

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee room 5 Tŷ Hywel and video conference via Zoom	Helen Finlayson Committee Clerk
Meeting date: 29 June 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 the Welsh Ambulance Services NHS Trust: evidence session with the Welsh Government's preferred candidate**
(09.30–10.30) (Pages 1 – 38)
Colin Dennis, Welsh Government's preferred candidate for the role of Chair of the Welsh Ambulance Services NHS Trust

Research brief
Paper 1 – Pre-appointment hearing questionnaire
Paper 2 – Application form
Paper 3 – CV
Paper 4 – Welsh Government briefing
Paper 5 – Information pack for candidates
- 3 Paper(s) to note**
(10.30)



- 3.1 Letter from Chair, Petitions Committee to the Chair regarding P-06-1250
Open a full hospital facility, including an A&E department in mid Wales
(Pages 39 – 42)**
- 3.2 Letter from the Equality and Human Rights Commissioner to the Chair
regarding the experiences from health and social care: the treatment of lower
paid ethnic minority workers
(Pages 43 – 44)**
- 3.3 Letter from the Chair to Professors Kirby and Thapar with follow up questions
after the mental health inequalities inquiry evidence session on 8 June 2022
(Pages 45 – 46)**
- 3.4 Response from Professor Kirby regarding follow up questions after the
mental health inequalities inquiry evidence session on 8 June 2022
(Pages 47 – 48)**
- 3.5 Response from Professor Thapar regarding follow up questions after the
mental health inequalities inquiry evidence session on 8 June 2022
(Pages 49 – 50)**
- 3.6 Letter from the Minister for Health and Social Services to Chair, Legislation,
Justice and Constitution Committee regarding a meeting of the Inter-
Ministerial Group for UK Health Ministers
(Page 51)**
- 3.7 Letter from the Deputy Minister for Mental Health and Wellbeing to the Chair
regarding the launch of a consultation on Healthy Food Environment and
ending the sale of energy drinks to children
(Pages 52 – 55)**
- 3.8 Letter from Russell George MS, Chair, Cross Party Group on Medical Research
to the Minister for Economy with follow up questions from the meeting on 27
April 2022
(Pages 56 – 57)**
- 3.9 Response from the Minister for Economy to Russell George MS, Chair, Cross
Party Group on Medical Research regarding follow up questions from the
meeting on 27 April
(Pages 58 – 61)**

- 3.10 Letter from the Chair to Public Health Wales with follow up questions after the mental health inequalities inquiry evidence session on 19 May 2022**
(Pages 62 – 63)
- 3.11 Response from Public Health Wales regarding follow up questions after the mental health inequalities inquiry evidence session on 19 May 2022**
(Pages 64 – 69)
- 4 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting**
(10.30)
- 5 Pre-appointment hearing for the Chair of the Welsh Ambulance Services NHS Trust: consideration of evidence**
(10.30–10.40) (Pages 70 – 74)
Paper 6 – draft report
- 6 Scoping paper – Digital Healthcare Wales**
(10.40–10.45) (Pages 75 – 79)
Scoping paper
- Break (10.45–11.00)**
- 7 Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment: private informal stakeholder engagement event**
(11.00–12.30) (Pages 80 – 108)
Research brief
Information for participants

Document is Restricted

Pre-appointment hearing: Chair of Welsh Ambulance Service NHS Trust

Pre-appointment questionnaire

June 2022

BACKGROUND

You are being asked to complete this questionnaire because you are the Welsh Government's preferred candidate for the post of Chair of the Welsh Ambulance Service NHS Trust.

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 X 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 the Welsh Ambulance Service NHS Trust?

Having previously served as a non-executive director of an NHS acute hospital trust, being brought up as a child in an "NHS family", having been the recipient of excellent NHS care personally on a number of occasions and having spent 7 years as chair of a Local Authority Social Care provider – I have a deep interest and respect for the NHS and I continue to want to be involved in the service, believing I have something to contribute in a non-executive/Chair capacity.

Having just stepped down at the end of my term from the Chair of the Local Authority owned Social Care provider, I have time to devote to another significant role in the wider NHS and this opportunity has arisen at a most opportune time.

My executive and non-executive career has been heavily focused on regulated sectors with delivering performance improvements alongside culture change as the dominant features and I hope that experience can be of use in this non-executive Chair role particularly when considering my understanding of the special issues facing all ambulance services and their unique position and inter-dependencies within the wider NHS system.

Also, much of my non-executive experience in previous Chair roles has been managing complex stakeholder relationships in politically sensitive environments and working with partners, which I believe is an essential part of this important role – particularly as performance of the ambulance service is so intrinsically linked to the performance of all other components of the wider NHS system.

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

Over that last 30 years I have built up relevant experience in both executive, non-executive and Chair roles in related and highly regulated sectors, which I believe will be helpful in this appointment.

I have strong governance experience, helped greatly by the training and experience provided by the NHS in my first non-executive role on an acute hospital board and further significant Chair experience of leading boards in large scale, complex, social purpose settings.

As identified in the section above, I have significant regulated executive experience over 3 decades in different sectors which I believe is helpful to assisting boards and executive teams to navigate the challenges of regulated environments.

I have over 20 years practical senior executive experience including CEO roles which I believe can be helpful as a non-executive Chair, in guiding and advising the CEO and executive team in delivering their objectives. This is particularly the case in relation to finance, HR, performance management, IT, regulation, governance and stakeholder management. While the non-executive team are not involved in day-to-day operations, their experience and learning can be a useful aid to the executive team.

Having served as non-executive independent Chair of a complex social care provider and on an NHS board I have a good understanding of the complex inter-dependencies within the wider NHS system and understand the importance of collaborative working, supporting the wider system and working to better integrate care providers.

While issues concerning the working relationships within the wider political setting are addressed in questions below, in relation to this question – I do have significant experience of working with Council elected members and officers in several different settings and while that is at English Local Authority level, I believe it is good experience to prepare me for this larger role working with Senedd members.

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

1. Strong well respected effective and efficient governance processes
2. Strong purposeful presence within the wider NHS system
3. Demonstrable improvements in service levels

4. How will you work with health boards, NHS trusts, special health authorities, Welsh Government, local authorities and social care partners?

The first step is to understand the local dynamics, build personal relationships and to understand the pressure and tensions within the system.

Regular attendance at appropriate committees, meetings and events to ensure the ambulance service issues are well reported and understood across the system.

Working to build a relationship based on trust, openness and integrity while not avoiding the difficult issues and recognising the cross dependencies.

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

Good governance demands an open and honest approach which includes a significant focus on patient voice and on service quality measures.

I would work to ensure the Board continue to hear the patient and other partner voices through formal board agenda items, open meetings, involvement across the NHS system and informal contact.

As Chair I would encourage Board members (executive and non-executive) to face issues openly and encourage non-executive members to take opportunities to meet regularly with colleagues, patients and stakeholders to better understand the issues and complexities they face.

Personally, I would invest time to establish the wide relationships necessary to maintain strong communications between all parties and to reinforce mutual respect, understanding and co-operation.

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

As above, I would invest time to build relationships of mutual trust and respect with members and committees ensuring an open and honest approach, working to deliver high quality governance oversight and representing the Ambulance service wherever necessary.

As Chair I recognise the privileged position of trust that is given by both Board members and Senedd members in the role and would work to always fairly and openly address issues with all parties and to maintain appropriate communications and feed-back.

I have considerable experience of working with elected members in a variety of local authority settings in England which I hope will serve me well in working with the more significant devolved government in Wales.

Statement to support application for Chair, Welsh Ambulance Service

I am submitting my application for this important Chair role as I believe my extensive executive and non-executive experience would equip me for this appointment.

I can offer very considerable culture change experience over 3 decades in complex highly regulated environments and specific experience as a non-executive in the NHS combined with Chair experience in the social care, housing and commercial sectors.

In addition to culture change and organisational development experience I have a strong track record of leading commercial entities to overcome historical legacy issues to regain regulatory compliance, quality service provision and long-term financial stability.

I am highly financially literate, with extensive experience of leading boards through complex IT modernisation and digitalisation process to deliver operational efficiencies and effectiveness.

My CV provides evidence of this highly successful career over a 30-year period, leading large scale nationwide culture change programmes in highly regulated sectors together with the financial acumen and commercialism to lead, create and develop large scale commercial organisations.

Since early retirement in 2015, my CV demonstrates a successful non-executive career in the NHS, Social Care and Social Housing sectors as well as other commercial NED and Chair roles in service delivery arms-length organisations owned by local authorities. This successful experience demonstrates my ability to work within complex multi-stakeholder environments and to balance the need to deliver service quality and financial discipline.

In the recruitment information the following specific “person specification” items were listed and I provide brief evidence for each below:

- An excellent communicator with strong strategic leadership skills, with a significant record of achievement at the highest levels in the public or private sectors;
 - Executive Director experience in well-known UK financial services including Norwich Union & Britannia Building Society
 - Executive Chairman in a large and complex aviation group
 - Non-Executive Chair of one of the UK’s largest social housing groups
 - Non-Executive director in a UK Government NDPB, the NHS and Local Authority delivery vehicles
- Ability to provide systems leadership and to work with Health Boards, Trusts, Special Health Authorities, Welsh Government, community groups, patients, and other stakeholders to develop and drive forward the strategic vision.
 - As above
 - While an NED at an acute NHS Trust I provided NED link between the acute trust and other health partners in the development of transformation & sustainability plans leading to integrated care
- Ability to lead, inspire and motivate the Board of a major national organisation, delivering robust Board level governance and accountability, and developing executive and Board performance
 - As above
 - As Chair of a Dorset LATCo, I led the creation of the unitary board at launch, established the governance processes and systems, recruited the executive team and thereafter led the organisation for 7 years.

- An excellent understanding of governance and an ability to ensure that the Board works cohesively and actively engages in transparent decision-making.
 - As the long-standing Group Chair of Citizen Housing, I have led the major governance changes to bring the group into full compliance with the regulator's requirements and the UK Governance code, leading the organisation through 2 routine 4 yearly regulator in-depth assessments (2018 & 2022) gaining the highest regulator governance rating (G1) each time.
- An understanding of, and commitment to, equality, diversity and inclusion.
 - In my role as Group Chair of one of the UK largest social housing providers I have led the diversification of the Board and executive team to deliver a multi-skilled and multi-cultural team in line with the National Housing Federation recommendations and in line with the Governments legislative requirements.
- Espouse and promote the highest standards of conduct at Board level in line with the Seven Principles of Public Life (Nolan Principles) and adopted values of the Trust.
 - My CV in both executive and non-executive roles highlights my many years of experience, only deliverable by maintaining the highest standards throughout that time.
- Ability to provide a knowledgeable, impartial, and balanced perspective on a range of sensitive and complex issues.
 - Experience as a NED in an NHS Trust under extreme stress and difficulty, combined with my extensive experience of Chairing boards in complex government and local authority control, the ability to provide balance and perspective to stakeholders, service users and colleagues has been a repeated requirement.
- Ability to show an appreciation of bilingualism and culture, and a commitment to promoting and mainstreaming of the Welsh language.
 - Not a Welsh speaker I am a strong supporter of localism and of maintaining national identities and this includes supporting national languages. While working in Cornwall as Chair of the Cornwall Council's arms-length delivery services, I was a strong supported of maintaining the Cornish identity through the use of the Cornish language

I hope that you will find my application of interest.

Colin Dennis

April 2022

CURRICULUM VITAE

Colin Dennis MA BSc (Hons)



Telephone: [REDACTED]

NI Number [REDACTED]

e-mail: [REDACTED]

An experienced Non-Executive Chair and board member in the Health, Social Care and Social Housing sectors, with a former executive career in MD and CEO roles in highly regulated, customer focused, complex, multi-stakeholder environments.

Combining practical non-executive experience from the board of an acute hospital trust, and Group Chair experience in a County-wide adult social care and reablement service provider, leading strategic planning, service integration, governance improvement and operational transformation (including digitalisation, modernisation and OD).

An inclusive, effective, forward-looking, motivational Chair with successful experience in working within group structures, partnerships, multi-stakeholder environments and publicly accountable organisation and bringing a practical understanding of the governance processes within the NHS.

Commercially astute, IT and financially literate, with a 25+-year successful commercial & entrepreneurial career in Director, MD, CEO & Executive Chairman roles, in highly regulated sectors, with a track record of working effectively with regulators from different sectors to create compliant, well governed and commercially successful organisations.

Significant executive and non-executive experience in delivering strategic objectives, building effective unitary boards, managing risk, meeting financial and operational targets and building stakeholder/shareholder confidence in politically sensitive environments.

Current NED Chair appointment

2016 – to date **Group Chair, Citizen Housing Group – RSH regulated**
Chair Citizen Treasury plc

One of the UK's largest social housing providers with a strong tradition of providing specialist housing and support services to the elderly, individuals with learning difficulties, drug and alcohol addictions, refuges, young people hostels, the homeless and recently released offenders alongside traditional social housing across the West Midlands, Worcestershire, Herefordshire and Gloucestershire.

Previous NED Chair, Health & Social care experience

2015 – 2022 **Chair, Tricuro Adult Social Care – CQC regulated**

A complex Dorset wide provider of adult social care services owned by the local authority. Appointed at its launch to create the governance and executive structure to deliver the strategic outcomes required. Led the transformation services to meet The Care Act. Now providing specialist end of life, dementia, complex care in residential settings; county-wide NHS reablement services, domiciliary care, supported living and day services.

2016 – 2018 **Group Chair, Corserv Group - CQC & RSH regulated**

A complex group of Cornwall Council owned service delivery vehicles (arms- organisations). Appointed at launch of the group to establish sound governance, group oversight and culture change. Led the development of Cornwall Care along side other group companies including Cornwall Housing.

2015 – 2017 **Non- Executive Director, Kettering General Hospital NHS FT – CQC regulated**

A large and complex acute general hospital with an annual income of over £260 m, serving a population of 300,000, partnering with other health care providers in primary, emergency and specialized services. Served on the Main Board, the Board's Performance Committee and acted as Board Champion for Health and Safety.

Other Chair & NED experience

- 2015 – 2017 **Chair, Gloucester Airport Ltd – CAA regulated**
Appointed by the local authority shareholders to lead the cultural change needed to ensure regulatory and legislative compliance, a strong health and safety culture and to lead the commercial development of this significant site with both aviation and large-scale commercial development opportunities. Led the reorganisation of executive team, governance processes and financial structure to deliver the strategic outcomes required.
- 2015 - 2016 **Non- Executive Director, Merlin Housing, Gloucestershire – RSH regulated**
A registered provider of over 8000 homes with a strong social purpose.
Appointed to bring commercial and customer focus experience together with regulator relationships and governance experience.
- 2007 – 2010 **Non- Executive Director, UK Government NDPB**
This former agency was a part of the Department for Education and Science, providing oversight of teacher training through universities and responsible for maintaining teacher numbers across the UK.
Appointed by the Sec of State for Education to provide commercial and customer focus skills to the board alongside governance and commercial skills.

Executive (regulated) commercial Career

- 2005- 2015 **Group CEO & Executive Chairman, RVL Aviation Group**
A complex group structure providing highly sophisticated and technology driven aviation services including engineering, modification and operation of heavily modified aircraft from Boeing 737 to specialist covert operations airframes throughout Europe, Africa and the USA.

Appointed as Group CEO in 2005, led an MBO in 2007 to become the major shareholder and sold to an equity investor in 2015.
- 2000 - 2005 **Group MD, Lasham Estates Hampshire**
A not-for-profit social enterprise owning a 600-acre airfield estate providing commercial jet maintenance alongside facilities for commercial and private aviation, leisure, storage & logistics, light engineering & manufacturing, together with agricultural tenancies.

Appointed to lead the governance and financial re-structure to ensure continuing regulatory compliance and to build a strong commercial and customer focused operation.
- 1986 - 2000 **UK Financial Services Sector**
- 1994 - 2000 **Britannia Building Society, Executive Director - regulation**
- 1989 – 1994 **Norwich Union Insurance, MD Direct Sales**
- 1986 – 1989 **Confederation Life, Marketing Director**

Principle qualifications:

B.Sc. (Hons) Biology & Psychology.	Exeter University
Diploma of Education.	University of London
M.A (Psychology of Education).	University of Kent
Private & Commercial pilot license	CAA / EASA
Flight Instructor license	CAA / EASA

References:

Kevin Rodges, CEO Citizen Housing Group
 [REDACTED]
 [REDACTED]
 [REDACTED]

John Cresswell, Senior Independent Director,
 [REDACTED]
 [REDACTED]
 [REDACTED]



Llywodraeth Cymru
Welsh Government

Information pack for applicants

**Welsh Ambulance Service NHS
Trust**

Appointment of Chair

Closing date: 16:00, 25 April 2022



**The Commissioner for
Public Appointments**

Welsh Ambulance Service NHS Trust

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Making an application

Thank you for your interest in the appointment of a Chair to Welsh Ambulance Service NHS Trust. The attached Annexes provide details on the role of Chair and the person specification, the role and responsibilities of Welsh Ambulance Service NHS Trust 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 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 a matter for you. However, you should aim to provide detailed examples which demonstrate how your knowledge and experience matches each of the criteria, and which describe what your role was in achieving a specific result. Examples provided could be examples of things you have done in your personal life and do not necessarily need to be related to a job or role you have performed. It will also benefit the selection panel if you can be clear which criteria the evidence you provide relates to. Providing separate paragraphs in relation to each criterion is common practice.

Please limit your personal statement to a **maximum of a 1000 words**. Your application may be rejected if you exceed this limit.

CV

Your CV should be no more than **3 pages**. It should include brief details of your current or most recent posts and the dates you occupied these roles. Please identify any past or present Ministerial appointments.

References

Please provide two referees (employer and personal) who will be contacted for successful candidates only.

Indicative timetable

Closing date:	16:00, 25 April 2022
Shortlisting:	w/c 2 May 2022
Interviews:	w/c 23 May 2022
Commence in post:	1 October 2022

Welsh Ambulance Service NHS Trust

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.

We are committed to the employment and career development of disabled people. If you would like a guaranteed interview, please contact the Public Appointments Unit at 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 Unit 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 or applying for the role, please contact:

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

For further information regarding the role of Chair to the Welsh Ambulance Service NHS Trust, please contact:

Diary Secretary, Director General, Health and Social Services/NHS Wales Chief Executive, Welsh Government
Email: DStoDGforHealthandSocialServicesChiefExecutiveNHSWales@gov.wales

Welsh Ambulance Service NHS Trust

Trish Mills, Board Secretary, Welsh Ambulance Service NHS Trust

Tel: [REDACTED]

Email: [REDACTED]

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

Appointment of Chair of the Welsh Ambulance Service NHS Trust

Role description

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 Wales.

The Chair of the Welsh Ambulance Service NHS Trust will:-

- **Develop a Strategic Vision** for the Trust and its services, identifying and realising the inherent potential and skills within the organisation to develop an innovative and world leading service;
- **Provide strong, effective and visible leadership** across the breadth of the Trust's responsibilities, internally through the Trust and externally through their connections with a wide range of stakeholders and partners at a national level, the community, local authority and NHS organisations;
- **Ensure the Board collectively articulates and realises** the strategic aims of the Trust through appropriate delivery plans and governance arrangements;
- **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 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 Health Boards, NHS Trusts, Special Health Authorities, local authorities, the third sector and social care partners, to ensure the planning and delivery of safe, effective services;
- **Provide the assurance and governance for the proper stewardship of public money and other resources** for which the Board is accountable;
- **Provide the assurance for ensuring that the Board is governed effectively** within the framework and standards set for the NHS in Wales;
- **Undertake an external ambassador role**, delivering in the public spotlight and instilling public confidence.

Welsh Ambulance Service NHS Trust

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.

Person Specification

The Trust is looking for some specific skills for this appointment and the Chair will demonstrate the following qualities:

Essential

- An excellent communicator with strong strategic leadership skills, with a significant record of achievement at the highest levels in the public or private sectors;
- Ability to provide systems leadership and to work with Health Boards, Trusts, Special Health Authorities, Welsh Government, community groups, patients, and other stakeholders to develop and drive forward the strategic vision.
- Ability to lead, inspire and motivate the Board of a major national organisation, delivering robust Board level governance and accountability, and developing executive and Board performance
- An excellent understanding of governance and an ability to ensure that the Board works cohesively and actively engages in transparent decision-making.
- An understanding of, and commitment to, equality, diversity and inclusion.
- Espouse and promote the highest standards of conduct at Board level in line with the Seven Principles of Public Life (Nolan Principles) and adopted values of the Trust.
- Ability to provide a knowledgeable, impartial, and balanced perspective on a range of sensitive and complex issues.
- Ability to show an appreciation of bilingualism and culture, and a commitment to promoting and mainstreaming of the Welsh language.

Desirable

- An understanding of health issues and priorities in relation to the Welsh Ambulance Service NHS Trust and the wider health system in Wales.
- Exposure to transformational organisational change and digital solutions in the public or private sector.
- An understanding of risk management, and systems of internal control and assurance.

Welsh Language

Welsh language skills are desirable but not a pre-requisite for appointment. However, all candidates will be expected to display an empathy towards the language and demonstrate leadership to strengthen bilingual service provision within the NHS in Wales. The desirable skill level is:

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.

Welsh Ambulance Service NHS Trust

Key facts about the post

Location:	The Trust is a national service, with meetings held across Wales and virtually by Teams. As we return to face to face Board and Board development sessions, these are likely to be primarily in Cardiff and St Asaph, however regular regional meetings will also be held to engage with the public and our stakeholders.
Time Commitment:	Approximately 14.5 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:	£43,326 per annum plus travel and other reasonable expenses within reasonable limits.

Eligibility

Regulation 11 (disqualification for appointment of the chair and non-executive directors) provides that subject to regulation 12 (which makes provision in relation to the cessation of disqualification) of The National Health Service Trusts (Membership and Procedures) Regulations 1990 (as amended), a person shall be disqualified for appointment as the chair or non-executive director of an NHS trust in Wales for a list of specified reasons.

In this particular context, a person would be disqualified for the appointment of chair of the Welsh Ambulance Services NHS Trust for the following reasons:

- (a) they have within the preceding five years been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed on them a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine;
- (b) they are the subject of a bankruptcy restrictions order or an interim bankruptcy restrictions order, or a debt relief restrictions order or interim debt relief restrictions order under [Schedule 4ZB](#) to the Insolvency Act 1986;
- (c) they have been dismissed, otherwise than by reason of redundancy, from any paid employment with a health service body, although a person shall not be treated as having been in paid employment by reason only of having been—
 - (i) in the case of an NHS foundation trust, the chair, a governor or a non-executive director of the trust;
 - (ii) in the case of a clinical commissioning group, the chair or a member of the governing body of the group; or
 - (iii) in the case of any other health service body, the chair, a member or a director of the health service body in question;

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- (d) they are a person whose tenure of office as the chair, a member, a director or a governor of a health service body other than a clinical commissioning group has been terminated on the grounds—
 - (i) that it was not in the interests of the health service body or of the health service that they should continue to hold the office,
 - (ii) of non-attendance at meetings,
 - (iii) of non-disclosure of a pecuniary interest, or
 - (iv) of misbehaviour, misconduct or failure to carry out his duties;
- (e) they are a person who has been removed from office as the chair or a member of the governing body of a clinical commissioning group;
- (f) they are a chair, member, director or employee of a health service body other than a clinical commissioning group or an NHS foundation trust, although the following exceptions apply to this provision:
 - (i) a person shall not be disqualified under sub-paragraph (f) from being the non-executive director of an NHS trust referred to in paragraph 3(1)(d) of Schedule 2 to the Act by reason of his employment with a health service body
 - (ii) a person shall not be disqualified under sub-paragraph (f) from being the non-executive director of an NHS trust by reason of being a chair or non-officer member of the National Blood Authority, the National Health Service Information Authority, the National Institute for Clinical Excellence, the National Health Service Logistics Authority or the NHS Blood and Transplant (Gwaed a Thrawsblaniadau'r GIG)
 - (iii) a person shall not be disqualified under sub-paragraph (f) from being the chair or a non-executive director of an NHS trust during the period between the date on which it is established and its operational date by virtue of being the chair or a non-executive director of another NHS trust;
- (g) they are a person who is the chair or a member of the governing body of a clinical commissioning group, or an employee of such a group;
- (h) they are a chair, director or employee of an NHS foundation trust, although a person shall not be disqualified under paragraph (h) from being the non-executive director of an NHS trust referred to in paragraph 3(1)(d) of Schedule 2 to the Act by reason of his employment with a health service body;
- (i) they —
 - (i) perform or provide primary medical services or primary dental services under Part I of the National Health Service Act 1977,
 - (ii) are a partner in a partnership that, or is the legal and beneficial owner of shares in a company that or a director of a body corporate that provides primary medical services or primary dental services under Part I of that Act, or
 - (iii) are an employee of any of those;
- (j) they have had their name removed, by a direction under section 46 of the National Health Service Act 1977, from any list prepared under Part II of that Act and has not subsequently had their name included in such a list or a list prepared pursuant to section 28X of that Act; or

Welsh Ambulance Service NHS Trust

(k) they are the chair or another member of the independent regulator of Monitor (now part of NHS Improvement).

If candidates require any further clarification regarding the above eligibility criteria they should contact: PublicAppointments@gov.wales providing the question to which they require a response.

Candidates should also note that membership of Welsh Ambulance Services NHS Trust is a disqualifying office for membership of The Senedd Cymru under The Senedd Cymru Disqualification) Order 2020.

[The Senedd Cymru \(Disqualification\) Order 2020 \(legislation.gov.uk\)](https://legislation.gov.uk).

An individual shall not normally serve concurrently as a non-executive officer member on the Board of more than one NHS body in Wales.

If you are successful, you will receive a letter from the Minister for Health and Social Services appointing you as Chair of the Welsh Ambulance Service NHS Trust which will confirm the terms on which the appointment is offered. Your appointment will be 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. The successful candidate will also be required to attend a pre-appointment hearing at the Health and Social Care Committee, Welsh Parliament. Further information can be found below.

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 Chair of the Welsh Ambulance Service NHS Trust including any business interests and positions of authority outside of the role in the Welsh Ambulance Service NHS Trust.

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 Welsh Ambulance Service NHS Trust

During recent years, the Welsh Ambulance Service has evolved to become one of the most clinically advanced ambulance services in the world. While solid progress has been made, society continues to change and the advent of the Covid-19 pandemic has accelerated the Trust's commitment to now embarking on the next stage of its journey as it seeks to capitalise on the lessons learned from the pandemic.

Delivering services to the three million-plus people who live and work in Wales, including the many thousands who visit every year, the Trust has become one of the lynchpins of the Welsh NHS, working to transform itself into a clinically-led service which supports and works across the entire health and care system.

Working with our stakeholders and partners, our ambition now is to fundamentally change the role of the Trust, acting not only as a key provider of urgent and emergency care across Wales, but also acting as the gateway to care for the people of Wales, harnessing the Trust's 111 service as a first port of call for those in need of urgent clinical help, advice and treatment, both in and out of hours.

This shift will see a reduction in the number of patients taken to hospital and an increase in care delivered at, or closer to home, by a range of specialist practitioners with a variety of clinical skills.

Overseeing the continued development of the ambulance service and harnessing its potential to increase its role in NHS Wales is one which presents both challenges and opportunities.

There remains much to be done to anchor and consolidate performance in the organisation's core 999 service in particular, working with partner health boards to resolve structural challenges in the system, while not losing sight of the need to radically alter the way services are provided in future if the service is to keep pace with both growing demand and public expectation.

To help realise this ambition and accelerate the transformation of the organisation, the Trust is looking to appoint Non-Executive Directors to the Trust Board, from as diverse a range of backgrounds as possible to help us to tailor our offering to our population. The Trust is particularly keen to improve the gender balance on its Board and to attract members from different ethnic backgrounds. Especially valued is the contribution that Non-Executive Directors can make to the Trust by drawing from their own lived experiences.

The role of the Board is to focus on four key areas:

Strategy: Developing the strategy, vision, and purpose of the Trust. Identifying priorities, establishing goals and objectives, finding resources, and allocating funds to support the decisions that need to be made around strategic planning.

Welsh Ambulance Service NHS Trust

Embedding Ethical Behaviour: The Board shapes the culture of the Trust in several ways, including by the way in which it engages with staff, the public and stakeholders, the way it manages its agenda, by the nature of the debate at the Board and the relative emphasis given to different performance criteria, by the visibility of its members in the organisation, and by where it chooses to invest time and resources. Board members must live up to the highest ethical standards of integrity and probity.

Managing Risk: The Board is responsible for managing risk and ensuring there is a robust system of internal controls in place and that they are sighted on the mitigations in place for the principal risks to the delivery of the strategy.

Gaining Assurance on the Delivery of Strategy and Performance: Holding to account, and being held to account, for the delivery of the strategy in accordance with the strategic and performance frameworks developed by the Board

The Welsh Ambulance Service at a **glance...**



We serve
3 million
people
across Wales



We receive over
510,000
999 calls per year *

We provide an
emergency
response to over
29,000
immediately life-
threatening
incidents per year



We receive over
440,000
non-immediately life-threatening
emergency calls per year

We have over
900
vehicles
in our fleet

We transport
over
670,000
non-emergency
patients
to hospital
per year

We receive over
700,000
calls to NHS Direct Wales and
NHS 111 Wales per year



We receive over
4 million
visits to the NHS
111 Wales website



We employ over
4,000
people



We have operating
expenses of
£210 million



We occupy over
113 buildings

*All other calls coming into our contact centres were answered and referred to other appropriate services to meet the caller's needs

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 – Health and Social Services and Interim NHS Wales Chief Executive, Welsh Government and will also comprise of Dr Chris Turner, Chair – Emergency Ambulance Services Committee, Melanie Westlake, Head of NHS Wales Board Governance, 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.

We anticipate that the panel will sift applications on w/c 2 May 2022 and interviews will take place during w/c 23 May 2022. It is our intention that interviews will take place virtually.

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 she does, she 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 Welsh Ambulance Service NHS Trust which will confirm the terms on which the appointment is offered.

Welsh Ambulance Service NHS Trust

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.

Additionally you can write to: Office of the Commissioner for Public Appointments
G/08, 1 Horse Guards Road, London SW1A 2HQ.

Y Pwyllgor Deisebau**Petitions Committee****Agenda Item 3.1****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

Russell George MS

Chair

Health and Social Care Committee

Tŷ Hywel

Cardiff Bay

CF99 1SN

27 May 2021

Dear Russell

Petition P-06-1250 Open a full hospital facility, including an A&E department in mid Wales

The Petitions Committee considered the above petition at our meeting on 9 May, alongside correspondence from the Minister for Health and Social Services and the petitioner.

At the meeting members acknowledged the genuine concerns raised by the petitioner, however, in light of the Minister's response, there was little further the Committee can do to take the petition forward and agreed to close the petition. In closing the petition, members agreed to write to you to highlight the petition and forward the correspondence, attached to this letter, received from the Minister and the petitioner.

Further information about the petition, including related correspondence, is available on our website at: <https://business.senedd.wales/ielssueDetails.aspx?Ild=38713&Opt=3>.

If you have any queries, please contact the Committee clerking team at the e-mail address below, or on 0300 200 6454.

Yours sincerely



Jack Sargeant MS

Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



P-06-1250 Open a full hospital facility, including an A&E department in mid Wales, Correspondence – Petitioner to Committee, 31.03.22

Dear Sir,

I am replying regarding your recent email and attached document, relating to my petition for a general hospital with A&E facilities within the mid wales area.

Thank you for the reply and the opportunity for this to be heard.

With regard to the attached document, yes powys is a very rural community, however that should not mean that the local communities who live there should have 2nd class medical facilities.

At present, member of the powys community from Newtown have to travel a 100 mile round journey to Telford, due to cut back's in the Shrewsbury hospital for many routine hospital facilities and small procedures.

The nearest A&E department is a 60 mile round trip to Shrewsbury.

Finally with regard to the ambulance coverage In the mid wales area, the ambulance service is stretched to its limits, doing everything they can, however this still leaves instances of people waiting up to 8 hours for an ambulance, often then arriving too late to save the patient as there is another 30 mile trip to Shrewsbury, or a 50 mile trip to Telford hospital.

Why should we have to rely on England's NHS ?

I also wish to highlight you to the fact we have to use the Shropshire "out of hours" doctors service, Shropshire, as there are no out of hours doctors facilities in the area.

We are basically a second class nation within our own country.

Please consider the upgrade of medical services, and the possibility of a general hospital in mid wales.



Eich cyf/Your ref P-06-1250
Ein cyf/Our ref EM/00366/22

Jack Sargeant MS
Chair - Petitions Committee
Senedd Cymru
Cardiff Bay
Cardiff
CF99 1SN

31 March 2022

Dear Jack,

Thank you for your letter of 20 January on behalf of Andrew Wallace regarding a petition to open a district general hospital with A&E facilities in mid Wales.

The Welsh Government sets the strategic direction for health services in Wales, with Powys teaching Health Board being responsible for the planning and delivery of healthcare services which meets the needs of the population they serve. I would of course expect the health board to ensure its population has timely access to safe, sustainable, high-quality healthcare in the most appropriate setting.

Due to the size of the population and the rurality, it is not considered viable for there to be a district general hospital in Powys. The very rural nature of Powys means that the majority of local services are provided locally, through GPs and other primary care services, community hospitals and community services. The health board is looking at repatriating a number of outpatient services and bringing them closer to home and are using in-reach services, which means that patients don't have to travel. It also carries out a number of day case procedures locally, and it is generally only inpatient treatments where patients need to travel to a general hospital. However, the health board continues to explore how it can further develop these services.

In terms of the provision of ambulance services, the Welsh Ambulance Services NHS Trust (WAST) recognises the historic challenges of delivering equity of service across all parts of Wales, particularly in rural areas where it is difficult to predict the focus of demand and road networks can impact on the speed of response.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

Canolfan Cyswllt Cyntaf / First Point of Contact Centre:
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.

In 2018, the Welsh Ambulance Services NHS Trust and the Emergency Ambulance Services Committee (EASC) jointly commissioned an independent demand and capacity review to inform future configuration of resources and staffing across Wales. Informed by the recommendations from this review, the Trust began the process of undertaking a national roster review in April 2021, to ensure its staff and resources are best placed geographically to deliver a responsive and equitable emergency ambulance service across all parts of Wales.

The roster review is part of a suite of improvement actions informed by the demand and capacity review which are being implemented by the Trust in collaboration with health boards and other partners, all of which impact significantly on the service provided to patients. These include:

- Increased investment;
- Increased capacity, including recruitment of frontline staff;
- Improved internal processes;
- Increased focus on reducing handover delays; and
- Increased clinical pathways.

In a recent stakeholder briefing issued to all Members of the Senedd, the Trust's chief executive provides assurance that every area of Wales will benefit from increased resources following the review, though the make-up of vehicles (i.e. emergency ambulances, rapid response vehicles (RRVs)) operating in those areas may change in line with the review's recommendations, and resources may operate at different times and from different ambulance stations than currently.

A rural impact assessment has also been undertaken, which demonstrates that all counties designated as rural by Welsh Government (Anglesey, Carmarthenshire, Ceredigion, Conwy, Denbighshire, Gwynedd, Monmouthshire, Pembrokeshire and Powys) will receive investment; i.e. an increase in staff numbers to support timely ambulance response in those areas.

The new rosters for all stations in Wales will begin to be implemented from September 2022 and I expect the Trust to keep rosters under ongoing review to ensure there is equity of service across all parts of Wales and no adverse impact on responsiveness, staff and patient experience, or clinical outcomes.

Should changing circumstances within Powys, such as an exponential growth in population suggest the future need to establish a full district hospital, it would be for the health board to consider in the first instance.

I hope this information is helpful for you and your petitioners.

Yours sincerely,



Eluned Morgan AS/MS

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



Russell George MS
Chair, Health and Social Care
Committee
Welsh Parliament
Via email

Thursday 09 June 2022

Dear Russell,

Experiences from health and social care: the treatment of lower paid ethnic minority workers

I am writing to you in your capacity as Chair of the Senedd Health and Social Care Committee to inform you of the publication today of our report into racial inequality in health and social care. I attach a copy of the report, with the executive summary on pages 5-12. I also attach the Wales briefing with specific recommendations for Welsh Government and other bodies in Wales.

We launched the inquiry in 2020 to understand the experiences of lower-paid ethnic minority workers in health and social care across Britain following reported evidence of inequalities by race during the pandemic.

Following extensive research, evidence gathering and analysis, we have identified various challenges facing these workers, including differential treatment by race, including harassment and discrimination, their lack of awareness of basic employment rights, and high numbers of workers on zero-hours contracts with poor access to training or progression opportunities.


Out-sourcing in adult social care, and some roles in health, has resulted in more insecure work and poorer pay and terms and conditions than for those directly employed in the NHS for example. This disproportionately affects those in lower-paid roles, many of whom are from ethnic minority backgrounds.

We also found serious data gaps, particularly in adult social care. Missing data

may mask the scale of any discrimination against lower-paid ethnic minority workers. We encourage public bodies to gather better information about their workforce in order to fulfil their Public Sector Equality Duty.

We have made recommendations to government, health and social care service providers, regulators and others to address the issues we have identified. We are confident that, by addressing the recommendations, we can collectively do much to benefit all lower-paid workers in health and social care, including those from minority ethnic backgrounds.

I kindly request that the report and Wales briefing are shared with the Health and Social Care Committee members as I believe this will be of great interest to them.

Finally, we would welcome an opportunity to meet with you to discuss our inquiry findings further. Please let us know if this is something that would be of interest. You can contact  to make any necessary arrangements.

Yours sincerely,



Ruth Coombs

Head of Wales, Equality and Human Rights Commission

Bydd y Comisiwn yn croesawu gohebiaeth yn y Gymraeg a'r Saesneg.

The Commission welcomes correspondence in Welsh or English.

Ff/T: 029 2044 7710

E: correspondence@equalityhumanrights.com

Ystafell 3.18 / 3.19, The Maltings, Tŷ 3,
East Tyndall Street, Caerdydd, CF24 5EZ

Room 3.18 / 3.19, The Maltings, House 3,
East Tyndall Street, Cardiff, CF24 5EZ

equalityhumanrights.com

**Y Pwyllgor Iechyd a
Gofal Cymdeithasol**

**Health and Social Care
Committee**

Professor Amanda Kirby
Chair
ADHD Foundation

Professor Anita Thapar
Division of Psychological Medicine and Clinical Neurosciences, Cardiff University

10 June 2022

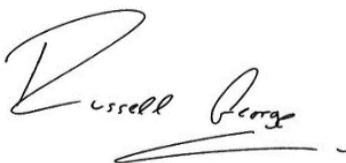
Dear Amanda and Anita

Follow up questions after mental health inequalities inquiry evidence session on 8 June 2022

Thank you for attending our meeting on Wednesday 8 June 2022 and responding to our questions. Following the session, Members agreed to write to you with a number of follow up questions, as outlined in the annex to this letter.

If possible, we would be grateful for responses by **Friday 24 June**, as this will enable us to take account of your responses during the evidence sessions focused on the workforce we will be holding on 6 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.

Annex: follow up questions after evidence session

Following the evidence session you attended on 8 June 2022 as part of our inquiry into mental health inequalities, we would welcome further information on the matters listed below. We would be grateful to receive your response by Friday 24 June.

Access to mental health services

1. Throughout our inquiry we have heard about the importance of co-production. To what extent are people with lived experience of neurodivergence or neurodevelopmental conditions involved in the development and delivery of neurodevelopmental services? How could this be improved?

Awareness and understanding

2. We have heard concerns about levels of awareness and understanding of neurodivergent conditions among the education, mental health and wider workforce. How could the development and delivery of training could be improved? Are there particular parts of the workforce, or elements of training that should be prioritised?
3. We have also heard that there needs to be greater public awareness and understanding of neurodiversity and neurodivergent conditions. What could be done to encourage a cultural shift in society towards 'embracing' neurodiversity?

Welsh Government policy

4. Is there a sufficiently joined-up approach within Welsh Government to deliver the improvements and outcomes needed for people with neurodivergent conditions? If not, what needs to change?

Professor Amanda Kirby

Access to mental health services

Throughout our inquiry we have heard about the importance of co-production. To what extent are people with lived experience of neurodivergence or neurodevelopmental conditions involved in the development and delivery of neurodevelopmental services? How could this be improved?

They are being involved more in the process with coproduction boards for research, but more could be done. Greater understanding what this means and how it can be properly enacted is important.

I think we could also be learning more from neurodivergent professionals who have dual experiences, and I don't think we have considered this.

Working with neurodivergent people at the creation of services and getting feedback at all stages of service delivery.

We need to be careful to gain an understanding with people who are truly finding services difficult to access without diagnoses but with higher risk of mental health and neurodiversity e.g. in substance misuse services, homeless, in care, parents of children and young people who have been excluded.

Awareness and understanding

We have heard concerns about levels of awareness and understanding of neurodivergent conditions among the education, mental health and wider workforce. How could the development and delivery of training could be improved? Are there particular parts of the workforce, or elements of training that should be prioritised?

Avoid siloed learning. Deliver some uniform content via e-learning that is consistent in the language used and evidence based.

There remains a bias on awareness relating more to autism and other conditions such as developmental language disorder (DLD), DCD, ADHD, Tics are not considered as much. This results in people not understanding the high levels of co-occurrence between these other conditions with autism and with each other.

If this is not undertaken, we have a challenge of not delivering a person-centred approach to care.

Training and awareness needs to be with all agencies that have higher rates of neurodivergence but may not traditionally recognise this for a lasting impact. In education it is especially important in children at risk of exclusion and already working in alternative provisions. In addition, social services, General Practice, youth working, with police and housing where people 'fall out' of services.

We have also heard that there needs to be greater public awareness and understanding of neurodiversity and neurodivergent conditions. What could be done to encourage a cultural shift in society towards 'e_m_b_r_a_c_i_n_g' _n_e_u_r_o_d_i_v_e_r_s_i_t_y_?

Ensuring there is a unified approach working with a range of charities from across Wales/UK to ensure that there is cohesive involvement.

Positive models of success from all parts of society to show what can be achieved with the right support. I think it's important to not show neurodiversity is all wonderful for everyone and that there are no challenges, so discussing solutions to some of the challenges but also seeing that everyone also has strengths and discussing these.

Reducing the misinformation about conditions associated with Neurodiversity.

Discussing that all people are different and have strengths and challenges.

Campaigns in schools will filter out to parents too and will change understanding from a young age e.g.,

ADHD Foundation Umbrella campaign has been wonderful.

All Wales Embracing Neurodiversity Day could be good to do as well as a focus.

Parents sharing ideas on how to support their children.

Using social media can be an effective way to do this.

Welsh Government policy

Is there a sufficiently joined-up approach within Welsh Government to deliver the improvements and outcomes needed for people with neurodivergent conditions? If not, what needs to change?

CAMHS and Childrens Paediatric services need to work more closely together delivering neurodiversity/neurodisability services.

Improved transition planning for adults who are known to be neurodivergent services

Neurodiversity adult services across Wales.

Neurodiversity needs to sit in health because of the impact on mental and physical health and needs to be seen more in the way Diabetes is considered as a lifelong multisystem condition.

T4CYP has been an excellent model to get services to work more closely and needs continuing to allow for further development and to grow the relationships that have started.

Need an upstream approach working with parents and providing support pre-diagnosis so they can have assistance and guidance and not waiting on waiting lists with no help at all. This is where working with education and health can pay dividends and stem the flow to neurodiversity services.

Responses from Professor Anita Thapar

Annex: follow up questions after evidence session

Following the evidence session you attended on 8 June 2022 as part of our inquiry into mental health inequalities, we would welcome further information on the matters listed below. We would be grateful to receive your response by Friday 24 June.

Access to mental health services

Throughout our inquiry we have heard about the importance of co-production. To what extent are people with lived experience of neurodivergence or neurodevelopmental conditions involved in the development and delivery of neurodevelopmental services? How could this be improved?

In the service I work in and as far as I know more broadly in South Wales- people who are neurodivergent are not involved in the development and delivery. A big concern for NHS clinicians is that they have no means for changing anything given limited resources and huge demands with long wait lists- so it would create expectations that cannot be met.

Awareness and understanding

We have heard concerns about levels of awareness and understanding of neurodivergent conditions among the education, mental health and wider workforce. How could the development and delivery of training could be improved? Are there particular parts of the workforce, or elements of training that should be prioritised?

Training across the board is needed. In education and social care-the level of knowledge is extremely variable as reflected by the quality of referrals and information provided. Within the NHS-again expertise and knowledge is variable. Hence training needs to be improved at all levels-education, social care, NHS specialist services.

Training needs to increase awareness of the core features, impacts of NDDs and links with mental health disorders and what are the main interventions.

We have also heard that there needs to be greater public awareness and understanding of neurodiversity and neurodivergent conditions. What could be done to encourage a cultural shift in society towards 'e_m_b_r_a_c_ing' _n_e_u_r_o_d_i_v_e_r_s_i_t_y_?

Start with school pupils-primary and secondary to capture whole populations early-on
And employers.

People also need to know there is a huge variability in the spectrum of severity-high functioning to extremely impaired.

Welsh Government policy

Is there a sufficiently joined-up approach within Welsh Government to deliver the improvements and outcomes needed for people with neurodivergent conditions? If not, what needs to change?

NDD services are divorced now from CAMHS-that is not sensible and needs to be addressed urgently.

It is good that the overlaps between different NDDs is now recognised (instead of separate pathways) but it has to be linked to mental health services.

Education and social care -still needs to be better joined up with NHS around what to do with NDDs- especially uncoupling support (other than medical/specialist services) to getting a diagnosis.

Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

Agenda Item 3.6

Llywodraeth Cymru
Welsh Government

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

10 June 2022

Dear Huw,

I am writing in accordance with the inter-institutional relations agreement to notify you of a meeting on 16 June 2022 of the UK Government's Health Minister and Health Ministers of the devolved governments. I will be accompanied by the Deputy Minister for Mental Health and Wellbeing. I apologise for the late notice of this meeting, but due to scheduling difficulties this has only just been arranged.

In this virtual meeting we will discuss health inequalities with a focus on life expectancy, tobacco and obesity.

I am copying this to the Chair of the Health and Social Care Committee.

Yours sincerely,



Eluned Morgan AS/MS
Y Gweinidog Iechyd a Gwasanaethau Cymdeithasol
Minister for Health and Social Services

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

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

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Caerdydd • Cardiff
CF99 1SN

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.

Agenda Item 3.7

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



Llywodraeth Cymru
Welsh Government

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

June 2022

Dear Russell

Today I am launching two consultations on the Healthy Food Environment and on ending the sale of energy drinks to children. These mark an important step towards delivering our ambitious plans set out within our ten year strategy, Healthy Weight: Healthy Wales

Obesity is one of our most significant generational challenges as a population and is one of the key risk factors for many non-communicable diseases and is one of the greatest causes of years lived in disability. Overweight and obesity affects over 60% of adults and more than one in three children at reception age. We know that to drive change we have to take a multi-component approach. This includes shifting our food environment to one which encourages us to make positive choices for our health.

The Healthy Environment consultation includes three themes including healthier shopping baskets, healthier eating out of the home and healthier local food environments. The proposals we will explore include restricting the promotion of certain food and drink, mandating the display of calories in restaurants and food outlets, and utilising existing planning and licensing powers to consider the density of hot food takeaways. The proposals are intending to utilise a range of secondary powers and policy approaches to help develop change across Wales. The second consultation aims to utilise secondary powers to end the sale of energy drinks to children

These are potentially a first suite of measures which will be monitored for impact over time, alongside a number of approaches and actions set out in our national strategy. Attached is the link to the consultation for your information. We intend to undertake a range of engagement across Wales across the 12 week period, which will consider a range of stakeholder views.

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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 would welcome the views and further input and engagement with the Committee on these important consultations. I have also sent a letter to the Chair of the Children, Young People, and Education Committee.

Yours sincerely,

A handwritten signature in black ink that reads "Lynne Neagle". The signature is written in a cursive style.

Lynne Neagle AS/MS

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



Llywodraeth Cymru
Welsh Government

WRITTEN STATEMENT BY THE WELSH GOVERNMENT

TITLE **Healthy Food Environment Consultations**

DATE **Thursday 9 June**

BY **Lynne Neagle MS, Deputy Minister for Mental Health and Wellbeing**

Today, I am launching two consultations about healthy food environments and ending the sale of energy drinks to children and young people under 16. These mark an important step towards delivering our ambitious plans set out in our 10-year strategy *Healthy Weight: Healthy Wales*.

Obesity is one of the most significant challenges we face as a population and is one of the key risk factors in many non-communicable diseases and is one of the greatest causes of the number of years lived in disability.

Overweight and obesity affects more than 60% of adults and more than one in three children at reception age. Early results from studies conducted in a number of countries suggest the prevalence of overweight and obesity has increased in children and adolescents during the pandemic.

To drive positive change we have to take a multi-pronged approach. This includes changing our wider food environment to one which both encourages and makes it easier for us to make positive choices for our health. A regional report on obesity by the World Health Organisation, which was launched this month, makes it clear that “efforts to prevent obesity need to consider the wider determinants of the disease, and policy options should move away from approaches that focus on individuals and address the structural drivers of obesity”.

We want to create an environment across Wales where the healthy choice is the easy choice.

The healthy food environment consultation focuses on three themes – healthier shopping baskets; healthier eating out-of-the-home and healthier local food environments. The proposals we are asking people to consider, include restricting the promotion of certain foods and drink; mandating the display of calories in restaurants and food outlets and using existing planning and licensing powers to consider the density of hot food takeaways in a particular area.

We want to use our existing powers and policy approaches to develop change across Wales.

The second consultation aims to use existing powers to end the sale of energy drinks to children and young people under 16.

My officials will engage with a range of stakeholders to discuss the proposals and capture in-depth insight and feedback. This will include gathering opinions from the public and from specific focus groups to ensure we hear from and gather differing views. We will also hold specific industry and stakeholder engagement events and will put in place approaches to ensure we hear directly from children and young people from across Wales.

Attached is the link to the consultations:

[Healthy Food Environment Consultation](#)

[Energy Drinks Consultation](#)

Agenda Item 3.8

HSC(6)-18-22 PTN 08

Vaughan Gething MS
Minister for Economy
Welsh Government

Dear Minister

I am writing first to offer my sincere thanks to you for speaking at the most recent meeting of the Cross Party Group on Medical Research. I am particularly thankful for your insights around the potential of Medical Research to contribute to Wales's economic recovery from the Covid-19 pandemic and hope that you will consider the contributions of the Fraser of Allander Institute and British Heart Foundation Cymru this in any future budget discussion.

I understand your time is valuable and we appreciate your attendance for the limited time you have available. I have included with this letter the minutes of the meeting for your perusal. As you will see from the minutes after your contribution to the meeting, there were several areas of discussion which I promised Members of the Group I would raise with you for your response.

1. Though the team were able to construct an appropriate model with accurate findings, James Black who worked on the Fraser of Allander Institute report explained how the methodology for the study was constrained in its ability to model and compare Wales against the other UK nations. The team were unable to access the Input-Output table from the Welsh Government, preventing them from constructing a high-quality model for Wales. James explained that this apparent lack of transparency is being reconsidered by the Welsh Government. Are you able to shine further light on the situation and reassure the CPG that the Input-Output table will be made available for researchers to utilise in future studies?
2. The news that the Welsh Government will in the not-too-distant future consult on its new cross-portfolio Research and Innovation strategy is welcome. The commitment you made to write to me as Chair of the CPG to draw upon the Group's insight and expertise is also welcome.
3. Due to the cross-cutting nature of the planned strategy the CPG will also send copies of this covering note and CPG minutes to relevant Senedd scrutiny committee Chairs and Clerks to ensure they are also aware of this critically important piece of work in terms of their forward work planning. Any timetable from the Welsh Government concerning publication of a draft strategy for consultation would be welcome.

4. The CPG would also welcome your thoughts concerning whether the new strategy will come with a commitment to increased Welsh Government spending on medical research infrastructure which is desperately needed.
5. You shared with the CPG insight concerning the meetings you have had with the UK Government at which you lobbied on behalf of research in Wales. Can the Welsh Government furnish the CPG with a more detailed briefing on the content and scope of these meetings. This will assist the CPG in establishing recommendations which support an inter-Governmental approach.
6. Finally, my colleague Altaf Hussein MS described his own personal frustration developing a surgical innovation, and the lack of support for realising an idea. We would welcome your thoughts concerning the Welsh Government support available to individuals to innovate in a clinical setting.

Once again, your contribution was appreciated by all who attended the meeting of the CPG and we all look forward to your response.

Yours sincerely

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

Russell George MS

Chair, the Cross Party Group on Medical Research

Cc.

Clerk, Health and Social Care Committee

Chair and Clerk, Children, Young People and Education Committee

Chair and Clerk, Climate Change, Environment, and Infrastructure Committee

Chair and Clerk, Economy, Trade and Rural Affairs Committee

Altaf Hussein MS



Llywodraeth Cymru
 Welsh Government

Our ref: DC-VG-00424-22

Russell George MS
 Chair, the Cross Party Group on Medical Research

13 June 2022

Dear Russell

Thank you for your letter following the meeting of the Cross-Party Group on Medical Research on 27 April and for providing further questions, which are answered below.

Assurance that the Input-Output table will be made available for researchers to utilise in future studies.

High-quality, detailed and timely economic statistics are needed to support policy making in Wales and across the UK. This is particularly important given that the increased devolution of powers, EU exit and Covid-19 are changing the economic structure and linkages between different regions.

Supply Use Tables (SUT) are the backbone of National Accounts and bring together all available output, input, gross and value added, income and expenditure data in a consistent framework, presenting accounts of an area's economic activity and playing an important role in the quality of national accounts. Input Output Tables (IOTs) are derived from the SUT and facilitate estimation of impact assessments and economic models, which can be used to analyse the effects of national policies.

Cardiff University published analytical IOTs for Wales in 2007. Due to the age of this data and uncertainties around its validity, these statistics are no longer considered fit for purpose.

That is why the Minister for Finance recently approved up to £1.05m over the next three years for the improvement of Welsh economic statistics by establishing an in-house program of work to develop Input Output Tables for Wales.

Developing in-house IOTs will give Welsh Government greater control, influence and leadership over the development of this work, as well as the opportunity to develop in-house expertise. We plan to work closely with Cardiff University experts on this

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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.

work program and we will consult with Welsh Government colleagues as well as external organisations to understand the user need for these statistics.

To improve the availability and quality of data required for SUTs and IOTs, we will also need to boost funds to existing surveys where the sample size for Wales is low.

However, development of IOTs is not a quick task. Due to the technical nature of the work, the need to collect additional data, and the time lag associated with these surveys, it is unlikely that IOTs would be published until 2024-25, although experimental data may be available earlier.

Commitment to write to Russell George MS as Chair of the CPG to draw upon the Group's insight and expertise to contribute to the consultation on its new cross-portfolio Innovation strategy and to provide a timetable concerning publication of the draft strategy for consultation.

We are currently working with Plaid Cymru Designated Members, in line with the cooperation agreement commitment to jointly develop a new Innovation Strategy. It is important that we complete our engagement and involvement activities and comply with the Co-operation Agreement and Assembly timetable to ensure a full cross governmental commitment on the best way forward.

Publication of a draft strategy for consultation is planned for this summer. I have asked my Innovation officials to contact you when we issue the draft for consultation. I hope to have a final strategy in place before the end of the year.

Whether the new strategy will come with a commitment to increased Welsh Government spending on medical research infrastructure

Health and Care Research Wales has secured a further recurrent funding agreement for 2022/23 of £5 million from the Minister for Health and Social Services, increasing its overall budget to £47m/annum.

This will support the Covid Evidence Centre to cover more general (non-covid) policy areas; implementation of the UK Strategy for Clinical Research to ensure the NHS becomes people-centred and digitally enabled its approach to research; establishing a Health and Care Research Wales faculty initiative, supporting research career pathways and developing new personal award schemes to address gaps in current pathways in Wales; Implementation of the Wales cancer research strategy, and new investments in social care research and development, to address traditionally low levels of research capacity.

More detailed briefing on the scope and content of meetings with the UK Government at which the Minister lobbied on behalf of research in Wales

While the content of meetings between Welsh Government Ministers and officials with their counterparts in UK Government and the devolved administrations remains sensitive and often commercially confidential, I can assure you that every opportunity is taken to promote Wales and work towards ensuring the best possible outcomes for our ambitions for the economy and people of Wales.

Lack of support for developing surgical innovation and details of Welsh Government support available to individuals to innovate in a clinical setting.

A range of Welsh government funded support platforms and interventions exist as part of our wider health and care innovation ecosystem, to support and develop innovation.

Our three main initiatives are (web links and descriptions provided below)

- The Life Sciences Hub Wales
- Accelerate Wales
- AgorIP

The [Life Sciences Hub Wales | Life Sciences \(lshubwales.com\)](https://lshubwales.com) exists to help transform the health and economic wellbeing of the nation through:

1. Accelerating the development and adoption of innovative solutions that support the health and social care needs of Wales.
2. Partnering with industry to advance economic development across the life sciences sector in Wales, driving business growth and creating jobs.

To help make this happen we support health and social care colleagues across Wales to understand the challenges and pressures an organisation may face. Once identified, we work with industry to source and support the development of innovative solutions to respond to these challenges.

[Accelerate Wales | Life Sciences \(lshubwales.com\)](https://lshubwales.com) is co-funded by the European Regional Development Fund, the Welsh European Funding Office, Welsh Government's Health and Social Services group, universities, Life Sciences Hub Wales and NHS Wales health boards.

Accelerate helps innovators in Wales to translate their ideas into solutions, enabling them to be adopted in health and care.

Accelerate is led by Life Sciences Hub Wales, in partnership with [Cardiff University](https://www.cf.ac.uk) (CIA), [Swansea University](https://www.swansea.ac.uk) (HTC) and [University of Wales Trinity Saint David](https://www.wales.ac.uk) (ATiC). Rather than providing funding or grants, this programme offers SME's and Enterprises in Wales the opportunity to tap into academic expertise, and the latest facilities needed by innovators and entrepreneurs to realise their ideas.

Accelerate can:

- Identify research and development collaborations.
- Connect this to experts in health technology, user experience, and clinical engagement.
- Help navigate the life sciences support ecosystem.

[AgorIP](#) is a new approach to innovation which can help bring ideas and innovation to life.

Thanks to EU and Welsh Government support, AgorIP can help you realise the potential of your idea, product or research. Our team of experts are here to help you take your “IP” to the marketplace and help make it a commercial success.

From a Business and Economy perspective, the route into Welsh Government support for an individual with a business idea is via [Business Wales \(gov.wales\)](#), which will consider a referral to Innovation or Entrepreneurship teams or other services, as most appropriate.

In terms of the support for health-related businesses, over the life of the current EU-funded SMART Cymru and our COVID RD&I schemes, Welsh Government has supported 89 businesses to deliver 123 projects, with total grant support of £9,012,404 and total project costs of £16,745,404.

Yours sincerely,



Vaughan Gething AS/MS
Gweinidog yr Economi
Minister for Economy

Cc.
Clerk, Health and Social Care Committee
Chair and Clerk, Children, Young People and Education Committee
Chair and Clerk, Climate Change, Environment, and Infrastructure Committee
Chair and Clerk, Economy, Trade and Rural Affairs Committee
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—
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Dr Tracey Cooper
Chief Executive
Public Health Wales

24 May 2022

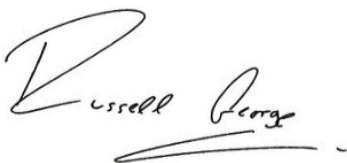
Dear Tracey

Follow up questions after evidence session on 19 May 2022 on mental health inequalities

Thank you for attending our meeting on Thursday 19 May 2022 and responding to our questions. Following the session, Members agreed to write to you with a number of follow up questions, as outlined in the annex to this letter.

We would be grateful for a response by **Friday 24 June 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: follow up questions after evidence session on 19 May 2022

Following the [evidence session with Public Health Wales](#) on 19 May 2022 as part of our inquiry into [mental health inequalities](#), we would welcome further information on the matters listed below. We would be grateful to receive your response by **Friday 24 June 2022**.

Resources

During the evidence session we discussed with you a public health approach to improving mental health and wellbeing and tackling mental health inequalities, including the role of prevention. You agreed that progress needed to be made on delivering prevention and early intervention across all policies and public sector decision-making.

1. Are sufficient resources (financial and staffing) available within Public Health Wales and across the health and social care and wider public sector to deliver the public health approach needed to improve population mental health?
2. Where should additional resource be targeted in order to most effectively tackle mental health inequalities?

Barriers to social prescribing

We heard from the Wales School for Social Prescribing Research (WSSPR) that there is evidence that social prescribing can be an effective tool for preventing and treating mental ill health, but that its use can be affected by barriers such as short term funding, inconsistent access to technology and incompatible ICT systems, and variation in GP buy-in and trust.

3. What further action is needed, and by whom/where, to develop effective, sustainable social prescribing approaches in all parts of Wales? What will Public Health Wales' role be in this?

Agenda Item 3.11

Health and Social Care Committee Evidence Session on Mental Health Inequalities

Public Health Wales' Written Response

June 2022

1 Purpose

The purpose of this submission is to respond to the additional questions raised by the Health and Social Care Committee in relation to mental health inequalities, following Public Health Wales' evidence session on the 19 May 2022.

The submission focuses on three key areas:

- ❖ Availability of resources to deliver the public health approach needed to improve population mental health
- ❖ Where additional resources should be targeted to most effectively tackle mental health inequalities
- ❖ The further action needed to develop effective and sustainable social prescribing approaches

2 Are sufficient resources (financial and staffing) available within Public Health Wales and across the health and social care and wider public sector to deliver the public health approach needed to improve population mental health?

2.1 Public Health Wales' focuses and resource allocation

In 2018, Public Health Wales launched its long-term strategy, 'Working to Achieve a Healthier Future for Wales'. This set out our strategic priorities for the coming years, which were informed by the burden of disease in Wales. They include action focused on:

- ❖ improving mental well-being and resilience
- ❖ influencing the wider determinants of health
- ❖ securing a healthy future for the next generation
- ❖ supporting the development of a sustainable health and care system.

As described at the evidence session on the 19 May 2022, and set out within this supplementary briefing, all of these areas have a key role to play in relation to addressing and mitigating mental health inequalities. As part of the implementation of our strategy, we have sought to align resources, including internally-generated investment, towards the delivery of our priority areas.

Since the publication of our strategy, the COVID-19 pandemic has had significant adverse effects – both direct and indirect – on population health and well-being, including mental health inequalities. It has disproportionately impacted our most deprived communities and exacerbated existing health inequalities.

As a result, our focus as an organisation has been on harnessing our specialist public health expertise and resources on influencing the wider determinants of

health, action aimed at addressing the broader harms from the pandemic (including mental health), promoting and enabling shifts in healthier behaviour on a population level and informing sustainable investment in population health. Our recently published *Strategic Plan 2022-2025*, sets out the action that we will undertake within these areas, along with the resources that we will mobilise to support this agenda over the next three years.

It will see us focus on working with partners to increase the visibility of evidence based work to promote mental well-being, including continued implementation of the framework for a whole school approach to mental well-being, working with the Welsh Government to develop a strategic approach to promoting mental well-being and preventing mental illness, and ongoing work in relation to Adverse Childhood Experiences. Successful action in this area will require system-wide effort from a range of partners.

2.3 Primary care mental health services

A public health approach needs to consider a healthcare public health perspective, particularly in relation to primary care mental health services. Primary care, which is a universal service, provides the first level of contact for individuals, the family and communities with the NHS.

Analysis of data from the Welsh Secure Anonymised Information Linkage (SAIL) Databank highlights that there has been around a 50% increase in local primary care mental health support service referrals from 2014 to 2021. Local primary care mental health support services receive almost 7000 referrals a month, which is around three times higher than their current funded capacity.

The Strategic Programme for Primary Care is working with the Welsh Institute for Health and Social Care at the University of South Wales to understand the impact of deploying services to address mental health issues in primary care, including considering a range of interventions. These include:

- ❖ mobile applications and mental health video consultations
- ❖ Cognitive Behavioural Treatment
- ❖ health coaching and guided self-help
- ❖ joint consultations and collaborative care
- ❖ Mental Health Collaborative Teams
- ❖ CAMHS in-reach to schools.

In addition, it is also recognised that there is an overlap between Tier 0 mental health services and community assets/well-being activities, which can be accessed through facilitated referrals including through social prescribing services. The role of social prescribing in supporting population mental health therefore also needs to be considered. Further detail on social prescribing is provided in section 4.

3 Where should additional resources be targeted in order to most effectively tackle mental health inequalities?

3.1 Public health approaches

Inequalities in both mental and physical health occur fundamentally as a result of the wider determinants of health, such as: income, housing and employment. Most evidence and research shows that changing these factors will have the greatest impact on inequalities. In addition, recognising that mental health problems have their origins in the early years of life means that adopting a life course approach when tackling these issues is also helpful.

As a result, investing in universal approaches that are able to deliver additional early intervention support when needed, is more effective for prevention than highly targeted or specialist services. Adopting this approach in the context of mental health inequalities could include the following.

- ❖ Strengthening a housing-first approach, particularly for the most vulnerable, as a high proportion of those who are homeless will experience mental ill health.
- ❖ Investing in early years services that support parents, particularly those universal services such as health visiting, with a focus on identifying and supporting parents with underlying health problems such as substance use and mental ill health.
- ❖ Investing in school health services and increasing the capacity and capability of school nursing to address mental health problems in partnership with specialist mental health services.
- ❖ Supporting trauma informed approaches, particularly focusing on recovery.

Learning from the impacts of the COVID-19 pandemic on the mental well-being of young people is also important for population mental health. Longer-term impacts requiring consideration beyond short-term mitigation and health services responses include:

- ❖ Tackling inequalities in family employment and incomes, educational attainment, access to fair work and economic security for young people as they become adults.
- ❖ Changes to the working conditions of parents, including a rapid move to more parents working remotely, require monitoring.
- ❖ Investment in, co-design and evaluation of models of education that are resilient and equitable for the long-term.
- ❖ The rapid growth in the use and influence of digital technology, online communication, gaming platforms and social media as result of the COVID-19 pandemic has implications for the mental well-being of young people.

3.2 Future trends

A recent joint report, [Inequality in a Future Wales: Areas for action in work, climate and demographic change](#), between the Future Generations Commissioner,

Public Health Wales and Cardiff University, highlights three key future trends that will impact on inequalities, including mental health, in Wales.

These include:

- ❖ The future of work – the shift to a digital and green economy could widen inequalities without effective policy responses
- ❖ Climate change – impacts on mental health, and potential for the impacts and policy responses to climate change to widen inequalities in mental health without efforts to mitigate
- ❖ Demographic changes - the need to support an ageing population and protect positive intergenerational relationships.

3.3 Social return on investment (SROI)

Public Health Wales has recently undertaken a systematic scoping review on the social return on investment of mental health related interventions, which will be published shortly. The review found that a number of SROI studies show a positive return on investment in relation to the identified mental health interventions.

4 What further action is needed, and by whom/where, to develop effective, sustainable social prescribing approaches in all parts of Wales? What will Public Health Wales' role be in this?

4.1 Developing effective and sustainable social prescribing

Social prescribing involves a deliberate, individualised process that connects individuals to non-clinical services and activities, typically provided by the voluntary and community sectors. The approach adopted in Wales focuses on connecting citizens to community support, to better manage their health and well-being. The model moves away from a medicalised approach, instead proposing social prescribing, where the sources of referral are cross-sectoral and not limited to healthcare/primary care.

The concept of social prescribing has received significant political attention and cross-party support in Wales. The Programme for Government 2021-2026, commits to introducing an all-Wales framework to roll out social prescribing, and the Connected Communities Strategy sets out the intention to support the development of social prescribing schemes across Wales.

In 2021, a collaboration between Public Health Wales, the University of South Wales/Wales School for Social Prescribing Research (WSSPR) and Data Cymru was undertaken to describe the baseline from which a social prescribing model for Wales is to be developed. Our report, [Understanding Social Prescribing in Wales: A Mixed Methods Study](#), identifies four key messages, from which a series of recommendations have been made to advance social prescribing in Wales.

These are:

- ❖ A variation in provision of social prescribing across Wales provides both opportunities and challenges

- ❖ Social prescribing is a 'growth' activity, and expectations of it are high
- ❖ Technology is key to the future of social prescribing
- ❖ Resources, as always, are fundamental to sustaining the social prescribing pathway.

Therefore, we would propose that the actions set out below, which are informed by our recommendations, should be implemented to help develop an effective and sustainable social prescribing approaches in Wales:

- i. The planned national framework should be embedded across Wales to provide a national vision for social prescribing, whilst promoting a standard model, terminology, and structures that support it.
- ii. Local/regional organisational structures and partnerships should consider the role of a social prescribing champion to drive regional social prescribing strategy and coordinate communication throughout the pathway.
- iii. A whole system approach to developing and delivering the social prescribing pathway, which is informed by intelligent commissioning, should be adopted both locally and nationally.
- iv. The role and scope of the social prescriber should be reviewed to understand what should or should not be included within it and its points of referral into other services, such as mental health and social work teams as appropriate.
- v. A professional infrastructure should be developed for the social prescriber, which includes, for example, a suite of job descriptions, salary guide, skills and competency framework, supervision requirements, appropriate and recognised training, and education opportunities.
- vi. An evaluation should be undertaken of the usability of national single digital directories for Wales (such as DEWIS and InfoEngine) and digital platforms used across the pathway (e.g. Elemental) to manage referrals, collect national core service activity, and report individual outcome measures.
- vii. Further consideration should be given to funding models used for social prescribing to promote a sustainable pathway for the future.
- viii. The research study should be repeated in the next 5 - 10 years to further understand the progress made in establishing and developing social prescribing services across Wales.

4.2 System-wide action

To effectively implement the proposals set out above, action is needed by a range of partners across the system, including:

- ❖ Welsh Government – to support sustainable investment in social prescribing services, enabling digital developments and community assets, along with promoting consistent approaches to reduce variation.
- ❖ Regional Partnership Boards - to lead on the development and implementation of the social prescribing model, working with the Public Service Boards and Primary Care Clusters, to ensure that there is clear direction and a co-ordinated approach.

- ❖ Health Boards and Primary Care Clusters – to utilise the evolving landscape of Accelerated Cluster Development and emergence of Pan-Cluster Planning Groups to better understand local population needs, gaps in services and implications of social prescribing pathways in relation to informing prioritisation and commissioning plans.
- ❖ Health Education and Improvement Wales - to develop a national skills and competency framework for the social prescribing workforce in Wales, and to help with the professional infrastructure for the social prescriber, including supervision, training, and education arrangements.
- ❖ WSSPR - to support the continued development of the evidence base and an outcomes framework, as well as supporting with informing the monitoring and evaluation of social prescribing in Wales
- ❖ WCVA and third sector organisations - to provide leadership and support for community assets and well-being activities underpinning the social prescribing model.

We also recognise that Public Health Wales continues to have a key system leadership role in relation to social prescribing. Since 2019, we have been committed to supporting the development of social prescribing as part of our prevention in primary and community care programmes of work. We are currently supporting the implementation of key deliverables identified in the Connected Communities Strategy and recognise the importance of continued system leadership if we are to realise Wales' vision of social prescribing and support it in becoming a more mainstream preventative measure.

Agenda Item 5

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

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Agenda Item 7

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

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