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Llywodraeth Cymru  
Welsh Government

Eich cyf/Your ref  
Ein cyf/Our ref: MA-EM-2623-21

Russell George MS  
Chair  
Health and Social Care Committee

27 July 2021

Dear Russell

Please see attached our response to the recommendations made by your recent report entitled Covid-19: Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Priorities for next stage. As the Deputy Minister for Mental Health and Wellbeing was a member of the committee at the time, she has noted the response for information on this occasion, to avoid any potential conflict of interest.

Yours sincerely

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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.

**Written Response by the Welsh Government to the report of the Health & Social Care Committee report entitled Covid-19: Inquiry into the impact of the Covid-19 outbreak, and its management, on health and social care in Wales: Priorities for next stage**

**Detailed Responses to the report's recommendations are set out below:**

**Recommendation 1**

In taking decisions about the easing of restrictions, the Welsh Government should balance the potential impact on the transmission of the virus against the potential benefits of any easing for different groups and communities. In particular, the Welsh Government should prioritise activities that will have the greatest impact on the mental and physical health, and emotional wellbeing of those who have been hardest hit by the pandemic. This should include prioritising getting children and young people back into face-to-face learning in schools and other educational settings.

**Response: Accept**

The Welsh Government has consistently said our top priority has been to enable children and students to return to face-to-face learning. We have made clear other changes to restrictions should not risk that objective. Building on the return of Foundation Phase learners and some vocational students beginning in February, all learners returned to on-site learning after the Easter holidays on 12 April.

The updated Coronavirus Control Plan: Revised Alert Level in Wales (March 2021) sets out how we will take a careful and phased approach to relaxing coronavirus restrictions. We initially focussed on easing restrictions which sought to improve wellbeing in outdoor settings where the risk of transmission is reduced

**Financial Implications – None additional**

## **Recommendation 2**

The Welsh Government and Public Health Wales should maintain a clear focus on communication. This should include working with partners and networks across Wales to ensure that people can access clear information from trusted sources, and proactively combatting the misinformation circulating in our communities.

### **Response: Accept**

The Welsh Government has mounted an unprecedented communications campaign in response to the pandemic. This has included the high-profile Keep Wales Safe Campaign, which has been adopted by public bodies across Wales as the national brand; regular press conferences broadcast live on BBC Wales and our social media channels; digital, TV, radio, out of home and press advertising and signposting to Welsh Government and Public Health Wales websites for accurate information. Highly targeted communications are developed working with stakeholders and delivered in partnership; to date, we have worked with more than 250 partners and influencers to reach key audiences including young people and Black, Asian and Minority Ethnic communities. Explaining the reasons for decisions taken is vital and we provide explanations alongside changes in regulations and guidance in our communications and through the publication of scientific advice to Ministers. Working with experts in combating misinformation, the strategy adopted has been to promote positive and factually accurate messaging to counter inaccurate and misleading narratives and share these with all stakeholders to use to deal with specific issues. This approach will continue going forward.

**Financial Implications** – None additional

## **Recommendation 3**

The Welsh Government should continue to communicate proactively with people from groups or communities with lower levels of vaccine uptake and confidence, particularly where such groups may also be more vulnerable to harm from COVID-19.

**Response: Accept**

Our aim is to ensure every person is able to know about, understand and take up their offer of the vaccines and no one is left behind. To this end, we published our Vaccination Strategy on 11 January and published updates to the strategy on 26 February, 23 March and 7 June. We also publish weekly updates intended to keep people informed about vaccination programme progress and the latest information on vaccine efficiency and safety. Our vaccination strategy and subsequent updates are clear in setting out how vitally important it is that we communicate proactively and that we continue to work to ensure that vaccine take up levels are as high as possible. This also means understanding the reasons that lie behind groups not taking up the vaccination, be it access, logistics, timing, culture, faith concerns or languages, and working with communities and trusted voices so that any barriers are removed and anxieties addressed.

We have seen the gap in uptake amongst marginalised groups drop significantly, which is encouraging, and this has been achieved via a wide variety of engagement events, webinars in various languages, round tables, Q and A events where people can 'ask the experts' and communications with trusted voices. In addition, the seven Welsh health boards are looking in-depth at their 'did not attend' (DNA) data and have flexed their operations to set up pop-up clinics to deliver the vaccination in local communities where there is likely to be more uptake, such as Traveller sites and Mosques. This action will continue as we roll-out the vaccine programme to younger age groups. We are really grateful to voluntary organisations, faith group leaders and their support organisations who have helped in this.

Our intention is that no-one is left behind. The offer of a vaccine has no expiry date and we know many who were hesitant at first may wish to take up the offer when they have thought about it a bit more. Also they may feel happier if their younger family members can be with them and experiencing the same vaccination journey. We are also continually looping-back to catch all who could have been ill, for instance, at their first offer and were not able to attend.

We have established our Vaccine Equity Committee, which provides advice on how to ensure all people in Wales who are eligible for COVID-19 vaccination have fair access and fair opportunity to receive their vaccination by addressing barriers that disproportionately affect under-served population groups. This includes the needs of groups who may have previously fallen through gaps, such as those with physical, sensory and learning disabilities and those with no home, or with mental health needs. It is informed by Public Health Wales' monthly report on vaccine uptake which summarises surveillance of equality in coverage of COVID-19 vaccination in Wales by sex, socioeconomic deprivation and ethnic group.

**Financial Implications – None additional.**

#### **Recommendation 4**

The Welsh Government should work with GPs, community pharmacies and other primary care providers to ensure they have sufficient capacity and resources to facilitate the ongoing delivery of the vaccination programme alongside the delivery of their usual services.

#### **Response: Accept**

The Primary Care Covid Immunisation Scheme (PCCIS) allows for health boards to contract on equal terms with all Primary Care contractors. It is for health boards to decide whether and how they wish to use this approach. All contractors are remunerated at £12.58 per vaccine administered and to-date around 34% of all vaccines have been delivered through this mechanism. This approach enables health boards to avoid overburdening one service, which must maintain normal business when participating in the vaccination programme.

Infrastructure building is ongoing and is adapting continually to suit the cohort groups being vaccinated. The primary care community has been instrumental in the process, responding quickly and positively, and taking a pivotal role in our vaccine roll out. The purpose of vaccinating different groups in different locations is for operational expediency.

Since the beginning of the year we have seen significant expansion in our infrastructure.

Week commencing 12 July 2021 Wales administered vaccines at over 226 locations, including, 50 Mass vaccination centres, 15 GP locations, 27 Pharmacies, 22 Hospital locations and 7 Mobile teams.

Each health board's plan for handling the deployment of the vaccine takes into account their population, capacity and the various delivery locations available, to maintain efficiency and a smooth, rapid and effective roll out. These plans were tested and reviewed at the Operational Delivery Board where all health boards provided assurance that the vaccine programme could be delivered in addition to the normal services.

The primary focus of mobile units is get to those hard to reach – such as care homes. The number of mobile units delivered by our community nurses may not necessarily grow; it may actually drop off once the care home cohorts are vaccinated, with teams returning to vaccination centres so that capacity increases there.

We have also seen the introduction of Community Vaccination Centres. CVCs bring together a range of primary care practitioners, including dentists and optometrists, offering a solution within local communities but with the capacity for greater scale than GP practices alone to give people their Covid jabs as supplies increase.

More pharmacists – and other primary care contractors, such as dentists and opticians – have been invited to help the huge effort to vaccinate people against coronavirus in the weeks and months ahead.

To date 61 pharmacies have been involved in the COVID-19 vaccination programme. Pharmacies have played an important role in the vaccination programme in particular in delivering the COVID-19 vaccine in harder-to-reach rural areas of Wales, providing convenience for local populations.

**Financial Implications** – None additional.

## **Recommendation 5**

The Welsh Government must keep the resourcing of the vaccination rollout, including facilities and staffing as well as the vaccine itself, under review, and explore options to allocate further funding during the 2021-22 financial year if required.

### **Response: Accept**

In the Welsh Government's final budget 2021-22 an additional £380m was announced for the first six months of 2021-22, which includes funding for the continued rollout of the vaccination programme. As was outlined during the Budget scrutiny session, there is uncertainty on the potential future costs for the remainder of the programme, in part due to lack of clarity on whether current vaccines provide long-term protection against the virus and new variants. Interim advice has been provided from Joint Committee on Vaccination and Immunisation (JCVI) on phase 3 of the programme, which recommends the autumn booster campaign begins in September 2021. Resources available will be kept under review, particularly if the programme has to be delivered annually.

Welsh Government officials have worked with the NHS Wales Finance Delivery Unit (FDU), which has liaised with individual health boards, to develop an ongoing financial assessment of the programme. This work is ongoing and will continue for the duration of the vaccine programme. The FDU closely monitors health board financing of vaccine deployment on a monthly basis, to ensure early identification of any changes in costings. There is a monthly meeting which brings together NHS Wales Finance leads with Welsh Government officials, FDU leads and the operational lead for the implementation programme. FDU leads and Welsh Government officials meet weekly to discuss any issues. Officials will continue to liaise closely with the FDU on monitoring and provide updates to the Finance Minister. Formal reporting on vaccine implementation spending is built into the Monthly Monitoring Returns for NHS Wales

**Financial Implications** – None additional.

## **Recommendation 6**

We note that the evaluations of the asymptomatic mass testing pilots were published on 15 March 2021. The Welsh Government must now ensure that any learning is applied across Wales during the implementation of its COVID-testing strategy.

### **Response: Accept**

The statement - <https://gov.wales/written-statement-covid-19-test-find> - published on 22 March about the Test to Find strand of the Testing Strategy set out how the lessons learned from the evaluation of the asymptomatic testing pilot in Merthyr and Lower Cynon were being applied in plans for implementation. This included extending timelines for the community testing programme until the end of September to support outbreak management and targeting areas that see a rapid increase in cases and experience enduring transmission. This approach was successfully deployed as part of the response plan to the Holyhead outbreak during March and April and more recently in Conwy and other parts of North Wales due to the emergence of the delta variant. It also set out how new distribution channels would be used to enable people who are not able to access workplace testing and cannot work from home to have access to self-tests for home use as restrictions are eased. Volunteers and individuals who are unable to work from home have been able to collect lateral flow tests from local test sites across Wales since 16 April. Since 26 April people have also been able to request lateral flow tests to be delivered directly to their home, through what is known as the LFD Direct channel. We launched Pharmacy Collect on 5 July to provide greater equality of access to communities across Wales as participating pharmacies will provide collection points for lateral flow tests.

We continually learn and assess how we implement our testing strategy and provide an agile response to changing prevalence and circumstances. This includes evaluation and behavioural insight surveys.

**Financial Implications** – None additional.



## **Recommendation 7**

The Welsh Government must provide clear, simple and accessible information to the public about the different types of testing (both in terms of the five strands of the testing strategy and LFT/PCR), how and when the public should be accessing different types of testing, and what action they should take following either positive or negative test results.

### **Response: Accept**

We recognise the importance of clear and accessible information on testing setting out the purpose and when to use different types of tests. Videos, leaflets and guidance regarding the types of testing available and how and when to access them have been developed to provide information to the public, and specifically for groups and settings accessing regular asymptomatic testing under the five strands of the strategy. This has involved listening to feedback from local partners and stakeholders, especially in relation to action on results, and providing further guidance and clarity on the performance of the tests and the different roles of lateral flow and PCR tests. We launched a survey in June for people who are testing regularly across different groups to better understand people's experience, additional communication needs and help plan what kind of testing we should offer in the future.

**Financial Implications** – None additional.

## **Recommendation 8**

The Welsh Government should regularly monitor and review the information being given out by contact tracing staff. This should be accompanied by an ongoing training programme to ensure consistent messaging in relation to the support available for those having to self-isolate.

### **Response: Accept**

Informing people about the support available to self-isolate is a priority for contact tracing. As such all contact tracer guidance is continually reviewed and refreshed to ensure that it is up to date and accurate. For example, contact

tracing scripts were recently updated when the new, more generous Self-Isolation Support Scheme went live so that the payment is now specifically mentioned during the initial conversation with those who have been asked to self-isolate.

In addition, a separate text is now sent with a message about the Self-Isolation Support Scheme and the individual's case number to prompt them to apply for the payment and a targeted communications campaign was launched in March to increase awareness of financial support available via the Self Isolation Support Scheme.

Furthermore, a Contact Tracing and Behavioural Insights' group was formed in November 2020, in recognition of the fact that the contact tracers are gatekeepers for 'Protect' interventions and play a key role in enabling cases and contacts to adhere to self-isolation. Through this group, PHW conducted insight work with the contact tracing workforce and developed a 'Train the Trainer' programme for contact tracer trainers across Wales.

This training covers the behavioural insights needed for contact tracers to support cases adhere to self-isolation, including enabling access to 'Protect' interventions around financial and mental health support. This training is currently being delivered to contact tracer trainers across Wales.

In addition, to continue our ambition to improve the service, incoming telephone lines have been in place since the start of April across local contact tracing teams to allow the public to quickly and easily seek advice, raise questions and request support.

**Financial Implications** – None additional.

## **Recommendation 9**

The Welsh Government should evaluate the rates of self-isolation compliance, with a view to understanding the potential barriers to self-isolation and whether any further action is required to address them.

**Response: Accept**

On Friday 30 October, the Welsh Government announced a scheme to provide support for people who are required to self-isolate because they or someone they have been in contact with has tested positive for Covid-19. The Self-isolation Support Scheme is designed to remove the financial barriers that some people face when asked to self-isolate. The scheme is specifically intended for people who are in employment or self-employment and who will lose income as a result of being asked to self-isolate by NHS Wales Test, Trace, Protect service.

Latest data show that there is a 42% acceptance rate of applications across local authorities. Work has been undertaken in order to identify improvements to the eligibility and accessibility of the scheme. The latest changes to the scheme took effect from 7 June 2021 and ensures that more people will be able to receive financial support they need in order to successfully self-isolate at home.

Throughout March and April, the Welsh Government implemented a pilot to encourage self-isolation in Cwm Taf Morgannwg (CTM). To support the CTM Community Testing Programme, people who tested positive or were identified as a close contact were referred to the CTM Self-isolation Helpline and offered additional support with food and essential items to help them self-isolate and reduce transmission. In total, 47 referrals were made to local food networks across all 3 local authority areas which has supported over 130 people to self-isolate at home. A full evaluation of the pilot is underway and will identify how many people complied with self-isolation regulations, if the support offered helped people to self-isolate and reduce transmission and will also address if further Protect support can be offered.

We are working with Protect colleagues to develop a similar approach to extending Protect support in North Wales. We are working with Betsi Cadwaladr Health Board, local authorities, the voluntary sector and community groups to launch pilots in five deprived communities to test a holistic approach to supporting communities.

Each Covid Support Hub offers the same core services:

- Lateral Flow devices for asymptomatic testing
- Information on finance and debt
- Support with fuel and food poverty
- Mental health support and counselling
- Digital inclusion

Within the first month, the pilot has successfully issued hundreds of lateral flow device tests, reflecting the concerns locally around Covid transmission and new variants. We have collected case studies which evidence that individuals are accessing the wider offer of services, and linking different aspects to offer wide-ranging support.,

**Financial Implications** – None additional.

### **Recommendation 10.**

The Welsh Government's NHS recovery plan must be detailed and specific, and contain measurable milestones and any planned service changes, so that people know what to expect, and the Welsh Government can be held to account.

#### **Response: Accept**

On 22 March 2021 the Minister for Health and Social Services, together with the Deputy Minister for Health and Social Services and the Minister for Mental Health, Wellbeing and Welsh Language published *Health and Social Care in Wales – COVID-19: Looking Forward* (hereafter referred to as Looking Forward)

<https://llyw.cymru/gwella-iechyd-gofal-cymdeithasol>

<https://gov.wales/improving-health-and-social-care>

*Looking Forward* sets out the significant impact of COVID-19 on society and on health and social care services over the past 12 months. It identifies some of the opportunities and risks, looking ahead to the next phase of the pandemic response and towards recovery. The document sets out a range of priorities, which the whole health and social system will pursue in the coming months and years.

*Looking Forward* is a high level view of 'where we are now' and 'where we want to be'. There is recognition that a firm timescale for recovery in the face of the continued pandemic and the current uncertainties is not possible. That

is why *Looking Forward* sets out an approach rather than a definitive plan. The aim will be to continue to work alongside the NHS and social services to develop more detailed plans as the pandemic eases, building towards sustainability and recovery as quickly as possible recognising the enormity and complexity of the challenge which lies ahead.

Alongside *Looking Forward*, the [National Clinical Framework](#) was also published in March 2021. This provides a guide to the development of healthcare services, and in turn is supported by a number of more specific documents which will describe expectations in a range of specific service areas. The Cancer Services Quality Statement is the first of a series which sets the vision, ambition and expectations for improved outcomes for people in Wales. This will be accompanied by Quality Statements for other major conditions over the coming months.

<https://gov.wales/quality-statement-cancer>

<https://gov.wales/quality-statement-heart-conditions>

[Welsh Government provided £100m non recurrent investment in support of the early implementation of \*Looking Forward\*. Health boards and NHS Trusts have developed plans to begin to tackle the growth in waiting lists which has occurred over the past 16 months as a result of the pandemic.](#)

[NHS annual plans for 2021-22 are also being finalised and will be submitted to Welsh Government by 30 June 2021. These will provide further details on the recovery milestones.](#)

**Financial Implications** – The scale of the costs of recovery, whilst not yet known, will be considerable. £100m has been committed to support early implementation of *Looking Forward*.

### **Recommendation 11.**

The Welsh Government should work with health boards to facilitate the sharing of good practice on communicating with and supporting patients who are waiting for hospital treatment.

#### **Response: Accept**

Welsh Government and the NHS are extremely concerned about the impact

on patients who are experiencing long waits for treatment and clinical reviews (both new and follow up appointments).

A national communications approach has been agreed with all health boards and whilst initially aimed at patients waiting over 52 weeks for their first outpatient appointment, this will extend to all waiting at first outpatient (over 16 weeks in due course, the priority is those waiting over 52 weeks) and those waiting for a follow up appointment. Work is in place to ensure that those waiting for treatment are kept well whilst waiting.

An agreed national letter has been developed, supported by a questionnaire to understand the patient's current condition. The letters were sent to patients from May 2021 onwards to ensure that patients are on the correct waiting lists. Processes for clinical assessment and review have been agreed and implementation started at the end of May. This will take time to complete, but the intention is that once all those waiting over 52 weeks have been contacted, that health boards will contact those waiting over 36 weeks and then 26 weeks. These have been developed collaboratively and the Planned Care Programme will continue to facilitate the sharing of best practice in this area.

**Financial Implications** – None additional.

## **Recommendation 12.**

The Welsh Government should set out how its NHS recovery plan will align with and build on existing service transformation, how learning from successful schemes will be mainstreamed, and how the extent and impact of service transformation will be monitored and evaluated to ensure that it is delivering against the Welsh Government's priorities.

### **Response: Accept**

*Health and Social Care in Wales – COVID-19: Looking Forward*, published recently, sets out the approach to rebuilding the health and social care system in Wales and reinforces the message that Wales must take advantage of the benefits that dealing with the pandemic brought. Looking Forward makes clear that tackling inequalities in health must be at the centre of the rebuild in Wales.

There is recognition of the greater role technologies can play in supporting patients to access advice and care. A dedicated chapter on effective digital support sets out how NHS Wales was able to introduce new digital systems nationally at pace, and shows how professionals and patients can quickly switch to new technology enabled ways of working. Remote working, video consultations and large scale diagnostics like COVID-19 testing quickly became the norm, with the NHS COVID-19 App having been downloaded over 700,000 times as at March 2021.

The pace of digital transformation must be retained. Likewise the investment which has been made recently in digital infrastructure and services must be built upon. Welsh Government has already confirmed an increased investment in digital transformation to £75m for 2021-22, alongside the establishment of Digital Health and Care Wales and a £10m increase in core funding for our national digital services organisation.

To capture service transformation and innovative practices that have emerged during the pandemic response, an NHS Wales Covid-19 Innovation and Transformation study was run across NHS Wales Health Boards and Trusts, demonstrating successful themes and case studies that can enable, scale and sustain innovative and transformative ways of working.

A study of the findings has been produced by Swansea University, funded in partnership by Welsh Government, Aneurin Bevan UHB and HEIW.

A summary report was published in March 2021 and highlighted the main themes emerging:

- Flexible staff resource
- Staff wellbeing
- Working together
- Accelerated decision making
- Sustaining the pace of innovation
- Digital access and confidence
- Embracing new technology

The full report and case studies were published on 23 June 2021:

<https://www.nhsconfed.org/publications/nhs-wales-covid-19-innovation-and-transformation-study-report>

**Financial Implications** – The scale of the costs of recovery, whilst not yet known, will be considerable. £100m has been committed to support immediate actions in response to the priorities identified in *Looking Forward*.

### **Recommendation 13/14**

The Welsh Government's NHS recovery plan should include actions and resources for further research into long COVID and for ensuring that people and communities across Wales have consistent and equitable access to the services they need for long COVID diagnosis, treatment, recovery and rehabilitation in a range of settings

The Welsh Government should engage in a public awareness campaign to ensure the risks, impact and long term implications of long COVID are fully understood by the public, especially as the vaccine rollout continues and lockdown restrictions begin to be eased.

#### **Response: Accept**

Welsh Government recognises the potential impact of long-COVID for individuals, communities and health and social care services. Wales participated in the development of the NICE guidance published on 18<sup>th</sup> December 2020 (<https://www.nice.org.uk/guidance/ng188>) and is actively engaged in UK and international research studies. The Technical Advisory Group paper published 'Long-COVID – what do we know and what do we need to know?' (<https://gov.wales/technical-advisory-group-long-covid>) in February.

Dr Andrew Goodall wrote to NHS Chief Executives on 22<sup>nd</sup> February 2021 to set out Welsh Government expectations of services in the All Wales Community Pathway for Long-COVID. Since then each Health Board has worked with GP practices and community services to put in place local pathways to ensure people with Long-COVID can access the majority of the services they need, be that multi professional assessment, investigation, treatment and rehabilitation support as close to home as possible from primary and community care services. People who require access to more



specialist services only available from hospital based services are referred to those services and GPs can access specialist advice from hospitals to support people in the community. Services are based on the principles of avoiding harm, promoting and supporting self-management and value based, seamless care from the right health professionals or service, at or as close to home as possible. People with Long-COVID may have an extremely wide range of symptoms and needs so care, treatment and rehabilitation will be in line with the NICE clinical guideline and tailored to each person's specific health and wellbeing needs.

*Health and Social Care in Wales –COVID-19: Looking Forward* references the impact that Long COVID has on some people, whether patients or staff and recognises the need to understand more about how this impacts on people receiving treatment, care and support, unpaid carers and the social care workforce. *Looking Forward* recognises the need to support the management of Long-COVID as the health and social care system build their plans for the future.

NHS Wales has developed a Long-COVID Community of Practice group, which includes leads from every health board working together to standardise care and share the emerging knowledge, understanding and learning of this new condition. This is particularly important given the wide range of symptoms that people are experiencing, requiring a range of professional expertise to be available while minimising multiple appointments and assessments. In order to ensure consistency, all Health Professionals are now able to access the digital All Wales guideline for the treatment of long COVID which includes tutorials and advice on how to support patients, including referral mechanisms to local services.

Communication with health professionals is also underway to raise awareness of the needs of people with Long-COVID and the local pathways into services

in order that they can quickly and effectively direct people to local services when they approach any health provider.

Other supportive guidance has been developed to support health professionals in supporting those who have suffered ill effects as a result of the pandemic.

Throughout the pandemic, as we have learned more, we have adapted our messaging to the public in order to support the key underlying principle to 'Keep Wales Safe'. As such we would envision that messaging to the population after the success of the vaccination programme, will need to incorporate the other harms that may result from COVID 19.

**Financial Implications**– The scale of the costs of recovery, whilst not yet known, will be considerable. £100m has been committed to support the immediate actions in response to the priorities identified in Looking Forward. £5m has been announced to support the work in developing services for those with long COVID and others affected by the pandemic. The money will be focussed in primary and community care.

### **Recommendation 15.**

The Welsh Government should ensure its COVID-19 NHS recovery plan includes an ongoing emphasis on identifying and addressing health inequalities through targeted and tailored interventions, transparent data publication, collaborative working with stakeholders and communities, and effective communication and engagement that builds public confidence across Wales.

#### **Response: Accept**

*Health and Social Care in Wales –COVID-19: Looking Forward* sets out the significant impact of COVID-19 on society and on health and social care services. It sets out a realistic approach to building back the health and care system in Wales, in a way that places fairness and equity at its heart.

<https://llyw.cymru/gwella-iechyd-gofal-cymdeithasol>

<https://gov.wales/improving-health-and-social-care>

*Looking Forward* is centred on inequalities and contains a dedicated chapter on the impact of COVID-19 and inequalities in health. COVID-19 has exacerbated the health and economic inequalities that already exist but it has also deepened our understanding of these issues.

COVID-19 has had a disproportionate impact on Black, Asian and Minority Ethnic communities in Wales but inequalities can be seen across other communities and groups as well. Alongside ethnicity, the impact of COVID-19 has been greater for those suffering from obesity and multiple health conditions. *Looking Forward* recognises that having more than one illness or condition is associated with poorer outcomes for COVID-19. Additional support was required for some groups, such as people who were shielding, who have unequal access to a range of resources, including health and social support. Obesity has also been seen to be a consistent factor for hospitalisation, admission to intensive care and death.

During the last 16 months it has become more evident from the rates of infections and transmissions of the virus that those living in deprived communities have suffered disproportionately. Poorer housing conditions, more overcrowding, using public transport, or working in lower paid jobs has meant that many people have seen and felt the impact of COVID-19 very close to home.

*Looking Forward* highlights the importance of continuing research to understand what the risk factors are for vulnerable people and how best these can be reduced, whether by vaccination, treatment or wellbeing interventions. Disparities in living conditions that have negative impacts on the health and wellbeing of people in Wales, must be reduced. Access to secure and good quality housing is important, and the support offered to those who are homeless during COVID-19 needs to be built upon. *Looking Forward* reinforces the need to provide support for the most vulnerable parts of Welsh society as the health and social care system is rebuilt.

The actions within *A Healthier Wales* were reviewed in March 2021 to ensure that our long term plan for an integrated health and care system remains relevant as we deal with the challenges ahead.

New actions have been introduced to focus on health inequities, mental

health, children and young people and decarbonisation to ensure the health and social care system in Wales is open, transparent and supporting everyone.

**Financial Implications** – The scale of the costs of recovery, whilst not yet known, will be considerable. £100m has been committed to support immediate actions in response to the priorities identified in *Looking Forward*.

### **Recommendation 16.**

The Welsh Government should provide assurances that the health and social care workforce strategy, and any subsequent detailed workforce plan, will ensure that the workforce has the capacity, resilience and the appropriate skills mix to respond to the ongoing pandemic, and deliver service recovery and transformation

#### **Response: Accept**

Workforce planning, engagement and flexibility have been paramount during the pandemic, but it also highlighted workforce as the key constraint and this is expected to continue over the recovery period. The scale of workforce challenges, and opportunities, will impact on all areas of service planning and delivery as non-covid activity is gradually increased.

Workforce capacity and planning will remain a significant focus for health boards and trusts at a local and regional level. Nationally, the Health Education and Improvement Wales Annual Plan for 2021-22 will be the delivery plan for the health components of the workforce strategy.

Enabling staff to rest and recover and their ability to support system recovery while continuing to deliver Test, Trace, Protect and the mass vaccination programme will be fundamental to our success.

**Financial implications** - none additional