

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee room 3 Senedd and video conference via Zoom	Helen Finlayson Committee Clerk
Meeting date: 21 September 2022	0300 200 6565
Meeting time: 09.00	SeneddHealth@senedd.wales

Private pre-meeting (09.00 – 09.30)

- 1 Introductions, apologies, substitutions and declarations of interest**
(09.30)
- 2 Pre-appointment hearing for the role of Chair of Powys Teaching Health Board: evidence session with the Welsh Government's preferred candidate**
(09.30–10.15) (Pages 1 – 40)
Carl Cooper, Welsh Government's preferred candidate for the role of Chair of Powys Teaching Health Board

Research brief
Paper 1 – Pre-appointment hearing questionnaire
Paper 2 – Application form, CV and personal statement
Paper 3 – Welsh Government briefing
Paper 4 – Information for Candidates
- 3 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from items 4,7,8, 9 and 10**
(10.15)



- 4 Pre-appointment hearing for the role of Chair of Powys Teaching Health Board: consideration of evidence**
(10.15–10.30) (Pages 41 – 46)

Paper 5 – Draft report

- 5 COVID-19: Evidence session with Welsh Government**
(10.30–11.45) (Pages 47 – 62)

Sir Frank Atherton, Chief Medical Officer, Welsh Government

Dr Rob Orford, Chief Scientific Adviser for Health, Welsh Government

Brendan Collins, Head of Health Economics, Welsh Government

Chris Roberts, Joint Social Research Lead – Health, Welsh Government

Research brief

- 6 Papers to note**
(11.45)
- 6.1 Letter from the Petitions Committee to the Deputy Minister for Social Services regarding P-06-1161**
(Pages 63 – 64)
- 6.2 Letter from the Finance Committee to Committee Chairs regarding the Welsh Government Draft Budget 2023–24**
(Pages 65 – 67)
- 6.3 Letter from the Finance Committee regarding scrutiny of the Welsh Government's First Supplementary Budget 2022–23 – Pressures in the NHS**
(Pages 68 – 69)
- 6.4 Letter to the Minister for Health and Social Services regarding provisional common frameworks**
(Pages 70 – 76)
- 6.5 Response from the Minister for Health and Social Services regarding provisional common frameworks**
(Pages 77 – 78)

- 6.6 Letter to the Deputy Minister for Mental Health and Wellbeing regarding the Food Compositional Standards and Labelling provisional common framework**
(Pages 79 – 96)
- 6.7 Response from the Deputy Minister for Mental Health and Wellbeing regarding the Food Compositional Standards and Labelling provisional common framework**
(Page 97)
- 6.8 Letter to the Minister for Health and Social Services regarding the Optometry Bill**
(Page 98)
- 6.9 Response from the Minister for Health and Social Services regarding the Optometry Bill**
(Page 99)
- 6.10 Letter from Chair to Stakeholders regarding the NHS Executive for Wales**
(Page 100)
- 6.11 Response to Chair from stakeholders regarding the NHS Executive for Wales**
(Pages 101 – 111)
- 6.12 Letter from the Professional Standards authority**
(Page 112)
- 6.13 Letter from the General Medical Council regarding its annual report**
(Page 113)
- 6.14 Letter to Baroness Hallett regarding the UK COVID-19 Inquiry**
(Pages 114 – 115)
- 6.15 Letter to the First Minister regarding the UK COVID-19 Inquiry**
(Pages 116 – 117)
- 6.16 Letter from the First Minister regarding the UK COVID-19 Inquiry**
(Page 118)
- 6.17 Letter to the Minister for Health and Social Services regarding Fifth Senedd Committee recommendations relating to endoscopy services**
(Pages 119 – 121)

- 6.18 Letter from the Minister for Health and Social Services regarding Fifth Senedd Committee recommendations relating to endoscopy services**
(Pages 122 – 127)
- 6.19 Letter to the Deputy Minister for Mental Health and Wellbeing regarding Fifth Senedd Committee recommendations relating to mental health and wellbeing**
(Pages 128 – 131)
- 6.20 Letter from the Deputy Minister for Mental Health and Wellbeing regarding Fifth Senedd Committee recommendations relating to suicide prevention**
(Pages 132 – 161)
- 6.21 Letter to the Minister for Health and Social Services regarding Fifth Senedd Committee recommendations relating to Hepatitis C**
(Pages 162 – 164)
- 6.22 Letter from the Minister for Health and Social Services regarding Fifth Senedd Committee recommendations relating to Hepatitis C**
(Pages 165 – 169)
- 6.23 Letter to the Minister for Health and Social Services regarding Fifth Senedd Committee recommendations relating to the provision of health and social care in the adult prison estate**
(Pages 170 – 175)
- 6.24 Letter from the Minister for Health and Social Services regarding Fifth Senedd Committee recommendations relating to the provision of health and social care in the adult prison estate**
(Pages 176 – 186)
- 6.25 Letter to Health Education and Improvement Wales and Social Care Wales regarding their joint mental health workforce plan**
(Pages 187 – 188)
- 6.26 Letter from Health Education and Improvement Wales and Social Care Wales regarding their joint mental health workforce plan**
(Pages 189 – 194)
- 7 COVID-19: Consideration of evidence**
(11.45–11.50)

8 Forward work programme

(11.50–12.00)

(Pages 195 – 211)

Paper 6 – Forward work programme

9 Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment: consideration of draft note of stakeholder discussion on 29 June 2022

(12.00–12.05)

(Pages 212 – 221)

Paper 7 – Waiting times backlog: stakeholder discussion draft note

10 Hospital discharge and its impact on patient flow through hospitals: Consideration of Welsh Government response

(12.05–12.15)

(Pages 222 – 253)

Paper 8 – Welsh Government’s response to the Committee’s report on hospital discharge and its impact on patient flow

Paper 9 – Research brief

Document is Restricted

Pre-appointment hearing: Chair of Powys Teaching Health Board

Pre-appointment questionnaire

September 2022

You are being asked to complete this questionnaire because you are the Welsh Government's preferred candidate for the post of Chair of Powys Teaching Health Board.

Your answers to this questionnaire will be published with the meeting papers for the pre-appointment hearing, and will be used to inform Members' preparation for the hearing. Your response to each question should be no more than around 250 words.

Providing Written Evidence

The Senedd has two official languages, Welsh and English.

In line with the [Senedd's Official Languages Scheme](#) the Committee requests that documents or written responses to consultations intended for publication or use in Senedd proceedings are submitted bilingually. When documents or written responses are not submitted bilingually, we will publish in the language submitted, stating that it has been received in that language only.

Please see [guidance for those providing evidence for committees](#).

Disclosure of information

Please ensure that you have considered the Senedd's [policy on disclosure of information](#) before submitting information to the Committee.

1. What motivated you to apply to be the Chair of Powys Teaching Health Board?



Having worked in Powys for over 14 years, I care deeply about its people and communities. Due to the very grass roots nature of the third sector, I have had an inspiring and humbling opportunity to get to know people and communities across this very large and deeply rural area. Powys has the largest & most vibrant third sector in Wales, which is testimony to the strength of community that exists across the county.

I have served on and chaired a number of committees, boards and partnerships in Powys, the majority of which have related to health, care and wellbeing. I have experienced instances of services being developed and/or strengthened that have had a fabulous and beneficial impact upon the lives of people, households and communities. The opposite has also been the case, where services have occasionally not been adequately coordinated or sufficiently reliable and people have not received the support they deserve and should be able to expect. I am both motivated and committed to building on the good and positive experiences in order to ensure that Powys' citizens receive the best possible care and support.

I would enthusiastically welcome the opportunity to continue to serve the people of Powys in this important role.

2. Why do you think you are well-suited for the role?

Over the years I have gained significant experience, knowledge and skills that would lend themselves to the requirements of this role.

I have served as a non-exec board member, and chaired boards within the voluntary, public and university sectors. I have served on several advisory committees such as BBC's Audience Council and Welsh Language Commissioner's Advisory Panel. I have also chaired a number of strategic partnerships that bring together sectors and agencies to collaborate as regards the planning and delivery of services. Of particular and current relevance to this role, I am a member of the Board of Social Care Wales, chair of its Audit, Risk & Assurance Committee as well as being chair of Powys' Regional Partnership Board (RPB), the latter being Welsh Government's principle vehicle for enabling the coproduction of services to deliver what matters to people within a region.

In the above roles I have led the development of governance arrangements that have improved board effectiveness and efficacy, particularly in relation to shaping culture, setting strategy and scrutinising performance. These have respected the distinctive and complementary responsibilities of the executive and the non-executive, thereby nurturing a healthy, values-based culture.

My various roles have required abilities and skills in building productive partnerships, nurturing relationships with others, working positively within political environments at local and national level, and ensuring transparency and accountability in all things.

As one who has spent his whole working life in rural, bilingual Wales, I am personally and professionally committed to ensuring we offer services with people in their preferred language and in ways that best deliver what matters to them.

3. What are the three main outcomes that you want to achieve during your tenure?

- 1. Greater Health & Social Care Integration:** The current pressures within the health & care system are producing unacceptable outcomes for some patients, clients & citizens. The challenges faced within the care system are having a direct & indirect impact on our ability to offer the right care at the right time in the right place. I would seek to ensure that health and care services are sufficiently aligned & coordinated in order to significantly alleviate the pressures and improve outcomes for people.
- 2. Sufficient and Sustainable Workforce:** Staff recruitment and retention is difficult generally. It is particularly difficult in Mid-Wales. The development of the new Health & Care Academy has great potential in promoting Powys as a great place to work & live. I would ensure that we exhaust all possibilities to grow, nurture & sustain a motivated, skilled and supported health & care workforce across agencies & sectors, including the paid & unpaid voluntary sector workforce.
- 3. Evidence-based Transformation:** Studies have shown that 80% of transformation initiatives are not successful. However, 20% make a real & positive difference. As Powys develops a new, integrated model of care based on the N. Powys Wellbeing Programme, I will ensure that we build on the extant body of learning in order to foster what has proven to work effectively. This will be particularly important in relation to prevention / early help, the co-production of services and the reduction of health inequalities.

4. How will you work with NHS bodies, Welsh Government, universities, local authorities and social care partners?

A particular characteristic of Powys is the many NHS bodies with which PTHB needs to work in partnership, partly due to the county's borders and the numerous, different patient pathways necessary for secondary and tertiary care, including cross-border provision from England. Through commissioned and non-commissioned arrangements, I would ensure that PTHB maintained an effective and productive working relationship with all partners, at all appropriate levels within the organisation, in order to safeguard and promote the interests of Powys patients.

I support the aspiration of PTHB to become a University Health Board. The current working relationships with FE & HE, and the development of the Health & Care Academy help to make further progress in this direction. The work of the Research, Innovation & Improvement Hub also builds on PTHB's academic capacity and credentials. I would ensure that the organisation works increasingly closely with HEIs and further develops an expertise within & beyond Wales in bilingual, rural health care.

The relationship with the local authority is of key importance when considering how to work in an increasingly integrated way with social care, but also with other departments such as housing and education whose impact on health & wellbeing is significant. I would ensure that the two organisations worked closely together at board, executive and operational levels. This would include a shared OD approach, including joint board development activities. I would also prioritise building good relationships with key individuals within the LA, in particular the Leader & the cabinet. The RPB would also be an important environment in which to foster and develop good & productive cooperation.

I would ensure PTHB enjoyed a close and accountable relationship with Welsh Government. Board members, exec and IMs, would commit themselves to nurturing positive working relationships with key officials and ministers. This would, in part, form part of the accountability framework within which PTHB operates, but would also be characteristic of a transparent, mutually supportive culture that the board would establish & develop.

5. How will you work with community groups, patients, the third sector and other stakeholders?

I would ensure that PTHB's engagement / involvement strategy and plans were sufficiently robust and effectively delivered, and that all compliance requirements were met e.g. Stakeholder Reference Group. The relationship with Powys CHC (soon to become CVB) will be key in ensuring the voice of patients is heard and is influential within decision making processes.

A hallmark of good governance is connectedness. It will be important that the board knows and feels that it is linked to the business of the organisation and to those whom the organisation serves. I would ensure informed scrutiny of the effectiveness of PTHB's engagement with people & patients, ensuring that the experience of patients & the voice of citizens are a central factor in determining the planning & delivery of services. This would, in part, be predicated on good qualitative methodology and avoid the risk of selective, anecdotal evidence.

I would build on the existing, good working relationship between PTHB & Powys Association of Voluntary Organisations (PAVO), Powys' County Voluntary Council. This would be done via formal arrangements e.g. RPB and by informal networking and individual working relationships. This would not preclude a direct engagement with voluntary organisations & community groups where that was beneficial and appropriate.

As Powys develops its new model of care, community resilience and resourcefulness are essential components within the prevention & early help strategy. I would ensure that community groups and voluntary organisations are fully involved in the shaping and implementation of the new model.

6. How will you work with Senedd Members and Senedd committees?

I would ensure PTHB's full and open participation within accountability structures and processes, significantly with Ministers and their officials.

I would ensure that PTHB provided all possible evidence and information to Senedd committees in order that it be held accountable via these scrutiny mechanisms and fulfil its commitment to openness and transparency.

I would invest time & effort in nurturing positive and constructive working relationship with all politicians, including local & regional MSs. This would ensure that they were kept fully informed of any matters that were in their constituents' interest, and that they had opportunity to represent the voice & views of their constituents with relevant PTHB personnel and within PTHB processes / procedures. This would foster a mutual & reciprocal dialogue with MSs that facilitated cooperation.

Other Relevant Information

I confirm that I can commit to the following days per month	15
Have you attended one of the public appointments training courses?	No
Please indicate if you are content for us to pass on your contact and biographical details.	Yes
Do you have any conflicts of interest to declare?	No
Is this your first regulated Ministerial public appointment?	No
How would you describe your background?	Mostly Third Sector
AF - Do you hold any other public appointments?	1

References

Reference 1

Reference type	Work
Title	Mr
First name	Jamie
Surname	Burt

Address Details

Contact Details

E-mail address (please check that you have entered the address correctly, and that there are no spaces before or after the address, if you've copied and pasted into the form)



Job title Chair - Powys Association of Voluntary Organisations

Are you content for us to approach this referee if you are invited for interview? Yes

spacer

Reference 2

Reference type	Work
Title	Mrs
First name	Sue
Surname	Evans

Address Details

Contact Details

E-mail address (please check that you have entered the address correctly, and that there are no spaces before or after the address, if you've copied and pasted into the form)



Job Title CEO - Social Care Wales

Are you content for us to approach this referee if you are invited for interview? Yes

Political Activity

Have you ever:

Obtained office as an Assembly Member, a Local Councillor, MP, MEP, etc? No

Stood as a candidate for one of the above offices? No

Spoken on behalf of a party or candidate? No

Acted as a political agent? No

Held office such as Chair, Treasurer or Secretary of a local branch of a Party? No

Canvassed on behalf of a party or helped at elections? No

Undertaken any other political activity which you consider relevant? No

Made a recordable donation to a political party? No

Carl Norman Cooper

Education

- 2018 - present University of Wales Trinity St David
- **Doctor in Professional Practice**
Phenomenological research into RPBs in Wales. Thesis to be submitted Sept 2022
- 2009 – 2010 University of Wales
- **Post Graduate Certificate in Leadership for Collaboration**
- 1998 University of Wales
- **Master of Philosophy**
Research into the sociology of language in bilingual Wales
- 1982 – 1985 University of Oxford
- **HE Certificate in Theology**
- 1978 – 1982 University of Wales
- **Bachelor of Arts (Hons) French**

Experience

2008 - present Powys Association of Voluntary Organisations
Chief Executive Officer (Employed Role)

- Provide leadership to PAVO, a County Voluntary Council. PAVO's purpose is to support, inform, lead and represent the third sector in Powys.
- Responsible for PAVO's management and administration within the strategic and accountability frameworks agreed by the Board of Trustees.
- Support the Board in fulfilling its duties and responsibilities in the proper governance of the organisation.
- Line manage members of Senior Management Team.
- Elected in 2009 as chair of the Local Service Board, the predecessor of PSBs. Pioneered development of Wales' first single integrated plan for public services.
- Represent the third sector on the Powys Public Service Board.
- Supported the organisation to gain several quality marks, including PQASSO Level 2 – the first organisation in Wales to be awarded Level 2, Investors in Volunteers and Quality in Befriending

2018 - present Powys Regional Partnership Board
Chair & Member of Board – Powys Regional Partnership Board

- Statutory partnership setting strategy and overseeing operational delivery of services to support population health & wellbeing.
- Vice-chair of RPB since 2018; Elected Chair 2022

2017 - present Social Care Wales
Board Member – Social Care Wales (Public Appointment)

- Welsh Government sponsored body responsible for regulating the care workforce in Wales and for leading improvement in the Care Sector.
- Chair of SCW Audit & Risk Committee

2014 - present Welsh Government
Member of Third Sector Partnership Council (Elected Role)

- Responsible for representing the views of local 3rd sector in the senior, engagement council with Welsh Government and individual ministers. Contributed to development of key strategic

documents e.g. Third Sector Scheme, WG Volunteering Policy, National 3rd sector COVID Recovery Plan

2015 - 2018 **Children in Wales**

Member of Children in Wales Policy Council (Voluntary Role)

- Responsible for advising principle umbrella body for Wales' third sector children's organisations.

2014 - 2017 **Welsh Language Commissioner**

Member of Welsh Language Commissioner Advisory Panel (Public appointment)

- Responsible for advising Welsh Language Commissioner in relation to fulfilling their duties.

2012 - 2014 **BBC**

Member Charities Advisory Committee & Children in Need Committee (Voluntary Role)

- Responsible for advising BBC Wales on its charitable content and output.
- Responsible for allocating Children in Need grants in Wales.

2005 - 2010 **BBC**

Member of Audience Council for Wales (Voluntary Role)

- Responsible for advising National BBC Trustee & BBC Trust to ensure BBC serves the needs and aspirations of licence payers. Made particular contribution to matters of impartiality, portrayal and Welsh Language output.

2002 - 2008 **Church in Wales**

Bishop of St Davids (Employed Role)

- Chief Officer and leader in a bilingual, West Wales organisation with 362 branches, 130 paid employees and a volunteer membership of around 11,000 people. Chair of a 5-member senior management team. Regular appraisal of specified employees. Constant involvement with issues of employment legislation, human resources, governance, management, recruitment, training, selection, conflict resolution, management of change, problem solving etc.
- Initiated strategic vision for future growth. Enabled ownership of the vision by local branches. Facilitated monitoring and encouraging of its implementation. Qualitative and quantitative growth occurred.
- Encouraged and realised partnerships with significant individuals and organisations e.g. AMs, MPs, CEOs, MDs, Local Authorities, Voluntary Bodies, Financial Institutions, Educational Institutions [Statutory, FE & HE].
- President of Board of Finance. Succeeded in turning around an inherited annual deficit into an annual surplus. Built up capital reserves.
- Oversight of portfolio of around 600 public buildings, many of which were listed. Oversight of a Housing Board with a portfolio of 140 residential properties.
- President of Housing Association providing affordable, rented accommodation to retired employees and spouses / widows.
- President of Endowed Schools Fund resourcing Church Schools in West Wales. In partnership with WG and Local authorities, built 5 new schools and improved many more.
- President of Diocesan Community Development Team (Plant Dewi), working with partner agencies on a number of social inclusion and community development projects, particularly with children and young families.
- Developed international links with Lesotho, Uganda and New York.

2002 - 2008 **Church in Wales**

Member of Bench of Bishops (Ex-officio Role)

- Responsible for senior leadership within the Church in Wales within its governance structures. Held portfolio responsibility for communication & Social Responsibility.
- The Church in Wales had a staff of circa 650 employed people and circa 25000 volunteers. It had a property portfolio of 2500 public buildings and 650 residential buildings. It had £370m of investments and total funds of nearly £600m. It had an annual turnover of approx. £26m.

2002 - 2008 **Trinity University College, Carmarthen**

President and Chair of Council

- Steered the Governing Body of the institution through its many responsibilities and duties. Ensured that governance is exercised effectively, efficiently and with due diligence. Nurtured a positive and productive relationship with college executives, particularly the Vice Chancellor. Safeguarded the values of the institution. Secured the sustainability and health of the institution.
- Chair of Finance and Strategic Planning Committee; Human Resources Committee; Nominations and Corporate Governance Committee; Senior Remuneration Committee.
- Member of HEFCW's committee for HEI chairs.

2002 - 2008 **University of Wales, Lampeter**

Visitor: External arbiter dealing with cases of complaint against university personnel.

2002 - 2008 **Llandoverly College**

Visitor: Critical Friend to the Principal and institution.

2004 - 2007 **Dolen Cymru**

Member of Dolen Cymru Wales Lesotho Link Council (Elected Role)

- Helped to guide and grow the partnership between Wales and Lesotho in the areas of medicine, culture, education and faith.

2000 - 2002 **Church in Wales**

Archdeacon of Meirionnydd (Employed Role)

- Member of Bishop of Bangor's Senior Management Team with responsibility for the archdeaconry of Meirionnydd. Particular responsibility for estates matters.

1999 - 2001 **Church in Wales**

Diocesan Director of Ordinands (Employed Role)

- Responsible for overseeing the recruitment, selection and training of new clergy.

1993 - 2002 **Church in Wales**

Rector of Dolgellau

- Caring for 5 bilingual churches and communities. Training & supervision of assistant clergy.

1987 - 1993 **Church in Wales**

Rector of Ciliau Aeron, Llannerch Aeron, Dihewyd & Mydroilyn

- Caring for 4 rural, bilingual communities in Ceredigion. Led the building of new church building in the village of Mydroilyn.

1985 - 1987 **Church in Wales**

Curate of Llanelli: Assistant priest serving under supervision of training incumbent in the largest, urban conurbation in the diocese.

Carl Cooper

Chair, Powys Teaching Health Board

PERSONAL STATEMENT

I am pleased to submit an application to serve as Chair of Powys Teaching Health Board. Please see below my personal statement set out against the requirements of the person specification.

Ability to instil vision and lead the development of defined strategies in the pursuit of achieving long and short-term goals;

As vice-chair & Chair of the Powys Regional Partnership Board, I have made a key contribution to the development and implementation of the RPB's Area Plan, our shared Health & Care Strategy. This is, inevitably, closely aligned with PTHB's IMTP and seeks to ensure that the partnership responsibilities enhance and complement the duties of individual agencies, including the LA's corporate plan. The development of strategy is importantly predicated on the meaningful involvement & participation of all stakeholders and, most importantly, citizens. This includes the analysis of data but also takes into consideration the views & experiences of stakeholders in order that we deliver what matters to people. I have sought to exercise leadership within the RPB in order to ensure that all of those with an interest in the strategy are as fully involved as possible, and that board members are assured that the strategy is owned by all and accessibly communicated. An example would be the development of vision and strategy in connection with the North Powys Programme and the Workforce Futures programme. From a third sector perspective the latter is especially ground breaking in that it includes an innovative school of volunteers & unpaid carers with the Powys Health & Care Academy.

The monitoring of outcomes-focused delivery has been something I've helped to ensure, and contributed to the establishment of the Research Innovation and Improvement Hub that is responsible for leading the evaluation of RPB initiatives that will inform decisions regarding future investment and, importantly, the mainstreaming of innovations that have proved their worth.

Ability to facilitate the understanding of complex issues while demonstrating respect for the views of others;

I have led the third sector involvement in the Population Needs Assessment and the Market Stability Report as part of the development of Powys' Area Plan and Well Being Plan. The inclusion of third sector information & data is difficult & complex because of the nature of a diverse, multifaceted sector. The reconciliation of statutory sector data & third sector data proved challenging. However, we were able to arrive at pragmatic solutions that sometimes required compromise e.g. extrapolated or proxy data.

I am in the final year of doctoral research, a phenomenological study of RPBs in Wales. This qualitative study involves the critical analysis of the existing body of learning in relation to strategic partnerships generally, and Wales specifically.

As Chair of Social Care Wales' Audit & Risk Committee, I lead the oversight of the organisation's risk framework and scrutinise identified and agreed areas of risk. This involves the comprehension and analysis of different types of information and data from diverse sources.

Much of my work involves operating in partnership with colleagues from other organisations and sectors. This involves managing occasional disagreement with decisions taken or policy adopted by partner agencies. In all cases I successfully maintain constructive, positive working relationships with all involved. In large part this is based on mutual respect, trust and an acceptance of each other's roles and responsibilities within decision making processes and procedures.

Ability to ensure a board works together effectively through their active involvement in a robust and transparent decision making process;

I have emphasised during my career the importance, not only of board effectiveness, but of board efficacy. As Chair of Trinity College, Carmarthen, in order to build productive & complementary collaboration within the board, I helped lead a programme of board development that focussed as much on building mutual & reciprocal relationships as it did on growing essential skills and knowledge.

Transparency is one of the key enablers of meaningful and productive operation. It is essential that everyone knows that no information is being unnecessarily withheld or that they are 'in the dark'. In Social Care Wales I have helped to establish participative governance arrangements within the board, between the board and its committees, between the board and the executive and with the wider operational workforce. The reason these arrangements work well is that they are co-produced, there is clarity about how the various accountabilities operate and there are safeguards that prevent exclusion or marginalisation.

I have supported my board in the implementation of proportionate and effective reporting mechanisms that ensure board members receive accessible, timely and intelligent information, thereby enabling them to participate in decision making effectively. Regular assessment of these arrangements through internal audit, board effectiveness evaluation and board member supervision ensure that the mechanisms develop and improve as needed.

Ability to motivate and develop the board to define roles and responsibilities to ensure ownership and accountability;

When supporting third sector boards, I focus on the organisation's objectives and purpose i.e. the 'Why' of the agency & not primarily the 'What' of the agency. I find the presenting difficulties experienced by organisations invariably trace back to governance issues, and that the 'Why' helps to re-ignite people's passion & commitment which, in turn, helps to address the symptoms that are causing difficulties.

As chair of St David's Diocesan Board, I led the adoption of arrangements that allocated lead responsibilities to certain board members e.g. finance, safeguarding, data protection etc. This was supported by a board committee structure with associated reporting mechanisms that enabled the board to be clear about where responsibility lay and how accountabilities operated.

A clear commitment to understanding and promoting equality, diversity and inclusion

I have supported my board to develop, adopt and implement EDI policies and procedures. These are regularly audited in order that the board and the executive receive assurances that the organisation is operating compliantly and appropriately. Importantly, EDI is not just about complying with legislation and regulation, it derives from the values base of the organisations and its personnel.

Ability to show an appreciation of bilingualism and culture, and a commitment to promoting and mainstreaming of the Welsh language

I am fluent in spoken & written Welsh & English. I have operated bilingually during the whole of my working life & lived in bilingual communities in West Wales, North & South. I have an academic interest in language & languages. My M Phil was awarded for research into the sociology of bilingualism in Wales. I was pleased to be appointed to the Welsh Language Commissioner's Advisory Group that advised the Commissioner regarding the fulfilling of their duties and responsibilities.

Personal Attributes

- As a third sector leader I have little authority & rely heavily on influencing skills. These are predicated on the ability to develop strong & respectful relationships with partners and all stakeholders.
- The third sector is characterised by its independence and resilience. Things often don't go as we would choose & fine judgement, resilience & pragmatism are required, whilst not compromising important principles & values.
- I have extensive experience of working in a political environment at local & national level. As chair of the RPB, I help to negotiate & manage a complex governance environment that needs to accommodate statutory requirements of sovereign bodies alongside those placed on a partnership.

Reasons for Applying

Having worked in Powys for over 14 years, I care deeply about its people and communities. I would enthusiastically welcome the opportunity to continue to serve the people of Powys in this important role.



Llywodraeth Cymru
Welsh Government

Information pack for applicants

Powys Teaching Health Board

Appointment of a Chair

Closing date : 16:00, 24 June 2022



**The Commissioner for
Public Appointments**

Powys Teaching Health Board

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Powys Teaching Health Board

Making an application

Thank you for your interest in the appointment of the Chair to the Powys Teaching Health Board. This is an exciting opportunity to lead a Local Health Board covering approximately 25% of the land mass of Wales. The Health Board is unique as commissions a wide range of services for its population from neighbouring Health Boards and across the border in England. We are looking for an individual who understands the needs of the Health Board's population and the importance of ensuring diversity, inclusion and the promotion of the Welsh Language. The new Chair will be required to provide strong leadership of the Board and uphold the values of NHS Wales.

The attached Annexes provide details on the role of the Chair and the person specification, the role and responsibilities of Powys Teaching Health Board and the selection process.

To make an application please visit the Welsh Government public appointment website here <https://cymru-wales.tal.net/vx/lang-en-GB/mobile-0/appcentre-3/brand-2/candidate/jobboard/vacancy/7/adv/>.

To apply for this role, click on the Chair – Powys Teaching Health Board vacancy and click on 'Apply' at the bottom left hand corner. The first time you apply for a post, you will need to complete a registration form for the Welsh Government's online application system. You will only need to register once, and you will be able to keep yourself updated on the progress of your application, and any other applications you make, via your registered account.

Once you've registered, you'll be able to access the application form. To apply you will need to upload a personal statement and CV to the 'Reasons for applying' section of the online application form.

Personal Statement

The personal statement is your opportunity to demonstrate how you meet each of the criteria set out in the person specification. How you choose to present the information is up to you. However, you should aim to provide detailed examples that demonstrate how your knowledge and experience matches each of the criteria, *and* describe what your role was in achieving a specific result. It will also benefit the selection panel if you can be clear how this evidence relates to the criteria. Providing separate paragraphs in relation to each criterion is common practice but is not essential.

Please limit your personal statement to **1000 words**.

CV

Your CV should be no more than **three pages**. Please ensure your CV includes brief details of your current or most recent positions and the dates you occupied these. Please identify any past or present Ministerial appointments.

Your application may be rejected if you exceed the word count or page limit for the personal statement and CV.

References

Powys Teaching Health Board

Please provide two referees (most recent employer and personal) who will be contacted for successful candidates only. In order to preserve the highest standards of integrity and propriety, we are unable to accept Assembly Members or Welsh Government employees as referees for applications for membership of public bodies.

Indicative timetable

Closing date:	24/06/22
Shortlisting:	w/c 04/07/22
Stakeholder session:	18/07/22
Interviews:	19/07/22
Commencement in post:	01/10/22

Diversity Statement

The Welsh Government believes that public bodies should have board members who reflect Welsh society - people from all walks of life - to help them understand people's needs and make better decisions. This is why the Welsh Government is encouraging a wide and diverse range of individuals to apply for appointments to public bodies. Applications are particularly welcome from all under-represented groups including women, people under 30 years of age, black, Asian and minority ethnic people, disabled people, and lesbian, gay, bisexual and transgender people.

Disability Confident

The Welsh Government accepts the social definition of disability, in which it is recognised that barriers in society act to disable people who have impairments or health conditions or who use British Sign Language. We are committed to removing barriers so that all staff can perform at their best. The Equality Act 2010 uses the medical definition of disability ("a physical or mental impairment which has a substantial and long-term impact on a person's ability to carry out normal day to day activities").

We guarantee to interview anyone who is disabled whose application meets the minimum criteria for the post. By 'minimum criteria' we mean that you must provide us with evidence in your application which demonstrates that you generally meet the level of competence for the role and any qualifications, skills or experience defined as essential.

If you would like a guaranteed interview, please contact the Public Appointments Team by email PublicAppointments@gov.wales to let them know.

If you have an impairment or health condition, or use British Sign Language and need to discuss reasonable adjustments for any part of this recruitment process, please contact the Public Appointments team as above as soon as possible and a member of the team will contact you to discuss your requirements and any questions you may have.

Contacts:

For further information regarding the selection process, please contact:

Public Appointments Team
Public Bodies Unit
Email: publicappointments@gov.wales

Powys Teaching Health Board

For further information regarding the role of the Powys Teaching Health Board and the role of Chair please contact:

The Diary Secretary to the Director General Health and Social Services/NHS Wales
Chief Executive, Welsh Government

Email: DStoDGforHealthandSocialServicesChiefExecutiveNHSWales@gov.wales

James Quance, Interim Board Secretary, Powys Teaching Health Board

Email: james.quance2@wales.nhs.uk

Welsh Government are working with Gatenbysanderson Ltd to support this recruitment campaign. If you would like a confidential discussion to ensure you maximise your application please contact Melanie Shearer at melanie.shearer@gatenbysanderson.com (07785 616548) or Carmel Bell at carmel.bell@gatenbysanderson.com (07917 826639).

If you need any further assistance in applying for this role, please contact publicappointments@gov.wales.

For further information about Public Appointments in Wales, please visit www.gov.wales/publicappointments

Appointment of Chair of the Powys Teaching Health Board

Role description and person specification

Role and Responsibilities

The Chair will be accountable to the Minister for Health and Social Services for the performance of the Board and its effective governance, upholding the values of the NHS, and promoting the confidence of the public and partners throughout the Health Board area.

The Chair of Powys Teaching Health Board will:-

- **Lead the Board in the Development of a Strategic Vision** for the Health Board's services of the future, realising and building on the inherent potential and skills within the organisation to develop an innovative and exemplar service with the aim of improving well-being and outcomes for the population;
- **Provide effective and visible leadership** across the breadth of the Board's responsibilities, internally through the Board and externally through connections with a wide range of stakeholders and partners at community, local authority, Health Board and national levels;
- **Ensure the Board delivers effectively together** the strategic and operational aims of the Health Board through delivery of strategic aims, policy and ensuring good governance;
- **Be responsible for maintaining** the highest quality of public health standards and practices, and improving quality and safety of healthcare;
- **Be accountable for the performance of the Board** at community, local authority, Board and national levels through the agreement of a three year Integrated Medium Term Plan (IMTP) and an annual delivery plan and the annual evaluation of achievements against the plan in public by the Minister for Health and Social Services;
- **Hold the Chief Executive to account** across the breadth of their responsibilities;
- **Work effectively with partners**, in particular with primary care contractors and other NHS bodies, Universities, Local Authorities, the Third Sector and Social Partners, to ensure the planning and delivery of safe, effective, person centred services aiming to improve population outcomes;
- **Provide the assurance and governance for the proper stewardship of public money and other resources** for which the Board is accountable;

Powys Teaching Health Board

- **Provide the assurance for ensuring that the Board is governed effectively** within the framework and standards set for the NHS in Wales, with a particular emphasis on ensuring openness and transparency;
- **Undertake an external ambassador role**, delivering in the public spotlight and instilling public confidence.
- **Act as a Corporate Trustee** of PTHB Charity

Person Specification

To be considered, you must be able to demonstrate that you have the qualities, skills and experience to meet all the essential criteria for appointment.

Essential Criteria

Knowledge and Experience

- Ability to instil vision and lead the development of defined strategies in the pursuit of achieving long and short-term goals;
- Ability to facilitate the understanding of complex issues while demonstrating respect for the views of others;
- Ability to ensure a board works together effectively through their active involvement in a robust and transparent decision making process;
- Ability to motivate and develop the board to define roles and responsibilities to ensure ownership and accountability;
- A clear commitment to understanding and promoting equality, diversity and inclusion; and
- Ability to show an appreciation of bilingualism and culture, and a commitment to promoting and mainstreaming of the Welsh language.

Personal Attributes

- Strong interpersonal and influencing skills and ability to act as an effective advocate and ambassador;
- Sound judgement, sensitivity and political awareness;
- Capacity to be independent and resilient;

Desirable

- The ability to speak Welsh

Welsh Language

Welsh Language Skills are desirable, however, all candidates will be expected to show commitment towards the language and culture, and demonstrate leadership to strengthen and promote bilingual service provision within the NHS in Wales. The level of the skill that is considered desirable is as follows:

Powys Teaching Health Board

Desirable

Understanding = 2 - Can understand basic conversations about everyday topics

Reading = 2 - Can read simple material on everyday topics with understanding

Speaking = 3 - Can converse in some work-related conversations

Writing = 1 - Can write basic messages on everyday topics

Key facts about the post

Location:	Glasbury House, Bronllys, Brecon
Time Commitment:	Minimum of 15 days per month
Tenure of office:	Initial appointment of up to 4 years, to be determined by the Minister for Health and Social Services.
Remuneration:	£44,820 per annum plus travel and other reasonable expenses within reasonable limits

Eligibility

A person shall be disqualified from appointment if he/she:

- a. has within the preceding 5 years been convicted in the UK, Channel Islands or the Isle of Man of any offence and has had passed on him/her a sentence of imprisonment (whether suspended or not) for a period of not less than 3 months;
- b. has been adjudged bankrupt or has made a composition or arrangement with his creditors;
- c. has been dismissed, otherwise than by reason of redundancy, or non-renewal of a fixed term contract, from any paid employment with a health service body;
- d. is a person whose tenure of office as the chair, member or director of a health service body has been terminated because his/her appointment is not in the interests of the health service, for non-attendance at meetings or for non-disclosure of pecuniary interest; and
- e. is an employee of a Trust or Health Board.

It is the policy of the Welsh Government that all recent employees of LHBs and NHS Trusts should serve a non-involvement break before being considered for an NHS Public Appointment

In addition to the above a person shall not normally serve concurrently as a non-officer member on the board of more than one NHS body in Wales.

Applicants should also note that being a member of Powys Teaching Health Board is a disqualifying post for membership of the National Assembly for Wales under the National Assembly for

Wales (Disqualification) Order 2015.

<http://www.legislation.gov.uk/uksi/2015/1536/contents/made>

If you are successful, you will receive a letter from the Minister for Health and Social Services appointing you as the Chair of Powys Teaching Health Board, which will confirm the terms on which the appointment is offered. Your appointment will be

Powys Teaching Health Board

subject to a reference check undertaken by the Welsh Government's Public Bodies Unit and to a DBS check undertaken by the NHS Wales Shared Services Partnership. Attendance at the NHS Wales Independent Member Induction Programme is mandatory on appointment and you will be required to attend the next available course.

Conflict of Interests

When applying you will be asked to declare any private interests which may, or may be perceived to, conflict with the role and responsibilities as the Chair of Powys Teaching Health Board, including any business interests and positions of authority outside of the role in Powys Teaching Health Board.

Any conflicts of interest will be explored at interview. If appointed, you will also be required to declare these interests on a register which is available to the public.

Due Diligence

Welsh Government Public Bodies Unit will undertake due diligence checks on all candidates successfully sifted to interview. This will include, but not necessarily be limited to social media and Internet searches. As a result, you may be asked questions at interview in relation to any due diligence findings.

Standards in public life

You will be expected to demonstrate high standards of corporate and personal conduct. All successful candidates will be asked to subscribe to the Code of Conduct for Board Members of Public Bodies, you can access this document at:

<https://www.gov.uk/government/publications/code-of-conduct-for-board-members-of-public-bodies>

The role and responsibilities of Powys Teaching Health Board

Background

Powys Teaching Health Board

Powys is one of the most rural counties in the UK. Whilst the county is approximately 25% of the landmass of Wales, it has only 5% of the population. The population in Powys is older compared to the rest of Wales and the proportion of older people is growing. The working age adult population is smaller compared to Wales and it is predicted that the number of young people and working age adults will decrease, whilst the number of older people will increase. It is predicted that there will be an 8% decline in the Powys population by 2039.

The county has a strong network of small towns and villages with a high level of community commitment and a strong voluntary sector. Unemployment is low, however Powys has a low income economy with low average earnings and house prices that are high when compared to other areas in Wales. Five areas (Lower Super Output Areas) are among the most deprived 30% in Wales, clustered around the main market towns with higher residential populations.

There are generally good health outcomes in the County and people live longer and spend more years in good health than the national average, eating a healthier diet and being more physically active. Fewer people feel lonely and there is a greater sense of community and satisfaction with life. 83% report that they feel they belong to their local area, compared to 75% in Wales as a whole. However, whilst general health is good, there are issues that have informed the long term strategy. 1 in 5 people still smoke, 1 in 4 children are overweight or obese on entering school and 6 in 10 adults are overweight or obese. Health inequalities amongst people living in the most deprived areas of Powys are significant; a child born in the most deprived area lives approximately 10 years (boys) to 14 years (girls) less than a child born in the least deprived area.

Powys Teaching Health Board is both a commissioner and a direct provider of healthcare and different to other health boards in Wales in relation to the proportion of services that are provided to the population by other health care providers. The health board's budget is circa £300m. 50% is spent on secondary and specialist care, 20% is spent on primary care and 30% is spent on directly provided services. The directly provided services are delivered through a network of community services and community hospitals which includes mental health, learning disabilities, maternity and children's services. Care is also provided in Powys through primary care contractors such as General Practices, Dental Practices, Pharmacists and Optometrists, as well as the Third Sector. There is also provision of an increasing range of consultant, nurse and therapy led outpatient sessions, day theatre and diagnostics in community facilities, bringing care closer into Powys itself and closer to people's own communities and homes.

In relation to commissioning, there are some unique characteristics that set the Powys context. Being an entirely rural County with no major urban conurbations and no acute general hospitals, people in Powys have to travel outside the county for many

Powys Teaching Health Board

services, including secondary and specialist healthcare, higher education, employment and leisure.

The health board buys services on behalf of the population from 15 main NHS provider organisations across England and Wales. Shrewsbury and Telford Hospitals NHS Trust makes up the largest proportion of our commissioned activity and Wye Valley NHS Trust is the second largest. In Wales, the health board buys services from Hywel Dda, Aneurin Bevan, Swansea Bay and Cwm Taf Morgannwg University Health Boards and others in smaller proportions. This covers all specialities, however Powys Teaching Health Board is not the majority commissioner of any acute provider.

The Board

The purpose of NHS Boards is to govern effectively and in doing so to build public and stakeholder confidence that their health and healthcare is in safe hands. This fundamental accountability to the public and stakeholders is delivered by building confidence:

- In the quality and safety of health services.
- That resources are invested in a way that delivers optimal health outcomes.
- In the accessibility and responsiveness of health services.
- That the public can appropriately shape health services to meet their needs.
- That public money is spent in a way that is efficient and provides value for money.

The three key roles through which the Board demonstrates leadership within the organisation are:

- **Formulating strategy.**
- **Ensuring accountability** by holding the organisation to account for the delivery of the strategy and through seeking assurance that systems of control are robust and reliable.
- **Shaping a positive culture** for the Board and the organisation.

The selection process

The interview panel will assess candidates' CVs and personal statements to determine who it believes best meet the criteria for the role, and who will be invited to interview. The panel will rely only on the information you provide in your CV and statement to assess whether you have the skills and experience required. Please ensure that you provide evidence to support how you meet all of the essential criteria.

The selection panel will be chaired by Judith Paget, Director General of Health and Social Services and NHS Wales Chief Executive, Welsh Government, and will comprise of Mick Giannasi, Chair Social Care Wales, Becky Gorman, Welsh Government and a Senior Independent Panel Member (to be confirmed).

Your application may be "long-listed", subject to the volume of applications received, before it is passed to the shortlisting panel for consideration. You should be aware that in this situation, your application might not be considered in full by all of the panel.

It is our intention that interviews will take place via Microsoft Teams.

The panel will select for interview only the strongest applicants who it feels have demonstrated that they best meet the criteria set out in the person specification. However, if you have applied under the guaranteed interview scheme **and you meet the minimum essential criteria** for the post, then you will also be invited for interview.

If you are invited to interview and if the interview date is not already provided in this information pack, we will aim to provide you with as much notice as we can of the interview date. If you are unable to make the arranged interview date, we will endeavour to re-arrange it but it might not be possible due to time constraints within the appointment timetable or selection panel availability.

You will receive email communication from Welsh Government's application centre to let you know whether or not you have been invited to be interviewed.

If invited to interview, the panel will question you about your skills and experience, asking specific questions to assess whether you **meet the criteria** set out for the post.

Candidates who the panel believe are 'appointable', will be recommended to Ministers who will make the final decision. The Minister may choose to meet with appointable candidates before making a decision. If they do, they will meet all candidates and in the presence of the panel chair or their nominated representative. There will be a time gap between interview and a final appointment decision being made. Candidates who have been interviewed will be kept informed of progress.

If you are successful, you will receive a letter appointing you as Chair of the Powys Teaching Health Board, which will confirm the terms on which the appointment is offered.

Powys Teaching Health Board

If you are unsuccessful at interview, you will be notified through the Welsh Government's application centre. We appreciate it takes a lot of time and effort to apply for roles and that feedback is a valuable part of the process. As a result, the letter will provide the details of who you may approach for feedback on your interview and application, if you so wish.

Pre-Appointment Hearing

If you are successful at interview, you will be asked to attend a Senedd Cymru – Welsh Parliament Committee hearing.

Pre-appointment scrutiny by select committees is an important part of the process for some of the most significant public appointments made by Ministers. It is designed to provide an added level of scrutiny of the overall process and verify that the recruitment meets the principles set out in the Governance Code on Public Appointments*. This scrutiny may involve the relevant select committee requesting and reviewing information from the Department and the Minister's preferred candidate. The select committee may also choose to hold a pre-appointment hearing.

Pre-appointment hearings are held in public and involve the select committee taking evidence from the Minister's preferred candidate. These public hearings take place before an appointment is confirmed, but after the selection process has taken place.

Where a public appointment is subject to pre-appointment scrutiny, it is a matter for the relevant select committee to decide whether to undertake such scrutiny, including whether to hold a pre-appointment hearing. Following a review of information provided by the Department about the recruitment process, the select committee may decide that a pre-appointment scrutiny hearing is not required before it publishes its report, if it agrees with the Minister's choice of candidate.

Queries

For queries about your application, please contact publicappointments@gov.wales.

If you are not completely satisfied

Welsh Government will aim to process all applications as quickly as possible and to treat all applicants with courtesy. If you have any complaints about the way your application has been handled, please contact publicappointments@gov.wales.

Agenda Item 4

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

Document is Restricted

Agenda Item 5

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

Document is Restricted

Petitions Committee

Julie Morgan MS
Deputy Minister for Social Services
Welsh Government
Tŷ Hywel
Cardiff Bay
CF99 1SN

4 July 2022

Dear Deputy Minister

Petition P-06-1161 Routine collection and publication of data of how many babies/children return to their care experienced parents care at the end of a Parent and Child Placement

Thank you for coming before the Petitions Committee on 13 June 2022. Your evidence will be considered together with the range of other evidence heard as part of this work.

As part of our scrutiny of this issue we have noted the range of relevant commitments in the Programme for Government, including those to:

- Prevent families breaking up by funding advocacy services for parents whose children are at risk of coming into care.
- Provide additional specialist support for children with complex needs who may be on the edge of care.
- Explore radical reform of current services for children looked after and care leavers.
- Strengthen public bodies in their role as 'corporate parent'.

We also note the recent reviews of services for care experienced children in England and Scotland and have followed their findings and next steps with interest.

To ensure that we have a fuller understanding of the radical reforms being taken forward in relation to children's social care, you agreed that your officials would provide further detail of the practical steps in taking forward each of these commitments and the actions being taken forward as part of this reform. We have a particular interest in the 'radical reform' and details of next steps and timings on this issue would be particularly welcome.

I would be grateful if you could send your response by e-mail to the clerking team at petitions@senedd.wales by 18 July 2022 to enable us to progress with this work.

Senedd Cymru

Bae Caerdydd, Caerdydd, CF99 1SN
Deisebau@senedd.cymru
senedd.cymru/SeneddDeisebau
0300 200 6565

Welsh Parliament

Cardiff Bay, Cardiff, CF99 1SN
Petitions@senedd.wales
senedd.wales/SeneddPetitions
0300 200 6565

Yours sincerely

Jack Sargeant

Jack Sargeant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Chair, Children, Young People, and Education Committee
Chair, Climate Change, Environment, and Infrastructure Committee
Chair, Culture, Communications, Welsh Language, Sport, and International Relations Committee
Chair, Economy, Trade, and Rural Affairs Committee
Chair, Equality and Social Justice Committee
Chair, Health and Social Care Committee
Chair, Legislation, Justice and Constitution Committee
Chair, Local Government and Housing Committee

6 July 2022

Welsh Government Draft Budget 2023-24

Dear Committee Chairs

Budget Engagement

On 11 April 2022, I wrote to notify you of the Finance Committee's programme of engagement for its scrutiny of the forthcoming Welsh Government's Draft Budget 2023-24. The Committee has now completed its three engagement strands:

- a stakeholder event in Llanhilleth Miners' Institute;
- a workshop with member of the Welsh Youth Parliament; and
- focus groups with the Welsh public.

An engagement report has been published which summarises the responses we received during our engagement work.



Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN

✉ SeneddCyllid@senedd.cymru

☎ 0300 200 6565

Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN

✉ SeneddFinance@senedd.wales

☎ 0300 200 6565

Plenary Debate on the Welsh Government's Spending Priorities

On 13 July, the Committee will hold a Plenary debate on the Welsh Government's Spending Priorities and the engagement report referred to above will be included as a supporting document for the debate.

We believe this debate allows the best opportunity for Members to influence the Welsh Government's spending priorities prior to the formulation of the draft budget in the autumn and I would encourage Committees to contribute to this important debate and press for action in their areas of interest.

Timetable and approach to budget scrutiny

Following the announcement by the UK Government last year of a multi-year settlement, the Committee had hoped that we would return to a 'normal budget' process this year, after several years of curtailed scrutiny. However, the Minister for Finance and Local Government has written to me to explain that the lack of certainty over the significant pressures facing the Welsh Government's spending plans will not be resolved until the Welsh Government knows whether its settlement will change in any UK Autumn Fiscal event.

The Minister sought the Committee's view on a preferred timetable for publishing of the draft budget, with our preferred option being that it is published in October to enable eight weeks for scrutiny with the final budget being published in December.

The Minister for Rural Affairs and North Wales, and Trefnydd has now written to the Business Committee to notify it that the Welsh Government intends to publish the outline and detailed draft budgets together by 13 December at the latest or within four weeks of the UK Government's autumn budget. The Trefnydd also confirmed that she will provide an updated budget timetable in the autumn term, as soon as details of the UK fiscal event is known..

Given that the publication of the draft budget will be delayed again this year, the Committee's call for evidence will take place in September. I will write to you again with further information on the consultation, and any revisions to the budget timetable, in due course.

Budget Process Protocol

The Budget Process Protocol between the Senedd and the Welsh Government has been in place since 2017. The protocol sets out an understanding between the Finance Committee and the Welsh Government on the administrative arrangements for the scrutiny of the annual draft budget and other related budgetary matters.



This is the fourth consecutive year where the two-stage budget process has not been used and scrutiny has been curtailed due to “exceptional circumstances”. Whilst we acknowledge that delays have been due to the uncertainty of funding from the UK Government, a curtailed budget processes is becoming commonplace and, as Chair, I do not wish to have similar discussions around timetabling issues year upon year.

For this reason, I have asked the Minister to commit to a review of the budget process protocol ahead of the budget round for 2024-25 to ensure it remains fit-for-purpose.

If you have any comments on your experience of your Committee’s budget scrutiny, I would be grateful to hear from you.

If you have any questions about any aspect of the draft budget process, please feel free to contact me or the Clerk to the Finance Committee, Owain Roberts, 0300 200 6388, seneddfinance@senedd.wales.

Yours sincerely



Peredur Owen Griffiths MS
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



Russell George MS
Chair of the Health and Social Care Committee

07 July 2022

Dear Russell,

Scrutiny of the Welsh Government's First Supplementary Budget 2022-23 – Pressures in the NHS

On 30 June, the Finance Committee held an evidence session with the Minister for Finance and Local Government on the Welsh Government's First Supplementary Budget 2022-23.

1. At this session, the Committee considered issues relating to the remit of the Health and Social Care (HSC) Committee, in particular, the current pressures being faced by the NHS and the additional funding being provided by the Welsh Government to aid recovery from the pandemic. I would like to draw your attention to the following recommendations that were included in our report:

Recommendation 10. The Committee recommends that the Welsh Government develops a strategic long-term approach to workforce planning and training across the public sector to mitigate future staffing pressures with the long-term aim of making public services sustainable and affordable.

Recommendation 11. The Committee recommends that the Welsh Government provides information about how the additional funding for NHS recovery will be used and the expected outcomes for the additional funding it has committed to provide over this Senedd term.

Recommendation 12. The Committee recommends that the Welsh Government provides further information to explain why local health boards were not able to fully utilise the additional funding provided in 2021-22 to support NHS recovery and reduce the waiting times backlog, as

well as set out what actions it is taking to address them to ensure current year and future allocations can be appropriately targeted to deliver its ambitions and provide value for money.

Given your Committee's interest in these areas, you may wish to explore these issues with the Minister for Health and Social Services, or other appropriate Ministers, in greater detail when scrutinising the Welsh Government Draft Budget 2023-24 later this year.

Our report on the Supplementary Budget 2022-23 will be published on 11 July which will inform the Plenary debate scheduled for the 12 July.

We will share the Welsh Government's response to our recommendations with you once received.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Peredur Owen Griffiths', with a horizontal line drawn through the bottom of the signature.

Peredur Owen Griffiths MS
Chair of the Finance Committee

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.

Eluned Morgan MS
Minister for Health and Social Services
Welsh Government

14 June 2022

Dear Eluned

Provisional common frameworks

Thank you for your letter of 9 May 2022 regarding the Public Health Protection and Health Security; Blood Safety and Quality; and Organs, Tissues and Cells (apart from embryos and gametes) provisional common frameworks. I am writing to request that further consideration is given to the provision of a substantive Welsh Government response to those recommendations set out in my letter of 21 March 2022 that do not relate to matters that are the subject of ongoing intergovernmental negotiations and scrutiny by other legislatures in the UK (see annex).

Your letter of 9 May 2022 indicates that it is a holding reply, on the basis that “until all legislatures in the UK have had the opportunity to complete scrutiny, [the Welsh Government] will be unable to address these recommendations formally”.

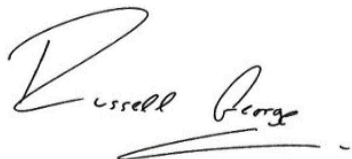
We considered your letter at our meeting on 19 May 2022. We accept that some of our recommendations relate to matters that are subject to ongoing intergovernmental negotiations and scrutiny by other UK legislatures. We agree that it is reasonable for the Welsh Government to send a holding response in respect of these recommendations.

However, a number of our recommendations relate to matters that are specific to Wales and to the Welsh Government. We are not persuaded that it should be necessary for us to wait for a substantive response to these recommendations, particularly as there is ongoing uncertainty as to when the Northern Ireland Assembly will be in a position to complete its scrutiny of these frameworks.

We have set out in the annex to this letter which recommendations we believe fall into which category.

I look forward to receiving your response by **29 July 2022**.

Yours sincerely

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a long horizontal stroke underneath.

Russell George MS
Chair, Health and Social Care Committee

cc Tracey Cooper, Chief Executive, Public Health Wales

Huw Irranca-Davies MS, Chair, Legislation, Justice and Constitution Committee, Welsh Parliament

Baroness Andrews, Chair, Common Frameworks Scrutiny Committee, House of Lords

Lesley Hogg, Clerk and Chief Executive, Northern Ireland Assembly

Gillian Martin MSP, Convenor, Health, Social Care and Sport Committee, Scottish Parliament

William Wragg MP, Chair, Public Administration and Constitutional Affairs Committee, House of Commons

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

Annex: Public Health Protection and Health Security; Blood Safety and Quality; and Organs, Tissues and Cells (apart from embryos and gametes) provisional common frameworks

Request for substantive responses

1. We request a substantive response to the following recommendations. We have outlined for each why we believe a response does not rely on the completion either of intergovernmental negotiations or scrutiny by other UK legislatures.

Recommendation	Notes
<p>Recommendation 1: The Welsh Government should explain how it will identify and manage risks associated with and arising from the PHPHS, BSQ and OTC common frameworks on an ongoing basis, including how information about such risks will be shared with Senedd committees.</p>	<p>The Welsh Government’s approach to identifying and managing risks and sharing information with Senedd committees is not subject to scrutiny by other UK legislatures.</p>
<p>Recommendation 7: The Welsh Government should confirm that it will notify Senedd committees in advance of reviews of the PHPHS, BSQ and OTC common frameworks and ensure that committees have an opportunity to scrutinise any proposed changes. Notifications should include information about the proposed approach to consultation with stakeholders.</p>	<p>This recommendation relates to a unilateral Welsh Government commitment to notifying Senedd committees – this is not subject to intergovernmental negotiations or scrutiny by other legislatures.</p>
<p>Recommendation 8: To ensure proportionality, the Welsh Government need only notify Senedd committees of disputes arising under the common frameworks that are escalated to Ministerial level.</p>	<p>This recommendation relates to a unilateral Welsh Government commitment to notifying Senedd committees – this is not subject to intergovernmental negotiations or scrutiny by other legislatures.</p>
<p>Recommendation 9: The Welsh Government should set out its views on whether any time limits should be specified within the dispute resolution process.</p>	<p>We note that the Deputy Minister for Mental Health and Wellbeing has already set out the Welsh Government’s position on this principle in her letter to us of 21 April 2022 in respect of the Food Compositional Standards and Labelling provisional common framework.</p>

Recommendation	Notes
<p>Recommendation 12: The Welsh Government and Public Health Wales should confirm whether they have any concerns about the potential resource or capacity implications associated with the work programmes of the UK Health Protection Committee or the Health Protection Oversight Group. This should include setting out the outcome of the assessment of resources referred to by the Minister for Health and Social Services in her letter of 17 January 2022, and, if the work programme is to be resourced from within existing budgets, details of where the funding and staff resource allocated to the work programme has been transferred from.</p>	<p>This recommendation relates to any concerns that either the Welsh Government or Public Health Wales have in relation to resource or capacity implications – this is not subject to intergovernmental negotiations or scrutiny by other legislatures.</p>
<p>Recommendation 14: The Welsh Government and Public Health Wales should explain why there will not be a joint secretariat established for the UK Health Protection Committee or the Four Nation Health Protection Oversight Group. They should also indicate whether they intend to designate any supporting secretariat for either group.</p>	<p>This recommendation asks the Welsh Government and Public Health Wales to explain the rationale for a decision that has already been taken, and how they plan to engage with the structures within the common framework – this is not subject to intergovernmental negotiations or scrutiny by other legislatures.</p>
<p>Recommendation 15: The Welsh Government should ensure that information about international activity within the scope of the PHPHS common framework is included in its regular reports to the Senedd on the operation of the common frameworks. This should include: Recent activity carried out by the Welsh Government or Public Health Wales. Details of common stances agreed with other parties to the framework for the purpose of international engagement. Information about upcoming international developments or obligations that would be within the scope of the framework.</p>	<p>This recommendation relates to information to be included by the Welsh Government in reports that it will unilaterally provide to the Senedd – this is not subject to intergovernmental negotiations or scrutiny by other legislatures.</p>
<p>Recommendation 16: The Welsh Government and Public Health Wales should explain how they engaged in the process of developing and agreeing the Memorandum of Understanding with the European Centre for Disease Control, and how Wales will engage with the ECDC through the PHPHS common framework.</p>	<p>This recommendation asks the Welsh Government and Public Health Wales to explain what role they took in a process that has already happened, and how Wales in particular will engage with the ECDC through the framework – this is not subject to intergovernmental negotiations or scrutiny by other legislatures.</p>

Recommendation	Notes
<p>Recommendation 17: The Welsh Government should confirm whether UK access to the EU’s Early Warning and Response System (EWRS) has been secured, and, if not, whether access will be requested through the PHPHS common framework.</p>	<p>This recommendation asks the Welsh Government to confirm a factual matter.</p>
<p>Recommendation 19: The Welsh Government should commit to notifying the Senedd, including the relevant committee(s), of any proposals to amend or repeal retained EU law within the scope of the BSQ or OTC frameworks that would affect Wales or Welsh patients.</p>	<p>This recommendation relates to a unilateral Welsh Government commitment to notifying Senedd committees – this is not subject to intergovernmental negotiations or scrutiny by other legislatures.</p>
<p>Recommendation 20: The Welsh Government should explain the impact of the UK Internal Market Act 2020 on the movement of blood, organs, tissues and cells, including any risks to the practical effect of Welsh legislation and policy, and whether it is considering requesting any exclusions from the Act.</p>	<p>This recommendation relates to the Welsh Government’s interpretation of the impact of the UK Internal Market Act 2020, and whether it is considering requesting exclusions – this is not subject to intergovernmental negotiations or scrutiny by other legislatures.</p>
<p>Recommendation 23: The Welsh Government should explain how it will assess the risks and benefits for Wales of keeping pace with changes in Northern Ireland and the EU, as opposed to maintaining the status quo in Great Britain, and what position it will take in intergovernmental discussions on these matters.</p>	<p>The Welsh Government’s approach to identifying and managing risks for Wales is not subject to scrutiny by other UK legislatures.</p>

Holding response

2. We agree that it is reasonable for the following recommendations to be subject to a holding response at this stage, on the basis that they relate to matters that are the subject of ongoing intergovernmental negotiations and scrutiny by other legislatures in the UK.

<p>Recommendation 2: The Welsh Government should set out how it will ensure that the PHPHS, BSQ and OTC frameworks will maintain, as a minimum, equivalent flexibility for tailoring policies to the specific needs of each territory as was afforded by current EU rules.</p>
<p>Recommendation 3: The Welsh Government should seek intergovernmental agreement that the PHPHS, BSQ and OTC common frameworks will lead to no dilution of public consultation or of parliamentary scrutiny in policymaking or the legislative process.</p>
<p>Recommendation 4: The Welsh Government should explain how it will ensure that these common frameworks will not limit the role of the Welsh Government, the Senedd, or stakeholders in Wales</p>

when making law and policy for Wales. This should include how the Welsh Government will facilitate the engagement of committees or Members of the Senedd with the common frameworks if required, to ensure that frameworks do not represent a barrier to the operation of the Senedd's legislative procedures.

Recommendation 5: In line with the recommendations made by the House of Lords Common Framework Scrutiny Committee, the Welsh Government should secure intergovernmental agreement to update the PHPHS, BSQ and OTC common frameworks to include a commitment to update legislatures on the ongoing functioning of the frameworks after the conclusion of each review.

If this commitment is not included in the frameworks, the Welsh Government should confirm that joint reports on the frameworks will nevertheless be published in line with its stated expectation.

If intergovernmental agreement on this point cannot be secured, the Welsh Government should explain the reasons why intergovernmental reports will not be published, and confirm that it will nevertheless publish unilateral annual reports in line with its previous commitment.

Recommendation 6: In line with the recommendations made by the House of Lords Common Framework Scrutiny Committee, the Welsh Government should secure intergovernmental agreement to update the PHPHS, BSQ and OTC common frameworks to include:

- Provision that the first review of each framework should include an open consultation process with stakeholders.
- Commitment to ongoing stakeholder engagement.

Should either of these outcomes not be secured, the Welsh Government should explain the reasons why not, and outline what will be done instead to ensure that there is ongoing, open and meaningful engagement with stakeholders across the UK.

Recommendation 10: The Welsh Government should confirm that, before they are finalised, the PHPHS, BSQ and OTC common frameworks will be updated to reflect the new inter-ministerial dispute resolution process set out in the review of intergovernmental relations published in January 2022.

Recommendation 11: The Welsh Government should seek intergovernmental agreement that the UK Health Protection Committee should publish and provide regular updates on its shared work programme. This should include the publication of reports of its meetings.

Recommendation 13: The Welsh Government and Public Health Wales should ensure that the work programmes published by the UK Health Protection Committee and the Health Protection Oversight Group include details of which bodies will be responsible for carrying out which activities, and how such activities will be resourced.

Recommendation 18: The Welsh Government should confirm that any proposed amendments or repeals of retained EU law within the scope of the BSQ or OTC common frameworks will be undertaken through the common frameworks and not by a separate process.

Recommendation 21: In line with the recommendation made by the House of Lords Common Framework Scrutiny Committee, the Welsh Government should secure intergovernmental

agreement to update the BSQ and OTC common frameworks to refer to their interaction with the UK Internal Market Act 2020 and acknowledge the process for agreeing exemptions from that Act.

Recommendation 22: In line with the recommendation made by the House of Lords Common Framework Scrutiny Committee, the Welsh Government should secure intergovernmental agreement to update the BSQ and OTC common frameworks to include additional detail on when changes introduced in Northern Ireland through the Protocol on Ireland/Northern Ireland will be considered in these frameworks.

Recommendation 24: The Welsh Government should secure intergovernmental agreement to update the BSQ and OTC common frameworks to include detail of how Governments in the UK will work together on international and UK-EU obligations relating to blood, organs, tissues and cells. This should include how Wales will be represented in relevant discussions at the WHO and at UK-EU forums.



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee
Senedd Cymru
Cardiff
CF99 1SN

11 July 2022

Dear Russell,

Thank you for your letter of 14 June in relation to the provisional common frameworks for Public Health Protection and Health Security; Blood Safety and Quality; and Organs, Tissues and Cells (apart from embryos and gametes).

I note the Committee's request that further consideration is given to providing a substantive response in relation to a number of recommendations which relate to Wales, and which are not the subject of ongoing intergovernmental negotiations or scrutiny by other legislatures. I am grateful to the Committee for the work that has evidently been done to separate out these issues.

Nevertheless, whilst I appreciate the Committee's rationale for requesting responses to some recommendations at this stage, I am afraid that because these issues have arisen as part of the common framework scrutiny process, I am unable to respond formally to any recommendations made **as part of this process** until all legislatures in the UK have had the opportunity to complete scrutiny.

As you will be aware, the UK Parliament, Scottish Parliament and the Northern Ireland Assembly are also undertaking scrutiny of the frameworks, and we will need to wait for their committees to complete scrutiny before we can provide a response to your recommendations. This approach to responding to committee recommendations has been agreed on a four-nation basis and is in line with the spirit of four-nation working and consensus that embodies the Common Framework programme. The only exception to this is where a recommendation relates to a factual error which poses a reputational risk to one or more of the Governments.

I will therefore write to you again once the recommendations have been received from all UK legislatures and the four governments have reached agreement on the changes to be made to the frameworks in response to these.

Bae Caerdydd • Cardiff Bay
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

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

I commit to providing a full response as soon as practicable, but please accept this letter in the interim.

In the meantime, if there are pressing matters related to policy about which you would like information or clarification, please write to me and I will be happy to address these outside of the frameworks scrutiny process.

Yours sincerely,

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

**Health and Social Care
Committee**

Senedd Cymru

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Lynne Neagle MS
Deputy Minister for Mental Health and Wellbeing
Welsh Government

14 June 2022

Dear Lynne

Food Compositional Standards and Labelling provisional common framework

Thank you for your letter of 21 April 2022 regarding the Food Compositional Standards and Labelling provisional common framework.

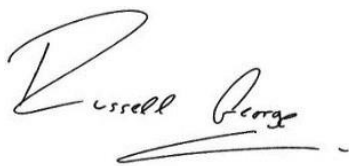
Our views on the provisional common framework are set out in the annex.

I note that the Minister for Health and Social Services has recently provided a holding response in respect of the Committee's recommendations in respect of the Public Health Protection and Health Security; Blood Safety and Quality; and Organs, Tissues and Cells (apart from embryos and gametes) provisional common frameworks, stating that "until all legislatures in the UK have had the opportunity to complete scrutiny, [the Welsh Government] will be unable to address these recommendations formally".

In my response to the Minister of 14 June 2022 I note that the Committee's view is that while it is reasonable for the Welsh Government to send a holding response in respect of recommendations that relate to matters that are subject to ongoing intergovernmental negotiations and scrutiny by other UK legislatures, where matters are specific to Wales and the Welsh Government we do expect to receive substantive responses without unnecessary delay.

I look forward to receiving your response by 29 July 2022.

Yours sincerely

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a long horizontal stroke underneath.

Russell George MS
Chair, Health and Social Care Committee

cc Emily Miles, Chief Executive, Food Standards Agency

Huw Irranca-Davies MS, Chair, Legislation, Justice and Constitution Committee, Welsh Parliament

Baroness Andrews, Chair, Common Frameworks Scrutiny Committee, House of Lords

Geraint Davies MP, Interim Chair, Environment, Food and Rural Affairs Committee, House of Commons

Lesley Hogg, Clerk and Chief Executive, Northern Ireland Assembly

Gillian Martin MSP, Convenor, Health, Social Care and Sport Committee, Scottish Parliament

William Wragg MP, Chair, Public Administration and Constitutional Affairs Committee, House of Commons

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

Annex: Food Compositional Standards and Labelling provisional common framework

Risks and benefits of the common framework approach

1. The purpose of common frameworks is to establish common approaches in some areas that were previously governed by EU law, but that are within areas of competence of the devolved governments or legislatures.¹ They are a key tool for intergovernmental working and discussion on approaches to law and policy now that the UK is no longer a member of the EU.
2. The Food Compositional Standards and Labelling (FCSL) common framework sets out how the governments will work together and make decisions on regulatory alignment and divergence in the post-Brexit context.
3. The structures provided by common frameworks could enhance joint working and promote a shared approach to tackling common challenges. They could offer opportunities for the Welsh Government to influence and inform decisions taken by other governments, as well as providing defined routes for engagement at an international level.
4. However, common frameworks also present potential risks, such as relinquishing regulatory freedom in favour of a common approach, making it harder for Welsh stakeholders to influence decisions, and risking blurring accountability to individual Parliaments.
5. Such benefits and risks are not unique to the common frameworks that we have considered, but cut across the whole common frameworks programme. In February 2022, the Scottish Parliament Constitution, Europe, External Affairs and Culture Committee concluded that:

"260. [...] Common Frameworks [...] have the potential to resolve the tensions within the devolved settlement through managing regulatory divergence on a consensual basis while facilitating open trade within the UK internal market.

261. But the Committee believes there is a risk that the emphasis on managing regulatory divergence at an inter-governmental level may lead to less transparency and Ministerial accountability and tension in the balance of regulations between the Executive and the Legislature".²

¹ Joint Ministerial Committee (EU Negotiations), *Communiqué*, 16 October 2017

² Scottish Parliament Constitution, Europe, External Affairs and Culture Committee, *UK Internal Market inquiry*, 22 February 2022, p.42

6. The correspondence we have received from the Welsh Government in respect of common frameworks has not always clearly articulated the risks and benefits of working through those frameworks, or how they might be managed.

Recommendation 1: The Welsh Government should explain how it will identify and manage risks associated with and arising from the FCSL common framework on an ongoing basis, including how information about such risks will be shared with Senedd committees.

Implications for making Welsh law and policy

7. The FCSL common framework requires governments to discuss and agree approaches to law and policy, and set out processes for resolving any disputes or disagreements that arise. As such, the framework could, in practice, limit the exercise of devolved competence.

8. This will not only affect the Welsh Government as it makes policy or prepares legislation, but will also affect the development of Senedd Bills. For example, Members who wish to table amendments to Bills passing through the Senedd, or committees that plan to introduce committee Bills, may need to consider the implications of relevant common frameworks, and potentially how to engage with these intergovernmental arrangements.

9. It could also make it more difficult for stakeholders in Wales to influence the development of Welsh law and policy.

10. When the governments agreed principles for common frameworks, they agreed that they should “maintain, as a minimum, equivalent flexibility for tailoring policies to the specific needs of each territory as is afforded by current EU rules.”³ We regard this as an important principle.

11. In its report in February, the Scottish Parliament Constitution, Europe, External Affairs and Culture Committee recommended that:

“...there should be a similar agreement between the Scottish Government and Scottish Parliament that, as a minimum, there should be no dilution of public consultation or of parliamentary scrutiny.”⁴

12. Thought should be given to whether such an agreement between the Senedd and the Welsh Government would be helpful.

³ Joint Ministerial Committee (EU Negotiations), [Communique](#), 16 October 2017

⁴ Scottish Parliament Constitution, Europe, External Affairs and Culture Committee, [UK Internal Market inquiry](#), 22 February 2022, p.36

Recommendation 2: The Welsh Government should confirm that the FCSL framework will lead to no dilution of public consultation or of parliamentary scrutiny in policymaking or the legislative process.

Recommendation 3: The Welsh Government should explain how it will ensure that the FCSL framework will not limit the role of the Welsh Government, the Senedd, or stakeholders in Wales when making law and policy for Wales. This should include how the Welsh Government will facilitate the engagement of committees or Members of the Senedd with the common framework if required, to ensure that framework does not represent a barrier to the operation of the Senedd's legislative procedures.

Transparency

13. We recognise that the process of reaching four-Government agreement on common frameworks is necessarily iterative and can be complex. It was helpful that an initial draft version of the FCSL provisional common framework was published in March 2021. However, it is far from ideal that the final provisional framework was not published for scrutiny until February 2022, especially as it had already been in operation since the end of the transition period on 31 December 2020.

14. The framework will, rightly, remain under review. However, it includes limited information about ongoing reporting to Parliaments and stakeholders, engagement with stakeholders, or scrutiny of changes proposed during review and amendment processes. We explore each of these issues below.

Reporting on the operation of frameworks

15. Our letter of 21 March 2022 to the Minister for Health and Social Services (Minister for HSS) in respect of the Public Health Protection and Health Security (PHPHS), Blood Safety and Quality (BSQ), and Organs, Tissues and Cells (other than embryos and gametes) (OTC) provisional common frameworks,⁵ in late 2021, the House of Lords Common Framework Scrutiny Committee noted its disappointment that those frameworks did not include commitments to ongoing engagement with Parliament.⁶

16. In a letter to the Fifth Senedd's External Affairs and Additional Legislation Committee in January 2020, the then Counsel General and Brexit Minister committed to "lay a report before the Senedd at

⁵ [Letter from the Chair of the Health and Social Care Committee to the Minister for Health and Social Services](#), 21 March 2022

⁶ [Letter from the Chair of the House of Lords Common Framework Scrutiny Committee to the Minister of State for Health](#), 23 November 2021; [Letter from the Chair of the House of Lords Common Framework Scrutiny Committee to the Minister of State for Health](#), 14 December 2021



least annually, which provides an assessment of the functioning of each Common Framework”.⁷ We welcome this commitment from the Welsh Government.

17. In November 2021, the Counsel General told the Senedd’s Legislation, Justice and Constitution Committee that the four governments had “committed to future reporting on the frameworks as part of the process for the oversight of the frameworks within the Intergovernmental Relations Review”, and that this would assist Senedd committees in monitoring frameworks in the longer term.⁸

18. In January 2022, in response to questions about how the Senedd and stakeholders would be updated on the continuing operation of the frameworks, including any changes, the Minister for HSS told us that:

“The expectation is that reports on frameworks will be public documents once they are signed off by portfolio Ministers and will be made available to the relevant committees in the four nations as well as relevant stakeholders.”⁹ [emphasis added]

19. The Counsel General repeated this ‘expectation’ in oral evidence to the Legislation, Justice and Constitution Committee on 31 January 2022.¹⁰ In a letter to that Committee in March 2022, he stated that the “exact format of the annual reporting mechanism is currently being worked through at an official level”.¹¹

20. We appreciate that common frameworks and associated reporting are intergovernmental arrangements, and that the Welsh Government may not be able unilaterally to guarantee that these joint reports will be published. Nevertheless, we are concerned that full agreement has not yet been reached on this important point of transparency, and that a commitment to publishing reports is not included in the FCSL framework.

Recommendation 4: In line with the recommendation we made in respect of the PHPHS, BSQ and OTC frameworks, the Welsh Government should secure intergovernmental agreement to update the FCSL framework to include a commitment to update legislatures on the ongoing functioning of the framework after the conclusion of each review.

If this commitment is not included in the framework, the Welsh Government should confirm that joint

⁷ [Letter from the Counsel General and Brexit Minister to the External Affairs and Additional Legislation Committee](#), 23 January 2020

⁸ [Letter from the Counsel General and Minister for the Constitution to the Legislation, Justice and Constitution Committee](#), 19 November 2021

⁹ Letter from the Minister for Health and Social Services (BSQ and OTC common frameworks), 17 January 2022

¹⁰ Legislation, Justice and Constitution Committee, RoP [paragraph 54], 31 January 2022

¹¹ Letter from the Counsel General and Minister for the Constitution to the Legislation, Justice and Constitution Committee, 2 March

reports on the framework will nevertheless be published in line with its stated expectation.

If intergovernmental agreement on this point cannot be secured, the Welsh Government should explain the reasons why intergovernmental reports will not be published, and confirm that it will nevertheless publish unilateral annual reports in line with its previous commitment.

Stakeholder engagement

21. Like the PHPHS, BSQ and OTC common frameworks, the FCSL framework offers limited commitments in respect of meaningful ongoing stakeholder engagement. In our letter to the Minister for HSS on 21 March 2022 about the PHPHS, BSQ, and OTC provisional common frameworks¹² we noted that the House of Lords Common Framework Scrutiny Committee had similar concerns on this matter.¹³

22. In this context, we welcome the Welsh Government's commitment that "if changes are proposed to the scope or functioning of the FCSL Framework, stakeholders will be consulted in advance of Ministerial agreement".¹⁴

23. However, we continue to agree with our colleagues in the House of Lords that there must be ongoing, open and meaningful engagement with stakeholders on the operation of common frameworks. We believe that this should be provided for within the frameworks themselves.

Recommendation 5: In line with the recommendation we made in respect of the PHPHS, BSQ and OTC frameworks, the Welsh Government should secure intergovernmental agreement to update the FCSL common framework to include:

- Provision that the first review of each framework should include an open consultation process with stakeholders.
- Commitment to ongoing stakeholder and parliamentary engagement.

Should either of these outcomes not be secured, the Welsh Government should explain the reasons why not, and outline what will be done instead to ensure that there is ongoing, open and meaningful engagement with stakeholders across the UK.

¹² [Letter from the Chair of the Health and Social Care Committee to the Minister for Health and Social Services, 21 March 2022](#)

¹³ [Letter from the Chair of the House of Lords Common Framework Scrutiny Committee to the Minister of State for Health, 23 November 2021](#); [Letter from the Chair of the House of Lords Common Framework Scrutiny Committee to the Minister of State for Health, 14 December 2021](#)

¹⁴ [Letter from the Minister for Health and Social Services \(BSQ and OTC common frameworks\), 17 January 2022](#); [Letter from the Minister for Health and Social Services \(PHPHS common frameworks\), 17 January 2022](#)



24. We welcome the commitment in the Deputy Minister for Mental Health and Wellbeing's (Deputy Minister for MHW) letter to us on 21 April 2022 that "The Senedd will be informed of upcoming review periods in order to feed into the process".¹⁵

Recommendation 6: The Welsh Government should clarify when the first review of the FCSL framework is anticipated to take place, and how far in advance of an upcoming review period the Senedd will be informed.

25. We also reiterate the recommendation we made in respect of the PHPHS, BSQ and OTC frameworks, that to avoid duplication, it would be helpful for such notification to include information about how and when stakeholders will be engaged in any particular review, and how and when any consultation responses will be made public.

Recommendation 7: When notifying the Senedd of upcoming reviews of common frameworks, the Welsh Government should also provide information about how it proposes to consult with stakeholders, including how and when any consultation responses will be made public.

Dispute resolution

26. We welcome the Welsh Government's commitment to notify the relevant Senedd committee(s) of disputes raised under common frameworks. As we noted in our letter to the Minister for HSS in respect of the PHPHS, BSQ and OTC frameworks, our view is that, to ensure proportionality, the Welsh Government need only notify Senedd committees of disputes that are escalated to Ministerial level.¹⁶

27. The initial draft of the FCSL common framework was published before the Intergovernmental Relations Review was completed, but noted that it would be updated to reflect the Review's outcomes. The Review was completed in January 2022, including a revised inter-ministerial dispute resolution process through which disputes over common frameworks can be escalated.¹⁷ However, the final provisional FCSL common framework published in February 2022 does not reflect the revised inter-ministerial dispute resolution process.

¹⁵ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

¹⁶ Letter from the Chair of the Health and Social Care Committee to the Minister for Health and Social Services, 21 March 2022

¹⁷ UK Government, *Policy paper: review of intergovernmental relations*, 13 January 2022

Recommendation 8: The Welsh Government should confirm that, before it is finalised, the FCSL framework will be updated to reflect the new inter-ministerial dispute resolution process set out in the review of intergovernmental relations published in January 2022.

28. We note that the framework does not specify any timelines or time limits for dispute resolution. We asked the Deputy Minister for MHW about this in March 2022. Responding in April 2022, she said:

"It is recognised that disputes may vary in nature, complexity and operational context and therefore a set time limit would not be conducive to reaching the best outcomes for all governments".¹⁸

29. While we recognise that disputes will vary as the Deputy Minister suggests, a lack of time limits could result in delays to Welsh Government legislation or policy decisions until the dispute has been resolved, with knock on implications for the time available for scrutiny, implementation or spending.

30. In addition, in response to our questions about the dispute resolution process, the Deputy Minister for MHW stated:

"It will be imperative, however, that consumers, industry bodies and business are consulted in a timely manner to influence decision making on any proposed changes to food compositional standards and labelling policy, due to the significant impact changes could have on business".¹⁹

31. We agree. However, there is no provision for stakeholder engagement in dispute resolution in the FCSL common framework.

Recommendation 9: The Welsh Government should seek intergovernmental agreement to update the dispute resolution process in the FCSL framework to provide for engagement with and input from stakeholders including consumers, industry bodies and businesses.

Scope of the FCSL common framework

32. The FCSL framework sets out that changes will be in scope if a government proposes a change to law or policy:

- In an area of returning powers;
- In an area where EU law allows different domestic legislation to achieve common outcomes (such as national rules for curds and mincemeat in the Jam and Similar Products Regulations); or
- For requirements for establishments based in, or products circulated in, only one part of

²⁰ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

²¹ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

the UK.

33. This means that the FCSL framework requires joint decision-making in some areas where the four governments previously had autonomy to regulate differently when the UK was in the EU.

34. The FCSL framework is broader in scope than other related frameworks. For example, the Food and Feed Safety and Hygiene (FFSH) framework provides that changes will be in scope in areas of returning powers, and only in certain circumstances. It is not clear to us why different approaches have been taken for the different frameworks.

35. The Deputy Minister for MHW told us in April 2022 that changes to the law in areas where the EU allowed national measures to achieve common outcomes (for example the rules for curds and mincemeat in Jam and Similar Products Regulations) will be within the scope of the framework as it relates to joint working, but will not be bound by dispute resolution.²⁰ However, this position does not appear to be reflected in the FCSL framework itself. Such changes are outside the scope of the FFSH framework.

Recommendation 10: The Welsh Government should set out how it will ensure that the FCSL framework will maintain, as a minimum, equivalent flexibility for tailoring policies to the specific needs of each territory as was afforded by current EU-derived rules.

Recommendation 11: The Welsh Government should seek intergovernmental agreement to amend the FCSL framework to provide that changes to the law in areas where the EU allowed national measures to achieve common outcomes are not subject to requirements for joint decision-making or bound by the dispute resolution process.

36. In response to our question about why changes to the law that apply only to businesses established or products circulated in Wales would be within the scope of the framework, the Deputy Minister for MHW responded that the inclusion of such changes within the scope of the framework would ensure that Ministers were “informed of the approaches recommended in other nations, and that consensus should be sought on the approaches to take, whether consistent across nations or different”.²¹ We note, however, that under the common framework on food safety, such changes are

²⁰ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

²¹ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

subject only to notification and are not within the scope of the joint working or decision-making arrangements.

Recommendation 12: The Welsh Government should seek intergovernmental agreement to amend the FCSL framework to provide that changes to the law that apply only to businesses established or products circulated in Wales are not subject to requirements for joint decision-making or bound by the dispute resolution process.

37. The FCSL framework provides that changes to non-EU derived law on food composition (such as rules on products containing meat) will be subject to discussion through the framework, but not bound by the dispute resolution process. In evidence submitted to the Scottish Parliament Health, Social Care and Sport Committee, Quality Meat Scotland called for more clarity on what will happen if there is a disagreement.²² We agree that it would be helpful for stakeholders to have clarity on how such matters, which fall outside of the dispute resolution processes, would be resolved.

Recommendation 13: The Welsh Government should explain the process that would be followed if there is a disagreement on a change to the law that is subject to joint working through the FCSL framework but not bound by the dispute resolution mechanism.

Role of the Foods Standards Agency

38. The Deputy Minister for MHW told us that staffing capacity for the Food Standards Agency (FSA) in Wales has been increased, which “allows the FSA in Wales to contribute to developing policy in relation to food labelling and compositional decisions for Wales”. She adds that staffing capacity will be kept under review, but notes that the review of FSA Wales announced in June 2021 has not been progressed because it has not been possible to procure a suitable contractor to undertake the work. A further procurement exercise will be run later in 2022.²³

39. We welcome the assurance that there is appropriate capacity and expertise in the FSA in Wales to deliver policy that works effectively for Wales, but are disappointed to note that the planned review of the FSA in Wales has not yet taken place.

Recommendation 14: The FSA in Wales should continue, through its annual report and such other means as may be appropriate, to keep the Senedd updated on its staffing and policy development capacity, including its assessment of whether it has sufficient capacity to deliver policy that works for Wales through the FCSL framework.

²² Quality Meats Scotland, *Written submission to the Scottish Parliament Health, Social Care and Sport Committee*, April 2022

Recommendation 15: The Welsh Government should provide an update before the end of 2022 on progress made on the proposed review of the FSA in Wales, including steps that have been taken to procure a suitable contractor to undertake the work.

Review of retained EU law

40. The UK Government has set out its intention to legislate to enable retained EU law to be amended more easily.²⁴

41. In her letter of 17 January 2022, the Minister for HSS stated that any proposed amendment or repeal of retained EU law would be undertaken through a “separate process” to the frameworks.²⁵

42. However, the UK Government has subsequently said that it is:

*“...committed to the proper use of Common Frameworks and will not seek to make changes to retained EU law within Common Frameworks without following the ministerially-agreed processes in each framework”.*²⁶

43. Managing divergence between different parts of the UK in areas covered by retained EU law is a core purpose of the common frameworks programme. It is therefore important that any amendment or repeal of retained EU law in common framework areas be taken through the relevant common frameworks, not a “separate process”.

Recommendation 16: The Welsh Government should confirm that any proposed amendments or repeals of retained EU law within the scope of the FCSL framework will be undertaken through the common framework and not by a separate process.

Recommendation 17: The Welsh Government should commit to notifying the Senedd, including the relevant committee(s), of any proposals to amend or repeal retained EU law within the scope of the FCSL framework that applies to or affects Wales. Such notifications should include an explanation of the Welsh Government’s position on the proposal.

UK Internal Market Act 2020

44. Part of the purpose of the FCSL framework is to ensure the smooth functioning of the UK internal market.

45. The UK Internal Market Act 2020 (the 2020 Act) sets out new market access principles in law. In essence, the principles aim to allow goods permitted or imported into any one part of the UK to be

²⁴ UK Government, *The benefits of Brexit: how the UK is taking advantage of leaving the EU*, January 2022

²⁵ [Letter from the Minister for Health and Social Services \(BSQ and OTC common frameworks\)](#), 17 January 2022

²⁶ UK Government, *The benefits of Brexit: how the UK is taking advantage of leaving the EU*, January 2022, p.33

sold or supplied in any other part, with some exceptions. The UK and devolved governments have agreed a process for considering UK Internal Market Act exclusions in common framework areas.²⁷

46. The Welsh Government's view is that the 2020 Act implicitly diminishes the powers of the Senedd and the Welsh Government.²⁸

47. In her letter of 21 April 2022, the Deputy Minister for MHW confirmed that the FCSL common framework will "operate in the context of the UK Internal Market Act 2020 (UKIMA), where the effect will be determined on a case-by-case basis". She added that there were "no intentions to request an exclusion".²⁹

48. However, the framework does not include any reference to the 2020 Act or to the exclusion process.

49. As we noted in our letter to the Minister for HSS on 21 March 2022 about the PHPHS, BSQ, and OTC provisional common frameworks³⁰ we agree with our colleagues on the House of Lords Common Frameworks Scrutiny Committee that frameworks should be updated to reflect their interaction with the 2020 Act and to acknowledge the process for agreeing exclusions from that Act.³¹

Recommendation 18: In line with the recommendation we made in respect of the PHPHS, BSQ and OTC frameworks, the Welsh Government should secure intergovernmental agreement to update the FCSL framework to refer to their interaction with the UK Internal Market Act 2020 and acknowledge the process for agreeing exemptions from that Act.

International obligations

50. Part of the purpose of common frameworks is to ensure compliance with international obligations.

51. However, there is an inconsistent approach to international obligations across the FCSL framework and the frameworks that apply to food safety and nutrition. For example, the FCSL framework makes no reference to:

²⁷ UK Government, *Guidance: process for considering UK Internal Market Act exclusions in common framework areas*, 10 December 2021

²⁸ Welsh Government, *Written Statement: legal challenge to the UK Internal Market Act 2020*, 18 January 2021

²⁹ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

³⁰ Letter from the Chair of the Health and Social Care Committee to the Minister for Health and Social Services, 21 March 2022

³¹ Letter from the Chair of the House of Lords Common Framework Scrutiny Committee to the Minister of State for Health, 14 December 2021

or standards, as set out in the nutrition framework.

- Whether governments will seek to agree positions ahead of significant international summits on standards (as EU Member States do), as set out in the nutrition framework.

52. There are also inconsistencies in respect of the UK's representation on international bodies. For example, the nutrition framework provides for devolved representation at meetings of the Codex Alimentarius Commission, while the FFSH framework provides only for Defra/FSA attendance at these meetings.

Recommendation 19: The Welsh Government should secure intergovernmental agreement to update the FCSL framework to reconcile the inconsistencies in the approach to international obligations. This includes matters relating to the UK's representation and involvement in international bodies, and the inclusion in the FCSL framework of fewer references to international obligations when compared to frameworks relating to food safety and nutrition (which engage the same cross-cutting international obligations).

53. Responding to our question about how governments would work together to agree positions in relation to international food standards, the Deputy Minister for MHW told us that "the parties will automatically use any updated International Relations Concordat, and the wider outcomes of the Joint Intergovernmental Relations Review, as the basis for such international considerations".³² This is reflected in the framework. However, despite the Joint Intergovernmental Relations Review being completed in January 2022, the International Relations Concordat has yet to be updated.

Recommendation 20: The Welsh Government should confirm whether, in the absence of an updated International Relations Concordat, it is content with its role in the development of international policy within the scope of the FCSL framework.

UK-EU obligations

54. The UK Government has acknowledged that the FCSL framework intersects with the Trade and Cooperation Agreement (TCA).³³ The Deputy Minister for MHW told us in April 2022 that:

"The FCSL Framework was not intended to provide enhanced engagement on matters relating to the UK-EU Trade and Co-operation Agreement. The FCSL

³² Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

³³ [Letter from the Parliamentary Secretary to the Cabinet Office to the House of Lords Common Frameworks Scrutiny Committee](#), 24 May 2021

Framework is a mechanism for UK-wide co-operation in relation to the devolved

55. However, other common frameworks do provide for Welsh Government engagement in TCA committees—this is something we welcome, as it supports the aim of the common frameworks programme to ensure compliance with international obligations. The FCSL framework, conversely, makes no reference to the TCA, upon the terms of which the UK and EU currently trade, including in food products. Consequently, the FCSL framework does not provide for the possibility of Welsh Government engagement in relevant TCA committees.

Recommendation 21: The Welsh Government should seek intergovernmental agreement to ensure that the FCSL framework includes information to explain its interaction with the Withdrawal Agreement and the TCA, even where such information clarifies only that there is no expected impact. This would facilitate the understanding of the Senedd and stakeholders.

Recommendation 22: The Welsh Government should seek intergovernmental agreement to ensure that the FCSL framework includes provision for devolved engagement in UK-EU fora.

Northern Ireland Protocol

56. Under the Northern Ireland Protocol, any changes to EU law on food compositional standards and labelling must be applied in Northern Ireland.

57. The frameworks provide information about how governments will consider the implications of changes to law and policy in Northern Ireland and Great Britain for divergence, but offers limited detail about how this will work in practice.

58. As we noted in our letter to the Minister for HSS on 21 March 2022 about the PHPHS, BSQ, and OTC provisional common frameworks³⁵ we agree with our colleagues on the House of Lords Common Frameworks Scrutiny Committee that common frameworks should be updated to provide additional detail about when changes introduced in Northern Ireland through the Protocol will be considered in the relevant frameworks.³⁶

Recommendation 23: In line with the recommendation we made in respect of the PHPHS, BSQ and OTC frameworks, the Welsh Government should secure intergovernmental agreement to update the

³⁴ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

³⁵ [Letter from the Chair of the Health and Social Care Committee to the Minister for Health and Social Services](#), 21 March 2022

³⁶ [Letter from the Chair of the House of Lords Common Framework Scrutiny Committee to the Minister of State for Health](#), 14 December 2021

FCSL framework to include additional detail on when changes introduced in Northern Ireland through the Northern Ireland Protocol will be considered in this framework.

59. The Deputy Minister for MHW told us in April 2022 that:

"Horizon-scanning processes are in place to monitor upcoming EU changes that will need to be implemented in Northern Ireland. The FCSL Framework ensures that any proposals for divergence among the GB nations are subject to four-nation consideration and that Ministers in all four nations have the opportunity to raise a dispute with their counterparts".³⁷

60. She added that potential EU-driven legislative changes would be considered by the four-nation FCSL Officials Group, and noted that "divergence will emerge over time".³⁸ This is despite previous Welsh Government statements that it intends to maintain and improve upon EU standards. For example, the Counsel General told the Legislation, Justice and Constitution Committee in January 2022:

"One of the principles and positions the Welsh Government has taken throughout this process is that there should be no derogation from the standards that we actually hold to at the moment, and that the EU standards should be the very minimum that we should have. Of course, it has always been the case with EU law that they've always been minimum standards; they've never been something that have prevented any member of the European Union from wanting to go beyond. So, as far as, I think, Welsh Government is concerned, we want to maintain those standards. Where we can improve upon those standards, we want to improve upon those standards".³⁹

Recommendation 24: The Welsh Government should explain what role the FSA in Wales will play in horizon-scanning, and how the risks and benefits for Wales of keeping pace with changes in Northern Ireland and the EU in respect of food compositional standards and labelling will be assessed.

Recommendation 25: The Welsh Government should clarify its position on whether it intends to keep pace with EU standards in areas within the scope of the FCSL framework.

³⁷ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

³⁸ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022

³⁹ Legislation, Justice and Constitution Committee, RoP [paragraph 118], 31 January 2022

Recommendation 26: Where changes are made to EU standards on matters that fall within the scope of the FCSL framework, the Welsh Government should assess the impact on Welsh trade. Such impact assessments should be shared with the Senedd.

International trade

61. Common frameworks aim to facilitate negotiation and implementation of international trade agreements. The Deputy Minister for MHW told us that the FCSL framework would provide opportunities for discussions of UK positions on FCSL policy issues, including where such issues may be relevant to the negotiation or implementation of a trade agreement.⁴⁰

Recommendation 27: The Welsh Government should explain how the FCSL framework's governance structures will interact with the inter-ministerial group on trade, and how these groups will engage with relevant stakeholders.

Recommendation 28: The Welsh Government should clarify whether disagreements on trade agreement negotiations in respect of food compositional standards and labelling could be addressed through the FCSL framework.

⁴⁰ Letter from the Deputy Minister for Mental Health and Wellbeing, 21 April 2022



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair of the Health and Social Care Committee
SeneddHealth@senedd.wales

28 July 2022

Dear Russell,

Re: Recommendations for the Food Compositional Standards and Labelling provisional common framework

Thank you for your letter of 14 June detailing the committee's views and recommendations on the provisional common framework.

As you will be aware, the UK Parliament, Scottish Parliament and the Northern Ireland Assembly are also undertaking scrutiny of the framework and we will need to wait for their committees to complete scrutiny before we can provide a response to your recommendations.

This approach to responding to committee recommendations has been agreed on a four-nation basis and is in line with the spirit of four-nation working and consensus that embodies the Common Framework programme. The only exception to this is where a recommendation relates to a factual error which poses a reputational risk to one or more of the governments.

I will therefore write to you again once the recommendations have been received from all UK legislatures and the four governments have reached agreement on the changes to be made to the frameworks in response to these.

I commit to providing a full response as soon as practicable, but please accept this letter in the interim. In the meantime, if there are pressing matters related to policy about which you would like information or clarification, please write to me and I will be happy to address these outside the scrutiny process.

Yours sincerely

Lynne Neagle AS/MS

Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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Gohebiaeth.Lynne.Neagle@llyw.cymru
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Rydym yn croesawu derbyn gohebiaeth yn Gymraeg. Byddwn yn ateb gohebiaeth a dderbynnir yn Gymraeg yn Gymraeg ac ni fydd gohebu yn Gymraeg yn arwain at oedi.

Back Page 92
We welcome receiving correspondence in Welsh. Any correspondence received in Welsh will be answered in Welsh and corresponding in Welsh will not lead to a delay in responding.

Eluned Morgan
Minister for Health and Social Services
Welsh Government

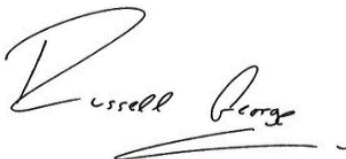
11 July 2022

Dear Eluned

Optometry Bill

Further to the evidence you gave the Health and Social Care Committee on 10 February 2022, your subsequent letter of 28 February 2022, and the First Minister's legislative statement to Plenary on 5 July 2022, I would be grateful if you could provide us with an update on the timings for your proposed Optometry Bill.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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



Llywodraeth Cymru
Welsh Government

Russell George
Chair,
Health and Social Care Committee

SeneddHealth@senedd.wales

15 July 2022

Dear Russell,

Thank you for your letter dated 11 July requesting an update on the proposed Optometry Bill. I welcome your continued interest in this matter.

A decision has been taken not to proceed with an Optometry Bill to further develop primary care optometry services. Whilst we are proceeding as planned to expand and enhance primary care optometry services, this can be achieved using existing regulation-making powers in the NHS (Wales) Act 2006.

Proceeding in this way will enable the policy objectives to be achieved as quickly as possible and meet the aims of the Welsh Government's *Future Approach for Optometry Services* in Wales, underpinning optometry policy commitments and the wider national reform of primary care, *A Healthier Wales* and the Programme for Government. A key priority is to move services, where appropriate, from secondary care hospital departments to primary care optometry to reduce hospital backlog and release consultant and GP capacity.

Yours sincerely

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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0300 0604400

Gohebiaeth.Eluned.Morgan@llyw.cymru
Correspondence.Eluned.Morgan@gov.wales

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

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

Lowri Jackson
Head of Policy and Campaigns for Wales
Royal College of Physicians

10 June 2022

Dear Lowri

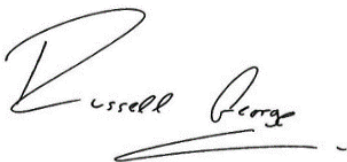
Setting up an NHS Executive for Wales

Further to your email of 5 May 2022 about the setting up of an NHS Executive for Wales, sent on behalf of 34 organisations working across health, social care and the third sector in Wales, you may wish to be aware that the Minister for Health and Social Services wrote to the Health and Social Care Committee on this matter on 18 May 2022. The Minister also issued a written statement on the same date.

The Committee would be interested in hearing the collective views of the 34 organisations on the Welsh Government's proposals, particularly the decision to establish the NHS Executive as a hybrid model rather than a standalone organisation.

We would be grateful for a response by **Friday 22 July 2022**.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

Agenda Item 6.11

This letter is signed by:

Academy of Medical Royal Colleges Wales
 Age Cymru
 Alzheimer's Society Cymru
 Asthma + Lung UK
 ATAXIA UK
 British Dietetic Association
 British Society for Heart Failure
 Diabetes UK Cymru
 Faculty of Intensive Care Medicine
 Fair Treatment for the Women of Wales
 Faculty of Public Health
 Hospice UK
 Kidney Wales
 Leonard Cheshire
 Macmillan Cancer Support
 Marie Curie

MS Society Cymru
 National Autistic Society Cymru
 Parkinson's UK Cymru
 Royal College of General Practitioners
 Royal College of Occupational Therapists
 Royal College of Pathologists
 Royal College of Physicians
 Royal College of Psychiatrists
 Royal College of Surgeons of Edinburgh
 Royal College of Surgeons of England
 Royal College of Speech and Language Therapists
 RNIB Cymru
 Stroke Association
 Tenovus Cancer Care
 Wales Neurological Alliance

Health and Social Care Committee

Senedd Cymru
 Cardiff CF99 1SN

22 July 2022

Dear Senedd committee members,

Setting up an NHS executive for Wales

In response to your email of 10 June 2022, we are writing to you about the Welsh government proposal to establish the NHS executive as a hybrid model rather than a standalone organisation. Thank you for asking for our feedback, which we hope is constructive.

Since the publication of the [Welsh government's national clinical framework](#) (NCF) in March 2021, and before that, [A healthier Wales](#) in 2018, the [parliamentary review of health and social care](#) in 2017, and the [OECD review of healthcare quality in 2016](#), patient advocacy groups, health and care professionals and other stakeholders have awaited further detail about the Welsh government's plans to implement recommendations calling for a stronger central guiding hand, additional transformational capacity and the streamlining of current structures.

'In Wales, while local autonomy and innovation is encouraged, local health boards (established in 2009) do not appear to have sufficient institutional and technical capacity to drive meaningful innovation and quality gains. A stronger central guiding hand is now needed to play a more prescriptive role.' ([OECD, 2016](#))

In November 2021, a number of third sector organisations in Wales came together to launch [Ending the postcode lottery](#), which called for a clinically led, independent executive to deliver the NCF, while setting out some key examples of why this was needed.

Instead, on 18 May 2022, the Welsh government announced that they plan to *'establish the NHS executive as a hybrid model, rather than a standalone organisation. It will comprise a small, strengthened senior team within Welsh government, bolstered and complemented by the bringing together of existing expertise and capacity from national bodies in the NHS, which will operate under a direct mandate from Welsh government.'*

These national bodies will include the finance delivery unit, the performance delivery unit, Improvement Cymru, and the NHS Collaborative. There will be *'a formal implementation programme [within Welsh government, chaired by Judith Paget, to] oversee the establishment of the NHS executive and the detailed work that will now begin.'* The government's *'aim is to have made substantial progress on how the NHS executive will operate in practice by the end of this year [2022].'*

Our collective view

As a group of organisations, we have serious concerns about this direction of travel. There still seems to be no overall detailed plan or strategic national approach to addressing the growing sense of crisis in health and social care. There is still huge variation in the quality of services provided by different health boards and local authorities, especially in the context of growing waiting lists and the planned care backlog. Most condition-specific delivery plans have now (or are about to) come to an end, risking the loss of a coherent and joined up approach for the NHS bodies and clinicians responsible for delivering these services across Wales.

The lack of available detail on how the executive will function means that external stakeholders are unable to offer constructive feedback to the Welsh government. Lengthy timescales for implementation do not imply urgency, and the overall lack of open and genuine consultation around clinical strategies, quality statements, and implementation plans with the third sector, health and care professionals, patient groups, and other stakeholders is concerning. The new executive should be at arms-length from government and clinically led, with the patient voice at the centre, yet it is difficult to see how this will be the case, given the proposed model.

Perhaps most concerningly, there appears to be a lack of recognition at a very senior, national level that this proposal – *'a small, strengthened senior team within Welsh government'* – does not meet the recommendation of the 2017 cross-party parliamentary review that the NHS in Wales would benefit from *'a clearer separation between the NHS Wales national executive function, and the national civil service function ... there needs to be a clearer distinction between on the one hand, the national executive function strategically developing and managing the NHS, and on the other the national civil service function to support delivery of the NHS and social care priorities as set by Welsh government ministers.'*

Why is this important?

An independent NHS Wales executive would separate operational management from political strategy; at present, there is no real distinction between the Welsh government and the NHS. An elected government is (by definition) a political machine that sets objectives and targets within a limited timeframe. As an example, Welsh government ministers should decide whether cancer is a priority, but not what the cancer implementation plan should look like.

An identifiable, respected and independent NHS leadership could provide stability outside of the electoral cycle, facilitate politically difficult debate about the future of health and care, challenge traditional thinking, and encourage clinically led innovation and improvement. Political arguments can damage the reputation of the NHS which in turn affects staff morale, patient care, and service delivery – an independent NHS would put in place a buffer between politics and healthcare. This would reduce political interference, encourage cross-party compromise, and allow decisions on planning and resource to be made based on high quality patient care, not populism.

Clearly, ministers would retain ultimate accountability for the NHS. They would still appoint the board, negotiate funding and set priorities and objectives, while the Senedd would still pass and scrutinise legislation, agree funding and improve financial accountability.

However, we need the NHS to show more ambition, drive and vision, while being more open and transparent in how it collaborates with patient groups, the third sector, and other stakeholders. The people of Wales must be given the opportunity to take a more active role in the way their public services are developed and delivered. The pace of change needs to speed up: sixteen months since the publication of the NCF, we have seen only five quality statements published by the Welsh government, no implementation plans, and no tangible progress on setting up national clinical networks. The proposed hybrid model lacks legislative competence over health boards and trusts and cannot mandate action – at present, for example, there is no way to require NHS health boards and trusts to work together regionally across organisational boundaries – something which will be absolutely vital to improving performance outcomes and tackling the planned care backlog in the coming years.

Collaboration is key

In our letter to Judith Paget, dated 31 March 2022 (attached) we asked a number of specific questions around quality statements, implementation plans and clinical networks. Her reply, dated 4 May 2022 (also attached) does not set out any specific timelines or provide detailed answers to many of our questions. She did, however, tell us that:

- The NCF remains a key commitment and priority for the Welsh government.
- An implementation programme has been agreed by the NHS Wales Leadership Board.
- The NCF interim clinical programme director:
 - has established a stakeholder group within Welsh government
 - meets regularly with the deputy CEO for NHS Wales
 - chairs a monthly meeting of clinical leads.
- An external stakeholder forum will be established in the coming months.
- A workstream to develop national clinical networks is being developed.
- The Welsh government is in the process of agreeing the next set of quality statements.
- NHS bodies should collect, present and use outcome data to improve care.

The Welsh government has repeatedly made a clear commitment to working in partnership with public bodies, the third sector, professional bodies and other stakeholders. [Health and social care in Wales – COVID-19: Looking forward](#) (March 2021) acknowledges that ‘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.’ The [NHS Wales annual planning](#)

[framework 2021–2022](#) says that ‘all plans for service change must be grounded in evidence, informed and shaped by effective collaborative arrangements with patients, carers, clinicians, staff, local communities and wider partners.’ The [Welsh government’s programme for transforming and modernising planned care and reducing waiting lists in Wales](#) recognises that ‘third sector organisations continue to play a vital role in this area [and the Welsh government] will involve the public more in service design and transform services through co-production and collaboration.’

It is difficult to see how the Welsh government sees the third sector and other stakeholders as essential partners in the planning and delivery of health and care services when external organisations are not being routinely or effectively involved in decision-making. At the time of writing, we have not yet received any further detail on the schedule for the next set of quality statements. Neither have we received any more information about the wider external stakeholder forum, a term which implies arms-length dissemination of information and not the genuine collaboration and partnership working that we would like to see.

Co-production is one of the main principles of the Social Services and Well-being (Wales) Act 2014, and we are repeatedly told that it is a guiding principle of the Welsh government and the NHS in Wales, yet many third sector organisations are still struggling to engage effectively with the development of quality statements and implementation plans – organisations that have the expert knowledge and skills to ensure that these work for the people of Wales.

Next steps

The written statement from the minister for health and social services, *Update on setting up an NHS executive for Wales* (18 May 2022) suggests that the new executive will support the NHS to deliver improved quality of care by providing strong leadership and strategic direction. However, it is not immediately clear what will change in practice to enable this outcome, which is disappointing given the urgency of the current challenges facing the NHS in Wales.

In previous correspondence with you, we suggested that the Senedd health and social care committee may want to consider how the Welsh government can be best held to account in delivering its ‘*vision for the strategic and local development of NHS clinical services*’ (NCF, 2021) – possibly by holding a short/one-day inquiry into the implementation of the national clinical framework and proposals for the NHS Executive. In addition, some five years since the publication of [A healthier Wales](#), the committee may also want to consider whether this is an opportunity to review the progress made in implementing the Welsh government’s long term plan for health and social care. While we acknowledge that the pandemic has caused unprecedented disruption over the past two years, it is now more important than ever that we move forward with developing a world-class health and care service for the people of Wales.

We are keen to reiterate that closer collaboration, open and transparent two-way communication, and genuine co-production of clinical services with patient groups and health and care professionals will be vital to the success of this vision.

We would be very happy to meet with you to discuss these issues in more detail.

We look forward to hearing from you.

This response is signed by:



Coleg Brenhinol y Meddygon (Cymru)



Gofal a chefnogaeth drwy salwch terfynol
Care and support through terminal illness



Dear Judith,

A patient centred, clinically led recovery plan for NHS Wales

A year since the launch of the [National Clinical Framework](#) (NCF), we have come together as 34 organisations working across health, social care and the third sector in Wales to ask you for an update on the implementation of the NCF and the establishment of an NHS Wales Executive.

Although the concept of the NCF pre-dates the pandemic, it has huge potential to help the NHS in Wales recover from the impact of COVID-19. Developing national clinical networks at scale and pace under the new NHS Wales Executive will enable a learning health and care system that works with health boards and trusts to improve patient care and outcomes. This is an approach resonant with the findings of the [LSE–Lancet Commission on the future of the NHS](#) (2021) and one we endorse.

In November 2021, a group of 22 organisations came together to launch [Ending the postcode lottery](#), which called for a clinically led independent NHS Wales Executive, tasked with delivering the NCF. However, progress appears to have stalled and there seems to be little knowledge of the NCF or the proposed Executive among wider stakeholders.

To be successful in driving change within the NHS and helping our health service to recover from the pandemic, the NCF will require specific resource: not only to develop and roll out the framework across Wales, but also to build effective national clinical networks.

As a group of organisations, we are therefore writing to you today to ask:

- How many people at a national level in Welsh Government are working to develop the NCF?
- How is the NCF being used to inform NHS service delivery and COVID-19 recovery plans?
- How does the Welsh Government intend to engage more widely with external and clinical stakeholders on the implementation of the NCF?

National clinical networks

So far, there appears to be little progress made in setting up national clinical networks. We would like to know:

- How many networks will there be, and what will they be responsible for?
- How will they be established and governed?
- How will the networks be managed and held to account for delivering the aims of the NCF?

Many of the existing NHS Wales collaborative networks, major conditions groups and national programmes are already unsure of their own position in the health landscape. The current system is overly complex to navigate and it is not clear how much open consultation is taking place with external and clinical stakeholders and third sector organisations. We would like to know:

- How does the Welsh Government intend to engage constructively, openly and proactively with external stakeholders during the implementation of the NCF, the design of quality statements and the establishment of the NHS Wales Executive?

Quality statements

Neither is it clear how many quality statements are planned: we know that four have been published online (cancer, heart conditions, critical care and stroke) and we believe that at least seven others

are in development (end-of-life, women's health, neuro-conditions, respiratory, diabetes, renal and liver) – but there is no obvious public engagement process in place for either individuals or organisations to feed back on the content of these quality statements or implementation plans. Where quality statements have been published, the process of formally agreeing implementation plans has, in some cases, slowed down or stalled completely.

More worryingly, where quality statements and implementation plans have not yet been agreed, there is no national plan for some of these areas because many of the existing strategies and delivery plans have now (or are about to) come to an end. This risks a lack of direction for the NHS bodies and clinicians responsible for delivering these services across Wales.

With this in mind, we would like to know:

- What is the intended purpose of quality statements?
- How many quality statements are planned? What will they cover?
- What is the relationship between quality statements and the clinical networks?
- When will the Welsh Government publish the implementation plans for the four existing quality statements?
- How will the Welsh Government ensure that implementation plans are monitored and evaluated for how they improve patient outcomes?
- How will the Welsh Government work with patient-led organisations to ensure high-quality patient reported outcome measures (PROMs) and patient reported experience measures (PREMs) are consistently gathered, evaluated and used across all NHS delivery bodies?

The Minister for Health and Social Services recently announced that she was expecting to receive advice on a system for prioritising, agreeing and publishing quality statements. Given that the NCF was published a year ago, it is concerning that such a system has not been designed before now. She also said that existing and future quality statements are being taken forward by health boards and trusts in their IMTPs and national programmes, networks and implementation groups will support NHS organisations through the development of enabling plans. We would like to know:

- How does the Welsh Government intend to hold NHS organisations to account in delivering quality statements/implementation plans and ensuring consistency across health boards?
- Will there be a specific process in place to monitor and evaluate their progress?

Some of our organisations have recently had sight of the draft NHS Wales Plan to Transform Planned Care Services and Reduce Waiting Times. A plan of this nature is likely to be most effective when driven by a national organisation (the new Executive) which has the authority to hold NHS bodies to account and take a strategic approach incorporating the NCF and other government plans.

Next steps

In July 2021, we wrote to your predecessor, Dr Andrew Goodall to ask the Welsh Government to:

- establish the new NHS Wales Executive as an independent statutory body, with the oversight and levers to drive improvements across all NHS organisations in Wales
- undertake a public-facing mapping exercise to clarify how many national programmes and networks will sit under the Executive, and how the third sector can engage proactively with their work
- explain how NHS Wales delivery bodies will be held to account in delivering the National Clinical Framework.

His response was that ‘we are currently considering the proposals for the NHS Executive and it would be helpful to have a discussion when these are further developed.’ Unfortunately, we have not received any further communication since this response, dated 4 August 2021.

We recognise and understand that the past two years have been the most difficult in NHS history. The pandemic has exacerbated ongoing financial pressures, worsened health inequalities, increased NHS workforce shortages and disrupted health professional education and training. However, as we said in our previous letter to Dr Goodall, it has never been more important for our nation that the NHS is truly empowered to tackle disease, promote wellbeing, and become sustainable for future generations: the National Clinical Framework, driven by the NHS Wales Executive provides us with the opportunity to do this, but only if it has the profile, resource and authority to deliver results.

We are very much looking forward to your responses to the important questions raised above. We would also be very happy to meet with you to discuss the points that we have raised and we are especially keen to support you to engage with clinicians and patient advocates as quality statements are developed and clinical networks and national programmes are established.

We look forward to hearing from you.

With best wishes,

This letter is signed by:

Academy of Medical Royal Colleges Wales	Parkinson’s UK Cymru
Asthma + Lung UK Cymru	Prostate Cancer UK
Cancer Research Wales	RNIB Cymru
Cancer Research UK	Royal College of Anaesthetists, Welsh Advisory Board
Chartered Society of Physiotherapy	Royal College of General Practitioners
Child Brain Injury Trust	Royal College of Occupational Therapists
Diabetes UK Cymru	Royal College of Ophthalmologists
Faculty of Dental Surgery of the Royal College of Surgeons of England	Royal College of Pathologists
Faculty of Intensive Care Medicine	Royal College of Physicians
Fair Treatment for the Women of Wales	Royal College of Psychiatrists
Hospice UK	Royal College of Speech and Language Therapists
IHPN Wales	Royal College of Surgeons of Edinburgh
Kidney Wales	Royal College of Surgeons of England
Macmillan Cancer Support	Stroke Association
Marie Curie	Tenovus Cancer Care
Motor Neurone Disease Association	Wales Neurological Alliance
MS Society Cymru	
National Autistic Society Cymru	

Cyfarwyddwr Cyffredinol Iechyd a Gwasanaethau Cymdeithasol/
Prif Weithredwr GIG Cymru
Grŵp Iechyd a Gwasanaethau Cymdeithasol

Director General Health and Social Services/
NHS Wales Chief Executive
Health and Social Services Group



Llywodraeth Cymru
Welsh Government

Lowri Jackson
Head of policy and campaigns for Wales
Royal College of Physicians
By Email: [REDACTED]

Our Ref: JP/JJ/SB

4 May 2022

Dear Lowri

A patient centred, clinically led recovery plan for NHS Wales

Thank you for your letter dated 31 March 2022. I agree that the National Clinical Framework will be an important part of our recovery from the pandemic. The National Clinical Framework (NCF) remains a key commitment and priority under *A Healthier Wales* and as such we are taking a number of steps to accelerate progress as we begin to move out of the immediate Covid-19 pandemic response. Some of the detailed plans are still in development but I am able to share the following details with you.

Implementation Programme Arrangements

I can confirm that an implementation programme to support delivery of the priority actions contained within the NCF was recently agreed at the NHS Wales Leadership Board. It will be overseen by our Chief Medical Officer, Sir Frank Atherton and will be accountable to a NCF Steering Group.

Many of the actions are already in train. For example: The Welsh Value in Health Centre is leading the implementation of the Value in Health Strategy; a Quality and Safety Implementation Programme is being established to implement the Quality and Safety Framework and the Planned Care Programme is leading on a number of transformational clinically led programmes, such as the PSA self-management programme. Progress on these will be reported through the respective programme structures.

A core team is providing leadership and coordination of the implementation programme. The core team currently comprises of the NCF Interim Clinical Programme Director and a senior planner. They have established a stakeholder group within Welsh Government to ensure collaboration with key policy leads in both progressing implementation of the NHS and in ensuring alignment of policy to the underpinning principles of the NCF.

This core team is accountable to the Welsh Government Chief Medical Officer via the overarching NCF Steering Group.

Links between the NCF and Planned Recovery Programme

The NCF Interim Clinical Programme Director meets on a frequent basis with the Deputy CEO for NHS Wales who leads the recovery programme. The Deputy CEO is also a member of the NCF Steering Group. We are working closely to ensure the principles within the NCF inform and align the development of recovery plans and the direction of national programmes. The NHS Wales Planning Framework 2022-25 also required NHS organisations to align their recent Integrated Medium Term Plans (IMTPs) submissions to delivery of the National Clinical Framework. We are currently assessing the ITMPs which were submitted on 31 March.

Engagement and the future role of clinical networks in the delivery of the NCF

The NCF Interim Clinical Programme Director chairs a monthly meeting of clinical leads including those leading Clinical Networks and national Programmes from across the NHS and uses this forum to engage clinical leaders in shaping the implementation programme. A wider external stakeholder forum will also be established as part of the NCF Implementation Programme in the coming months.

We are establishing a work stream to implement the actions in the NCF relating to clinical networks which will be tasked with reviewing and determining the future arrangements for clinical networks, including their future role and function. Their future governance arrangements will also be considered but will be part of the wider NHS Executive governance arrangements, once established.

It is important to note that it is not the sole responsibility of clinical networks to deliver the NCF. In this respect they provide an enabling role in supporting implementation of the NCF by NHS organisations, for example, by agreeing national pathways, sharing best practice, peer review and data comparison. NHS organisations will also be held to account for delivery of the NCF.

Development of quality statements and role of clinical network

Quality Statements set out the vision for specific clinical services, underpinned by more detailed service specifications. They describe the outcomes and standards we expect to see in high quality, patient focussed services. These are then underpinned by more detailed service specifications which will be developed by Clinical Networks, for example the Cancer Quality Statement is now supported by service specifications for Hepato-Pancreato-Biliary Surgery and Oesophago-Gastric Surgery.

We are in the process of agreeing the next set of Quality Statements. We will be able to provide further detail on the schedule of these once confirmed.

The Welsh Government officials responsible for leading the development of quality statements do so through existing Clinical Networks and Implementation Groups which include a range of external stakeholders from the NHS and third sector in addition to patient representatives / specific patient engagement processes. As noted above, a wider external stakeholder forum will be established in the coming months to ensure we engage with colleagues on specific issues and also report progress with the implementation programme; this will include third sector and professional representation.

Development of the NHS Executive

We are continuing to develop plans for a new national NHS Executive function to provide stronger leadership and strategic direction to the health system, as announced in *A Healthier Wales* and reconfirmed in the Programme for Government. Whilst work was paused in order to focus efforts on the Covid response, this has allowed learning from the pandemic to be built into developing thinking and proposals are now at an advanced stage. We have undertaken informal engagement with NHS system leaders to test our thinking further and will make a formal announcement, including next steps on its establishment and plans for wider engagement, in due course.

These plans are intended to ensure a more transparent and consistent approach to implementation and ensure an all-Wales overview, including in respect of delivery of the NCF and related quality statements as part of a wider mandate. Whilst these strengthened national and regional planning arrangements will not remove the accountability of local organisations to deliver against the plans, the NHS Executive will provide more central direction to ensure consistency and equity of approach.

Use of outcome data

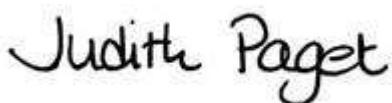
With the recently published Welsh Health Circular on Welsh Value in Health Centre: data requirements (WHC/2022/005), we have updated and strengthened the expectation that data on clinical and patient-reported outcomes is collected, presented and used to inform value-based decision making and direct clinical care. Health boards and trusts are also required to share this outcome data with Digital Health and Care Wales who will produce information tools visualisations to support delivery and engagement.

A key objective of the Value-Based Recovery Allocation to health boards for 2022-23 was the development of a delivery programme for PROM collection, with organisations setting out how they will expand PROM collection in their IMTPs. The Welsh Value in Health Centre provides support and leadership to health boards and trusts to ensure a coordinated approach to national PROMs.

I appreciate the broad range of colleagues that have taken the time to engage and consider the NCF constructively and I hope this response is helpful.

In the meantime, I will share your letter with the NCF Steering Group and will ask them to consider the points you raise as part of their discussions.

Yours sincerely



Judith Paget CBE

BY EMAIL:

Russell George MS
Chair
Welsh Health, Social Care and Sport Committee

26 July 2022

Dear Mr George,

I am writing to share with you the Professional Standards Authority Annual Report and Accounts for 2021/2022 which has now been [published](#). The report was laid on 29th June 2022.

During the year we continued to protect the public through our work, overseeing the 10 statutory health and care professional regulators and 23 accredited registers.

Highlights of the year included:

- Our *Learning from Covid 19* review
- 15 successful appeals using our section 29 powers
- Our first review of the new regulator Social Work England
- A new 'public interest' test for our accredited registers programme
- A new approach to our performance reviews
- Research publications on cognitive bias; and on ethical decision-making during the pandemic
- Responding to government proposals on regulatory reform.

The report can be downloaded from our website [here](#). You can also read through a [snapshot](#) of our work, or a summary of the [year in numbers](#).

Please do get in touch if you would like to discuss anything in the report.

Yours sincerely,



Caroline Corby
Chair

28 July 2022
Russell George MS
Shadow Minister for Health and Social Services
Chair of the Senedd Health and Social Care Committee
By email: [REDACTED]
CC: [REDACTED]

Wales office
2 Caspian Point
Caspian Way
Cardiff CF10 4DQ

Email: gmcwales@gmc-uk.org
Telephone: 029 2049 4948

gmc-uk.org

Dear Russell,

General Medical Council (GMC) Report to the Welsh Parliament

Today, 28 July 2022, we have submitted our second National Report to the Welsh Parliament. We have also shared with other members of the Health and Social Care Committee, Senedd Research and Welsh Government Officials.

Why we are sharing the report

We are sharing this report in advance of what we expect will be a future statutory duty for the GMC as part of wider reform of our regulations. We hope the report provides Officials and Members of the Senedd (MSs) greater insight into the work we do. It illustrates how we engaged with our partners across the healthcare system during 2021 on joint priorities to improve the wider Health and Social Care service, our continued support for the medical workforce during the pandemic response, and our work with doctors, employers and educators to protect and promote patient safety in Wales.

More information

Our team in Wales would welcome a meeting with you to provide more information about our work and an overview of the comprehensive and insightful data we provide about the medical profession and the organisations where doctors practice and train.

To arrange a meeting please email us at: [REDACTED]

If you have any queries, please contact me at: [REDACTED]

Yours sincerely,

Sara Moseley
Head of GMC Wales

Rt Hon Baroness Heather Hallett DBE
Chair
UK COVID-19 Inquiry

10 August 2022

Dear Baroness Hallett

UK COVID-19 Inquiry launch statement and initial modules

Further to the publication of the [UK COVID-19 Inquiry launch statement](#), I am writing on behalf of the Welsh Parliament Health and Social Care Committee to seek further clarity on the matters outlined below.

Many of the issues relating to the UK's preparedness and response to the COVID-19 pandemic are devolved. As you note in the launch statement, this means considering and reporting on the preparations and response to the pandemic across all four nations as well as the UK as a whole. In my letter of 1 April 2022, I outlined the Committee's view that achieving this will require the Inquiry to have among its members—or otherwise have access to—expertise and advice in respect of the specific legal, policy and governance arrangements and context in Wales. To this end, we welcome the indication in the launch statement that you intend to commission research and seek expert advice to supplement existing research and evidence where required. We also note that you are anticipating the appointment of two additional panel members to assist you in hearing evidence and making findings and recommendations.

We note that the three initial modules announced in the launch statement each reflect devolution in different ways: module one includes consideration of devolved structures and bodies within one of the points of its detailed terms of reference; module two includes dedicated sub-modules focusing on each of the devolved nations; and module three does not, as yet, indicate how it will take account of devolution and the different health systems and arrangements in place in each nation.

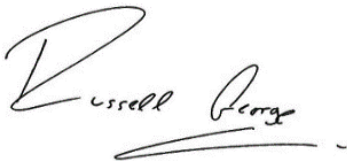
1. We would welcome further information about how Inquiry modules—whether or not they include nation-specific sub-modules—will include sufficient focus on the specific context and arrangements within each nation independently, as well as the broader picture across the UK.

We welcome your plans to conduct an informal listening exercise alongside formal evidence gathering, and your intention that this should include both online elements and conversations across the UK.

2. We would welcome confirmation that this will include opportunities for people and communities across different parts of Wales to engage with the inquiry in person or online as they prefer, and to contribute to its work, provide evidence and share their experiences in Welsh or English.

I look forward to hearing from you.

Yours sincerely

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a long horizontal stroke underneath.

Russell George MS
Chair, Health and Social Care Committee

cc Rt Hon Mark Drakeford MS, First Minister, Welsh Government

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



Rt Hon Mark Drakeford MS
First Minister
Welsh Government

10 August 2022

Dear Mark

UK COVID-19 Inquiry


Thank you for your letter of 3 April 2022, confirming that the Welsh Government will take an approach of candour to the UK COVID-19 Inquiry, and will engage fully and openly with its work. Thank you also for confirming that the Inquiry Chair will be responsible for publishing the Inquiry's reports, including any interim reports.

While there are different views within the Committee about whether or not a specific Welsh public inquiry into the handling of the pandemic should also be established, following the publication of the [Inquiry's launch statement](#) on 21 July 2022, we would welcome:

1. Your views on whether the modular approach outlined in the launch statement, including the different approaches to devolution proposed for each of the first three modules, will ensure that there is a sufficient Welsh-specific focus throughout the Inquiry's work. We note that only in relation to Module 2 will there be sub-modules looking specifically at each of the devolved nations. Some concerns have been raised about this, as in-depth questions also need to be asked about Wales' COVID preparedness and response in relation to Modules 1 and 3.
2. Information about whether the Welsh Government has applied, or will be applying, to be a core participant for each of the modules so far announced.

3. Confirmation of whether the Welsh Government intends to respond to the Inquiry's interim and final reports—for example to indicate whether it accepts any recommendations made and what actions it will take to implement them—and whether the Welsh Government will publish its responses to all Inquiry reports.

Yours sincerely,

A handwritten signature in black ink that reads "Russell George". The signature is written in a cursive style with a long horizontal stroke underneath.

Russell George MS

Chair, Health and Social Care Committee

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





Llywodraeth Cymru
Welsh Government

Russell George MS
Chair, Health and Social Care Committee

SeneddHealth@senedd.wales

30 August 2022

Dear Russell,

I am writing in response to your letter of 10 August regarding the UK Covid-19 Public Inquiry opening statement.

I do not believe that the announcements made by Baroness Hallett have materially changed the position as regards our role in the UK Inquiry. The Terms of Reference are very clear that the Inquiry will examine actions taken across the whole of the UK and Baroness Hallett has reiterated this in her opening statement. The provisional scope of module one is clear that it will examine the role of the devolved governments.

The Welsh Government has submitted its application for Core Participant status for module one and will make similar applications for future modules after consideration of the module scope, Rule 5 of the Inquiry Rules 2006 and the Covid-19 Inquiry's own Core Participant Protocol.

Reports from the Inquiry will be given careful consideration, as we do with all reports we receive and we will respond in a transparent way.

Yours sincerely

MARK DRAKEFORD

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

Gohebiaeth.Mark.Drakeford@llyw.cymru
Correspondence.Mark.Drakeford@gov.wales

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

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

—
**Health and Social Care
Committee**

Eluned Morgan
Minister for Health and Social Services
Welsh Government

8 July 2022

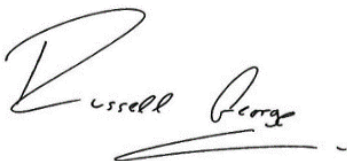
Dear Eluned

Follow up on Fifth Senedd Health, Social Care and Sport Committee recommendations: Endoscopy services in Wales

In April 2019, the Fifth Senedd Health, Social Care and Sport Committee published a report of its inquiry into endoscopy services in Wales. At our meeting on 4 May 2022, the current Health and Social Care Committee agreed to follow up on the key recommendation made by our predecessor Committee.

We would be grateful if you could respond to the issues raised in the annex by **1 September 2022**.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

Senedd Cymru

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—
Welsh Parliament

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Annex: Recommendations made by the Fifth Senedd Health, Social Care and Sport Committee as part of its inquiry into endoscopy services in Wales

Background

The Fifth Senedd Health, Social Care and Sport Committee of the published a report of its inquiry into [endoscopy services in Wales](#) in April 2019.

The Committee made one overarching recommendation, which was [accepted by the Welsh Government](#): by October 2019, the Welsh Government should work with the National Endoscopy Improvement Programme to create and publish a national endoscopy action plan that addresses current and future demand for services with clear timescales and targets for improvement, to be overseen by the National Endoscopy Programme Board.

We would be grateful if you could respond to the issues below by **1 September 2022**.

Update on recommendation

1. Please provide an update on progress in implementing the national endoscopy action plan, including:
 - a. The current position for optimising the bowel cancer screening programme (i.e. for increasing FIT sensitivity and age testing) and how this compares to other parts of the UK.
 - b. Whether changes in the programme so far have increased referrals for endoscopic procedures.
 - c. An update on plans for introducing FIT in primary care.
 - d. Efforts to address health inequalities, particularly to increase uptake among men in deprived areas.
 - e. The extent to which workforce issues are being addressed.
 - i. including details of the health boards that have JAG accreditation, and
 - ii. the reasons why some endoscopy units in Wales still haven't achieved it.
 - f. An update on endoscopy service facilities and infrastructure.

Other issues

2. Please outline the impact COVID-19 has had on delivery of the national endoscopy action plan and any implications this has had for patient outcomes.

3. To what extent are endoscopy services being prioritised in the planned care recovery plan? What are the timescales and targets for improvement (including plans to tackle the waiting times backlog for diagnostics, as well as high risk patients requiring ongoing surveillance endoscopic procedures (demand and capacity planning).





Russell George MS
Chair, Health and Social Care Committee
Senedd Cymru
Cardiff
CF99 1SN

24 August 2022

Dear Russell,

Thank you for your letter of 8 July on behalf of the Health and Social Care Committee regarding progress against the Committee's 2019 recommendations for endoscopy services in Wales.

You have requested updates on several specific points. I have set out my response according to your numbered questions but have re-ordered the subsidiary points for ease of explanation.

- 1. Please provide an update on progress in implementing the national endoscopy action plan, including:**
 - a. The current position for optimising the bowel cancer screening programme (i.e. for increasing FIT sensitivity and age testing) and how this compares to other parts of the UK.**
 - b. Whether changes in the programme so far have increased referrals for endoscopic procedures.**
 - d. Efforts to address health inequalities, particularly to increase uptake among men in deprived areas.**

I hope the Committee does not mind me referring to our previous responses and the National Endoscopy Action Plan, which explains that optimisation of the Bowel Screening Programme is not part of the Action Plan or the work of the National Endoscopy Programme Board.

The Bowel Screening Programme involves sending a person with no known symptoms of bowel cancer, a Faecal Immunochemical Test kit ("FIT") to their home address, for self-sampling and return. Public Health Wales sends these testing kits to the eligible population and then measures the amount of blood found in the returned sample. This is the primary screening test. Those people with a positive result are then referred to health boards for colonoscopy. Optimisation of the bowel screening programme only refers to the introduction of FIT as the initial screening test to replace the Faecal Occult Blood ("FOB") test; changes to the age range of those invited to participate in the programme; and changes to the sensitivity of the FIT test that is sent to people in those age ranges.

Optimisation of the bowel screening programme is overseen by the Bowel Screening Optimisation Advisory Board. Public Health Wales introduced the more accurate and more user-friendly FIT test in September 2019. The timescales for the optimisation plan then had to be revised as the pandemic led to a temporary suspension of screening and a backlog of

screening activity to recover. As a result, age optimisation of the programme did not commence until October 2021, when the starting age was reduced from 60 to 58. Age optimisation is due to continue in a phased manner: reducing to age 55 from October 2022; age 52 from October 2023; and finally age 50 from October 2024. In parallel, the test sensitivity will be increased in a phased manner: from 150µg/g to 120µg/g in October 2023 and then to 80µg/g in October 2024. This will complete the optimisation and bring the screening programme into line with recommendations from the UK National Screening Committee. The position and progress of other countries throughout the UK in complying with the UK National Screening Committee recommendations are not for me to comment upon as I can only set out what the NHS in Wales has planned to achieve, taking into account our own circumstances.

The current progress with optimisation has contributed to an increase in participation in the programme. The participation rate has increased from around 56% prior to optimisation beginning, to around 66% over the past year. The programme is therefore now meeting the 60% uptake standard. As well as more people participating, the new test is identifying more positive cases for colonoscopy. In combination, this has increased the number of index, repeat and surveillance colonoscopies required. The number is expected to increase from a total of 3,462 procedures between October 2020 and September 2021 (the last whole year prior to beginning the age optimisation process), to around 4,600 between October 2021 and September 2022 (the first phase of age optimisation) and then up to an estimated 6,900 procedures between October 2022 and September 2023 (the second phase of age optimisation).

In terms of increasing the rate of uptake amongst men in deprived areas, across the national screening programmes in Wales, the aim is that everyone eligible for screening has equitable access and opportunity to take up their screening offer, using reliable information to make a personal informed choice. Although bowel screening uptake is better than it has ever been, it has been shown that there is a social gradient in uptake of screening where people living in the most deprived communities in Wales are less likely to take up their offer of screening. Also, although the gap is small, men are less likely to take part than women. The importance of ensuring that people take up their first offer of screening has been demonstrated, as uptake amongst people who have previously not responded is very low. Public Health Wales has developed an Equity Strategy, with actions across five key areas: Communication, Community and Engagement, Collaboration, Service Delivery and Data and Monitoring. Specific actions include review of their public information to ensure that it is accessible to people with different communication needs and levels of health literacy, building sustainable community networks and partnerships, and exploring how they can better use their data to support actions and measure impact.

The bowel screening programme has recently done some work with Learning Disability Wales, and is about to embark on some work with certain GP clusters looking at innovative ways of connecting with first timers and non-responders in specific communities.

- 1. Please provide an update on progress in implementing the national endoscopy action plan, including:**
 - c. An update on plans for introducing FIT in primary care.**

The introduction of FIT in primary care does not relate to the bowel screening programme. This is within the purview of the National Endoscopy Action Plan and its Programme Board. It relates to testing of people who present to their GP with symptoms suggestive of colorectal disease. Within this use, there are two distinct applications of FIT. The first is implementation of the DG30 guideline from the National Institute for Health and Care Excellence (NICE). DG30 is about guiding referral for suspected colorectal cancer in people without rectal bleeding, who have unexplained symptoms, but do not meet the criteria for a

suspected cancer pathway referral. It is an additional tool to help GPs deal with patients that do not meet the criteria for suspected cancer referral. Primary care access to FIT to implement DG30 has now been achieved in six out of seven health boards. The seventh health board is due to implement by April 2023.

The second application of FIT in symptomatic care is its potential to triage referrals for suspected colorectal cancer. NICE guideline NG12 describes the criteria to make a referral for patients with suspected colorectal cancer. The referral will be triaged by gastrointestinal services and in most cases the patient will undergo a colonoscopy. Around 2,600 people a month are referred on this pathway from primary care but only around 5% will be treated for colorectal cancer. Emerging evidence suggests that undertaking a FIT test can help to stratify these referrals by risk; helping services prioritise those with a positive FIT and potentially avoid colonoscopy among those that are low risk. All health boards in Wales can now provide FIT as triage in the colorectal cancer pathway.

1. Please provide an update on progress in implementing the national endoscopy action plan, including:

e. The extent to which workforce issues are being addressed:

- i. including details of the health boards that have JAG accreditation, and**
- ii. the reasons why some endoscopy units in Wales still haven't achieved it.**

In terms of the workforce able to undertake gastroscopy, colonoscopy and screening colonoscopy, this remains a significant challenge and plans have been disrupted by the pandemic. A plan for the development of a national endoscopy training programme has been formulated, which includes recognition of ten areas for training (for all staffing groups) within endoscopy and work is underway to start developing the training packages within these. An Education and Training Management Group (ETMG) has now been established to support these developments. The ETMG will focus on the training and development of the current and future workforce. The NEP Workforce Team is working with health boards to complete their local workforce plans for endoscopy to inform regional and national planning. A marketing campaign is in development with health boards to raise the profile of endoscopy and support recruitment.

National role profiles have been produced for clinical endoscopists in order to standardise terms, conditions and pay. Retention analysis of the endoscopy workforce is underway, seven clinical endoscopists have completed training, and a further three training posts have been filled to start in September this year.

Accreditation of endoscopy units by the Joint Advisory Group on GI Endoscopy involves a holistic assessment of a unit's quality, performance, and environment. It is not specifically about its workforce complement, although it has workforce components. It applies to individual endoscopy units within hospitals rather than the health board. At the present time, five units are accredited and 16 units (two of which are separate paediatric units in the same hospitals as adult services) are not accredited. This information is published at: [JAG \(thejag.org.uk\)](http://thejag.org.uk)

JAG accreditation is highly demanding to achieve and sustain. Health boards have significant challenges to overcome, including recovering waiting time performance, estate constraints and decontamination standards. A vital aspect of accreditation is the compilation of the relevant evidence, which is substantial and requires a significant amount of scarce staff time to collate. The National Endoscopy Action Plan has made this a key focus of its work, including a specific work stream and subgroup. The Plan's intention was to achieve accreditation of half of all units by the midway point of the plan (31 March 2021). The

national programme has provided significant support to health boards, including commissioning pre-accreditation visits by JAG; providing accreditation workshops, expert advice and evidence templates; targeted support at those closest to achieving accreditation.

Eight additional units have been assessed as close enough to apply for accreditation. Four of these require focused effort from local teams to undertake the accreditation process. The other four also require capital investment to change infrastructure. Unfortunately, the pandemic has significantly exacerbated the demand challenge facing endoscopy units. There have been very significant increases in the number of patients waiting for procedures and at risk of disease progression. The Welsh Government has worked throughout the pandemic with health boards to focus on reducing risk to patients by reducing these waiting lists and improving timeliness of procedures. As a result, the improvements in infrastructure and the provision of evidence that are required to achieve accreditation among these eight units have been reduced in priority. This will result in delay and potentially fewer than expected units achieving accreditation during the stabilisation phase of the action plan. We will have a better picture of progress on accreditation by early 2023, following the first round of accreditation visits that are scheduled.

1. Please provide an update on progress in implementing the national endoscopy action plan, including:

f. An update on endoscopy service facilities and infrastructure.

Endoscopy units across Wales require significant investment in infrastructure to meet demand and comply with accreditation standards; and a particular area of focus is decontamination. The National Programme is working closely with shared services to ensure annual audits of decontamination services are taking place and concerns are escalated. However, making improvements to facilities is complicated by the scarcity of available capital funding, the layout of existing hospitals and the contractual arrangements in place for specific hospitals such as Prince Philip and Nevill Hall. Nonetheless, the Welsh Government has approved both NHS business cases for capital investment it has received during the life of the action plan.

These capital business cases will refurbish and increase theatre capacity from four to six at the University Hospital of Llandough in Cardiff; as well as from two to four at the Royal Gwent Hospital in Newport. Further capital business cases are expected in the coming years to refurbish units in line with standards and to expand theatre capacity. Further consideration is being given to the potential for additional units as part of wider recovery plans and the potential for new diagnostic centres.

A notable development has been the integration of endoscopy reports from a first health board into the all-Wales Welsh Clinical Portal. This will be rolled out across Wales and means that any clinician, anywhere in Wales, will be able to access endoscopy reporting to support the management of a patient, no matter where they are being treated in Wales. In addition, six of the seven health boards are now uploading data to the National Endoscopy Database, which will permit better benchmarking of care quality across Wales. The final health board is in the process of procuring an endoscopy reporting system that is compliant with the database.

2. Please outline the impact COVID-19 has had on delivery of the national endoscopy action plan and any implications this has had for patient outcomes.

action plan and programme board has been put in place to support health boards to improve capacity, standards, and performance. The pandemic's most significant impact on the programme has been to reduce the capacity of health boards to respond to the support available from the national programme. For instance, the national programme has introduced support to undertake the accreditation process, but health boards have rightly focused their capacity on dealing with the increased backlog of procedures caused by the pandemic. The NHS has focused on this because it is the most important way to reduce risk among those waiting and is the course of action I have asked them to take as part of recovery planning. I remain committed to achieving unit accreditation, but I must recognise the change in circumstances. The pandemic led to a short pause in non-emergency endoscopy activity in response to guidance from professional bodies. Upper GI endoscopy is an aerosol generating procedures and it is correct that additional precautions were instituted. The waiting list grew significantly even when services recommenced due to staff absence and reduced productivity caused by enhanced infection prevention controls. The overall impact has been that waiting lists have increased significantly and all efforts are being directed at bringing this down.

The principal impact on patients is that they are having to wait longer than previously, and some are waiting longer than targets require because there are so many more patients being referred and capacity has been restricted. This is likely to lead to greater degrees of distress and worry among those waiting. However, whilst it is possible, or even likely, that there will be an impact on colorectal cancer outcomes, it is too soon to determine what that impact might be. It takes several years to measure, record and report mortality rates and survival at one or five years. The impact of the pandemic on the overall programme is likely to result in approximately a two-year delay in achieving the programme's main aims, for instance, in creating sufficient core capacity to meet need and in accrediting units. It is also important to recognise that recovery in endoscopy services, and the risk in those patient pathways, must now be managed alongside higher than normal levels of risk and delay in almost all other planned care services. This is a completely different context than that in which the National Endoscopy Action Plan was initially introduced.

3. To what extent are endoscopy services being prioritised in the planned care recovery plan? What are the timescales and targets for improvement (including plans to tackle the waiting times backlog for diagnostics, as well as high risk patients requiring ongoing surveillance endoscopic procedures (demand and capacity planning)).

On page 37 of the Programme for Transforming and Modernising Planned Care, it describes how the recurrent allocation of an additional £170 million made available to support planned care recovery includes implementation of the recommendations of the National Endoscopy Programme. I approved these recommendations and my officials set these out in writing to health boards in October 2021. They include:

- Adoption of productivity and efficiency measures recommended by the National Endoscopy Programme that will enable the maximum output from existing capacity and the risk-based management of the patient population.
- Health board initiated additional activity, delivered in the form of waiting list initiatives, insourcing, and outsourcing; including short term rental of staffed mobile units.
- Consideration of health board-initiated business cases for additional, permanent endoscopy theatres on the existing NHS estate.
- Procurement of managed service contracts to deliver any deficit in endoscopy theatre capacity, to be delivered in regional units.

The Programme for Transforming and Modernising Planned Care sets out our ambitions for planned care recovery, including diagnostics and commits to:

- Increase the speed of diagnostic testing and reporting to eight weeks and 14 weeks for therapy interventions by Spring 2024

The overall impact on the waiting lists will be monitored through regular accountability meetings with health boards. This measure will be reported at: [statswales](#)

I remain committed to achieving the original aims of the National Endoscopy Action Plan and I am confident these remain the correct aspirations to ensure that people in Wales get access to timely and high-quality endoscopic diagnostic procedures. They will also be important in retaining and attracting the clinical workforce. The pandemic has made progress significantly challenging and clearly resulted in delay.

Nonetheless, as we emerge from the pandemic, we will return to making progress in this clinical service and look for important opportunities to accelerate this work alongside our wider approach to diagnostic care.

I hope this information is helpful to the Committee.

Yours sincerely

A handwritten signature in blue ink, appearing to read 'M. E. Morgan'.

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

—
**Health and Social Care
Committee**

—
**Y Pwyllgor Plant, Pobl Ifanc
ac Addysg**

—
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Lynne Neagle MS
Deputy Minister for Mental Health and Wellbeing
Welsh Government

11 July 2022

Dear Lynne

Mental health and wellbeing: Committee recommendations

During the Fifth Senedd, the Health, Social Care and Sport, and Children, Young People and Education Committees did significant and substantial work on the mental health and wellbeing of people in Wales. We plan, through the work of our Sixth Senedd committees, to build on our predecessors' work on these important matters.

As the remits of our Committees overlap in respect of the mental health and wellbeing of children and young people, we are writing jointly to seek an update on our predecessors' recommendations.

We would be grateful if you could respond to the issues raised in the annex by **1 September 2022**.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee



Jayne Bryant MS
Chair, Children, Young People and Education
Committee

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

Annex: Request for information

To inform our Committees' work on mental health and wellbeing, for each of the reports listed below, we would welcome:

1. An indication of which recommendations the Welsh Government considers still to be outstanding and where further action is needed, whether there are any barriers to implementing these, and if so, what those barriers are.
2. How the Welsh Government's work to implement the recommendations is contributing to tackling mental health inequalities.

We would be grateful to receive your response by **1 September 2022**.

Health, Social Care and Sport Committee reports

The Fifth Senedd's Health, Social Care and Sport Committee maintained a determined focus on mental health. In addition to exploring issues relating to mental health throughout its scrutiny of Welsh Government budgets, general scrutiny of health and social care Ministers, and its other inquiry work, the Committee undertook inquiries on:

- Loneliness and isolation (December 2017)
The report made six recommendations, including: the timescales for developing a loneliness and isolation strategy; a cross-departmental approach (especially in relation to dementia and carers); assessing the impact of loneliness and isolation on mental health and the subsequent impact on public services; working with the voluntary sector to secure funding stability; evaluating the impact of intergenerational contact; and an awareness-raising campaign to change attitudes and address stigma. In its February 2018 response, the Welsh Government accepted four recommendations, and partially accepted two.
- Use of antipsychotic medication in care homes (May 2018)
The report made eleven recommendations, including: improving data collection and publication; compliance with NICE guidelines; person-centred care assessments for people with dementia; issues relating to medication reviews; access to allied health professionals; dementia care training; and a review of the levels and appropriateness of the use of antipsychotic medication for people with dementia in secondary care. In its July 2018 response, the Welsh Government accepted, or accepted in principle, ten of the recommendations, and rejected one. The Cabinet Secretary provided further information later the same month.
- Suicide prevention "Everybody's Business" (December 2018)
The report made 31 recommendations, including: suicide prevention training and promotion of existing resources; evaluation and rollout of suicide prevention initiatives and



referral pathways; parity of mental and physical health; an all-Wales triage model locating community psychiatric nurses in police control rooms; follow up care after discharge; waiting times for psychological therapies; a postvention suicide strategy and pathway; engagement with people with personal experience of suicide ideation, survivors of suicide attempts and people bereaved by suicide; targeted actions for at risk groups, including men, farmers, students and prisoners; considerations for planning authorities; media reporting; online safety; governance; and funding. The report also supported recommendations made by the CYPE Committee in its Mind Over Matter inquiry. In its January 2019 [response](#), the Welsh Government accepted 21 recommendations in full, and accepted eight more in principle. Of the remaining two recommendations, some elements were accepted in full, and others in principle.

- [Mental health in policing and police custody](#) (October 2019)
The report made eleven recommendations, including: detentions under the Mental Health Act; partnership working between police and health services; early intervention, mental health crisis and out of hours care; data collection and publication; care and treatment planning; conveyance; and the Mental Health Crisis Care Concordat Assurance Group. In its December 2019 [response](#), the Welsh Government accepted seven recommendations in full, three in principle, and rejected one.
- [Impact of the COVID-19 outbreak, and its management, on health and social care in Wales: impact on mental health and wellbeing](#) (December 2020)
The report made 15 recommendations, including: planning for the short and long term mental health impact on the population and the health and social care workforce; monitoring the impact on self-harm and suicide; disconnects between health boards' assurances and patients' experiences; the mental health core dataset; a bereavement care framework; and urgently evaluating remote digital mental health service provision. The report also reiterated recommendations made in Everybody's Business and the CYPE Committee's Mind Over Matter reports on children and young people's mental health and wellbeing. In its February 2021 [response](#), the Welsh Government accepted twelve recommendations in full, and three in principle. The then Minister for Mental Health, Wellbeing and the Welsh Language [wrote](#) to the Fifth Senedd HSCS Committee in March 2021 to provide a detailed update on progress against the recommendations made in the Everybody's Business report.

Children, Young People and Education Committee reports

In a [Plenary statement](#) in January 2017, the chair of the Fifth Senedd's Children, Young People and Education Committee, Lynne Neagle MS, stated that members of the Committee were "incredibly passionate about the quality and provision of mental health services for young people". The

Committee carried out work relating to the mental health of children and young people and their families throughout the Fifth Senedd, including as part of the following inquiries:

- Perinatal mental health in Wales (October 2017) and Perinatal mental health – Follow up
The report made 27 recommendations, including that the Welsh Government: establishes a clinician-led managed clinical network; ensures that robust data is collected and monitored to understand the ongoing level of need for perinatal mental health support; creates a Mother and Baby Unit in south Wales; and explores with NHS England options for the creation of a centre in north east Wales. In its response, the Welsh Government rejected four recommendations, accepted four “in principle”, and accepted 19. The Committee carried out follow-up work to monitor the Welsh Government’s implementation of those recommendations between November 2018 and March 2021.
- Mind over matter (October 2018) and Mind over matter: Two years on (October 2020)
The Committee’s influential Mind over matter report made 28 recommendations. Its “key recommendation” was that the Welsh Government make the emotional and mental well-being and resilience of children and young people a stated national priority. Other recommendations considered issues such as support for mental health in schools, primary mental health support services, CAMHS services, suicide prevention, inpatient care, advocacy services and expenditure on emotional and mental health services. In its response, the Welsh Government rejected four recommendations, and partially or wholly accepted the others. The Welsh Government’s progress against those recommendations two years on from the original report’s publication is addressed in the Committee’s follow-up report Mind over matter: Two years on.

HSC(6)-02-22 PTN 20
Lynne Neagle AS/MS
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Agenda Item 6.20



Llywodraeth Cymru
Welsh Government

Ein cyf/Our ref MA/LN/1901/22

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

26 August 2022

Dear Russell

I am writing to provide you with an update on progress against the recommendations in the 'Everybody's Business' report which is attached at Annex A.

Since the last update, we have made what I believe to be a step change in our approach to prevent suicide in Wales. This approach includes the establishment of a Cross Government Suicide Prevention Strategic Group which met for the first time on 17 March and most recently on 14th July. The Group has been established to strengthen programme management arrangements and to drive forward cross government and multi-agency work to prevent suicide in Wales. The group is chaired jointly by the Deputy Director for Mental Health and Vulnerable Groups and Professor Ann John, and includes senior officials from across Government including Health, Transport, Planning and Digital. The new Cross-Government Group will meet quarterly and will report directly to me via the Together for Mental Health Delivery and Oversight Board. We are also working with the National Advisory Group to refresh the terms of reference in the context of the Cross-Government Group and with a focus on oversight of research, evaluation and data analysis.

In April, we launched the Real Time Suicide Surveillance System (RTSS) in Wales which was developed in partnership with Public Health Wales, all Police forces in Wales, and the NHS Wales Health Collaborative. The RTSS is now collecting data relating to sudden or unexplained deaths that are suspected to have been by suicide. The launch of RTSS demonstrates a collective and shared priority to prevent suicide, enabling us to respond much more quickly to any possible changes in rates, to activate preventative measures, and to ensure that immediate support is made available to the individuals and communities most affected.

Our National Suicide and Self-Harm Prevention Co-ordinator is also working with a multi-agency group to finalise the guidance for *Responding to people bereaved, exposed or affected by suicide*. The guidance has been informed by insights into the needs and experiences of people living with bereavement by suicide in Wales, following a listening exercise that explored the points in their bereavement journey when they interface with statutory or voluntary services. The guidance aims to ensure services provide a more compassionate response. The guidance includes the need for a national suicide bereavement support and liaison service and I have asked officials to explore options to develop or commission this support later this year.

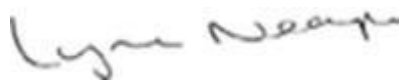
The RTSS and the planned national suicide bereavement liaison service are supported by the additional funding that I have allocated to suicide prevention from 2022/23. This

investment will build on our previous investment in this area and must also be considered in the context of our wider and continued investment in mental health services and support. In particular, our transformation of crisis services form part of our suicide prevention approach and we are on track to deliver 24/7 access to urgent mental health support via 111 later this year.

The transformation of the approach that I have outlined demonstrates the Welsh Government's commitment to this important agenda and provides the foundation for systematic and multi-agency approach to suicide prevention in Wales. We have consequently been able to complete and close a number of the recommendations in *Everybody's Business*. Four of the recommendations were deemed complete at the February 2021 review and are now showing at the end of the table under the 'completed actions' section. Of the remaining recommendations, we consider a further eleven can now be closed and these are clearly identified in the attached annex. The remaining actions will continue to be delivered within the context of the work to evaluate and develop the successor to the current Together For Mental Health and Talk to Me 2 strategies and we will provide a further update on progress towards the end of the year.

I would like to thank the Committee for its continued focus on suicide prevention and self-harm.

Yours Sincerely,



Lynne Neagle AS/MS

Y Dirprwy Weinidog Iechyd Meddwl a Llesiant
Deputy Minister for Mental Health and Wellbeing

Health, Social Care & Sport Committee - Everybody's Business

Welsh Government Status report on recommendations

[Everybody's Business, a report on suicide prevention in Wales, December 2018](#)

August 2022

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
1	<p>We recommend that a suicide prevention training framework should be adopted and implemented across all public services in a similar way to the framework for domestic violence, where training requirements are specified depending on the role. In particular, GPs would be one of the groups of professionals with greater training / skills requirements, and it is important that they and their practice staff have confidence to ask the right questions, and respond compassionately and effectively when dealing with patients who may be at risk of suicide. We believe that the National Advisory Group should take this forward as an immediate priority, particularly given that a training framework has already been developed and is being launched in England</p>	<p>We have previously reported that Professor Ann John (Chair of the Suicide and Self Harm National Advisory Groups) contributed to the children and young person's component of the self harm and suicide prevention framework (Health Education England, University College London (UCL), National Collaborating Centre for Mental Health (NCCMH)) (published October 2018), which is in 3 parts:</p> <ul style="list-style-type: none"> • Children and young people • Adults and older adults • Public (community and public health). <p>The National Lead (Claire Cotter) is currently leading on the development of a 'capability framework'. This will set out the capabilities required at a universal level across multi-sectoral workforces, working with Health Education and Improvement Wales (HEIW), and digital experts. Specific groups of front-line workers are engaged to develop this resource through co-production, to build capability and confidence in the system e.g. local area coordinators; further education welfare officers; primary care teams; a health board. We expect this work to be concluded by the end of the secondment period (March 2022).</p>	<p>The work around universal suicide prevention training continues to evolve</p> <p>A digital platform is currently in development providing a 'suicide and self harm (SSH) Cymru training hub' to help front line workers to navigate what is a crowded market of training products and programmes in an informed way. It will also provide short-cuts to free on-line training videos and e-learning resources available across the UK</p> <p>There are also training frameworks available on the ACES AWARE Hub, and another being developed through Traumatic Stress Wales.</p> <p>It is possible that the digital training hub will expose gaps in training provision, as people seek products to suit their particular development needs. The National Coordinator is liaising with AGORED and Adult Learning Wales to look at developing specific units (curricular and learning outcomes) and potentially a national qualification.</p>

Paek Page 129

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
		The training material for the GP DES is complete but the necessary engagement with GPs has been delayed due to the pandemic. New timescales will be agreed in due course.	
2	We recommend that the Welsh Government should take the lead in promoting existing materials, such as the “See. Say. Signpost.” training resource as part of a campaign to raise public awareness and embed the message that suicide is everybody’s business and can happen in any community at any time.	<p>We continue to share and promote resources and the National and Regional Co-ordinators will play a key role in identifying further opportunities to raise awareness of materials.</p> <p>The NHS Wales Health Collaborative now includes specific information on suicide and self-harm and signposts to other key websites for information.</p> <p>The Public Health Network Cymru website also has a page, and is developing a new page on suicide and self-harm on the revised platform (currently being updated). This website has facility for a community of practitioners and professionals.</p>	<p>In addition to the update provided in February 2021, please see the update to the previous recommendation.</p> <p>This work will continue in the course of ‘business as usual’ and further activity will be included within the routine National Co-ordinator updates made available to stakeholders. We will also continue discussions on how best to raise awareness through the work of the Cross Government Group on Suicide Prevention and through the work programme of the National Co-ordinator on Suicide and Self Harm.</p>
4	We recommend that the Welsh Government and National Advisory Group work with Network Rail and the Samaritans to evaluate the success of the Small Talk Saves Lives campaign with a view to rolling this out to a wider range of organisations	<p>A wide range of initiatives are in place across Wales. Regional suicide prevention leads have now been appointed and are mapping what is available in each area, as well as the outcome measures that are available to evidence impact. Decisions around longer term funding or the upscaling of specific programs will be considered alongside setting the priorities for our recurrent regional funding programme, led by the national coordinator in discussion with the National Advisory Group.</p> <p>Additionally, regional coordinators now attend a bi-monthly Wales and Borders multi-agency meeting</p>	We have strengthened arrangements to identify good or notable practice through the National and Regional Co-ordinators. We have also established a Cross-Government Suicide and Self-Harm prevention Group. This group will ensure that work across Government, including Planning and Transport, is embedded as part of the wider approach to prevent suicide. The National and regional suicide prevention co-ordinators will feed into the cross-Government group.

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
		<p>organised by Network Rail, and attended by rail operatives including Transport for Wales (TfW), Samaritans and the British Transport Police. This group will link with the Real Time Surveillance work, and they continue to develop opportunities for suicide prevention.</p> <p>We have also strengthened our engagement with our Knowledge and Analytical Services Team, through the recently established Delivery and Oversight Board so as to ensure that all interventions that are developed have a clear evidence base. A number of work streams are reported to this board, one of which being suicide and self-harm prevention.</p>	<p>We are also refocusing the National Advisory Group to ensure our approach is evidence based.</p> <p>We will also be working with Knowledge and Analytical Services as part of our work to develop the successor to Talk to Me too to ensure an evidence-based approach.</p> <p>On the basis that we have established new and robust arrangement to strengthen the analytical and evaluation support for the Suicide and Self-Harm Prevention Programme we consider this action closed.</p> <p>With regards to the Small Talk Saves Lives campaign, the latest Real People Real Stories campaign launched across the UK (including Wales) in 2022 and the Samaritans secured major advertising coverage. In addition, a petrol pump campaign was run in every rural local authority in Wales, alongside radio coverage in the South Wales Valleys area. The campaign also featured on ITV Wales News.</p> <p>The Samaritans have a partnership with Network Rail and a regional lead who is employed by Samaritans and covers Wales and the West of England.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
5	<p>We recommend that the Welsh Government take urgent action to ensure that all GPs in Wales are aware of and understand the GMC guidelines on sharing information and the consensus statement agreed by the UK Department of Health, Royal Colleges and other partners. We support the campaign by Papyrus to encourage chief executives of NHS bodies to provide assurance that they will support staff who make a best interest decision to break patient confidentiality in order to protect life</p>	<p>Whilst we have highlighted this issue internally with policy leads, we have not been able to prioritise further work on this action. This will be taken forward as part of our staged approach to respond to recommendations in this report and the broad range of recommendations across other related Committee reports.</p>	<p>NICE is currently consulting on new guidance on self harm. Welsh Government will issue a Welsh Health Circular on decisions about confidentiality rights when supporting patients who are considered at risk of suicide or self-harm following the publication of the NICE guidance later this year.</p>
	<p>We recommend that the Welsh Government must take all necessary steps to ensure parity between mental and physical health services. This should be tied to “A Healthier Wales”, and the Welsh Government must ensure that its plans for the development of health and social care services give the same priority to mental health and wellbeing as to physical health. This includes ensuring the allocation of appropriate resources, and that patient outcomes, in terms of improved</p>	<p>In the budget for 2021/22, an additional £42 million for mental health has been allocated to support the delivery of priorities laid out in the Together for Mental Health Delivery plan 2019-2022. This represents significant additional and recurrent funding for mental health services that will increase the baseline to support services to meet changing mental health needs. This additional investment takes total spending on mental health to £783m in 2021-22. Included within this total is £726 million that will be provided to Local Health Boards in 2021-22 as part of the mental health ring-fenced allocation to support current mental health services and support.</p> <p>Work continues to better integrate mental health services with physical health services, for instance</p>	<p>Ensuring parity between physical and mental health is firmly embedded in health strategies in Wales and the Programme for Government makes a commitment to continue to prioritise investment in mental health. On this basis, this element of the recommendation is closed.</p> <p>In terms of outcome measures for mental health, training and resources to embed the use of patient reported outcome and experience measures in all mental health teams in Wales began in June 2021 and this work will continue to be supported until March 2023.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
	<p>mental health, are measured and reported. If the Welsh Government is serious about achieving parity between mental and physical health, it must consider whether the introduction of meaningful targets would ensure health boards give sufficient focus to improving mental health services and patients' experience of care</p>	<p>plans are being finalised for the mental health crisis programme of work to become part of the Urgent and Emergency Access Programme Board. Similarly, as part of the Strategic Programme for Primary Care work is being taken forward to ensure mental health is integrated element of this work.</p> <p>During the pandemic, mental health services have been prioritised and positioned as essential services alongside key 'physical' health services which demonstrates the level of importance that we place on our mental health services Wales.</p> <p>In terms of waiting times, there are good examples where mental health and physical health targets align, for instance for emergency care where the 4 hr emergency assessment criteria for mental health is aligned with the waiting time target in A&E. In addition, targets for routine assessments and referrals to treatment for mental health both have a 28 day target compared with the 26 week referral to treatment for physical health conditions. We are also strengthening the leadership for the Core Data Set work to ensure a focus outcomes and to identify opportunities to accelerate progress ahead of the implementation of WCCIS.</p>	<p>This work is now being taken through the Mental Health Data and Outcomes Measures Board which reports to the Together for Mental Health Ministerial Oversight Board.</p>
8	<p>We recommend that the Welsh Government develops an all-Wales triage model which would see community psychiatric nurses based in police control</p>	<p>Improving all age crisis care is a priority in our 2019-22 Together for Mental Health Delivery Plan, including ensuring 24/7 provision. Previous updates have included information about the range of pilot projects to test models of telephone based triage. We have made</p>	<p>As previously referenced, we committed £6million to improve crisis services in 2021/22 and we are making good progress in rolling out 27/7 access to urgent mental health support via 111. Our planned</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
	<p>rooms. We believe this work should be carried out in line with the six month timescale set out in the Children, Young People and Education Committee's Mind Over Matter report (its recommendation 15):</p> <ul style="list-style-type: none"> ▪ That the Welsh Government, within six months of this report's publication, in relation to crisis and out-of-hours care: <ul style="list-style-type: none"> ▪ work with Welsh police forces to scope an all-Wales triage model which would see mental health practitioners situated in police control rooms to provide advice when children and young people (and other age groups, if appropriate) present in crisis; ▪ outline how resources could be directed towards enabling crisis teams in all health boards to provide training and cascade expertise to other frontline services, particularly colleagues in A&E, in border areas (to improve cross-border relations with those centres most often accessed by Welsh domiciled patients), and in schools (to normalise conversations about 	<p>good progress in improving crisis care which has been supported by £3.4million of funding over the last 3 years (£1m 2018-19, £1.4m in 2019-20 and £1m in 20/21) to support a range of approaches (telephone triage, conveyance and crisis cafes).</p> <p>Findings from a recent Welsh Government commissioned review of all age urgent access ('Beyond the Call' Report, published 21 December 2020) demonstrate the breadth of needs that people in crisis experience. These include a broad range of social and welfare issues and all partners agree that a multi-agency pathway is required to respond to needs. To support the improvements needed from a health perspective as part of the multi-agency approach, I have committed an additional £6m for crisis care in 2021-22. Work is already underway to test a 111 crisis pathway in three health board areas with a view to scaling up this work. We have also established mental health conveyance pilots with St John Cymru to provide more appropriate and timely mental health transportation. The aim is to roll this work out further during 2021-22.</p> <p>We have also commissioned a review of crisis and psychiatric liaison services by the NHS Delivery Unit to inform our ongoing response. The timescales for this review has been delayed due to the pandemic. This has primarily been due to allowing services to concentrate on sustaining essential services during very challenging times, including the need to adapt services models within the restrictions. However, the review is underway</p>	<p>implementation for April has been impacted by the pandemic and challenges remain for health boards in the recruitment of key staff. Health boards are at different phases of implementation and we are aiming for 24/7 coverage across Wales by the end of the year – with some health board on track to have the service in place before the summer. Once fully implemented, the service will provide a direct line for police officers to call to request advice. Health boards are working locally with police forces where there are existing triage models in place.</p> <p>Continuing the transformation of crisis services is a priority for the additional mental health funding that we have secured for 2022/23. Funding will be directed to support the improvements recommending by the NHS Delivery Unit following its review of crisis care. Health boards submitted plans for this funding at the end of May and officials are considering the bids..</p> <p>We also continue to pilot the mental health conveyance service with St John Cymru. This pilot has received positive feedback from stakeholders, particularly from Approved Mental Health Practitioners and the Police. Plans are in place to roll-out the service following the successful pilot period</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
	<p>suicide and self-harm in particular);</p> <ul style="list-style-type: none"> ▪ ensure that follow-up support is being provided by health boards after discharge, provide information on how health boards monitor this provision, and commit to making this information publicly available to ensure transparency and accountability ensure that all health boards are adhering to the requirement to hold designated beds that could be staffed adequately for unders-18s in crises, indicating how this will be monitored and reported in future, and what steps will be taken if such beds are not available; ▪ implement with pace and in a uniform way across health boards the single point of access approach to specialist services, to ensure timely and appropriate access to support, urgent or otherwise; and ▪ reflecting on the results of the review of crisis care, outline what more needs to be done to deliver a safe and cost-effective 24/7 crisis care service in all areas of Wales, how that will be done, and by when 	<p>and the aim is to complete fieldwork by the end of October 2021. At the conclusion of each HB review a full local report will be provided to the relevant Board by the NHS Delivery Unit. Therefore the majority of HBs will have received their local reports during the spring and summer with the final HB being reviewed in the Autumn. At the conclusion of the local reviews a national report will be produced and published before the end of the calendar year. This timetable is dependent on restrictions and health boards' ability to engage fully with the review.</p> <p>Schools guidance in respect to responding to issues of self-harm and thoughts of suicide in young people was published in 2019.</p>	<p>Welsh Government commissioned the NCCU to undertake a review of designated bed usage in 2021. The NCCU and the NHS Delivery Unit are now developing updated guidance with more regular data capture to support improvements.</p> <p>Guidance on the delivery of liaison psychiatry services (LPS) in Wales was published in December 2021. This document provides guidance on the functions of Liaison Psychiatry Services (LPS) in Wales. It has been developed in conjunction with key stakeholders throughout Wales and all professional groups have been represented. This guidance applies across the age range and whilst differentiation may be needed, no age range should receive services of a lesser quality. Service user and carers' voices have been sought and are reflected in this document. It contains eight standards to support equitable access to and provision of LPS in Wales and reflect both The National Institute for Health and Care Excellence (NICE) and professional body standards. Collecting information in relation to the standards will assist health boards to develop a clear picture of service demand, uptake and delivery. It is expected that both qualitative and quantitative information will become available as services develop and mature. Auditing information about the LPS</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
			should enable health boards to make evidenced-based decisions about the future provision of that service. Psychiatric Liaison Services has also been made a priority within this years' service improvement funding.
9	We recommend that the Welsh Government takes urgent action to establish to what extent those discharged from inpatient care are currently receiving follow-up care within the targeted timescale and provide an update to the Committee within three months. This should include steps to ensure that IT systems can identify whether this is happening	<p>Response to 9, 10 and 11:</p> <p>As part of the Mental Health Core Dataset, contact within 2 days of discharge is a key target – WG is working with NWIS and stakeholders to implement robust performance monitoring around this target via Welsh Information Standards Board procedures. In the meantime, officials are working with health board to ensure follow-ups post discharge are undertaken and recorded locally.</p>	<p>This continues to be progressed through the work of the Mental Health Data and Outcomes Measures Board.</p> <p>The draft core mental health dataset has been circulated to health boards to impact test and to understand which elements are already recorded by health boards and which elements would need to be added. This has helped identify any elements which would be difficult to record. The report on this impact testing has now been received by the NHS Collaborative. The core data was submitted to the Welsh Information Standards Board in July as part of the approval process.</p> <p>Alongside the outcomes training referenced in recommendation 6, the University of South Wales has been commissioned to work with health boards and other stakeholders to develop outcome measures for mental health services. The initial mapping work report is due by Summer 2022.</p>
10	We recommend that the Welsh Government introduces six monthly monitoring and reporting of the target in the Together for Mental Health Delivery Plan that all patients discharged from inpatient care receive follow up care within the specified timescale		
11	We recommend that, in light of the evidence that suicide risk is greatest on the third day after discharge, the target for patients discharged from inpatient mental		

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	health care to receive a first follow-up appointment should be changed to ensure that patients are followed up within 48 hours		
12	<p>We recommend that a target be introduced for waiting times for psychological therapies to ensure that those in need receive this support within a suitable timescale. Accessing appropriate therapy early can provide the intervention that's needed and prevent someone from requiring crisis care at a later stage</p>	<p>Since the publication of these recommendations, we continue to support work to improve access to psychological interventions and therapies and it remains a priority area within the <i>Together for Mental Health Delivery Plan 2019-2022</i>. In 2018/19, we provided £4m of extra funding direct to health boards to support them to improve access to psychological therapies and further investment was made in subsequent rounds of service improvement funding (n 2019/20 and 2020/21), totalling an additional £3.5m.</p> <p>This funding was allocated on the basis it should build on previous investment and that health boards could demonstrate how the funding would support the implementation of Matrics Cymru, the Guidance for Delivering Evidence-Based Psychological Therapy in Wales published in 2017. The supporting National Psychological Therapies Management Committee (NPTMC) Action Plan, published in 2018 was designed to assist health boards evaluate and plan their services against the guidance and the accompanying evidence tables.</p> <p>Following the initial audits undertaken in 2018 in respect to the NPTMC Action Plan, we will be asking health boards to review the implementation of those plans as part of this years' work programme. We will request evidence from them about how they intend to focus on areas where further development is required. This will</p>	<p>We remain committed to publish waiting time data on specialist psychological therapies, but this work has been delayed during the pandemic.</p> <p>Whilst the data is not yet robust enough to publish, operational data is reported by all health boards and used by the Welsh Government to hold services to account. The NHS Delivery Unit has been commissioned to undertake a review of psychological therapies to understand the consistency and variation in services and data reporting across health boards. The waiting time data that will be published only reflects one element of access to psychological therapies – the specialist services. Data is already published for Local Primary Mental Health Services, which includes psychological therapies and we have strengthened low level support, for instance through the introduction of online Cognitive Behavioural Therapy – another form of psychological therapy.</p> <p>The work to develop the mental health core dataset will ensure that we are able to reflect a fuller picture of provision across Wales.</p>

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		<p>be supported by service improvement funding where needed.</p> <p>This year, work has also been undertaken to assess and map the current psychological workforce including capacity, supervision and training needs. This broad analysis has been shared with Health Education and Improvement Wales (HEIW) to inform the workforce planning they are undertaking. Following discussions, this rapidly included additional places to train psychologists from the 2020-21 academic year.</p> <p>We are also supporting an interim infrastructure to support the ongoing provision of psychological therapies, ensuring that the range of therapies available is strengthened, and that service user choice is embedded as routine practice across mental health services. This work includes the systematic and robust review of the evidence tables that underpin Matrics Cymru as it is crucial that they remain updated to ensure that the health boards are able to provide evidence based interventions.</p> <p>Work has also been commissioned to produce a report on the most effective mechanisms for safety planning and it is anticipated the principles identified there will further inform the most appropriate psychological interventions for those experiencing suicidal thoughts and those that have self-harmed.</p> <p>The national coordinator is also working with the National Liaison Psychiatry steering group and the core data set project board to ensure that there is</p>	<p>We are working with HEIW and Improvement Cymru to continue to develop the infrastructure to support health boards to improve access to psychological therapies. This work will ensure that we have a robust process to consider the evidence base of interventions that underpin Matrics Cymru and Matrics Plant.</p> <p>Matrics Plant Implementation Plan was published in September 2021. This plan has been designed to support the implementation of Matrics Plant: Guidance on the Delivery of Psychological Interventions for Children and Young People in Wales. It is anticipated that it will assist health boards and partners in ensuring that both the spirit and detail of Matrics Plant are transferred into action.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
		<p>consistency of assessment in liaison psychiatry settings. We are also committed to ensuring that any new evidence based practice identified in this area is shared with all appropriate colleagues.</p>	
13	<p>We recommend that the Welsh Government accepts the call made in the mid-point review of Talk to me 2 to develop and implement a Wales-wide postvention strategy for suicide, and that this work should be taken forward as an immediate priority. This should include details of follow up support for individuals bereaved by suicide, and in organisational settings. It should incorporate the recommendation in Mind over matter that guidance should be issued to all schools on talking about suicide (and as a priority, to schools where there has been a suicide or suspected suicide). The Welsh Government should ensure that sufficient ring-fenced resource is available to implement this postvention strategy.</p>	<p>The Welsh Government has provided grant funding (2020/21) for a bereavement support project/service within each of the three regions involving SOBS (NW), MIND (Mid/West), and 2WishuponaStar (Gwent) and these will provide valuable insights to inform a pan-Wales approach</p> <p>The National Coordinator attends the National Bereavement Steering Group which is currently developing a framework for all types of bereavement, this will be going out to formal consultation on the 22 March.</p> <p>People with lived experience of bereavement by suicide are currently being engaged, with the support of voluntary agencies, to share their bereavement journeys so that we can better understand the challenges and opportunities to provide the right support in the right way. This is due to report 31st March 2021, and will form the basis for a postvention strategy, which will set out the costs that will need to be met and the resources that will be required to provide a national response during 2021/22</p>	<p>Informed by the insights gained from the listening exercise conducted in 2020/21 with those living with bereavement by suicide, a multi-agency task and finish group has been meeting to set out guidance for a Wales-wide response to those exposed, affected or bereaved by a sudden death that could be a possible suicide (rapid response would mean pre-inquest). This has included mortuary staff, coroners office, funeral directors, primary care, suicide bereavement support agencies, blue-light and rescue services.</p> <p>The Real Time Surveillance System will provide information to help services to ensure that those bereaved by suicide are offered timely and appropriate support.</p> <p>A draft guidance document is now out for wider review. A key recommendation of this work is the provision of a National Bereavement Liaison Service to make a proactive offer of support following a suspected suicide. Officials are exploring options to develop or commission this support.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
			Guidance on talking about suicide was provided to all schools following publication in September 2019. Officials in the Welsh Government are in the process of developing proposals to review awareness in schools and are considering what further support is needed in this space.
14	We recommend that the Welsh Government and Public Health Wales actively promote the availability of the Help is at Hand Cymru resource. This should include proactively engaging with third sector support groups and ensuring that frontline staff, particularly emergency services, who have contact with those bereaved by suicide are not only fully aware of Help is at Hand Cymru but, crucially, have access to copies of the resource so that this can be distributed to those bereaved at the point of need. As this resource is already available, this should be implemented within 3 months	<p>A version of 'Help is at Hand' has been produced for Wales and is available on-line (Dewis Cymru) in English and Welsh. Funding has been made available to support ongoing printing and distribution costs. Recent print runs were distributed directly to Local Health Boards, a number of third sector organisations, police forces and Public Health Wales for dissemination to wider stakeholders.</p> <p>It is noted that 'Help is at hand' is now due for review and the National Coordinator is linking with colleagues across the 5 UK/Ireland nations who all use the 'Help is at Hand' resource in order to consider further amendments needed, which will also be informed by the recent English review. Early discussions point towards a potential digital option that could be developed collaboratively with other nations. Work around a Real Time Surveillance system will also provide opportunities to enable use of this resource to become more embedded and ensure that the information is available at the point of need.</p>	<p>The digital supplier developing the training hub will be supporting the development of a digital version of Help is at Hand, which will provide an opportunity to review the content, update the signposting to services and resources in Wales, and to consider other ways of making the content available. This will be available in Autumn 2022.</p> <p>While this is being developed a 'business card' with a QR Code to the current version on the Dewis Cymru website is being printed to make available to front-line responders across Wales</p> <p>The same QR Code will be able to take people to the new digital version when it becomes available</p>
15	We recommend that the Welsh Government should, as part of an all-Wales postvention pathway, give active	Response to this recommendation will be considered as part of our work detailed in recommendation 13.	See 'National Bereavement Liaison Service' information in recommendation 13.

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	<p>consideration to providing funding for support groups for those bereaved by suicide, so that people across Wales are able to access much-needed support. We believe such groups can play a key role in supporting the mental health and wellbeing of those bereaved through suicide. This could in turn lead to reduced demand for NHS services</p>		
16	<p>We recommend that the National Advisory Group and regional suicide forums should engage with people who have personal experience of suicide ideation, including survivors of suicide attempts and people bereaved by suicide to ensure that all suicide prevention activity is informed by lived experience</p>	<p>Engagement with people with lived experience is currently through those voluntary agencies who are directly involved with those affected by suicide, and there is also representation from people with lived experience on the National Advisory Group and the regional and local suicide prevention forums. Each region has also allocated an administrative funding pot to cover the costs of coproduction, travel expenses etc. as appropriate to facilitate this ongoing work.</p> <p>Recent examples of people with lived experience being involved in suicide prevention activity include sitting on interview panels for national / regional leads and direct engagement in the development of a national response to bereavement by suicide</p>	<p>People with lived experience, and agencies set up by those with lived experience attend all three regional forums and the National Advisory Group</p> <p>A listening exercise directly engaged with people with lived experience to inform how we respond to people bereaved or affected by a suicide</p> <p>This work will continue in the course of 'business as usual' and further activity will be included within the routine National Co-ordinator updates made available to stakeholders.</p> <p>Therefore this recommendation is now considered as complete.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
17	<p>We recommend that the Welsh Government works with NHS employers in Wales to ensure that all employees who have dealt with cases of suicide/attempted suicide are able to access appropriate support</p>	<p>Welsh Government has worked with social partners within NHS Wales employers and trade unions to make available a multi-layered wellbeing offer for health and social care workers in Wales, including a confidential Samaritans listening support helpline, funded by Welsh Government, which is dedicated to all health and care workers in Wales.</p> <p>There are also a number of free-to-access health and wellbeing support resources and apps such as Mind, CALL, Sleepio & Daylight and SilverCloud.</p> <p>All NHS employers continue to have Employee Assistance Programs, with wellbeing services offering a range of support. There is also a number of support resources that staff are sign-posted to through HEIW's webpage specifically on suicide, trauma and bereavement:</p> <p>One significant avenue of support is through the Health for Health Professionals Wales Service (HHP). HHP Wales provides all doctors in Primary and Secondary Care with access to British Association for Behavioural and Cognitive Psychotherapy (BABCP) in their area. Doctors can self-refer and are assessed by a doctor adviser, qualified in physicians' health, before being referred for face to face counselling. The service consists of four elements:</p> <ul style="list-style-type: none"> • A helpline, which explains what the HHP service can provide and puts clients in contact with a doctor adviser; • A network of doctor advisers who ring the client within 24 hours to discuss their concerns; 	<p>We expect all health boards to provide appropriate support to all staff following traumatic events.</p> <p>Health for Health Professionals has been renamed 'Canopi' and provides mental health support to health and social care staff. This includes support for post-traumatic stress.</p> <p>This work is ongoing, and the National Coordinator is in conversation with the Royal College of Psychiatrists regarding the management of vicarious trauma, but also how we can prepare staff for inquests, for example.</p> <p>We are also signposting to the First Hand resource Home - First Hand (first-hand.org.uk) that supports those affected by the suicide of someone they didn't know</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
		<ul style="list-style-type: none"> • Access to a network of British Association of Behavioural and Cognitive Psychotherapies (BABCP) accredited counsellors; • Access to expert clinical support/opinion for all doctors and counsellors in more complex cases. <p>It was agreed that Welsh Government should access UK Government funding announced on the 11 March 2020 for a number of measures to assist the NHS, public services and businesses with the preparation and response to COVID-19. An additional funding amount of £1m was requested for 2020-21 to enhance service delivery and upscale psychological support and extend outreach across <u>the whole of the NHS workforce</u>. Funding is now further agreed for 2021-22.</p> <p>The HHP Wales expansion has created an established provider service for the entire NHS Wales workforce that has demonstrated itself to be reliable, responsive and trustworthy. HHP Wales has been designed to work in conjunction and to be complementary to the services offered by occupational health departments and the support available to an individual through their GP and other NHS services. By continuing to work closely with Traumatic Stress Wales (also accelerated in its implementation to support the Covid response), HHP Wales will be well placed to assist NHS staff with presentations directly related to Covid-19 experiences such as post-traumatic stress disorder, prolonged grief disorder and moral injury. It is also expected that NHS staff will present with mental health symptoms related to economic and other family impacts.</p>	

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
18	<p>We recommend that the Welsh Government recognise male suicide as a national priority and allocate appropriate funding to identify and implement new approaches to reducing the stigma associated with mental health to encourage men to talk about and seek help. This should include scope to roll out existing projects more widely</p>	<p>The Welsh Government is providing grant funding (2020/21) to support a number of projects in the regions that focus specifically on men, to develop ways of engaging particular groups of men and encouraging help-seeking behaviour. The National Coordinator is also establishing a forum to bring all of the projects together to learn from good practice. Alongside this work regional coordinators are mapping initiatives in all areas of Wales to feedback on what is available and to consider any perceived gaps in this area.</p> <p>Wales is also represented by Professor Ann John on the Advisory Group for the National Confidential Inquiry into Suicide and Safety In Mental Health. Under these arrangements, a study is currently being under taken to examine the characteristics of middle age men who die by suicide and to make recommendations to strengthen preventative action. The report will be published in 2021 and will inform our next steps</p> <p>An Independent Advisory Group (IAG) provides independent external oversight of the work of the National Confidential Inquiry into Suicide and Safety in Mental Health. The IAG includes representatives from key stakeholder groups, and lay member</p>	<p>Preventing Suicide is a priority for the Welsh Government and a new cross-Government Group has been established to strengthen the approach. We have also committed additional funding for suicide prevention in 2022-23.</p> <p>We have recently established the Real Time Suicide Surveillance system in Wales, This will provide more timely access to information from all probable suicides (including male suicides) to identify opportunities for prevention and to ensure appropriate support is provided.</p> <p>As part of our programme to review and develop a successor strategy to Talk to Me too, we will be engaging with key stakeholders and reviewing the evidence to ensure new actions are evidenced based. Given the prevalence of suicide for middle aged men, we would expect this to be a key area of focus.</p> <p>We are also working with our National Suicide Coordinator to agree a programme of work to review the evidence of suicide prevention programmes and intervention with a focus on middle aged men.</p> <p>This work will continue in the course of 'business as usual'.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
19	We endorse the recommendation of the mid-point review of Talk to me 2 that the implementation of NICE guidance on self-harm be a priority for the Welsh Government. This should be implemented within 6 months of the publication of this report	<p>The National Coordinator is currently working with Improvement Cymru and the Liaison Psychiatry teams to identify challenges and opportunities to improve services in secondary care where NICE guidance is not being met</p> <p>We will also liaise with the NICE Improvement Facilitator for Wales to explore other areas where we need to focus on to ensure the implementation of NICE guidance, for instance primary care.</p>	<p>A workshop was held in February 2022 to raise the profile of the new NICE Guidance for the assessment and management of self-harm that was out for consultation at that time.</p> <p>The Guidance is expected to be published later this year when a further workshop will be held for those identified as key agencies for implementation, to explore opportunities and barriers and to inform how we support front-line workers to work to the guidance</p>
21	We recommend that the Welsh Government takes a lead in the current work with HEFCW and for it to expect further and higher education providers in Wales to introduce Student Mental Health Charters. This work should be done in time for the start of the 2019-20 academic year to ensure that students in Wales benefit from the work as soon as possible	<p>The Minister for Education has remitted HEFCW to work with partners in the HE sector to address student mental health and well-being. This included allocating HEFCW £3.5m in 2019 to support well-being and health in higher education, including student mental health. HEFCW worked with universities in Wales and students to develop a Wales-wide, strategic approach to well-being and health, including mental health. In November 2019, HEFCW published its Well-being and health Policy Statement, in which it commits to ensuring providers' Wales-wide commitment to well-being and health, including through support for Student Charters, #stepchange [now Step Change: mentally healthy universities] and Suicide-safer Universities.</p> <p>In 2019, HEFCW also published updated guidance on Student Charters. This included the addition of a requirement to include a statement of commitment to supporting student well-being, including mental health</p>	<p>Welsh Government, working with partners, continue to prioritise this area of work and have earmarked another £2m for mental health and well-being within HEFCW's grant in aid for 2022-23, maintaining the level of funding in previous years.</p> <p>This work will continue in the course of 'business as usual'.</p> <p>Therefore, this recommendation is now considered as complete.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
		<p>and signposting to related well-being and health, including mental health</p> <p>In 2020, HEFCW required universities to submit well-being and health strategies. HEFCW will monitor the implementation of the strategies to ensure they remain fit for purpose.</p> <p>The National Coordinator for Suicide and Self-Harm is also working with the national network of Welfare Officers for Further Education colleges, to discuss their experiences of managing suicidal ideation and self harm and is working with them on policy development. Similar links have been made with HEIs and the national network of Student Services Directors. This recommendation is now considered complete.</p>	
22	<p>We recommend that relevant staff from the Welsh Government and other agencies receive appropriate training, such as the Samaritans' "Working with compassion" kit, to show a greater awareness and understanding of the higher suicide risks associated with rural communities, particularly among farmers and their families. This would enable them to respond compassionately when dealing with bereaved families, and promote a greater understanding of the difficulties families in this situation can face</p>	<p>We are taking a range of approaches including through public awareness messaging and improving the information that is available on health board websites. We also work closely with the third sector to ensure information on mental health and mental health services is shared widely.</p> <p>We have also invested in a range of easy to access support – both online and via the telephone. Some of this support is also available 24/7 to ensure support is available at any time. The roll-out of online Cognitive Behavioural Therapy in Wales was based on a successful pilot by Powys Local Health Board which includes some of our most rural communities in Wales. Powys are also working to develop intelligence led services for the prevention of suicide and self-harm, including support pathways for those bereaved by</p>	<p>This work is ongoing and will continue in the course of 'business as usual'.</p> <p>Therefore, this recommendation is now considered as complete.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
	<p>in not only carrying on with their day to day farming business, but also in meeting timescales associated with Welsh Government farming processes. We would encourage relevant Government staff to use their discretion to alleviate further stress on bereaved families, for example by deferring farm inspections in appropriate circumstances</p>	<p>suicide. Data collation and analysis is in progress to understand if there are trends within particular Powys communities /demographics; to map and gap service provision and ultimately to target identified need and ensure clear pathways are in place as a means to early intervention and prevention. This work also ties in with a focus on Substance Misuse “Harm Reduction”, particularly in relation to Drug Related Deaths and will support the delivery of appropriate responses to personal crisis’, early intervention and management of self-harm.</p> <p>We are also aware of other sources of support, for instance, FarmWell Wales; an online information hub part-funded by the Welsh Government EU Transition Fund which is available to farmers throughout Wales, this aims to provide farmers with the most up-to-date information and details of support services available. These resources are actively promoted by stakeholders who have given positive feedback on the initiative.</p> <p>On the Welsh Government website we have also ensured that mental health and wellbeing support for farming families is effectively signposted so people know where to access support.</p> <p>Welsh Government Farm Liaison Staff and Farming Connect front line contracted staff have attended Mental Health First Aid training which was delivered by the DPJ Foundation and tailored to the farming Industry. In addition visiting officers within Rural Payments Wales have received training on mental health awareness and</p>	

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
		managers have also attended additional on-line mental health awareness training with the DPJ Foundation.	
23	We recommend that the Welsh Government liaises with the Home Office with regard to reviewing the process for assessing and managing prisoners' risk of suicide and self-harm to ensure that it is sufficiently robust to identify those at risk and provides the right support for those who are managed through the process	The Ministry of Justice and HMPPS Wales has been working with health boards to revise to the Assessment, Care in Custody and Teamwork (ACCT) process for the case management approach for people at risk of suicide and self-harm within prisons. HMPPS piloted a revised version of ACCT including HMP Swansea, from February to June 2019. The revised guidance is now complete and will now be signed off formally by Prison Health and Social Care Partnership Boards before being implemented in Wales.	The revised guidance has been signed off formally by Prison Health and Social Care Partnership Boards. This recommendation is therefore considered complete.
24	We recommend that the Welsh Government ensures that the Children, Young People and Education Committee's Mind Over Matter recommendations are implemented in order to improve and protect the mental health and wellbeing of children and young people in Wales. On suicide specifically, we recommend that the Mind Over Matter recommendation on guidance to schools (its recommendation 16) should be taken forward as an immediate priority: That the Welsh Government, in relation to suicide specifically, work with expert organisations to:	<p>The Committee received a full update on progress with Mind Over Matter recommendations in February 2020, this included confirmation that Guidance: <u>responding to issues of self harm and thoughts of suicide in young people</u>, was published September 2019</p> <p>The Welsh Government is providing grant funding (2020/21) in the Mid/West region for the delivery of NSSI (non-suicidal self injury) training to people who work with young people, which includes promotion of the published guidance.</p> <p>In October 2020 the CYPE Committee published its Mind over Matter: two years on report. This highlighted the progress that has been made, particularly in the field of Education, in addressing the issues and recommendations contained in the original Mind over Matter report. The Welsh Government's response to</p>	Further activity in response to this action will be reported in updates against the Mind Over Matter recommendations.

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
	<ul style="list-style-type: none"> ▪ provide, within three months of this report's publication, guidance to schools on talking about suicide and self-harm, to dispel the myth that any discussion will lead to "contagion"; ▪ work with expert organisations to prioritise the issuing of guidance to schools where there has been a suicide or suspected suicide; and ▪ ensure that basic mental health training, including how to talk about suicide, becomes part of initial teacher training and continuous professional development, so that all teachers are equipped to talk about it 	<p>the follow-up report (2 December 2020), noted that given the progress made to date on many of the Mind over Matter recommendations, we have already agreed to review the membership and expand the scope of the Joint Ministerial Task and Finish Group on a Whole School Approach to Emotional Wellbeing and Mental Health (JMT&FG) to become a 'Whole System' Ministerial Task & Finish Group to drive progress for the remainder of this Senedd term. Whilst the focus will remain around school age children, the whole system approach better reflects the current work of the group and enable it to provide leadership and expand across the additional relevant areas. In particular health and social services led actions. The group has been meeting monthly since the start of the year, with the last meeting before the Senedd elections taking place on 22 March.</p> <p>In relation to schools guidance on suicide and self-harm people working with children and young people can now access guidance ‘Responding to Issues of Self-harm and Thoughts of Suicide in Young People’ which was published on 10 September 2019. The document is available online and hard copies have been made available to schools and youth services. The guidance aims to support people who have direct contact with children and young people, providing them with practical advice about what to do if they have concerns or are faced with self-harm or suicide. Further activity has been commissioned by the Welsh Government and developed by Swansea University and co-produced with young people. With the aim to address the link between online bullying and suicidal</p>	

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
		<p>and self-injurious behaviour and will provide a better understanding of what to do when they encounter these issues.</p> <p>As part of our whole school approach, we have also developed new framework guidance for schools. The guidance has been designed to help schools develop and build their own consistent and equitable whole school approaches to meet the wellbeing needs of learners. We have made available £9m in our 2021-22 budget to support this work.</p>	
26	<p>We recommend that the Welsh Government identifies the most appropriate agency to identify known suicide locations and places signage in those areas encouraging people to seek help</p>	<p>Since the publication of this inquiry, we have invested in both the national and regional infrastructures. Now at a regional level we are establishing forums and local multi-agency groups are responding to themes that are highlighted. This work has evidenced that it would not always be appropriate for one single agency to respond as we need to ensure that we are flexible within our response.</p>	<p>Work is ongoing through the regional coordinators and the Cross-Government Suicide Prevention Group to identify key sites, and they work with relevant colleagues in transport, Samaritans, network rail, canals authority, police and other first responders as needed on a site-by-site basis.</p> <p>The new Real Time Suicide Surveillance System will also provide more timely access to information, including the local of the incident to inform future preventative activity</p> <p>This work will continue in the course of 'business as usual' and further activity will be included within the routine National Co-ordinator updates made available to stakeholders.</p> <p>Therefore, this recommendation is now considered as complete.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
27	<p>We recommend that the Welsh Government explores what formal arrangements could be put in place to promote and monitor adherence to the guidelines, given the negative impact that the irresponsible reporting of suicide can have. This should include looking at arrangements in place elsewhere, including the Republic of Ireland</p>	<p>Samaritans and the Independent Press Standards Organisation (IPSO) continue to develop and publish media guidance, both of which the Welsh Government continues to work with as key stakeholders.</p>	<p>Regional Coordinators forward reports of concern to the Samaritans press officer in Wales and Prof Ann John, to ensure a coordinated and appropriate response can be made.</p> <p>This work will continue in the course of 'business as usual' and further activity will be included within the routine National Co-ordinator updates made available to stakeholders.</p> <p>Therefore, this recommendation is now considered as complete.</p>
28	<p>We recommend that the Welsh Government engage with universities, the Samaritans and other relevant parties such as the National Union of Journalists and publishers to explore how training for journalists at university, through continuous professional development or on the job training could include the importance of adhering to the guidelines on reporting suicide and promoting an understanding of the negative impact of irresponsible reporting</p>		<p>The new national bereavement guidance includes specific information for 'touch point' agencies who can impact on an individual's bereavement journey. This includes through media reporting and work is underway to engage with universities as part of the implementation of the guidance. Therefore, this recommendation is considered complete.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
29	<p>We recommend that the Welsh Government engages with the UK Government on its Internet Safety Strategy Green Paper to ensure that action is taken to protect children and young people online. Additionally, we are keen to see the potential for social media to have a positive impact on people's mental health and wellbeing maximised. We believe that all opportunities to promote good mental health through social media/internet sites should be explored, for example through more active promotion of sources of support</p>	<p>Welsh Government liaised with UK Government in respect of the publication of the Green Paper.</p> <p>We continue to look at opportunities to use social media and digital media to raise awareness of support and this has been a particular focus during Covid 19 and working with Public Health Wales on the <i>How are you doing campaign</i>, to promote positive mental health and signpost to support.</p>	<p>The Cross-Government Suicide Prevention Group will include digital and online safety as an element of the broader work programme including identifying opportunities arising from the Online Safety Bill. Welsh Government officials are currently considering the full impact of the Bill within Wales and across all policy areas which the Bill may touch upon.</p> <p>This work will continue in the course of 'business as usual' and further activity will be included within the routine National Co-ordinator updates made available to stakeholders.</p> <p>Therefore, this recommendation is now considered as complete.</p>
30	<p>We recommend that the Welsh Government / National Advisory Group provides a clear steer to the regional forums to ensure a consistent approach to their membership, structure and reporting arrangements. The Welsh Government should monitor the effectiveness of the regional forums to ensure that they deliver sustainable and consistent outcomes across</p>	<p>Now that the National and Regional Coordinators are in place, we will review the regional forums, including membership and governance structures. This work will be undertaken in the context of the new Together for Mental Health Ministerial Delivery and Oversight Board for Wales that I have convened. A key function of the board is to hold the key work streams that make up the mental health programme of work to account and to provide assurance on delivery. The suicide and self-harm programme is one the work streams that will report in to the board. The board first met in February and will meet again on 24 March.</p>	<p>The three regional forums have been supported and strengthened through the appointment of the regional coordinators. Two of the three forums have a new Chair, and developed workshops have been facilitated in Q4 (2021/22) to help the forums to review their existing strategies and action plans</p> <p>These forums now share a common template for their TORs and will receive appropriate levels of data from the real-time surveillance for their quarterly meetings.</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
	Wales, and provide regular updates to the Committee		<p>This work will continue in the course of 'business as usual' and further activity will be included within the routine National Co-ordinator updates made available to stakeholders. The Cross Government Group on Suicide prevention will also be kept aware of this work.</p> <p>Therefore, this recommendation is now considered as complete.</p>
31	<p>We recommend that the Welsh Government / other public bodies (LHBs / LAs) make specific funding available for suicide prevention to ensure that it is sustainable in the long term. The Welsh Government should work with the National Advisory Group to ascertain how much funding is needed to ensure this sustainability, and ring-fence the appropriate amount</p>	<p>The National Coordinator and the coordinator team are looking at how suicide prevention can be better integrated and embedded in public service delivery across the board/government departments; how this can be more explicit in policy/strategy.</p> <p>In the meantime, we have provided seed funding to regional forums in order to take forward local approaches in their areas, however this funding should not be seen in isolation as laid out in the covering letter.</p>	<p>A new, cross-Government Suicide Prevention Strategic Group has been convened to strengthen the programme management arrangements for the suicide prevention work programme. This will include driving work across Government and prioritising investment to support this approach.</p> <p>Additional, recurrent funding has been allocated to the suicide prevention work programme in 2022/23. In particular, the new funding will support the newly established Real Time Suicide Surveillance System in Wales launched in April 2022 and to improve suicide bereavement support.</p> <p>Additionally, the wider service transformation also has a focus on preventing suicide – for instance the work to improve crisis care and the establishment of</p>

	Recommendation	Welsh Government Update February 2021	Welsh Government Update August 2022
			<p>the 111 mental health single points of contact.</p> <p>Talk to me 2 is currently being externally evaluated and the findings from which will inform any appropriate next steps.</p>

Recommendations considered complete

Pack Page 154

	<p>We recommend that the Assembly Commission offers suicide prevention training for Assembly Members, Assembly Members Support Staff, Commission staff and contractors. We hope that, as well as equipping Assembly Members and staff to respond appropriately, this will show an example to other employers, and we would urge the Welsh Government to promote suicide</p>	<p>The Assembly Commission will need to update separately regarding the implementation of the recommendation.</p> <p>The Welsh Government HR Directorate (Workforce Department) have reviewed the provisions that are available to staff in respect to support and have strengthened the offerings available. More widely, Welsh Government have an active Health and Wellbeing Strategy that encompasses mental health and wellbeing. This is featured on the staff intranet. The Health and wellbeing Strategy, Toolkit, Reasonable Adjustments Policy and training covers mental health. This is also covered in the Disability Confident training</p>	<p>Recommendation complete.</p>
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	<p>prevention training to all of its staff</p>	<p>for SCS and line managers. 'Let's Talk' performance management process includes conversations about mental health and wellbeing. Support and resources have also been strengthened throughout 2020-21 including:</p> <ul style="list-style-type: none"> • Training provided by Able Futures covering line manager capability in handling sensitive conversations and providing support to staff experiencing mental ill-health; peer to peer support; and how we can look after our own mental health; • A playlist of extensive resources available on the Welsh Government Learning Lab; • Recruitment of cohorts of Mental Health Allies and Respect Mentors due to commence late March 2021; • Bespoke support in mental health provided to specific business areas by Employee Assistance Programme provider and HR. <p>This action is now considered complete.</p>	
7	<p>We recommend that the effectiveness of the urgent referral route for GPs implemented by Hywel Dda Health Board be evaluated with a view to rolling this approach out across all health boards in Wales</p>	<p>As stated within our original response, standards are already in place requiring health boards to meet target times from referral to assessment. The Welsh Government Guidance 'The Role of Community Mental Health Teams in Delivering Community Mental Health Services: Interim Policy Implementation Guidance and Standards (2010)' includes the expectation that people who are referred as an emergency are assessed within 2-4 hours, urgent referral within 48 hours, and routine referrals within 28 days as per the Mental Health Measure Wales (2010). Hywel Dda health board has confirmed that they do not have a protocol that differs</p>	<p>Recommendation complete.</p>

		<p>from the existing expectations around GP referrals to Community Mental Health Teams (CMHTs) which exist across Wales and therefore this recommendation is deemed complete. However to note that the update of this guidance is included within the work programme of the Mental Health Network in 2021/22.</p> <p>This action is now considered closed.</p>	
20	<p>We recommend that the Welsh Government ensures that its forthcoming loneliness strategy reinforces the message that loneliness and isolation should be central considerations when budget and policy decisions are made</p>	<p>The strategy was published in February 2020. Within the document there is a section specifically addressing mental health and suicide prevention and a number of references to ensuring loneliness is considered within budget and policy decisions throughout. This recommendation is considered complete.</p>	<p>Recommendation complete.</p>
25	<p>We recommend that the Welsh Government writes to all planning authorities in Wales emphasising the importance of ensuring that all new structures include measures to prevent them being used as a means of suicide</p>	<p>Letter published on GOV.WALES suicide prevention measures in building design and planning (April 2019).</p> <p>This recommendation is therefore considered complete.</p>	<p>Recommendation complete</p>

Eluned Morgan MS
Minister for Health and Social Services
Welsh Government

8 July 2022

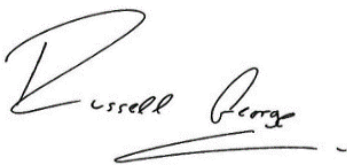
Dear Eluned

Follow up on Fifth Senedd Health, Social Care and Sport Committee recommendations: Hepatitis C:
Progress towards achieving elimination in Wales

In June 2019, the Fifth Senedd Health, Social Care and Sport Committee published its report on [Hepatitis C: Progress towards achieving elimination in Wales](#). At our meeting on 4 May, we agreed to write to you to seek an update on the recommendations made by our predecessor Committee.

We would be grateful if you could respond to the issues raised in the annex by **1 September 2022**.

Yours sincerely



Russell George MS

Chair, Health and Social Care Committee

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

Annex: recommendations made by the Fifth Senedd Health, Social Care and Sport Committee on its report on Hepatitis C: Progress towards achieving elimination in Wales

Background

Hepatitis C was the focus of a [spotlight inquiry](#) by the Fifth Senedd Health, Social Care and Sport Committee in June 2019. A key driver for this inquiry was aiming to better understand how likely it is Welsh Government will achieve WHO targets to reduce viral hepatitis incidence by 90 per cent and to reduce mortality due to hepatitis B and C by 65 per cent by 2030.

The Committee made four recommendations in its report, covering issues including producing a comprehensive national elimination strategy for hepatitis C, running a targeted awareness raising campaign and providing training for health professionals, writing to health board Finance Directors and Chief Executives about targets, and providing additional investment to improve hepatitis C testing in Welsh prisons.

In August 2019 the [Welsh Government](#) accepted recommendation 3 and accepted recommendations 1, 2 and 4. in principle.

The [Hepatitis C Trust responded](#) to our Priorities for the Sixth Senedd consultation (which closed in September 2021). The Trust told us that little progress has been achieved on the previous Committee's recommendations, and that the impact of Covid-19 has further set back progress towards elimination. It went on to say that hepatitis C services have been impacted more strongly in Wales than other UK nations during the pandemic:

"While treatment rates fell markedly in all nations in the immediate wake of the first wave, by July 2020 treatment initiations in England were 42% lower than the previous year. By contrast, by August 2020 treatment initiations in Wales were still 71% lower than the year before".

The Trust referenced the Blood-Borne Virus Recovery Strategy being developed by Public Health Wales. It also noted that Wales is now the only UK nation not to have a target of achieving hepatitis C elimination in advance of the World Health Organisation's 2030 target, with England and Northern Ireland having set an ambition of elimination by 2025 and Scotland by the even more ambitious target of 2024.

We would be grateful if you could respond to the issues below by **1 September 2022**.

Update on recommendations

1. Please provide an update on the implementation of each recommendation, including actions that have been taken, any planned actions, and, where appropriate, details of



associated resourcing, planned timescales, and how the impact and outcomes of actions and spend have been (or will be) evaluated and measured.

Other issues

2. Please provide information and data on treatment initiations since 2020.
3. Please provide an update on the Blood-Borne Virus Recovery Strategy and any accompanying wider Welsh Government support.
4. Please confirm the Welsh Government's target for elimination (and whether there are any plans for a more ambitious target in line with the other nations), and whether the Welsh Government is confident it will meet its target.



Llywodraeth Cymru
Welsh Government

Russell George MS
Chair
Health and Social Care Committee
Welsh Parliament

30 August 2022

Dear Russell,

Thank you for your letter of 8 July 2022 regarding progress made towards achieving elimination of hepatitis C in Wales.

The attached document provides an update on the recommendations made in the Fifth Senedd Health, Social Care and Sport Committee's report on progress towards achieving elimination, as well as responses to the other specific issues that you raise.

Please pass on my thanks to the Committee for their continued interest in this important matter.

Your sincerely,

Eluned Morgan AS/MS

Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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

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

Written response by the Welsh Government to the Health and Social Care Committee's request for an update on progress towards achieving elimination of hepatitis C in Wales

- 1. Please provide an update on the implementation of each recommendation, including actions that have been taken, any planned actions, and, where appropriate, details of associated resourcing, planned timescales, and how the impact and outcomes of actions and spend have been (or will be) evaluated and measured.**

***Recommendation 1.** We recommend that the Welsh Government produces a comprehensive national elimination strategy for hepatitis C, with clear ambitious targets, and workforce planning built in, and provides sustainable funding until elimination is achieved. This must be done as a matter of urgency, given that the current plan will end this year, and funding for dedicated posts is only confirmed until 2021.*

The Welsh Government committed to producing periodic Welsh Health Circulars for NHS Wales outlining progress and highlighting specific actions necessary to eliminate hepatitis C by 2030 at the latest. We stated that performance against these requirements (including targets) would be scrutinised and monitored through existing NHS performance management arrangements. The response to the pandemic has been our top priority and has naturally required the redirection of resources both within Welsh Government and within our NHS. I recognise the need to reinvigorate the drive to eliminate hepatitis C as our services recover and adapt to meet the challenges faced by two years of the pandemic.

It is our intention to set out our expectations including priority actions and targets for the NHS and Area Planning Boards in communications this autumn. The central funding available to support the drive to eliminate hepatitis C will be clearly set out.

***Recommendation 2.** The strategy must include a targeted awareness raising campaign to reach out to at risk communities and also provide for education and training for health professionals.*

We fully accept that investment in effective and sustained outreach services to engage with individuals not currently in contact with traditional services is fundamental to progress. Our extensive efforts to protect the homeless and rough sleepers during the coronavirus pandemic included targeted awareness raising and funding for the introduction of the Hepatitis C Trust 'Follow Me' support programme is beginning to strengthen the peer support network in Wales. Strengthening targeted case finding in the community and the vital role of peer support will be a key aspect of our communication to services in the autumn.

Education and training for health professionals is already generally available and will be further supported through the development of a quality statement for liver disease, which will include a continuing focus on meeting our targets to eliminate hepatitis C. The quality statement will set out our expectation for clinical services by describing the outcomes and standards we expect to see in high quality, patient focussed services.

Recommendation 3. *The Welsh Government must write to Local Health Board Finance Directors and Chief Executives to emphasise that national treatment targets for hepatitis C must be considered as minimum targets, to be exceeded wherever possible, if the elimination target of 2030 is to be achieved in Wales.*

The Welsh Health Circular planned for communication to NHS Chief Executives and Finance Directors this autumn will emphasise that any specified targets must be considered as minimum targets, to be exceeded wherever possible.

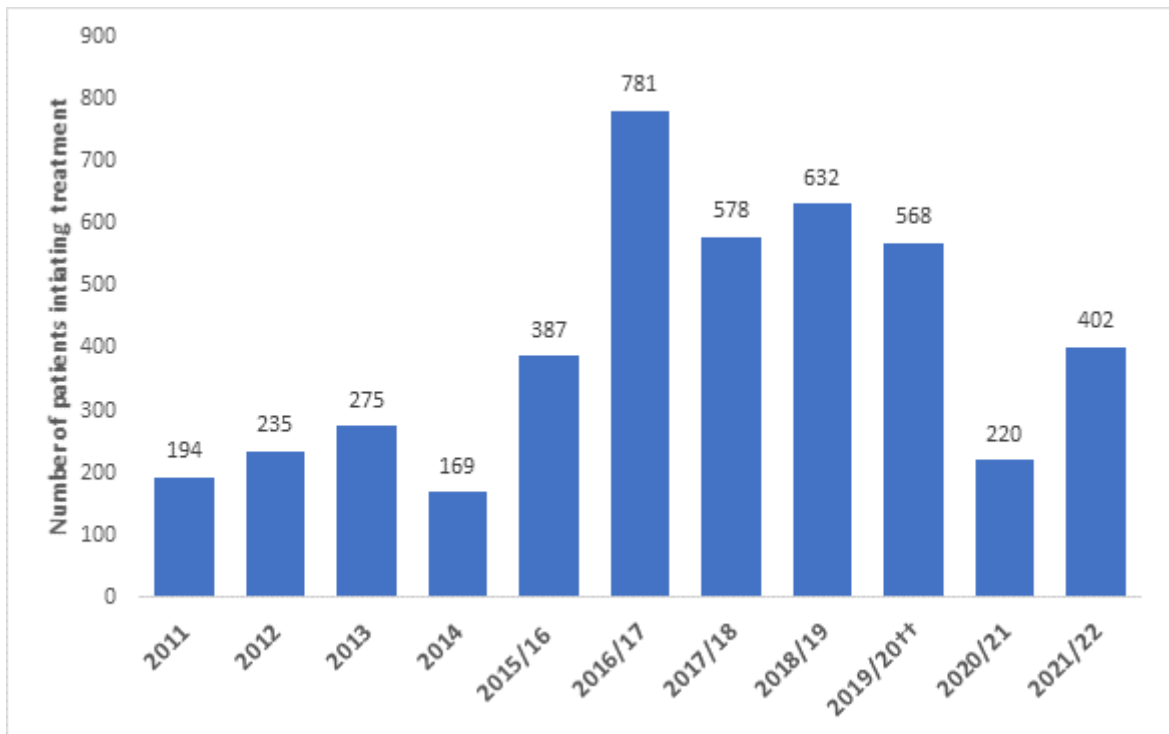
Recommendation 4. *We recommend that the Welsh Government provides additional investment to improve Hepatitis C testing in Welsh prisons.*

The Welsh Government has allocated additional funding to improve hepatitis C testing in prisons, with £231,000 in revenue funding provided in 2020/2021 to support testing consumables, along with £57,000 in capital funding in 2021/2022 for additional testing machines.

Opt-out testing has been rolled out across the prison estate in Wales since 2016, and is continually being monitored. Prior to the pandemic, figures for opt-out testing were increasing in a sustained manner. Despite the impact the pandemic had on testing in Welsh prisons, there has been a significant increase in testing coverage since 2020. During 2021 a coverage rate of 50.1% was achieved in comparison to 30.9% in the previous year. Testing coverage has nearly been restored to pre-pandemic levels, where a coverage rate of 56.6% was achieved in 2019.

2. Please provide information and data on treatment initiations since 2020.

You will see from the graph below that treatment initiations naturally dropped in 2020/21 but made a strong recovery in 2021/22 despite the challenges we have faced.



3. Please provide an update on the Blood-Borne Virus Recovery Strategy and any accompanying wider Welsh Government support.

National workshops were held in October last year and again in May this year to support health boards to develop and review their recovery plans and to consider whether:

- elimination was on track in each area,
- services in each area had been fully mapped and a gap analysis carried out for targeted intervention,
- all relevant services were engaged in elimination,
- they were sufficiently resourced for elimination, and
- what other crucial next steps were required.

Nationally, the Welsh Government has continued to fund a range of co-ordination posts through the work of the Liver Disease Implementation Group and through this funding the following progress has been made:

- testing for BBVs in prisons has been supported with the aim of achieving elimination in our prison settings,
- piloting access to rapid testing in community pharmacies,
- piloting peer support workers in the community to improve testing uptake and linkage to treatment,
- phase 2 of the Hepatitis C Re-engagement Programme has commenced to reach out to those who historically tested positive but who do not appear to have engaged in treatment.

- 4. Please confirm the Welsh Government's target for elimination (and whether there are any plans for a more ambitious target in line with the other nations), and whether the Welsh Government is confident it will meet its target.**

The Welsh Government remains committed to eliminating hepatitis C by 2030 at the latest. While we do not rule out bringing the target date forward in the future, realistically, the current target of elimination by 2030 is already very stretching.

—
**Health and Social Care
Committee**

Eluned Morgan
Minister for Health and Social Services

Julie Morgan
Deputy Minister for Social Services

Lynne Neagle
Deputy Minister for Mental Health and Wellbeing

8 July 2022

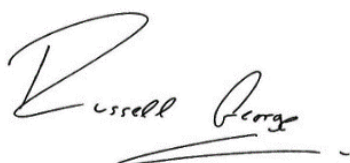
Dear Eluned, Julie and Lynne

Follow up on Fifth Senedd Health, Social Care and Sport Committee recommendations: Provision of health and social care in the adult prison estate

In March 2021, the Fifth Senedd Health, Social Care and Sport Committee published the report of its [inquiry into the provision of health and social care in the adult prison estate](#). At our meeting on 4 May 2022, the current Health and Social Care Committee agreed to follow up on key recommendations made by our predecessor Committee.

We would be grateful if you could respond to the issues raised in the annex by **1 September 2022**.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

Annex: Recommendations made by the Health, Social Care and Sport Committee of the Fifth Senedd as part of its inquiry into the provision of health and social care in the adult prison estate in Wales

Background

The HSCS Committee published its report '[Provision of health and social care in the adult prison estate in Wales](#)' in March 2021. The Committee made 27 recommendations, all of which were [accepted by Welsh Government](#), 19 in full, and 8 in principle.

We would welcome an update on the progress made in implementing the Committee's recommendations, as set out below. We would be grateful to receive a response by **1 September 2022**.

Prison Health and Social Care Oversight Group

In its response to many of the HSCS Committee's recommendations, the Welsh Government said it was setting up a Prison Health and Social Care Oversight Group to oversee work and improve transparency in relation to prison health and social care in Wales. In response to **recommendation 2**, the Welsh Government gave a commitment to publishing the Group's agendas and minutes on an ongoing basis, stating that the details would be available on its website by the end of October 2021. To date, we have been unable to find this information on the Welsh Government's website.

1. Could you provide a link to the relevant page on the Welsh Government's website where details of the work of the Prison Health and Social Care Oversight Group can be found, including agendas and minutes of its meetings, and information about its workstreams.
2. If this information isn't already available on the website, please provide an update on how the Welsh Government is working through and with the PHSCOG to implement **recommendations 6, 7, 9, 17, 18, 19, 22, 25, and 27** of the HSCS Committee report.

HMP Parc

The HSCS Committee's report also raised specific concerns about arrangements at the privately-run prison, HMP Parc. The 25-year contract for HMP Parc is due to expire in December 2022, and **recommendations 3 and 16** of the Committee's report related to HMP Parc, including the consistency of inspection arrangements with those in place for public sector prisons, and the inclusion in the service specification for health and social care services of screening and early diagnosis for dementia and arrangements to ensure that people who are diagnosed with dementia receive the care and support they need. Both recommendations were accepted by the Welsh Government.

3. Please provide an update on the implementation of **recommendations 3 and 16**. The update should include information about actions that have been taken, any planned



actions, and, where appropriate, details of associated resourcing, planned timescales, and how the impact and outcomes of actions and spend have been (or will be) evaluated and measured.

4. Please also provide an update on the work of the Parc Contract Expiry Board, including whether you have any concerns about whether suitable arrangements will be in place by the time the current contract expires in December 2022.

Prisons and Probation Ombudsman

Recommendations 4 and 5, accepted in principle by the Welsh Government, called for the Welsh Government to:

- Use the first suitable legislative vehicle to bring forward amendments to the Public Services Ombudsman (Wales) Act 2019 to include the Prisons and Probation Ombudsman in the list of bodies with whom the Public Services Ombudsman for Wales can cooperate in an investigation.
- Make representations to the UK Government to extend the role of the Prisons and Probation Ombudsman to enable them to question professional and clinical judgement when exercising their function of investigating complaints about health services in privately-run prisons in Wales.

You committed to discussing these matters further with HMPPS, the Public Services Ombudsman for Wales and the Prisons and Probation Ombudsman.

5. Please provide an update on your discussions in respect of **recommendations 4 and 5**.

Use of ICT systems to support information sharing

Recommendation 7, which was accepted in principle, asked for details about how Welsh Government would work with partners to promote better communication between justice, health and social care services on prisoners' release dates and release plans, including what roles the PHSCOG and Digital Health and Care Wales might play in this work. In the response, you said that the Welsh Government would work with Digital Health and Care Wales to "explore options for the use of IT systems to support better improved information sharing in this respect".

6. Could you provide an update on the implementation of **recommendation 7**, including what work has been done to explore options for the use of ICT systems to improve information sharing.

Recommendation 10, which was accepted by the Welsh Government, called for clarity about how progress on the priority in the Partnership agreement in respect of mental health will be monitored, including how the contribution of the new national standards will be assessed and whether the 'national standard' approach offers any learning for the approach to the provision of other health or social care within the secure estate in Wales. In your response, you indicated that the intention was to implement the new standards over a period of 12 months, beginning in 2022. You said that, where appropriate, the same indicators would be used to monitor access to services and mental health outcomes in prisons as those being developed for use in the mental health core dataset.

7. Please provide an update on **recommendation 10**, including any implications arising as a result of the delays in the development and implementation of the mental health core dataset.

Secure in-patient provision

Recommendation 11, accepted by the Welsh Government, asked for information about the secure in-patient strategy developed under the revised Together for Mental Health Delivery Plan, including any additional secure bed capacity that would be delivered as a result and how the impact on waiting times would be monitored.

In your response to the recommendation, you indicated that an audit of current secure in-patient provision would be completed by October 2021, including recommendations regarding mental in-patient secure services for adults, children and young people. You also committed to developing a secure in-patient strategy for Wales.

8. What plans do you have to publish the audit of current secure in-patient provision? If the audit is not going to be published, will you share a copy in confidence with us?
9. Please provide an update on the secure in-patient strategy for Wales, including when it will be published.

Substance misuse

Recommendations 12 and 13 related to substance misuse. **Recommendation 12** asked for clarity on the anticipated timescales for the development of the standardised clinical pathway for the management of substance misuse in prisons and the approach to engagement with stakeholders. This recommendation was accepted. In your response, you explained that the aim was for a final draft of the "Treatment of Offenders" Substance Misuse Treatment Framework to be submitted for Ministerial approval by December 2021.

Recommendation 13 asked for an update on the Substance Misuse/Mental Health Deep Dive group's priorities and work plan. This recommendation was accepted in principle. In your response you explained that the Substance Misuse/Mental Health Deep Dive group was updating its work plan, and committed to providing an update, including proposed monitoring arrangements, by March 2022.

10. Could you provide an update on the "Treatment of Offenders" Substance Misuse Treatment Framework, including whether it has been approved by Ministers and when it will be published.
11. Could you provide an update on the work of the Substance Misuse/Mental Health Deep Dive group, including its priorities and work plan, and how its progress in removing barriers faced by prisoners and ex-offenders with co-occurring substance misuse and mental health issues who are seeking to access support in prison or post-release will be monitored.

Funding for health care provision

Recommendation 22 called on the Welsh Government to work with relevant partners through the PHSCOG to collate, review and publish information about the costs of health care provision across prisons in Wales. The recommendation was accepted. In the response, you explained that information had originally been requested from health boards in early 2020, but that this work had been delayed as a result of the pandemic. You added that you would request an update from the relevant health boards by the end of November 2021.

12. Please provide an update on when you expect to be in a position to publish information about the costs of health care provision across prisons in Wales, and how this information will be used to facilitate benchmarking and the sharing of best practice.

National performance indicators

Recommendation 24 called for clarity on the timescales within which work would restart on the development of a set of national performance indicators, when the indicators would be in place, and how and when performance against the indicators would be reported and published. The recommendation was accepted, and in your response you indicated that a draft set of indicators would be developed over the next twelve months, with performance to be reported and published every 12 months thereafter.

13. Could you tell us whether the draft indicators have now been developed, when the indicators will be published, and when the first annual report is expected to be published.

In responding to the HSCS Committee report, the Welsh Government agreed to write to the current Committee with updates on **recommendations 11, 14, 20 and 23, 24**.

14. We would be grateful if you could provide updates on those recommendations, including information about actions that have been taken, any planned actions, and, where appropriate, details of associated resourcing, planned timescales, and how the impact and outcomes of actions and spend have been (or will be) evaluated and measured.
15. Please also provide an update on progress in implementing any recommendations in the report not covered elsewhere in this request (**recommendations 8, 15, 21 and 26**).

Eluned Morgan AS/MS

**Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services**

Julie Morgan AS/MS

**Y Dirprwy Weinidog Gwasanaethau Cymdeithasol
Deputy Minister for Social Services**

Lynne Neagle

Deputy Minister for Mental Health and Wellbeing

Ein cyf/Our ref MA/EM/2628/22

Russell George MS

Chair

Health and Social Care Committee

Welsh Parliament

Cardiff Bay

CF99 1SN

2 September 2022

Dear Russell,

**Follow up on Fifth Senedd Health, Social Care and Sport Committee
recommendations: Provision of health and social care in the adult prison estate**

Please see attached our response to your letter of 8 July which asked about the progress being made on implementing the Health, Social Care and Sport Committee's recommendations in the above report.

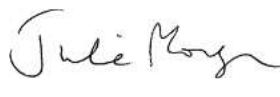
The attached document sets out our responses to your questions.

Yours sincerely,



Eluned Morgan AS/MS

**Y Gweinidog Iechyd a
Gwasanaethau
Cymdeithasol
Minister for Health and
Social Services**



Julie Morgan AS/MS

**Y Dirprwy Weinidog
Gwasanaethau
Cymdeithasol
Deputy Minister for Social
Services**



Lynne Neagle AS/MS

**Y Dirprwy Weinidog Iechyd
Meddwl a Llesiant
Deputy Minister for Mental
Health and Wellbeing**

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

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

Annex A

Pack Page 172

<p>Prison Health and Social Care Oversight Group</p> <p>In its response to many of the HSCS Committee’s recommendations, the Welsh Government said it was setting up a Prison Health and Social Care Oversight Group to oversee work and improve transparency in relation to prison health and social care in Wales. In response to recommendation 2, the Welsh Government gave a commitment to publishing the Group’s agendas and minutes on an ongoing basis, stating that the details would be available on its website by the end of October 2021. To date, we have been unable to find this information on the Welsh Government’s website.</p> <ol style="list-style-type: none">1. Could you provide a link to the relevant page on the Welsh Government’s website where details of the work of the Prison Health and Social Care Oversight Group can be found, including agendas and minutes of its meetings, and information about its workstreams.2. If this information isn't already available on the website, please provide an update on how the Welsh Government is working through and with the PHSCOG to implement recommendations 6, 7, 9, 17, 18, 19, 22, 25, and 27 of the HSCS Committee report.	<p>Welsh Government responses:</p> <p>Please see below link to the Welsh Government webpage where minutes and actions regarding the Prison Health and Social Care Oversight Group are published - Prison Health and Social Care National Oversight Group GOV.WALES</p>
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HMP Parc

The HSCS Committee's report also raised specific concerns about arrangements at the privately-run prison, HMP Parc. The 25-year contract for HMP Parc is due to expire in December 2022, and recommendations 3 and 16 of the Committee's report related to HMP Parc, including the consistency of inspection arrangements with those in place for public sector prisons, and the inclusion in the service specification for health and social care services of screening and early diagnosis for dementia and arrangements to ensure that people who are diagnosed with dementia receive the care and support they need. Both recommendations were accepted by the Welsh Government.

3. Please provide an update on the implementation of recommendations 3 and 16. The update should include information about actions that have been taken, any planned actions, and, where appropriate, details of associated resourcing, planned timescales, and how the impact and outcomes of actions and spend have been (or will be) evaluated and measured.
4. Please also provide an update on the work of the Parc Contract Expiry Board, including whether you have any concerns about whether suitable arrangements will be in place by the time the current contract expires in December 2022.

There is a Board in place on the governance of the retendering of the contract to manage HMP Parc Prison. The inspection arrangements for the new operator will be in consistent with those in place for public sector prisons in Wales.

In relation to recommendation 3, the healthcare at HMP & YOI Parc will be delivered by Cwm Taf Morgannwg University Health Board from 15 December 2022. There will be an MoU in place between the Health Board, HMPPS and Welsh Government, and as part of these arrangements the inspection arrangements will be in line with other public sector prisons in Wales.

In relation to recommendation 16 – the Welsh Government, the Health Board and HMPPS in Wales have agreed a service specification for healthcare services at HMP & YOI Parc. This includes dementia screening and support for those with dementia.

<p>Prisons and Probation Ombudsman</p> <p>Recommendations 4 and 5, accepted in principle by the Welsh Government, called for the Welsh Government to:</p> <ul style="list-style-type: none"> • Use the first suitable legislative vehicle to bring forward amendments to the Public Services Ombudsman (Wales) Act 2019 to include the Prisons and Probation Ombudsman in the list of bodies with whom the Public Services Ombudsman for Wales can cooperate in an investigation. • Make representations to the UK Government to extend the role of the Prisons and Probation Ombudsman to enable them to question professional and clinical judgement when exercising their function of investigating complaints about health services in privately-run prisons in Wales. <p>You committed to discussing these matters further with HMPPS, the Public Services Ombudsman for Wales and the Prisons and Probation Ombudsman.</p> <p>5. Please provide an update on your discussions in respect of recommendations 4 and 5.</p>	<p>Initial discussions have taken place with the PPO’s office to scope out the recommendations made by the Committee. The plan is that a working group will be set up to take this work forward in 2022/3.</p>
<p>Use of ICT systems to support information sharing</p> <p>Recommendation 7, which was accepted in principle, asked for details about how Welsh Government would work with partners to promote better communication between justice, health and social care services on prisoners’ release dates and release</p>	<p>Initial discussions have taken place with colleagues in England in the NHS, Public Health England and HMPPS who have also undertaken a similar project, which advised that a full review and change of systems will take approximately two years.</p>

<p>plans, including what roles the PHSCOG and Digital Health and Care Wales might play in this work. In the response, you said that the Welsh Government would work with Digital Health and Care Wales to “explore options for the use of IT systems to support better improved information sharing in this respect”.</p> <p>6. Could you provide an update on the implementation of recommendation 7, including what work has been done to explore options for the use of ICT systems to improve information sharing.</p>	<p>Feedback has been gathered from health partners In Wales on current limitations of the IT infrastructure used in prison healthcare. The Welsh Government is currently assessing this feedback and also the resourcing needed to take this work forward alongside other priorities.</p>
<p>Mental health standards</p> <p>Recommendation 10, which was accepted by the Welsh Government, called for clarity about how progress on the priority in the Partnership agreement in respect of mental health will be monitored, including how the contribution of the new national standards will be assessed and whether the ‘national standard’ approach offers any learning for the approach to the provision of other health or social care within the secure estate in Wales. In your response, you indicated that the intention was to implement the new standards over a period of 12 months, beginning in 2022. You said that, where appropriate, the same indicators would be used to monitor access to services and mental health outcomes in prisons as those being developed for use in the mental health core dataset.</p> <p>7. Please provide an update on recommendation 10, including any implications arising as a result of the delays in the development and implementation of the mental health core dataset.</p>	<p>Welsh Government is currently consulting on the draft Substance Misuse Treatment Framework (SMTF) and draft standards for mental health services for prisons in Wales. The consultation will close on 14 October 2022. We will consider responses to the consultation and then work with health boards and the prisons to start implementing the new standards. As part of the implementation, health boards will be requested to provide regular updates on implementation to the Prison Health and Social Care Partnership Boards, ahead of the wider implementation of the core dataset.</p> <p>The draft core mental health dataset has been circulated to health boards to impact test and to understand which elements are already recorded by health boards and which elements would need to be added. This has helped identify any elements which would be difficult to record. The report on this impact testing has now been received by the NHS Collaborative and we are currently taking this through the relevant governance boards.</p>

	<p>Training for health boards to strengthen the recording and use of individual patient outcomes data continues, although this has also been delayed. This work will support health boards to adapt services to improve patient outcomes.</p> <p>Alongside this, the University of South Wales has been commissioned to work with health boards and other stakeholders to develop outcome measures for mental health services. Welsh Government will receive this report shortly.</p>
<p>Secure in-patient provision</p> <p>Recommendation 11, accepted by the Welsh Government, asked for information about the secure inpatient strategy developed under the revised Together for Mental Health Delivery Plan, including any additional secure bed capacity that would be delivered as a result and how the impact on waiting times would be monitored.</p> <p>In your response to the recommendation, you indicated that an audit of current secure in-patient provision would be completed by October 2021, including recommendations regarding mental inpatient secure services for adults, children and young people. You also committed to developing a secure in-patient strategy for Wales.</p> <p>8. What plans do you have to publish the audit of current secure in-patient provision? If the audit is not going to be published, will you share a copy in confidence with us?</p>	<p>The National Review of Patients Cared for in Secure Mental Health Hospital Making Days Count was published by the National Collaborative Commissioning Unit in April 2022. Welsh Government is currently working with partners to consider and take forward the recommendations from the review.</p> <p>The Welsh Health Specialised Services Committee recently consulted on its Five Year Strategy for Mental Health Specialised Services. The strategy was informed by <i>Making Days Count</i> and includes secure mental health services.</p>

<p>9. Please provide an update on the secure in-patient strategy for Wales, including when it will be published.</p>	
<p>Substance misuse</p> <p>Recommendations 12 and 13 related to substance misuse. Recommendation 12 asked for clarity on the anticipated timescales for the development of the standardised clinical pathway for the management of substance misuse in prisons and the approach to engagement with stakeholders. This recommendation was accepted. In your response, you explained that the aim was for a final draft of the “Treatment of Offenders” Substance Misuse Treatment Framework to be submitted for Ministerial approval by December 2021.</p> <p>Recommendation 13 asked for an update on the Substance Misuse/Mental Health Deep Dive group’s priorities and work plan. This recommendation was accepted in principle. In your response you explained that the Substance Misuse/Mental Health Deep Dive group was updating its work plan, and committed to providing an update, including proposed monitoring arrangements, by March 2022.</p> <p>10. Could you provide an update on the “Treatment of Offenders” Substance Misuse Treatment Framework, including whether it has been approved by Ministers and when it will be published.</p> <p>11. Could you provide an update on the work of the Substance Misuse/Mental Health Deep Dive group, including its priorities and work plan, and how its progress in removing barriers faced by prisoners and ex-</p>	<p>Welsh Government is currently consulting on the draft Substance Misuse Treatment Framework (SMTF) and draft standards for mental health services for prisons in Wales. The consultation will close on 14 October 2022.</p> <p>Following this joint consultation on the two documents, Welsh Government will work with the prisons and health boards in Wales to form next steps and timeframes – based on consultation feedback. We still anticipate that following the consultation the health boards and the prisons in Wales will need to undertake a gap analysis to identify key actions to support delivery. Further support for delivery will also be available for the prisons through other developments, such as the Traumatic Stress Wales initiative and its focus on supporting those in prison who have experienced trauma to access the support and treatment they need.</p> <p>The Substance Misuse/Mental Health Co-occurring Deep Dive Work Plan was updated in January 2022 to provide a clear set of actions on how operational barriers between services may be removed.</p> <p>Over the past 9 months the Deep Dive group has continued to meet quarterly with the aim to improve outcomes for individuals with complex needs. Since September 2021, its membership</p>

<p>offenders with co-occurring substance misuse and mental health issues who are seeking to access support in prison or post-release will be monitored.</p>	<p>has grown to include increased representation from health board mental health colleagues and relevant third sector organisations.</p> <p>The work plan has recently been updated to reflect progress made against a number of areas, ranging from working with practitioners to increase awareness of legal powers to safeguard dependent drinkers, to better understanding the impact of complex needs funding in Area Planning Boards. The meetings have also provided colleagues with the opportunity to strengthen relationships with organisations in receipt of Welsh Government funding, such as the Adverse Childhood Experiences Hub in Public Health Wales and Traumatic Stress Wales, who work with the group on co-occurring issues.</p>
<p>Funding for health care provision</p> <p>Recommendation 22 called on the Welsh Government to work with relevant partners through the PHSCOG to collate, review and publish information about the costs of health care provision across prisons in Wales. The recommendation was accepted. In the response, you explained that information had originally been requested from health boards in early 2020, but that this work had been delayed as a result of the pandemic. You added that you would request an update from the relevant health boards by the end of November 2021.</p> <p>12. Please provide an update on when you expect to be in a position to publish information about the costs of health care provision across prisons in Wales, and how this information will be used to facilitate benchmarking and the sharing of best practice.</p>	<p>Officials will consider how best it will be taken forward and write again to LHBs as we did not want to add to the pressures on them during the 2021/22 Omicron Wave.</p>

<p>National performance indicators</p> <p>Recommendation 24 called for clarity on the timescales within which work would restart on the development of a set of national performance indicators, when the indicators would be in place, and how and when performance against the indicators would be reported and published. The recommendation was accepted, and in your response, you indicated that a draft set of indicators would be developed over the next twelve months, with performance to be reported and published every 12 months thereafter.</p> <p>13. Could you tell us whether the draft indicators have now been developed, when the indicators will be published, and when the first annual report is expected to be published.</p>	<p>The Welsh Government remains committed to this recommendation but acknowledges that the work to develop the indicators has been delayed due to Covid and resourcing limits. However, Officials will consider how best to commence taking this work forward in 2022-23.</p>
<p>Other recommendations</p> <p>In responding to the HSCS Committee report, the Welsh Government agreed to write to the current Committee with updates on recommendations 11, 14, 20 and 23, 24.</p> <p>14. We would be grateful if you could provide updates on those recommendations, including information about actions that have been taken, any planned actions, and, where appropriate, details of associated resourcing, planned timescales, and how the impact and outcomes of actions and spend have been (or will be) evaluated and measured.</p>	<p>Recommendation 8 will be dependent on work to improve IT infrastructure and will therefore be taken forward as part of this.</p> <p>On recommendation 14 the Welsh Government commissioned review of pharmacy services in prisons in Wales by the Royal Pharmaceutical Society has now concluded. The recommendations from the review are being considered by officials, including the benefits of establishing an expert advisory group for medicines and the role of the All Wales Medicines Strategy Group. Officials will write to the Sixth Senedd committee with responsibility for prison health care following the review of the report findings.</p>

<p>15. Please also provide an update on progress in implementing any recommendations in the report not covered elsewhere in this request (recommendations 8, 15, 21 and 26).</p>	<p>In relation to recommendation 15, the All Wales Dementia Care Pathway of Standards has been published. This work has been led by Improvement Cymru as part of the Dementia Care Programme and directed by the requirements of the Dementia Action Plan for Wales, and overseen by the Welsh Government Dementia Oversight Implementation and Impact Group (DOIIG). Each of the new standards applies to those people being assessed, diagnosed and living with dementia. One of the standards relates to Dementia Care Mapping: Organisations and care settings providing intensive dementia care will provide the framework and structure for Dementia Care Mapping (DCM) to become routine practice, supporting clinical reasoning and decision making. Mental health DCM services will offer DCM support to acute care, prisons and care homes settings.</p> <p>In relation to Recommendation 20 we continue to take action to build sustainable access to social care in Wales, irrespective of the setting. This includes the WeCare.Wales national recruitment campaign and the promotion of social care as a valued career across multiple media platforms.</p> <p>Alongside this, Welsh Government has prioritised delivery of the Real Living Wage for social care workers, a key commitment of our Programme for Government. Creating a stronger and better-paid workforce is key to delivering better services, and that the Real Living Wage provides an important starting point for improved terms and conditions for social care workers. We remain committed to working through the Social Care Fair Work Forum to identify and deliver workable solutions in the medium and longer terms.</p>
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	<p>Recommendation 21 will need further consideration and has not been progressed due to other priorities. A needs assessment of health care needs in prisons to look at the health care needs on this issue will be considered. Once undertaken, consideration will be given on how best to present this back to the UK Govt (MoJ).</p> <p>Action on recommendation 23 is aligned to parallel actions under recommendation 6.</p> <p>On recommendation 26 this has been delayed due to Covid and resourcing limits but officials are now in contact with Public Health Wales on it.</p>
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**Health and Social Care
Committee**

Alexandra Howells
Chief Executive
Health Education and Improvement Wales

Sue Evans
Chief Executive
Social Care Wales

14 July 2022

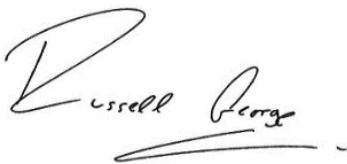
Dear Alexandra and Sue

Mental health workforce plan: update

The Health and Social Care Committee is currently holding an inquiry into mental health inequalities. During our inquiry, a number of issues have emerged in relation to the mental health and wider workforce.

To inform our work, we would welcome an update on the development of the mental health workforce plan for health and social care. We would be grateful if you could respond to the issues raised in the annex by **1 September 2022**.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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

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Annex: request for written evidence

The [Health and Social Care Committee](#) is currently holding an inquiry into mental health inequalities. The evidence we have gathered during the course of our work is available on the [inquiry webpage](#).

A number of issues are emerging in relation to the health and social care workforce, including concerns about lack of capacity, the wellbeing of the mental health and wider workforce, and a lack of awareness and training in relation to equality and diversity issues.

Following your recent [consultation](#) on a mental health workforce plan for health and social care, we would be grateful if you could provide an update on the development of the plan, including:

1. How the plan will help to address mental health inequalities, including the issues outlined above.
2. How this plan, and the broader [Workforce Strategy for Health and Social Care](#) (October 2020), will ensure that the mental health (and wider) workforce is more representative of the diverse communities it serves.
3. When the plan will be published, and whether you are willing to share an advance copy with us in confidence.
4. Which aspects of the plan you anticipate being prioritised for implementation.
5. What assessment has been made of the staff and financial resources required to deliver the plan, and whether sufficient resource is available.
6. How progress on delivery of the plan will be measured and reported.

We would be grateful to receive your response by **1 September 2022**.

**Addysg a Gwella Iechyd Cymru (AaGIC)
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Our Ref: AH/SE/cw

Date: 18 August 2022

Russell George MS
Chair
Health & Social Care Committee

Sent via email: SeneddHealth@senedd.wales

Dear Mr George

MENTAL HEALTH WORKFORCE PLAN: UPDATE

Thank you for your letter dated 14th July 2022. We are pleased to provide a response to the questions raised by the Committee and to update you on progress in developing a Strategic Mental Health Workforce Plan for Wales.

It may be helpful for us to share some context for the development of the Workforce Plan. Together for Mental Health (T4MH) made a commitment to develop a Strategic Mental Health Workforce Plan which we subsequently prioritised as an action within the broader Workforce Strategy for Health and Social Care which was published in October 2020. In our view the case for change was already clear, and we were keen to contribute to the development of a sustainable workforce which can respond effectively to people's mental health needs across the continuum of care.

We started to develop the plan in the Autumn of 2020 and began with a large-scale virtual engagement and listening exercise with a range of stakeholders including those with lived experience of mental health, our workforce, local authorities, professional bodies, Health Board, third sector partners and care providers.

A two-phase approach was agreed with Welsh Government:

- Phase 1: a plan of work to respond to urgent workforce priorities.
- Phase 2: a longer-term plan for the Mental Health workforce with a focus on enhancing the role of the wider workforce, recruitment and retention in key roles, and developing an agile workforce to respond to changing mental health needs.

We are pleased that we received nearly 300 written responses to the consultation and reached a significant number of people through consultation events and via social media. People with lived experience of mental health (as an individual, carer, or family member) contributed significantly to the consultation. There was strong support for the actions which have been informed by evidence, best practice and the engagement process.

1. How the plan will help to address mental health inequalities, including the issues highlighted during the inquiry

Developing the plan has been a complex task, requiring us to consider the broad range of professionals, services and settings who interact with people who have a mental health need.

At the outset of the development of the plan, we recognised that there is a clear link between workforce and access, where gaps in the workforce can lead people experiencing difficulties in accessing care.

The demand for mental health services is increasing and the pandemic will be a contributory factor. We have referenced a range of demand factors within our plan which are, in the main, driven by wider determinants of health including societal and economic factors as well as an ageing population. Addressing these broader factors is beyond the scope of a workforce plan but we have focussed on the key workforce supply factors that we can influence either directly through our statutory functions, or in partnership with employers across health and social care.

Supply side actions include expanding the training and education pipeline, focussing on attraction and recruitment; retention strategies and reshaping roles to develop people's skills and competencies and opportunities to develop along a career pathway. Not all of these will be in our direct control; for example, workforce retention will be largely driven by employers but as the strategic workforce organisations in Wales we can support employers in fulfilling their roles.

There is a golden thread running throughout the plan around the importance of wellbeing, inclusion and Welsh language. Rather than these being separate action points, these are now woven through the actions set out within the plan.

The plan has been designed to drive change and improvements in how we develop, value and support both our specialist mental health workforce and the wider health and social care workforce. Creating a culture of inclusion, fairness and equity across our workforce is central to the Plan and whilst it is specifically focussed on workforce rather than service development, it is designed to support implementation of Together for Mental Health.

Our ambition in the workforce strategy for health and social care, directly translates into this strategic mental health workforce plan. The actions in this plan will come together to deliver a motivated, engaged and valued, health and social care mentioned health workforce, with the capacity, competence and confidence to meet the needs of the people of Wales.

Specifically,

- To have a workforce with the right values, behaviours, knowledge, skills and confidence to deliver evidence-based care, and support people's wellbeing as close to home as possible.
- To have a workforce in sufficient numbers to be able to deliver responsive mental health services across health and social care that meets the needs of the people of Wales.
- To have a workforce that is reflective of the population's diversity, Welsh language and cultural identity.
- To have a workforce that feels valued and is valued.

In response to the specific issues raised, the following section provides a brief summary of the key actions:

Capacity

There are a number of actions to improve capacity in mental health services. Examples of these are:

- **Action 1** - Increase the annual commissioning of education and training numbers related to the specialist mental health workforce for the next three years
- **Action 5** - Develop and implement plans to ensure that there is an appropriate supply of trained professionals to undertake new and existing statutory roles.
- **Action 13** - Develop a targeted attraction campaign programme for the mental health workforce, supported by [Train Work Live](#) and [We Care Wales](#).

- **Action 26** – Review qualifying and post-qualifying training for social workers to encourage greater specialism and take up in mental health.

Wellbeing of the mental health and wider workforce

The plan includes actions to improve the wellbeing of the mental health and wider workforce. Examples of these are:

- **Action 9** - Establish a national support service for the mental health workforce
- **Action 10** - Identify, train and support a network of mentors which will be hosted on 'Gwella' to provide consistent and agreed standards for mental health staff mentoring.
- **Action 17** - Develop and roll out mental health literacy training for the health and care workforce, to provide more seamless support for physical and mental health.

Awareness and training in relation to equality and diversity issues

The Workforce Strategy for Health and Social Care identified three fundamental principles: wellbeing, inclusion and the Welsh language. Instead of forming separate themes these fundamental principles underpin each of the seven themes as they are a critical element that contribute to the approach to implementation of every action in the Strategy. We have adopted a similar approach in developing this Plan with an expectation that the fundamental principles would be woven through all of the implementation plans as a 'golden tread'. This will ensure that every action will be implemented with a focus on wellbeing, inclusion and Welsh language.

It is important to recognise that employers (Health Boards, Local Authorities and third/private social care providers) have a key role in ensuring that they have local mechanisms in place to address equality and diversity issues including the provision of statutory and mandatory training and other actions that enable them to meet statutory responsibilities. In fulfilling our leadership development role, we will ensure that equality, diversity and inclusion are included as core topics and areas of focus for all our leaders and to continue to promote compassionate and collective leadership. Alongside employers across health and social care, we will review how to best utilise the Cultural Competence Certification Scheme developed by Diverse Cymru.

2. How this plan, and the broader Workforce Strategy for Health and Social Care (October 2020) will ensure that the mental health (and wider) workforce is more representative of the diverse communities it serves.

As outlined above, both the Workforce Strategy for Health and Social Care and the Mental Health Workforce Plan contain actions that are underpinned by three fundamental principles which include Welsh language and inclusion. By adhering to these principles during the implementation phase, both Strategy and Plan will help to ensure that the mental health (and wider) workforce is more representative of the diverse communities it serves. Through our governance arrangements we will ensure that the fundamental principles will underpin any actions that are implemented within the broader Strategy and the Workforce Plan.

Within HEIW, we are pro-actively addressing inclusion through our Strategic Equality Plan and our commissioning levers to effect change. We have a programme of work to review all educational contracts. In phase 1 (which focussed on undergraduate provision), we re-commissioned all contracts with Higher Education Institutions and have built in content and clauses that specifically focus on inclusion. An example of this is addressing a specific concern about gaps in Welsh language educational provision which has resulted in us awarded new contracts that have expanded the ability for students to be educated through the medium of Welsh, thereby securing a future pipeline of Welsh speaking nurses. Phase 2 of the programme is focussing on a similar approach with our postgraduate provision.

HEIW also has a Differential Attainment Programme Board which is intended to implement a fair training culture by designing and delivering workshops that focus on developing a diverse workforce for diverse patient groups. Differential attainment is defined by the GMC as the gap between attainment levels of different groups of doctors. We have delivered a series of webinars for circa 450 trainees and trainers across Wales.

As part of implementation of our Strategic Equality Plan (SEP), HEIW continues to engage with external partners to provide an impartial review of our policies and practices to ensure alignment with national standards in respect of equality, diversity and inclusion. We are taking forward a range of actions in respect of Workforce Diversity. As an example, our Professional Support Unit is recruiting trainee Inclusion Champions from medical and dental speciality programmes. These champions will lead in promoting compassionate values & behaviours and promote a culture of inclusivity for new and existing trainees.

In respect of the Workforce Strategy for Mental Health, one of our key actions is to introduce a peer support model into Wales. Peer support is generally understood to be a relationship of mutual support where people with similar life experiences offer each other support especially as they move through difficult or challenging experiences. Introducing this model into Wales should help to improve awareness of the needs of individuals helping to promote a culture of inclusivity.

Social Care Wales Strategic Equality Plan has been founded on strong engagement with key partners, stakeholders and wider community based representative groups to ensure that our objectives reflect the views of the public we aim to protect. As an organisation we assess the impact of all our work against both language and equality standards and have recently obtained recognition as a disability confident organisation.

Our professional pathway for social work has clear objectives around language provision and this is monitored through the annual quality assurance process and programme governance of the qualifying and post qualifying requires representation from service users and unpaid carers to ensure that the voice of those with lived experience is key to the development and delivery of programmes. This extends to some teaching input to extend the impact that those with a lived experience can have on the development of our future workforce.

As part of the Mwy na Geiriau action plan, we are committed to improving the data and profiling of all education programmes relevant to social care so we can better resource and target areas requiring improvement. We have already focussed on the need for more Welsh Language speakers in our We Care Wales attraction campaign as well as a focus on the need for more males in the workforce.

In summary, as system leaders our role is to improve awareness and help to embed equality and diversity across the wider health and care system. We can support employers through our leadership development function, but ultimately there is an onus and responsibility on them to ensure that equality, diversity and inclusion is considered as an essential element of local plans.

3. When the plan will be published, and whether you are willing to share an advance copy in confidence

We finalised the plan in June 2022, and it was submitted to Welsh Government and also shared with the Ministerial Oversight and Delivery Board chaired by the Deputy Minister.

The Plan is available on our website [Mental Health - HEIW \(nhs.wales\)](https://www.nhs.uk/health-equality-inclusion-wales/) and we are planning a more formal launch in the Autumn.

4. Which aspects of the plan you anticipate being prioritised for implementation

We are working with the Welsh Government to consider the implementation options, prioritisation and funding and these discussions are ongoing.

The final plan shaped through the engagement and consultation phases contains 33 key actions across each of the 7 themes of our Workforce Strategy.

Some actions within the plan that can be taken forward without the need for significant additional resource or where pump priming monies can be used to develop pathfinders to develop or test new models.

A critical element of the plan relates to the need to invest in expanding the education and training pipeline of professionals (Nursing, Allied Health Professionals, Psychology and Physician Associates) so that it better reflects the demand coming through from Health Board Integrated Medium Term Plans. We are proposing a 20% increase in nurse training places so that by the end of the current education and training cycle (2025/26) we will have increased the number of nurses being trained by 75% above the 2019 baseline. We are proposing a 10% increase in Occupational Therapists (who are the largest Allied Health Professional within Mental Health services); continued increase in the number of Psychologists including testing a new model of Clinical Associates in Applied Psychology (CAAP) as well as increasing the number of Physician Associates.

This is the most resource intensive element of the Plan and we have identified this within the HEIW annual Education & Training Plan which was submitted to Welsh Government at the end of July. These increases are proposed to address critical workforce gaps in the service, and to ensure that we have the right number of people within the workforce to respond to increases in demand for services into the future.

A key theme that came through the consultation was the need to invest in leadership development across the health and social care workforce and to also supporting ongoing educational activities that develops and enhances workforce skills and models (such as effective mentoring, supervision, development programmes and ongoing CPD). To that end, we are keen that there is funding that is specifically earmarked to ensure that we are responding to the specific needs of the mental health workforce. This investment will pay dividends if used as part of a broader package that demonstrates a real commitment to our workforce that will support recruitment and also retention.

Finally, there are elements of the plan that relate to the delivery of national policy or legislative changes (such as preparing for the introduction of changes to the Mental Health Act and Liberty Protection Safeguards).

5. What assessment has been made of the staff and financial resources required to deliver the plan and whether sufficient resource is available

Each action has been assessed in terms of the resource requirement. We have identified that some actions can be progressed with no or limited additional resource or where funding can be provided to pump prime actions. HEIW and Social Care Wales remain committed to prioritising mental health within our core resources allocations where possible.

However, many of the actions will require additional resourcing and we have shared an assessment of these for Welsh Government consideration. Most actions align fully with Welsh Government policy priorities and/or priorities that have been identified as requiring investment in education and training which have been included in the Education and Training Plan. We hope that as part of the prioritisation of policy resources identified for Mental Health that funding can be provided for implementation of the Workforce Plan – but we do understand that the plan does need to be considered by the Welsh Government in the context of other workforce priorities.

6. How progress on delivery of the plan will be measured and reported.

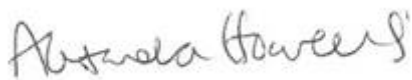
We are currently reviewing governance arrangements recognising that these may need to be adjusted as we move from planning to implementation. We will continue to work jointly, as Health Education Improvement Wales and Social Care Wales and to develop close working arrangements with employers across the health and social care sector. As well as ensuring a robust programme management approach to implementation of the actions we intend to develop a benefits realisation plan that sets out a series of measures that we can track benefits of any additional investment.

We will ensure through our respective Boards that there is an effective assurance mechanism in place as part of our delivery arrangements. As a minimum, we will ensure that there is an annual report on progress made publicly available and scrutinised via our Boards.

Our web-pages are currently being developed and will hold public facing material to highlight our progress.

I hope this response assists the Committee in its Inquiry and we would be happy to provide further information if required.

Yours sincerely



ALEXANDRA HOWELLS
CHIEF EXECUTIVE
HEIW



SUE EVANS
CHIEF EXECUTIVE
SOCIAL CARE WALES

Agenda Item 8

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

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