources, and that patient outcomes, in terms of improved mental health, are measured and reported. If the Welsh Government is serious about achieving parity between mental and physical health, it must consider whether the introduction of meaningful targets would ensure health boards give sufficient focus to improving mental health services and patients' experience of care</p>	<p>Local Health Boards in 2021-22 as part of the mental health ring-fenced allocation to support current mental health services and support.</p> <p>Work continues to better integrate mental health services with physical health services, for instance plans are being finalised for the mental health crisis programme of work to become part of the Urgent and Emergency Access Programme Board. Similarly, as part of the Strategic Programme for Primary Care work is being taken forward to ensure mental health is integrated element of this work.</p> <p>During the pandemic, mental health services have been prioritised and positioned as essential services alongside key 'physical' health services which demonstrates the level of importance that we place on our mental health services Wales.</p> <p>In terms of waiting times, there are good examples where mental health and physical health targets align, for instance for emergency care where the 4 hr emergency assessment criteria for mental health is aligned with the waiting time target in A&amp;E. In addition, targets for routine assessments and referrals to treatment for mental health both have a 28 day target compared with the 26 week referral to treatment for physical health conditions. We are also strengthening the leadership for the Core Data Set work to ensure a focus outcomes and to identify opportunities to accelerate progress ahead of the implementation of WCCIS.</p>
7	<p>We recommend that the effectiveness of the urgent referral route for GPs implemented by Hywel Dda Health Board be evaluated with a view to rolling this approach out across all health boards in Wales</p>	<p>As stated within our original response, standards are already in place requiring health boards to meet target times from referral to assessment. The Welsh Government Guidance 'The Role of Community Mental Health Teams in Delivering Community Mental Health Services: Interim Policy Implementation Guidance and Standards (2010)' includes the expectation that people who are referred as an emergency are assessed within 2-4 hours, urgent referral within 48 hours, and routine referrals within 28 days as per the Mental Health Measure Wales (2010). Hywel Dda health board has confirmed that they do not have a protocol that differs from the existing expectations around GP referrals to Community Mental Health Teams (CMHTs) which exist across Wales and therefore this recommendation is deemed complete. However to note that</p>

	Recommendation	Welsh Government Update.
		<p>the update of this guidance is included within the work programme of the Mental Health Network in 2021/22.</p> <p>This action is now considered closed.</p>
8	<p>We recommend that the Welsh Government develops an all-Wales triage model which would see community psychiatric nurses based in police control rooms. We believe this work should be carried out in line with the six month timescale set out in the Children, Young People and Education Committee's Mind Over Matter report (its recommendation 15):</p> <ul style="list-style-type: none"> <li>▪ That the Welsh Government, within six months of this report's publication, in relation to crisis and out-of-hours care: <ul style="list-style-type: none"> <li>▪ work with Welsh police forces to scope an all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when children and young people (and other age groups, if appropriate) present in crisis;</li> <li>▪ outline how resources could be directed towards enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&amp;E, in border areas (to improve cross-border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about suicide and self-harm in particular);</li> <li>▪ ensure that follow-up support is being provided by health boards after discharge,</li> </ul> </li> </ul>	<p>Improving all age crisis care is a priority in our 2019-22 Together for Mental Health Delivery Plan, including ensuring 24/7 provision. Previous updates have included information about the range of pilot projects to test models of telephone based triage. We have made good progress in improving crisis care which has been supported by £3.4million of funding over the last 3 years (£1m 2018-19, £1.4m in 2019-20 and £1m in 20/21) to support a range of approaches (telephone triage, conveyance and crisis cafes).</p> <p>Findings from a recent Welsh Government commissioned review of all age urgent access ('Beyond the Call' Report, published 21 December 2020) demonstrate the breadth of needs that people in crisis experience. These include a broad range of social and welfare issues and all partners agree that a multi-agency pathway is required to respond to needs. To support the improvements needed from a health perspective as part of the multi-agency approach, I have committed an additional £6m for crisis care in 2021-22. Work is already underway to test a 111 crisis pathway in three health board areas with a view to scaling up this work. We have also established mental health conveyance pilots with St John Cymru to provide more appropriate and timely mental health transportation. The aim is to roll this work out further during 2021-22.</p> <p>We have also commissioned a review of crisis and psychiatric liaison services by the NHS Delivery Unit to inform our ongoing response. The timescales for this review has been delayed due to the pandemic. This has primarily been due to allowing services to concentrate on sustaining essential services during very challenging times, including the need to adapt services models within the restrictions. However, the review is underway and the aim is to complete fieldwork by the end of October 2021. At the conclusion of each HB review a full local report will be provided to the relevant Board by the NHS Delivery Unit. Therefore the majority of HBs will have received their local</p>

	Recommendation	Welsh Government Update.
	<p>provide information on how health boards monitor this provision, and commit to making this information publicly available to ensure transparency and accountability ensure that all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for unders-18s in crises, indicating how this will be monitored and reported in future, and what steps will be taken if such beds are not available;</p> <ul style="list-style-type: none"> <li>▪ implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise; and</li> <li>▪ reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how that will be done, and by when</li> </ul>	<p>reports during the spring and summer with the final HB being reviewed in the Autumn. At the conclusion of the local reviews a national report will be produced and published before the end of the calendar year. This timetable is dependent on restrictions and health boards' ability to engage fully with the review.</p> <p>Schools <a href="#">guidance</a> in respect to responding to issues of self-harm and thoughts of suicide in young people was published in 2019.</p>
9	<p>We recommend that the Welsh Government takes urgent action to establish to what extent those discharged from inpatient care are currently receiving follow-up care within the targeted timescale and provide an update to the Committee within three months. This should include steps to ensure that IT systems can identify whether this is happening</p>	<p><b>Response to 9, 10 and 11:</b></p> <p>As part of the Mental Health Core Dataset, contact within 2 days of discharge is a key target – WG is working with NWIS and stakeholders to implement robust performance monitoring around this target via Welsh Information Standards Board procedures. In the meantime, officials are working with health board to ensure follow-ups post discharge are undertaken and recorded locally.</p>
10	<p>We recommend that the Welsh Government introduces six monthly monitoring and reporting of the target in the Together for Mental Health Delivery Plan that all patients discharged from</p>	

	Recommendation	Welsh Government Update.
	inpatient care receive follow up care within the specified timescale	
11	We recommend that, in light of the evidence that suicide risk is greatest on the third day after discharge, the target for patients discharged from inpatient mental health care to receive a first follow-up appointment should be changed to ensure that patients are followed up within 48 hours	
12	We recommend that a target be introduced for waiting times for psychological therapies to ensure that those in need receive this support within a suitable timescale. Accessing appropriate therapy early can provide the intervention that's needed and prevent someone from requiring crisis care at a later stage	<p>Since the publication of these recommendations, we continue to support work to improve access to psychological interventions and therapies and it remains a priority area within the <i>Together for Mental Health Delivery Plan 2019-2022</i>. In 2018/19, we provided £4m of extra funding direct to health boards to support them to improve access to psychological therapies and further investment was made in subsequent rounds of service improvement funding (n 2019/20 and 2020/21), totalling an additional £3.5m.</p> <p>This funding was allocated on the basis it should build on previous investment and that health boards could demonstrate how the funding would support the implementation of <i>Matrics Cymru</i>, the <i>Guidance for Delivering Evidence-Based Psychological Therapy in Wales</i> published in 2017. The supporting <i>National Psychological Therapies Management Committee (NPTMC) Action Plan</i>, published in 2018 was designed to assist health boards evaluate and plan their services against the guidance and the accompanying evidence tables.</p> <p>Following the initial audits undertaken in 2018 in respect to the <i>NPTMC Action Plan</i>, we will be asking health boards to review the implementation of those plans as part of this years' work programme. We will request evidence from them about how they intend to focus on areas where further development is required. This will be supported by service improvement funding where needed.</p> <p>This year, work has also been undertaken to assess and map the current psychological workforce including capacity, supervision and training needs. This</p>



	Recommendation	Welsh Government Update.
		<p>broad analysis has been shared with Health Education and Improvement Wales (HEIW) to inform the workforce planning they are undertaking. Following discussions, this rapidly included additional places to train psychologists from the 2020-21 academic year.</p> <p>We are also supporting an interim infrastructure to support the ongoing provision of psychological therapies, ensuring that the range of therapies available is strengthened, and that service user choice is embedded as routine practice across mental health services. This work includes the systematic and robust review of the evidence tables that underpin Matrics Cymru as it is crucial that they remain updated to ensure that the health boards are able to provide evidence based interventions.</p> <p>Work has also been commissioned to produce a report on the most effective mechanisms for safety planning and it is anticipated the principles identified there will further inform the most appropriate psychological interventions for those experiencing suicidal thoughts and those that have self-harmed.</p> <p>The national coordinator is also working with the National Liaison Psychiatry steering group and the core data set project board to ensure that there is consistency of assessment in liaison psychiatry settings. We are also committed to ensuring that any new evidence based practice identified in this area is shared with all appropriate colleagues.</p>
13	<p>We recommend that the Welsh Government accepts the call made in the mid-point review of Talk to me 2 to develop and implement a Wales-wide postvention strategy for suicide, and that this work should be taken forward as an immediate priority. This should include details of follow up support for individuals bereaved by suicide, and in organisational settings. It should incorporate the recommendation in Mind over matter that</p>	<p>The Welsh Government has provided grant funding (2020/21) for a bereavement support project/service within each of the three regions involving SOBS (NW), MIND (Mid/West), and 2WishuponaStar (Gwent) and these will provide valuable insights to inform a pan-Wales approach</p> <p>The National Coordinator attends the National Bereavement Steering Group which is currently developing a framework for all types of bereavement, this will be going out to formal consultation on the 22 March.</p>



	Recommendation	Welsh Government Update.
	guidance should be issued to all schools on talking about suicide (and as a priority, to schools where there has been a suicide or suspected suicide). The Welsh Government should ensure that sufficient ring-fenced resource is available to implement this postvention strategy.	People with lived experience of bereavement by suicide are currently being engaged, with the support of voluntary agencies, to share their bereavement journeys so that we can better understand the challenges and opportunities to provide the right support in the right way. This is due to report 31st March 2021, and will form the basis for a postvention strategy, which will set out the costs that will need to be met and the resources that will be required to provide a national response during 2021/22
14	We recommend that the Welsh Government and Public Health Wales actively promote the availability of the Help is at Hand Cymru resource. This should include proactively engaging with third sector support groups and ensuring that frontline staff, particularly emergency services, who have contact with those bereaved by suicide are not only fully aware of Help is at Hand Cymru but, crucially, have access to copies of the resource so that this can be distributed to those bereaved at the point of need. As this resource is already available, this should be implemented within 3 months	<p>A version of 'Help is at Hand' has been produced for Wales and is available on-line (<a href="#">Dewis Cymru</a>) in English and Welsh. Funding has been made available to support ongoing printing and distribution costs. Recent print runs were distributed directly to Local Health Boards, a number of third sector organisations, police forces and Public Health Wales for dissemination to wider stakeholders.</p> <p>It is noted that 'Help is at hand' is now due for review and the National Coordinator is linking with colleagues across the 5 UK/Ireland nations who all use the 'Help is at Hand' resource in order to consider further amendments needed, which will also be informed by the recent English review. Early discussions point towards a potential digital option that could be developed collaboratively with other nations. Work around a Real Time Surveillance system will also provide opportunities to enable use of this resource to become more embedded and ensure that the information is available at the point of need.</p>
15	We recommend that the Welsh Government should, as part of an all-Wales postvention pathway, give active consideration to providing funding for support groups for those bereaved by suicide, so that people across Wales are able to access much-needed support. We believe such groups can play a key role in supporting the mental health and wellbeing of those bereaved through suicide. This could in turn lead to reduced demand for NHS services	Response to this recommendation will be considered as part of our work detailed in recommendation 13.
16	We recommend that the National Advisory Group and regional suicide forums should	Engagement with people with lived experience is currently through those voluntary agencies who are directly involved with those affected by suicide, and there is also

	Recommendation	Welsh Government Update.
	engage with people who have personal experience of suicide ideation, including survivors of suicide attempts and people bereaved by suicide to ensure that all suicide prevention activity is informed by lived experience	<p>representation from people with lived experience on the National Advisory Group and the regional and local suicide prevention forums. Each region has also allocated an administrative funding pot to cover the costs of coproduction, travel expenses etc. as appropriate to facilitate this ongoing work.</p> <p>Recent examples of people with lived experience being involved in suicide prevention activity include sitting on interview panels for national / regional leads and direct engagement in the development of a national response to bereavement by suicide</p>
17	We recommend that the Welsh Government works with NHS employers in Wales to ensure that all employees who have dealt with cases of suicide/attempted suicide are able to access appropriate support	<p>Welsh Government has worked with social partners within NHS Wales employers and trade unions to make available a multi-layered wellbeing offer for health and social care workers in Wales, including a confidential Samaritans listening support helpline, funded by Welsh Government, which is dedicated to all health and care workers in Wales.</p> <p>There are also a number of free-to-access health and wellbeing support resources and apps such as Mind, CALL, Sleepio &amp; Daylight and SilverCloud.</p> <p>All NHS employers continue to have Employee Assistance Programs, with wellbeing services offering a range of support. There is also a number of support resources that staff are sign-posted to through <a href="#">HEIW's webpage</a> specifically on suicide, trauma and bereavement:</p> <p>One significant avenue of support is through the Health for Health Professionals Wales Service (HHP). HHP Wales provides all doctors in Primary and Secondary Care with access to British Association for Behavioural and Cognitive Psychotherapy (BABCP) in their area. Doctors can self-refer and are assessed by a doctor adviser, qualified in physicians' health, before being referred for face to face counselling. The service consists of four elements:</p> <ul style="list-style-type: none"> <li>• A helpline, which explains what the HHP service can provide and puts clients in contact with a doctor adviser;</li> <li>• A network of doctor advisers who ring the client within 24 hours to discuss their concerns;</li> <li>• Access to a network of British Association of Behavioural and Cognitive Psychotherapies (BABCP) accredited counsellors;</li> </ul>

	Recommendation	Welsh Government Update.
		<ul style="list-style-type: none"> <li>• Access to expert clinical support/opinion for all doctors and counsellors in more complex cases.</li> </ul> <p>It was agreed that Welsh Government should access UK Government funding announced on the 11 March 2020 for a number of measures to assist the NHS, public services and businesses with the preparation and response to COVID-19. An additional funding amount of £1m was requested for 2020-21 to enhance service delivery and upscale psychological support and extend outreach across <u>the whole of the NHS workforce</u>. Funding is now further agreed for 2021-22.</p> <p>The HHP Wales expansion has created an established provider service for the entire NHS Wales workforce that has demonstrated itself to be reliable, responsive and trustworthy. HHP Wales has been designed to work in conjunction and to be complementary to the services offered by occupational health departments and the support available to an individual through their GP and other NHS services. By continuing to work closely with Traumatic Stress Wales (also accelerated in its implementation to support the Covid response), HHP Wales will be well placed to assist NHS staff with presentations directly related to Covid-19 experiences such as post-traumatic stress disorder, prolonged grief disorder and moral injury. It is also expected that NHS staff will present with mental health symptoms related to economic and other family impacts.</p>
18	<p>We recommend that the Welsh Government recognise male suicide as a national priority and allocate appropriate funding to identify and implement new approaches to reducing the stigma associated with mental health to encourage men to talk about and seek help. This should include scope to roll out existing projects more widely</p>	<p>The Welsh Government is providing grant funding (2020/21) to support a number of projects in the regions that focus specifically on men, to develop ways of engaging particular groups of men and encouraging help-seeking behaviour. The National Coordinator is also establishing a forum to bring all of the projects together to learn from good practice. Alongside this work regional coordinators are mapping initiatives in all areas of Wales to feedback on what is available and to consider any perceived gaps in this area.</p> <p>Wales is also represented by Professor Ann John on the Advisory Group for the National Confidential Inquiry into Suicide and Safety In Mental Health. Under these arrangements, a study is currently being under taken to examine the characteristics of</p>

	Recommendation	Welsh Government Update.
		<p>middle age men who die by suicide and to make recommendations to strengthen preventative action. The report will be published in 2021 and will inform our next steps</p> <p>An Independent Advisory Group (IAG) provides independent external oversight of the work of the National Confidential Inquiry into Suicide and Safety in Mental Health. The IAG includes representatives from key stakeholder groups, and lay member</p>
19	<p>We endorse the recommendation of the mid-point review of Talk to me 2 that the implementation of NICE guidance on self-harm be a priority for the Welsh Government. This should be implemented within 6 months of the publication of this report</p>	<p>The National Coordinator is currently working with Improvement Cymru and the Liaison Psychiatry teams to identify challenges and opportunities to improve services in secondary care where NICE guidance is not being met</p> <p>We will also liaise with the NICE Improvement Facilitator for Wales to explore other areas where we need to focus on to ensure the implementation of NICE guidance, for instance primary care.</p>
20	<p>We recommend that the Welsh Government ensures that its forthcoming loneliness strategy reinforces the message that loneliness and isolation should be central considerations when budget and policy decisions are made</p>	<p>The <a href="#">strategy</a> was published in February 2020. Within the document there is a section specifically addressing mental health and suicide prevention and a number of references to ensuring loneliness is considered within budget and policy decisions throughout. This recommendation is considered complete.</p>
21	<p>We recommend that the Welsh Government takes a lead in the current work with <a href="#">HEFCW</a> and for it to expect further and higher education providers in Wales to introduce Student Mental Health Charters. This work should be done in time for the start of the 2019-20 academic year to ensure that students in Wales benefit from the work as soon as possible</p>	<p>The Minister for Education has remitted HEFCW to work with partners in the HE sector to address student mental health and well-being. This included allocating HEFCW £3.5m in 2019 to support well-being and health in higher education, including student mental health.</p> <p>HEFCW worked with universities in Wales and students to develop a Wales-wide, strategic approach to well-being and health, including mental health. In November 2019, HEFCW published its Well-being and health Policy Statement, in which it commits to ensuring providers' Wales-wide commitment to well-being and health, including through support for Student Charters, #stepchange [now Step Change: mentally healthy universities] and Suicide-safer Universities.</p>

	Recommendation	Welsh Government Update.
		<p>In 2019, HEFCW also published updated guidance on Student Charters. This included the addition of a requirement to include a statement of commitment to supporting student well-being, including mental health and signposting to related well-being and health, including mental health</p> <p>In 2020, HEFCW required universities to submit well-being and health strategies. HEFCW will monitor the implementation of the strategies to ensure they remain fit for purpose.</p> <p>The National Coordinator for Suicide and Self-Harm is also working with the national network of Welfare Officers for Further Education colleges, to discuss their experiences of managing suicidal ideation and self harm and is working with them on policy development. Similar links have been made with HEIs and the national network of Student Services Directors. This recommendation is now considered complete.</p>
22	<p>We recommend that relevant staff from the Welsh Government and other agencies receive appropriate training, such as the Samaritans' "Working with compassion" kit, to show a greater awareness and understanding of the higher suicide risks associated with rural communities, particularly among farmers and their families. This would enable them to respond compassionately when dealing with bereaved families, and promote a greater understanding of the difficulties families in this situation can face in not only carrying on with their day to day farming business, but also in meeting timescales associated with Welsh Government farming processes. We would encourage relevant Government staff to use their discretion to alleviate further stress on bereaved families, for example by deferring farm inspections in appropriate circumstances</p>	<p>We are taking a range of approaches including through public awareness messaging and improving the information that is available on health board websites. We also work closely with the third sector to ensure information on mental health and mental health services is shared widely.</p> <p>We have also invested in a range of easy to access support – both online and via the telephone. Some of this support is also available 24/7 to ensure support is available at any time. The roll-out of online Cognitive Behavioural Therapy in Wales was based on a successful pilot by Powys Local Health Board which includes some of our most rural communities in Wales. Powys are also working to develop intelligence led services for the prevention of suicide and self-harm, including support pathways for those bereaved by suicide. Data collation and analysis is in progress to understand if there are trends within particular Powys communities /demographics; to map and gap service provision and ultimately to target identified need and ensure clear pathways are in place as a means to early intervention and prevention. This work also ties in with a focus on Substance Misuse "Harm Reduction", particularly in relation to Drug Related Deaths and will support the delivery of appropriate responses to personal crisis', early intervention and management of self-harm.</p>

	Recommendation	Welsh Government Update.
		<p>We are also aware of other sources of support, for instance, FarmWell Wales; an online information hub part-funded by the Welsh Government EU Transition Fund which is available to farmers throughout Wales, this aims to provide farmers with the most up-to-date information and details of support services available. These resources are actively promoted by stakeholders who have given positive feedback on the initiative.</p> <p>On the Welsh Government <a href="#">website</a> we have also ensured that mental health and wellbeing support for farming families is effectively signposted so people know where to access support.</p> <p>Welsh Government Farm Liaison Staff and Farming Connect front line contracted staff have attended Mental Health First Aid training which was delivered by the DPJ Foundation and tailored to the farming Industry. In addition visiting officers within Rural Payments Wales have received training on mental health awareness and managers have also attended additional on-line mental health awareness training with the DPJ Foundation.</p>
23	<p>We recommend that the Welsh Government liaises with the Home Office with regard to reviewing the process for assessing and managing prisoners' risk of suicide and self-harm to ensure that it is sufficiently robust to identify those at risk and provides the right support for those who are managed through the process</p>	<p>The Ministry of Justice and HMPPS Wales has been working with health boards to revise to the Assessment, Care in Custody and Teamwork (ACCT) process for the case management approach for people at risk of suicide and self-harm within prisons. HMPPS piloted a revised version of ACCT including HMP Swansea, from February to June 2019. The revised guidance is now complete and will now be signed off formally by Prison Health and Social Care Partnership Boards before being implemented in Wales.</p>
24	<p>We recommend that the Welsh Government ensures that the Children, Young People and Education Committee's Mind Over Matter recommendations are implemented in order to improve and protect the mental health and wellbeing of children and young people in Wales. On suicide specifically, we recommend that the Mind Over Matter recommendation on</p>	<p>The Committee received a full update on progress with Mind Over Matter recommendations in <a href="#">February 2020</a>, this included confirmation that <u>Guidance: responding to issues of self harm and thoughts of suicide in young people</u>, was published September 2019</p>

Recommendation	Welsh Government Update.
<p>guidance to schools (its recommendation 16) should be taken forward as an immediate priority: That the Welsh Government, in relation to suicide specifically, work with expert organisations to:</p> <ul style="list-style-type: none"> <li>▪ provide, within three months of this report’s publication, guidance to schools on talking about suicide and self-harm, to dispel the myth that any discussion will lead to “contagion”;</li> <li>▪ work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and</li> <li>▪ ensure that basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it</li> </ul>	<p>The Welsh Government is providing grant funding (2020/21) in the Mid/West region for the delivery of NSSI (non-suicidal self injury) training to people who work with young people, which includes promotion of the published guidance.</p> <p>In October 2020 the CYPE Committee published its Mind over Matter: two years on report. This highlighted the progress that has been made, particularly in the field of Education, in addressing the issues and recommendations contained in the original Mind over Matter report. The Welsh Government’s response to the follow-up report (2 December 2020), noted that given the progress made to date on many of the Mind over Matter recommendations, we have already agreed to review the membership and expand the scope of the Joint Ministerial Task and Finish Group on a Whole School Approach to Emotional Wellbeing and Mental Health (JMT&amp;FG) to become a ‘Whole System’ Ministerial Task &amp; Finish Group to drive progress for the remainder of this Senedd term. Whilst the focus will remain around school age children, the whole system approach better reflects the current work of the group and enable it to provide leadership and expand across the additional relevant areas. In particular health and social services led actions. The group has been meeting monthly since the start of the year, with the last meeting before the Senedd elections taking place on 22 March.</p> <p>In relation to schools guidance on suicide and self-harm people working with children and young people can now access guidance <a href="#">‘Responding to Issues of Self-harm and Thoughts of Suicide in Young People’</a> which was published on 10 September 2019. The document is available online and hard copies have been made available to schools and youth services. The guidance aims to support people who have direct contact with children and young people, providing them with practical advice about what to do if they have concerns or are faced with self-harm or suicide. Further activity has been commissioned by the Welsh Government and developed by Swansea University and co-produced with young people. With the aim to address the link between online bullying and suicidal and self-injurious behaviour and will provide a better understanding of what to do when they encounter these issues.</p> <p>As part of our whole school approach, we have also developed new framework <a href="#">guidance</a> for schools. The guidance has been designed to help schools develop and</p>



	Recommendation	Welsh Government Update.
		build their own consistent and equitable whole school approaches to meet the wellbeing needs of learners. We have made available £9m in our 2021-22 budget to support this work.
25	We recommend that the Welsh Government writes to all planning authorities in Wales emphasising the importance of ensuring that all new structures include measures to prevent them being used as a means of suicide	Letter published on GOV.WALES <a href="#">suicide prevention measures in building design and planning</a> (April 2019).  This recommendation is therefore considered complete.
26	We recommend that the Welsh Government identifies the most appropriate agency to identify known suicide locations and places signage in those areas encouraging people to seek help	Since the publication of this inquiry, we have invested in both the national and regional infrastructures. Now at a regional level we are establishing forums and local multi-agency groups are responding to themes that are highlighted. This work has evidenced that it would not always be appropriate for one single agency to respond as we need to ensure that we are flexible within our response .
27	We recommend that the Welsh Government explores what formal arrangements could be put in place to promote and monitor adherence to the guidelines, given the negative impact that the irresponsible reporting of suicide can have. This should include looking at arrangements in place elsewhere, including the Republic of Ireland	<a href="#">Samaritans</a> and the <a href="#">Independent Press Standards Organisation</a> (IPSO) continue to develop and publish media guidance, both of which the Welsh Government continues to work with as key stakeholders.
28	We recommend that the Welsh Government engage with universities, the Samaritans and other relevant parties such as the National Union of Journalists and publishers to explore how training for journalists at university, through continuous professional development or on the job training could include the importance of adhering to the guidelines on reporting suicide and promoting an	



	Recommendation	Welsh Government Update.
	understanding of the negative impact of irresponsible reporting	
29	We recommend that the Welsh Government engages with the UK Government on its Internet Safety Strategy Green Paper to ensure that action is taken to protect children and young people online. Additionally, we are keen to see the potential for social media to have a positive impact on people's mental health and wellbeing maximised. We believe that all opportunities to promote good mental health through social media/internet sites should be explored, for example through more active promotion of sources of support	<p>Welsh Government liaised with UK Government in respect of the publication of the Green Paper.</p> <p>We continue to look at opportunities to use social media and digital media to raise awareness of support and this been a particular focus during Covid 19 and working with Public Health Wales on the <i>How are you doing campaign</i>, to promote positive mental health and signpost to support.</p>
30	We recommend that the Welsh Government / National Advisory Group provides a clear steer to the regional forums to ensure a consistent approach to their membership, structure and reporting arrangements. The Welsh Government should monitor the effectiveness of the regional forums to ensure that they deliver sustainable and consistent outcomes across Wales, and provide regular updates to the Committee	Now that the National and Regional Coordinators are in place, we will review the regional forums, including membership and governance structures. This work will be undertaken in the context of the new Together for Mental Health Ministerial Delivery and Oversight Board for Wales that I have convened. A key function of the board is to hold the key work streams that make up the mental health programme of work to account and to provide assurance on delivery. The suicide and self-harm programme is one the work streams that will report in to the board. The board first met in February and will meet again on 24 March.
31	We recommend that the Welsh Government / other public bodies (LHBs / LAs) make specific funding available for suicide prevention to ensure that it is sustainable in the long term. The Welsh Government should work with the National Advisory Group to ascertain how much funding is needed to ensure this sustainability, and ring-fence the appropriate amount	<p>The National Coordinator and the coordinator team are looking at how suicide prevention can be better integrated and embedded in public service delivery across the board/government departments; how this can be more explicit in policy/strategy.</p> <p>In the meantime, we have provided seed funding to regional forums in order to take forward local approaches in their areas, however this funding should not be seen in isolation as laid out in the covering letter.</p>

**Written response by the Welsh Government to the report of the Health, Social Care and Sport Committee, entitled *Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales: Report 3 – Impact on the social care sector and unpaid carers***

**Recommendation 1. The Welsh Government must, as an urgent priority, ensure that care homes have access to all the necessary equipment and facilities (e.g. pods and lateral flow testing for visitors) to enable visits to be resumed**

Welsh Government Response:

**Accept**

The Welsh Government will continue to work with care home sector stakeholders to ensure homes are supported to resume visiting. This has included developing visiting guidance to help care home providers plan for risk assessed visits, supported by webinars attended by care home managers where Public Health Wales colleagues presented in detail on the factors to consider when carrying out risk assessments. The Welsh Government is also providing direct financial support to assist providers with the costs of accommodating visits.

The Deputy Minister for Health and Social Services announced a pilot of care home visitor pods on 23 November to support Covid-secure visiting. As part of this pilot the Welsh Government is providing a total of 100 temporary visitor pods to adult care homes free of charge on a hire basis for a period of up to 26 weeks. They have been installed at care homes across Wales. The pilot included £1 million funding to reimburse providers choosing to hire their own visiting pods. This scheme closed on 26 February and was fully subscribed. A total of 54 visitor pods were funded on a hire basis under this scheme. The pilot will be evaluated.

As more routine visits have been able to resume, in line with Welsh Government guidance, providers are also receiving support with the costs associated with accommodating Covid-secure visits. This included a contribution towards staff time in facilitating visits and testing visitors, as well as the costs for providers in creating secure areas for testing visitors.

Welsh Government made £3,045,000 available to care homes via the hardship fund for this purpose in February and March which included a contributory payment towards the additional staff costs associated with the lateral flow device (LFD) visitor testing and a £600 contribution towards the cost of physical adaptations to support the creation of safe testing areas. This financial support has now been extended with a further of £6,824,572 being made available to care homes and some of the wider social care sector for the 13 week period 1 April - 30 June 2021.

**Financial implications:** None - Funding for this programme of work is being accommodated within existing group and Covid budgets.

**Recommendation 2. The Welsh Government must, as a matter of urgency, strengthen its guidance to care home providers to ensure that allowing safe visits becomes the default position**

Welsh Government Response:

**Accept**

The Welsh Government will continue to work closely with stakeholders through Care Inspectorate Wales's stakeholder care homes visiting group and keep its care home visiting guidance under close review. The current version of the guidance (version 6, published on 23 March) supports regular indoor visiting from two designated visitors, as well as additional visitors for an outdoor visit, or a visit in a visiting pod or similar enclosed space.

Any visit currently taking place within a care home poses a level of risk as a result of visitors entering care homes where there is still a level of community transmission. However the guidance sets out a range of mitigations homes can take to reduce this risk (testing for indoor visits, risk assessments etc.) and is clear in stating that 'we expect and encourage providers to facilitate visits wherever possible to do so, in a risk managed way'.

We will continue to emphasise our expectation that visits are facilitated as part of our regular engagement and communications with the sector. Prior to the updated guidance being issued in March allowing for more routine indoor visiting the Deputy Minister for Health and Social Services met key stakeholders including Care Forum Wales, the Association of Directors of Social Services, Welsh Local Government Association, the Older People's Commissioner, Environmental Health Officers and representatives from Incident Management Teams (IMTs) and reinforced the importance of a consistent message from all partners to support and enable care home visits. This was followed up with another meeting on 30 March with the same group to assess how the introduction of indoor visiting was being implemented.

In response to issues raised during engagement with the sector Albert Heaney, Deputy Director General and Dr Frank Atherton, Chief Medical Officer also wrote to care home providers on 1 April giving further clarity on several matters. This included reinforcing Public Health Wales's advice that there is no compelling public health reason to wait until all residents (and/or staff) had completed both doses of the vaccine before resuming indoor visits. It concluded by emphasising that the expectation was that the vast majority of care homes would now be resuming regular, risk-assessed indoor visiting, unless there were exceptional circumstances which would mean this cannot take place.

The Welsh Government continues to engage closely with the sector to encourage risk-assessed visiting and will continue to do so as the position evolves.

**Financial implications:** Not applicable

**Recommendation 3. The Welsh Government should work with Care Forum Wales to gain and maintain a clear picture of the position across Wales with regard to care home visits on an ongoing basis, and to facilitate the sharing of good practice between care homes with a view to increasing the number of homes that are supporting safe visits.**

Welsh Government Response:

**Accept**

The Welsh Government continues to work with key partners, including Care Forum Wales, Care Inspectorate Wales and the office of the Older People's Commissioner, to monitor the position on care home visiting across Wales. The Deputy Minister for Health and Social Services meets Care Forum Wales representatives regularly, and they are also a member of the Social Services Planning and Response Group chaired by the Deputy Director General for Health and Social Services, Albert Heaney.

The Welsh Government's regular residential care home group meeting attended by Public Health Wales, Care Inspectorate Wales and Local Authority and Health Board Environmental Health Officer (EHO) colleagues, is also a key mechanism for monitoring progress on visiting. During these meetings regular 'on the ground' feedback is provided by EHO colleagues, including on visiting and CIW and PHW also offer a strategic oversight of the position from the perspective of their organisations. Furthermore, Care Forum Wales are also members of the care home collaboration group that considers the care home action plan; this represents a further mechanism to hear from the sector.

CIW has also reinforced the Welsh Government position on visiting via their statement of 10 March: [https://careinspectorate.wales/sites/default/files/2021-03/210312-Statement-visiting-care-homes-en\\_1.pdf](https://careinspectorate.wales/sites/default/files/2021-03/210312-Statement-visiting-care-homes-en_1.pdf)

This sets out the importance of visiting and cautions against blanket visiting bans (where there is no active outbreak), and regular visits in line with national guidance being facilitated (unless advised it is unsafe to do so). These issues are specifically raised as being factors which could trigger an inspection.

**Financial implications:** Not applicable

**Recommendation 4. The Welsh Government should write to all health boards to re-emphasise their responsibilities on hospital discharge and the procedures that must be followed in the event of an unsafe discharge taking place.**

Welsh Government Response:

**Accept**

In line with *A Healthier Wales*, which is about ensuring we have an holistic system of health and social care where we place patients in the appropriate settings for their care need, trying to avoid obstacles and boundaries, the need to ensure that

vulnerable people do not remain in hospital beds when they no longer need medical interventions has been a constant focus of the Welsh Government's guidance on patient discharge. We have been very conscious that the associated risks of Hospital Acquired infections and deterioration in mental health and wellbeing will have been heightened by the pandemic..

The importance of safely transferring people out of hospital beds and into more appropriate care settings was central to the COVID-19 Hospital Discharge Services (Wales) guidance, which issued in April last year. We updated the guidance in December to reflect the advice of the Welsh Government Technical Advisory Group (TAG) in relation to infectivity. The advice is that it is safe for people who have had Covid-19 to be discharged to a care home or other care setting when they are no longer infectious (i.e. a negative or low positive RT-PCR test (with Cycle Threshold (Ct) value of 35 or above and other specified criteria around lapse of time and cessation of symptoms). The guidance remains that patients who are infectious, but no longer need acute care, should move to a Covid-infectious step-down facility. For patients who have not had evidence of Covid-19 in hospital, the previous requirements for a negative test prior to discharge and an isolation period remain in place, to address the risk of acquiring infection after the test is taken.

We wrote to all partners in October to emphasise the need to discharge patients safely, in compliance with the guidance, and also wrote in respect of the December update. Most recently, we conducted a survey to gauge the impact of the guidance. In general compliance is good and we will continue to work closely with partners to support its implementation, resolve differences in interpretation that have come to light and support effective communication between partners. We encourage providers to report any suspected breaches of guidance on returning residents to their care homes, either directly to us, or via the Care Forums.

We understand all health boards have procedures that must be followed in the event of an unsafe discharge taking place. We will continue to support improved communication between all relevant parties to help to avoid further such incidents.

It is worth noting the report produced by Public Health Wales and Swansea University Medical School: [Risk factors for outbreaks of COVID-19 in care homes following hospital discharge: A national cohort analysis](#). This analysis showed that large care homes were at considerably greater risk of outbreaks throughout the epidemic, and after adjusting for care home size, a discharge from hospital was not associated with a significant increase in risk. The report highlighted other sources of outbreaks, including the risks to and from staff and the overlap with other community transmission. We will continue to appropriately support testing of care home staff and the supply of PPE for social care staff (see also responses to Recommendations 5 and 6) to promote the safety of care home environments.

**Financial implications:** Not applicable

**Recommendation 5. The Welsh Government should monitor the turnaround times for test results for care home staff and residents to ensure results are received as soon as possible. This should ideally be within 24 hours of testing, and certainly not later than 48 hours**

Welsh Government Response:

**Accept in principle**

The Welsh Government will continue to monitor turnaround times across all channels from both Lighthouse (LHL) and NHS Wales laboratories. This includes daily checking, weekly situation reports and updates to the TTP Programme Board. We have seen significant improvement in performance. We will continue to assess the system with the Department for Health and Social Care and Public Health Wales and will make necessary improvements to ensure performance is maintained and improved.

Recent engagement with the sector has indicated that care homes are satisfied with turnaround times from the LHL system. Where there are delays we will continue to follow these up on a case-by-case basis, although these issues are now rare. The cause of any delays may be due to a number of factors, including effective care home administration of the testing process prior to sending to the laboratory, delays with couriers and laboratory processing.

**Financial implications:** Not applicable

**Recommendation 6. The Welsh Government must continue to maintain adequate and sustainable supplies of PPE that meet the recommended quality standards, monitor its efficacy in light of emerging new variants, and communicate effectively with the social care sector to provide assurance that the available PPE provides appropriate protection.**

Welsh Government Response:

**Accept**

The Welsh Government maintains a Pandemic Influenza stockpile, in line with the provisions of the UK Influenza Pandemic Preparedness Strategy 2011, which sets out the need for the four UK countries to maintain stockpiles of antivirals, antibiotics, consumables and personal protection equipment for front line health and social care staff. From the outset of the pandemic we made sure that these stockpiles were made available to the social care sector at the earliest opportunity. However, the statutory responsibility for the supply of Personal Protective Equipment to staff falls on employers (principally, within social care, these are local authorities, independent providers and the third sector). It is therefore the legal responsibility of the care provider to ensure that suitable PPE is available for their staff to use and that they are able to access this equipment when required.

In order to assist employers in the discharge of their statutory responsibility for the supply of Personal Protective Equipment to staff and the protection of those in their settings, the Welsh Government determined, so as to address supply difficulties within the sector, that it would undertake an additional role in procuring and then supporting the distribution of PPE through the NHS Wales Shared Services Partnership (NWSSP), Joint Equipment Centres and Local Authorities. In this context, the Welsh Government has committed to providing social care with the recommended PPE, free of charge, for the duration of the pandemic. We continue to work with local authorities and the NHS Shared Services Partnership to maintain appropriate procurement and distribution plans which will ensure the needs of social care are met.

The guidance on what PPE is recommended for use in social care has been developed by public health experts and is regularly reviewed as information regarding new variants becomes available. If the guidance were to change as a result of this new information, our plans for procurement and distribution would be amended accordingly.

**Financial implications:** None - Funding for this programme of work can be accommodated within existing budgets.

**Recommendation 7. The Welsh Government should set out how the work being undertaken by Social Care Wales to professionalise the social care workforce will secure parity of esteem with the health care workforce, and the establishment of clear and properly-remunerated career pathways for social care workers.**

Welsh Government Response:

### **Accept**

In “A Healthier Wales” we recognised the need for parity of esteem between health and social care professionals. Parity of esteem requires support for training, development and services available to the workforce, supporting health and wellbeing and improving working conditions.

Last year, the joint Social Care Wales and Health Education Improvement Wales Workforce Strategy for Health and Social Care was launched. This strategy has seven high level themes covering seamless working models, recruitment and retention, skills, workforce supply and shape and education. The strategy sets out a joint ambition for a health and social care workforce that is motivated, engaged and valued, and that has the capacity, competence and confidence to meet the needs of the people of Wales. Delivery plans under the seven high level themes will support progress against that ambition.

A key component of the professionalisation of social care workers is the requirement to register with Social Care Wales. Registration ensures greater consistency in terms of the level of qualification required to be a social care worker, enables workers to better evidence their skills, sets out clearer expectations of workers and employers

through national codes of practice and helps provide greater public assurance on the quality of care. Registration enables better data to be collected to support future policy development relating to professionalisation and parity of esteem. It also enables better communication with the social care workforce and forms a significant step towards promoting a greater sense of identity as part of a wider social care profession.

A further pillar in relation to parity of esteem is workforce terms and conditions. Established in social partnership, the Social Care Fair Work Forum brings together government, employers and unions to define what fair work should look like and how it should be applied for social care workers in Wales. Social Care Wales is a member of this Forum. The Forum's position statement published at <https://gov.wales/social-care-fair-work-forum/position-statement> provides a clear vision of the Forum's priorities and how this work might be taken forward. This includes a particular focus on career development pathways and fair reward.

In its first year the WeCare.Wales campaign led by Social Care Wales reached out across a range of platforms - through news outlets, on-line and through social media – and its video stories have been viewed by over 100,000 people; this generated over 35,000 direct engagements between the sector and people interested in working in it. The campaign has been adopted by all seven regional partnerships and the materials are being used to promote roles in social care right across Wales. Social Care Wales continues to support the delivery of a sustainable social care workforce through attraction, recruitment and retention, and workforce wellbeing including the WeCare.Wales campaign.

Social Care Wales has made available a package of wellbeing support for social care workers, which includes access to mental health services including an Employee Assistance Scheme. Social Care Wales continues to build on this support.

**Financial implications:** Funding for this work can be accommodated within existing budgets.

<p><b>Recommendation 8. The Welsh Government must, as a matter of urgency, work with the Equality and Human Rights Commission and Older People's Commissioner for Wales to ensure the human rights of older people are protected and upheld. We further recommend that the Welsh Government writes to the Sixth Senedd committee with responsibility for older people at the start of the Sixth Senedd to provide an explanation of what has been done to resolve the concerns raised by the EHRC and Older People's Commissioner.</b></p>
--

Welsh Government Response:

**Accept**

Throughout the pandemic, Welsh Government has worked closely with the Equality and Human Rights Commission (EHRC) and the Older People's Commissioner to understand their concerns relating to the rights of older people and take appropriate action. We have provided three detailed written responses setting out the scientific evidence and stakeholder engagement that informed our decision making processes;



how we complied with our legal duties to protect and promote the rights of older people living in care homes and how we are embedding lessons learnt into future practice. In addition, the Deputy Minister for Health and Social Services continues to meet weekly with the Older People's Commissioner and both the Commissioner and the EHRC have met with the Minister for Health and Social Services and senior officials at different points during the pandemic.

We remain committed to, and will maintain, this open dialogue to ensure the rights of all older people in Wales are upheld and protected, including through the work we are taking forward on our Strategy for an Ageing Society.

**Financial implications:** Funding for this work can be accommodated within existing budgets.

**Recommendation 9. The Welsh Government should work with the Ministerial Advisory Group and carers organisations to develop more creative ways of delivering respite and short breaks. This should include learning from best practice elsewhere.**

Welsh Government Response:

### **Accept**

We would like to thank the Committee for highlighting this important issue. During the pandemic, officials held weekly meetings with carers' organisations to understand how carers were coping without the support of their usual networks. The First Minister and Deputy Minister for Health and Social Services also attended virtual meetings with unpaid carers. This engagement, along with responses to the public consultation on the Strategy for Unpaid Carers and advice from our Ministerial Advisory Group, demonstrated a pressing need to diversify and improve access to respite services in Wales.

In March 2021, the Welsh Government commissioned Carers Trust Wales to work with academics from Swansea and Bangor Universities to deliver a report setting out a roadmap for the future of respite and short breaks for unpaid carers in Wales. The report will be finalised by July 2021 and will identify exemplar local and regional models of respite services which have the potential to be scaled up at pace.

Our new Strategy for Unpaid Carers was launched by the Deputy Minister for Health and Social Services on 23 March. We are currently working with the Ministerial Advisory Group on Unpaid Carers to co-produce a supporting delivery plan which will detail how we intend to take forward each of the four renewed national priorities for unpaid carers, including priority 3:

*Supporting life alongside caring - all unpaid carers must have the opportunity to take breaks from their caring role to enable them to maintain their own health and well-being and have a life alongside caring.*

**Financial implications:** None - Funding for this programme of work can be accommodated within existing budgets.

**Recommendation 10. The Welsh Government must ensure sustainable funding for young carer services and prioritise the safe re-opening of face-to-face support for young and young adult carers.**

Welsh Government Response:

### **Accept in Principle**

The responsibility for provision of young carer services rests with local authorities, who are statutorily responsible for managing their financial affairs, reflecting that they are best placed to judge the local needs of their communities and to fund and commission services accordingly. Local authorities also have the flexibility to make decisions, informed by their assessment of the needs of their local populations and the sufficiency of the services available.

To support this, the Welsh Government has continued to place health and social care at the top of its priorities for the 2021-22 budget. In 2021-22, local authorities will receive £4.65 billion from the Welsh Government in core Revenue Support Grant (RSG) and non-domestic rates, to spend on delivering key services. This equates to an increase of 3.8% or £172 million on a like-for-like basis. The RSG covers funding for carers' services, whether delivered directly by local authorities or via their commissioned third or private sector providers.

Our new Strategy for Unpaid Carers was launched on 23 March 2021. This reaffirms our commitment to improving the recognition of, and support for unpaid carers, including young carers and young adult carers. We will work with the Carers' Ministerial Advisory Group, local authorities, the third sector and unpaid carers to develop a supporting delivery plan which will be published later this year.

Decisions on the resumption of face-to-face support for young and young adult carers sit with local authorities and service providers, having had regard to Welsh Government guidance. We were pleased that so many services responded swiftly to the pandemic and continued to provide help and support in a variety of ways to unpaid carers, and those they care for. We understand it has been difficult for young carers to access peer support groups or take a holiday, because of the closure of face to face services and the public health restrictions.

In the coming weeks we do expect community based and other forms of face to face provision, such as young carers' services, to be reopened as soon as it is safe to do so. More people should also be able to start taking or planning a break as we start to ease restrictions, with self-contained holiday accommodation in Wales permitted to open from late March and the easing of travel restrictions within Wales. We also continue to keep all of our coronavirus guidance under regular review, including that for community centres, and office premises.

For many young carers school and college plays a key role in helping them connect with friends and gain emotional and peer to peer support, as well as respite from caring

responsibilities at home. As more pupils return to school and learners to college this will help many young carers re-establish contact, and provide them with support from friends, teachers, school counselling services and other support as appropriate. As has been the case throughout the pandemic, children of key workers and vulnerable learners including young carers, have been able to receive face to face learning on the school site, with Special schools and Pupil Referral Units (PRUs) remaining open wherever possible.

**Financial implications:** None.

**Recommendation 11. The Welsh Government should reconsider its response to Recommendation 26 of our report into the impact of the Social Services and Well-being (Wales) Act 2014 in relation to carers—which called on the Welsh Government to provide long-term, sustainable and streamlined funding for third sector organisations delivering essential services to carers—with a view to implementing it as a matter of urgency.**

Welsh Government Response:

### **Accept in Principle**

We understand it can be challenging to plan and deliver support to unpaid carers, when services are commissioned on an annual basis, however the promised longer-term comprehensive spending review has been delayed because of the pandemic. Welsh Government has an annual budget process and therefore many spending decisions have to be made year on year.

As outlined in our response above, in 2021-22, local authorities will receive £4.65 billion from the Welsh Government in core Revenue Support Grant funding and non-domestic rates, to spend on delivering key services. This equates to an increase of 3.8% or £172 million on a like-for-like basis.

We greatly value the support provided to unpaid carers by third sector organisations, particularly their work over the past year to adapt existing provision and deliver at pace. However, Welsh Government funding to the third sector concentrates on providing additionality to statutory services - responsibility for the delivery of essential services to unpaid carers rests with local authorities.

Through our three-year Third Sector Sustainable Social Services grant scheme (2020-23), we continue to fund a diverse range of organisations, including carers' organisations, to deliver activity that supports the implementation and embedding of the key principles of the 2014 Act. Four carer-specific projects commenced on 1 April 2020, and will receive funding of £2.6m over the three years of the scheme. We also provided £1m funding in 2020-21 to local health boards and their carer partnerships, which include a number of third sector partners. This funding is again available in 2021-22.

The Integrated Care Fund is another source of support, including from the third sector, for unpaid carers, who continue to be identified as one of the priority groups within the

guidance for Regional Partnership Boards. In 2020-21 we invested £89m revenue funding in the ICF, and recognising the positive benefits of the ICF and building on success to date, we are investing another £89m revenue funding in 2021-22. The extension of the ICF for a further year until March 2022 will enable many vulnerable people across Wales, including unpaid carers and young carers, to continue to benefit from this important fund. The annual report on ICF for 2019-20 was recently published: <https://gov.wales/integrated-care-fund-icf-annual-report-2019-2020>.

It indicates that in 2019-20 regional partnership boards reported that 16% of their ICF funding was being invested in the social value sector, aiming for at least 20% by the end of March 2021.

We recognise that the third sector in Wales has played a vital part in the response to the Covid-19 pandemic and will have an equally valuable role in our fair, just and green recovery. Currently we do not yet know what challenges recovery will bring, and the level of additional support which might be required. In recognition of this we have allocated an initial £2.5m to establish a third sector Resilience Fund for 2021-22.

Our third sector infrastructure has been instrumental in enabling the volunteer-led response to Covid. Having the infrastructure in place meant that the response was delivered quickly and was well co-ordinated. Third Sector Support Wales (TSSW) members have worked with voluntary sector organisations, Welsh Government, local authorities, health boards and others to help ensure the vulnerable were supported. Recognising this, we have provided a 10% (£450,000) uplift in the core funding for TSSW in 2021-22. This represents the first real terms increase in funding for the sector in over a decade. We hope that this increase will be maintained in the next Senedd term.

**Financial implications:** None. Assessment of potential future funding implications in relation to changes in government policy which might impact government budgets and statutory bodies or other organisations, will be considered as part of the ongoing development of unpaid carers policy, which we are taking forward in co-production with stakeholders.

**Recommendation 12. The Welsh Government should ensure that its communication and public awareness campaigns in respect of the COVID-19 vaccination programme includes effective targeting of information for unpaid carers, and makes sure that they are aware of their eligibility for vaccination.**

Welsh Government Response:

**Accept**

A detailed communications and engagement strategy to promote uptake of the vaccination among all those eligible is in place, and we will continue to work closely with stakeholders to understand the needs of audiences and how best to reach them. We recognise the need to ensure as many unpaid carers as possible know they are eligible for a vaccination as part of priority group 6. National communications are important, as are targeted communications via stakeholders.

From 8 March, unpaid carers who were not already registered as an unpaid carer with their GP have been able to fill in an online self-referral form hosted by each local health board: <https://gov.wales/get-covid-19-vaccine-unpaid-carer>. We worked closely with Carers Wales, Carers Trust Wales, All Wales Forum of Parents and Carers to develop guidance regarding the Covid-19 vaccination of eligible unpaid carers as part of priority group 6: <https://gov.wales/covid-19-vaccination-unpaid-carers-html>.

We held a Q&A session for third sector carer organisations and unpaid carer leads in health and local government to explain unpaid carer eligibility and the self-referral form. Those who attended the Q&A session are key points of contact for unpaid carers who have questions regarding their eligibility and how to access an appointment.

We issued a press notice announcing the self-referral form and media coverage followed: <https://gov.wales/self-referral-online-form-unpaid-carers-launched-covid-19-vaccination>. Health boards have published information regarding unpaid carer eligibility on their websites alongside the self-referral form. A number of third sector organisations have published helpful guides explaining eligibility and the self-referral form process and have promoted the eligibility of unpaid carers for the Covid-19 vaccine through their social media channels.

**Financial implications:** None. Activity can be accommodated within existing budgets.

**Recommendation 13. The Welsh Government should work with its partners to develop and implement an awareness-raising campaign to improve knowledge about the support available to carers, particularly in respect of financial support. This should include ensuring that people who have been identified as unpaid carers during the COVID-19 vaccination programme have access to information about their rights and the support they are entitled to.**

Welsh Government Response:

### **Accept**

The Welsh Government has allocated £100,000 to Carers Wales and Carers Trust Wales to develop and deliver an awareness-raising campaign to improve knowledge about the support available to unpaid carers and their rights under the Social Services and Well-being (Wales) Act. The campaign will be delivered in 2021 and we are working with both organisations to agree its aims and desired outcomes for unpaid carers.

We are conscious of the financial pressures being faced by many unpaid carers and are aware of the difficulties of balancing sustainable employment alongside caring responsibilities. The changes to the Welfare Benefits and Social Security system have raised issues here in Wales and Welsh Ministers continue to make representation over these changes and implement policy to protect those most at risk in our communities.

The unprecedented situation we now find ourselves in means many more people across Wales will need additional financial support to help them through this current crisis and beyond. It is more critical than ever that all those eligible for support are aware of, and are accessing, the full range of entitlements available, including benefits and services funded by Welsh Government and those delivered by local authorities in Wales. That is why we are now working to increase the take-up and raise awareness

of entitlements in accessing both devolved / non-devolved benefits. During January 2020 to September 2020, the benefit advice services delivered through the Welsh Government's Single Advice Fund helped households to claim over £20 million of additional welfare benefit income.

In response to the recommendations from the Equality, Local Government and Communities Committee for 'Better Benefit Delivery in Wales' the Welsh Government accepted that more needs to be done to improve the take-up of both devolved and non-devolved welfare benefits and that this should be addressed through cross-government approaches and by joint working with local authorities and other key partners.

A Wider Income Maximisation and Benefit Take-up Working Group has since been established with the aim to promote and support a sustained increase in the take up of devolved and non-devolved welfare benefits and welfare payments. As part of this Working Group we are currently developing sub-groups to focus on specific areas. This will also include the take-up of Carers Allowance in Wales.

The Welsh Government ran a *National Welfare Benefit Take-up Campaign* from 1 March to 25 March to encourage people to check and claim the benefits they are entitled to. The campaign targeted low-income families across Wales as well as a wider audience of people who may now need support due to the financial impacts of the pandemic.

In conjunction with the National Campaign we are also taking forward:

- *Frontline Worker Awareness Raising* – free awareness raising sessions are being delivered to frontline workers to increase their understanding of welfare benefits and their ability to encourage people they support to claim their entitlement to welfare benefits.
- *Targeted Welfare Benefit Advice and Support* - test and learn projects are exploring how to best to engage with the groups who consistently fail to access the entitlements from the welfare benefit system. One of these projects is for older people and carers.

From 8 March, unpaid carers who are not already registered as an unpaid carer with their GP have been able to fill in an online self-referral form, with the option of completing the form over the telephone. On submission of the self-referral form, unpaid carers are asked whether they agree to their local health board sharing their details with their GP. This is intended to ensure GPs have the details of those unpaid carers who wish to have their caring role known, so that the GP can provide support as required.

The self-referral form has been designed for the specific purpose of registering eligible unpaid carers for the Covid-19 vaccine under Priority Group 6. The forms and the data submitted by unpaid carers are hosted by each local health board, rather than the Welsh Government. Importantly, unpaid carers have not explicitly agreed to their data being used for the purposes of an awareness-raising campaign. Due to UK GDPR data protection rules, the self-referral form is not a suitable mechanism for capturing

information regarding unpaid carers for a targeted awareness-raising campaign of this nature.

We do, however, have action in hand and planned to promote wider recognition by carers of their rights. Since 2018-19 we have provided £1m of annual funding to local health boards and their carer partnerships, to provide a range of support for unpaid carers of all ages. This includes supporting carers in general practice. From 2018 to 2020 a focus was on implementation of schemes supporting health professionals working in primary care and community care, to develop their carer awareness and understanding of how to identify carers, the issues that carers face and ways of working to better support carers. For 2020-21 the eligibility criteria were made more flexible but eligible activity continues to include work with GPs in 2021-22.

In addition, Carers Trust Wales and Carers Wales are currently working in partnership to transform carer recognition, respect and support across health and social care settings in Wales. This three year "Carer Aware" project is funded via the Sustainable Social Services Third Sector Grant and aims to strengthen and enhance implementation of the Social Services and Well-being (Wales) Act 2014 by raising awareness of unpaid carers and the impact of caring, with the general public and relevant professionals. We will write to all partners in receipt of the funding outlined above to request that they work closely with GPs so that they are better able to support, or signpost to appropriate information, advice and assistance, any unpaid carers newly identified via the vaccination self-referral form.

**Financial implications:** None. Costs for this activity can be accommodated within existing budgets.

**Recommendation 14. The Welsh Government should undertake equality impact assessments of decisions taken during the COVID-19 pandemic in respect of support/funding for unpaid carers to ensure that no groups or communities are being disproportionately impacted in the short or longer term.**

Welsh Government Response:

### **Accept**

Throughout the pandemic, the Welsh Government has been mindful of the requirement to comply with its statutory duties, including the Public Sector Equality Duty, as well as the need to ensure decisions made are compatible with the Convention rights.

We have undertaken a comprehensive equality impact assessment (EIA) of the Strategy for Unpaid Carers which was drafted during the pandemic via engagement with stakeholders and a public consultation. A summary of the EIA has been published and will inform the development of a delivery plan and ongoing policy decisions relating to unpaid carers:

<https://gov.wales/strategy-unpaid-carers-equality-impact-assessment>

All equality impact assessments have been undertaken on the following Covid 19 related decisions which impacted on unpaid carers:

- The provision of free PPE to unpaid carers meeting a specified criteria
- The allocation of £1.25million to Carers Trust Wales to administer the Carers' Support Fund. Carers Trust Wales will also publish an evaluation of this fund in spring 2021.
- The allocation of £60,000 direct funding to Carers Wales in 2020 – 21 to extend online psychological support to unpaid carers. Carers Wales will provide an end of project report to Welsh Government in the spring.

The EIA relating to the Welsh Government's *Strategic Digital Inclusion Framework* was utilised to inform the distribution of 440 laptops to young adult carers aged 16 – 18 and is published on our website:

<https://gov.wales/digital-inclusion-framework-equality-impact-assessment>

This initiative was delivered by Digital Communities Wales as part of Welsh Government's *Digital Confidence, Health and Well-being programme*. This contract commenced in July 2019 and runs until June 2022, with an option to extend by a further three years. An independent evaluation has been commissioned, with the Stage 1 report being published in February 2021:

<https://gov.wales/digital-communities-wales-digital-confidence-health-and-well-being-process-evaluation-and-theory-change>

There will be a further two stages of the evaluation which will help develop advice to Ministers for triggering the option to extend.

A series of equality and children's rights impact assessments have been undertaken for all learners and published on the Welsh Government's website. We fully accept that any change to education arrangements has a varied and broad impact on different groups including learners, staff, families, communities and young carers. Since the start of the pandemic, young carers have been identified as vulnerable learners and are referenced within the EIAs. Assessments to date have included: *Assessing the impact of the initial policy decisions taken in relation to the provision of education in response to Covid-19*

[https://gov.wales/sites/default/files/publications/2020-09/integrated-impact-assessment-covid19-provision-for-education-children\\_0.pdf](https://gov.wales/sites/default/files/publications/2020-09/integrated-impact-assessment-covid19-provision-for-education-children_0.pdf)

There were also assessments of initial school closures; increasing operations in July 2020; learners returning to education settings in September 2020 and the autumn "firebreak" lockdown. Most recently assessments have been undertaken to consider how, from 12 April 2021, the remainder of secondary aged learners return to onsite teaching and learning. This completes the return of all learners to onsite provision.

There has also been an impact assessment on the COVID-19 alert levels and restrictions and their effects on children's rights. This was recently updated and published on 19 February 2021:

<https://gov.wales/alert-levels-and-restrictions-wales-childrens-rights-html>

Welsh Government followed the advice of the Joint Committee on Vaccination and Immunisation (JCVI) that unpaid carers should be included in cohort six of the Covid 19 vaccination programme.



Based on the recommendations of the JCVI, the 4 nations of the UK agreed to a largely age-based programme of roll-out for the vaccine. This approach is helping to ensure those at the highest risk are protected as soon as possible. More information on how the JCVI reached its conclusions and details on at-risk groups (including those who have been shielding and/or have underlying health conditions) can be found at: <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020>

Annex A to the paper sets out the JCVI's analysis on 'COVID-19 vaccine and health inequalities: considerations for prioritisation and implementation'. <https://www.gov.uk/government/publications/priority-groups-for-coronavirus-covid-19-vaccination-advice-from-the-jcvi-30-december-2020/annex-a-covid-19-vaccine-and-health-inequalities-considerations-for-prioritisation-and-implementation>

It should be noted that these documents are regularly reviewed and both webpages were most recently updated by the JCVI on 6 January 2021. Previous versions can be accessed by selecting the link on the page headed "see all updates".

**Financial implications:** None.

**Recommendation 15. The Welsh Government should make a statement early in the Sixth Senedd on its proposals to strengthen the arrangements for the social care sector and the outcome of the consultation on its White Paper: Rebalancing care and support, and how it will take account of relevant recommendations made by this and previous Senedd Health Committees.**

Welsh Government Response:

**Accept in Principle**

It will be for the next Welsh Government to determine how to engage with the Senedd Health Committees on this matter. Officials are in the process of summarising the consultation responses to the White Paper: Rebalancing care and support. This summary will be published on the Welsh Government website within 12 weeks of the consultation closing. It will be important for the incoming Government to consider the consultation responses and all other available evidence, including recommendations from this and previous Senedd Health Committees, to make a clear statement of proposals to strengthen the arrangements for the social care sector early in the Sixth Senedd.

**Financial Implications**

None. Any additional costs will be drawn from existing programme budgets.

# Fifth Senedd Legacy Report

March 2021



The Welsh Parliament is the democratically elected body that represents the interests of Wales and its people. Commonly known as the Senedd, it makes laws for Wales, agrees Welsh taxes and holds the Welsh Government to account.

An electronic copy of this document can be found on the Welsh Parliament website: [www.senedd.wales/SeneddHealth](http://www.senedd.wales/SeneddHealth)

Copies of this document can also be obtained in accessible formats including Braille, large print, audio or hard copy from:

**Health, Social Care and Sport Committee**  
**Welsh Parliament**  
**Cardiff Bay**  
**CF99 1SN**

Tel: **0300 200 6565**

Email: **SeneddHealth@senedd.wales**

Twitter: **@SeneddHealth**

**© Senedd Commission Copyright 2021**

The text of this document may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not used in a misleading or derogatory context. The material must be acknowledged as copyright of the Senedd Commission and the title of the document specified.

# **Fifth Senedd Legacy Report**

March 2021



# About the Committee

The Committee was established on 28 June 2016. Its remit can be found at:  
[www.senedd.wales/SeneddHealth](http://www.senedd.wales/SeneddHealth)

---

## Committee Chair:



**Dai Lloyd MS**  
Plaid Cymru

## Current Committee membership:



**Rhun ap Iorwerth MS**  
Plaid Cymru



**Jayne Bryant MS**  
Welsh Labour



**Angela Burns MS**  
Welsh Conservatives



**Lynne Neagle MS**  
Welsh Labour



**David Rees MS**  
Welsh Labour

# Contents

<b>Chair’s foreword .....</b>	<b>5</b>
<b>Recommendations .....</b>	<b>6</b>
<b>Committee activity during the Fifth Senedd .....</b>	<b>8</b>
<b>1. Introduction .....</b>	<b>9</b>
<b>2. Strategic objectives for the Fifth Senedd .....</b>	<b>10</b>
<b>3. Policy scrutiny .....</b>	<b>12</b>
Longer-term thematic work .....	12
Spotlight work.....	12
Reactive and topical work.....	13
Follow-up work.....	13
General scrutiny sessions and technical briefings.....	14
Welsh Government responses to our recommendations.....	14
Priorities for the Sixth Senedd.....	15
COVID-19.....	15
Follow-up work.....	16
Other issues.....	16
<b>4. Financial scrutiny.....</b>	<b>18</b>
Welsh Government draft budgets .....	18
<b>5. Legislative scrutiny .....</b>	<b>20</b>
Primary legislation (Bills).....	20
Legislative Consent Memoranda .....	21
Post-legislative scrutiny .....	22
<b>6. Engagement activity .....</b>	<b>23</b>
<b>7. Cross-Senedd working.....</b>	<b>25</b>
Working with Senedd committees.....	25
Working with Cross-Party Groups .....	25
<b>8. The impact of COVID-19 .....</b>	<b>27</b>

Initial impact on Senedd business .....	27
Reprioritising our work programme .....	27
Approach to evidence gathering .....	27
COVID-19 reports and key issues.....	28
Impact on our non-COVID work.....	29
Cooperative and collaborative working.....	29
<b>Annex A: policy inquiries .....</b>	<b>31</b>
<b>Annex B: legislative scrutiny .....</b>	<b>32</b>

## Chair's foreword



This legacy report is the culmination of the Health, Social Care and Sport Committee's work over the last 5 years.

We are grateful to all of the individuals and organisations who have taken the time to engage with our work during the Fifth Senedd. Their willingness to share their time, expertise and experience with us has greatly enhanced our scrutiny work.

The last 12 months have been some of the most challenging in recent memory, not only for the Committee, but for everyone in Wales. As the Senedd committee with lead responsibility for health and social care, we rapidly developed new ways of working, and reprioritised our focus on an ongoing basis to reflect the evolving context of the public health emergency.

The COVID-19 pandemic has already had a significant impact on the staff, services and service users across the health, social care and sport sectors. However, even as we move out of the second wave and look ahead to Wales' recovery, we recognise that the full magnitude of the pandemic's impact may not be clear for some years to come.

COVID-19, and the response to it, have highlighted and exacerbated underlying issues across the health and social care sectors, and had a significant impact on the workforce. The next Welsh Government must address these issues as a matter of priority. Our successor committee will have a key role in scrutinising the Welsh Government's approach. It will be up to our successors to decide how to approach this work, but we urge them to plan strategically, to prioritise their focus, to be flexible, to use a range of engagement and scrutiny methods, to ensure that a broad range of diverse voices are heard in their work, and to build strong working relationships with the Welsh Government and stakeholders.

A handwritten signature in black ink that reads "Dai Lloyd MS". The signature is written in a cursive, flowing style.

**Dr. Dai Lloyd MS**

Chair



## Recommendations

**Recommendation 1.** In addition to considering matters relating to COVID-19 since the dissolution of the Fifth Senedd, our successor committee should dedicate time at the start of the Sixth Senedd to developing strategic objectives to inform the identification of initial priorities and the development of its work programme. It should also consider conducting stakeholder and public engagement activity to inform its strategic planning, and to formally reviewing the strategy at suitable intervals during the Sixth Senedd..... Page 11

**Recommendation 2.** Our successor committee should strike a balance, as far as is possible, between addressing new priorities, responding to current affairs and committing time to undertaking follow-up work. It should tailor its approach to different issues according to the particular topic and in line with its strategic objectives..... Page 17

**Recommendation 3.** The Welsh Government in the Sixth Senedd should continue to improve the level of detail and clarity of information on funding allocations within the HSS MEG in its annual draft budgets. .... Page 19

**Recommendation 4.** Our successor committee should continue to make financial scrutiny a priority across all of its policy and legislative work during the Sixth Senedd, in addition to undertaking annual scrutiny of the Welsh Government’s draft budgets. .... Page 19

**Recommendation 5.** The Welsh Government in the Sixth Senedd should consider the impact of its legislative programme on committees’ ability to effectively scrutinise Bills, and to accommodate such scrutiny within their wider work programmes.....Page 20

**Recommendation 6.** The Welsh Government in the Sixth Senedd should take steps to ensure that it is able to provide as much notice, and as much time for scrutiny, of LCMs as possible..... Page 22

**Recommendation 7.** Our successor committee should include post-legislative scrutiny among its strategic objectives and early priorities for the Sixth Senedd. .... Page 22

**Recommendation 8.** Our successor committee should continue to undertake informal engagement activity to supplement formal evidence gathering. It should tailor its approach to reflect the particular inquiry and target audience, and should continue to seek new and innovative ways to engage with stakeholder groups.  
..... Page 24

**Recommendation 9.** Our successor committee should consider what opportunities there might be to work with other Senedd committees, cross-party groups, or others to draw on expertise and work collaboratively to explore issues and identify improvements that could benefit people and communities in Wales.  
..... Page 26

**Recommendation 10.** Our successor committee should develop a cooperative and collaborative working relationship with the Welsh Government in the Sixth Senedd where doing so can enhance the delivery of the committee’s scrutiny responsibilities..... Page 30

# Health, Social Care and Sport Committee

## Our work during the Fifth Senedd



**36**

COMMITTEE  
REPORTS



**20**

INQUIRIES

**FIVE**

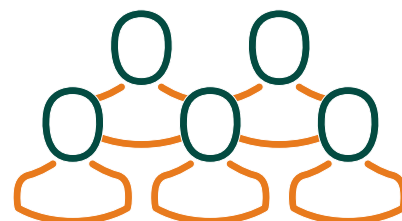
**BILLS**

CONSIDERED



**852**

CONSULTATION  
RESPONSES



**556**

WITNESS  
APPEARANCES

COMMITTEE  
MEETINGS

**150**



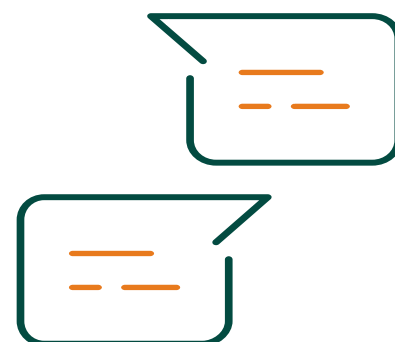
STAKEHOLDER  
EVENTS

**8**



**17**

COMMITTEE  
DEBATES



# 1. Introduction

- 1.** We have responsibility for scrutinising policy, spending and legislation on matters relating to health, social care and sport. These sectors, like every other aspect of life in Wales, have been affected by the COVID-19 pandemic. The pandemic has also affected the way in which we have approached our work.
- 2.** In this report, we provide a brief overview of the work we have undertaken throughout the Fifth Senedd, and explore the effect the pandemic has had on our work during the last year. We also make recommendations and suggest areas of priority for our successor committee in the Sixth Senedd.
- 3.** Within the limited time available to us, and mindful of avoiding placing undue pressures on our stakeholders, we decided not to hold a consultation to inform our legacy report. This report therefore reflects the views of the current members of the Committee.
- 4.** Further detailed information about our work during the Fifth Senedd can be viewed on our website: [www.senedd.wales/SeneddHealth](http://www.senedd.wales/SeneddHealth)

## 2. Strategic objectives for the Fifth Senedd

5. As part of its legacy work, the Fourth Assembly's Health and Social Care Committee issued a general call for evidence to invite the public and stakeholders to share their thoughts about its work and to identify future priorities.
6. Building on this work, we decided to issue a further call for evidence between August and September 2016 to inform the development of our strategic objectives and forward work programme.
7. Our consultation invited stakeholders and the public to identify the key priorities we should consider in the first 18 months of the Fifth Senedd, and to share their views on suggested longer term inquiries. We received 76 submissions.
8. We held a private externally-facilitated strategic planning session in September 2016. At the session, we reflected on the submissions we had received, and, taking account of the views of stakeholders and the public, we agreed strategic objectives for the Fifth Senedd and our priority areas for the short to medium term.
9. Our strategic objectives were to take account in all our work of:
  - The impact on health inequalities.
  - The extent to which a preventative approach has been pursued to health and wellbeing.
  - The evidence of effective and efficient spending commitments.
  - Matters relating to the health and social care workforce.
  - The implications of the UK's withdrawal from the EU.
10. We also agreed to focus on outcomes; follow up our completed policy and legislation work; strive to be a trusted and authoritative voice, drive change and influence policy; be a forum for public debate and the sharing of knowledge, experience and best practice; and engage regularly and meaningfully with the public, stakeholders and civic society.
11. We published our strategic objectives and short term priorities, and wrote to everyone who had responded to our consultation to thank them for their views and to explain how we would approach our work for the first 12-18 months of the Fifth Senedd.

**12.** Our approach to strategic planning reflected emerging best practice across committees at the start of the Fifth Senedd. Identifying and agreeing our objectives helped us set clear priorities, while also retaining flexibility to respond to emerging issues. We suggest our successor committee in the Sixth Senedd considers adopting a similar approach.

**13.** We published our forward work programme on an ongoing basis throughout the Fifth Senedd to keep stakeholders informed about our plans. However, while we kept our strategic objectives in mind as we considered our forward work programme and developed terms of reference for our scrutiny work, we did not formally review them during the Fifth Senedd. This may be something that our successor committee wishes to consider.

**Recommendation 1.** In addition to considering matters relating to COVID-19 since the dissolution of the Fifth Senedd, our successor committee should dedicate time at the start of the Sixth Senedd to developing strategic objectives to inform the identification of initial priorities and the development of its work programme. It should also consider conducting stakeholder and public engagement activity to inform its strategic planning, and to formally reviewing the strategy at suitable intervals during the Sixth Senedd.

### 3. Policy scrutiny

**14.** During this Senedd we undertook a wide range of inquiries on issues within our remit. The health, social care and sport portfolio is broad, and the issues within it are significant. In developing our work programme, we aimed to strike a balance between the physical, mental and public health and wellbeing of the people of Wales, including the social care system.

**15.** A list of the policy inquiries we undertook during the Fifth Senedd can be found at Annex A. We tailored our approach to each inquiry according to the particular topic and in line with our strategic objectives. Our work has therefore included longer-term thematic work, spotlight work, reactive and topical work, and follow-up work. In addition to our inquiries, we also held general scrutiny sessions with Welsh Government Ministers and public bodies and offices that fall within our remit, and received technical briefings on matters of interest.

#### Longer-term thematic work

**16.** Some of our inquiries have been longer-term, thematic work, giving us the opportunity to gather a substantial evidence base and explore the issues in depth before reaching conclusions and making recommendations.

**17.** Our thematic inquiries have included, for example: suicide prevention, physical activity of children and young people, and provision of health and social care in the adult prison estate.

#### Spotlight work

**18.** Some of our inquiries have been short, sharp and focused pieces of work that have allowed us to drill down to the heart of the matter quickly and to identify the matters which called for action from the Welsh Government to improve their policies and thinking around the policy making decisions on these topics.

**19.** Our spotlight inquiries have included: endoscopy services, dentistry in Wales, Hepatitis C, community and district nursing and mental health in policing and police custody. On the basis of the evidence we heard during our inquiry into medical recruitment, we also held a one-day inquiry into the All-Wales Medical Performers List.

---

## Reactive and topical work

**20.** We agreed at the beginning of the Fifth Senedd to retain some flexibility within our work programme to be able to respond to emerging issues. Such issues have included:

- The decision by the Minister for Health and Social Services to place Cwm Taf Morgannwg University Health Board's maternity services into special measures. We held scrutiny sessions with the health board, the Chair of the Independent Maternity Services Oversight Panel, the independent advisor to the health board, and key Welsh Government officials.
- Concerns raised by healthcare professional bodies in response to the announcement of the outcome of the GMS Systems Framework procurement for the future provision of GP clinical systems and services to NHS Wales. We held an evidence session with the Royal College of GPs Cymru Wales and the British Medical Association Cymru Wales, and wrote to the Welsh Government to highlight our concerns and seek regular updates.

## Follow-up work

**21.** A key element in the impact and influence of Senedd committees is our ability to identify issues, make recommendations, and follow up to assess what progress has been made.

**22.** Unfortunately, the breadth of our work programme, and the need to strike a balance between policy, legislative and financial scrutiny makes it challenging to find time to undertake robust and systematic follow-up reviews to assess what progress has been made in implementing our recommendations. This has been exacerbated by the COVID-19 pandemic, which has required us to reprioritise our work, curtailed the meeting time available to us, and placed significant pressures on many of the stakeholders from whom we might otherwise have wanted to seek evidence.

**23.** However, while the extent to which we have conducted separate, standalone follow-up work has been limited, we do ensure when we are deliberating on our reports and making our recommendations that we take account of issues that we have raised in earlier inquiries. For example, our December 2020 report on the impact of COVID-19 on mental health included reconsideration and reiteration of recommendations we made during the course of our 2018 inquiry into suicide



prevention, and our March 2021 report on the impact of COVID-19 on the social care sector and unpaid carers drew on our post-legislative scrutiny of the impact of the Social Services and Wellbeing (Wales) Act 2014 on carers.

## General scrutiny sessions and technical briefings

**24.** During the Fifth Senedd we held general scrutiny sessions on a number of occasions with the Ministers whose work falls within our remit. We also held a series of scrutiny sessions with relevant office holders and organisations, including the Older People's Commissioner for Wales, Public Health Wales, Health Education and Improvement Wales, Social Care Wales and local health boards.

**25.** We also held one off sessions and technical briefings, including:

- During the work of the Parliamentary Review on Health and Social Care in Wales, we held a private discussion with the Chair of the Review Panel. We subsequently held two public evidence sessions with the Chair and Panel members to discuss the interim and final reports.
- We held a pre-appointment hearing as part of the recruitment process for the Chair of the Swansea Bay University Health Board. We scrutinised the Welsh Government's preferred candidate to assess her suitability and to discuss her priorities and objectives for the role. We made observations in our report about the recruitment process, in particular, the extent to which the process encouraged applications from a broad range of diverse applicants.
- We received a technical briefing from Welsh Government officials on the work of the Inter-Ministerial Group on Paying for Social Care.

## Welsh Government responses to our recommendations

**26.** We are pleased that the Welsh Government has accepted many of the recommendations we have made during the Fifth Senedd. Other of our recommendations have been accepted 'in principle', although it is not always clear what this term means in practice, and we believe that its use should be discontinued.

**27.** However, it is not helpful that, on a number of occasions, Welsh Government responses to our reports have either accepted our recommendations or accepted them in principle, but have then detailed in the narrative the measures that are currently in place rather than addressing our specific recommendations.

**28.** This was evident, for example, in the Minister for Mental Health, Wellbeing and Welsh Language’s response to recommendation 6 in our report on the impact of COVID-19 on mental health and wellbeing. Our recommendation called on Welsh Government to:

“...take urgent steps to understand why there is such a big disconnect between health boards’ assurance about the provision of mental health services during the pandemic, and the significant problems accessing services reported by patients and frontline services”.

**29.** Rather than addressing our specific concerns, the response described existing accountability measures, and simply stated that the new Together for Mental Health Ministerial Delivery and Oversight Board for Wales would “add value to existing mechanisms”. As highlighted by Lynne Neagle MS during the Plenary debate on our report in March 2021, this did not address our concerns, as we believe that:

“...Welsh Government really needs to delve into this and to check that the methods being used to check that people are getting services are actually representative of people’s lived experience on the ground”.

**30.** It is disappointing that the Welsh Government has chosen to adopt this approach when responding to some of our recommendations, and we would discourage the Welsh Government in the Sixth Senedd from adopting a similar approach.

## Priorities for the Sixth Senedd

**31.** We recognise that it will be for our successor committee to determine the issues it wishes to include in its work programme. However, we would ask its members to consider the following, in addition to any issues identified by stakeholders or Members during the committee’s strategic planning process:

### COVID-19

---

- Continuing our work on the impact on the health and social care sectors of the COVID-19 pandemic, the response to it, and plans for Wales’ recovery from the pandemic. This should include seeking a response from the Welsh Government to our report on the impact of the pandemic for the social care sector and unpaid carers.
- Exploring the indirect harms arising from the pandemic and the response, including:

- The implications for the mental and physical health and wellbeing of Wales' diverse communities and groups.
- The implications for mental health services and suicide prevention work in Wales.
- Considering the implications of long COVID for the health and social care sectors in Wales.

### Follow-up work

---

**32.** Throughout the Fifth Senedd, we have undertaken work on important and timely matters and produced detailed outputs making constructive and considered recommendations. It is therefore regrettable that we have not been able to dedicate time within our forward work programme to revisit some of these areas and to undertake follow-up pieces of work. We would particularly encourage our successor committee to consider undertaking follow-up work on:

- Social care, especially the fragility of the social care market place.
- Mental health and suicide prevention.
- GP clusters.
- Dementia pathways.
- The use of antipsychotic medication in care homes.

### Other issues

---

- Continuing the work that we began in relation to sepsis and hospital discharge processes, but were unable to complete as a result of the pandemic.
- Seeking a response from the Welsh Government to our report on the provision of health and social care in the adult prison estate in Wales, and following up our recommendations during the Sixth Senedd to assess what progress has been made.
- Considering the implementation of NICE guidance within the NHS in Wales, as requested by the Petitions Committee following its consideration of Petition P-05-812 Implement the NICE guidelines for Borderline Personality Disorder.

- Following the recent extension of the second duty of the Nurse Staffing Levels (Wales) Act 2016 to include paediatric inpatient wards in 2020-21, monitoring progress on the Welsh Government's stated intentions to extend the duty to mental health and maternity settings. We would also encourage our successor committee to consider undertaking post-legislative scrutiny of the Act.
- Considering the implementation of the successor arrangements for the delivery plans for major conditions, including how the new quality statements and implementation plans will operate in practice, how their impact will be monitored and assessed, and how services will change as a result.

**Recommendation 2.** Our successor committee should strike a balance, as far as is possible, between addressing new priorities, responding to current affairs and committing time to undertaking follow-up work. It should tailor its approach to different issues according to the particular topic and in line with its strategic objectives.

## 4. Financial scrutiny

**33.** Spending on health represents a substantial proportion of the Welsh Government's budget, and significant sums are also spent on social care. Scrutiny of the Welsh Government's spending and its impact has therefore been a priority.

**34.** Our strategic objectives for the Fifth Senedd included seeking evidence within our inquiry work of effective and efficient spending commitments. In addition to conducting annual scrutiny of the Welsh Government's draft budgets, we have therefore incorporated financial scrutiny throughout our policy and legislative scrutiny work, as well as during our scrutiny sessions with local health boards and office holders within our remit.

### Welsh Government draft budgets

**35.** We have scrutinised the Welsh Government's draft budgets each year, seeking in our scrutiny to pursue key themes year-on-year and to follow up on recommendations made in previous years. Key themes we have identified during our scrutiny have included:

- The impact of spend on delivering Welsh Government priorities, and how this is monitored, including the effect on outcomes for people and communities in Wales.
- Local health boards' financial planning and performance.
- Funding for service transformation, including greater integration between health and social care and the strategic vision driving the transformation agenda.
- Spending on mental health, and the operation of the mental health ringfence, including the level of detail available in respect of spending and outcomes.
- Whether successive budgets clearly demonstrate how funding is supporting a shift towards primary and community health care, and the preventative health agenda, including the role of physical activity.
- The ongoing fragility of the social care sector, and the need for systemic reform to put in place sustainable long term funding arrangements.

- The implications of short term funding cycles for strategic planning and sustainability, for example for third sector organisations that provide social care services, or sports governing bodies.
- Workforce issues, including workforce planning, recruitment, retention, pay and conditions, and the extent to which there is parity across the sectors.
- Seeking continuous improvement in the budgetary information provided, including increasing detail and clarity on spend and allocations within budget lines.

**36.** Where timescales have allowed, we have sought written evidence from relevant stakeholders to inform our scrutiny. However, in recent years the delays to the UK Government's spending reviews and the Welsh Government's draft budgets as a result of Brexit and the COVID-19 pandemic have limited the extent to which we have been able to take account of stakeholders' views in our deliberations.

**37.** We welcome the improvements in the level of detail provided by the Welsh Government in successive draft budgets and budgets in respect of spend within the Health and Social Services MEG (HSS MEG). Better information enables better scrutiny, which in turn leads to better outcomes. We would encourage the Welsh Government in the Sixth Senedd to continue to improve the level of detail and clarity within its budget documents, as this will give our successor committee greater clarity about the Welsh Government's spending plans.

**Recommendation 3.** The Welsh Government in the Sixth Senedd should continue to improve the level of detail and clarity of information on funding allocations within the HSS MEG in its annual draft budgets.

**Recommendation 4.** Our successor committee should continue to make financial scrutiny a priority across all of its policy and legislative work during the Sixth Senedd, in addition to undertaking annual scrutiny of the Welsh Government's draft budgets.

## 5. Legislative scrutiny

**38.** In addition to our programme of policy and financial scrutiny, five Bills, five Legislative Consent Memoranda and two supplementary Legislative Consent Memoranda have been referred to us for scrutiny. We have also undertaken one post-legislative scrutiny inquiry.

### Primary legislation (Bills)

**39.** Our role in respect of primary legislation is to consider the general principles of any Bills referred to us (Stage 1 scrutiny) and to dispose of any amendments tabled to such Bills during the first amending stage (Stage 2 scrutiny). During this Senedd, four Welsh Government Bills and one member-proposed Bill have been referred to us for consideration. A list of these Bills is included at Annex B.

**40.** We have no control over the timing of the introduction of primary legislation, and while we are consulted by the Business Committee on the proposed timetable for each Bill's scrutiny, our influence is limited. We recognise the steps taken by the Business Committee at the beginning of this Senedd to address longstanding concerns about the disproportionate impact that primary legislative scrutiny can have on committees' ability to maintain their programme of policy scrutiny. However, with five Bills being referred to us during this Senedd, striking a balance between legislative, policy and financial scrutiny was a consistent and ever present theme for us.

**41.** The issue was particularly acute in respect of the National Health Service (Indemnities) (Wales) Act 2020, for which we were given only three weeks for Stage 1 scrutiny. This severely limited our opportunity to engage with stakeholders and required us to reschedule other planned scrutiny work. We were unable to issue a general call for evidence within the time available, and had sufficient time to hold only one oral evidence session. We did invite interested parties to submit their views on the Bill in writing, but received only six responses.

**Recommendation 5.** The Welsh Government in the Sixth Senedd should consider the impact of its legislative programme on committees' ability to effectively scrutinise Bills, and to accommodate such scrutiny within their wider work programmes.

---

## Legislative Consent Memoranda

**42.** During the Fifth Senedd, five Legislative Consent Memoranda (LCMs) and two supplementary legislative consent memoranda (sLCM) were referred to us for scrutiny. Our role is to consider the LCMs and sLCMs, and report to the Senedd.

**43.** As a Committee we have no control or influence over the timing of LCM referrals, nor the timescales for reporting. The timing and timescales are determined by the UK Government's legislative programme, and in part by Welsh Government decisions on whether and when to lay LCMs or sLCMs. This gives rise to a longstanding issue over the extent to which we, and other Senedd committees, are able to undertake detailed and evidence-based scrutiny that is informed by engagement with stakeholders.

**44.** For example, in respect of the LCM on the Healthcare (International Arrangements) Bill, the Welsh Government told us that it had received insufficient notice from the UK Government about the introduction of the Bill. The result was a delay in the LCM process, including curtailment of the time available for scrutiny. This was exacerbated by the agreement of late amendments to the Bill in the UK Parliament, as the Welsh Government wished to wait until the final content of the Bill was clear before deciding whether or not to recommend that the Senedd gave its consent.

**45.** Conversely, the timetable for scrutiny of the LCM for the Medicines and Medical Devices Bill afforded us the opportunity to issue a targeted call for written evidence, hold an oral evidence session and exchange correspondence with the Minister for Health and Social Services. This was welcome. However, as discussions between the UK and Welsh Governments were still ongoing, we did not have sufficient information available to enable us to reach a view on whether the Senedd should grant consent. An sLCM was laid in due course, but it was not referred to us until the day before our last meeting in December 2020, with the debate then taking place in Plenary before our first meeting in January 2021. This prevented us from updating our report to provide advice to the Senedd.

**46.** We recognise that the timing and scrutiny timetables for LCMs are largely determined by decisions taken by the UK Government. However, if Senedd committees are to be able to undertake their scrutiny role effectively, it is important that there should be good working relationships and effective communication between the UK and Welsh Governments, and between the Welsh Government and the Senedd, to provide as much notice, and as much time for scrutiny, of LCMs as possible.



**Recommendation 6.** The Welsh Government in the Sixth Senedd should take steps to ensure that it is able to provide as much notice, and as much time for scrutiny, of LCMs as possible.

### Post-legislative scrutiny

**47.** As the body of Welsh law grows, so too does the importance of effective and robust post-legislative scrutiny to consider the implementation of the legislation—including whether the financial and other impact assessments that accompanied the Bill were accurate—and assess whether the legislation is having the intended effect.

**48.** Since the Senedd gained primary law-making powers in 2011, there has been significant legislative activity in the health and social care sectors. However, the competing priorities within our policy, legislative and financial scrutiny work programme have limited the extent to which we have been able to undertake systematic or extensive post-legislative scrutiny work. This has been exacerbated during the last year by the COVID-19 pandemic.

**49.** Nevertheless, in light of concerns raised in 2018 by the Older People's Commissioner for Wales that the Social Services and Wellbeing (Wales) Act 2014 was not having the desired impact for carers in Wales, we carried out a piece of focused post-legislative scrutiny work. Our work took account of the Welsh Government's own evaluation of the Act. We issued a general call for written evidence, conducted informal engagement activity with carers and young carers, and held nine formal oral evidence sessions.

**50.** We regret that we have not been able to dedicate more time to post legislative scrutiny. While our successor committee in the Sixth Senedd is likely to encounter similar pressures on its work programme as those we have faced, we would encourage it to consider including post-legislative scrutiny among its strategic objectives and early priorities for the Sixth Senedd.

**Recommendation 7.** Our successor committee should include post-legislative scrutiny among its strategic objectives and early priorities for the Sixth Senedd.

## 6. Engagement activity

**51.** During this Senedd we have sought to ensure that we hear from a wide range of people, including those who would not traditionally engage with Senedd committees. By tailoring engagement activity to specific audiences, we were able to provide people with a platform to share their views with us. This helped us to understand the challenges they faced and the issues that mattered to them, as well as to highlight, recognise and celebrate the contributions made by frontline staff, service users, carers and the public in the health, social care and sport sectors.

**52.** For example, to inform our scrutiny of the Impact of the Social Services and Wellbeing (Wales) Act 2014:

- We held focus groups and roundtable events with carers.
- To highlight the contribution of young carers, and coincide with Young Carers Awareness Day in 2019, we held a range of engagement activities with young carers on the Senedd estate. This included working with Carers Trust Wales to invite young carers from across Wales to discuss with us in both informal and formal settings their experiences and views of being young carers.
- Our officials conducted filmed interviews with young carers.
- We took formal oral evidence from three young carers.

**53.** Unusually, for legislative scrutiny, the timetable for our Stage 1 scrutiny of the Autism (Wales) Bill proposed by Paul Davies MS, allowed us time to undertake more substantive engagement with stakeholders and the public. To inform our scrutiny we:

- Conducted a public consultation between July and September 2018 and received 34 responses.
- Held five oral evidence sessions.
- Arranged tailored engagement exercises with those who would be directly affected by the Bill, including: 10 focus group sessions across Wales to capture the views and experiences of a cross-section of people; roundtable discussions with family members of people with Autism Spectrum Disorder and service users at the Autism Spectrum Connections Cymru (ASCC) One Stop Shop in Cardiff.

**54.** While we had less time available to us for the Stage 1 scrutiny of the Health and Social Care (Quality and Engagement) (Wales) Bill, we nevertheless were keen to hear from people who might not ordinarily submit written evidence to us. We therefore ran a survey alongside our general call for evidence, asking the public for views on the proposed replacement of Community Health Councils with a single Citizen Voice Body. We promoted the survey via social media, and received 178 responses.

**Recommendation 8.** Our successor committee should continue to undertake informal engagement activity to supplement formal evidence gathering. It should tailor its approach to reflect the particular inquiry and target audience, and should continue to seek new and innovative ways to engage with stakeholder groups.

## 7. Cross-Senedd working

**55.** As a Committee, we have limited time available to us to cover the full range of issues within our remit. We have therefore looked for opportunities to work with others to avoid duplication and broaden our approach. This has included:

### Working with Senedd committees

- Working with the Culture, Welsh Language and Communications Committee to agree a collaborative approach to scrutinising issues relating to sport. While physical activity falls within our portfolio, elite sport falls within the Culture, Welsh Language and Communications Committee’s remit. To avoid duplication, we therefore agreed with the Culture, Welsh Language and Communications Committee that it would undertake an inquiry focusing on the impact of COVID-19 on sport.
- Working with the Children, Young People and Education Committee to agree a division in responsibilities in respect of children and young people’s mental health. For example, we agreed that the Children, Young People and Education Committee would take the lead on scrutinising draft budget allocations in this respect.

### Working with Cross-Party Groups

- Considering the report of the Senedd’s Cross-Party Group on Hospices and Palliative Care on ‘Inequalities in access to hospice and palliative care’. Recognising that the issues raised in the report—death, dying and bereavement—can be difficult to talk about, and often overlooked, we held an oral evidence session with members of the Cross-Party Group and subsequently wrote to the Minister to highlight our concerns.
- Following representations made by the Cross-Party Group on Hospices and Palliative Care and the Cross-Party Group on Nursing and Midwifery, we undertook a short spotlight inquiry into community and district nursing. Responding to our report, the Minister accepted our recommendation to ‘develop a robust action plan to address shortages in community nursing for both children and young people, and adults with palliative care.’

**56.** Effective cross-Senedd working in this way can be an efficient way of bringing to bear expertise and energy in respect of issues, without risking

duplication. We would encourage our successor committee to consider how it can work with other committees and cross-party groups to identify and achieve shared objectives.

**Recommendation 9.** Our successor committee should consider what opportunities there might be to work with other Senedd committees, cross-party groups, or others to draw on expertise and work collaboratively to explore issues and identify improvements that could benefit people and communities in Wales.

---

## 8. The impact of COVID-19

### Initial impact on Senedd business

**57.** In March 2020, the COVID-19 global pandemic necessitated a swift change to the ways in which Senedd business was conducted. Senedd committee business was initially suspended, before being resumed in virtual form at the end of April 2020.

**58.** Adopting remote working inevitably came with some initial challenges, including ICT security and rapid learning for Members and staff. We are grateful to the Senedd's ICT team for their hard work and support in helping us to become one of the first Senedd committees to hold a virtual meeting.

**59.** In addition, Business Committee made significant adjustments to the Senedd business timetable to reflect the initial technological limitations. The timetable has evolved over the course of the pandemic, and in April 2020 we became one of the first Senedd committees to resume meeting weekly.

### Reprioritising our work programme

**60.** The COVID-19 pandemic put health and social care services in Wales under significant and sustained pressure. We therefore decided to adopt a constructive and sensitive approach to carrying out our role of scrutinising health and social care issues and holding Welsh Government to account. We rapidly reprioritised our forward work programme to take account of the significant demands of the pandemic on health and social care stakeholders, and the limitations on the time available to us and the range of approaches available within the initial technological constraints.

### Approach to evidence gathering

**61.** The unprecedented speed and nature of the pandemic meant that the context changed rapidly. We therefore issued a rolling call for evidence, with no set end date. This new way of working allowed us to gather evidence on an ongoing basis from the public, stakeholders and various organisations, and kept the inquiry relevant. In total, we received 117 responses from 105 individuals or organisations.

**62.** In light of the limited formal committee time available, and the limited scope for informal engagement activity, we initially prioritised holding oral evidence sessions with key witnesses from the Welsh Government, organisations

and stakeholders. As the pandemic progressed, and key issues began to emerge, we focused our evidence sessions accordingly. In total, we have held 43 oral evidence sessions with 113 witnesses.

**63.** To ensure that we also heard the voices of frontline staff, carers, and people receiving care or treatment in both clinical settings and the community about the impact of the pandemic, we conducted a public survey that received 97 responses. We published the **interim results** in July 2020, and the **final results** in September 2020.

### COVID-19 reports and key issues

**64.** We have published three reports making recommendations to the Welsh Government in respect of the COVID-19 pandemic and its management:

- Our **first report on the impact of the pandemic and its management** was published in July 2020. It covered issues including the use and supply of personal protective equipment in health and social care sectors; testing (including testing capacity, testing in care homes, and for care home staff, and turnaround times for test results); shielding for clinically vulnerable people (including the role of local government and the provision of services for people advised to shield); the Welsh Government's 'test, trace and protect' strategy (including the use of technology, public participation in TTP, cross border tracing, and the resources and funding available). The Welsh Government responded in September 2020, accepting or accepting in principle 27 of our 28 recommendations. We held a Plenary debate in September 2020.
- Our second report focused on the **impact of the pandemic on mental health**, and was published in December 2020. It covered issues including access to services; bereavement support; new ways of working; and the impact on certain groups, such as frontline staff, older people, and on children and younger people. The Welsh Government responded in February 2020, accepting or accepting in principle all 15 of our recommendations. We held a Plenary debate in March 2021.
- Our third report focused on the **impact of the pandemic on the social care sector and unpaid carers**, and was published in March 2021. It covered issues including restrictions to care home visits; the vaccination programme; access to personal protective equipment; financial and staffing pressures; access to services for unpaid carers; respite care; young carers and the financial impact on carers in Wales.

Unfortunately, as the report was published only shortly before dissolution, there has not been sufficient time for us to receive a response from Welsh Government or hold a plenary debate.

**65.** We also gathered evidence in spring 2021 about the impact of the pandemic on waiting times for non-COVID-19-related services, the rollout of the COVID-19 vaccination programme in Wales and COVID-19 testing. We wrote to the Minister for Health and Social Services in March 2021 to identify key issues in respect of these matters.

**66.** During the course of our evidence gathering, post-COVID syndrome or long COVID emerged as a key issue for consideration. We held an evidence session on long COVID in March 2021. While the full effects of the COVID-19 pandemic are not yet clear, we believe that long COVID is an issue which will present significant challenges in Wales in the coming years. While this will be a matter for our successor committee and the next Welsh Government, we would encourage our successor committee to undertake further work in this area.

### Impact on our non-COVID work

**67.** An unfortunate consequence of our decision to focus our limited time on the impact of COVID-19 is that it has not been possible to complete our inquiries into sepsis and hospital discharge processes before the end of the Fifth Senedd. We initially paused our work on these matters in March 2020, but had hoped to return to them at a later date if circumstances had allowed. We deeply regret that we have been unable to continue our work on these important issues, and would urge our successor committee to continue this work during the Sixth Senedd.

### Cooperative and collaborative working

**68.** We are grateful to the Minister for Health and Social Services, the Deputy Minister for Health and Social Services, the Minister for Mental Health, Wellbeing and Welsh Language and the Deputy Minister for Culture, Sport and Tourism for the way in which they and their officials have engaged with our work within the context of the unprecedented demands of the pandemic.

**69.** In addition to responding positively to our requests for formal written and oral evidence, we are particularly grateful to the Minister for Health and Social Services for offering us regular weekly informal briefings to keep us updated on the impact of the COVID-19 pandemic on health and social care services in Wales. These weekly sessions have helped us to stay up to date with the rapidly-changing context of the pandemic.



**70.** We would urge our successor committee and the Welsh Government in the Sixth Senedd to develop a similar collaborative approach where doing so can enhance the delivery of the committee's scrutiny responsibilities.

**Recommendation 10.** Our successor committee should develop a cooperative and collaborative working relationship with the Welsh Government in the Sixth Senedd where doing so can enhance the delivery of the committee's scrutiny responsibilities.

## Annex A: policy inquiries

The table below lists the policy inquiries we undertook during the Fifth Senedd. Further information about each inquiry is available on our website.

Inquiry	Completion date
Priorities for the Health, Social Care and Sport Committee	October 2016
Winter preparedness 2016-17	February 2017
Welsh Government's draft national dementia strategy	March 2017
Medical recruitment	September 2017
Primary care	January 2018
Loneliness and isolation	February 2018
Use of antipsychotic medication in care homes	July 2018
Suicide Prevention	February 2019
Physical activity of children and young people	May 2019
Endoscopy services	September 2019
Dentistry in Wales	October 2019
Hepatitis C	November 2019
Community and district nursing	December 2019
Mental health in policing and police custody	January 2020
Impact of the Social Services and Wellbeing (Wales) Act 2014 in relation to Carers	January 2020
Sepsis*	January 2021
Pre-appointment Hearing -Chair of Swansea Bay University Health Board	March 2020
Hospital discharge processes*	January 2021
Provision of health and social care in the adult prison estate	March 2021
Inquiry into the impact of the COVID-19 outbreak, and its management, on health and social care in Wales	March 2020- March 2021

\* As a result of the impact of the COVID-19 pandemic, in spring 2020 we decided to pause work on these inquiries to allow us to focus on our inquiry on the effect the pandemic was having on the health and social care sectors in Wales. We decided with regret in January 2021 that it would not be possible for us to complete these inquiries in the time remaining in the Fifth Senedd.

## Annex B: legislative scrutiny

The table below lists the Bills we scrutinised during the Fifth Senedd. Further information about each Bill is available on our website.

Bill	Completion date
<b>Welsh Government Bills</b>	
Public Health (Wales) Act 2017	July 2017
Public Health (Minimum Price for Alcohol) (Wales) Act 2018	August 2018
National Health Service (Indemnities) (Wales) Act 2020	February 2020
Health and Social Care (Quality and Engagement) (Wales) Act 2020	June 2020
<b>Member-proposed Bill</b>	
Autism (Wales) Bill – proposed by Paul Davies MS	December 2018

The table below lists the Legislative Consent Memorandums and Supplementary Legislative Consent Memoranda that were referred to us for scrutiny during the Fifth Senedd.

Legislative Consent Memorandum	Completion date
Legislative Consent Memorandum for the Policing and Crime Bill	September 2016
Supplementary Legislative Consent Memorandum for the Children and Social Work Bill	December 2016
Legislative Consent Memorandum for the Health Service Medical Supplies (Costs) Bill	December 2016
Legislative Consent Memorandum: Assaults on Emergency Workers (Offences) Bill	December 2017
Legislative Consent Memorandum: Healthcare (International Arrangements) Bill	January 2019
Legislative Consent Memorandum: Medicines and Medical Devices Bill	January 2021
Supplementary Legislative Consent Memorandum: Medicines and Medical Devices Bill	

# Fifth Senedd Legacy Report

March 2021



The Welsh Parliament is the democratically elected body that represents the interests of Wales and its people. Commonly known as the Senedd, it makes laws for Wales, agrees Welsh taxes and holds the Welsh Government to account.

An electronic copy of this document can be found on the Welsh Parliament website: **[www.senedd.wales](http://www.senedd.wales)**

Copies of this document can also be obtained in accessible formats including Braille, large print, audio or hard copy from:

**Welsh Parliament**  
**Cardiff Bay**  
**CF99 1SN**

Tel: **0300 200 6565**  
Email: **CoordinationUnit@senedd.wales**

© **Senedd Commission Copyright 2021**

The text of this document may be reproduced free of charge in any format or medium providing that it is reproduced accurately and not used in a misleading or derogatory context. The material must be acknowledged as copyright of the Senedd Commission and the title of the document specified.

# **Fifth Senedd Legacy Report**

March 2021



# About the Chairs' Forum

The Chairs' Forum brings together the Chairs of Senedd committees to coordinate work, address practical matters affecting the operation of committees, and consider cross-cutting strategic issues. The Forum is chaired by the Llywydd and meets approximately six times a year.

---

## Chair:



**Elin Jones MS (Llywydd)**  
Plaid Cymru

## Current membership:



**Mick Antoniw MS**  
Welsh Labour



**Jayne Bryant MS**  
Welsh Labour



**Janet Finch-Saunders MS**  
Welsh Conservatives



**Russell George MS**  
Welsh Conservatives



**John Griffiths MS**  
Welsh Labour



**Llyr Gruffydd MS**  
Plaid Cymru



**Mike Hedges MS**  
Welsh Labour



**Ann Jones MS**  
Welsh Labour



**Dai Lloyd MS**  
Plaid Cymru



**Lynne Neagle MS**  
Welsh Labour



**David Rees MS**  
Welsh Labour



**Bethan Sayed MS**  
Plaid Cymru



**Helen Mary Jones MS**  
Plaid Cymru

# The Chairs' Forum

## Introduction

- 1.** As we approach the end of the Fifth Senedd, we have reflected on our time as Chairs of Senedd committees and have, in this report, identified certain aspects of our experience that we believe will be useful to the Sixth Senedd's Business Committee when it comes to considering its role in the process of establishing committees.
- 2.** This is not an account of our committees' work or an analysis of their effectiveness. Rather we offer our collective view based on our experience of chairing Senedd committees over the past five years.
- 3.** We begin the report with our view on the role of Chairs before moving to consider some of the more practical aspects of committee operation.
- 4.** The table at Annex A provides a summary of our conclusions and recommendations.



# 1. The role of Chairs

## 1.1. Election of Chairs

5. We are the first cohort of Senedd committee Chairs to have been elected by the Senedd. We unanimously endorse this approach.
6. Being elected by the Senedd has enabled us to operate with greater independence and authority.
7. In a Senedd that has seen significant changes to political groups and committee memberships, and faced great uncertainty as a consequence of EU exit and the COVID-19 pandemic, Chairs of committees have provided an important consistency to Senedd Business.

## 1.2. Commitment to the role

8. Chairing a committee is a significant commitment. A Chair must invest considerable time outside committee meetings to perform effectively. The role is one of providing strategic leadership and direction, and of building relationships with committee members that in turn facilitates trust and consensus. The role also requires engagement with stakeholders, representing the committee at external events, media work, developing policy expertise and undertaking professional development.
9. Ideally, Chairs of committees would be freed of other parliamentary duties to enable them to focus full-time on being a committee Chair e.g. not sitting on another committee and/or not being a party spokesperson.

**Recommendation 1.** Whilst recognising that this might be difficult to achieve, we recommend that the leaders of political party groups in the Sixth Senedd consider minimising the parliamentary duties placed on members of their group who are committee Chairs and to avoid potential conflicts of interest when allocating spokesperson responsibilities.

## 1.3. Setting the right direction

10. It is important that committee Chairs do all they can to ensure that the right culture is embedded within their committees at the start of a Senedd, so that committee members, particularly new Members of the Senedd, understand the value of committee work and are committed to it.

**11.** Our experience of the Fifth Senedd has shown that taking time at the start of a committee's life to develop a strategy that engages committee members, sets objectives, and maps out how a committee wishes to operate is essential to achieving this.

**Recommendation 2.** We recommend that the Sixth Senedd committees spend time establishing long-term objectives for their work, a strategy for the delivery of their objectives, and establishing a vision of how they wish to operate, before determining the details of their work programmes.

**12.** It follows that Chairs, through their Clerks, should ensure that any Member joining a committee during the course of a Senedd receives an appropriate induction to ensure that they are aware of how the committee they are joining operates. Additionally, a new committee member should be afforded the opportunity to contribute to the future development of a committee's strategic approach.

**13.** Effective scrutiny requires prioritisation. Our experience has shown the importance of prioritising a limited number of issues and maintaining a focus on them over time. This often has a greater impact on Government policy and delivery.

## Engagement

---

**14.** Committees in the Fifth Senedd have engaged with citizens, stakeholders and expertise in a range of ways.

**15.** Considering who a committee needs to engage with, and how best to engage with them, to achieve a committee's objectives is a routine part of work planning.

**16.** There is a broader opportunity for committees, when establishing themselves at the start of the next Senedd, to set a more general approach to engagement as part of their individual strategy to achieve the objectives they set.

**17.** For example, a committee might decide to:

- prioritise having a regular in-person presence across different locations in Wales;
- operate in a predominantly virtual mode;
- spend less time in formal meetings and more time working in other ways;

- prioritise citizen engagement (perhaps through the use of citizens assemblies); and/or
- prioritise expert engagement.

**18.** Of course, many more approaches are possible, the examples above are provided as an illustration only.

**Recommendation 3.** We recommend that committees consider their broader approach to engagement when establishing their objectives and strategy at the start of the Sixth Senedd.

**19.** There is more that can be done to understand the people committees engage with. Consideration should be given to how data can be collected so that committees can better understand who they are engaging with through their work and, perhaps crucially, who they are not yet reaching.

**Recommendation 4.** We recommend that information about the people committees engage with is collected and reported throughout the Sixth Senedd to enable committees and the Chairs' Forum to monitor who committees are engaging with and whether that engagement is achieving committee objectives.

## Committee support

---

**20.** The support we, and our committees, receive from Senedd Commission staff is highly valued and appreciated.

**21.** Whilst a high level of support might be needed for a committee on its establishment and in its early years of operation, the approach to supporting committees should mature with their development and be proportionate to the needs of each committee at a given time.

**Recommendation 5.** We recommend that Chairs, with the support of their Clerks, periodically consider the support committee members require. There may be a case for adjusting that support as committee members develop in their roles through the course of a Senedd, and as a committee faces different tasks.

## 1.4. Understanding the impact of committee work

**22.** We believe that there is more that needs to be done to understand the impact of committee work.

**23.** Professor Diana Stirbu has been commissioned to develop a framework for evaluating the effectiveness of Senedd committees in the Sixth Senedd.

**24.** This will include a proposal for how committees can better monitor the diversity of their engagement and how the Chairs' Forum can play a role in considering the overall picture in terms of the diversity of committee engagement.

**25.** At our meeting on 22 October 2020, we endorsed the approach to be taken by Professor Stirbu to this work and a number of Chairs contributed to her work.

**26.** A final report of Professor Stirbu's work is expected in April 2021.

**Recommendation 6.** We recommend that the Sixth Senedd's Chairs' Forum considers Professor Stirbu's report at as early an opportunity as possible in the Sixth Senedd.

## 2. Committee structures

### 2.1. Size of committees

**27.** The size of committees varies according to function and political balance requirements.

#### Policy and Legislation Committees

---

**28.** The Policy and Legislation Committees started the Fifth Senedd with eight members. This was a reduction in size compared to the Policy and Legislation Committees that operated in the Fourth Assembly [Senedd], which operated with a membership of 10.

**29.** On 18 June 2019, the membership of Policy and Legislation Committees was reduced to six members.

**30.** Whilst some Chairs had misgivings at first about a reduction in the size of committees from eight to six members, due to the heightened risk of inquorate meetings, most believe that attendance and member engagement has improved since the reduction in size.

**31.** To verify our view on attendance, Senedd Commission officials have provided us with aggregated attendance data for those committees affected by the change in membership numbers.

**32.** This data provides an indication that attendance improved with the reduction in committee size.<sup>1</sup>

**33.** For ease of illustration, this can be presented as the average number of seats left empty across the affected committees. An empty seat means that a member has not attended a meeting and no substitute has attended in their place i.e. a seat has been left empty for the duration of a meeting.

**34.** Because of the significant change to how committees have operated since public health restrictions were introduced in response to the COVID-19 pandemic, we have restricted the period for comparison up until the point when committees moved to operating virtually.

---

<sup>1</sup> A committee member is recorded as having attended a committee meeting if they attend any part of a committee meeting.

Number of members	Mean number of seats left empty per week across affected committees (to the nearest whole seat)
Eight members (before 18 June 2019)	7
Six members (19 June 2019 to 26 April 2020)	4

**35.** Whilst an observation that is more pertinent for another section of this report, the data we received has also shown a further improvement in attendance for this cohort of committees since they moved to virtual meetings.<sup>2</sup>

Number of members	Mean number of seats left empty per week across affected committees (to the nearest whole seat)
Six members (when working with virtual meetings i.e. after 27 April 2020)	2

**36.** We believe that the smaller policy and legislation committees seen in the Fifth Senedd have operated well. An increase in the size of committees, without a reduction in the overall number of committees, would dilute the focus individual Members can bring to committee work (as more Members would be required to sit on multiple committees).

**37.** The decision on the size of committees is interdependent with considering the number of committees, their functions, and the political make-up of a Senedd.

**Recommendation 7.** Whilst acknowledging that the factors in paragraph 37 must also be considered, we recommend that a membership of six (and certainly no more than eight), would be a good place for the Sixth Senedd's Business Committee to start when considering the establishment of Policy and Legislation Committees.

**38.** In making this recommendation, we also note that frequent changes of committee membership are problematic and continuity of committee

---

<sup>2</sup> Other factors, beyond the move to meeting virtually, may have contributed to the improvement in attendance. For example, a reduction in competing commitments as a consequence of the public health restrictions.

membership is key to the development of subject expertise and committee cohesion.

### Specialist Committees

---

**39.** The Legislation, Justice, and Constitution Committee, has operated well with a membership of four, in light of its specific function.

**40.** Conversely, the Petitions Committee experienced problems with quoracy when it had a membership of four. These have largely abated since it was expanded to five members. The Petitions quoracy problems were also affected by the fact that it had independent members, who are unable to send a substitute in circumstances where they are unable to attend a meeting.

**41.** The Committee for the Scrutiny of the First Minister has noted that its membership, consisting of all Chairs of other committees, has been too large and considers that a membership of eight would be more appropriate for a committee with its functions.

**Recommendation 8.** We recommend that the size of the Committee for Scrutiny of the First Minister in the Sixth Senedd be reviewed, in light of experience in the Fifth Senedd.

**42.** The reduction in the size of the Public Accounts Committee during this Senedd put the political balance on the committee in favour of the opposition. This had a significant impact on PAC's dynamics.

**43.** The Finance Committee's size did not have a particular bearing on its operation. The Finance Committee also had a political balance in favour of the opposition.

**44.** The Standards of Conduct Committee has had an increased workload in the Fifth Senedd, necessitating additional meetings and time commitment from its members, as well as additional support.

## 2. 2. Dual function policy and legislation committees

**45.** We believe that combined Policy and Legislation Committees i.e. committees that combine both policy and legislative scrutiny roles work well.

**46.** Non-legislative and legislative actions are interdependent within an area of policy. An understanding of these actions in the round is essential to the effective scrutiny of government.

**47.** Whilst specific procedures apply to the scrutiny of Bills, there is a wider policy context within which each piece of legislation sits. Subject knowledge is at least as important to the scrutiny of a Bill as procedural familiarity.

**48.** Members, and Chairs in particular, develop policy knowledge and stakeholder relationships that are invaluable when applied to both functions.

**49.** The pressure of Bill scrutiny can affect the ability of a committee to pursue other aspects of its remit, particularly when the spread of government Bills is unevenly distributed across policy areas. This can reduce the ability of a committee to scrutinise the Welsh Government in other areas of a committee's remit.

**50.** There is more that can be done to address some of this pressure without moving away from an operating model for committees that is centred on the dual function approach. We address this

**Recommendation 9.** We recommend that the dual function policy and legislation committees should continue in the Sixth Senedd.

### 2.3. Remits

**51.** In most cases committee remits have been unproblematic. The Policy and Legislation Committees were established without strict boundaries to their remits to allow the pursuit of issues beyond policy silos. This has proved an advantage at times when managing scrutiny workloads and pursuing issues that cut across different Ministerial responsibilities.

**52.** The External Affairs and Additional Legislation Committee was established with a specific remit related to the UK's departure from the EU. Whilst it appears unlikely that a committee with the same remit will be established in the Sixth Senedd, it performed a range of scrutiny functions that the Sixth Senedd's Business Committee will need to consider when proposing a committee structure.<sup>3</sup>

**53.** Some committees have faced near to unsustainable workloads at times during the course of the Fifth Senedd. In particular, we note the breadth of the Equality, Local Government, and Communities Committee's remit and its Bill

---

<sup>3</sup>. Aspects of the EAAL Committee's remit no-longer function due to how the process of EU Exit has progressed since the EAAL Committee's establishment. It is for this reason it appears unlikely that a committee with the same remit will be established in the Sixth Senedd.



scrutiny workload, and the volume of legislation that the Legislation, Justice, and Constitution Committee has had to consider at times alongside its other scrutiny remit.

### Number of Bills considered by responsible committee

Responsible committee	Bills
Climate Change, Environment and Rural Affairs Committee	1
Committee of the Whole Senedd	3
Children, Young People and Education Committee	4
External Affairs and Additional Legislation Committee	1
Economy Infrastructure and Skills Committee	1 <sup>4</sup>
Equality, Local Government and Communities Committee	6
Finance Committee <sup>5</sup>	1
Health, Social Care and Sport Committee	5
Legislation, Justice and Constitution Committee	2

**54.** The Petitions Committee has experienced a significant increase in the number of petitions it is required to consider. Consideration will need to be given to how this increased workload is managed, should the receipt of petitions continue to grow in the Sixth Senedd.

**Recommendation 10.** We recommend that the Welsh Government shares as much information as possible in relation to its legislative programme for the Sixth Senedd at as early a point in the Six Senedd as possible, so that the Business Committee can consider the implications for committees and their workload.

**Recommendation 11.** The Bill scrutiny process itself can create pinch points for a committee and its staff. We recommend that the Sixth Senedd's Business Committee (or another committee with responsibility for Senedd procedures)

<sup>4</sup> The Bill remitted to the EIS Committee was withdrawn shortly after introduction (the Bus Services (Wales) Bill).

<sup>5</sup>The Finance Committee also introduced its own Bill, now the Public Services Ombudsman (Wales) Act 2019.

undertakes a review of the Bill scrutiny process to assess whether it is as efficient and effective as it might be.

**55.** We believe that a degree of additional capacity should be built into the committee system.

**56.** We acknowledge that the Fifth Senedd's Business Committee originally established a reserve policy and legislation committee that was to be used as a means of alleviating pressures in the committee system and that there was sufficient capacity to create a time-limited committee to consider Senedd Electoral Reform during the course of the Fifth Senedd.

**57.** Understandably, the reserve committee was swiftly re-tasked to consider the implications for Wales arising from the Brexit process (as the EAAL Committee) leaving that committee with little capacity to consider Bills unrelated to its core remit.<sup>6</sup>

**Recommendation 12.** We recommend that the Sixth Senedd's Business Committee, when considering the establishment of committees, should consider how best to build-in additional capacity and flexibility to handle peaks in committee workload.

**58.** We have seen a number of instances where Senedd committees have worked together during the course of the Fifth Senedd.

**59.** We have also seen an increase in interparliamentary working, for example through the Interparliamentary Forum on Brexit and in relation to the UK-wide Common Policy Frameworks.

**60.** We endorse Senedd committees working together.

**61.** We recognise the value that interparliamentary working can bring to our work.

**Recommendation 13.** We recommend that the Sixth Senedd's Business Committee considers whether there are any steps it can take to help enable

---

<sup>6</sup> The EAAL Committee considered one Senedd Bill, the Regulation of Registered Social Landlords (Wales) Bill. It managed this by creating a sub-committee. It consider a wide range of other legislative matters, including UK Bills, the process of retaining EU Law, and legislation associated with the common frameworks programme.

joint working between Senedd committees and interparliamentary working, for example when timetabling committee business.

## 2. 4. Virtual meetings

**62.** In our view, virtual and hybrid means of conducting committee business are here to stay in one form or another, alongside the holding of in-person meetings at the Senedd and elsewhere.

**63.** Our experience of operating remotely during the COVID-19 pandemic has shown that committees can operate effectively through the use of virtual meeting technology.

**64.** Moreover, this use of technology has the potential to make committee business more accessible and flexible in a number of ways. This is of benefit to both committee members and those invited to contribute to committee work.

**65.** Without the restrictions of physical space and the need to account for travel time, virtual meetings can be convened more quickly and at times during the week that might not have been suitable for Senedd business previously.

**66.** This flexibility also has the potential to enable committee business to take better account of the family responsibilities of committee members, staff, and those invited to contribute to committee business.

**Recommendation 14.** We recommend that, within the parameters set for committee business by the Senedd Commission and the Business Committee in the Sixth Senedd, it should be a matter for individual committees to decide their mode of operation on a meeting by meeting basis i.e. whether in person, hybrid, and/or remote meetings will best enable them to achieve their objectives.

## 2. 5. Chairs' Forum

**67.** The Chairs' Forum has added value to our work by providing a space within which we can address cross-cutting scrutiny issues, share good practice, and look more strategically at the work of committees.

**68.** Additionally, as a consultative forum, it has helped inform Senedd Commission and Business Committee decisions affecting the operation of committees. For example, in relation to timetabling and changes to business necessitated by the Coronavirus pandemic.

**69.** We believe the Chairs' Forum works well as an informal group and welcome the Business Committee's decision to provide the Forum with a timetabled meeting slot at the end of each half term.

**Recommendation 15.** We recommend that the Llywydd establishes a Chairs' Forum in the Sixth Senedd and that the Sixth Senedd's Business Committee timetables a regular slot for it to meet.

## Annex A – Summary of our view

### Election of Chairs

We are the first cohort of Senedd committee Chairs to have been elected by the Senedd. We unanimously endorse this approach.

### Commitment to the role

**Recommendation 1.** Whilst recognising that this might be difficult to achieve, we recommend that the leaders of political party groups in the Sixth Senedd consider minimising the parliamentary duties placed on members of their group who are committee Chairs and to avoid potential conflicts of interest when allocating spokesperson responsibilities.

### Setting the right direction

**Recommendation 2.** We recommend that the Sixth Senedd committees spend time establishing long-term objectives for their work, a strategy for the delivery of their objectives, and establishing a vision of how they wish to operate, before determining the details of their work programmes.

**Recommendation 3.** We recommend that committees consider their broader approach to engagement when establishing their objectives and strategy at the start of the Sixth Senedd.

**Recommendation 4.** We recommend that information about the people committees engage with is collected and reported throughout the Sixth Senedd to enable committees, and the Chairs' Forum, to monitor who committees are engaging with and whether that engagement is achieving committee objectives.

**Recommendation 5.** We recommend that Chairs, with the support of their Clerks, periodically consider the support committee members require. There may be a case for adjusting that support as committee members develop in their roles through the course of a Senedd, and as a committee faces different tasks.

## Understanding the impact of committee work

**Recommendation 6.** We recommend that the Sixth Senedd's Chairs' Forum considers Professor Stirbu's report at as early an opportunity as possible in the Sixth Senedd.

## Size of committees

**Recommendation 7.** Whilst acknowledging that the factors in paragraph 36 must also be considered, we recommend that a membership of six (and certainly no more than eight), would be a good place for the Sixth Senedd's Business Committee to start when considering the establishment of policy and legislation committees.

**Recommendation 8.** We recommend that the size of the Committee for Scrutiny of the First Minister in the Sixth Senedd be reviewed, in light of experience in the Fifth Senedd.

## Dual function policy and legislation committees

**Recommendation 9.** We recommend that the dual function policy and legislation committees should continue in the Sixth Senedd.

## Remits

**Recommendation 10.** We recommend that the Welsh Government shares as much information as possible in relation to its legislative programme for the Sixth Senedd at as early a point in the Six Senedd as possible, so that the Business Committee can consider the implications for committees and their workload.

**Recommendation 11.** The Bill scrutiny process itself can create pinch points for a committee and its staff. We recommend that the Sixth Senedd's Business Committee (or another committee with responsibility for Senedd procedures) undertakes a review of the Bill scrutiny process to assess whether it is as efficient and effective as it might be.

**Recommendation 12.** We recommend that the Sixth Senedd's Business Committee, when considering the establishment of committees, should consider how best to build-in additional capacity and flexibility to handle peaks in committee workload.

**Recommendation 13.** We recommend that the Sixth Senedd's Business Committee considers whether there are any steps it can take to help enable joint working between Senedd committees and interparliamentary working, for example when timetabling committee business.

### Virtual meetings

**Recommendation 14.** We recommend that, within the parameters set for committee business by the Senedd Commission and the Business Committee in the Sixth Senedd, it should be a matter for individual committees to decide their mode of operation on a meeting by meeting basis i.e. whether in person, hybrid, and/or remote meetings will best enable them to achieve their objectives.

### Chairs' Forum

**Recommendation 15.** We recommend that the Llywydd establishes a Chairs' Forum in the Sixth Senedd and that the Sixth Senedd's Business Committee timetables a regular slot for it to meet.

# Agenda Item 5

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted



# Agenda Item 6

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted

Document is Restricted

By virtue of paragraph(s) vi of Standing Order 17.42

Document is Restricted