Cynulliad Cenedlaethol Cymru
National Assembly for Wales

Cofnod y Trafodion
The Record of Proceedings

Y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon

The Health, Social Care and Sport Committee

17/11/2016

Agenda'r Cyfarfod
Meeting Agenda

Trawsgrifiadau'r Pwyllgor
Committee Transcripts

Cynnwys
Contents

Aelodau'r pwyllgor yn bresennol
Committee members in attendance

Rhun ap Iorwerth	Plaid Cymru
Bywgraffiad|Biography	The Party of Wales
Dawn Bowden	Llafur
Bywgraffiad|Biography	Labour
Jayne Bryant	Llafur
Bywgraffiad|Biography	Labour
Angela Burns	Ceidwadwyr Cymreig
Bywgraffiad|Biography	Welsh Conservatives
Dai Lloyd	Plaid Cymru (Cadeirydd y Pwyllgor)
Bywgraffiad|Biography	The Party of Wales (Committee Chair)
Julie Morgan	Llafur
Bywgraffiad|Biography	Labour
Lynne Neagle	Llafur
Bywgraffiad|Biography	Labour

Eraill yn bresennol
Others in attendance

Vaughan Gething	Aelod Cynulliad, Llafur, Ysgrifennydd Cabinet dros Iechyd, Llesiant a Chwaraeon Assembly Member, Labour, Cabinet Secretary for Health, Well-being and Sport
Rebecca Evans	Aelod Cynulliad, Llafur, Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol Assembly Member, Labour, Minister for Social Services and Public Health
Simon Dean	Dirprwy Brif Weithredwr GIG Cymru Deputy Chief Executive NHS Wales
Albert Heaney	Cyfarwyddwr Gwasanaethau Cymdeithasol ac Integreiddio, Llywodraeth Cymru Director of Social Services and Integration, Welsh Government
Irfon Rees	Dirprwy Gyfarwyddwr, Iechyd y Cyhoedd, Llywodraeth Cymru Deputy Director, Public Health, Welsh Government

Swyddogion Cynulliad Cenedlaethol Cymru yn bresennol
National Assembly for Wales officials in attendance

Sarah Beasley	Clerc Clerk
Sarah Sargent	Dirprwy Glerc Deputy Clerk
Dr Paul Worthington	Y Gwasanaeth Ymchwil Research Service

Dechreuodd y cyfarfod am 09:30.
The meeting began at 09:30.

Cyflwyniad, Ymddiheuriadau, Dirprwyon a Datgan Buddiannau
Introduction, Apologies, Substitutions and Declarations of Interest

[1] **Dai Lloyd**: Croeso i bawb i gyfarfod diweddaraf y Pwyllgor Iechyd, Gofal Cymdeithasol a Chwaraeon yma yn y Cynulliad. A gaf i estyn croeso i'm cyd-Aelodau ac egluro yn naturiol bod y cyfarfod yma yn ddwyieithog? Gellir defnyddio clustffonau i glywed cyfieithu ar y pryd o'r Gymraeg i'r Saesneg ar sianel 1 neu i glywed cyfraniadau yn yr iaith wreiddiol yn well ar sianel 2. A allaf atgoffa pawb i ddiffodd eu ffonau symudol ac unrhyw offer electronig arall a allai ymyrryd â'r offer darlledu ac, wrth gwrs, hysbysu pawb, os bydd yna dân, i ddilyn cyfarwyddiadau'r tywyswyr os bydd y larwm tân yn canu?

Dai Lloyd: Welcome to you all to this latest meeting of the Health, Social Care and Sport Committee here at the Assembly. May I extend a warm welcome to my fellow Members and explain that, naturally, this meeting will take place bilingually? You can use the headsets to hear the interpretation from Welsh to English on channel 1 or to hear amplification on channel 2. May I remand you all to switch off your mobile phones or any other electronic devices that could impair the broadcasting equipment, and also let you all know that if a fire alarm should sound, you should please follow the instructions of the ushers?

Ymchwiliad i Barodrwydd ar gyfer y Gaeaf 2016/17—Sesiwn Dystiolaeth gydag Ysgrifennydd y Cabinet dros Iechyd, Llesiant a Chwaraeon a Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol

Inquiry into Winter Preparedness 2016/17—Evidence Session with the Cabinet Secretary for Health, Well-being and Sport and Minister for Social Services and Public Health

[2] **Dai Lloyd:** Felly, symudwn ymlaen i eitem 2 sef yr ymchwiliad i barodrwydd ar gyfer y gaeaf. Dyma'r sesiwn olaf yn ein hymchwiliad. Mi fydd Aelodau wedi derbyn papur briffio gan y Gwasanaeth Ymchwil ac hefyd papur gan yr Ysgrifennydd Cabinet a'r Gweinidog mewn perthynas â phwysau gofal heb ei drefnu a pharodrwydd ar gyfer y gaeaf. Felly, gyda'r gwaith yma y bore yma o gymryd tystiolaeth, bydd ein hymchwiliad ni ar barodrwydd ar gyfer y gaeaf yn dod i ben.

Dai Lloyd: So, we move on to item 2 and our inquiry into winter preparedness. This is the final session as part of our inquiry. Members will have received a briefing paper from the Research Service and also a paper by the Cabinet Secretary and the Minister with regard to the pressure of unscheduled care and winter preparedness. So, with this evidence session this morning, our inquiry into winter preparedness will come to an end.

[3] Nawr, awr yn unig sydd gennym ni ac mae yna nifer sylweddol o gwestiynau sydd yn deillio o'r cyhoeddiad—wel, y mwy nag un cyhoeddiad diweddar—gan yr Ysgrifennydd Cabinet a hefyd cwestiynau rydym wedi eu derbyn ar gais rhai o'n tystion eisoes fel rhan o'r ymchwiliad yma. 'Anyway', a allaf groesawu'r Ysgrifennydd Cabinet, Vaughan Gething, a hefyd Rebecca Evans, Gweinidog Iechyd y Cyhoedd a Gwasanaethau Cymdeithasol, yn ogystal â Simon Dean, dirprwy brif weithredwr y gwasanaeth iechyd yng Nghymru, ac Albert Heaney, cyfarwyddwr gwasanaethau

Now, we have an hour only for this session and we have a number of questions stemming from the multiple announcements made recently by the Cabinet Secretary and we have questions that have been suggested to us by some of the witnesses who've been part of this inquiry. Anyway, may I welcome the Cabinet Secretary, Vaughan Gething, and also Rebecca Evans, the Minister for Social Services and Public Health? I also welcome Simon Dean, deputy chief executive NHS Wales, Albert Heaney, director of social services and integration, and Irfon Rees, deputy director for public health.

cymdeithasol ac integreiddio, ac Irfon Rees, dirprwy gyfarwyddwr iechyd y cyhoedd?

[4] Felly, gyda hynny o ragymadrodd, a gyda'ch caniatâd ac yn dilyn ein trefniant arferol, fe awn ni'n syth i mewn i gwestiynu, a'r cwestiwn cyntaf, hefyd yn ôl y traddodiad, yn dod o'r Cadeirydd. A allaf eich holi chi, felly, a ydych chi'n ffyddiog, Ysgrifennydd Cabinet, fod y gwasanaethau iechyd a gofal cymdeithasol ledled Cymru wedi paratoi'n briodol i ymdrin a phwysau'r gaeaf 2016-17?

So, with those few words of introduction, and with your permission and according to our usual practice, we'll turn straight to questions and the first question, also according to tradition, comes from the Chair. May I ask you, therefore, whether you're confident, Cabinet Secretary, that the health and social care services across Wales are adequately prepared to deal with winter pressures for 2016-17?

[5] **The Cabinet Secretary for Health, Well-being and Sport (Vaughan Gething):** Thank you for the welcome and the opportunity to be here. The first question, I guess, we rehearsed and answered in the Chamber this week in my statement. I think that we are better prepared than last winter and the winter before. I think we're as well prepared as we can be, but that does not mean that I say that the system is in a perfect shape and there is not further improvement that we would expect to make. In every winter we learn more and more about the demand that comes through the door, the preparation for increased demand, what it looks like, and not just our ability to meet that demand, but about how we need to continue to shift and change our systems.

[6] Our ambition is for more care to be delivered closer to home. That's every bit as important in winter as it is throughout the rest of the year. So, I expect that over the coming winters, again, you'll see more of a shift about how to keep people out of hospital and in their own homes—we've got good examples of that already—in addition to how we get people out of hospital if they need to go in there as well. That only works if you do have a health and social care system working together. So, you'll continue to hear us talk about a whole-system approach, but I think we need to front up and say, 'We think we're in as good a position as possible and we can have confidence going into this winter that services will be as robust and resilient as possible, but there will, of course, be extremely difficult days and you and I'll be very grateful that we are politicians and not front-line members of staff in various

parts of the service.'

[7] **Dai Lloyd**: Diolch am hynny. Mi fydd yna gwestiynau manwl ar wahanol adrannau. Awn ni'n syth at Julie Morgan i ofyn cwestiwn 4.

Dai Lloyd: Thank you for that. There will be detailed questions on different areas. We'll go straight to Julie Morgan for question 4.

[8] **Julie Morgan**: Thank you, Chair. There's an additional £50 million for winter pressures. I wondered if you could tell the committee exactly how that money is going to be spent.

[9] **Vaughan Gething**: Thank you for the question. When we announced the additional £50 million we made clear that it was to help with winter pressures but also to maintain performance as well, because you'll recall that we made, over the last financial year, a series of performance gains through the system. Unusually for the national health service, and Members who have been in and around here for some time will recognise that what normally happens then is that, through the summer, there's a levelling off and things go outwards again before coming back in. Actually, we haven't seen a significant move backwards in many of our headline performance areas, so we want to make sure that we maintain that particular performance gain, but also that we go further.

[10] If you recall the question from David Rees following the statement that I made, when he was asking about elective activity, part of the planning process for winter is that you don't plan to undertake the same forms of elective activity because you know that you'll have extra unscheduled care demand coming in that will need bed capacity. But, actually, what we've managed to do through most of the last few winters is to see more activity nevertheless take place, and we want to see an increase in that elective activity as well.

[11] So, some of the money will go towards maintaining and improving further in those areas, as well as trying to further support the additional measures that we know are taken. We talked about additional capacity in the system, and sometimes it comes with an additional cost. So, we want to make sure that we are properly equipping our system to balance both those things: the additional unscheduled care demand that we know will come through the door, as well as making sure that we don't simply compromise all of our elective activity to be able to deliver that.

[12] **Julie Morgan:** So, it's not some specific extra thing that you're going to do with that £50 million. It's keeping things going, basically.

[13] **Vaughan Gething:** I think the difficulty is, if we say we'll allocate all of it to specific areas of activity, we do need to understand and recognise that there are slightly different challenges in each winter. Sometimes that's about the weather, but we know that there'll be parts of demand that come through that we can anticipate—you know, having older, sicker people coming into our accident and emergency departments—and equally how we try and plan for potential additional episodes, so, if flu is worse or better, then that means we may need to spend more or less money in different parts of the system. So, some of it is being held, but it is about supporting performance through winter, both unscheduled care and planned activity as well.

[14] **Julie Morgan:** And how are you going to measure the success of that additional money?

[15] **Vaughan Gething:** Well, we have an awful lot of measurements within the health service for activity. All the different measures that we generate, whether it's about our unscheduled care activity, but in particular, at the end of the year, whether you'll see an increase in the number of people who've been seen in planned care as well. That will be one of the measures that we'll look at. Whether it supported a shift in activity, keeping more people at home, there'll be a range of measures that we'll expect to report on, and, as you know, we have lots of measures, every month and every quarter, that come out. And I think that, from the Government's point of view, we'll be able to assess again where we are, and that's an important part of our planning process, because in planning for winter, the first meeting took place in March, so really before winter had ended, because March was actually what looked and felt like a winter month this year. Each quarter there have been set-piece engagements between health, social care and local authorities and other partners, so we'll continue to learn and be able to assess and understand the impact of that additional resource across the whole system.

[16] **Julie Morgan:** So, you'll be able to tell us next year how many people were kept at home because of the extra input that's been put in.

[17] **Vaughan Gething:** Yes, we'll be able to have a range of measures for what we've been able to do to try and support people in different parts of the system, and how much additional elective activity we have or haven't

managed to deliver, and what our headline performance measures actually look like. For each of those performance measures, of course, there are people who are being seen within the system.

[18] Part of the thing that is more difficult to measure, for example, is where we try to prevent and divert people. So, in the investment that we make in Choose Well, some of that is about money, and a lot of it is about messaging and trying to persuade people to behave differently. But I expect we'll have some measures about the numbers of people that we think have been seen in different parts of our whole system.

[19] **Dai Lloyd**: A oedd y Gweinidog eisiau ychwanegu? Rebecca.

Dai Lloyd: Did the Minister wish to add anything?

[20] **The Minister for Social Services and Public Health (Rebecca Evans)**: Yes. Although this is separate to the extra £50 million that the Cabinet Secretary announced, of course we have the intermediate care fund of £60 million, and the purpose of that, really, is to build resilience but also to build capacity as well. We are getting to the point now where we're able to really demonstrate and measure the impact that it is having. I can give the example of the Pembrokeshire Intermediate Voluntary Organisations Team, which is led by the Pembrokeshire Association of Voluntary Services. That provides a comprehensive, seven-day admission-prevention and discharge-support service. To date we've been able to demonstrate that 1,090 bed days have been saved, and 109 hospital admissions avoided, because of that particular investment. That's thanks to the partnership that we have with Age Cymru Pembrokeshire, the British Red Cross, and Care and Repair as well.

[21] Similarly in north Wales, we have the step up, step down service, which is avoiding admissions and facilitating earlier discharge. There we're able to show that the services avoided a total of over 5,000 hospital bed days, equating to avoided costs to the NHS of the best part of £1.5 million. So, we're gathering these figures and really being able to demonstrate the value of the intermediate care fund.

[22] **Dai Lloyd**: Diolch yn fawr. Mae'r cwestiynau nesaf gan Lynne.

Dai Lloyd: The next questions are from Lynne, please.

[23] **Lynne Neagle**: I had a supplementary on that.

[24] **Dai Lloyd**: Yes, and then carry on.

[25] **Lynne Neagle:** I just wanted to ask about the £50 million. What will the process be going forward, then, for allocating that money to health boards, and how will you ensure that it is to reinforce good practice and not to meet ongoing budgetary pressures?

[26] **Vaughan Gething:** The £50 million is about supporting and enhancing activity, and so part of this money will be against performance actually delivered. So, we're not going to simply go through a formula and allocate money out to every health board regardless of the activity undertaken or planned to be undertaken. And you can expect that to be part of a feature of our system moving forward, as well as having money that goes into the bottom line and goes into formal allocations, as well as the specific measures that we've taken for challenges in two of our health boards in particular—in Hywel Dda and Betsi—and recognising the very real challenges that they have, and, actually, it would not make sense for us to expect them to hit their budgets this year or next year. We recognise that, but when it comes to performance and how we use money, some of that money will be definitely held against delivery. That's something about changing and shifting behaviour; it's also about making sure that we are getting a return on the money that we deliver as well. But, you know, health boards will still have significant allocations that they need to plan for and acquire, as well as an element that will be against delivery on agreed performance.

[27] **Lynne Neagle:** Thank you.

[28] **Dai Lloyd:** Carry on with your next question.

[29] **Lynne Neagle:** Okay, thank you. I wanted to ask about the independent care sector and how effectively the Welsh Government are involving the sector in planning for winter pressures and whether you think there's anything more that could be done, and, also, what specifically the Welsh Government's role is, leading on that.

[30] **Vaughan Gething:** I think Rebecca will start on that, but Simon may want to add something about the planning part of the whole system as well.

[31] **Rebecca Evans:** I just would start by recognising the important role that the independent care sector plays in terms of provision right across Wales. We do engage them very actively and very directly in terms of the preparation and implementation of the work under the social services and

well-being Act. They've also been involved in the work of the care home steering group. We have associated work streams there regarding workforce commissioning and good practice. All of these things together inform our approach to winter preparedness and preparations to support the care sector through the winter. There is also a requirement for the regional partnership boards to have direct representatives on there from the care sector as well. So, the care sector should feel that they are directly engaged right at the heart of service design and delivery right across Wales now. And, again, the independent sector have been beneficiaries of funding from the ICF in order to take forward some projects—the befriending scheme in Powys, for example, the complex discharge team in Cwm Taf—all of these are delivered through the independent sector. So, I would hope that they feel fully engaged, and I would hope that they feel, if they didn't feel engaged, that they would be able to come to me with some suggestions as to how we could strengthen that engagement. But, from my perspective, they are very much involved and very much valued.

[32] **Vaughan Gething**: Simon, could you say something about system-wide planning in the independent sector?

[33] **Mr Dean**: Thank you, Cabinet Secretary. Just to reinforce, I think, the points the Minister's made, we expect health boards to engage fully with all of their partners across the system, which includes the independent sector, local government and the third sector, as they develop an integrated plans, and we've seen very good examples of that through this year. At our joint events, we've had colleagues from across the system coming together to talk about plans to learn from each other, and, at a very practical level, there are some very important developments with the system, supporting each other—so, nurses increasingly supporting nursing staff working in independent-sector care homes, access to training for nurses employed by the independent sector through NHS-funded training programmes as well. So, we're seeing a lot more integrated planning that is focused on the needs of the patients, wherever they may be.

[34] **Lynne Neagle**: Thank you.

[35] **Dai Lloyd**: Are you happy?

[36] **Lynne Neagle**: I've just got another question, then, on the way organisations work together, particularly on national campaigns like the flu campaign. We heard from the Royal Pharmaceutical Society that they felt that

organisations were still working in silos, in particular in relation to the GP's role with flu vaccination and the pharmacist's role. Do you think that we doing enough to actually get these organisations working together?

[37] **Rebecca Evans:** I held a flu summit, a couple of months ago now at least, with representations from organisations involved in delivering the flu vaccine—so, health boards, professional bodies, WLGA, CSSIW and others—and the meeting there really was focused on partnership working and integrated working in order to deliver the flu vaccine as widely and as effectively as possible in terms of meeting our targets, particularly for the at-risk groups.

09:45

[38] I think I would recognise that, in the past, it has been difficult in terms of the relationship between GPs and community pharmacies and the competition, if you like, in terms of delivering those vaccines. But we did see some really good examples last year of joint working and partnership working between GPs and their local pharmacies on a local basis. So, at that meeting I asked them to look at that good practice and build on it. I know that the chief medical officer issued guidance at the beginning of this vaccination period, to build on that practice as well and try to improve coverage. We've asked community pharmacies particularly to focus on the under-65s with chronic conditions, because they would be more likely to visit the pharmacist—probably less likely are the over-65s, who would be going to the GPs. So, it's about partnership working and common sense locally in order to meet our targets.

[39] **Dai Lloyd:** Angela, mae'r llawr i ti. **Dai Lloyd:** Angela, the floor is yours.

[40] **Angela Burns:** Thank you very much. I just want to concentrate a little bit more on elderly care. At present, we have, on average throughout Wales, about 450 people in hospital waiting for the ability to get out, but they haven't got their social care packages in place. I mentioned it briefly on Tuesday. I just wondered if you could flesh that out a little bit more, because as we all know, the case mix changes with winter pressures. We're going to have more elderly people coming into hospital—slips and falls and comorbidity—they need to be able to get out quickly. So how are you going to be able to tangibly cope with that influx of older people when we've already still got that backlog that runs on a month-by-month basis?

[41] **Vaughan Gething:** Yes, delayed transfers of care are a challenge, both within the NHS system—there are some of those delays that take place in moving from one part of NHS care to another—as well as delays that are about releasing people, either into their own homes with a package of support and care, or into a different residential facility. So, we recognise it's a challenge in our system. What I would say, though, is that, in terms of our trends we've actually seen a downward trend over the last five years, and a levelling off. Part of the challenge—because it's a priority for me, and I continue to look at the figures each month. I've made clear that I'm not happy with our rate of progress and I expect us to do more, so there's more work that is going on that Albert will be able to talk about more. But last winter, the level of delayed transfer of care went up at the highest part of the winter period, so we saw more of our capacity taken up, but actually, people in an inappropriate part. It would be wrong of me to say that we won't see delayed transfers being a feature of the system in winter. The challenge is how we do more to minimise the problem they present for the whole system, but importantly, for the individual who's in the wrong place. That's why the integration between health and local government really works.

[42] So, when I've gone after delayed transfer of care, it's been a joint conversation with health and local government, and trying to draw in the independent sector and housing partners as well. Because if there isn't that rounded conversation, then we won't see activity. Part of the real issue here is the amount of time and effort you need to spend on making sure that everyone understands what they're doing within the system, and whether they're on top of what they need to do.

[43] That's why, in the statement, we talked about having more social workers within a hospital setting; that's a really important part of understanding. But it starts before people get in through the front door, not after they've got to the front door then assessing them. That's why the anticipatory care models that we've talked about really matter. But a feature of our system has been that we've managed to keep a level of patient flow going, because we've had that partnership with social care that's improved. It's because the seven-day working we talk about is social care as well, because otherwise, if you stop discharging people on a weekend, you can guarantee your system will have backed up as well. Albert can give you some more detail on trends compared to other parts of the UK, but it's not going to stop being a challenge for us. It's not going to be an area where I expect people won't start asking questions, or keep on asking questions that we ask

as Ministers as well.

[44] **Angela Burns**: I totally buy into the concept. I absolutely think it's the way forward, and I can see that it works in a lot of places really well, when the system's not under pressure. But when you put that onto one side, and then you think about the fact that we've had a 30 per cent drop in the numbers of district nurses, when we know we have a shortage of general practitioners and we're talking about a winter that's already just about here—it certainly was this morning—then what I can't understand, what I cannot tie up, is all of that intent and that strategy and those plans, which are utterly admirable and I completely support, with the fact that we all know we simply do not have the resource to go in there. So where are these social workers coming from? Because I met with the social workers association and they say that they've got a massive shortage of social workers and they can't recruit people; it's a tough job and it's quite tricky. Where are the district nurses going to come from? To make it work, we need more people and in the short term, I just wonder—. I know we have long-term plans to recruit and I know it's a problem that's all over the United Kingdom, but I just wonder, for this particular winter, what else we could possibly do to try to alleviate that, because that is what's going to make it crumble.

[45] **Vaughan Gething**: It's partly about the commissioning and the understanding of how care works in different part of the whole system. It's also about the need to remodel the whole system, as well. That's why, when we talk about anticipatory care and keeping people well, that really makes a difference. It really does make a difference to not having people in the wrong place in the first place. It's also why, regardless of the numbers of staff we have, how those staff work with each other really does make a difference too—

[46] **Angela Burns**: Cabinet Secretary—

[47] **Vaughan Gething**: —and when you talk about district nurses as an example, actually, we've seen an increase in nurses within the community and that's part of what supports people. If you look at the record of last winter as well, the fact that we didn't have a larger rise in delayed transfers actually demonstrates that the system is working at a better level than before, in the way that we understand how to get people to the right place and to the right point of care. It's also why the joint commissioning between health and local government, and actually understanding what extra capacity is needed within residential care as well, to get people out of the hospital,

matters too. Those aren't necessarily about some of our longer-term workforce challenges, which, of course, we will return to at every point within the year, but there can be some confidence that we will see delayed transfers at a level where the system will work, but we'll see real challenge in that, as well.

[48] It goes back to my first point that I think we're in a better position than last winter, but there's no pretending that we're in a perfect position or that some of the issues won't be real and within our system. The challenge always is: with the resources that we have, not just money but people, how to make best use of those resources and then learn again what we could do better than last year. That's why the example that the Minister gave earlier about the use of third sector matters too, because you don't just look at one part of the system to deal with this challenge, either. It's about the whole system and all of the different actors within it.

[49] **Angela Burns**: To get anticipatory care, which is great, you have to go through the funnel of the GP, and the GP can then say, 'You can go to the physio, you can do this, you can do that'. In my own health board, people cannot get to see a GP, so how is that elderly woman or man who does not feel really well going to be able to access that care to be anticipated to stop them from going into hospital? I hear what you say; I understand the principle behind it, but on the ground, I don't see it. Tomorrow, I'm meeting the chair of Hywel Dda health board to talk about this. I'm also going out to one of our largest providers of general practitioners, because they are up against a wall, to see how it's going to happen. So, we talk about it here and we say, 'Yes, this is okay'; a great statement, understood it totally, but I really worry about the reality, because it is my casework file that's going to just explode as usual over the winter, because people can't even get in to get that first step of care, particularly the elderly.

[50] **Vaughan Gething**: That's part of the challenge about getting people to the right point in the system in the first place. For some of those people, the GP is the right person, for others, it's not. We saw the recent very welcome coverage of the role of occupational therapists within the system and their role within it. So, it isn't always about going to the GP; it goes back to choices, it goes back to how we help people to make choices and have people available to then act on those choices. So, GPs get to do what they need to do and other people can do as well. The example that I regularly refer to back in Ynys Môn, well, that works because there's a partnership with GPs, social workers and advanced nurse practitioners. That's what

makes it work. The GPs have confidence in the system and they know they don't need to see everyone. They help to identify people at greater risk, but other people actually undertake that work as well, so those people don't need to come in and see the GP, but if they do, if they do go into care, they then understand what support they need to go back out.

[51] Again, when we look at the whole picture, we recognise that not every part is perfect. We recognise that some parts have better practice than others and you can't take away the reality that we don't have automatons working in the system; we have real people with different needs and different concerns about the way that their whole system will work and interact with each other. But we do think that we have advancing and better models of care, and part of our honest challenge is to make that improvement systemic; to make sure that we understand our areas of weakness and we can actually then deliver improved models of care that are appropriate for them. We know there are lots of really great examples in rural Wales. We also know that we've still got challenges in some parts of rural Wales as well, just as within Valleys areas and within urban parts as well. So, we don't say that our system is perfect; that every answer exists and that we won't have difficult parts of winter ahead, but I do think we're genuinely in a better position. We can expect us to be robust and resilient through this winter and we then need to learn and apply that learning for winters ahead. But I don't want to leave the delayed transfers point. I think Albert will be able to say something helpful about the approach we're taking to see some of the improvement that you refer to as being needed.

[52] **Dai Lloyd:** Okay. Albert.

[53] **Mr Heaney:** Thank you very much, Chair, and thank you, Cabinet Secretary. Just to make a comment, perhaps, in relation to social work and social work vacancies, social work is a very skilled, demanding role, and provides an essential service across our services in Wales. The 'Social Work in Wales: A Profession to Value' report was produced about a decade ago. That has led to significant improvements in the recruitment and retention of social workers in Wales, and there are good data that can be used to demonstrate that. Social work and social care delays in relation to delayed transfers of care are just over around a quarter of all delays relating to assessments and relating to arrangements. However, critically, when we come to look at delayed transfers, it's about a whole-system approach; it's about how we all work together as partners and integrate.

[54] I think it is fair to say that there are a number of initiatives that recognise the pressures that are there within the system and the challenges we face, and I'd just like to highlight—we've highlighted today the intermediate care fund, which is making a significant difference, trying to move and support our citizens away from ending up in a hospital setting to a much earlier intervention. The Cabinet Secretary and the Minister have asked officials to go around each of the regional partnership boards to hold a direct conversation in relation to delayed transfers of care. Those conversations have been taking place; they're just due to be finalised. And those conversations have focused in each of the areas on what the partnerships can do together to work more effectively, and there are some simple things that can be done as well that will help. There are some very complex arrangements, but there are some simple things about when plans are in place, about referral to, perhaps, an occupational therapist, that those actions are always followed through in a timely fashion to help the flow in the system. So, what my message, really, to committee today is: the energy and the focus upon this in Wales is extremely high.

[55] The Cabinet Secretary asked me just to refer to some of the data trends, and I think, in Wales, what I would describe at the moment is we have a challenging but resilient picture. We want to improve and we want to do better. And you will have had the figures around delayed transfers, and you will know that they will be updating as we go in terms of reporting, but in terms of looking at the figures across England, Scotland and Wales, I have the September figures with me for a number of years, but I would wish to draw the committee's attention, perhaps, to the pressure in the system from 2015-16, because it shows how both England and Scotland, and Wales, are under pressure, but I think there's some learning, and some messages, perhaps, that we can work together on.

[56] In England, the figures for September 2015 were delays relating to 5,247; by 2016, due to the pressures on the system, the delays were 6,777. In Scotland, again, there's much good focus in Scotland, focusing on a whole-system approach, and the delays in 2015, September, that we have available to us were 1,258; delays in 2016 were 1,524. So, again, it's showing a substantial increase in pressure. In Wales, we have held our ground. We want to do better, we're striving to do better, but in Wales, in September 2015, it was 510 delays, and in September 2016 it was 491. Of course, I acknowledge to the committee today we do want that to be much lower in Wales, and the actions we're taking through the regional partnership boards and other actions are the drivers to help us strategically move to

where we would like to be.

[57] **Dai Lloyd**: Ocê. Byddai'n well inni symud ymlaen nawr i achosion plant. Lynne, ti sydd â'r cwestiwn nesaf.

Dai Lloyd: Okay. Can we move on, then, please to children's issues? Lynne, you have the next question.

[58] **Lynne Neagle**: Can I just ask generally about preparedness for children's services, going into winter? We did take evidence from the Royal College of Paediatrics and Child Health that there were particular pressures with things like respiratory infections that affect children in winter, and they were also concerned that that was compounding the general pressures in paediatric services in terms of appropriate cover for beds and things. So, can you just comment on the situation in relation to children?

[59] **Vaughan Gething**: Yes. It's part of the future of our planning for winter as well. In fact, I met the Royal College of Paediatrics and Child Health this week to discuss a range of issues. Within winter, again, some of this is about the Choose Well messages to help and support parents when their child is ill. Anyone who is a parent knows that children can be ill at any time of the year, but more likely so in winter, and so it's about how we help and support people, and, again, the right place for them to go—is it a GP, is it a nurse practitioner, or is it a pharmacy as well?

10:00

[60] For those who do need to go into hospital, actually, within our whole system we've managed to cope, at the paediatric end as well, but if we did have a significant increase—because, as you know, very young children are more vulnerable, in the way the elderly are as well—that's part of our planning, if we got a significant surge in demand, how we'd cope and manage to deliver that. So, it has specifically been taken into account in planning for winter, and it's been specifically taken into account as to how different health boards need to help each other. You'll recall that at various points in the year, different health boards need to help each other on some of our neonatal provision as well, if there's a surge in demand or if there are infections. Some of that is a challenge we still need to deal with and recognise as an added pressure within winter.

[61] I won't try and soft soap and say this isn't a problem, but it's a challenge we're well aware of and we think we're prepared for, in amongst

what we do recognise as being year-round pressure on a range of services. Again, this goes into workforce issues, it goes into the use of capital, but it does also return to the need for a whole-system approach, but where the right place to care for a child is, and where the parent is worried about them, and how you meet and deliver against their health need and support the parents to help look after their own children.

[62] **Dai Lloyd:** Okay. Julie.

[63] **Julie Morgan:** Just as we're on children, in terms of the uptake of the flu vaccine in the schools, do we have anything to report on that for children?

[64] **Rebecca Evans:** This year, we've included another year to our childhood vaccination programme for flu. I think it's probably fair to say it's too early yet in the year to be able to give any figures, but compared to last year, for the figures we did have for children then, we don't have any cause for concern in terms of a drop-off in uptake this year. But, as I say, it's really too early to give the comprehensive figure for this year.

[65] **Vaughan Gething:** I know it's happening, because my boy's had his nasal spray as well. He didn't really like it, but he got through it.

[66] **Rebecca Evans:** It is an important part of our preventative measures to support children's health throughout winter, alongside which would be programmes such as Healthy Child Wales, for example, so providing parents with the opportunity to have good advice as to what signs of concern they should be looking for in their children, and what the appropriate action would be for them to take.

[67] **Dai Lloyd:** Diolch yn fawr. Symudwn ymlaen i gwestiynau ynglŷn ag adrannau damweiniau ac achosion brys. Jayne.

Dai Lloyd: Thank you very much. We'll move on to questions related to accident and emergency departments. Jayne.

[68] **Jayne Bryant:** Thank you, Chair. Cabinet Secretary, you've mentioned this morning the challenge that people access the right services. We know that a large proportion of those attending the emergency departments are deemed to be inappropriate attendees. Indeed, the committee heard from the Royal College of Emergency Medicine and the King's Fund about this. We know it's not just about winter preparedness for this, but we know it's exacerbated by winter. What evaluations have been undertaken of the impact

of the Choose Well campaigns, both in the way that the patients choose to access the service and the demands on the service?

[69] **Vaughan Gething:** I've asked for an evaluation of Choose Well at the end of this winter, because we don't have enough information at this point in time to properly assess its impact and what we need to do either differently or what we need to do more of. But we can be pretty confident that without the campaign to try and help the public to choose well, then we're unlikely to see a change in behaviour. We know that, as I said in the statement, depending on who you're listening to, between 9 per cent and 30 per cent of people use A&E inappropriately, and could be seen outside of A&E. Some don't have any healthcare need at all, but they're worried, and other people do have a need that could be properly dealt with somewhere else.

[70] The Choose Well campaign matters to us, so making sure that it works matters to us as well. In the spring, I've asked for a proper evaluation to be undertaken so that we will then have some learning from it in the summer that could then apply to next winter's campaign as well. I think it's been helpful, actually, that the Choose Well campaign has been fronted by the chief executive of the NHS, because there are times where politicians are the right people to talk about things and messages, and there are other times where you need different people doing this as well. So, it's having the same Choose Well message go through the service from GPs, to people in emergency departments, to nurses, to therapists and also to pharmacies as well. And the fact that we're investing in pharmacy as well enables us to do different things as well, and progressively, again, to next winter we'll be in an even better position to deal with many of the common ailments that people have through the winter in greater number. So, Choose Well is an important part of where we are. We think it's necessary, but when we understand how well it is working, I'll have more to be able to tell the committee, after this winter, when we will have had that rather more formal evaluation undertaken.

[71] **Jayne Bryant:** Brilliant, thank you.

[72] **Dai Lloyd:** Mae'r cwestiynau nesaf o dan ofal Rhun.

Dai Lloyd: The next set of questions are from Rhun.

[73] **Rhun ap Iorwerth**: Diolch yn fawr iawn. Some questions on matters of capacity in various parts of the NHS: given that expert groups like the British Medical Association consider safe bed occupancy levels to be around the 80

to 85 per cent mark, and that figures show not only a decrease in bed numbers over the past five years or so, but high occupancy rates—for example, last year, medical acute beds running at 90 per cent occupancy; geriatric medicine at 95.6 per cent occupancy—would you agree that year-round capacity is already overstretched?

[74] **Vaughan Gething:** We know that we have occupancy levels that are higher than previously, and it depends on who you talk to as to what is an appropriate level of occupancy.

[75] **Rhun ap Iorwerth:** I'm happy for you to just answer that question on whether you agree that capacity is already overstretched.

[76] **Vaughan Gething:** Well, asking a complex question and demanding a simple answer isn't perhaps a sensible way through. I'll answer your question, though. So, there's a point about what the right level of capacity and occupancy is, and, actually, what is more important, we think, is: can it deliver flow through the system? That, I think, is our biggest challenge—a flow that's appropriate, in the sense of who's coming into the hospital under the system, and a flow outward as well, to make sure people are getting appropriate care and not being kept for a lengthier period of time than is necessary.

[77] Again, we think we're in a better position than last year, but we also know that we'll need more capacity through winter, and that's why we've got additional service capacity of more than 300 beds in the system. We think we can staff that, and we do think that should allow us to make sure that people are getting the right care in the right place.

[78] **Rhun ap Iorwerth:** That's great. I'll just ask that question once more: do you agree that year-round capacity is already overstretched?

[79] **Vaughan Gething:** As I said, we don't think that there is evidence that year-round capacity is overstretched in terms of our numbers. We're always looking, though, at whether we have got the right level of bed capacity as part of the system. So, I don't think it's a simple 'yes' or 'no', right or wrong answer, because you have to understand the demand that comes in, and the demand that you can anticipate and need to plan for as well. You also, then, of course, need to be able to staff that capacity as well, and in many ways, what determines bed capacity and our ability to actually deliver is not the availability of beds, it's the availability of staff and, in particular, nursing

staff.

[80] **Rhun ap Iorwerth:** I'm not just talking about numbers of beds. I am absolutely talking about staffing numbers to go with them. BMA Cymru Wales stated to the committee:

[81] 'Once you go above 85 per cent bed occupancy, you can predict that you can't cope with fluctuations. You need about a 20 per cent surplus of beds to cope with the kind of fluctuations that we're talking about. When you've got bed occupancies running at 86 or 87 per cent'—

[82] and I'll remind you the figures for medical acute were 90 per cent; geriatric medicine, 95 per cent—

[83] 'you start getting C. diff; that delays the discharge of patients as well.'

[84] That suggests to me that BMA Cymru Wales think the current situation is overstretched.

[85] **Vaughan Gething:** We recognise there's pressure in the system, Rhun. We never try to pretend that there isn't. But our challenge is: can we still deliver the right care at the right place at the right time? Can we still have appropriate flow through the system to make sure people are going to the right parts? We do know that there are points in time where, actually, system pressures mean that we are full. For example, we know that there are challenges around critical care and intensive care at different points in the year. In terms of our ability to plan for winter, though, we do think the additional capacity that we're planning to be able to deliver in the system will allow us to maintain flow across the system. I know Simon's being doing work on this in terms of our planning, and can actually give some more detail on numbers, capacity and flow.

[86] **Mr Dean:** Thank you. If I could draw the attention of the committee to a recent report from the Nuffield Trust, which looked at this issue in the English system, it reinforces the point the Cabinet Secretary has made, because what it demonstrated was that, actually, some of the best-performing systems were running with quite high occupancy rates, in the early 90 per cents, and the whole issue is about flow through the system. So, I think we need to be careful about placing too much emphasis on a particular figure. It's about how the system is working in a way that optimises the contribution of each part of the system. So, that includes the

elements before people contact the hospital system, work within the A&E departments, the flow through into the hospital, and, critically, helping people to move out of the system at an early stage. So, it's quite an interesting report that just reinforces the point the Cabinet Secretary made there.

[87] **Rhun ap Iorwerth**: And you're quite right, which is why we're drawing attention to problems of flow through the system as well, which may be associated, perhaps, with high occupancy rates. I'd suggest maybe it is. Could you just tell us a little bit about the modelling capacity that you have conducted in relation to the winter that is ahead of us, and what that modelling process has told you about what needs to be done in terms of capacity over the coming months?

[88] **Vaughan Gething**: Well, you'll be pleased to know that I haven't personally undertaken the modelling capacity, but in terms of the planning, again, Simon's been leading this work from the Government point of view with different partners across different parts of Wales. So, I think it would be most helpful for the committee if Simon actually responds.

[89] **Mr Dean**: Thank you, Cabinet Secretary. As the Cabinet Secretary indicated earlier, we've had a very robust planning process that actually started in the integrated medium term plan preparation about 18 months ago now, and then a particular focus on winter planning from March onwards. As part of that, health boards, with their partners, have been undertaking their local assessments of demand and assessing their capacity in terms of people, infrastructure and beds to respond to that demand and then developing their plans on the back of that. We have regular contact with each of the health boards through a number of different channels of regular meetings, I and my team, talking about performance and planning. We have a delivery and support unit, which includes a number of analytical experts who constructively critique the ways in which individual health boards are approaching their modelling work. So, we know that health boards have got a good understanding of likely demand. Now, things can come out of left field. If we have a major flu epidemic, for example, that will generate a pressure that it is quite hard to plan for in system terms and that's why we need our system to be resilient and to be adaptable so that it can flex appropriately but from a solid base. So, that modelling work's been going on throughout the year and it has resulted in some of the sorts of initiatives and developments that the Cabinet Secretary and the Minister have outlined to you.

[90] **Rhun ap Iorwerth**: And that suggests you believe you have adequate up-to-date data in order to flex and respond at the time.

[91] **Mr Dean**: Yes, we have good understanding of need.

[92] **Rhun ap Iorwerth**: One quick question from me on capacity, then, in the social care sector and care homes—given that Care Forum Wales told us that we're only one significant nursing home failure from complete calamity in any part of Wales, and that they fear we could be approaching that in parts of Wales, what are your thoughts on the resilience of the system as we approach winter?

[93] **Rebecca Evans**: Well, we've been working hard to understand the capacity that we have in the sector. We've got the care home steering group, which I referred to earlier, which the independent sector, Care Forum Wales, do have a voice on. That group provides the strategic direction for the sector and one thing that they wanted to do was ask the national commissioning board to undertake some work to get a complete picture of the state of the market across Wales. So, we've undertaken detailed—or they've undertaken detailed—market analysis of the care-home sector in every region across Wales. It started in north Wales, but we'll be shortly in a position where we will have a market-position statement for the whole of the care sector. This will be, I think for the first time, to give us the kind of level of information and detail about the state of the entire sector that is in Wales. Also, the regional partnership boards, of course, will have to work to identify the level of need within their particular own areas with a view to the joint commissioning of services by health and social care for adults in residential care by April 2018. So, I think the picture that we have now in terms of what's available and where it is, the kind of provision, is better than it's ever been, and that enables us to plan.

[94] **Rhun ap Iorwerth**: We've seen, all of us, I'm sure, in most of our constituencies, signs of the vulnerability of the system. I lost, in my constituency, a number of beds very quickly at one particular care home, which spelled disaster for many individuals as well as putting pressures on the system, with people being spread all over north Wales. We already know that there are problems. Would you agree with that and would you therefore agree with Care Forum Wales that a major closure in any part of Wales—whatever work is being done on assessing the situation formally—and we could be very close to a real, real problem.

[95] **Rebecca Evans:** I would say you're correct to say this is about the individual. The closure of any care home is terrible for the individual concerned and for their family. Uprooting somebody who's a vulnerable person anyway is something that we would want to avoid and take any steps that we can to avoid. But, in terms of the sector in Wales, it's not the same as in England. The majority of our care homes are actually small. So, when care homes do close, we do have the capacity and are able to absorb that impact. Perhaps Albert might say a little bit more about that.

[96] **Mr Heaney:** Yes, thank you very much, and thank you for the question. Care Forum Wales are a part of the care home steering group and very much part of working together with ourselves. The independent sector provides an enormous quality of care across Wales and you will be aware of that. However, I would say, from experience of working both in the sector, and in my role now on behalf of Ministers, that we are looking to plan more effectively around strategic commissioning for care homes.

10:15

[97] I don't agree that we're one care home away from the situation you've described. However, what I would say is that each and every care home that closes, if they close in emergency circumstances, has both an impact on the citizen and an impact on the professionals working around those individuals. As the Minister has expressed and explained, we have always, in Wales, responded to that. Our strategic commissioning emphasis is so that those situations, when they do occur, if they occur for natural circumstances—. For example, we have a great deal of profiling in Wales and the profile of care-home owners in Wales is more of a small-home ownership rather than a big corporation. So, there will be times where people will exit and want to exit, but it's most important that we plan, because there may well be other people who want to take over those businesses. The most important thing is that the independent sector is a sector of value and is a sector that we're absolutely committed to working with to build greater resilience in the care sector. As I said earlier, I think there's a lot of good work going on, but we're very mindful of both impact upon individuals and impact upon professionals. We want to get a situation where we have a good supply.

[98] The market analysis work—I won't take too much more of the committee's time, but the market analysis work for Wales, I think, is really important and to have that clear position. I know there have been particular

challenges in the north Wales area and we're very committed—. I'm going up to the north Wales area at the beginning of December to have a further conversation as well, on behalf of the Minister, with the professionals in that area.

[99] **Dai Lloyd**: Reit, mae'r adran olaf o gwestiynau ar faterion yn ymwneud efo'r gweithlu ac o dan ofal Dawn.

Dai Lloyd: Right, the final section of questions is related to the workforce. Dawn.

[100] **Dawn Bowden**: Thank you, Chair. I'll take this out—I can hear myself. Lots of the evidence that we took was around concerns over adequate workforce numbers, and we know all the reasons for that, but the particular concerns were around the levels of staffing that we would see trying to deal with the particular pressures in the winter. I thought Adam Cairns actually summed it up quite well when he said:

[101] 'winter is going to be quite challenging from the staffing perspective, not because we're not trying, not because there's a delay, not because we're holding money back, not because we don't want to. It's simply because we simply haven't got the workforce presenting itself to us in the numbers that we need to cover all of the gaps that we've got.'

[102] So, we know this isn't a money issue, this is just about how do we get people into the system, and that is a long-term issue that we've talked about on many occasions. What is the planning around those specific pressure points over winter, when we're going to see the spikes and we know that's coming? How are we going to fill those gaps, particularly in the medical areas around A&E and general medicine and paediatrics, because that's kind of upon us and we know that we've still got those gaps? So, how's that going to be managed?

[103] **Vaughan Gething**: It's part of the planning for winter. If you're planning for extra service capacity and beds, you need to plan for how you're going to get similar staff to actually manage that. Some staff will do more through winter but it's a short-term point; it's not a long-term answer. We also know that we have bank, locum and agency arrangements as well. There's always a challenge about controlling the spend as well. So, we've got a range of different pressure points to manage and it's completely right to say—and, as I've said in answer to other questions—we think that actually staffing the capacity is a bigger challenge than actually identifying what you

need.

[104] In terms of where we are, we do think that people will be under real pressure. Think back to last winter: the system didn't fall over but, if you were a member of staff working within the hospital system or within social care, you'd have felt that very real pressure. I don't pretend to you or to staff within health and social care that it won't be really difficult again this winter. The challenge is that we've actually got—. Compared to last winter, we have got more staff within our system. Think about primary care, for example: with the investment we've made in clusters and the primary care fund, we've got about another 250 people in primary care across Wales—some GPs, lots of therapists, some different grades of nurses as well, and lots of extra clinical pharmacists. So, there are more people within our system. Our challenge still is: how do we make best use of them and how do we still plan to get more staff within our system?

[105] It goes back to some of our recruitment challenges, rather than training, because, if you think about this winter and next winter, we'll have some new people coming along for the training we've already undertaken, but really it's about our recruitment profile, which is why yesterday's debate in the Chamber, I think, really matters, because we're going to be reliant on some returners to work—people who have left their professions and enabling them to come back in on different terms if they want to—but also the honest truth is that, this winter and next, we will be reliant on recruitment from other parts of the world too as well.

[106] Now, no part of our system is relaxed or blasé about that challenge and there's huge effort that goes into recruitment. As I say, though, when it comes to it, we then have to plan to manage with what we have, and what we reasonably think we're going to get, because if we say we'll plan to have an extra 500 beds in the system with no idea how many staff we can reasonably recruit, well, that's not a plan, that's a finger in the wind. That's why we think we are in a robust and resilient place, because we think we do have staff to manage the capacity we have identified, but it reinforces the need to make sure that we see people in the appropriate part of our health and care system. Just flooding everyone into a hospital is not great for the individual and it's not great for staff and it means we'll use our capacity poorly as well, and that probably means a poorer experience and poor outcomes for patients as well.

[107] **Dawn Bowden:** Unfortunately, what we know is, despite all the work

going on in a number of these initiatives—and we've talked about Choose Well and the need to evaluate that at the end of the winter—the fact remains that people don't always take the message, so we still see people presenting in the wrong parts of the service and so on. So, quite specifically, in terms of staffing around those winter pressures, are you suggesting, therefore, that what we are going to have to do, to a large extent—? We're probably going to have to rely on locums and agencies to a degree—we can't avoid that—but it's also going to be about moving people around within the system and perhaps looking at the different skill mixes that we've got, particularly amongst the nursing workforce.

[108] **Vaughan Gething:** And support workers too and therapists. It's about how to make the best use of the staff that we have and where do they actually provide best value—that is, best value for the patient, centering around the patient's needs, but also it often makes the job of the individual a better job to do. Think about the ambulance service: we are in a position, compared to last winter, where we've got more paramedics in. We're pretty much at full establishment, which is a remarkable turnaround for that particular service. That means there's more capacity to do different things. It means that there's capacity within the telephone triage to hear and treat from the ambulance service. It also means that the ambulance service can actually discharge people at scene more frequently now as well, because of the staff that we've got in the system. That's why we—. As I said, look back at last winter to see where we are now. We're in a better place, but no-one pretends that it's a perfect place.

[109] One of the other things we've got about how we use our staff, another good example, is the piloting of 111 in the Abertawe Bro Morgannwg area. We've been able to use—we've got some additional staff that have gone in to delivering the telephony service, but actually it's largely about the staff that we have. What's been a really key feature of that has been the leadership within the GP community as well to come together to agree on the models of care that are there, to agree on the directory of services that exist, and how people are going to be treated.

[110] We launched 111 in October and part of the reason I don't think you've heard much about it is that there hasn't been a problem. That's remarkable. If you think about the English experience—they had a big bang, tried to do it right across the country; different models, some parts of it worked, lots of it didn't. We've taken our time and we've actually bought in and brought staff with us and that's meant that we've got, I think, a better

system; we haven't had lots of challenge in it. But it is making sure that the resource we've got in terms of staff is being used in a different way and it means more people are being diverted away from the hospital setting in particular. So, it's been a real success.

[111] The fact that you haven't had consultants from hospitals complaining about inappropriate demand turning up at their doors, the fact that GPs haven't complained about it, that nurses and other therapists haven't, I think demonstrates that it's been a successful addition thus far. The real pressure will come through the rest of the winter and we'll know much more about it when we get to January and February, but, at this point of time, it's been a really encouraging start, largely because of that professional engagement and leadership.

[112] **Dawn Bowden**: Thank you, Cabinet Secretary. If I could just have one follow up question around social care—sorry, this is still on the workforce, but it's around social care, because part of what your strategy is setting out there is that we need to be getting people away from the acute side of the service, and part of that is getting people possibly into social care settings. I just wanted to be clear about the resilience of that in terms of the workforce to deal with that. We've heard a lot of evidence about care providers struggling to recruit, particularly care workers, social care workers. Quite frankly, I have to say, I'm not surprised at that when you can earn more in Lidl than you can by becoming a social care worker and all the pressures and the stress that go with that. So, where are we with that? Are we confident that the social care workforce is going to be able to deal with those pressures as well?

[113] **Rebecca Evans**: I very much recognise the point that you make about being able to take a job that is perhaps working in a less demanding environment for the same kind of money. I do think that there is a job here for Government in terms of creating the framework and the climate for good social care and good employment in social care, and a job for local government as commissioners of services locally, but there is also a job for the providers in the independent sector, and for local government as well, and that's to create and provide jobs that people want to take. So, don't be surprised if you're offering a zero-hours contract and your member of staff decides to move on to another job somewhere else, because we know that turnover in the domiciliary care field at the moment is at 30 per cent. So, there is a clear message there to employers as well that they need to step up and give employees the kind of quality working conditions that they need.

[114] We know, from the research I told you about last time I was at committee, that the terms and conditions of the people providing domiciliary care directly impacts upon the quality of the care that people receive, which is why we're taking such a strong interest in this, in the professionalisation and the resilience of the social care staff themselves, because they do an incredible job under very difficult circumstances.

[115] So, in terms of professionalising the workforce, from April 2018, all domiciliary care workers will be required to be registered. Of course, we're setting up Social Care Wales to come into force in April of this year. In terms of giving domiciliary care workers the kind of standing that they deserve, I think that's an important signal. Also, Social Care Wales will then take responsibility for offering a contribution to a more focused and positive career progression that somebody working in social care can expect to have as well.

[116] There's a lot of work going on. Every year, we provide £8 million in annual funding through the social care sector grant in order to provide training and development. That's made available in response to regional training and development plans, which are developed through regional workforce partnerships as well. So, there is a lot going on, but I absolutely recognise the concern that we must make social care an attractive and valued place to work.

[117] **Mr Heaney**: Just to clarify, as the Minister has expressed and explained, she and Welsh Government are working with the Care Council for Wales on moving to Social Care Wales, and Social Care Wales will have a focus on improvement and will have a real focus on the workforce. The registration itself will open and will allow the staff time to be able to meet all the standards in terms of registering as well. So, just to assure you as a committee member that there will be a very careful process in terms of registration and assisting the workforce in its professional development.

[118] **Dawn Bowden**: Okay, thank you.

[119] **Dai Lloyd**: Jayne, a oedd cwestiwn gennyt ti? **Dai Lloyd**: Jayne, do you have a question?

[120] **Jayne Bryant**: We're looking at service models. Do you think that sufficient work is being done to develop new models of care and the

appropriate skills, say, for A&E and emergency medicine, and is it going at a pace that is sufficient to be impacted this winter?

[121] **Vaughan Gething:** Yes. A really good example is what's going on in the Royal Glamorgan with their acute medicine model. There are good examples. Again, this point about keeping people away from emergency medicine if it's not appropriate, but the challenge is always going to be how we have that learning spread across our whole system.

[122] Last winter, I did a series of interviews about where we were and one of the lead consultants, who has now left the Maelor in Wrexham, talked about the fact that a few years ago they were the highest performing unit in the country; they hadn't changed their model of care, but they'd significantly changed in terms of their performance figures. That in itself is a story about if you don't change your model of care, and if you don't understand what's coming through your door and how you deliver that, then don't be surprised if there's a change in your outcomes and the patient experience.

[123] One of the particular parts of work that we've been doing is trying to protect the minor streams of people who come into an A&E department who actually could be seen in a slightly different pathway. We're trying to make sure that's protected and insulated, because actually that will be a better experience for them and they should get seen quicker, but it also means that for people with much greater need, there's a much greater prospect of them being seen by the right people as well.

10:30

[124] It's also about how we link up our out-of-hours service, so that if you go to any major A&E, there's a proper link across to out of hours. It goes back to the point that I was making to Dawn earlier about the 111 service. We do have developing models and we'll learn lots from those this year. The challenge then is about how the service takes those on board and there's genuine system-wide learning.

[125] **Dai Lloyd:** Rydym ni wedi rhedeg allan o amser yn anffodus, gydag ymddiheuriadau i'm nghyd-Aelodau. Efallai y bydd yna gwestiynau ychwanegol yn deillio o hyn ac fe wnawn ni ysgrifennu atoch

Dai Lloyd: We have run out of time unfortunately. May I apologise to my fellow Members? Maybe we will have some additional questions and perhaps we can write to you with those because time was short this

chi efo'r cwestiynau hynny oherwydd prinder yr amser y bore yma i wneud y craffu fel y byddem ni'n dymuno ei wneud. Felly, mae'n debyg y bydd yna lythyr i ddilyn. Gyda hynny, gan fod yr amser ar ben, a allaf i ddiolch i'r Ysgrifennydd Cabinet a'r Gweinidog am eu tystiolaeth? Ac wrth gwrs, yn naturiol—fe fyddwch yn gwybod y system erbyn rŵan—fe fyddwch yn derbyn trawsgrifiad o'r cyfarfod yma i gadarnhau bod pethau'n ffeithiol gywir. Ond, gyda hynny o ragymadrodd, a allaf i ddiolch ichi a dyna ddiwedd ar yr eitem honno. Diolch yn fawr iawn ichi.

morning to undertake the scrutiny as we would wish to do. So, it seems likely that there will be a letter on the way to you. With that, as our time is at an end, can I please thank the Cabinet Secretary and the Minister for their evidence? Also of course, naturally—you will know the system by now—you will receive a transcript of the meeting to confirm that you're happy with regard to accuracy. So, thank you very much and that's the end of this item. Thank you.

[126] **Vaughan Gething:** Diolch yn fawr.

Vaughan Gething: Thank you very much.

10:31

Papurau i'w Nodi
Papers to Note

[127] **Dai Lloyd:** I weddill y pwyllgor, fe wnawn ni symud ymlaen i eitem 3. Mae yna bapur i'w nodi. Fe fyddwch wedi darllen y wybodaeth ychwanegol a gawsom ni gan Ymddiriedolaeth Gwasanaeth Iechyd Gwladol Gwasanaethau Ambiwlans Cymru mewn perthynas â'u prosiect galwyr mynych. Cais i nodi'r papur ydy hwn. Pawb yn hapus? Dyna ni.

Dai Lloyd: For the rest of the committee, we're going to move on to item 3. There's a paper to note there. You will have read the additional information we had from the Welsh Ambulance Services NHS Trust in relation to their frequent callers project. This is a request to just note that paper. Is everybody happy to note it? There we are.

Cynnig o dan Reol Sefydlog 17.42 i Benderfynu Gwahardd y Cyhoedd o Weddill y Cyfarfod ac o'r Cyfarfod ar 23 Tachwedd
Motion under Standing Order 17.42 to Resolve to Exclude the Public from the Remainder of the Meeting and from the Meeting on 23 November

Cynnig:

bod y pwyllgor yn penderfynu gwahardd y cyhoedd o weddill y cyfarfod ac o'r cyfarfod ar 23 Tachwedd yn unol â Rheol Sefydlog 17.42(vi).

Motion:

that the committee resolves to exclude the public from the remainder of the meeting and from the meeting on 23 November in accordance with Standing Order 17.42(vi).

Cynigiwyd y cynnig.
Motion moved.

[128] **Dai Lloyd:** O dan eitem 4, fe wnawn ni symud cynnig o dan Reol Sefydlog 17.42 i benderfynu gwahardd y cyhoedd o weddill y cyfarfod yma ac o'r holl gyfarfod ar 23 Tachwedd, sef yr wythnos nesaf, hefyd. Pawb yn cytuno? Pawb yn cytuno. Diolch yn fawr iawn. Fe awn ni i mewn i sesiwn breifat nawr i barhau efo'n trafodaethau mewnol. Diolch yn fawr.

Dai Lloyd: Under item 4, we will move a motion under Standing Order 17.42 to resolve to exclude the public from the remainder of the meeting and from the entire meeting on 23 November, which is next week, also. Is everyone in agreement on that? Everyone is in agreement. Thank you very much. We'll go into private session now to continue our internal discussions. Thank you.

Derbyniwyd y cynnig.
Motion agreed.

Daeth rhan gyhoeddus y cyfarfod i ben am 10:31.
The public part of the meeting ended at 10:31.