Health and Social Care in Wales – COVID-19: Looking forward

March 2021

Mae'r ddogfen yma hefyd ar gael yn Gymraeg. This document is also available in Welsh

Contents:

Ministerial Foreword

The last 12 months has been a period none of us will forget. We know that COVID-19 has had an impact on everyone in Wales. As a nation we have been through a traumatic year. Just over 206,000 people have been confirmed with COVID-19, and sadly just over 5,400 people have lost their lives. We are very conscious that behind every one of these statistics are a family and friends who have worried and grieved.

We want to pay tribute to the tremendous efforts of staff in health and social care and partners for their care, compassion and incredible resilience. It has been tough. Adding to the strain, many have also lost colleagues, who were often cared for in the very facilities in which they normally worked.

It is not just those with COVID-19 that have been affected. The need to focus on the herculean task of the immediate response and the risk that COVID-19 posed particularly to those who were clinically vulnerable, inevitably meant that many diagnostic tests and treatments for other conditions had to be scaled back. We have followed the advice from the World Health Organisation and professional bodies on the provision of essential services. Clinical colleagues have sought to prioritise the care and support of those most in need, minimising the harm from both COVID-19 and non-COVID-19 conditions, in line with the ethos of the NHS.

The pandemic has had a devastating impact on the whole of society, the economy, jobs, affecting all age groups and the way in which we live our daily lives. As we begin 2021, we recognise the need to look forward to a time when our lives are not dominated by COVID-19. It will be a long haul, but we need to seize some of the opportunities that the pandemic has brought us to build better services and improve outcomes for everyone.

As we emerge from the winter and look ahead to the spring, we naturally begin to plan. This document sets out at a high level the approach we will take, building on new ways of working and opportunities to do things differently. The task will be to rebuild all services, not just hospital services but primary care, community, social care, right through to very specialist services. A series of more detailed plans will be developed as the complex task of recovery continues. We know that we will have to find significant resources and we are committed to doing so.

Sadly, we must remember that the pandemic is not over and we do need to be mindful of our responsibilities to keep ourselves and each other safe. We will need to live with the impact of COVID-19 for some time to come. Our ambition is that we can look forward and begin to reset our health and social care services to meet the challenges we face as a result of the pandemic.

| Vaughan Gething, Minister for Health and Social Services | Eluned Morgan, Minister for Mental Health, Wellbeing and Welsh Language | Julie Morgan, Deputy Minister Health and Social Services |

Foreword

Every year brings its own challenges, but the last year has been more demanding than most. Our health and social care services have been under immense strain, and the daily pressure that staff and the people we serve have experienced is like nothing that we have seen in our lifetimes.

The way Wales has responded has been nothing short of incredible. The NHS, and all of its social care partners including the independent and third sectors, have demonstrated their ability to do things at scale and pace. Delivering what was needed, whether that be staff, facilities, equipment, or Personal Protective Equipment (PPE) has shown the professionalism, determination and creativity of all concerned. In maintaining the ability of the NHS to respond to coronavirus, our objective has been to protect the people of Wales and to save lives.

Staff are the mainstay of any organisation and this has been demonstrated throughout the pandemic by colleagues in the health and social care sector. Staff have gone above and beyond and continue to do so. We need to ensure they continue to be properly supported and their health and wellbeing is paramount, alongside the needs of the people they care for.

We know we cannot look to eradicate COVID-19 in the near future, so we must learn to live and work alongside it for some time to come. [A Healthier Wales: Health and Social Care Action Plan](#) is the ten year strategy for health and social care in Wales. Its values and principles are important, now more than ever, as we transform care and services. We will take the opportunity to refresh the actions needed to deliver these ambitions which remains the overarching framework and long term plan for Health and Social Care.

The pandemic has led to opportunities to improve the way in which we work, with greater use of technology and stronger collaboration. We cannot afford to lose these benefits as we begin to focus on how to recover our services.

We will concentrate our efforts on the 'whole system', putting citizens at the centre and surrounding them with resilient, local primary and community care. Our hospital services need to be agile and responsive and our social care services caring, effective and linked seamlessly with health, to provide support for those in their own homes.

Our challenge now is to build the integrated health and social care service that we want going forward and to deal with the long-term impacts of COVID-19. It is our opportunity to change for the better, recognising that COVID-19 is still with us. Here we set out the road to recovery that lies ahead, which will be underpinned by *A Healthier Wales* at its heart.

Andrew Goodall CBE
Director General and Chief Executive of NHS Wales

1. Introduction

COVID-19 has had a profound impact on society and on services. This document describes the impact on health and social care, some of the lessons learnt and priorities as we move towards recovery. The response brought out the best in staff across the public services, who have worked tirelessly for the last year to keep as many services going as possible.

Many services have had to be reduced, and many people are waiting for the care and support they require. It is the same staff who have worked so hard on whom we will depend as services emerge from the pandemic response. Supporting the well-being of our staff must be a key priority, and the pace of recovery must take this into account. As well as looking after the wellbeing of our workforce, we will continue the drive towards implementing the prudent healthcare principles and create a larger pool of staff able to operate in new ways.

COVID-19 remains a very real threat, and will continue to be with us in the future. We will have to adapt for a world in which we must manage the presence of COVID-19 alongside meeting other needs for care and treatment. Services will have to work under stringent infection prevention and control measures to protect patients and staff, which will impact on the number of patients they can see.

This document has been presented in service-focussed chapters for convenience, not because they exist in isolation. All are inextricably linked, and action is required by the whole health and social care system, working together to meet the needs of citizens.

The benefits of strong partnership working between the NHS, social care and wider public services to create a whole system approach have been clearly demonstrated during the pandemic response. Strengthening this way of working is consistent with *A Healthier Wales* and will be a priority, building on the benefits seen through joint approaches to the pandemic. We will consider the role of funding arrangements in supporting integrated planning and delivery as we develop the recovery programme. We will expect recovery plans to be built on collaboration between the NHS and social services, working with partners. The scale of the challenge as we recover from this devastating pandemic requires the whole system to work together for the common good.

Ensuring the right balance between local solutions and innovation alongside national or regional solutions which minimise variability will be key. It is critical that the recovery approach is consistent, to ensure the greatest possible benefits from the resources available. Taking a value based health and care approach to recovery will ensure that interventions maximise the outcomes that matter to people. We must avoid an approach that focuses on delayed treatment in high volume areas only, without considering what matters to people and outcomes across the whole system.

The scale of the costs of recovery, whilst not yet known, will be considerable. The detail of plans which have to balance the continued response to COVID-19 with recovery, implications for the workforce, and the costs, will take time to develop. We have an opportunity to allocate resources differently to encourage the right behaviours and approaches in recovery. This will support the system to focus on effective interventions, which deliver the outcomes that matter to people.

Recovery solutions are likely to require significant capital investment for infrastructure, facilities, and equipment. Understanding the scale of the capital requirement and then securing the necessary funding is a key challenge.

Setting a firm timescale for recovery in the face of the continued pandemic and the current uncertainties is not possible. That is why this document 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.

The immediate future is uncertain. We are moving into the next phase of the pandemic response and it will be some time before the impacts of COVID-19 on our services recede. We must take steps to begin to rebuild our services, learning the lessons from COVID-19, and capitalise on the opportunities and changes we have seen during the last year. The focus must be on continuing to respond to the pandemic, minimising harm to people, looking after our staff and rebuilding services as quickly and safely as possible.

Test, Trace and Protect (TTP)

The TTP programme will continue to play an important role in managing transmission of the virus. Testing as well as supporting diagnosis and treatment continues to be an important means, alongside primary infection prevention and control measures, of safeguarding those who are vulnerable. It will help to reduce the risk of infection being brought into places such as hospitals and care homes.

We are also strengthening our capacity to 'test to find' and 'test to maintain' by supplementing our long standing polymerase chain reaction (PCR) testing programme with more rapid and regular lateral flow testing. As many as 1 in 3 positive cases show no symptoms and we can now undertake asymptomatic testing at scale to identify reservoirs of infection, to target areas of risk or outbreaks and to allow people and businesses to better manage risk.

We are maintaining our high performing contact tracing teams and extending their work so that as well as continuing to prevent transmission from positive cases they can routinely undertake contact tracing. This will enables us to act much more assertively in response to variants and to take more active management of returning travellers. Allied to this we are linking testing much more closely with genomic sequencing to give us increased capacity to spot changes to the virus and to react accordingly.

TTP remains reliant on the support and cooperation of the public. People doing the right thing, reporting symptoms, getting a test and isolating when asked to keep their families, communities and workplaces safe.

Vaccination

The vaccination programme is key to us overcoming this virus and to restrictions on our freedoms beginning to be relaxed. There are some key questions we are only just starting to see data on, such as the impact of the vaccine on community transmission. Detailed work is underway to model options around the link between the vaccine and easing current

restrictions. The efficacy of the vaccine against new variants or strains of COVID-19, which may arrive in Wales in the future, is another key consideration.

Over 85% of the first four priority groups have now received their first dose of the vaccine. Pace is continuing to increase and we are making strong progress. On Friday 26 February, we passed the milestone of one million doses administered in total.

We are currently prioritising second doses of the vaccine and by 1 March 3.1% of people vaccinated in Wales have received their second dose. This is the highest rate for 2nd doses across the UK.

We are moving through the priority cohorts and are on track to deliver against our next target of mid-April for groups 5-9, subject to supply.

On 26 February we published an update to our Vaccination Strategy Vaccinate Strategy for Wales Update. This reflects on the progress made to date and provides more information on our current and forthcoming priorities, in line with the Joint Committee on Vaccination and Immunisation (JCVI) guidance. The update also provides more information on the important and encouraging evidence that is beginning to emerge on the effectiveness of the vaccination programme.

2. COVID-19 and inequalities

The impact of COVID-19

The Welsh Government is committed to reducing health inequalities and to achieve a fairer Wales in every aspect of our society. The latest Chief Medical Officer for Wales Annual Report Protecting our Health 2019-2020 reflects on how people in Wales have faced the challenge of COVID-19 together. It looks at how we can emerge from the pandemic stronger and better prepared to tackle some of the challenges we were already facing and those added by the pandemic. Critical to this will be how we focus on our mental health, as well as the physical impacts of the last year.

COVID-19 has shown that we do not live in isolation and that it is all too easy to be impacted, almost without warning, by global events. COVID-19 has exacerbated the health and economic inequalities we know already exist but it has also deepened our understanding of these issues.

The four harms, which have been used to describe the broad priorities which the NHS and social care in Wales have focused on over the past year, are still relevant.
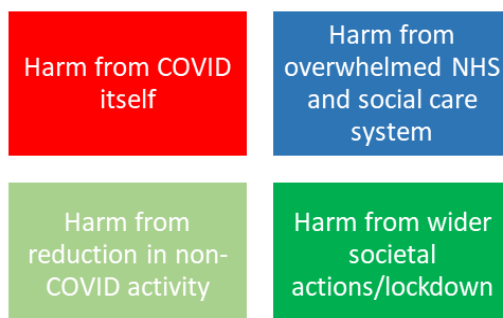
Much of 2020-21 was necessarily focused on the top two boxes. In 2021-22 and beyond, the health and social care system needs increasingly to focus on the other causes of harm. The numbers of people that are now waiting for treatment for non COVID-19 conditions is larger than at any time in our recent memories. The road to recovery will take time. Recognising the inequalities that exist, we must be radical and ready to adopt new technologies and new ways of working if we are to address them.

COVID-19 has had a disproportionate impact on Black, Asian and Minority Ethnic communities in Wales. 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. 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 been seen to be a consistent factor for hospitalisation, admission to intensive care and death.

During the last 12 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.

COVID-19 has impacted on both physical and mental health. The challenges of the lockdown, put in place to protect the population from the virus, have also left many feeling anxious, depressed and resulted in new mental health challenges. Those with existing mental health conditions have found life difficult and there are those who have experienced loneliness and isolation afresh, having been separated from family and friends for long periods, particularly those living alone. Communities and individuals will be coming to terms with the personal impact they have experienced and it is fundamental to our approach going forward that we place emotional health at the heart of the response.

An analysis of children's rights impact assessments, undertaken on a range of policies during 2020, highlighted that it is often the same groups of vulnerable children that are negatively affected when these policies are implemented. The impact from COVID-19 is no different, for example those most affected are:

- Vulnerable and young children
- Children with additional learning needs
- Black, Asian and Minority Ethnic children
- Welsh medium learners where Welsh is not the language of the home
- Those who are digitally excluded
- Disadvantaged children – including those with no outdoor space
- Those who may suffer developmental delay.

For wider society too, the impact has been stark. The economy and jobs have been affected. Many face financial hardship because they cannot operate their businesses or as unemployment levels rise. The financial strain that many people are under as a result of COVID-19 is significant and will have an impact on their health and wellbeing over the coming months and years.

The Welsh Government's Economic Resilience and Reconstruction Mission sets out how we plan to recover from the economic damage of the pandemic. It demonstrates that economic wellbeing is without any doubt tied to environmental, cultural and social wellbeing. The NHS and the wider public service contribution is key to economic recovery. We know that social care provides significant support to the lives of many people in Wales. The social care workforce itself has been under tremendous pressure but has provided unfaltering help to people across Wales throughout the pandemic. Social care also plays an essential role in the economy, helping those with caring responsibilities enter, return to or stay in work.

COVID-19 has left its mark on so many facets of life but some positives have also emerged. The resilience of many communities, and the help and support many volunteers have shown, has been remarkable. Whether helping in health and social care settings, at vaccination centres or in food banks, at neighbourhood schemes or keeping in contact with someone living alone, the caring nature of people across Wales and the desire to contribute

has been outstanding. Similarly there have been benefits for the Welsh environment. With more people working at home, more virtual meetings and appointments, there has been a reduction in traffic and an improvement in air quality, taking Wales a step nearer its decarbonisation targets.

In looking to a future after COVID-19, it is vital that we work proactively to build a stronger and fairer health and social care service for Wales. We must ensure that our plans seek to improve the lives of those who are already vulnerable in our communities or face inequalities of any kind.

Key lessons learnt

COVID-19 has had a significant impact on people from ethnic minority communities, and those with obesity and multiple health conditions. It is important to continue 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.

We must reduce the disparities in living conditions that have negative impacts on the health and wellbeing of people in Wales. 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. Our strategies must provide support for the most vulnerable parts of Welsh society.

Mental health is one of the Welsh Government's key priority areas, identified as having the greatest potential contribution to long-term prosperity and wellbeing. The pandemic has highlighted the need for even stronger cross-government actions in the area of prevention and the protection of mental health. The Review of the Together for Mental Health 2019-2022 in response to COVID-19 report outlines a range of commitments to address the wider socio-economic impacts of the pandemic and their effects on mental health and emotional wellbeing, most of which sit outside the health and social care system. Mental health services were designated 'essential' and therefore available throughout the pandemic. We are finalising a framework for services which will support the expected increase in mental health demand across Wales, ensuring that we capture lessons learned from new and innovative delivery models.

COVID-19 has shown the world that it can work differently, no longer needing face to face contact in the same way. The need for travel has been reduced whilst also creating opportunities to change the way in which we work, with virtual appointments and consultations fast becoming the norm. Greater use of technology, adopted rapidly during the pandemic, can support new ways of delivering health and social care for the future. We must, however, work both to tackle digital exclusion and ensure that our services do not discriminate against those who are digitally excluded.

Work undertaken by the Children's Commissioner looked at how children and young people were experiencing lockdown. The things that most impacted on how children and young people feel were not being able to spend time with friends, not being able to see family and school or college closing. Children and young people of all ages have also had their education and studies interrupted in a way not seen for generations. This is particularly concerning for children from disadvantaged backgrounds, who already achieve less well on average than their better-off classmates.

When schools shut down, children and young people are unable to find a safe place away from violence in the home, both direct and seeing violence against others, with calls to help lines in Wales increasing by over 50% in some areas. The United Nations have reported that: "children are not the face of this pandemic. But they risk being among its biggest victims. While they have thankfully been largely spared from the direct health effects of COVID-19 - at least to date – the crisis is having a profound effect on their wellbeing"[1].

We recognise the importance of ensuring that those in greatest need are central to the future health and social care system. If not, there is a great danger of significantly increasing existing disparities, with major negative impacts upon the future health and wellbeing of people in Wales.

The pandemic has brought renewed focus on the importance of the connection between health and care and the wider economy, reminding us of the value of our collective and partnership approach in Wales.

We have also learnt a great deal about the demand and capacity shortfall in our hospitals and wider health and care services. There is a clear need to have sustainable services that can respond to increases in demand for care and referrals into the health and care system. This must be done in a way that supports people to access the right level of services, which may be different from those that have been offered traditionally in the past. We have learnt that we can do things differently and we must build on the innovation and change that has benefitted us during the pandemic.

Opportunities as we recover

The aims and objectives of *A Healthier Wales* have provided a solid foundation to the COVID-19 response through established partnerships and integrated working. COVID-19 has accelerated the transformational change in how health and social care services are being delivered, and the response to the pandemic has brought forward the implementation of a number of long term plans.

New models of care supported through the Transformation Fund and the Integrated Care Fund have been important to the regional response to COVID-19, including rapid discharge from hospital to home and preventing admission. Significant and accelerated investment in digital technology has enabled rapid service transformation. We now have the opportunity to capitalise on *A Healthier Wales* priorities, lock in the progress we have made, ensure that we learn from the pandemic response, whilst maintaining the innovative practices and new ways of working we have seen throughout Wales.

Alongside *A Healthier Wales* we have published a *National Clinical Framework* (NCF), which sets out how clinical services will be changed to make them fit for the challenges of the 21 century. It was developed through the engagement of clinical teams across Wales. The model of delivery for clinical services is one of the most important foundations of our healthcare system.

Prevention and wellbeing must be at the heart of the way forward. The Healthy Weight Healthy Wales strategy summarises the actions that are required to help those with

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[1] (https://www.un.org/sites/un2.un.org/files/policy_brief_on_covid_impact_on_children_16_april_2020.pdf)

diabetes, muscular-skeletal conditions and obesity. Prevention should be a prime focus in all pathways of care in line with the National Clinical Framework.

Similarly, the Wellbeing of Future Generations (Wales) Act 2015 provides the overarching building blocks that are needed, through the five ways of working (long term, prevention, integration, involvement and collaboration), to support the health and care system recover.

The Future Generations Commissioner's Manifesto published in October 2020, noted that "In every crisis there are two phases: the first where you respond and the second where you learn. To be successful you must have both." It is more important than ever that the five ways of working are integral as we move towards recovery, so that health and social care services are fit for our future generations.

Given the recognition of the importance of people's mental health and wellbeing having a Minister for Mental Health, Wellbeing and Welsh Language has brought dedicated focus and resource to this area. Mental health must have parity with physical conditions, acknowledging that for many people these are not 'either/or' choices, and that providing more holistic treatment and support is the most beneficial approach.

The Welsh language is important in the delivery of health and social care. For many people, being able to access information or describe their symptoms and talk with professionals in their preferred language is key to getting the right treatment and care. Health boards and trusts are subject to Welsh language standards (regulated by the Welsh Language Commissioner) which are a set of legally binding requirements that aim to improve bilingual services. The Welsh Government's More Than Just Words Action Plan sets out a range of actions which will underpin the recovery of our services.

From April 2021 onwards, all public sector organisations must act on the Socio-Economic-Duty, which will ensure that decisions are taken in the context of the wider determinants of health and seek to reduce inequalities.

Climate change and decarbonisation has gained prominence in recent years. Plans for recovery must take account of the Welsh Government's commitment to a carbon neutral public sector by 2030. This will also have considerable health benefits. It is important to recognise that actions taken now will impact on the way in which Wales moves forward and plays its part on the global stage at the United Nations Climate Change Conference of Parties (COP26) in November 2021.

Challenges and risks

The longer term aspects of a downturn in the economy and the need to stabilise sectors which have been badly affected, will impact on many in Wales. The wider determinants of health and the reduction of health inequalities must be central to recovery. At risk groups must have good access to fair financial support which has a strong correlation with people's health and wellbeing.

The transition to life outside the European Union will also need to be considered as part of the recovery and reshaping of our health and social care system. Impacts will be felt in both economic and social terms. For the health and care sector, we will need to pay particular

attention to supporting our workforce needs, managing our relationships with other countries, as well as adjusting to changes in procuring goods and services.

Priorities

Now is the time to build a more resilient health and social care service and support and develop our workforce. We must take the next steps to ensure that we do not just recover to the position pre-COVID-19, but rather reframe services so they provide the integrated health and care support that Wales needs and deserves.

We must tackle all forms of harms resulting from the pandemic as we move towards recovery. This includes harm from delays in access to treatment or care and the impact on mental and emotional wellbeing.

We will accelerate the work underway to develop a *Race Equality Plan* which represents an important statement by Welsh Government of its vision and values. The practical actions will address racial inequality and improve the life chances and outcomes of Black, Asian and Minority Ethnic communities in Wales. A toolkit to help employers and employees to feel safe and well at work is being developed to address the issues that COVID-19 has shown all too clearly.

Building on the unique arrangements in Wales, including strong partnerships such as Public Services Boards and Regional Partnership Boards, we will support key local organisations to work together across the public sector to achieve better outcomes for citizens.

Recognition of the enormous impact that COVID-19 has had on the mental health of all ages is important. Building support, particularly for low level interventions is key. Children and young people have been significantly affected and more needs to be done to ensure their mental health concerns are addressed promptly.

The values, principles and actions in *A Healthier Wales* will provide the context as we move through the next stage of the pandemic response and into recovery.

We have taken the opportunity to review and create new *A Healthier Wales* actions to reflect lessons learned from the COVID-19 pandemic and our challenges ahead in terms of recovery. These new actions include a focus on health inequities, mental health, children and young people and decarbonisation.

We will share best practice and support new ways of working in relation to a range of services, such as hospital to home services; place based care; technology enabled care and emotional and mental health services.

3. Responsive primary and community care

The impact of COVID-19

Primary and community care are at the heart of Wales' communities and the core of our NHS and the vision for the future. *A Healthier Wales* sets out the intention to create new models of seamless health and social care. Local cluster primary and community care providers are the foundation for collaboration and innovation.

In order to maintain the delivery of key NHS services, collaboration at cluster level has increased since the start of the pandemic. Services for COVID-19 and non-COVID-19 conditions have been provided as close to home as possible.

All staff have adapted their ways of working and models of care in response to the pandemic. This has included:

- Expanding the use of digital platforms, for example providing telephone and video consultations, as well as face-to-face consultations when required
- Linking with secondary care hospital teams virtually using new digital platforms
- Establishing hubs for urgent and emergency care
- Supporting the field hospitals, the test and trace and COVID-19 vaccination programmes
- Pharmacies providing support for a range of services, without appointments, particularly when GP services were seen to be under greater pressure
- Practices adapting ways of working to ensure appropriate infection control to keep patients safe.

The pandemic has seriously impacted on the ability to provide dental services. Although the number of urgent treatments is beginning to return to pre-COVID-19 levels, the total numbers able to access routine services are only at about 35% of 2019-20 levels, because of the need to put in place measures to prevent infection spread between patients.

Rehabilitation has become a particular area of focus during the pandemic for those affected by COVID-19. This focus must continue and also ensure people come forward for treatment including those who may have delayed or put off seeking advice on a health problem, and people affected by the lockdown measures, such as people who have been isolated or were shielding.

Key lessons learnt

As the health system moves towards recovery, there are many valuable lessons from the rapid transformation that occurred in response to the pandemic. Many of the lessons are aligned to the 'care closer to home' principle as set out in *A Healthier Wales*, particularly the digital solutions.

The health and care workforce and patients have been flexible in adapting to new ways of communicating and this has ensured people have access to the support they require, using a variety of approaches including telephone, digital and face-to-face contact.

Cluster working successfully ensured that urgent care was constantly available for all patients, across a number of practices within the cluster.

Allied Health Professionals (AHPs), such as therapists, have worked together in multi-professional teams, adopting new digital ways of working, to deliver the highest quality of care and improve health outcomes.

Opportunities as we recover

Encouraging a multi-disciplinary approach is essential to meeting people's needs, ensuring that they can access the right person, at the right time in the right place. Creating a simple line of diagnosis and treatment for the patient to follow will be critical to creating an effective model for the future, which involves changing public expectation as what is the most appropriate place to be seen, treated, and supported and who is best placed to provide this care.

Ensuing that all professionals have up-to-date knowledge and training so they are in a position to transform and deliver new care regimes and fulfil the principles of *A Healthier Wales* is critical.

We can provide people with access to broader primary care through the national and local 111 service, including phone first and other digital approaches. This will maximise access to specialist professional advice and guidance online. Better technological advances will modernise our prescription services and improve patient care through the successful dental e-referral system. All of these developments are helping to identify what can and should be delivered safely and closer to home in primary care settings

Using optometrists with higher qualifications, to enable patients to receive appropriate care closer to home is important and can significantly reduce the demand for hospital based ophthalmology care. Likewise developing the role of our community pharmacy in services, especially clinical services, will build on the developments we saw during the pandemic.

Encouraging Allied Health Professionals to develop further new models of care will help keep people well. This includes remote self-management guides, group consultations and preventative treatments. By increasing the capacity of community based staff we will support long term physical and mental health conditions, including for people with orthopaedic problems, people living with dementia and Long-COVID.

Challenges and risks

The challenge is for local services to become seamless and organised around the needs of individuals on a 24/7 basis. This includes integration between the primary care services such as general practice, dentistry, optometry and pharmacy, alongside the third sector services; between primary care services and community services; and between health and social services. This will enable people to have more of their treatment and care as close to home as possible, relying on hospitals for specific investigations where necessary, rather than as the default destination.

Key specific service risks are:
- Maintaining access to primary care services is essential. If it is significantly reduced through any perception that services are not available, or through capacity being reduced to cope with COVID-19, then harm can occur
- Primary care has a key role to play in critical national programmes for vaccination and waiting list recovery, and the ability to manage these pressures alongside delivering primary care must be carefully considered
- The ability to direct appropriate pathways into the wider community and primary care sector is key to support recovery efforts
- We must create a better understanding by professionals and the public of the role of the whole primary and community care team.

Priorities

Primary and community care continues to be one of the five Ministerial priorities in the NHS Wales Annual Planning Framework 2021-2022. The Primary and Community Care 2021-22 Planning Framework sets out the specific priorities for primary and community care, both for COVID-19 and the recovery of non COVID-19 activity, building on key lessons from 2020-21.

The Primary Care Model for Wales and the cluster approach focuses on health and wellbeing. Moving into 2021/22, the following principles need to underpin service planning and delivery at cluster and health board level:

- Community services must work with each other and with hospitals to provide the right care at the right time from the right professional or service as close to home as possible
- Care and support is about the whole person encompassing mental wellbeing and physical health.

The four priorities are:
- Management of COVID-19, including the vaccination service and care for people with Long COVID
- Delivering essential services, requiring joined up care with hospital services
- Development of integrated community care services, including optimal use of Allied Health Professionals, including therapists to deliver increased provision of recovery, rehabilitation and health services for people in care homes
- Improved access to primary care, including new ways to access urgent and routine care closer to home.

To support recovery, the Strategic Programme for Primary Care will reprioritise work into four main areas:

- Cluster development– 'A Big Conversation' commenced with a survey during December 2020. A delivery plan will be reported at the end of March 2021

- Community infrastructure – maximising the role of nursing within primary and community care

- Urgent primary care – this will build on the findings from the Pathfinder Centres established during the winter (2020/21), which have provided a wealth of learning and will inform the development of the redesign of urgent primary care in Wales

- Mental health – Joint work recently commenced between the Mental Health Programme and the Strategic Programme for Primary Care on preventative services. As lockdown eases, this will become even more of a priority and there is a joint commitment to set out what can be offered across Wales and at cluster level.

We will continue with our programme of primary care contract reform:

- Dentistry will focus on addressing priority needs and inequalities, stepping up preventive care, and making effective use of resources to address the treatment backlog

- Optometrists will be encouraged to optimise their skills and encouraging staff to utilise the full extent of their education, training and experience to support the shift of appropriate services from hospital to primary care

- Community pharmacy will build on and develop its role in service delivery, especially clinical services

- In General Practice we will build on the learning from the past 12 months to streamline the General Medical Services contract to focus on core service provision to patients, with services of an enhanced nature planned and delivered on a cluster footprint.

4. Supportive mental health services

The impact of COVID-19

Since mid-March 2020, a number of population surveys across the UK and in Wales have reported the impact of the pandemic and lockdown measures on aspects of individual's mental health:

- Overall, levels of anxiety remain higher than pre-pandemic. Aspects of personal health and wellbeing, concern about the health and wellbeing of others and personal finances have all caused worry for individuals to differing extents over the course of lockdown

- Impacts have not been felt consistently across all groups. Certain groups of people report higher levels of mental health concerns than others, and have done so throughout the pandemic. They include those with pre-existing mental health conditions, young adults, ethnic minority communities and people living with dementia and their carers. People in lower income households and women were also particularly impacted. A survey by the Children's Commissioner for Wales also highlights the impact on children and young people Coronavirus and me results

- There is consistent evidence that economic recessions and factors such as unemployment, declining income and unmanageable debts are strongly associated with poor mental wellbeing, higher rates of common mental health disorders, substance misuse disorders and suicidal behaviours

- Concerns have been raised about an increased risk of suicides due to the restrictions and raised levels of anxiety but published evidence shows that, whilst we must remain vigilant and take a preventative approach, it is too early to conclude what the overall effect could be.

All of these will have an impact on the need for services, with the Centre for Mental Health estimating that up to 10 million people in England will need either new or additional mental health support as a direct consequence of the crisis. Although the model is based on English data, it is not anticipated that the impacts on mental health would differ markedly in Wales.

Recent modelling for Wales suggests for 2021 a potential increase in demand for primary care mental health services of up to 40%, which could translate into some 31,000 referrals. Additional demand in hospital services could see an increase of up to 25%, translating into some 10,000 referrals.

Key lessons learnt

Mental Health services were designated 'essential' and continued to operate through the pandemic, albeit with altered ways of working, including through virtual consultations.

Following the first COVID-19 wave, Welsh Government commissioned an independent and rapid review of mental health services in order to inform future decision making around

services. The intention was to understand both the experience of staff and service users and the impact of the changes on systems and patient outcomes.

Whilst it was recognised that the rapid nature of the review would have some limitations, a clear review process was quickly agreed and 20 change projects to tackle problems and drive improvements were identified. The following four themes were used:

- Telehealth and digital solutions
- Integration and co-location of teams and services
- Referral/admission management
- Enhanced support at the point of contact

It was recognised that new ways of working need to identify and address safeguarding issues.

Opportunities as we recover

We need to ensure a consistent approach to all aspects of telehealth implementation in mental health services, which incorporates the use of technology as a vehicle to promote and sustain good practice.

Compassionate leadership needs to be developed and embedded through the service, to drive innovation and a continued focus on building community resilience, integration and improved partnership working.

We must be confident that care pathways are developed from a common understanding and clear responsibilities, enabling more local decision making underpinned by a better balance between clinical and financial governance.

The proportion of funding spent on children and young people with mental health issues must increase, as it is understood that 80% of mental health issues start at this time of life.

Health Boards will be encouraged to commission more low level mental health support locally and to work with primary care to develop a consistent all Wales approach. This could include greater social prescribing delivered via the third sector, ensuring a consistent quality and standard, to support people in communities and to de-medicalise mental health issues where appropriate and we will establish a task and finish group to inform this. As we recover from the pandemic embedding a trauma informed approach will be essential and we will continue to accelerate the implementation of the Traumatic Stress Wales Service which supports an evidence based, whole system, and consistent approach across Wales.

Challenges and risks

There remains a real risk that the NHS could become overwhelmed with referrals for mental health support where the causal factors are due to socio-economic impacts of COVID-19, as opposed to a medical or specialised mental health need.

Certain services have been particularly impacted during the pandemic. These include Child and Adolescent Mental Health Services (CAMHS), Eating Disorders, Memory Assessment Services, and access to Psychological Therapies. In addition to addressing these areas,

modelling work is underway to inform the future size and shape of mental health services, including reviewing waiting lists and referral data.

Improved cross-Government action and a better multi-agency approach is needed to prevent the anticipated surge in demand and meet the needs of individuals effectively.

Priorities

People's mental health concerns must be given equal parity to their physical needs. Health and social care recovery proposals must ensure that mental health support is embedded in all programmes and services across the whole system to achieve this.

Work is underway between Welsh Government and the NHS to update the framework for an all-Wales recovery plan for mental health and substance misuse services covering all ages and tiers of care. This plan is intended to facilitate joint planning and a co-ordinated approach that can be communicated to a range of stakeholders, including health board leads and Third Sector partners. The framework is based around the following areas:

- Workforce wellbeing and resilience
- Retaining innovation and good practice
- Agreeing service expectations for mental health
- Building additional service capacity and equity of provision

It is not intended to replace the need for individual health boards to develop their organisation's own recovery plans and governance arrangements. Rather the framework aims to provide a steer on the considerations that mental health service teams should include and where a common approach could be taken, or an all-Wales approach agreed.

The 2019-22 Mental Health Delivery Plan, which was refreshed in October 2020, includes the latest priorities for mental health services. Whilst the priority areas outlined in the refreshed plan remain relevant, the clear priorities of the Minister for Mental Health, Wellbeing and Welsh Language include:

- Continuing to significantly strengthen lower level, preventative mental health support
- Increasing the role of the third sector, where appropriate
- Addressing performance issues in CAMHS
- A greater emphasis on prevention with renewed focus on the socio-economic determinants of poor mental health such as unemployment and debt.
- A clear multi agency pathway for Crisis Care, including for Children and Young People
- Ensuring the roll out of the Together for Children and Young People Programme's Early Help and Enhanced Support Framework via Regional Partnership Boards.
- Focus attention on communities who are less likely to access mental health support e.g. members of the Black, Asian and Minority Ethnic communities.
- Ensuring ongoing mental health support for those who have been at the front line of the pandemic in the NHS and Social Care.
- Improve transitions from childhood to adulthood in NHS mental health services
- Ensure all health boards attain the perinatal mental health standards as set out by the Royal College of Psychiatrists.
- Improving access to memory assessment clinics

Effective and efficient hospital services

Urgent and Emergency Care

The impact of COVID-19

COVID-19 has had a profound effect upon the delivery of NHS services, the behaviour of the public and the way they access urgent and emergency care. The service has changed rapidly so that patients, whether they are COVID-19 positive or non-COVID-19, can be treated safely.

Reconfiguration of hospitals to ensure bed spacing and physical distancing to keep patients safe, and prevent transmission of the virus, have reduced capacity in emergency departments and hospitals as a whole.

In order to meet the emergency COVID-19 demands, critical care services had to be expanded quickly – additional beds, ventilators and oxygen provision were required to meet the need. Bed capacity was expanded from the baseline position of 152 critical care beds pre-COVID-19 to in excess of 300. To meet this requirement, other hospital areas such as theatres were converted into emergency critical care environments, which have had to be sustained since the start of the pandemic.

In order to facilitate these additional beds, staff had to be drawn in from other service areas and retrained to support senior critical care colleagues. Whilst this met the immediate requirement it has resulted in other, important NHS services, being stood down to meet the pandemic requirement.

Field hospitals have been a key part of the overall strategy in meeting the challenge of the pandemic. They provided important additional bed capacity in a number of areas of Wales during peaks in pressure over the course of the past 12 months. This additional capacity has been instrumental in enabling people who are recovering to leave acute hospitals, freeing up much needed beds in acute and community hospitals. Similarly to critical care, opening of field hospital sites required staff to be drawn in from other parts of the health and social care system with implications for delivery of other service areas.

The risk of spread of the virus has potential implications for staff and patients. This impacts on the flow of patients through hospitals. Despite a greater understanding of the virus and when patients are infectious, discharging patients from hospital has sometimes proved challenging.

Response times for ambulances and ambulance patient handover delays have been affected by the need for ambulance staff to don Personal Protective Equipment (PPE) before seeing patients, increased staff sickness and absence, as well as the necessity to deep-clean vehicles once they have transferred patients.

Increased staffing absence, redeployment of staff to unfamiliar parts of the hospital and community and the need to operate testing regimes for staff and patients have resulted in longer lengths of stay for some patients.

Key lessons learnt

In the wake of COVID-19 it is important that the public can receive urgent care in the right place, at the right time. The use of emergency services must be kept for those patients that need it most. Learning from COVID-19 means that we need to reduce overcrowding in emergency departments, which further reduces the risk of onward transmission of the virus.

Face-to-face contacts in all healthcare settings should only take place when clinically necessary and appropriate for the patient. The pandemic has shown that patients will readily accept telephone or virtual consultations where these meet their needs.

The 111 service has become a more recognisable brand as a result of its use during the pandemic across Wales for COVID-19 related calls. It has provided assessment of patients that can effectively support and signpost them to the most appropriate care setting and services for their needs.

There has been a reduction in the numbers of people attending emergency departments since the start of the pandemic. Ambulance staff have been treating more people at home to avoid unnecessary attendances in hospitals, linking with specialist colleagues in hospitals using digital technology.

Extended access to same day emergency care played an important role in ensuring that patients were seen by specialists in hospitals to avoid them needing to be admitted to a hospital bed. Equally important was the focus on a range of services to discharge patients from hospitals and into community and local authority care. This helped patients to spend less time in hospital and to be discharged with support from recovery and assessment services. Maintaining these approaches is crucial as we look to build a sustainable service.

Opportunities as we recover

It will be important to define 'urgent primary care' and to strengthen the multi-disciplinary approach in line with *A Healthier Wales*.

Urgent Primary Care Centre 'pathfinders' are now operating in five health boards across Wales. The intention of the pathfinders is to provide a 'setting' where patients with an urgent primary care need can be seen by Primary Care clinicians in a timely manner both in and out of hours. Reviewing the findings from the pathfinders will be key to supporting further roll-out.

Continuing to provide and develop robust and reliable emergency response services remains a key priority. In addition, there is an opportunity to plan and co-ordinate the care of patients with urgent care needs better, providing them with planned appointments in the right place to meet their needs. Providing patients with appointment times should avoid patients having unnecessarily long waits away from home.

Building on the work done to date, it is important we make more use of measures that demonstrate outcomes and experiences that matter to patients.

Making it easier for patients to access the right part of the urgent and emergency care service to meet their needs in a timely, accessible and clinically appropriate way is a key

opportunity and priority. The NHS 111 Website including the on-line 'symptom checker' has been well used, with the site having over 1.6m hits in March 2020 alone. Opportunities to support the wider urgent care agenda will increase with the implementation of the new 111 IT system.

Further development and wider implementation of the 111 service will be undertaken over the next few years to ensure a consistent 24/7 urgent primary care service is delivered with equal access across Wales.

Utilising the critical care training and experience non-critical care staff have developed as we rebuild and strengthen critical care services will build resilience for the future.

A clear focus, at the point of hospital admission, on planning how and when people can return home and to their communities, is paramount. Further work will be undertaken to ensure there is clear dialogue with third sector and social care services to ensure the person, their families and carers feel supported and in control.

Challenges and risks

Staff fatigue, particularly for those who have been on the front line over the last 12 months, is recognised as a major concern across all health and social care services. The recruitment and retention of staff is a challenge for all organisations.

There is a need to deploy staff and other resources in a co-ordinated and effective manner. While it is important to support new initiatives and different ways of working to deliver effective health and social care in the future, the health and wellbeing of staff must be central if the system is to be sustainable.

It is possible that concern about COVID-19 will deter some patients requiring emergency care from seeking help. Reinforcing the message that the NHS is available when people need it will continue to be a priority.

Mental health is already an area where there is significant demand on urgent and emergency care services, both for crisis and low level preventative support services. It is very predictable that there will a significant increase in mental health related complaints through urgent and emergency care services in both the short and medium term.

Priorities

The ambition is to improve the offer for patients who want or need urgent or emergency care, delivering advice, information or treatment in the right place, at the right time to enable improved outcomes and a better experience.

The six goals for urgent and emergency care will continue to act as an organising framework for health boards, NHS trusts and their wider partners. The intention is to drive a whole system approach with recovery plans setting out key interventions planned at local, regional and national levels aligned to each of the goals.

Health boards, NHS trusts and their partners are developing integrated urgent and emergency care models which will:

- Maximise use of specialty advice and guidance lines enabling community clinicians and healthcare practitioners to make confident decisions about the care needs for people
- Implement a contact / phone first model for people who think they need to present immediately at an emergency department but would benefit from self-care, care in the community or to be given an appointment in an emergency department, if appropriate
- Implement 'urgent primary care centre' pathfinder services enabling people with urgent primary care needs to access timely multi-disciplinary advice or care in their local communities, reducing pressure on in-hours GPs and emergency departments
- Develop same day emergency care services to enable patients with appropriate conditions to be diagnosed and treated safely without needing admission to a hospital
- Consistently deliver the four "discharge to recover then assess" pathways to enable patients to safely avoid admission through assessment and recovery at home.

Implementing the Task and Finish Group on critical care recommendations will be an important priority, with a focus on:

- Development of Post Anaesthetic Care Units (PACUs)
- Addressing the workforce deficit to meet professional standards
- A phased expansion of critical care beds
- Improving flow out of critical care units and ensuring discharges are stepped down from critical care in a timely manner.

Planned Care

The impact of COVID-19

COVID-19 has had a major impact on the delivery of non-emergency operations and treatment across NHS Wales. There are significantly more patients listed for outpatient appointments, diagnostic and treatment services than before the pandemic.

The number of people waiting over 52 weeks is at its highest level ever. At the end of December 2020, over 115,000 people had been waiting more than a year and the number of people waiting over 36 weeks was 200,000 higher than the same month in 2019.The decision taken to limit routine activities, alongside the impact of physical changes to environment and staffing, mean that the number of patients treated is lower, which in turn has had an impact on waiting lists.
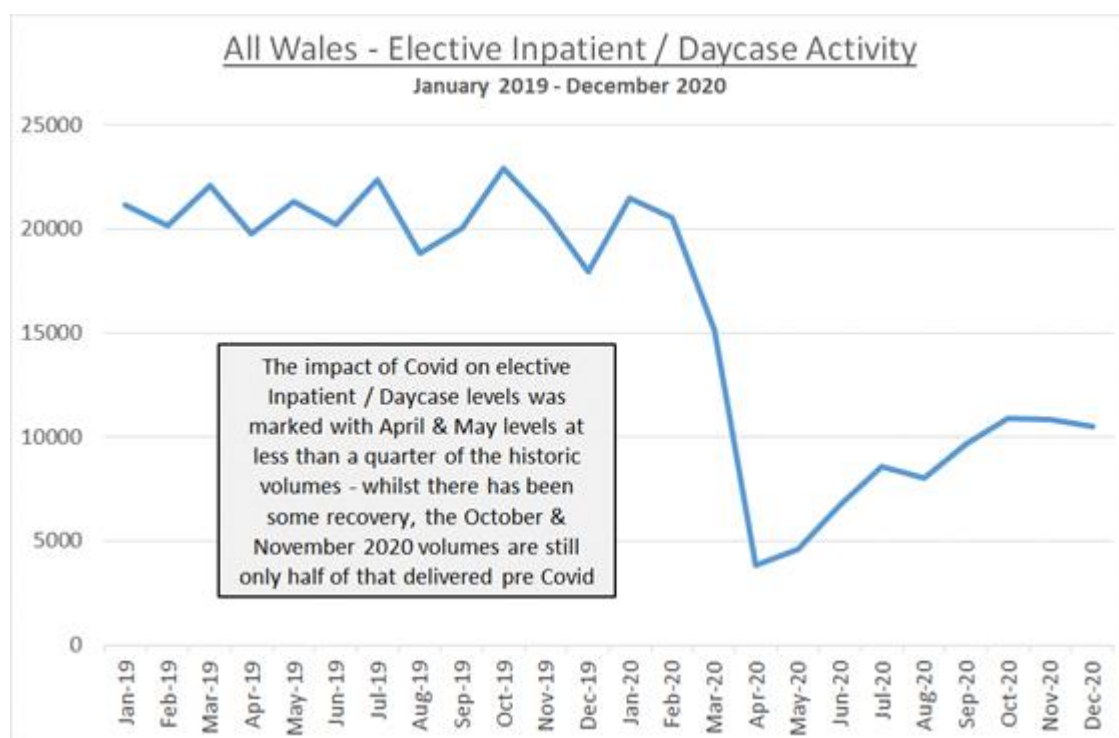
The graph below shows the impact COVID-19 has had on the number of patients waiting over 36 weeks at each stage of their secondary care pathway.
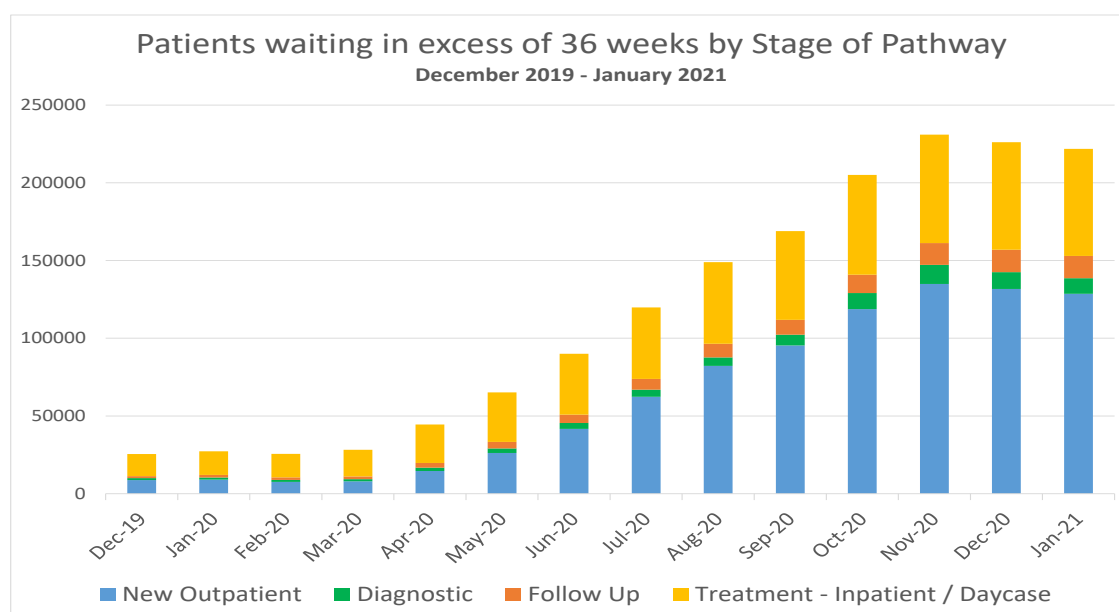
People are having to wait significantly longer, with the potential for harm and negative patient experience, both of which can influence their long-term outcomes. As the virus is brought under control through the rollout of the vaccination programme, people who have held back from seeking treatment during the pandemic will begin to come forward. Further outbreaks of COVID-19, as new variants spread, mean the system will have to learn to be agile and balance effectively between the needs of those with COVID-19 and those with other conditions.

Outpatient activity has continued throughout the pandemic and clinicians have been very effective at using new technology to support patients and manage their clinics. As a consequence, the overall outpatient waiting list has remained static. At its peak, virtual activity accounted for 47% of outpatient activity but it is now around 35%.

Levels of planned care activity have been markedly lower throughout 2020/21 when compared to historic levels as the graph below shows.

All Wales - Elective Inpatient / Daycase Activity
January 2019 - December 2020

The impact of Covid on elective Inpatient / Daycase levels was marked with April & May levels at less than a quarter of the historic volumes - whilst there has been some recovery, the October & November 2020 volumes are still only half of that delivered pre Covid

Key lessons learnt

The NHS found it challenging to treat every patient in a timely manner prior to COVID-19. The pandemic has led to a significant growth in waiting times which will take several years to address. To create a sustainable future for planned care in Wales, there must be sufficient capacity in the system to address the underlying demand as well as the long waits that have been an inevitable consequence of the pandemic.

Some patients cannot wait and will come to harm unless addressed quickly. Some cancer patients may reach a point in time where their condition becomes irreversible if treatments are not available in a timely manner.

We should not expect to simply return to the practices and services that we had before. There are inefficiencies and significant unwarranted variation in care and ways of working that we need to address as we move forward. We will make sure that patients are seen by the appropriate member of the clinical team and this may not always be the consultant.

There are many good examples of the NHS adopting innovative ways of working to ensure that planned care has been effective and evidence based. Examples include the use of Faecal Immunochemical (FIT) Testing which is a more sensitive test, and adaptations to the breast pathway. We will ensure that the most effective interventions are maintained and adopted.

Opportunities as we recover

The increased use of digital technology to support online appointments, and the use of specialist advice and guidance, are two new ways of working that will be critical in shaping how NHS Wales operates in the future.

Our digital outpatient programme will support patients to manage and monitor their own self-care with support and access to other tools and resources. They will if needed be able to book on line their own outpatient appointments and have appropriate access to their electronic medical record from both primary, secondary and independent care and the ability to add to it and share it securely with whom they choose (typically other clinicians, family and carers).

The NHS will accelerate its focus on delivering high quality care and maintaining the pace of service delivery innovation seen during the pandemic. The NHS will need to grasp the opportunities presented in *A Healthier Wales*, and the Welsh Government's strategic national programmes, to embed new ways of working. The *National Clinical Framework* also offers opportunities to reframe our clinical services.

The traditional approach to outpatients whereby all patients are referred to secondary care, seen by a clinician and sent for tests, before being called back for another appointment has to change. Many of these appointments are not needed and do not add value to the process and patient experience. A new advice and guidance model is being developed, supported by robust referral criteria and alternative pathways, to minimise new referrals. "Straight to tests" will become the normal practice prior to consultant appointments, which if possible will be virtual.

The default for follow up care will be discharge. Where this is not appropriate, the 'See on Symptoms' and 'Patient Initiated Follow Up' pathways will become the norm. This will empower patients to take responsibility for their own health and well-being. Wherever possible, patients will be supported to be on a self-management pathway.

Together these new approaches could in time reduce the need for over 50% of all outpatient appointments.

There will of course be many patients who will need to be seen and reviewed by a clinician. We will seek to implement a new clinical approach determined by clinical need and the patient's overall circumstances to decide patient prioritisation. This will be supported by the provision of alternatives to surgery and approaches to ensure that patients are helped to remain healthy whilst they are waiting.

The pandemic has highlighted the importance of ensuring that capacity for planned care can be protected in the face of significant emergency demands. Managing pathways treating COVID-19 patients and people requiring planned care alongside each other brings many challenges. Opportunities to accelerate the development of designated unscheduled and elective capacity, through the strategic re-purposing of the NHS estate or the creation of additional facilities, will be identified. Regional services are likely to be part of the answer in some areas, for instance in diagnostics or less clinically complex surgery.

Delivering this degree of service transformation will be exceptionally challenging. It will also have significant resource and workforce implications which will be considered as plans are developed. Ensuring that improvement in waiting times is achieved equitably across Wales will be an important principle.

Challenges and risks

While COVID-19 is still prevalent both in communities and hospitals, it continues to have a significant impact on those waiting for diagnosis and treatment for existing or new conditions. The levels of people waiting for diagnostic tests for non-COVID conditions is unprecedented. In the short term the need to manage the implications of infection control and social distancing for patients and staff mean that fewer patients can be treated than before the pandemic.

The NHS must prioritise care based on clinical priority and minimising harm. This is especially relevant given the growth in waiting lists during the pandemic. The number of people now waiting to be seen is so significant that those whose conditions are of lower clinical urgency face very lengthy waits. It is not fair to hold out the prospect of treatment when it is very unlikely that the NHS will be able to meet that expectation in a reasonable timescale. This is a very difficult issue which deeply troubles clinicians and the public, and we need to engage widely on the best possible approach as we work through the extraordinary challenges we face as a result of the pandemic.

There is also an unknown level of demand that can only be estimated at present. The evidence suggests that some people have been reluctant to seek advice from their GP or other healthcare workers because of COVID-19, however as infection rates fall, they may now come forward and present with conditions that may have worsened.

The scale of the challenge in planned care is very significant, and work is underway to explore a wide range of solutions as the system builds sustainable capacity and plans to address the backlog over the next few years. The starting point will be the Annual Plans that individual NHS organisations are developing, which are due to be submitted at the end of March. These plans will indicate how the NHS plans to recover services during the next phase of the pandemic response, recognising that COVID-19 is still with us and will have an impact for some time to come.

The current estimate is that it could take up to five years to return to the position before the pandemic. It is important to recognise that COVID-19 will remain a significant feature for the foreseeable future, and the necessary infection prevention and control measures will reduce the amount of activity which can be delivered through "normal" NHS capacity.

Priorities

There is a fundamental need to change the way services are delivered. New ways of working, and new pathways need to be developed and implemented within a framework which see the adoption of best practice consistently across the country in line with *A Healthier Wales.*

NHS organisations are working to develop recovery plans, which will deliver a service capable of dealing with both COVID-19 and non COVID-19 demands. It will take time to build capacity within the NHS, in the interim it may be necessary to work with partner organisations who can provide capacity quickly.

The aim will be to achieve sustainable planned care services as quickly as possible, recognising the significant workforce pressures in the system. As well as ensuring that best practice pathways are in place, innovative solutions including greater levels of regional working will be required.

A priority will be engaging widely on the scale of the challenge. Discussions with the public and clinicians are key, about how to manage the significant backlog of demand in a way which balances patient benefit, available capacity, pathway options and potentially very lengthy waits for some patients. This will not be an easy discussion, but it is important to be open and honest about the scale of the challenge caused by COVID-19 and the choices which will be required until a better balance between demand and capacity can be achieved.

Cancer

The impact of COVID-19

Demand on cancer services has reduced since the start of the pandemic. Fewer people have come forward to see their GP about worrying symptoms, cancer screening and endoscopy services were interrupted early in the pandemic, and fewer people attended outpatient and emergency departments.

Around 30,000 fewer people than expected were identified in the 10 months to December 2020 with suspected cancers; about 18% lower than same period in 2019. This has resulted in approximately 3,500 fewer patients being diagnosed with cancer between March and November 2020 compared to previous years. In particular, this was around 20-30% lower for urological, head and neck, breast and lower gastrointestinal cancers.

Due to the impact of infection prevention and control arrangements, fewer people can be seen at the same time than would normally be the case, and pathways of care are taking longer to complete as they involve self-isolation of patients. At times, patients have also been reluctant to attend their appointments due to concerns about contracting the virus. Although there are fewer people than normal requiring treatment, the lower productivity in services delivery and longer pathways have resulted in the number of people waiting for cancer treatment being more than 30% higher than pre-pandemic levels.

Key lessons learnt

Services adapted quickly to reduce the risk of transmission in diagnostic and treatment services. Common clinical guidelines were adopted across Wales on the prioritisation of cancer treatment, helping to ensure consistency in response to the pandemic. Many people's therapy was changed in order to reduce the potential for adverse outcome resulting from COVID-19 infection. It was quickly demonstrated that chemotherapy and radiotherapy could continue safely, and with the correct infection and prevention controls, that surgery and endoscopy could also continue. This meant that during the second wave of the pandemic, cancer screening endoscopic investigations and treatment were able to continue even at the height of community transmission.

In addition, service innovations were rolled out much more quickly than normal, including triage of suspected colorectal cancer referrals using quantatative FIT and also shorter radiotherapy courses for prostate and breast cancer using hypo-fractionation. Much closer collaboration between cancer services across Wales and better service benchmarking data was put in place.

Opportunities as we recover

Longer term service innovations will need to be embedded and additional innovations implemented to streamline pathways. Some health boards have introduced changes in particular tumour site pathways to reduce waiting times. The switch from the historic cancer waiting times to the single cancer pathway has set a new baseline of service delivery and patient experience, as well as providing much richer data on service performance. The disruption of the pandemic is an opportunity to reform cancer pathways for the better. Local consideration will need to be given to greater clinical prioritisation of cancer patients within broader diagnostic and treatment pathways. Additional treatment activity will need to be secured from within the NHS and through equitable access to the independent sector. National oversight mechanisms and collaborations that have been put in place to share good practice and recovery options should be strengthened. These arrangements should monitor variation in waiting volumes and identify the emergence of suppressed demand. The Quality Statement for Cancer sets out a new vision for the medium-term development of cancer services and requires a system focus on the immediate need to recover cancer services.

Challenges and risks

Long standing public attitudes to avoid burdening the NHS and the potential for possible symptoms of cancer to be attributed to existing conditions may continue to be exacerbated by the pandemic and suppress help-seeking behaviour. Infection prevention controls and pre-procedure isolation will limit the system's ability to recover pre-pandemic waiting list volumes and waiting times in the coming year.

Clinical prioritisation of other conditions and the re-emergence of routine activity will impact access to cancer diagnostics and surgery. Health boards and trusts may recover their pre-pandemic waiting list volumes at different rates and thereby create inequity. Suppressed demand may re-emerge suddenly and pose challenges for capacity. The suppression in demand and activity caused by the pandemic may result in a population level shift in stage at diagnosis and adversely affect the long-term trend in improving cancer outcomes.

Priorities

Immediate priorities for cancer care include:

- Working with the NHS and third sector to continue to encourage the public to come forward with possible symptoms of cancer

- NHS plans will seek to deliver the maximum amount of cancer activity and to make equitable use of the independent sector

- Health boards and trusts will continue to implement innovative pathways to enable patients to be treated as quickly as possible

- The national programmes for diagnostics and for end of life care will continue to support the NHS in Wales to maximise access for cancer patients to these vital services

- Development of an implementation plan for the Quality Statement for Cancer to address the longer term sustainability challenges facing cancer services

Diagnostics

The impact of COVID-19

The pandemic significantly disrupted clinical service provision resulting in large and growing backlogs, particularly in diagnostic imaging services but also in many other diagnostic services, for example endoscopy, pathology and cardiac physiology. As diagnostic activity is present in over 85% of clinical pathways, inadequate access to diagnostic services negatively impacts on care throughout the health and care system.

The graph below shows the growth in the number of people waiting for diagnostic tests from April 2019 to December 2020.
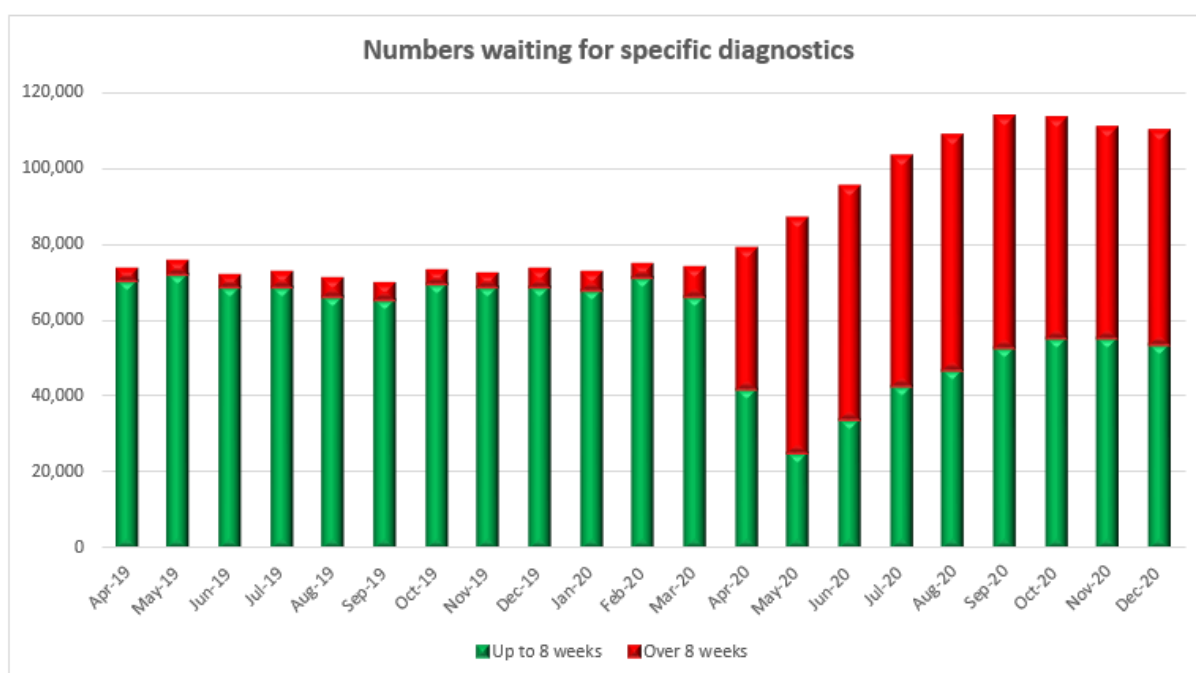
Key Lessons Learnt

The impact of COVID-19 has highlighted the importance of diagnostic services and the impact on care and treatment if diagnostic support is not available in a timely manner. The role of less familiar health science services has also been highlighted, for example the pathogenic genomic service and clinical engineering.

Opportunities as we recover

There is an important opportunity to consider diagnostics in a different way, as the system plans to address the acute pressures with sizable backlogs and long waiting times. A priority must be to create future resilience in services and to implement new service models, for example diagnostic hubs and the development of planned elective diagnostics into regionalised community provision.

Challenges and risks

Diagnostic services face major pressures, and will require significant support to recover post-pandemic. Substantial capital and revenue funding will be required immediately to avoid backlogs and delays growing further, and to reduce waiting times as quickly as possible.

Priorities

Workforce pressures and shortfalls will present a major challenge to rapid implementation of significant service expansion. Whilst the aim is to develop NHS services, immediate recovery interventions may require arrangements with the independent sector in the interim. Any such steps would be short term and designed to give the NHS time to develop sustainable services for the long term.

Rapid access to additional imaging capacity, CT and MRI scanning particularly, is an immediate priority. Endoscopy had been identified as a priority for expansion prior to COVID-19, and the pandemic has added to the urgency. The capacity required for diagnostic services to support new pathways of care, increased demand and to tackle the backlog, requires detailed attention as part of NHS recovery plans.

6. Seamless social care services

The impact of COVID-19

The pressures on social care staff has been unforgiving in dealing with the high demands that COVID-19 places on all parts of the social care sector. The immediate impact of the pandemic on the sector has been immense, and it is anticipated that this pressure will continue into the long-term. The long-term impact on wellbeing and mental health in particular is expected to be significant, especially for the social care workforce.

The disproportionate impact of COVID-19 on some sections of society has served to highlight existing inequalities, particularly for people with existing health conditions, Black, Asian and Minority Ethnic communities, older people and disabled people, those living with dementia, those living in care homes, children and young people, and unpaid carers.

The pandemic has also highlighted the huge role that social care workers have had in the frontline response to COVID-19 by continuing to provide support to our most vulnerable citizens in the most challenging and unprecedented circumstances. This renewed focus on the social care workforce has re-emphasised the different experiences of health and social care workers as professionals, together with the need to ensure that greater parity in reward and esteem between health and social care workers is achieved.

Social care staff and unpaid carers have reported burnout and exhaustion and care arrangements breaking down for unpaid carers, on which the care and support of many family members depend. COVID-19 has also had adverse effects on the wellbeing of older people in care homes, for example, constraints on social contact due to suspension of indoor visiting. Likewise the mobility and circulatory conditions of older people have deteriorated in lockdown, along with increasing accounts of loneliness and depression.

Many care homes have, at different times, struggled with severe staff shortages either though sickness or staff needing to isolate to reduce the risk of onward transmission of the virus. Health boards, local authorities and other partners provided additional support into these homes to ensure care could be maintained, which created additional issues for the NHS and local authorities as resources became stretched at critical times.

COVID-19 has also significantly increased the use of digital technology, and much of this change in practice will be built upon during recovery. In social care, however, it is critical that digital approaches are used proportionately, recognising that for some people receiving care and support, especially those who are particularly vulnerable, in-person support needs to return as soon as it is safe to do so.

Key lessons learnt

Reducing the risk of COVID-19 from entering care homes is crucial. Proper infection prevention and control, adherence to the hospital discharge guidance, safe visiting approaches, and using the testing resources available, all play their part, alongside suppressing community transmission.

Early in the pandemic, due to the unprecedented demands on the health and social care system there was an expectation on some care homes to take patients from hospital

without them being tested. Guidance was published but ongoing communication is needed at regular intervals to ensure the right support is available to help people return to their own homes or other appropriate setting, as quickly and safely as possible.

Joint working between organisations changed significantly. The challenges the pandemic brought meant many organisations used innovative ways in order to continue with essential business. This included having more regular and focussed meetings via video conferencing.

The pandemic has encouraged development of new methods of communication, consultation and ways of keeping touch with clients, including digital mechanisms and non-digital, COVID-compliant approaches such as outside walks in place of indoor meetings. Feedback from some looked after children, for example, indicates that some of these new approaches, such as video-conferencing appointments were actually more supportive of their participation and engagement, than standard methods. Early efforts of putting electronic devices in care homes to support virtual appointments with health professionals could be built upon, as could initiatives such as online sessions to promote carers' wellbeing.

Children and young people in care have also been impacted by the lockdown arrangements. We know that deprivation, domestic abuse, substance misuse and mental health have worsened. Whilst placement stability has been high (overall the numbers of looked after children have risen slightly, but less so than in previous years) increased use of online contact with children and families does not replace face to face contact. Getting flow back into the system is key, with a focus on revoking care orders, reunification and allowing children and young people to safely leave care, in line with the Welsh Government priority of reducing the number of children currently looked after by local authorities.

Financial sustainability of the sector remains a significant challenge which has been exacerbated by the pandemic. COVID-19 has impacted on the financial position of many care providers – particularly providers of residential care, nursing care, supported accommodation and domiciliary care. This has been due to the additional cost pressures surrounding additional infection prevention and control activity, insurance liabilities and staffing constraints, alongside a reduction in income. We have retained our successful funding support for local authority and health board commissioned care and support at the start of the new financial year. We will work with our partners, which includes care providers, to shape a future funding approach which enables commissioners to respond to changing population need by securing the care and support provision we need as a nation for the future

Opportunities as we recover

The pandemic has given additional impetus to considerations around the future shape of social care and the commissioning process in particular. These have been embodied in the 'Rebalancing Care and Support' white paper, currently out to consultation Rebalancing Care and Support Consultation.

In the context of day centre and respite provision, the Association of Directors of Social Services Cymru is working to capture and disseminate positive examples. There is also an

opportunity to assess what balance of residential and domiciliary care is best suited to meet local needs.

The need for more parity in terms of pay, terms and conditions for those working across health and social care is important, particularly to secure payment of the Real Living Wage.

The review of the actions underpinning *A Healthier Wales* will seek to support still further integration of health and social care, achieving greater parity between health and social care workers will be a fundamental pillar to achieving integration.

Greater investment is needed in digital technology to support both clinical advice and support to people and staff. This can also help to address people's wellbeing and their need and desire to maintain contact with others.

Dealing with the pandemic has delivered an impetus to collaborative cross-sector working and information-sharing. The pandemic has provided an opportunity for key partners to work in much closer collaboration and this approach needs to be built on during recovery.

Challenges and risks

The impact of COVID-19 will continue to emerge throughout the recovery period and beyond. It is anticipated that as lockdowns are eased, and schools reopen, the demand for social care services may increase. At this stage this increase cannot be quantified, but as services are re-started and social care workers re-engage with their caseloads in person, it is expected that many unseen and unreported issues that have built up during the pandemic will emerge, placing increased demands on an already stretched sector.

There is a risk that anxiety and burnout could cause highly skilled and professional workers within social care to move on, thus depleting the workforce just as demand may increase.

Building on pandemic business continuity planning across the sector to ensure that vital services may be maintained will be crucial.

Digital poverty and accessible equipment are issues, including computer literacy and internet connectivity. Additionally, while digital solutions have worked well in some areas they are not always sufficient, and some face to face visits are still needed. Both young and old alike have been impacted by the reductions in family contact.

Priorities

Developing the 'Rebalancing Care and Support' white paper will provide the route map to a modern and agile social care sector. In doing so it is important to:

- Identify the 'hidden harms' resulting from COVID-19 and ensure appropriate services are in place to mitigate the longer term impact of COVID on communities

- Continue to support families to stay together by facilitating opportunities for families to identify and own solutions to challenges brought about or amplified by COVID

- Identify and deal with the impact of Long COVID, and understand how this impacts on people receiving care and support, unpaid carers and the social care workforce

- Address the adverse impact of COVID-19 on unpaid carers, considering issues around respite and support for carers in particular, in the context of our developing national strategy for carers

- Recognise that our support to the sector through the Local Authority Hardship Fund has been critical to the sustainability of many vital social care organisations. We must consider how, in the context of the final budget, we will continue to support the sustainability of care providers in the context of the resources that are available. We must ensure that commissioners of care and support services, in local authorities and health boards, have a key role in using this financial support, in a way that enables them to match the provision of services to changing population need

- Recognise social care workers through pay and conditions in order to move towards paying the Real Living Wage within the sector, to ensure that there is a focus on supporting wellbeing and mental health

- Build on and improve the collaborative working that has been evident across the health and social care sector throughout the pandemic.

7. A supported, engaged and motivated workforce

The impact of COVID-19

COVID-19 has been very demanding for the health and social care workforce but people have responded with a strong sense of shared professional endeavour. They have applied huge energy and commitment, innovating and learning at an incredible pace, delivering some treatment and care in new ways, as well as working across traditional professional and geographic boundaries.

Nonetheless, we cannot underestimate the mental and physical impact that working under such extreme pressure has had on individuals and teams over a sustained period. Many of the workforce are exhausted. They are suffering both mental health and physical impacts as a result. As we plan the next phase of our COVID-19 response, we need to provide a period of adjustment and recovery for the workforce and provide them with long term, consistent, support and the tools they need to recuperate and rebuild their resilience for the future.

Key lessons learnt

Well established social partnership relationships between unions, employers and government enabled us to move rapidly to virtual working to maintain frequent and regular partnership over the last 12 months. Whilst the pace of change and learning sometimes made this process difficult and delivery was not always as consistent as we would have wished, it enabled us to identify, discuss and address emerging issues rapidly in social partnership. Together, we delivered a range of amended workforce policies to support and reassure the workforce, whilst delivering increased service demands.

Where leaders engaged the workforce in developing and designing clinical pathways and better ways of working, we were able to innovate, develop practical solutions and learn very rapidly. Delivering new ways of working across whole clinical pathways, community based services and changes in the need for services post COVID-19, means we must maximise the potential contribution of the whole workforce. Staff must work in a multi-disciplinary way and think flexibly about the roles of registrant and non-registrant colleagues, including optimising skills and encouraging staff to utilise the full extent of their education, training and experience. Further investment in Continuing Professional Development, such as in prescribing, will be key to ensuring skills in this area are optimised in order to support recovery.

Our systems that support, develop and deploy the workforce need to be flexible and agile to respond quickly to the needs of people and service delivery. Examples that worked well include:

- delivering 'top up' training modules to support critical care services and vaccinators proved effective and flexible
- streamlining recruitment processes helped to bring people into service more rapidly
- developing a 'Once for Wales' resources for wellbeing, and the All Wales COVID-19 Risk Assessment Tool enabled us to support and protect our workforce.

However, some of our underpinning workforce systems and processes, such as multiple approaches to staff rostering and outdated approaches to collecting workforce data, such as absence levels, meant it was difficult to identify emerging trends or needs for additional capacity or opportunities for redeployment quickly and efficiently.

Opportunities as we recover

Health Education and Improvement Wales and Social Care Wales undertook extensive engagement and developed a draft Workforce Strategy for the Health and Care sector in Wales, which was submitted to Government in early 2020. The final version of the Strategy, which underpins the ambitions set out in *A Healthier Wales*, was launched in October 2020. Its key themes and actions remained the right priorities as we move towards recovery Our Health and Social Care Workforce Strategy.

Some elements of the strategy have already been delivered and indeed accelerated as part of our support for the workforce during our COVID-19 response. Recommitting to delivery of the strategy as part of this plan gives us a clear sense of priority and national direction to coordinate recovery for all aspects of the workforce. The pandemic response has reinforced the 'one workforce approach' with non-registrants playing a vital role in the pandemic response for example in our vaccination programmes. We should also continue to explore opportunities in international recruitment.

Full commitment to the work already completed on the principles of compassionate leadership will be a core plank of our journey to recovery and new approaches to staff engagement will also support this journey Health Education and Improvement Wales website: Leadership resources

A strong focus on the health and wellbeing of the workforce has been a very clear priority during the pandemic and we will build on this further in the coming months Health and Wellbeing Resources. As we develop this support, we will need to consider practical issues such as the capacity of occupational health services to meet demand and to ensure that the services provided are designed and delivered in ways which suit different needs, preferences and opportunity to access services. Individuals will have had very different experiences of COVID-19 both in their personal and professional lives particularly where people are worked intensively at the front line, or have had a very different experience because they have spent time shielding or suffering long COVID. Both professional and personal experiences will have an impact on professional resilience and we need to support people to rebuild their resilience on both front in the coming months. A key aspect of our recovery plan for the workforce will be to develop and offer a personally tailored assessment of support required, with signposting to the most appropriate services or other practical action such as additional training, role redesign or redeployment to other areas.

We need to capitalise on the increased interest in applying for places in medical and health related courses since the pandemic. The disruption that the pandemic has caused for existing students and trainees must be addressed, recognising that some element of disruption will continue thus impacting on transition to the workforce. The Strategy sets the path to ensure that our education and training provision remains attractive and relevant and focussed on multi-disciplinary approaches. We must also ensure that our bursary and

student support offers remain competitive and makes Wales an attractive place to study and live.

Improving data and workforce planning, creating consistent all-Wales data sets and coherent rostering systems will result in more flexible and responsive workforce deployment to meet future system needs and better workforce planning for the future.

Challenges and risks

The resilience of the workforce after the pandemic and entering into recovery is a significant risk. Staff have been operating under immense pressure with very little opportunity for respite, so it will important to make sure that staff have the flexibility and support, before entering recovery.

Not everyone has had the same COVID-19 experience either at the frontline or in their personal lives. A nuanced approach to recovery will be needed to address the range of experiences and the different requirements for different service areas. We must tackle the disproportionate adverse impact on our colleagues from Black, Asian and Minority Ethnic communities by actively embedding anti-racist approaches in our recovery response. We have not experienced anything like this before, and ongoing assessment will be needed of the long term impact of the pandemic on staff wellbeing and how this affects both retention of existing staff and recruitment of new staff and healthcare professional students.

We recognise that there is one workforce and that has been pulled in multiple directions throughout the pandemic. As services recover we recognise that there will be significant pressures in certain areas such as mental health and diagnostics. We must not lose sight of the work already undertaken in these and other critical areas and continue to build on this work as a key facet of workforce recovery

Priorities

The Welsh Government will re-commit to our principles of social partnership to underpin close working between workforce unions, employers and government to plan and track progress on recovery and identify emerging issues early.

We will focus on delivering the Workforce Strategy to give a clear strategic direction to our work and use the principles of compassionate leadership and workforce engagement to guide, plan and deliver our recovery work.

The existing health and wellbeing support available to the workforce will be strengthened. Working with social partners, we will develop ways to enable individuals to find targeted support which best meets their individual needs over the short, medium and long term.

Improved workforce data and intelligence will enable us to monitor the ongoing impact of the COVID-19 response on the workforce and to target our actions during recovery in response to emerging trends or issues.

8. Effective digital support

The impact of COVID-19

The response to COVID-19 has demonstrated how digital platforms and services can quickly change the way we deliver health and social care, making services more accessible to people, and supporting prevention and self-management. For example, there are now over 5,000 video consultation appointments every week across Wales.

COVID-19 has accelerated changes which were already in progress. For example, Microsoft Teams and other technologies to support remote working were already planned but were rolled out within weeks to the whole NHS Wales workforce. A national contact tracing platform and a national vaccine system were developed centrally and made available to health and social care organisations across Wales, in a standardised way. The NHS Wales Informatics Service (NWIS) has played a key role in this work, and will continue to do so from April as Digital Health and Care Wales, a new NHS Wales organisation for national digital services.

Key elements of the COVID-19 digital response included:

- An all-Wales video consultation service - since March 2020 over 120,000 virtual consultations have taken place. The service is now available across over 100 specialties in Primary, Secondary and Community care

- Significant investment in mobile and remote working included an all-Wales deployment of Microsoft Teams and Office 365 in April and May 2020, and remote desktop access for all GPs in Wales

- An all-Wales digital contact tracing platform was commissioned, developed and deployed which has enabled local teams to work together as part of a national system

- An all-Wales digital vaccine platform has been developed in-house as an enhancement of the existing Wales Immunisation System (WIS) and went live in early December 2020.

Key lessons learnt

COVID-19 has reinforced our understanding of how digital technologies are an enabler of transformation, as set out in *A Healthier Wales*. It has demonstrated our ability to introduce new digital systems nationally at pace, and shows how professionals and patients can quickly switch to new technology enabled ways of working. This includes remote working and video consultations, but also large scale diagnostics like COVID-19 testing, and preventative self-management, like the NHS COVID-19 App, which has been downloaded over 700,000 times in Wales.

Key lessons learned include the need to use 'cloud hosting' to quickly develop and deploy standard products nationally, for example contact tracing and vaccine systems. Similarly, the use of remote working and video platforms to enable user focussed design and to support new users of digital systems, for example through developer workshops and to deliver training at scale.

The pandemic response has seen huge benefits for the NHS, when it has worked with industry and commercial partners to build on existing systems and platforms, rather than always developing new ones. Recognising the importance of infrastructure as the foundation for new digital service delivery is crucial, for example through the need for increased bandwidth, network capacity and more mobile devices.

The importance of cyber security, data protection and information governance, for example to enable secure data sharing between NHS and local government contact tracing teams is paramount in delivering a modern service.

Opportunities as we recover

As set out in *A Healthier Wales*, digital and technology are key enablers of transformation, and shift to new ways of working.

It is important that we maintain the pace of digital transformation and continue to build on the investment which has been made recently in digital infrastructure and services. Welsh Government has already confirmed an increased investment in digital transformation for 2021-22, to £75m, alongside the establishment of Digital Health and Care Wales and a £10m increase in core funding for our national digital services organisation.

Welsh Government expects to publish a new digital strategy for health and care by the end of 2021 which will reflect learning from the initial COVID-19 response and our current phase of continuing the pace of digital transformation. The strategy will also consolidate recent strategic reviews of digital and take account of the establishment of Digital Health and Care Wales.

Challenges and risks

Careful consideration will need to be given to delivery capacity and capability. Digital delivery teams have already stepped up to the challenge of COVID-19 response and are at full stretch. COVID-19 digital services like contact tracing and vaccination will need to be maintained for some time, as well as testing platforms, data analytics, remote working and other key platforms. To maintain a sustainable pace of delivery we will need to support the digital profession and digital teams, as well as clinical users of new systems.

Priorities

An extensive programme of digital transformation is planned for 2021, including increased investment in national programmes, creating Digital HealthCare Wales, a new governance framework, new national leadership roles, and further upgrades to key elements of digital infrastructure and devices across NHS Wales.

Key priorities for the next financial year include:

- Maintaining essential COVID-19 digital services such as contact tracing and vaccine platforms, and further developing the integration of COVID-19 platforms with existing health systems

- Enabling the public and patients to access their health records digitally, for example through smartphone apps, such as the NHS COVID-19 App

- Strengthening digital infrastructure which supports all our services so that it is secure and resilient. For example, through upgrading datacentres, networks and bandwidth and establishing an NHS Wales Cyber Security Unit

- Supporting professionals to work more efficiently, and remotely through investment in new digital technologies across health and social care. This includes a wide range of strategic programmes, such as Digital Intensive Care, Electronic Nursing Documents, the Welsh Community Care Information System, and Technology Enabled Care Cymru

- Ensuring that data is shared effectively as a single electronic health and care record. This work, led by the National Data Resource programme, is a headline commitment in *A Healthier Wales* and has been a key enabler of the COVID-19 digital response which we will continue to build on

- Supporting digital innovation and better ways of using technology in partnership with universities and industry. The industry response to COVID-19, from personal protective equipment, to vaccines, to technologies, has been impressive. We will continue to build on this to drive work in areas like artificial intelligence, and also to support the Foundational Economy in Wales.

9. Next steps

This document has described the significant impact of COVID-19 on society and on health and social care services. We have identified some of the opportunities and risks as we look ahead to the next phase of the pandemic response and towards recovery. A range of priorities are set out which our whole system will pursue in the coming months and years.

The health and social care system is complex, covering a wide range of services provided by both statutory and third sector organisations. It has never been more important for organisations to work together as part of a whole system focused on improving the wellbeing of the people of Wales.

A Healthier Wales remains the guiding statement of the future direction for our health and social care system. Recovery will not be easy and we know it will take many years. It is only through collective efforts that we will successfully recover from the devastating, wide ranging impacts of COVID-19.

Initial plans for 2021/22 will be produced by individual organisations by the end of March, with support and guidance from Welsh Government. These plans will set out the local assessment of the impact of COVID-19 and the proposals organisations have as we move into the next phase and towards recovery. We will expect to see strong regional collaboration as plans are developed, recognising the wide range of impacts from COVID-19 as outlined in this document. At a national level, existing programmes for example in primary care, planned care or mental health will continue to support consistent approaches to pathway design, service models and standards.

The *National Clinical Framework* is an important document which will guide the development of healthcare services. A number of more specific documents 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.

NHS Plans

The NHS Wales Annual Planning Framework was issued in December 2020. It set out the requirements for NHS organisations as they plan ahead for 2021-22. The expectation is that there will be detailed plans for the first six months, with a quarterly review to understand progress given the continued uncertainties of the pandemic. Plans will consider the key issues for recovery including the wellbeing of staff, capacity constraints and opportunities, and intended progress on increasing service provision whilst continuing to manage COVID-19.

In this document we have acknowledged the tremendous efforts of the whole health and care workforce throughout the pandemic response. It has been a difficult and exhausting year. We are acutely aware that the next stage will be no less demanding, and we must ensure that we have reasonable expectations of the pace of recovery.

Resources

Welsh Government has placed funding for health and social care as its top priority for investment over the last Senedd term, and this has continued through the pandemic and into planned spending for 2021-22. In total, an additional £1.5bn has been provided for health and social care during 2020-21 to respond to the pandemic. This has meant that the NHS has been able to focus on caring for patients and implementing the Test, Trace and Protect and vaccination programmes without worrying about availability of funding. The 2021-22 draft and final budgets provide for a total additional baseline investment of £400m in health and social care, and a further investment of £440m in 2021-22 for the ongoing COVID-19 response.

Despite this additional investment, as we plan for recovery while continuing to respond to the acute phase of the pandemic, funding levels intended to maintain core service provision – "keeping the wheels on" – will not be sufficient to address the significant backlog in planned care that has emerged during the past year. In addition, normal levels of NHS efficiency have understandably not been able to be delivered, impacting on underlying financial positions which will need to be addressed to recover financial sustainability over the medium term. Some of the additional costs that have been necessary during the pandemic, such as enhanced infection prevention and control and regular testing and tracing, may remain with the NHS as core spending for some time to come.

Further significant levels of both capital and revenue investment will be needed to support NHS plans for recovery. This will create challenges and choices for the incoming government as it balances the demands of health and social care recovery alongside the wide range of other priorities in the wake of the pandemic.

Inevitably, a significant proportion of new funding will be needed to support short term measures to make rapid progress in addressing the backlog of patients waiting for planned care. Welsh Government will target this funding at national, regional and local plans to ensure measurable improvements are made quickly. New ways of working that had to be put in place to manage the pandemic, such as virtual outpatient clinics, should help ensure that new funding is used efficiently and effectively. Over the medium and long term, investment will need to shift towards supporting preventative and self-help interventions and a focus on value-based healthcare, with an increased emphasis on local and regional planning within the context of *A Healthier Wales*.