

## **Agenda – Health and Social Care Committee**

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Meeting Venue:	For further information contact:
Hybrid – Committee room 3 Senedd and video conference via Zoom	Helen Finlayson Committee Clerk
Meeting date: 6 October 2022	0300 200 6565
Meeting time: 10.15	<a href="mailto:SeneddHealth@senedd.wales">SeneddHealth@senedd.wales</a>

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### **Private pre-meeting (10.15–10.20)**

The Committee agreed on 28 September in accordance with Standing Order 17.42(ix) to exclude the public from items 1, 2 and 3

- 1 Impact of the waiting times backlog on people in Wales who are waiting for diagnosis or treatment: Monitoring report**  
(10.20–10.25) (Pages 1 – 15)  
  
Paper 1 – Waiting times monitoring report
- 2 Draft Mental Health Bill**  
(10.25–10.30) (Pages 16 – 21)  
  
Paper 2 – Draft letter
- 3 Forward work programme**  
(10.30–10.45) (Pages 22 – 40)  
  
Paper 3 – Forward work programme

### **Break (10.45–11.00)**



#### **4 Introductions, apologies, substitutions and declarations of interest**

(11.00)

#### **5 General scrutiny of Ministers with responsibility for health and social care: Evidence session with the Minister for Health and Social Services, the Deputy Minister for Social Services and the Deputy Minister for Mental Health and Wellbeing**

(11.00–12.45)

(Pages 41 – 91)

Eluned Morgan MS, Minister for Health and Social Services

Lynne Neagle MS, Deputy Minister for Mental Health and Wellbeing

Julie Morgan MS, Deputy Minister for Social Services

Nick Wood, Deputy Chief Executive NHS Wales – Welsh Government

Albert Heaney, Director Social Services & Chief Social Care Officer for Wales – Welsh Government

Matt Downton, Head of Mental Health & Vulnerable Groups – Welsh Government

Irfon Rees, Director of Health and Wellbeing – Welsh Government

Research brief

Paper 4 – Welsh Government

#### **6 Papers to note**

(12.45)

##### **6.1 Letter from the Chair of the Joint Committee on the Draft Mental Health Bill**

(Page 92)

##### **6.2 Letter to the Minister for Health and Social Services regarding the Women and girls' health quality statement and plan**

(Pages 93 – 97)

- 6.3 Letter from the Minister for Health and Social Services regarding the Women and girls' health quality statement and plan**  
(Page 98)
- 6.4 Letter to the Minister for Health and Social Services regarding Fifth Senedd Committee recommendations relating to physical activity of children and young people**  
(Pages 99 – 101)
- 6.5 Letter from the Minister for Health and Social Services regarding Fifth Senedd Committee recommendations relating to physical activity of children and young people**  
(Pages 102 – 111)
- 6.6 Letter to the Minister for Health and Social Services regarding Part 6 of the Public Health (Wales) Act 2017 (health impact assessments)**  
(Page 112)
- 6.7 Letter from the Minister for Health and Social Services regarding Part 6 of the Public Health (Wales) Act 2017 (health impact assessments)**  
(Page 113)
- 6.8 Letter from Oxfam Cymru and Women's Equality Network (WEN) Wales regarding the Feminist Scorecard 2022**  
(Pages 114 – 115)
- 7 Motion under Standing Order 17.42 (ix) to resolve to exclude the public from the remainder of this meeting**  
(12.45)
- 8 General scrutiny of Ministers with responsibility for health and social care: Consideration of evidence**  
(12.45–13.00)

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# Agenda Item 2

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

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# Agenda Item 3

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

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**Eluned Morgan AS/MS**

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

**Julie Morgan AS/MS**

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

**Lynne Neagle AS/MS**

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



**Llywodraeth Cymru  
Welsh Government**

Russell George MS

Chair

Health and Social Care Committee

[SeneddHealth@senedd.wales](mailto:SeneddHealth@senedd.wales)

1 September 2022

Dear Russell

Please see attached our response to the specific issues raised by Members in your correspondence of 08 July, prior to the joint general Ministerial scrutiny session scheduled for 15 September.

Yours sincerely

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

Two handwritten signatures in blue ink, one for 'Julie Morgan' and one for 'Lynne Neagle'.

**Eluned Morgan AS/MS**

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

**Julie Morgan AS/MS**

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

**Lynne Neagle AS/MS**

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



**Written response by the Welsh Government to the Health and Social Care Committee.**

**1. An update on actions to address the social care workforce crisis, including plans for sick pay once the temporary scheme expires in August; actions to mitigate the impact on the social care workforce of rising costs of living; and the work of the Social Care Fair Work Forum.**

On 25 July, the Welsh Government provided additional funding for social work students starting their course in December. In total, this amounts to a package of almost £10 million in financial support for social work students over the coming three years. The funding which we have provided has been focussed on the recruitment of new students to social work courses to maintain the growth of a sustainable social care workforce in Wales.

The Covid-19 Statutory Sick Pay scheme ends on 31 August. The decision has been taken at a time when recent evidence from the ONS Coronavirus Infection Survey suggests the prevalence of Covid-19 in the community is decreasing. We are also reviewing the asymptomatic testing of social care staff and will make an announcement shortly. Social care workers and care home residents are priority groupings for the booster that starts in September, and this will afford staff and residents increased levels of protection.

Allowing the scheme to lapse is consistent with the view of Public Health Wales that Covid-19 is endemic and should be considered alongside other respiratory viruses. A Covid specific financial support scheme could not be supported indefinitely. The wider issue of the dearth of occupational sick pay in the social care sector will be considered by the Social Care Fair Work Forum as part of their work on terms and conditions. The current workstream to develop a national commissioning framework as part of the Rebalancing Care and Support agenda may also consider how this could influence increased levels of employer occupational sick pay schemes.

The Welsh Government remains committed to the implementation of the Real Living Wage to social care workers in Wales. The real living wage rate is independently calculated based on what people need to get by. We have also provided a £45m workforce grant to local authorities in 2022-23; and continue to work in social partnership with the Social Care Fair Work Forum to look at what further steps can be taken to support the workforce.

The Social Care Fair Work Forum was established in September 2020 following recommendation of Fair Work Wales Commission. The forum is a tripartite social partnership group consisting of employer and employees' representatives, stakeholders and government on an equal basis.

Professor Rachel Ashworth, Dean and Head of Cardiff Business School, is the forum's Independent Chair.

In the short term the Forum has focused its efforts on improvements to pay and has provided advice on how we can take forward the Real Living wage. It is now focusing

on its wider priorities.

These include tackling low pay in the commissioned independent sector through looking at pay structures and developing a framework that will provide a model of good practice and could be applied across Wales. Its other early priorities include ensuring safe, healthy and inclusive working environments, and the role of Employee voice. It will also seek to understand the impact on workers of non-guaranteed hours and the extent to which workers have knowledge of, and are able to access, their rights.

The Forum has agreed to publish an update on the progress being made within these key priorities by the end of 2022.

The Forum membership includes:

- Association of Directors of Social Services Cymru
- Care Forum Wales
- GMB
- National Provider Forum
- Royal College of Nursing
- Social Care Wales
- Trades Union Congress
- Unison
- Welsh Government
- Welsh Local Government Association.

## **2. Information about any plans for further support of unpaid carers (including those who are not eligible for the £500 payment).**

We invested in an extensive communications campaign to promote the £500 carer payment throughout May and June to those eligible carers in receipt of Carers Allowance on 31 March. Information was shared via social media, the Wales Online homepage on multiple dates, and to reach people who are not online, we shared the messages via pharmacy bags, radio ads, print advertising and it was covered by national news television as well as being promoted by local authorities and organisations supporting unpaid carers. Despite this coverage we were aware that some unpaid carers missed the deadline or did not realise that they are required to contact their local authority to register for the payment.

The registration period to register for the £500 payment to unpaid carers in receipt of Carers Allowance on 31<sup>st</sup> March, closed on 15<sup>th</sup> July. Following feedback that a number of eligible individuals believed they would be contacted by their local authorities and invited to claim the payment, the registration period reopened on 15<sup>th</sup> August for three weeks. Targeted communications have been placed in a range of national and local newspapers in an effort to reach unpaid carers who are digitally excluded.

Local authorities have been asked to provide data on take up of the payment every two weeks. The most recent return currently includes data from 20 local authorities and shows that as of 19<sup>th</sup> August, 70% of eligible unpaid carers had successfully registered for the payment, with over 2,000 claims yet to be processed. The new

registration period will enable more unpaid carers to benefit from this payment.

During Carers Week in June, we announced funding of £4.5m to continue our successful Carers Support Fund over the next three years. Unpaid carers in financial hardship will be able to apply for grants of up to £300 to pay for food, household items and electronic items. Eligibility for the fund is not linked to Carer's Allowance and therefore individuals who were not eligible for the £500 payment will be able to apply. The fund will target carers on low incomes who are struggling to cope with their caring role.

Since the fund started in 2020-21 it has helped more than 10,000 of the most vulnerable unpaid carers facing financial hardship arising from the pandemic, with grants and services to improve their wellbeing and support them with their caring responsibilities. Carers have used vouchers from the scheme to buy essentials such as food, household items such as a new washing machine or clothing. With the increasing cost of living making life more difficult for unpaid carers on the lowest incomes, the extended fund will enable us to support thousands more carers with the practical and financial support they need.

Unpaid carers of all ages in Wales will also benefit from our £9m investment (over three years) into a new short breaks scheme. The scheme will increase opportunities for unpaid carers to take a break from their caring role and have a life alongside caring. A short break is a service, support or experience, which helps an unpaid carer take time away from their caring responsibilities. This new scheme delivers a Programme for Government commitment and will build on our investment of £3million into respite services in 2021-22.

Carers Trust Wales has recently been appointed as the national coordinating body to establish and oversee the scheme and will work collaboratively with Regional Partnership Boards, local authorities and the third sector across Wales to encourage innovation and promote good practice. The national body will also ensure unpaid carers have equal access to a range of suitable options to support them to take a break that meets their needs. A core principle of the scheme is that carers are seen as individuals, and the focus will be on achieving the personal outcomes that matter to them.

#### Day centres and services reopening

The Welsh Government is working closely with the Association of Directors of Social Services Cymru to monitor and support the resumption of day opportunities. To understand the current picture another snap-shot survey of re-opening was undertaken in May 2022, where most local authorities reported that a significant proportion of services have resumed, although there was variation across regions. Responding to the continuing pressures caused by the pandemic many authorities are adopting a hybrid approach between resuming building-based services and providing support in the community including in supported living where appropriate.

There continues to be significant limitations in the resumption of many day opportunities, this includes managing the availability of staff, as in addition to recruitment challenges many existing staff have been re-deployed or are working more flexibly to deliver high priority services; and maintaining staffing levels across social care services particularly in areas such as domiciliary care is of considerable concern.

Local authorities are focusing on ensuring individual support needs are met and that preferences are taken into account. The future development and provision of day opportunities will consider the many benefits realised through adapting services during the pandemic and this will include enhancing digital innovation. The landscape of day opportunities is changing, and feedback from many participants is reflecting a preference for community-based support to continue and to grow. As the presence of Covid-19 continues in the community, the future provision of placed based services will also need to take into account whether pre-pandemic premises are suitable, and that social distancing and infection controls can be maintained.

We are continuing to work with ADSSC to provide support for local authorities to learn from the innovation developed in the response to the pandemic and to re-build sustainable day opportunity services across population groups where needed. This will involve sharing good practice and supporting the development of services which are co-produced with participants and their families.

#### Covid 19 Booster Vaccinations and unpaid carers

Eligible adults in Wales have been invited for their COVID-19 Autumn booster since mid-August with the roll-out commencing at the start of September. This vaccination will help boost the immunity of those at higher risk from COVID-19, improving their protection against severe illness, and to protect the NHS over Winter 2022-23. Most will be invited via letter to attend a vaccination centre, GP surgery or pharmacy for this Autumn booster. A single dose of COVID-19 vaccine will be offered to individuals aged 16-49 who are carers, alongside the following groups:

- Residents in a care home for older adults and staff working in care homes for older adults
- Frontline health and social care workers
- All adults aged 50 years and over
- People aged five to 49 years in a clinical risk group
- People aged five to 49 years who are household contacts of people with immunosuppression

The full statement issued by the Joint Committee on Vaccination and Immunisation can be viewed using the following link:

[JCVI statement on the COVID-19 booster vaccination programme for Autumn 2022: update 15 August 2022 – GOV.UK \(www.gov.uk\)](#)

- 3. An update on the work of the Expert Group on a national care service, including whether the Group's recommendations will be published.**

We are making progress towards the commitment, set out in the Co-operation Agreement (published November 2021), to establish a National Care Service which is free at the point of need. The Expert Group began meeting in February, engaging with topics including workforce, paying for care, systems and delivery, and citizens' voice.

The Expert Group will produce a report to provide recommendations on the practical steps which can be taken to create a National Care Service. The work of the Expert Group is ongoing and Welsh Government has yet to receive the final report. We anticipate that we will receive this report in early Autumn, following which it will be published and the process towards wider consultation will commence.

#### **4. An update on progress on the national framework for care and support, including the work of the technical groups established in October 2021.**

Progress has been made towards developing the strategic National Framework for commissioned care and support. This Framework will set standards for commissioning practice, reduce complexity, and focus on quality and outcomes.

A Technical Group was convened in January, to advise Welsh Government on the technical aspects of policy development in relation to the National Framework. Subgroups for Commissioning standards, health Services as well as equalities and Welsh Language are progressing the work. The National Framework will be published for consultation in 2023 in a Code of Practice.

#### **5. An update on initial progress against the Welsh Government's plan for transforming and modernising planned care and reducing waiting lists, including whether health services are on track to achieve the plan's recovery ambitions.**

The Planned Care Recovery Plan was published on 26 April and sets out how we will transform the way services will be delivered to ensure patients in Wales receive the care and treatment they need in a timely manner.

The plan contains a number of ambitions, the first of which (to be achieved by the end of December 2022) is that there should be no open pathways over 52 weeks waiting for a first outpatient appointment. June data indicates there were 97,882 open pathways over 52 weeks waiting for a first outpatient appointment.

**Progress:** Although the cohort of patients (this is the list of **all** patients that need to be seen by the end of December 2022 and is different to the number currently waiting over 52 weeks) is reducing, progress is slower than we would like and would expect. Initial focus has been on addressing the urgent backlog and cancer outpatients. It is anticipated that improvement will be seen from September onwards. Health boards have been given clear directions as to what they need to do

to achieve this target. This includes treat in turn (which means seeing patients in chronological order based on their clinical need), clinical validation and utilising new pathways of care such as 'See on Symptoms' (SoS) and Patient Initiated Follow-up (PIFU) (which is when patients who have had treatment and are normally scheduled for follow-up appointments, but these new approaches mean it will be for patients to decide if they require an appointment and for them to contact the hospital, where they will be offered support and advice to help them make those decisions).

The second ambition is to have no open pathway over 104 weeks by the end of March 2023 (in most specialities). The end of June position shows 62,136 open pathways over 104 weeks, a 12% improvement compared to the March 2022 position.

**Progress:** We are seeing a reduction in the cohort size and an increased focus by health boards to achieve this target. The position remains challenging, and it is acknowledged that for the majority of patients this will be achieved, but there will be some specialities where this will not be achieved. We are working with the health boards on regional solutions and mutual aid to ensure that where possible, this target will be delivered.

Additional actions to address the current position: The National Director of Planned Care Improvement and Recovery has regular meetings with each health board and recently wrote out to them with advice on how they could improve their position. This included:

- the use of validation to ensure only those people who should be on the waiting list are on the waiting list,
- improving treat-in-turn rates to direct appointments to include long waiting patients,
- increasing day surgery rates so that they reach levels recommended by Getting it Right First Time (GiRFT),
- increasing overall activity back to pre-pandemic levels and a roll out of both Patient Initiated Follow-Up (PIFU) and See on Symptom (SoS), which would enable appropriate follow-up capacity to be repurposed to new outpatient capacity.

Weekly monitoring of these actions is part of the recovery team's remit.

Health boards are:

- Procuring additional validation from an external provider who will work with a number of health boards to help ensure waiting lists are accurate and assess whether patients need to be clinically reviewed
- Reviewing their Do Not Do lists (this is a list of procedures the NHS should stop doing or should not routinely undertake as there is no clinical evidence of its effectiveness) and
- Nationally agreeing referral guidance through a national project supported by a clinical lead.

Over recent months, activity levels have increased, but remain below the pre-pandemic levels. In June 2022, inpatient / daycase activity at an all-Wales level was at 81% of the pre-pandemic levels, with outpatient activity at 97% of pre-pandemic

levels. Health boards, through Welsh Government accountability meetings, have been made aware of the importance of increasing activity levels to help reduce the backlog of patients. Health boards have been advised to make full use of all available capacity, including the independent sector across Wales and England, as well as using insourcing companies to support work. Their additional monies will support this.

#### Examples of additional capacity developments

- Hywel Dda UHB has procured two new day theatres on the Prince Philip hospital site, with the expectation of delivering up to 4,600 additional cases a year. These theatres are scheduled to be operational in October 2022.
- Mobile diagnostic units are in place at the Royal Glamorgan Hospital and in Cardiff and Vale.
- Cardiff and Vale UHB are supporting Cwm Taf Morgannwg UHB to address some of the breast cancer backlog, with additional clinics being run on Saturdays in Cardiff. As of the 18 August, 143 patient pathways have been sent over to Cardiff and Vale

#### Examples of transformation

- Six out of seven health boards are now using the e-advice and e-referral, with the remaining health board (Aneurin Bevan UHB) going live in quarter 3 (October – December 2022). Early indications are that 15% of activity is returned as advice only and within 48 hours.
- A national toolkit and website for SoS and PIFU has been developed. There are over 50 medical and surgical pathways that have been clinically approved for inclusion and all health boards have been asked to implement at least 10 pathways by March 2023.
- Health boards have also been making use of virtual appointments and clinics, with a generic toolkit purchased in conjunction with NHS England.

Diagnostics recovery, June data showed a reduction in waits over the 8-week target with 43,564 open pathways, a reduction of 4% on the previous month and average waits reducing to 5.6 weeks.

#### Progress

- A programme board has been established and is overseeing the development of a national diagnostic strategy due to be published Autumn 2022. This is being supported by the establishment of a programme team within the NHS Delivery Unit and will include work on demand and capacity planning and will complement the work of the National Endoscopy Programme.
- The Programme is developing plans for three regional diagnostic hubs located in North Wales, South-East Wales and South-West Wales.

Cancer recovery, June data shows performance of 54% against the 62-day target, an improvement of 1 percentage point on the previous month. The number of patients informed they did not have cancer was 12,372 in June.

#### Progress

- A national campaign is being linking to the Cancer Services Delivery Plan to help patients recognise red flags and to seek advice.
- 21 approved optimum pathways have been developed and are being

implemented.

- There is national work to improve referral management and direct to test guidance.
- Improvement Cymru, the improvement arm of NHS Wales, is supporting work with health board multi-disciplinary teams to improve efficiency and quality. Their aim is to support the creation of the best quality health and care system for Wales so that everyone has access to safe, effective and efficient care in the right place and at the right time.
- Rapid diagnostic centres are in place in each health board area and the cancer vague symptom pathway has been approved by NHS Wales Chief Executives as a national optimal pathway.

### **Waiting Well services:**

All health boards have introduced some type of services to support patients whilst they wait for their treatment ranging from information to specific services. National policy is being developed to agree a set of consistent principles for waiting well services to ensure consistency of approach and agreed outcomes from these services going forward, due to be completed March 2023.

### **Current examples**

- Cwm Taf Morgannwg UHB, [WISE CTM - Cwm Taf Morgannwg University Health Board \(nhs.wales\)](#)
- Cardiff and Vale [Home - Keeping Me Well](#)
- Hywel Dda – [Waiting List Support Service Launched - Hywel Dda University Health Board \(nhs.wales\)](#)
- Powys [Keeping Well While You Wait - Powys Teaching Health Board \(nhs.wales\)](#)
- Swansea Bay <https://sbuhb.nhs.wales/recovery-wellbeing/about-recovery-wellbeing/advice-for-patients-whose-operation-may-be-delayed-by-covid-19/documents/other-conditions-new/>
- National advice [Live Well - NHS \(www.nhs.uk\)](#)

## **6. An update on vaccination programmes, including COVID-19 and seasonal flu.**

This year we have integrated our Covid-19 and influenza vaccination programmes. This is a major step in our Vaccination Transformation Programme and recognises the importance of a coordinated response to both respiratory viruses. Our [Winter Respiratory Vaccination Strategy](#) prioritises protecting those at highest risk, preventing hospitalisation and avoidable deaths from Covid-19 and influenza this Winter through vaccination.

### **Covid-19**

The primary objective of the Autumn Covid-19 booster vaccination campaign is to augment population immunity and protection against severe Covid-19 disease, hospitalisation and death, over Winter 2022 to 2023. Over this Summer, the Joint Committee on Vaccination and Immunisation (JCVI) published advice on the Autumn campaign. The following individuals will be offered a vaccination:

- Residents in a care home for older adults and staff working in care homes for



- older adults;
- Frontline health and social care workers;
- All adults aged 50 years and over;
- Persons aged 5 to 49 years in a clinical risk group, as set out in the [Green Book](#);
- Persons aged 5 to 49 years who are household contacts of people with immunosuppression, as defined in the Green Book;
- Persons aged 16-49 who are carers.

The JCVI has also advised the deployment of bivalent vaccines (vaccines that target two different variants) which are targeted at both the Omicron and original strain of Covid-19. Eligible adults aged 18+ will initially be offered the Moderna bivalent vaccine and those eligible aged under 18 will be offered the Pfizer vaccine. Both vaccines will be offered at least three months after a previous dose.

The first booster vaccinations will commence in Wales from the start of September and those eligible adults will mostly be invited via letter to attend a vaccination centre, GP or pharmacy for their vaccination. The first invitation letters were sent during week commencing 15 August.

### **Influenza**

This Autumn and Winter, we are offering the flu vaccine to the following:

- people aged 50 years and older
- staff in nursing homes and care homes with regular client contact
- staff providing frontline NHS/Primary care services, healthcare workers with direct patient contact; and staff providing domiciliary care
- people aged six months to 49 years in a clinical risk group
- individuals experiencing homelessness
- pregnant women
- carers
- people with a learning disability
- people with a severe mental illness

The integration of our flu campaign with our Covid-19 campaign through the Winter Respiratory Vaccination Programme will enable us to maximise uptake of the flu vaccine, including by co-administering the vaccines where appropriate, and drive service efficiencies. Specific groups, such as those with chronic obstructive pulmonary disease, who are particularly vulnerable if they contract influenza or coronavirus, will be offered both vaccines in the same appointment.

### **Winter Respiratory Vaccination Strategy**

We expect both Covid-19 and flu to circulate this Winter and must be prepared for much higher or unseasonal flu activity. Our strategy sets out our plans for Autumn-Winter 2022-2023 and how we will offer both the influenza and Covid-19 vaccines to those who are eligible, while being prepared to increase our capacity quickly, should we need to, in response to any future significant coronavirus pandemic wave or a new variant.

Deploying a Winter Respiratory Vaccination Programme this Autumn is a significant step towards a fully integrated vaccination programme offering an improved experience, including greater convenience for patients and providing service

efficiencies in the NHS.

The strategy aims include:

- Offering the Covid-19 vaccine to all eligible individuals by the end of November and offer the flu vaccine by end of December
- Achieving 75% uptake for both vaccines
- Continuing to work to ensure no one is left behind and to maximise vaccine coverage in Wales for the protection of individuals, their families and the communities in which they live.

### **The Vaccination transformation programme**

In Spring 2022, we initiated a Vaccination transformation programme, with the aim to identify and use the lessons from the pandemic to transition to a position of improved business as usual for all the vaccination programmes administered in Wales. The overall aim is to deliver world-leading outcomes in vaccine preventable disease through the establishment of a National Immunisation Service for Wales by 2023.

The 2022-23, Winter Respiratory Vaccination Programme is the first major step in our transformation journey. The next steps will be outlined in the National Immunisation Framework for Wales which we will publish later in the Autumn.

## **7. An update on short and longer term actions to address workforce pressures and challenges, including recruitment, retention and morale.**

Through their Integrated Medium-Term Plans (IMTPs), organisations have developed workforce plans to recruit additional staff to close the vacancy gap. We will also continue to recruit additional healthcare professionals, including from overseas where this is ethical, and we have recently recruited over 400 international nurses to work in Wales through a new national programme.

In addition to training and attracting new healthcare professionals to Wales, it is of strategic importance to improve the retention of staff already working in the NHS. Health boards and trusts are supporting retention through a range of policies to enhance staff engagement and wellbeing to support people to remain in work.

We are in constant dialogue with our health boards, trusts and the trade unions to understand how we can provide targeted funding and services to complement the local support available for the workforce. We work closely with our NHS and Social

Care Health and Wellbeing Networks who are active in sharing best practice and solutions across organisations and workplaces.

We are providing £1.5 million per year until 2025 to support the expanded Canopi (*previously Health for Health Professionals (HHP)*) service which offers expert psychological support to assist health and social care staff with presentations directly related to Covid-19 experiences such as post-traumatic stress disorder, prolonged grief disorder and moral injury. These complement the local support and resources provided by NHS and social care employers and free-to-access health and wellbeing support resources and apps such as Mind, CALL and SilverCloud.

A workforce plan to underpin the planned care plan is currently in development and will be launched in the Autumn 2022.

## 8. An update on the establishment and role of the NHS Executive.

Setting up an NHS Executive is an essential part of making our health system fit for the future. Its key purpose will be to drive improvements in the quality and safety of care - resulting in better and more equitable outcomes, access and patient experience, reduced variation, and improvements in population health.

To do this, working on behalf of Welsh Government, the NHS Executive will provide strong leadership and strategic direction – enabling, supporting and directing, where necessary, the NHS in Wales to transform clinical services in line with national priorities and standards.

Aligned to this role and purpose, the initial core areas the NHS Executive will cover have been determined as:

- **Improvement** – including reinforcing and refocusing national leadership for quality improvement, patient safety and transformation;
- **Planning** – including developing national and regional planning capability and support for national decision making alongside regional and local delivery; and
- **Oversight and assurance** – including enabling stronger performance management arrangements, and capacity to challenge and support organisations that are not operating as expected.

This is not an exhaustive list and will be refined as part of the implementation programme and the component functions of each worked through. Equally, as the NHS Executive matures, these may develop over time.

To support delivery of the areas outlined above the NHS Executive will comprise a small strengthened senior team within Welsh Government. It will oversee and direct a much bigger national resource (the NHS Executive Support Function) based in the NHS, as well as working alongside other national bodies such as HEIW and DHCW, to deliver the ambitious strategies that have been set out for the NHS and ultimately drive improvements in the quality and safety of care.

The NHS Executive Support Function will in the first instance comprise existing

national capacity from the following national bodies/functions:

- NHS Wales Health Collaborative – *we expect this to include the majority of its existing functions, with any exclusions to be agreed as part of the establishment process*
- NHS Wales Financial Delivery Unit
- NHS Wales Delivery Unit
- NHS Wales Improvement Cymru
- National Programmes

It is expected that there may also be a need to repurpose or supplement these national resources in the following areas:

- Additional capacity to evaluate and support efficient and effective deployment of workforce resources;
- Increased capacity and expertise to enable accelerated support for organisations in escalation; and
- Central planning and transformation capacity and expertise.

A formal implementation programme, chaired by Judith Paget, to oversee the establishment of the NHS Executive has now been established. This includes a Steering Group, as well as a number of workstreams, involving representatives from Welsh Government and the NHS to advise and support delivery.

The key building blocks that will need to be in place by the end of the year to bring together the existing national resources are now being worked through. This will include:

- The component functions the NHS Executive and the National Support Function will exercise;
- The governance model it will require to be operational;
- The priorities that it will need to support delivery of across the NHS; and
- Clarity on the relationship with the wider system, including links with the new Social Care Office for Wales.

## **9. An update on health boards' in-year financial position, including whether they are on track to meet their statutory duty to break even over the three year period ending in 2022-23.**

Welsh Government has provided all NHS organisations with a core uplift of 2.8% in 2022-23, totalling £180m, providing a basis for the development of sustainable financial plans going forward. In addition, the NHS pay award I announced on 22<sup>nd</sup> July will be funded in full, as will costs relating to the continued response to the Covid pandemic in respect of the vaccination programme, testing and contact tracing, and the provision of PPE. We also recognise that the NHS is incurring significant costs associated with the increases in energy costs, and so have allowed them to anticipate funding for this impact in their reported positions.

Despite this level of support, four health boards are reporting anticipated deficits for the financial year, which total £113.1m as at the end of July. Hywel Dda University Health Board is reporting a deficit of £62m, which is a significant deterioration on their £25m deficit outturn at the end of 2021-22 financial year. Disappointingly, Cardiff and Vale, Cwm Taf Morgannwg University Health Boards and Powys

Teaching Health Board are also forecasting year-end deficits of £17.1m, £26.5m and £7.5m respectively. All three boards had balanced their books in 2021-22 and had met their three year break even duty last year. My officials are working closely with these organisations, with support from the Finance Delivery Unit, to ensure they are developing sustainable plans going forward and are chasing every opportunity to reduce their forecast deficits this year.

I am pleased that Betsi Cadwaladr and Swansea Bay University Health Boards now have balanced financial plans for 2022-23 and going forward. This is a significant achievement, although both organisations will still fail to achieve their three-year break-even duty at the end of 2022-23 due to deficits incurred in previous financial years. The other health boards and NHS trusts are expected to be financially balanced in 2022-23, as are the two special health authorities.

## **10. Information about actions to improve succession planning and attract high quality and diverse candidates for senior public appointments.**

The need to do more regarding succession planning for senior public appointments is recognised and a number of actions are being taken to ensure vacancies attract high calibre candidates.

All action pays due regard to the Governance Code on Public Appointments, ensuring that public processes are designed to ensure that the best people, from a diverse and the widest possible pool of candidates, are appointed to roles.

When seeking to attract candidates Welsh Government has taken steps to extend the reach of public appointment publicity activity including targeting and engaging with diverse audiences. Public appointments are routinely advertised through online diversity platforms, and publicity is agreed with the Health and Social Services Group and tailored to an appointment campaign. All public appointments are shared with a diverse range of stakeholder organisations and individuals including those who informed the Welsh Government Diversity and Inclusion Strategy for Public Appointments.

Additionally, Executive Search consultants were recently engaged to assist with the campaign for the Chair of the Welsh Ambulance Services NHS Trust (WAST) and Powys teaching Health Board. These did attract candidates that had not applied for NHS Board positions previously and the Committee participated in the process, undertaking the Pre-Appointment Scrutiny Hearing for the chair of WAST in June. The Committee will conduct the Pre-Appointment Scrutiny Hearing for my preferred candidate for the Powys position on the date of this scrutiny session (15 September 2022). We will continue to review and use the services of Executive Search consultants to support appointments when there are clear benefits.

I have also established the NHS Wales Public Appointees Task and Finish Group, chaired by Mark Polin, the Chair of Betsi Cadwaladr University Health Board, with the remit of reviewing the arrangements for public appointments to NHS Boards, development of public appointees and succession planning.

Having initially established the Group for six months I have agreed it will continue its work into the Autumn to ensure it considers fully and recommend sustainable

improvements for areas within its remit. I look forward to receiving their recommendations and would be happy to report these to the Committee in the future.

The Group has already discussed opportunities for development of new and existing public appointees. Academi Wales provide or facilitate many of these opportunities which includes the NHS Wales Independent Member Induction Programme, Healthy Board and High Performance Capability Workshops for Boards, One Welsh Public Service Leaders' Winter School and the opportunity to access Non-Executive Coaching and Mentoring Support.

More generally the Welsh Government's Public Bodies Unit (PBU) has contracted external suppliers to deliver a 'Near Ready Leadership Programme' and 'Public Leaders of the Future Programme'. Both are modular based virtual interventions initially aimed at disabled people and people from ethnic minority backgrounds who are interested in obtaining a public appointment and who are nearly ready to apply or do not yet have the necessary skills and experience to apply. Whilst not specifically aimed at those seeking senior public appointments it should not be assumed that attendees will not already have the skills and experience required. After benefitting from the programme some attendees may recognise their potential and feel more confident to apply for senior positions as they arise. The programmes are scheduled to complete in November and will be subject to evaluation before further rollout.

PBU has also recruited a number of Senior Independent Panel Members from wide and diverse backgrounds who have an important role to join and support Assessment Advisory Panels for significant appointments. Their expertise and knowledge of the Governance Code on Public Appointments is informing and supporting public appointment recruitment.

Specifically within the NHS, and in line with our commitments in the Anti-Racist Wales Action Plan, an Aspiring Board Members Programme is currently being designed ready for commencement in early 2023.

#### **11. An update on the operation and impact of the new Health and Social Care Regional Integration Fund, including the role of regional partnership boards.**

The new £144.6m Regional Integration Fund (RIF), launched in April 2022 and being administered by Regional Partnership Boards (RPBs), is designed to build on the learning and experience of the Integrated Care Fund (ICF) and Transformation Fund

(TF) to develop six national models of integrated care (see RIF guidance<sup>1</sup>). This programme is Welsh Government's bedrock from which we can develop, test and embed change at an operational level that will support more integrated service delivery.

RPBs have submitted their plans to Welsh Government officials and initial feedback has been given to regions in relation to their fit with the programme objectives and financial investment profiles. In addition, regional plans are being independently reviewed by Old Bell 3 to provide further insight into progress and learning from the previous ICF and TF and deliverability in relation to the six national models of care. RPBs have presented their approaches towards developing the national models of care directly to Ministers and continue to meet with them on a quarterly cycle of meetings. We will also be establishing an expert panel to provide support, challenge and scrutiny to RPBs in their work towards implementing the six national models of care. Given RPBs are all starting from a different place it will take time for the six national models of care to evolve and develop the consistent features we would expect them to, hence this is a 5-year fund. To facilitate this, we have developed a number of communities of practice under the RIF to facilitate the sharing of learning and assist us with working towards embedding those six national models of care.

Quarter 2 reports expected in the Autumn will provide the first information on progress and impact of RIF funded projects measured against the outcomes framework developed alongside the RIF. However, a bespoke review has been undertaken to explore the extent to which activity being delivered through the RIF is 'leaning into' and supporting the current system pressures in relation to health and social care.

## **12. An update on regional partnership boards' and health boards' seasonal planning, and their preparedness for Winter 2022, including the identification and implementation of any key learning points from last Winter.**

The health and social care system has historically experienced pressure during specific periods of the year, resulting in delays to access that may result in risk of harm, poor experience, and reduced quality of care to people accessing services.

Recent years have seen an integrated approach to planning through RPBs, making good use of the breadth of skills and experience that partnership working across health, social care, independent and third sector brings.

From quarterly and financial end-year analysis of the RPBs, 2021/22 funding was allocated to a total of six of the eight priority areas within the Winter Plan, notably around maintenance of health and of social care services (these two areas accounted for the most spending), supporting carers and the wider workforce and keeping people well at home. Many of the investments sought to increase existing capacity in those areas that regions identified as at risk. Consequently, we have seen investment in:

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<sup>1</sup> [Health and Social Care Regional Integration Fund - Revenue Guidance 2022-27 \(gov.wales\)](https://gov.wales/government/department-of-health-and-social-care/regional-integration-fund-revenue-guidance-2022-27)

- Supporting Discharge to Recover then Assess pathways, to support appropriate and timely discharge from hospital settings and to improve patient outcomes. This has been achieved by creating additional step-down capacity to ensure safe discharge home for patients and through increased stock for community equipment stores.
- Increasing social care capacity to support assessment and direct care provision.
- 24/7 enhanced welfare emergency support to support individuals and their carers
- Enhanced Mental health early intervention/ in-reach services
- Accelerated hospital discharge using technology-enabled care

Officials evaluated the 2021/22 Winter Plans in May. They found RPBs welcomed the Winter Plan and its focus on managing the pandemic and recovery, aligned with their own, planned approaches to managing seasonal pressures.

Learning from previous Winter planning has told us that a joined-up health and social care response is essential in order to manage cross sector impacts and interdependencies, to align and optimise resources and that RPBs can play a vital role in creating the space for joint planning and response. All Regional Partnership Boards have been working over the Summer months to prepare their own regional plans for Winter 2022-23.

It has also become clear that planning for Winter should not be a stand alone annual event that is thought about late in the year when Winter guidance gets issued by Ministers. Instead, it needs to be incorporated into the substantive planning frameworks for health and social care, including the development of NHS Integrated Medium Term Plans and joint planning through the RPBs.

Similarly, the reliance on short term injections of funding to address seasonal pressures do not support sustainable system change and resilience and as such resourcing for seasonal pressures needs to be considered as part of the wider planning framework.

We are currently considering how volunteers could be utilised to support our NHS over the coming Winter period, this will take into account the learning from during the pandemic when volunteers were called upon.

In a Post Covid world it is also becoming increasingly evident the system pressures are not just seasonal. The current system pressures over the Summer months due to ongoing covid impacts are an illustration of this. Therefore, system pressures need to be viewed as undulating across the year and that substantive planning frameworks need to incorporate the necessary arrangements for responding to any system pressure that might arise as any time.

For 2023-24 onwards new planning frameworks will develop this approach. However, in the meantime the arrangements for Winter 2022-23 are as follows;

- Priority should be focused on actions or parts of the patient pathway that can be accelerated or enhanced for a defined period, in an effort to reduce



risk of harm and improve outcomes and experience.

- The four national programmes (Mental Health), Primary Care, Urgent and Emergency Care, and Planned Care) are directed to work with key stakeholders to rapidly identify whole system key priorities for Winter 2022/2023.
- A targeted Winter planning framework is being rapidly developed for 2022-23 by the NHS Wales Delivery Unit using the priorities identified by Welsh Government officials and national programme directors. This framework will specifically target enhancements for goals 5 and 6 of the Urgent and Emergency Care goals. Health Board Directors of Planning and Regional Partnership Boards are being engaged at an early stage in the process to enable an integrated approach. Health boards and NHS trusts have been advised that Winter plans should be published online no later than the end of September 2022.
- For the upcoming Autumn 2022 seasonal vaccination roll out, we have launched our Winter Respiratory Vaccination Strategy, which recognises the importance of a coordinated response to both COVID-19 and influenza. Integration of our COVID-19 and Influenza programmes is the first major step of our Vaccination Transformation Programme.
- Invitations for a Covid-19 vaccine will all be issued to all eligible individuals by the end of November and the flu vaccine will be offered by the end of December.
- Through the Winter Respiratory Vaccination Programme we will offer 1.6 million people an Influenza vaccine and Covid-19 vaccine and up to 400 vaccination sites across Wales will be utilised including vaccination centres, community pharmacies and GP surgeries. Our Strategy sets an ambitious target of 75% uptake for both vaccines.
- Officials are working to develop “Our Public Health Approach to Respiratory Viruses Autumn/ Winter 22/23”. In particular, we are working to ensure coherence with broader NHS Winter planning, vaccination strategy, surveillance plans and communications strategy.
- The plan will be ready for publication in mid-October and recognises the potentially challenging Autumn/Winter period ahead if there are spikes in both Covid-19 and flu. It sets out how we can prepare our communities and the system through a combination of pharmaceutical and non-pharmaceutical interventions.

23 September 2022

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

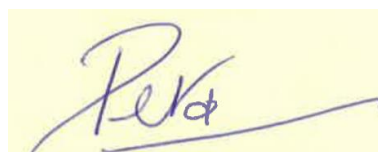
Dear Russell,

I am writing to you concerning the draft Mental Health Bill which was [published](#) by the UK Government on 27 June. I chair a Joint Committee of MPs and Peers which has been established by both Houses of Parliament to carry out pre-legislative scrutiny of the draft Bill. We are required to report to Parliament by 16<sup>th</sup> December. The UK Government will then consider our recommendations, before deciding what changes should be made before the Bill is formally introduced to Parliament in 2023.

As the draft Bill extends to England and Wales, I wanted to ensure you were aware that our Committee had been established to scrutinise the draft Bill. Your Committee would be very welcome to submit written evidence to our inquiry if it would like. We would be particularly interested to hear about your work on mental health inequalities where relevant to the draft Bill. The Welsh Government has also been approached. You can find the call for evidence we issued [here](#).

Please could completed written evidence be sent to us by Thursday 13 October at [teamjcmmentalhealth@parliament.uk](mailto:teamjcmmentalhealth@parliament.uk). Your secretariat would be very welcome to contact the staff who support the Committee at that email address, should you have any further questions ahead of replying.

Yours sincerely,



**Baroness Buscombe**  
**Chair**  
**Joint Committee on the Draft Mental Health Bill**

—  
**Health and Social Care  
Committee**

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Eluned Morgan  
Minister for Health and Social Services  
Welsh Government

18 July 2022

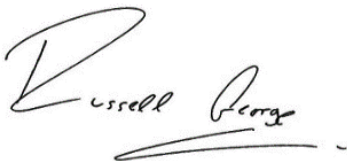
Dear Eluned

**Women and girls' health quality statement and plan**

Further to your Plenary statement on 5 July 2022 and your response of 11 May 2022 to our letter of 25 March 2022, I would be grateful if you could now provide a detailed response to the issues contained in the attached annex.

As you are aware, the Committee has identified women's health as a priority issue and plans to undertake an inquiry in this area beginning towards the end of the autumn term. We will be considering the scope and terms of reference for this inquiry at our meeting on 15 September, and anticipate reporting our findings in the spring. It would therefore be helpful if you could respond to the issues set out in the annex by **2 September 2022**, in particular to provide clear timescales for the publication of the women's health plan.

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: Women and girls' health quality statement and plan

### A women and girls' health plan

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We welcome the publication of the quality statement on women's and girls' health on 5 July and look forward to the publication of a 10-year women's health plan in the autumn.

1. Can you clarify the timescale for the publication of the plan.
2. Would you be willing to share a draft of the plan in confidence with us.
3. Can you confirm that you will ensure that what goes into the plan are actions that can be measured when implemented.
4. Can you clarify how the plan will provide for communication with women.
5. Can you clarify:
  - a. the role of the NHS executive, NHS Wales Collaborative and the Women's Health Implementation Group in directing the action plan and then supporting its implementation; and
  - b. who will be accountable to the Minister in terms of delivering the ambitions of the quality statement.
  - c. whether there is an expectation that service specifications will be developed for all the conditions identified in Annex A of the quality statement, and how much discretion health boards will have to prioritise some conditions over others.

### Lack of data

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We were told that, in terms of diseases that impact on men and women, women's experiences are pushed to the periphery. One possible reason for this could be the under-representation of women in clinical trials. Women's bodies, and the conditions that affect them are under-researched, with the causes and treatments unknown.

The lack of medical research also means that researchers do not have the opportunity to identify and study sex differences in diseases, and creates assumptions that similar medical treatments will work for both males and females. During the Plenary debate you said that you were exploring the creation of a women's health research fund.

6. Can you provide further details about that fund, including how much funding is likely to be made available and the timescales for its establishment.

**7.** Can you confirm that the quality statement and health plan will include a commitment to increasing the representation of women in clinical trials in Wales. This includes funding research on women's health issues across the life course and ensuring studies analyse and publish data on sex and gender differences in diseases.

#### Women's voices

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In your letter of 11 May, you say that you have been very clear that the Plan should have significant input from service users to ensure that women's voices are heard "loud and clear" and their concerns reflected. You restated this commitment during the Plenary debate on 5 July.

**8.** Can you provide details of the extent to which the quality statement was co-produced and the methodology, as well as details of how the action plan is being co-produced.

**9.** Can you confirm how you intend to take on board the real life experiences of women in developing and implementing the plan, and ensure voices for women's health are built into governance and leadership structure in the NHS.

The COVID-19 pandemic has shone a light on many health inequalities, with disabled people, Black and Asian groups, and those living in poor economic conditions, more likely to die as a result of COVID-19. We also heard of the disproportionate expectation and inequality for minority ethnic women when it comes to gynaecological or obstetrical outcomes. That is why intersectionality and hearing the views of different groups of women with lived experience is so important.

**10.** Can you clarify how services, interventions and funding will be targeted to take existing health inequalities into account.

**11.** Can you provide details of how the plan will reflect women's multi-layered and intersectional identities and characteristics.

#### Access to specialist services

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Specialist services to meet women's health needs are not available locally, in every health board. At the moment, some women are not able to access specialist services that are delivered outside their health board (because funds don't follow the patient).

**12.** Can you confirm that you will address this problem as part of your commitment to improve women's health services.

## Mental health

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A report by the UK's Women's Mental Health Taskforce found that women are more likely to experience common mental health conditions, such as anxiety and depression than men. They say the prevalence is increasing in women, with young women in particular being identified as a high-risk group.

It is well documented that the negative impacts of lockdowns, job losses and the burden of caring during the pandemic disproportionately affected women. The majority of unpaid carers are women and the vast majority of lone parents are women. The challenges of balancing childcare, paid work, caring responsibilities, alongside managing the stresses and uncertainties of the pandemic have, and continue to have, a significant impact on women's health.

**13.** Can you clarify how you see the quality statement and plan fitting with the new Together for Mental Health Plan, due to be published this autumn.

## Education and training

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We were told that improved training for health and care professionals was a priority. It was also suggested that health professionals' training on women's health, particularly gynaecology and those associated conditions, may only form six weeks of the training programme.

**14.** Can you confirm how training in women's health is covered in medical training syllabuses in Wales.

## Preventative health

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Promoting health and disease prevention can include ensuring women have information about the benefits of building and maintaining a healthy lifestyle, including being physically active and maintaining a healthy weight.

We welcome the Welsh Government's commitment to introduce legislation to reduce price promotions on the unhealthiest food and drink.

**15.** Can you provide further information on the timing of this legislation.

**16.** Can you also clarify whether the plan will include a focus on promoting health and disease prevention and how this will fit with Healthy Weight, Healthy Wales.

We recognise the case put forward by the Coalition that the plan needs to focus on key clinical issues. However we believe the Welsh Government should work cross-government (i.e. in policy areas that stretch beyond the NHS) to ensure wider systemic changes to tackle women's health inequalities are considered, as well to ensure the plan is joined up with other strategies such as the Violence Against Women, Domestic Abuse and Sexual Violence strategy.

**17.** Can you confirm whether the women and girls' health plan will take a cross-government approach, and how it will be joined up with other key strategies such as the Violence Against Women, Domestic Abuse and Sexual Violence strategy.

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

26 September 2022

Dear Russell,

Thank you for your letter of 18 July regarding the Women and girls' health quality statement and plan.

I have asked my officials to ensure the questions and issues raised in your letter are considered by the relevant people within the NHS who are developing the Women's Health Plan. I would be happy to write to you or make a statement when the plan is published this autumn.

Yours sincerely



**Eluned Morgan AS/MS**

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

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[Correspondence.Eluned.Morgan@gov.wales](mailto: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.



—  
**Health and Social Care  
Committee**

Eluned Morgan  
Minister for Health and Social Services  
Welsh Government

8 July 2022

Dear Eluned

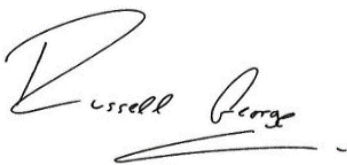
**Follow up on Fifth Senedd Health, Social Care and Sport Committee recommendations: Physical activity of children and young people**

In March 2019, the Fifth Senedd Health, Social Care and Sport Committee published the report of its [inquiry into the physical activity of children and young people](#). At our meeting on 4 May 2022, the current Health and Social Care Committee agreed to follow up on key recommendations made by our predecessor Committee.

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

A copy of this letter has also been sent to the Children, Young People and Education Committee, given the cross-over in Committee portfolios.

Yours sincerely



Russell George MS  
Chair, Health and Social Care Committee

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

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

## **Annex: Recommendations made by the Health, Social Care and Sport Committee of the Fifth Senedd as part of its inquiry into the physical activity of children and young people**

### Background

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The Health, Social Care and Sport Committee of the Fifth Senedd published its report on physical activity of children and young people in March 2019, one year before the COVID-19 pandemic, which had a significant impact on how physically active children and young people have been since lockdown when schools and sports clubs were forced to close.

The previous Committee was very concerned that figures from the Public Health Wales Child Measurement Programme were showing an increase in the number of obese four to five year olds. More than one in four children aged four to five are overweight or obese in Wales.

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

### Update on recommendations

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The report recognised that physical activity for children and young people is as important for children's social and mental development, as it is for their health. The Committee made 20 recommendations covering: national measurement frameworks for physical activity and obesity; the role of schools and infrastructure; the importance of female role models in sport; sustainable funding for sports clubs; and use of community green spaces. Two recommendations (6 and 8) were rejected by the Welsh Government. The other 18 recommendations were accepted, either fully or in principle.

1. Please provide an update on the implementation of the recommendations which were accepted by the Welsh Government (recommendations 1-5, 7 and 9-20). The update should include information about actions that have been taken, any planned actions, and, where appropriate, details of associated resourcing, planned timescales, and how the impact and outcomes of actions and spend have been (or will be) evaluated and measured.

### Other issues

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The previous Committee concluded that physical activity levels among some children and young people were too low. We have seen that decline further during the COVID-19 pandemic.

2. Please set out what the Welsh Government is doing to address concerns at the number of young people who are inactive as result of COVID-19 and the lockdowns and other restrictions adopted to respond to the pandemic.

3. Please set out how any actions being taken by the Welsh Government are being targeted to take account of/tackle inequalities experienced by people on the basis of their protected characteristics or the groups or communities to which they belong.
4. Please confirm whether the rising costs of living present any risks to physical activity levels for children and young people, and if so, what the Welsh Government is doing to mitigate those risks.



26 September 2022

Dear Russell


Thank you for your letter to the Minister for Health and Social Services of 8 July requesting follow up on the Fifth Senedd Health, Social Care and Sport Committee recommendations: Physical activity of children and young people. I am responding as it sits within my portfolio.

The pandemic has undoubtedly impacted upon the physical activity levels of young people. Despite this, since the committee's report was published back in March 2019, we have seen positive progress across the recommendations, and you will find updated actions against each of the agreed recommendations in Annex A.

Our Programme for Government commits us to investing in sport facilities and promoting equal access to sport and physical activity across the country. As a government we place great emphasis on the need to tackle inequalities, and it is at the forefront of the decisions we make. We have delivered initiatives including the School Holiday Enrichment Programme which saw an investment of £4.85million provide places for nearly 8,000 children to enjoy activities, healthy food and nutrition education during the school summer holidays; and the Summer of Fun and Winter of Wellbeing, which provided free activities for children and young people aged 0-25 to support their physical, mental, social and emotional wellbeing, including increased physical activity.

I hope you find this response to your satisfaction and can appreciate the hard work that is going in to supporting young people to lead healthy, happy lives in Wales.

Yours sincerely



**Lynne Neagle AS/MS**  
Y Dirprwy Weinidog Iechyd Meddwl a Llesiant  
Deputy Minister for Mental Health and Wellbeing

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[Correspondence.Lynne.Neagle@gov.wales](mailto:Correspondence.Lynne.Neagle@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.

**Follow up on Fifth Senedd Health, Social Care and Sport Committee recommendations: Physical activity of children and young people**

No.	Recommendation	Welsh Government update response – September 2022
1.	The Welsh Government should work with Sport Wales, Public Health Wales and other partners to develop an agreed national measurement framework for physical activity levels and fitness as a matter of priority, to standardise and improve data collection.	This action has been delayed due to the pandemic response. However, to support a newly established National Physical Activity Group (NPAG), which reports to the Healthy Weight Healthy Wales National Implementation Board, Public Health Wales will be leading a review of the physical activity data landscape in Wales. The aim will be to consolidate all current physical activity data and evidence on one platform. This will ensure a standardised approach to how data is interpreted and reported for a variety of uses. Development work will commence in autumn 2022.
2.	The Welsh Government should extend the Child Measurement Programme to monitor childhood obesity beyond age 4-5. We believe the Royal College of Paediatrics and Child Health’s recommendation of a measurement after birth, before school and in adolescence should be implemented as a minimum.	A commitment is set out within the 2022-24 Healthy Weight: Healthy Wales delivery plan to review the Child Measurement Programme. A national surveillance group chaired by Public Health Wales has been established to consider future actions and a paper is being prepared for autumn 2022 where future recommendations by the group will be considered for further action. However, the immediate priority in the short term has been to re-establish the CMP, where data was disrupted due to the pandemic response.
3.	We recommend that the Welsh Government’s recognition of the need to focus on family orientated approaches is taken forward in the final strategy to prevent and reduce obesity and includes ambitious targets and effective monitoring to	Through the Healthy Weight: Healthy Wales Strategy and its Delivery Plans a number of initiatives are taking place that have a range of targets attached to them that are focused on family approaches. For example, we have established system teams across Wales who will focus on prevention, working with communities to identify and find local solutions. We are also investing in three Children and Family Pilots (CFP) which have been developed with local partners. These have been established to adopt a whole systems approach which considers the multi-factorial drivers of overweight and obesity working through transformative coordinated action across a broad range of disciplines and stakeholders. A core part of this approach is the implementation of a secondary prevention Home Based Intervention for

	ensure tangible outcomes.	<p>families of children in the early years from 3 – 7 years of age in line with the foundation phase. The pilot areas have been selected to consider different types of communities and settings in Wales where the prevalence of obesity and overweight is high</p> <ul style="list-style-type: none"> <li>• Merthyr Tydfil, as a small valley’s local authority based around a town</li> <li>• Anglesey a small local authority with a more rural focus, Welsh speaking</li> <li>• Cardiff, a black or Asian minority ethnic community.</li> </ul> <p>A revised <a href="#">All Wales Weight Management Pathway</a> for children, young people and families was published in 2021. Local Health Boards are working with their local communities to establish a range of support and services, including specialised level 3 support. Whilst some Health Boards are further developed than their peers in this area, we are taking a coordinated approach and learning from good practices. For example, in Cardiff and Vale there are some examples of this in their programmes, Nutrition for Your Little One (NYLO) and Active Families, Active Lives (AFAL) which were launched in alignment with HWHW Strategy, to give children the best start in life. The pathway includes the development of defined data and monitoring arrangements.</p>
4.	The Welsh Government should require Sport Wales and Public Health Wales to work together to develop a programme which promotes the benefits of an active lifestyle, such as walking and cycling, for the whole family.	<p>Public Health Wales, Sport Wales and Natural Resources Wales previously established the Welsh Physical Activity Partnership which established key work programmes for collaborative working, this including delivery of the Healthy and Active Fund.</p> <p>A revised National Physical Activity Group (NPAG) has now been established through Healthy Weight: Healthy Wales with wider membership which aims to drive forward delivery and to consider how to enable and maximise opportunities and infrastructure across Wales. The group will have overview for delivery of all physical activity interventions referenced in the 2022 – 22 Healthy Weight: Healthy Wales Delivery Plan, which includes delivery of key areas such as the establishment of a Daily Active Schools Programme. This also includes linking with the Active Travel Board to consider opportunities for delivery across a number of areas which will support walking and cycling.</p>
5.	We recommend that the Welsh Government takes further action in the new curriculum to ensure that every child in Wales is enabled to develop the essential Fundamental Motor Skills required at an	<p>The Health and Well-being Area of Learning and Experience (Area) has been developed around progression in learning, with significant consideration given to physical development. The Curriculum guidance has been extensively informed by Physical Literacy experts in this area. It will provide the framework from which practitioners can select the most appropriate experiences to support a child’s learning, throughout the 3-16 continuum of learning.</p>

	<p>early age in school, and ensure that current gaps in the foundation phase related to these skills are fully addressed. We would support investment for programmes such as SKIP Cymru to be rolled out across the country to ensure that every school in Wales is able to adequately support children to learn these skills.</p>	
6.	<b>Rejected</b>	
7.	<p>The Welsh Government should ensure all secondary schools regularly consult pupils on the choice and range of physical activities available to them and ensure their views are taken into account.</p>	<p>The new curriculum will provide opportunities for parents and carers, learners, and the community to help develop and shape their school's curriculum. This includes consideration of the physical activities available to learners and to take their views into account.</p> <p>The School Sport Survey is an online, national survey, primarily interested in the attitudes, behaviours, and opportunities young people have with regards to sport. The survey not only helps Sport Wales and the sector understand who, where, and how young people take part in sport, but helps tell a compelling story of sport, and importantly for this iteration, gives insight into the impact of the pandemic. The Survey is one of the largest, per capita opportunities in the world for young people to have their say on sport. On March 28th 2022, the fifth iteration of the survey launched, inviting schools across Wales to take part. The survey recently closed on Friday 22nd July.</p> <p>Over 116,000 pupils and approximately 950 teachers took part in the 2022 School Sport Survey, providing detailed insight into the needs, demands and motivations of young people. The data is in the process of being analysed (July-August 2022). School level reports will soon be provided whilst LA level insight and national reports will be expected to be published in October. Teachers and schools who took part in the School Sport Survey will soon receive school level reports to ensure that their planning for sporting offers can be based on direct feedback from pupils.</p> <p>Sport Wales also want to ensure that young people in Wales have access to high quality sport and physical activity opportunities beyond the school day. To facilitate this, this year they have led and coordinated a 'pilot phase' of an Active Beyond the School Day initiative. This has been supported by a</p>

		<p>£300,000 Welsh Government investment and is specific to work outside of the curriculum.</p> <p>The development of the Daily Active Schools Programme will embed pupil and schools voice in the development of future approaches. Insight work has begun to consider initial views to help develop next steps, which is being led by Public Health Wales.</p>
8.	<b>Rejected</b>	
9.	<p>We recommend that the Welsh Government gives physical education a greater priority in the new curriculum and makes this priority clear to Estyn, and that physical activity should be given greater priority in Estyn's inspection regime for schools. We believe that the inspection framework should include adherence to the 120 minute a week requirement, but also the quality of the physical education experience.</p>	<p>The new Curriculum for Wales will be introduced from September 2022. At the heart of the Curriculum for Wales framework there are four purposes which are central to every decision made about the new curriculum. One of the four purposes is to support children and young people to become 'healthy confident individuals. Central to the new curriculum will be a Health and Well-being Area of Learning and Experience and aims to ensure that learning and support around issues such as physical, mental and emotional health are provided to all young people in Wales. For the first time, Health and Well-being will have equal status in law to other important areas of the school curriculum.</p> <p>The Curriculum and Assessment (Wales) Act contains a range of provisions aimed at ensuring that health and well-being will form part of the curriculum for every school and setting. Developing physical health and well-being is included as a key concept within the mandatory What Matters code, and it is specified in the following terms: Developing physical health and well-being has lifelong benefits.</p> <p>Learners will be encouraged to develop the confidence, motivation, physical competence, knowledge and understanding that can help them lead healthy and active lifestyles which promote good physical health and well-being.</p> <p>Considerable consideration has been given to children's physical development in the new curriculum.</p> <p>There is a range of support and guidance available for schools, including a National Network that has been established to bring together teaching professionals, experts, stakeholders, policy makers and enabling partners to identify and address the barriers to, and opportunities for, the implementation of Curriculum for Wales, including Health and well-being. The conversations will provide a key opportunity to discuss a national approach to resources, supporting materials and professional learning needs.</p>
10.	<p>The Welsh Government should ensure that greater emphasis is placed on physical activity in the Initial Teacher Education</p>	<p>The Welsh Government developed and published in March 2017 new criteria for the accreditation of Initial Teacher Education (ITE) programmes. All programmes of ITE delivered in Wales since September 2019 have been required to be independently accredited against these criteria. As part of meeting the requirements of accreditation, these new programmes of ITE will ensure that new teachers</p>



	(ITE) programme and as part of all teachers continuing professional development.	<p>are able to teach the four purposes of the new curriculum and the six Areas of Learning and Experience, ensuring that a greater focus on teaching of physical activity.</p> <p>The ITE Partnerships will also develop approaches to assist aspiring teachers to understand the importance of research-informed practice, so that teachers are taught the importance of keeping up-to-date with research, including research on learners' physical health and well-being, to inform their teaching practice on an ongoing basis throughout their working lives. We are currently undertaking a refresh of the criteria for the next round of accreditation for programmes commencing in September 2024. The mental and physical health and well-being of both school staff and learners is one of the areas that will be strengthened during the refreshed process.</p>
11.	The Welsh Government must make Community Focused Schools a reality for everyone, and ensure consistency of access to school facilities for physical activity opportunities beyond school hours across Wales. The Welsh Government should report back to this Committee on progress within twelve months of the publication of this report.	<p>Research and inspection evidence is clear that schools which build upon effective learning and teaching and operate as Community Focused Schools, are those which have the greatest success in overcoming the impact of poverty on educational attainment. As such, we need to ensure that our schools operate as Community Focused Schools, reaching out to parents and carers and engaging with the whole community.</p> <p>Over the coming months we will invest £3.84m in increasing the number of Family Engagement Officers employed by schools with part of their role to be focused on improving pupil attendance. We will also provide £660k funding to trial the appointment of Community Focused Schools Managers and £20m capital investment to allow schools to develop further as community assets.</p> <p>There will be three key aspects to community focused schooling:</p> <ul style="list-style-type: none"> <li>• Family Engagement - whereby schools communicate well with families and involve parents in supporting their children's learning.</li> <li>• Community Engagement - where the facilities of the school are used as the basis for family, adult and community learning and a range of community activities.</li> <li>• Multi-Agency working – where public services are joined up in the support of children and young people from low-income households. This might involve healthcare, mental health support and third sector agencies. By creating better partnership working across different areas we are more like to provide better support for children and their families who are experiencing difficulties.</li> </ul>
12.	The Welsh Government should share good practice, where schools are providing wider	As part of our work to promote Community Focused Schools we will continue to highlight examples of good practice through our communications activities and any guidance produced.

	access to their facilities, including solutions for overcoming difficulties relating to governance, staffing and transport arrangements.	
13.	We recommend that the Welsh Government works with Estyn to ensure it includes, as part of its inspection regime, an assessment of the choice of activities available in schools, equality of access for girls and boys and whether pupils are being consulted on the activities being provided.	<p>Estyn introduced revised inspection guidance for schools and PRUs in Spring 2022. Opportunities for inspectors to consider pupil's physical development and opportunities for physical activities are noted in four of the five inspection areas. Estyn's inspection reports of individual schools very rarely include details relating to differences in the provision for, or experiences of, pupils based on their sex or gender. Due to the broad scope of what Estyn inspects, Estyn reports by exception where the provision is particularly strong or where there is significant cause for concern.</p> <p>Through Estyn's thematic work they are able to consider specific issues in depth and are keen to review the implementation of Curriculum for Wales through a series of thematic reports looking at the areas of learning and experience. This could include a thematic review relating to the health and well-being area of learning and experience. Working with Estyn, Welsh Government officials will develop this as an option when considering priority areas for Estyn's 2023-24 annual remit.</p>
14.	The Welsh Government should work with Sport Wales to raise the profile of women's sport. This could include a programme of "female sporting role models" visiting schools to talk about their experiences and encourage more girls to participate in sporting activities.	<p>Sport Wales have been working in partnership with the International Working Group on Women in Sport which is being hosted in the UK from 2022 - more information about the IWG can be found at: <a href="https://iwgwomenandsport.org/">https://iwgwomenandsport.org/</a>. This collaboration is the world's largest network dedicated to advancing gender equity and equality in sport, physical education, and physical activity. The partnership will promote the profile of women in sport and build learning and capacity for the sport sector in Wales.</p> <p>Sport Wales also works in partnership with several National Organisations who help deliver and promote sport for a range of communities – including specifically working with women and girls. One example is Street Games Wales 'Us Girls Programme.' which was launched in Wales in 2015.</p> <p>The Young Ambassadors programme, funded by Sport Wales and the Youth Sport Trust, supports more than 4000 Young Ambassadors in schools, colleges and universities across Wales who create and deliver opportunities for their peers and even adults to be physically active through sport. In turn, the programme is providing young people with confidence and skills to be the sporting leaders of the future. More information about the programme can be found here.</p> <p>In 2021 the Welsh Government provided the Urdd with funding under the Winter of Wellbeing to support</p>

		<p>a national netball competition and the #FelMerch Conference. The national netball competition saw over 2,000 girls from 120 teams competing in a one day event, promoting the benefits of participation, exercise and healthy and active lifestyles. The #FelMerch Conference was a two day residential experience for women and young girls, building on the momentum of the wider #FelMerch programme. #FelMerch aims to inspire, support and empower girls and young women between the ages of 14 and 25 to become active through sport within a safe and welcoming environment.</p>
15.	<p>The Welsh Government and Sport Wales should stipulate in funding applications for physical activity programmes that investment will only be made in programmes which emphasise a genuinely inclusive approach to the provision of physical activity and include equality impact assessments which ensure that considerations for disabled children and young people are incorporated from the outset.</p>	<p>The new Sport Wales funding approach has been implemented. This specifically utilises data that ensures investment is driven by inclusivity. The approach has embedded equality within the distribution of investment to ensure that all recipients of Sport Wales partnership funding must be able to impact on equality objectives.</p> <p>Further to this, Sport Wales has been working with the Centre for Digital Public Services to broaden its approach to community funding. This has taken a user research approach, speaking directly to hundreds of individuals and organisations to remove barriers to accessing funding, particularly for the most underrepresented groups. The implementation of a Crowdfunder approach has also built-in inclusivity by prioritising investment by areas of deprivation.</p> <p>There is currently an open capital funding investment approach, with the organisation developing a strategic approach to this funding element as part of the £8m capital investment provided by the Welsh Government. Priority will be given to deprivation and equality agendas in how this future funding will be distributed.</p>
16.	<p>The Welsh Government should explore how the Pupil Development Grant could be utilised to help address the deprivation gap in physical activity levels.</p>	<p>Year on year, we have extended the Pupil Development Grant (PDG). It now supports even more of our most vulnerable learners. As well as the free school meals element, the PDG suite now includes looked-after children, those in the early years, those in pupil referral units, and those in education other than at school provision. The newest element – PDG-Access – has been introduced to support parents with some of the costs of the school day, including sporting activities.</p> <p>The PDG funding is given directly to schools and is it up to them on best use of spend as they know their locality best. The Pupil Development Grant is being used in some schools to promote sporting activities. Many operate after-school clubs and some provide transport to the local swimming pool. In previous years at Ysgol y Foryd Infants School, Rhyl, the learners have benefitted from the support of the grant being used for physical activities. The school was a pilot for the new curriculum delivery of the Physical Literacy programme. The programme included Bike-ability skills and outdoor education,</p>

		incorporating a residential visit for Year 2. The extension of Physical Literacy work in this way has seen a positive impact on pupils' health and lifestyles and has increased their engagement in learning generally which has impacted positively on standards.
17.	The Welsh Government should review Sport Wales' efforts to reduce the deprivation gap in physical activity levels given the lack of progress.	<p>Sport Wales are currently leading an innovative approach to establish five Sport Partnerships within Wales. Sport Partnerships will transform the way community sport is developed, delivered, led, and funded - responding to the needs of each community within the five regions.</p> <p>A Sport Partnership brings together a collaboration of key stakeholders within a defined region, who understand the importance and have a focus on delivering the benefits of sport and physical activity. Led by insight, they will provide strategic leadership and planning at a regional level, with a common purpose that at a local level, everyone can be involved in sport and physical activity through a range of opportunities that best meet their needs.</p> <p>Through Sport Partnerships, we are planning for future generations by taking steps to prevent inequalities in participation in sport and physical activity across Wales. Tasked with bringing about system change they will be the catalyst to tackling two long standing issues:</p> <ul style="list-style-type: none"> <li>• Ensuring there is the right support and opportunities in place for those who are not regularly physically active, with a clear focus on removing barriers for those who need the most help.</li> <li>• Taking steps to meet the high latent demand from those who are active but want to do much more.</li> </ul>
18.	We recommend that the Welsh Government makes arrangements to put in place longer-term funding arrangements to enable Sport Wales and its partners to plan more strategically.	<p>In March 2022, the Welsh Government provided Sport Wales with a term of government remit, supported by a three year budget for 2022-23 to 2024-25. The budget includes a capital allocation of £8m per annum to invest in sports facilities.</p> <p>The new investment approach will provide indicative funding offers over a multi-year period for all National Governing Bodies and Regional Sport Partnerships. The National Partner funding approach is also in development with the aim to provide multi-year offers. The funding commitments will naturally be contingent on the funding delivered by the Welsh Government to Sport Wales.</p>
19.	We recommend that the Welsh Government review the use of Section 106 agreements to	Collection of data for the Sustainable Development Indicators was paused during the pandemic. We will look to resume data collection to see how local authorities are delivering open and green spaces through the planning system, in line with national policies in Planning Policy Wales.

	see if they are being utilised by local authorities to ensure the provision of safe and accessible green spaces in new housing developments.	
20.	<p>We urge the Welsh Government to reconsider its position on the use of consequential funding from the soft drinks industry levy and commit to utilising it to increase physical activity and reduce the burden of obesity in Wales, as has been done in other parts of the UK.</p>	<p>As with all consequential funding, the sum is added to the overall Welsh Government budget and allocated in line with our priorities. Promoting good health and well-being for everyone is one of our key priorities which is why we continue to support people to adopt healthy lifestyles, breaking down the barriers that ill-health place on employment and opportunity, and tackling the generational cycle of poor health and inactivity.</p> <p>We have invested over £13m in 2022-24 to help deliver the aims of the Healthy Weight: Healthy Wales strategy. The two-year delivery plan which is supported by this funding has a focus on prevention and early years to support a number of areas across government to enable change.</p>

—  
**Health and Social Care  
Committee**

—  
**Welsh Parliament**

Eluned Morgan  
Minister for Health and Social Services  
Welsh Government

17 August 2022

Dear Eluned

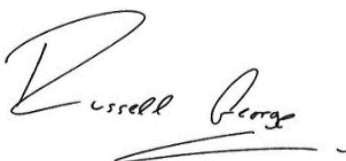
**Public Health (Wales) Act 2017: health impact assessments**

As you know, Part 6 of the Public Health (Wales) Act 2017 makes provision requiring public bodies to carry out health impact assessments (HIAs). HIAs are defined by the Act as “an assessment of the likely effect, both in the short term and in the long term, of a proposed action or decision on the physical and mental health of the people of Wales or of some of the people of Wales”. As such they can help to better understand the health and equity impacts of policy decisions.

Section 108 requires the Welsh Ministers to make regulations about the carrying out of HIAs by public bodies. It provides that such regulations must specify the circumstances in which an HIA is to be carried out and how it is to be done.

Tackling health inequalities is a priority for the Committee, and we would welcome an update on the implementation of Part 6 of the Act, including when you anticipate bringing forward regulations under section 108.

Yours sincerely



Russell George MS  
Chair, Health and Social Care Committee

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



Llywodraeth Cymru  
Welsh Government

Russell George MS  
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[SeneddHealth@senedd.wales](mailto:SeneddHealth@senedd.wales)

26 September 2022

Dear Russell,

Thank you for your letter dated 17 August concerning the provisions of Part 6 of the Public Health (Wales) Act 2017.

Work to develop Regulations under Part 6 of the Public Health (Wales) Act 2017 was paused in 2018 to concentrate legal and policy resources on EU Exit initially and subsequently to support the response to COVID-19.

As we transition to the next phase of responding to COVID-19, work to deliver the Regulations has recently restarted with engagement with the public bodies to be affected being planned for the Autumn. I intend to publish a consultation on the Regulations (as required by the 2017 Act) in late Spring/early Summer 2023. Allowing for the consideration of consultation responses and further policy development, I intend to lay the Regulations before the Senedd for approval before the end of 2023.

Yours sincerely

**Eluned Morgan AS/MS**

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

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

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



29 September 2022

To: Chair of the Health and Social Care Committee , Russell George MS

Dear Committee Chair,

### **Feminist Scorecard 2022**

We are writing to you to share key recommendations from our Feminist Scorecard 2022 that are relevant to the Health and Social Care Committee. The Feminist Scorecard 2022, launched in July this year, tracks the Welsh Government's progress towards advancing women's rights and gender equality in six policy areas:

- Fair Finance
- Caring Responsibilities
- Global Women's Rights
- Equal Representation and Leadership
- Tackling Gender Health Inequalities, and
- Ending Violence Against Women and Girls

Each area is rated using a traffic light system (red, amber, and green), indicating the level of progress towards equality for women and girls in Wales. Your Committee portfolio covers issues under Caring Responsibilities and Tackling Gender Health Inequalities, and we would like to highlight actions needed to improve women's situation in both areas below.

#### **Caring Responsibilities**

Compared to the last Scorecard published in 2020, Caring Responsibilities and Fair Finance have both regressed from amber to red. This shows the close connection between women's position in the labour market and the unequal distribution of care work in Wales. The Welsh Government has made positive commitments around childcare and social care, but the pace of action does not reflect the urgency for change. We recommend that the Welsh Government should:

- Progress and build on existing plans to ensure social care and childcare as a profession is valued and improved, through measures like a sector-wide real living wage, better career progression, support for mental health & well-being of care workers.
- Ensure unpaid carers are involved in designing and delivering policies and services that affect their lives.
- Contribute to a cultural shift whereby unpaid care work for all ages is recognised and valued appropriately.





## Tackling Gender Health Inequalities

The Welsh Government's recent commitment to a women's health plan is sorely needed. Since our last Scorecard published in 2020, little progress has been made on Tackling Gender Health Inequalities, which has again scored red. There are positive steps, such as the opening of a perinatal Mother and Baby Unit and menstrual well-being being a mandatory element of the new curriculum, but overall, the urgency of improving women's health is still not reflected in policy or action. The Scorecard recommends that the Welsh Government should:

- Prioritise the development and implementation of a women and girls' health plan for Wales that is informed by the Women's Health Coalition's quality statement and co-produced with women who have lived experience of various health conditions.
- Invest in high quality research into women's health and treatment and ensure that Wales-based clinical trials have a 50:50 gender split.
- Make menopause the subject of a dedicated Public Health Wales campaign and ensure there is a menopause specialist available in every GP surgery in Wales.
- Open at least two dedicated recurrent miscarriage clinics in Wales.
- Open an independent perinatal mental health unit for mother and babies in North Wales.
- Improve endometriosis healthcare in Wales through a comprehensive and up-to-date set of guidelines, public awareness-raising and allocation of appropriate funding.
- Increase funding for the Welsh Gender Service.
- Ensure all patient facing health care practitioners receive mandatory training to include specific health conditions and processes related to the health needs of people with protected characteristics.
- Improve data collection and mental health provisions to understand and address the longer-term impact of the pandemic on the mental health of women in Wales.

We would be grateful for the opportunity to meet with you to discuss how we can work together to make the recommendations a reality, to ensure that women and girls in Wales will not be held back for many years to come. Please contact Fadhilah Gubari at Oxfam Cymru to arrange a suitable date for a meeting on

We look forward to your response.

Yours sincerely,

A handwritten signature in black ink, appearing to read 'Sarah Rees'.

Sarah Rees  
**Head of Oxfam Cymru**

A handwritten signature in black ink, appearing to read 'Catherine Fookes'.

Catherine Fookes  
**Director of WEN Wales**