

Agenda – Health and Social Care Committee

Meeting Venue:	For further information contact:
Hybrid – Committee room 5 Tŷ Hywel and video conference via Zoom	Sarah Beasley Committee Clerk
Meeting date: 6 December 2023	0300 200 6565
Meeting time: 09.30	SeneddHealth@senedd.wales

Private pre– meeting (09.00–09.30)

- 1 Introductions, apologies, substitutions, and declarations of interest**
(09.30)
- 2 Nurse Staffing Levels (Wales) Act 2016: post–legislative scrutiny: evidence session with the Minister for Health and Social Services and the Chief Nursing Officer for Wales and Nurse Director of NHS Wales**
(09.30–10.45) (Pages 1 – 18)
Eluned Morgan MS, Minister for Health and Social Services
Sue Tranka, Chief Nursing Officer for Wales and Nurse Director of NHS Wales
Welsh Government
Gill Knight, Nursing Officer Safety, Regulation & Service Development – Welsh Government

Research brief
Paper 1 – Welsh Government
- 3 Paper(s) to note**
(10.45)

- 3.1 Letter from Chair, Children, Young People and Education Committee to the Deputy Minister for Mental Health and Wellbeing regarding the ongoing work relating to the mental health of children and young people**
(Pages 19 – 22)
- 3.2 Response from the Deputy Minister for Mental Health and Wellbeing to the Chair, Children, Young People and Education Committee regarding the ongoing work relating to the mental health of children and young people**
(Pages 23 – 29)
- 3.3 Letter from the Minister for Health and Social Services to the Chair regarding the six-monthly update on progress with the special measures intervention at Betsi Cadwaladr University Health Board**
(Pages 30 – 39)
- 3.4 Letter from the Chair to the Minister for Health and Social Services regarding additional financial support for the NHS**
(Page 40)
- 3.5 Response from the Minister for Health and Social Services to the Chair regarding additional financial support for the NHS**
(Page 41)
- 3.6 Letter from the Chair to the Minister for Health and Social Services regarding the NICE draft guidance on the provision of Kaftrio**
(Page 42)
- 3.7 Response from the Minister for Health and Social Services to the Chair regarding the NICE draft guidance on the provision of Kaftrio**
(Pages 43 – 44)
- 4 Motion under Standing Orders 17.42 (vi) to resolve to exclude the public from the remainder of this meeting**
(10.45)
- 5 Nurse Staffing Levels (Wales) Act 2016: post-legislative scrutiny: consideration of evidence**
(10.45–11.00)

6 Health literacy: briefing from Dr Emily Marchant, Lecturer in Education, Swansea University

(11.00–11.30)

(Pages 45 – 61)

Dr Emily Marchant, Lecturer in Education, Swansea University

Paper 2 – Health, Education and Prosperity for All: Wales as a Health Literacy Testbed

7 Forward work programme

(11.30–11.45)

(Pages 62 – 70)

Paper 3 – Forward work programme

8 Procedures for the scrutiny of legislation relating to the United Kingdom Internal Market Act 2020 and UK-wide common policy frameworks

(11.45–12.00)

(Pages 71 – 97)

Paper 4 – United Kingdom Internal Market Act 2020 (UKIMA)

Document is Restricted

Health and Social Care Committee post legislative scrutiny on Nurse Staffing Levels (Wales) Act 2016.

Written evidence from the Minister for Health and Social Services

27 November 2023

The following written evidence is in direct response to the terms of reference of the Committee's post-legislative scrutiny session.

Operation and effectiveness of the Act to date, including its impact on patient outcomes, impact on nurse recruitment and retention, and barriers to compliance with the legislation.

When considering the *effectiveness* of the Nurse Staffing Levels (Wales) Act 2016 (the Act), we must remind ourselves of what its stated aims were. The Explanatory Memorandum (revised by Kirsty Williams AM in 2016) that accompanied the Bill laid before the National Assembly for Wales set out the following aims of the legislation:

1. *help ensure there is a safe and appropriate level of nurse staffing in all settings where NHS nursing care is provided, allowing nurses the time to care for patients sensitively.;*
2. *strengthen accountability for the safety, quality and efficacy of workforce planning and management,*
3. *help ensure the sustainability of the nursing workforce going forward.*

There is also an implicit fourth aim of improving patient safety.

Starting with the second of those aims, this is arguably where the Act has had the clearest impact. One benefit that was immediately clear when the Act came into force was the shift to a sense of corporate responsibility when it came to nurse staffing levels, but also the empowering of the voice of the nurse at executive level around what staffing levels should be. The statutory basis of the Executive Nurse Directors as the "designated person" has unequivocally altered the dynamic of historically difficult staffing conversations away from what can be *afforded* to what is *appropriate* under the parameters of the Act. As the committee heard in evidence from health boards, accountability around nurse staffing has undoubtedly been strengthened. Although this isn't an especially tangible or quantifiable benefit, its importance cannot be understated.

The first and third aims are intrinsically linked and have suffered from the same fundamental issue presented by the legislation - the lack of any statutory mechanisms within the Act to ensure an increased supply of nursing staff. What we can say with certainty based on health boards' own reporting data is that *funding* of the general nursing workforce in areas where section 25B applies has

increased since it came into force¹ as reflected in the tables below. Following the presentation of data is a brief assessment of what the trends might suggest.

To contextualise the below data, the Act's statutory guidance states that:

The nurse staffing level is the number of nurses appropriate to provide care to patients that meets all reasonable requirements in the relevant situation. The number of nurses means the number of registered nurses (that being those with a live registration on Sub Parts 1 or 2 of the Nursing and Midwifery Council register). In calculating the nurse staffing level, account can also be taken of nursing duties that are undertaken under the supervision of or delegated to another person by a registered nurse.

For the purposes of calculating nurse staffing levels, Healthcare Support Workers (HCSWs) are the unregistered members of the workforce to whom nursing duties are delegated by registered nurses (RNs).

Table 1 – changes in staffing numbers – adult acute medical inpatient/adult acute surgical inpatient wards

This table shows the number of whole time equivalent (WTE) RNs and HCSWs funded on Wales' adult acute medical and surgical inpatient wards before the relevant provision of the Act came into force (March 2018²) and following each mid-year calculation thereafter. The table shows the total numbers and the change from the baseline at March 2018 as a number and as a percentage. A natural data lag caused by the health boards' reporting schedules means that November 2022 is the latest information available. Data from health board reports.

Period	Funded RNs	Funded HCSWs
March 2018	4154	2505.32
Nov 2020	4293.74 (+139.74 / 3.36%)	3099.32 (+597 / 23.86%)
Nov 2021	4213.43 (+59.43 / 1.43%)	3418.11 (+915.79 / 36.6%)
Nov 2022	4208.07 (+54.07 / 1.30%)	3548.47 (+1046.15 / 41.81%)

Table 2 – changes in skill mix – adult acute medical inpatient/adult acute surgical inpatient wards

This table shows the changes in the skill mix ratio of WTE RNs to HCSWs on Wales' adult acute medical and surgical inpatient wards before the relevant provision of the Act came into force (March 2018), and following each mid-year calculation thereafter.

Period	RNs	HCSWs
March 2018	62.4%	37.6%
Nov 2020	60.2%	39.8%
Nov 2021	58.3%	42.6%
Nov 2022	54.3%	45.7%

¹ The Act inserted new sections 25A, 25B, 25C, 25D and 25E into the National Health Service (Wales) Act 2006 ("the 2006 Act"). Section 25B came into force on 6 April 2018 by way of the Nurse Staffing Levels (Wales) Act 2016 (Commencement) Order 2016 No. 829 (W. 208) (C. 59).

² Section 25B of the 2006 Act came into force on 1 April 2018 by virtue of S.I. 2016/829 (W. 208) (C. 59).

Table 3 – changes in staffing numbers – paediatric inpatient wards

This table shows the number of WTE RNs and HCSWs funded on Wales' paediatric inpatient wards before legislation³ came into force (September 2021), and following each mid-year calculation thereafter. The table shows the total numbers and the change from the baseline at March 2018 as a number and as a percentage. A natural data lag caused by the health boards' reporting schedules means that November 2022 is the latest information available. Data from health board reports.

Period	Funded RNs	Funded HCSWs
September 2021	418.78	89.21
November 2021	460.39 (+41.61 / 9.93%)	112.83 (+23.62 / 26.47%)
November 2022	460.34 (+41.56 / 9.92%)	123.75 (+34.54 / 38.72%)

Table 4 – changes in skill mix – paediatric inpatient wards

This table shows the changes in the skill mix ratio of WTE RNs to HCSWs on Wales' paediatric inpatient wards before legislation came into force (September 2021), and following each mid-year calculation thereafter.

Period	RNs	HCSWs
September 2021	82.4%	17.6%
November 2021	80.3%	19.7%
November 2022	78.8%	21.2%

(Due to section 25B only being applied to paediatric wards since October 2021, the assessment below will be based only on adult medical and surgical wards where there is almost 6 years' worth of data.)

Brief assessment of these trends

Based on the data following the first set of calculations undertaken under the Act, we see a significant increase in funding for additional RNs and HCSWs on wards where 25B applies.

However, over time, we see the initial gain of +139 WTE RNs decrease to the most recently available figure of +54 WTE which represents a 1.3% increase since section 25B came into force.

Simultaneously, we see the funding for HCSWs increase dramatically over the same period to +1,046 additional WTE at the most recent calculation representing a 41.81% increase. This is also reflected in the change of skill mix ratio seen at table 2.

The other dramatic change we have seen since 2016 is the increase in agency spend as reflected in table 5.

³ Paediatric inpatient wards, by virtue of the Nurse Staffing Levels (Extension of Situations) (Wales) Regulations 2021 No. 216 (W. 53), were specified as a situation to which the duties under section 25B of the 2006 Act apply and came into force on 1 October 2021

Table 5 – healthcare agency spend

Change in total healthcare agency spend and specifically nursing and midwifery agency spend (as a percentage of the total) since 2016. Data from health board LFR3 returns to WG).

Year	Total agency spend	Nursing & midwifery agency spend
2015-16	£133m	£45.8m (34%)
2020-21	£200.7m	£94.4m (47%)
2021-22	£273m	£139.1m (50.9%)
2022-23	£315.7m	£154.7m (49.0%)

Although we would not draw causal conclusions correlating this rise directly to the Act coming into force, it is reasonable to assume that increased staffing demands from the Act’s calculations - and agency recruitment being listed as a reasonable step to maintaining nurse staffing levels – will have compounded the issue.

Given the relatively limited sample size, it would be unwise to draw definitive conclusions from the data above. However, taken together, the patterns seen in these data seem reflective of the staffing challenges being faced across the globe and could be interpreted as health boards struggling to recruit substantive RN staff and are relying on agency staff and HCSW staff as a necessity of delivering healthcare.

However, it would be inaccurate to interpret the data as a simple narrative of RNs being substituted with HCSWs. We are aware that approaches to delegation of nursing duties have evolved in recent years which might explain the growth in HCSW numbers. Firstly, senior nurses and team leaders have become more cognisant of the importance of skill mix in the context of the prudent healthcare agenda and delivering effective care efficiently.

Furthermore, the publication of the HCSW skills and career framework in 2015 set out clearer role descriptors and parameters of practice which has promoted more confidence in the delegation of duties to support staff. Covid stress-tested these principles where delegation became necessary at a much higher frequency than usual due to the intensity of the staffing crisis at the height of the pandemic. One Executive Nurse Director of a health board during that period has said that the lived experience and results during that emergency shifted RN staff’s perceptions of delegation and confidence in their abilities to do so effectively.

Unfortunately, despite the obvious implication that staffing levels would increase following the introduction of the Act, there is no mechanism within the legislation itself to ensure a sustainable supply of nursing staff. That fact is evident from the text of the Act, but also in the trends seen in the almost 6 years’ worth of data above. Wales is facing similar challenges as every other healthcare system, despite having introduced this legislation. Solutions to the fundamental staffing challenges we face are not to be found in the Act, and Welsh Government is actively pursuing all available strategies to improve retention, recruitment, vacancy rates and reduce agency spend.

As for the implicit fourth aim of the Act, it is not possible with any degree of confidence to make definitive claims about the Act's impact on patient safety. Anecdotally, it would be a reasonable assumption that the increased funding for staff – even in instances where it was used to recruit temporary staff – will have had some positive impact on patient safety. However, we can make no quantitative claims correlating changes to specific instances of patient harm to nurse staffing levels since the Act came into force.

We know that health boards have made concerted efforts to reduce such incidents of harm in recent years. The Committee heard from Executive Directors of Nursing on 19 October 2023 that they have seen similar reductions of harm across all health board settings, not just in 25B wards, suggesting a more complex and multi-faceted set of causes than merely nurse staffing levels.

Further actions needed to ensure a sustainable supply of nursing staff to meet patient needs and the requirements of the legislation going forward.

As stated above, as in all developed health care systems around the world, significant action is needed to bolster our healthcare workforce, not just to meet the requirements of the legislation on certain wards, but to ensure a more robust and effective NHS across its entirety.

Retention

The National Workforce Implementation Plan (NWIP) has helped us track progress with key identified priorities through the Strategic Workforce Implementation Board which meets monthly, chaired by the NHS Chief Executive. Our partnership approach has enabled us to overcome barriers over the recent challenging period and ensure delivery in key areas.

As a key action within the NWIP, a retention plan – *Retaining and Valuing Nurses within the NHS in Wales* - was published in September 2023, drawing on findings of the RCN report *Retaining Nurses in the Workforce: What Matters?*. It is one of the first deliverables in the development of a wider National Retention Work Programme and will provide organisations with recommendations and support to address the challenges of nurse retention in Wales. The Plan is intended to supplement and strengthen the work that many organisations are already progressing and is supported by the retention guide and the self-assessment tool.

The Plan is aimed at supporting the retention of nurses employed in NHS Wales organisations. Nurses employed in the wider health and care system would also benefit from the actions in this Plan and it is recommended that their employers consider adopting some of these to improve the retention of their nurses. Many actions are focused on developing the optimal conditions to support staff to stay in the NHS, supported by a National Retention Programme for NHS Wales led by HEIW.

Recruitment

HEIW has launched a refreshed and enhanced attraction and recruitment campaign for NHS Wales with our dental and pharmacy campaigns currently live and an action to create a broader recruitment campaign to reach shortages in professional areas also completed.

Work to modernise NHS recruitment practice is well underway to make sure we recruit as quickly and efficiently as possible without unnecessary bureaucracy and delays. An action to roll out a positive model of health and care joint induction has been completed meeting local need and extending health and care learning.

The NWIP sets out how we will increase the NHS Wales workforce to meet future demand and deal with a worldwide shortage of healthcare workers, including reducing reliance on agency staff.

We have increased our training budget for the ninth year in a row to £281m this year, creating an extra 527 training places, including more than 380 more nurse training places. Since 2017, nurse training places have increased by 54.3% and midwifery training places increased by 41.8%.

We are also committed to encouraging and supporting diversity within the healthcare workforce and promoting the widening access agenda to ensure that those we train are representative of the communities they serve.

Agency Spend

NHS Wales will always need some flexible workforce capacity to ensure we can deliver a safe service at times of extreme pressure, increased activity rates, or to cover sickness absence or more long-term absence such as maternity leave or other planned absence. Filling these gaps with agency workers is not the most effective or preferred approach – but the rise in expenditure to some £325 million last year reflects the very significant levels of pressure and activity in the NHS at the moment.

We have agreed in social partnership to work collectively with Health organisations and unions to drive a collective reduction in Agency spend across Wales and incentivise substantive employment within the NHS in Wales. This will include a range of measures including a revised control framework for expenditure and a range of actions that will be both more cost effective and provide better opportunities for our substantive workforce including more opportunities for flexible working and advanced rostering to improve planning of workforce.

As a result of this collective action, management information provided by health organisations predict a significant reduction in agency spend this year of approximately £50m (15%).

Vacancy gap/data

We have recently met the commitment to publish NHS Wales vacancy data for the directly employed workforce.

Alongside additional investment to increase our homegrown supply of nurses and other healthcare professionals, we are also recruiting international nurses to close the vacancy gap in the short and medium term. 400 international nurses were recruited this year through the first phase of a national programme and plans are being developed for further international recruitment in the next phase. Health boards have also been actively recruiting overseas nurses through a once-for-Wales approach coordinated by NHS Wales Shared Services Partnership. Health boards and trusts actively manage their workforce with regular recruitment when vacancies arise and through their IMTPs, organisations have developed workforce plans to recruit additional staff and to close the vacancy gap.

The extent to which the Act is ‘future-proof’ and will contribute to ensuring that NHS Wales has the future workforce it needs to deliver effective, patient-centred care that meets the needs of all population groups.

It is hard to make a case for the Act being future proof. Indeed, one criticism we have heard anecdotally from the service is that even in the 10 years since it was conceived, the healthcare landscape has changed dramatically enough that the legislation feels like it was written in a different era. As mentioned already, the lack of any statutory mechanisms within the Act to ensure an increased supply of nursing staff means it has not aided in combatting the worsening global nurse shortage.

The other widespread criticism of the Act (as referenced by all 9 NHS organisations that responded to the Committee’s consultation in the summer) is that it enshrines into law a uni-professional approach to workforce planning.

There is an explicitly uni-professional approach to staffing coded into the foundations of the legislation. The duties can only be applied to registered nurses and the HCSW staff to whom RNs can delegate nursing duties.

Even in 2014 when the Bill was first tabled, the emerging prudent healthcare agenda and development of our aims to move care out of hospitals into community settings suggested a likely increased need for a multi-professional approach to workforce planning.

The covid pandemic and Wales’ changing demographics and increasing complexity of healthcare needs has expedited the need to address what we have known to be inevitable for some time: that new workforce models must be explored to meet the ever-changing needs of our population and that traditional methods are unlikely to provide solutions to emerging problems.

Health boards are keen to innovate in this space and are finding themselves fundamentally at odds with the uni-professional nature of the legislation, as stated by the Executive Directors of Nursing to Committee on 19 October 2023.

Other countries that have passed staffing legislation since our Act - or are currently considering their own – have differed from our uni-professional approach and have involved all professional bodies and unions from the outset. Scotland’s Health and Care Staffing Act 2019 for example is broader in its duties meaning it can be applied to midwives and medical practitioners as well as nurses.

A subgroup within the All-Wales Nurse Staffing Group was established in August 2023 to assess the impact that the Act has on multi-professional working and conversely the impact that existing, established multi-professional working models might have on health boards’ meeting their duties under the Act. We expect that group to conclude its analysis early in 2024 and hope that it will help inform some solutions to what currently appears to be an unintended hurdle created by the legislation.

Progress in developing the evidence base to extend the Act to further settings.

Extension of section 25B to paediatric inpatient wards in October 2021 was largely possible due to the close similarities between paediatrics and adult medical and surgical situations as they are both ward settings treating physical health conditions and using similar systems. This meant that the tools and processes that were developed for the adult wards took a limited amount of alteration before they could be iteratively tested over a two-year period and applied in paediatrics.

This was not the case with the other three workstreams within the All-Wales Nurse Staffing Programme where project leads (funded by WG) worked with their respective national forums to develop Welsh Levels of Care tools.

Health visiting and district nursing are both community-based rather than ward settings, and mental health services have their own unique challenges of being more multi-disciplinary in nature and having to assess acuity of mental illness as well as physical illness.

Initial working documents of Welsh Levels of Care Tools for all three settings have been produced and are already being used by health boards to inform decision making around staffing as they are inherently useful regardless of any legislation. However, the type of iterative, intensive testing to build an evidence base that took place for the adult and paediatric tools is not currently being undertaken due to a lack of digital platforms to perform the testing, and growing acknowledgement in the system for the need to move away from uni-professional workforce planning.

At the September 2022 Senedd debate on the RCN's petition calling for extension of the Act, the Minister said:

"...even if such tools were available for every nursing situation, it is inaccurate to suggest that extending section 25B to all those areas would result in giving Wales "the full team of nurses" as the petition puts it..."

What the signatories of the petition appear to be declaring is their desire to see the right number of nurses and health care staff in the system to meet the care needs of the people of Wales. That is also my desire, but an undeliverable legislative pledge will not achieve that, and I cannot commit the Welsh Government to that course of action.

What will help to achieve that is: good workforce planning and modelling; effective retention and recruitment strategies, including standardised programmes of clinical supervision and preceptorship for our nursing and midwifery staff and international recruitment."

Appreciating the limited time in a short debate format to present detail, hopefully the rationale for that position is clearer to the Committee upon reading this written evidence. In responding to the terms of reference, the intention of this paper is to broaden the Committee's understanding of the complexities involved in the

healthcare staffing landscape and how the duties under the Act have interacted and impacted on the persistent challenges faced by the NHS. The Minister and Chief Nursing Officer look forward to addressing further questions at their 6 December hearing.

—
**Children, Young People
and Education Committee**

Senedd Cymru
Bae Caerdydd, Caerdydd, CF99 1SN
SeneddPlant@senedd.cymru
senedd.cymru/SeneddPlant
0300 200 6565

—
Welsh Parliament
Cardiff Bay, Cardiff, CF99 1SN
SeneddChildren@senedd.wales
senedd.wales/SeneddChildren
0300 200 6565

Lynne Neagle MS
Deputy Minister for Mental Health and Wellbeing

15 September 2023

Ongoing work relating to the mental health of children and young people

Dear Lynne,

As you know, the Children, Young People and Education Committee has committed to considering children and young people's emotional and mental well-being in all of our work. Recent areas of our work that have focused specifically on mental health include:

- Mental Health Support in Higher Education. Thank you for your engagement with our inquiry, and for your support in facilitating a joint Ministerial debate on our report in Plenary on 14 June.
- Transitions between CAMHS and AMHS. Thank you for your letter dated 23 May responding to our letter dated 31 March, which we considered during our meeting on 14 June.

Children and young people's mental health and emotional wellbeing continues to be a key concern for us, and is an issue we will continue to scrutinise with vigour. With that in mind, I would like to begin the 2023-24 academic year by making a renewed request for information to build on the work we have carried out to date, and to support us in our ongoing scrutiny in this crucially important area.

Before I do so, I want to acknowledge your personal commitment to improving children and young people's emotional and mental wellbeing. We know this is an issue that you are very driven to improve, which was particularly demonstrated during your tenure as Chair of our predecessor Committee. As you know, an important part of driving forward improvements for children and young people across Wales is effective scrutiny of the Welsh Government and other public bodies. The work of our predecessor Committee is testament to the improvements that can result from scrutiny.

We are also conscious that the current public services climate is incredibly challenging, both financially, but also in terms of the volume of service demands and the complexity of these demands being placed upon them. This makes scrutiny even more important. We know the power of constructive scrutiny and how it can improve things for children and young people in Wales.

We note in the final paragraph of your letter dated 23 May that you would welcome a discussion about:

"...how we can use the development of the successor to Together for Mental Health to consolidate this work [recommendations made in the past from a range of Senedd committees]. This would ensure that any recommendations we are continuing to work on shape future actions, ahead of the public consultation on the strategy."

You and I had an initial discussion during our recent meeting about your thinking on this, but collectively we would welcome more detail on how you wish to consolidate this work.

The specific issues about which we would appreciate more detail are set out below.

Transitions from CAMHS to AMHS

1. As I mentioned in the debate on our report on Mental Health Support in Higher Education, we would like clarity as to which recommendations from 'Sort the Switch' don't align with the programme of work already under way to improve transition services. This clarity will be helpful to our scrutiny of this important issue. We can also share this with the young people who came up with the recommendations of Sort the Switch so they can better understand what work is being done to improve transitions and how it aligns with their recommendations. By providing this clarity now we believe it will save work in the longer term, and will help us understand what areas are being specifically prioritised by the Welsh Government.
2. We would appreciate an update on the Delivery Unit's work on CAMHS, as requested in our original letter dated 31 March. In your response you say that all Health Boards have now received their individual reports, with further work ongoing on the development of a thematic report. However, in light of the broad findings, you have "commissioned the NHS Executive to work with Health Boards to develop a consolidated specification for CAMHS...." which will help with consistency, service expectations and "most importantly, a more streamlined and effective service for children and young people." You commit to give us an update in "due course". This sounds like a key development and we would welcome greater clarity on the timelines for development of this specification, and what plans, if any, there are to include children and young people in the development work. We would also ask if the thematic report can be shared with the Committee so we have a

better understanding of the overarching issues around CAHMS service delivery, and for an indication of when you expect this report to be completed.

3. Can you let us know what concrete actions came out of the transitions workshops held over winter 2022/23? In your response to our letter you note that the workshops provided some “useful insights and areas for improvements, including a strengthened framework for monitoring implementation of the guidance and the replacement or redesign of the young person passport.”
4. We asked for information on how the Welsh Government “more generally evaluate the effectiveness of transitions support and services across Wales.” We would appreciate more clarity on how this is being done, in particular how children and young people are involved in any evaluation of services and support.

The whole-school approach

Concerns about children and young people’s mental health have been raised regularly by pupils, school leaders and teaching staff during our engagement work as part of our [Senedd-long inquiry into the implementation of education reforms](#). We also note the concerns raised by certain members of the Welsh Youth Parliament during their [meeting with you on 10 July 2023](#) that Welsh Government’s high level policy and funding announcements may not be translating into change on the ground.

We have seen first-hand that there are pockets of excellent practice across Wales. However, as you yourself acknowledged on 10 July, we believe that the whole-school approach is being implemented inconsistently, with some schools responding to mental health issues among learners much more effectively than others.

We are currently considering how we can best add value to the important work that has been carried out by the Welsh Youth Parliament and others in relation to the whole-school approach. To help us with our deliberations, please could you respond to the following.

5. On [23 November 2022](#), you described a greater focus within Welsh Government on delivery and implementation of the whole-school/whole-system approach. Please could you provide an update on work undertaken to date and planned actions which reflect this focus, including reference to:
 - a. The work of Public Health Wales’ implementation co-ordinators, how well-established the network of co-ordinators is across Wales, and what impact this work is having.
 - b. An update on work to measure and evaluate the implementation of/outcomes from the whole-school approach, following the publication of the [evaluability assessment](#) in January 2022.

- c. Barriers identified so far to the successful implementation of the whole-school approach across Wales (for example, in relation to the capacity of school staff to support children and young people's emotional and mental wellbeing, and the availability of specialist support in local areas).

We would appreciate a response by 1 November.

I am copying in the Chair of the Health and Social Care Committee because of their shared interest in these issues.

Yours sincerely,



Jayne Bryant MS
Chair

Croesewir gohebiaeth yn Gymraeg neu Saesneg.

We welcome correspondence in Welsh or English.



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

13 November 2023

Dear Jayne

Thank you for your letter dated 15 September 2023 regarding your ongoing work relating to the mental health of children and young people. The letter also requests more information or updates in a number of areas which I have set out in this response.

Work is now well underway to develop our Mental Health Strategy and our Suicide and Self-Harm Prevention Strategy for consultation later this year. I would like to assure the Committee that we continue to engage children and young people to help shape this work. I met with the Welsh Youth Parliament in July to discuss the alignment between the key themes across their Mental Health Committee's recommendations with the developing mental health programme of work, and the emerging priorities in the strategy. Officials have also had a number of sessions with the Welsh Youth Parliament and the Youth Stakeholder Group, most recently in October to further inform our strategy work.

We also launched a survey over the summer to inform our strategies and we promoted this to encourage young people to share their views. Our aim is to consolidate the findings from this work and the recommendations from the previous Senedd Committee reports to shape the actions in the strategies. To meaningfully change and improve the support that is available, it is vital that we focus our work in key priority areas or common themes from across the range of reports, surveys and reviews which make recommendations to improve the mental health and well-being of children and young people. The new strategies are an opportunity to do that; setting out key priorities that will bring about the changes we all want to see.

The draft strategies will set out the high-level actions and will be supported by more detailed Delivery Plans. When the strategies are out for consultation, officials will begin work on the detailed Delivery Plans. Our aim is to assure the Committee, through the actions in the Delivery Plan, that the key themes from the Committee reports are included.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

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

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

Back Page 24
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.

The Committee will then receive the routine reporting against the Delivery Plan as opposed to separate reporting on previous Committee reports published in the last Senedd term. This will ensure you receive regular assurance, but also guarantees officials and colleagues in the NHS Executive can focus on the delivery of the actions without having to provide multiple updates.

We will publish the Mental Health and Suicide Prevention strategies for consultation at the end of the year. During the consultation period, I'd like to offer a meeting with officials to provide you with a factual briefing on how the Committee recommendations have shaped the actions.

Transitions from CAHMS to AMS

Sort the Switch includes one main overarching recommendation to implement and to improve our ability to monitor the Welsh Government's Transitions Guidance. I accept this key recommendation and I am committed to delivering it. As you are aware, in May 2022 the Welsh Government commissioned TGP Cymru to take forward a consultation and publish a report highlighting the transition experiences of young people in their own words. In May 2022 MIND Cymru also published an independent young person transition report. Both reports make a number of recommendations and to ensure that we are able to focus limited resources in key areas, we are focusing on the common themes across both reports. These are:

- Improving support while waiting to move to AMHS.
- Improving communication and information.
- Better co-production of transition healthcare plans.
- Implementing the transitions guidance.
- Improving our ability to monitor progress and experience

Whilst a focus in these areas will deliver the vision in both reports, I recognise that Sort the Switch Report includes a range of wider, underpinning recommendations – for instance extending advocacy support, which are not included in the transitions workplan. These wider recommendations have been considered along with a range of other information to inform the draft strategies and we will consult on these later this year.

Following the workshops held over winter 2022/23 the CAMHS Implementation Network (in the NHS Executive) are working with Health Boards (CAMHS and AMHS), Mind Cymru and young people with lived experience to improve and monitor the ongoing transition process. The CAMHS Implementation Network is currently liaising with Mind Cymru to identify participants and to bring a group of young people together. I will be involved with this liaison and consultation process with young people. This work will be used to inform a strengthened framework for monitoring implementation of the guidance and the replacement or redesign of the young person passport. The CAMHS Implementation Network's key focus will be the following:

- Continuous development of a clear understanding of the transition process in consultation with young people with lived experience of services.
- Continue to build an understanding of Health Boards current offer and their approaches through the lived experience of young people.
- Work with young people and health boards to co-create practice-based evidence to support service development.
- Encourage and facilitate health boards to provide a quality, seamless transition process.

- Ensure that quality care and treatment plans and transition healthcare plans are co-produced with the young person.
- Share good practice across health boards.
- Continue to explore the evidence for extending the age range of Specialist CAMHS to 25 years.
- Develop and report regular evaluation and monitoring of the maturity of service provision in individual Health Boards

The work that the CAMHS Implementation Network team are now taking forward will include ongoing consultation with young people whilst working alongside the Performance and Assurance Division of the NHS Executive. This work will help us to understand the young person's journey and experience and support the development of data collation and patient satisfaction questionnaires. The planned development of regular service evaluation and reporting will also support ongoing service improvement.

Improving transitions will be a priority in the draft Strategy with routine updates on progress against the final Delivery Plan once agreed.

In respect of the Delivery Unit's work on CAMHS; the Implementation Board for CAMHS is leading work to deliver the necessary changes identified by the NHS Delivery Unit (now part of the NHS Executive) including supporting the dissemination of good practice examples across Wales. This will be underpinned by a national service specification for NHS specialist CAMHS to ensure equity of provision across the whole of Wales and enable Health Boards to develop quality improvement plans. The current aim is for health board to have agreed improvement plans that they can be held accountable for by Spring 2024. The NHS Executive will shortly be appointing a dedicated mental health Clinical lead to drive this work at the necessary pace.

This work is in parallel to the strengthened focus on performance in monthly meetings between the NHS Executive and health boards. All have boards have performance and waiting time trajectories in place to achieve waiting time targets by March 2024.

In my response of 26 May to recommendation 8 of your inquiry into mental health support in higher education, I noted that we have now agreed our governance and reporting arrangements for the Whole School Approach (the education aspect of the wider NYTH/NEST whole system approach).

A new Oversight and Delivery Board, jointly convened by the Minister for Education and Welsh Language and I, replaced the previous Joint Ministerial Task and Finish (T&F) Group on a Whole School/System Approach to Wellbeing. The T&F Group had fulfilled its remit in relation to education settings with the publication of the statutory Framework on embedding a whole school approach to emotional and mental wellbeing (March 2021) and associated significant funding from the Welsh Government to support activity. As such the Minister for Education and Welsh Language and I felt that the T&F Group should now focus on implementation and delivery of activity. The newly constituted Oversight and Delivery Board held its first meeting in May.

The Board has a specific focus on scrutiny and challenge to ensure consistent and effective implementation of our Framework and the associated work which supports its implementation. Beneath the Board seven workstreams report on the key activity required to successfully meet our wellbeing objectives. These are:

- implementation of the Framework;
- rollout of our CAMHS school in-reach service;

- expanding and improving school counselling;
- education workforce wellbeing and training;
- a whole education group, which looks at wellbeing across the whole sector from foundation to higher education;
- a stakeholder reference group which considers issues such as resources, monitoring and evaluation; and
- our National Youth Stakeholder Group which ensures the voice of children and young people informs activity.

In my response to your inquiry, I undertook to provide an annual report (by academic year) of activity. We are currently considering the first such report and I will write further in relation to this in due course.

We also recognise that the school alone cannot address all the wellbeing issues facing young people today and that our whole school approach must sit within a wider whole system approach. The [NYTH/NEST framework](#) takes a whole system approach to mental health and wellbeing services for babies, children and young people. Our governance around NYTH/NEST is aimed at fostering the principles of a connected system. Our National NYTH/NEST Steering Group is a mix of Welsh Government colleagues as well as external stakeholders involved in the creation of NYTH/NEST to direct implementation. In addition, we have a cross governmental group which draws in a broad range of policy holders to ensure NYTH/NEST is applied throughout our broader work for babies, children and young people. It is important to us that our whole system work in relation to mental health and wellbeing is shaped and directed by young people themselves and thus we work closely with the National Youth Stakeholder Group and other youth groups to continually engage on our ongoing NYTH/NEST implementation. We are developing annual National NYTH/NEST reporting which will provide progress updates on the implementation of NYTH/NEST both nationally and regionally. To support NYTH/NEST implementation we are co-producing a NYTH/NEST Self-Assessment and Implementation tool and NYTH/NEST training as well as a [good practice examples document](#).

In relation to the specific questions you raised (5 a to c) in your letter:

- The work of Public Health Wales' implementation co-ordinators, how well-established the network of co-ordinators is across Wales, and what impact this work is having.

The Welsh Government has provided Public Health Wales (PHW) with £670,000 in the current year to support implementation of the statutory Framework. This has enabled PHW to recruit seven (whole time equivalent) implementation coordinators, embedded within the Welsh Network of Health School Schemes. Progress to embed the Framework across maintained schools in Wales continues to improve, particularly among schools with secondary-aged learners. However, continued focus is being placed on increasing the proportion of schools with strategic action plans routinely embedded within their School Development Plans (SDPs). As at the end of July 2023 52% of schools (48% primary, 73% secondary and 73% special schools/PRUs) had undertaken the self-evaluation process, whilst 28% (24% primary, 46% secondary and 47% special/PRUs) had action plans in place. Both the Minister for Education and Welsh Language and I remain concerned at the pace of progress and made this point to PHW when we met them in September. PHW have set a target that 80% of schools with secondary learners having identified actions within their SDPs by March 2024, increasing to at least 90% by March 2025

PHW is also conducting a mixed-methods evaluation that is focused on the implementation of the Framework across several stages, including self-assessing needs and strengths; creating an action plan; and implementing, system wide-working. This work draws on feedback from schools who have already engaged with implementation coordinators.

In addition, the Welsh Government conducted a survey in June/July 2023 that explored the progress of schools and education settings in developing their whole school approaches and their use of available resources to achieve this. The survey invited members of senior management and leadership teams, and/or health and well-being lead staff from schools and education settings to respond. This included maintained nursery, primary, secondary, middle, and special schools including pupil referral units. We intend to formally publish the results on 16 November as a Government Social Research Bulletin. In addition, pending budgetary agreement, we also intend to undertake some follow-up work in the form of interviews and/or focus group work with respondents to further consider some of the issues raised in the survey.

b. An update on work to measure and evaluate the implementation of/outcomes from the whole-school approach, following the publication of the evaluability assessment in January 2022.

There is a range of activity underway to measure and evaluate activity at the strategic, local and school level. However, we are concerned that the activity is disparate and does not fully recognise the many interdependencies in this area. As such we have agreed that there is a need to develop a detailed evaluation and monitoring strategy which seeks to pull all this activity together into an evaluation plan that will include our short-term research projects and will explore how we can consider longer-term monitoring. I am hopeful that the initial scoping of this work can occur in early 2024 for agreement by the Oversight and Delivery Board and to inform the funding and budget setting process for 2024-25.

This will include:

- A research summary on the effectiveness and impact of statutory school and community-based counselling services for children and young people.
- Phase 2 of our research to explore implementation of the whole school approach survey (as detailed in (a) above), which will explore the help provided to schools and education settings and the resources utilised to support the development of their approach, as well as how they can be further supported to deliver their approach.
- The biennial School Health Research Network (SHRN) survey for senior leaders in secondary schools and work to extend this to primary schools.
- The Wolfson Centre for Young People's Mental Health evaluation of the whole school approach in Wales.
- PHW evaluation activity (as detailed in (a) on implementation of the whole school approach and schools engaging in the process.
- Wider interdependencies such as the wellbeing activity schools are supporting using their PDG funding and the work of Estyn in considering wellbeing as part of the inspection process.
- Data provided by local authorities and local health boards to support the funding we provide in respect of school counselling; delivering training and interventions in schools; and in relation to our CAMHS school in-reach service.

c. Barriers identified so far to the successful implementation of the whole-school approach across Wales (for example, in relation to the capacity of school staff to

support children and young people's emotional and mental wellbeing, and the availability of specialist support in local areas).

the points you mention around capacity and availability of support are both valid. In addition, the establishment of our workforce workstream, beneath the Oversight and Delivery Board has not progressed at the pace we would like to see, for a variety of reasons. However, the Board discussed progress in this area at its recent meeting on 24 October and agreed a number of actions which should mark a step change in this work.

In addition, we are pleased that we now have CAMHS school in-reach support available across all of Wales, with over £5m annual Welsh Government funding supporting this important initiative. However, as the teams establish, we will want to ensure that provision is consistent and equitable across all of Wales and that regional variations in provision do not disadvantage children and young people in receiving support.

There is an interdependency between the NYTH/NEST framework and the Whole School Approach to emotional health and wellbeing. We have been clear, and will strengthen our communications, to ensure that educators understand that the two are complimentary guidance to support the mental health and emotional wellbeing of children and young people in educational, health and social care settings.

The statutory Framework provides statutory guidance to schools to meet the needs of children and young people in educational establishments, whilst the NYTH/NEST framework relates to the whole system including health, social care and third sector. Alignment of the core values ensures that implementation of either framework in their specific area will meet the principles of both sets of guidance. Together, these frameworks provide a holistic approach to children's mental health and wellbeing, promoting clarity, collaboration and continuity of practice across each sector and as long as educators are working towards the statutory whole school approach Framework, then they will be meeting the requirements of NYTH/NEST also.

Yours sincerely,



Lynne Neagle AS/MS

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



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

Mark Isherwood MS
Chair, Public Accounts and Public Administration Committee
SeneddPAPA@senedd.wales

20 November 2023

Dear Russell and Mark,

I am writing further to my letter of 10 May, in which I provided an update on a number of pieces of work and agreed to provide a further update this month.

Betsi Cadwaladr University Health Board (BCUHB)

The attached report at annex 1 sets out the work that has been undertaken over the last 6 months. You will also be aware that I am providing quarterly reports on the progress the health board is making against the special measures framework. The [first two reports](#) set out the progress made over the first six months of special measures arrangements and the third quarterly report setting out the progress made during the last three months is due to be published on 13 December 2023.

Accountability Ministerial Task and Finish Advisory Group

On 8 November 2023, I issued a [Written Statement](#) that set out the membership of the Ministerial Task and Finish Advisory Group I have established to reflect on the current governance structures within NHS Wales, provide a view about whether accountabilities are clear and appropriate, and advise on any recommendations necessary to strengthen them.

Specifically, I have asked that the Task and Finish Group should advise me of its recommendations by 31 March 2024 and in doing so to:

- Reflect on the current governance structures within the NHS Wales system and provide observations of any strengths or weaknesses.
- Provide a view as to whether accountabilities are clear and appropriate.
- Provide any recommendations to strengthen the system.
- Take account of the fact that health ministers in Wales are closer to the NHS system than elsewhere and that the accountability mechanisms need to consider this.

Intervention and Escalation Framework

Considerable work has been undertaken on this Framework and consultation has been undertaken with the NHS. I intend to share further information with the committee concerning its publication in due course.

I hope that this update is helpful and please let me know if you require any further information or briefing on these matters.

Yours sincerely,

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

Eluned Morgan AS/MS

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



Special Measures: Betsi Cadwaladr University Health Board

Update to Health and Social Care Committee and Public Accounts and Public Administration Committee

From: Minister for Health and Social Services

November 2023

1. Background

The [Special Measures Framework](#) sets out the reasons Betsi Cadwaladr University Health Board was placed in special measures on 27 February 2023. These relate to serious concerns about board effectiveness, organisational culture, service quality and reconfiguration, governance, patient safety, operational delivery, leadership, and financial management.

The framework sets out in some detail the improvements expected between March and December 2023 under the following eight areas of concern which are:

- Governance, board effectiveness and audit
- Workforce and organisational development
- Financial governance and management
- Compassionate leadership and culture
- Clinical governance, patient experience and safety
- Operational delivery
- Planning and service transformation
- Clinical vulnerable services

It also sets out five clear outcomes for the stabilisation phase of special measures:

- A well-functioning board
- A clear, deliverable plan for 2024/25
- Stronger leadership and engagement
- Improving access, outcomes, and experience for citizens
- A learning and self-improving organisation

The complexity and scope of work in the domains is such that there will be four levels of the special measures intervention to support de-escalation.

- Discovery
- Stabilisation
- Standardisation
- Sustainability

The discovery phase was undertaken during March – May and the first [quarterly report](#) sets out the progress made during that initial phase. The health board is in the stabilisation phase of special measures, which will last for approximately 9 months. This will be made up of three cycles.

The first cycle commenced on 1 June 2023 and ended on 31 August 2023. The second cycle will run from 1 September 2023 to 30 November 2023.

A review of cycle 1, including members of the board, independent advisors and Welsh Government officials was held on 9 August. Some good progress has been made on enabling actions during this first 90-day cycle. It is still too early to consider their effectiveness and impact. The health board is focused on building upon these to ensure they are embedded, resulting in sustainable improvements.

The following external reviews have concluded, and reports are in the process of being finalised or have been shared with the health board for consideration by the Board through its appropriate governance structures:

- Review of concerns raised around Betsi Cadwaladr University Health Board affiliated to patient safety.
- Safety review of Betsi Cadwaladr University Health Board mental health and learning disabilities inpatient units.
- Rapid review of interim appointments at Betsi Cadwaladr University Health Board.
- Rapid review of the office of the board secretary.
- Vascular services assurance assessment.
- Executive team portfolio review.
- Independent assessment of integrated planning approach and process.
- Procurement and contract management (health board led).
- Listening to citizens, patients, staff, and partners.

In addition, an assessment of the key areas of the workforce portfolio ('HR experts review') has been completed.

The following reviews are underway and will inform priorities and actions for future cycles following completion and consideration by the Board through its appropriate governance structures:

- A review of vascular pathways between August 2022 and August 2023.
- Follow up assurance assessment of the inpatient mental health units.
- Board effectiveness follow up review undertaken by Audit Wales.

The second [quarterly report](#) was published on 19 September sets out the progress made between June and the end of August and the priorities for the period between September and November are published [here](#).

The following sections highlight progress against a number of high-risk areas:

Requirement to stabilise the Executive Team

- On 14 November 2023, Carol Shillabeer was confirmed as the permanent Chief Executive following an open recruitment process.

- Adele Gittoes has been seconded from NHS Wales Executive as the interim Executive Director of Operations for a period of 9 months (until March 2024).
- Elin Gwynedd has been seconded from Welsh Government to become the Health Board's Chief of Staff.
- Russell Caldicott has been appointed as the interim Director of Finance.
- Phil Meakin is Interim Board Secretary, following an internal restructure.
- Recruitment to the Director of Corporate Governance (and Board Secretary) is underway.

Action taken to stabilise the Board

Work has continued to develop and support the Board. Mike Parry was appointed as the new Associate Board Member, in his capacity as Chair of the Stakeholder Reference Group for BCUHB until 30 June 2024. Gareth Williams has been appointed as vice-chair and Urtha Felda and Dr Caroline Turner as independent members. Details of the independent members can be found at [health-board-members](#). A further recruitment for the remaining three independent members will commence in November.

Interviews for a permanent chair will take place in November and a pre-appointment Health and Social Care Committee hearing has been scheduled for 24 January 2024.

These appointments will continue to strengthen the accountability, governance, and operational controls across the board.

Interims

As part of the special measures intervention, a review of interims has been completed. The health board is working its way through the recommendations. The reliance on interims is reducing. As of 1 October 2023, there were 7 interims on agency contracts, 4 interims on Bank contracts and 2 interims on secondment. This is a significant reduction from February 2023 where there were 32 interims on agency contracts, 6 interims on bank contracts and 1 interim on secondment.

Independent Advisors

As part of the special measures arrangements, a small team of independent advisors were appointed to support the Board for HR, governance, finance and operational delivery. This includes specialist advice and oversight on board governance and board effectiveness and mentoring and support to the Board.

The work programme of the five Independent Advisers appointed in February 2023, has concluded and their recommendations have informed the priorities for cycle 2. Ongoing support for communications and stakeholder management, mental health, planning and quality and safety continues until March 2024.

Performance

There has been a reduction in the number of long waiting patients at both the outpatient and treatment stage. The number of people waiting over 52 weeks for an outpatient appointment has fallen by 18% between February 2023 and August 2023 and the numbers with total waits over 104 weeks has reduced by 21% in the same period.

The dermatology service has come under considerable pressure since the summer with an increasing number of vacancies and a reliance on interim and locum staff. This will impact upon both the dermatology and skin cancer performance in the coming months. An immediate recovery solution has been put in place to ensure the impact on urgent skin cancer patients is minimised. The Welsh Government has given the health board an additional £200,000 to establish a tele-dermoscopy model which will support faster triaging of patients.

While emergency department waiting times improved in September 2023, when compared to July 2023, they remain a significant challenge. The focus on achieving the red line measure agreed by NHS Wales chief executives, to eradicate 4-hour ambulance handover delays, whilst not yet achieved, is resulting in some improvements. There were 528 handover delays in excess of 4 hours in September 2023, this is considerably better than the 1,042 noted in March 2023.

Vascular Services

HIW has indicated that they no longer consider vascular services within BCUHB as a service requiring significant improvement. In the last few months, the health board has made a number of key appointments including two substantive vascular consultants and a new vascular network manager.

An independent assessment against the vascular plan has been undertaken by the by the NHS Executive Vascular Clinical Network. This will be considered by the health board's Quality, Safety and Experience Committee in a development session in November before a management response is issued. It concluded that BCUHB's vascular service has improved from the previous reviews and in the opinion of the reviewers now provides a much safer service. It also noted the vascular surgeons work more collaboratively, with patient management being MDT (multi-disciplinary team) driven.

Welsh Government has commissioned a vascular case note assessment, which commenced in November and will review a number of patient pathways accessing treatment between August 2022 and August 2023.

Improvements continue to be noted in the vascular service, building upon the recent reviews that have been undertaken. There have been a number of engagement events with families following the publication of the Vascular Quality Panel findings and a further event is scheduled for early December. The vascular improvement plan is comprehensive and is reviewed and updated on a regular basis.

Mental Health

Mental health services appear to be stabilising and performance for adult mental health is improving. However, the service remains incredibly fragile with a relatively new management team and considerable staff turnover.

Performance against the various mental health measures for adults continues to improve, with nearly 80% of adults having an assessment within 28 days in June compared to 73.8% in February and just over 81% having an intervention within 28 days. Whilst performance for under 18s against parts 1a and 1b of the mental health measure is below target, improvements have been seen when compared to January.

As part of the special measures intervention, the Deputy Minister for Mental Health and Well-Being commissioned a review of all adult mental health inpatient sites. This review was considered at a development session of the health board's Quality, Safety and Experience Committee in September, and the management response was agreed at its [October](#) meeting. A further assessment to be undertaken by the NHS Executive is planned for January 2024 to assess the extent to which the recommendations have been embedded.

The review of mental health reviews being undertaken by the Royal College of Psychiatrists is progressing at pace.

This area remains high risk with a number of high-profile inquests scheduled in the coming months and a HSE prosecution taking place in December.

Quality and Safety

Since February, the health board has received 19 Regulation 28 Prevention of Future Deaths notices from the coroner, including repeated concerns about the health board's responses to and learning from concerns raised. Two of which relate to deaths that occurred after escalation to special measures. Both Coroners have expressed concerns about the health board and the Minister for Health and Social Services met with them over the summer to discuss their concerns.

The number of issues raised by HM Coroner and the Public Services Ombudsman remains high and this is very concerning. A programme of new reporting and learning processes has now been agreed and a new standard operating procedure is in place. This has direct oversight from the medical director, with a clear escalation process.

When the health board was placed into special measures, the outgoing independent board members were very clear that there were serious quality and patient safety issues across parts of the organisation. These have been echoed by HM Coroners, both of whom who have been frustrated by the lack of learning within the organisation and the poor preparation for inquests.

In response to these serious concerns, officials commissioned an independent assessment of patient safety issues. The Board considered the recommendations

from the assessment in a closed session in September and shared its management response at its Quality, Safety and Experience Committee in [October](#).

A quality roundtable was held with the health board, Welsh Government, independent advisors and the NHS Executive in November to agree key areas of focus.

Annual Accounts 2022/23

The health board presented its annual accounts for 2022/23 at an extraordinary board meeting on 24 August 2023 and were certified by the Auditor General for Wales on 25 August 2023. The Annual Accounts 2022/23 reported a surplus for the financial year that remained consistent from draft to final endorsement by health board, and represented achievement of the first financial duty in that expenditure did not exceed the aggregate funding over a three-year period.

The AGW qualified his opinion on whether the financial statements gave a true and fair view, owing to significant uncertainty in the opening balances and whether expenditure for 2022-23 was materially understated. Both these matters related to his qualification of the 2021-22 financial statements, arising from insufficient and appropriate evidence relating to specific accruals, payables and expenditure recognised in the financial statements.

He further qualified the Regularity Opinion due to a breach of standing financial instructions on the payment of salary to an Interim Executive Director; and the health boards failure to meet its second financial duty.

Audit Wales have however confirmed that the closing balance sheet position for 2022-23 represents a true and fair view in all material respects and therefore the significant uncertainty that was identified by them that impacted on 2001-22 and the 2022-23 audit opinion should not affect the 2023/24 financial year.

Accounting Issues

The health board has developed and is implementing a financial control environment action plan. The health board chair and interim chief executive, following legal advice, met with PAPAC in a closed session on 5 July.

The health board is working through the disciplinary processes, and some disciplinary hearings have taken place. There were a number of disciplinary cases arising following the EY investigation. 40% of these have now concluded and the others are in the disciplinary process. The legal advice is that these cases must be allowed to be completed in line with natural justice and that the publication of the EY report would prevent this. The health board has agreed that it will publish, via the Board, its response to accounting issues including the EY report once all outstanding disciplinary and grievances are resolved.

The health board has provided North Wales Police with all the information relating to the EY report. No decision has yet been made by North Wales Police regarding any further action.

How is progress monitored

The Minister for Health and Social Services and the Deputy Minister for Mental Health and Wellbeing have visited the health board on a number of occasions, over the last eight months including each of the three acute sites and a number of other mental health and community settings. This has given them the opportunity to hear experiences of staff and patients, and to see the improvements being made.

The Minister for Health and Social Services chairs a bi-monthly Special Measures Improvement Forum with the unitary board, the Deputy Minister for Mental Health and Well-Being is also in attendance. This allows Welsh Ministers to ensure that the health board is progressing with the appropriate actions in response to the special measures escalation.

The Deputy Minister for Mental Health and Well-Being chairs a quarterly meeting with the health board on mental health.

The MHSS also meets with the interim Chair each month. These meetings are used to assess progress against his objectives.

The Chief Executive of NHS Wales chairs a quarterly Special Measures Assurance Board that reviews progress against the priorities within each 90-day cycle.

There are a number of health board and Welsh Government meetings in place to track progress including but not limited to monthly cancer and eye-care meetings, a monthly Integrated Quality and Delivery Board, a Joint Executive Team meeting twice a year, finance, quality, planned and unscheduled care touchpoints on a regular basis.

Decision to de-escalate

Whilst some improvements are being made, the Board is still assessing areas of concerns. New processes and procedures need to be made and embedded and the cultural change needed will take time. When we are assured that all the issues of concern have been reviewed and really understand the magnitude of what needs to be done, then we will agree and publish clear de-escalation criteria.

Eluned Morgan MS
Minister for Health and Social Services

26 October 2023

Dear Minister

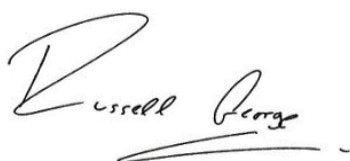
Update on 2023-24 Financial Position – additional support for the NHS

I write regarding the recent announcement by the Minister for Finance and Local Government about the 2023-24 financial position. In her statement on 17 October, she confirmed that the Welsh Government would provide an additional £425 million to support the NHS this year. She went on to say, however, that despite this additional support, health boards will still need to make “some extremely difficult decisions” this year and next, in order to balance their budgets.

In light of this announcement, I would be grateful if you would:

- confirm whether the figure of £425 million of funding for the NHS is entirely additional funding, or whether it includes any savings that you have already asked the health boards to make;
- set out what impact you expect this additional funding will have on the “difficult decisions” that will still need to be taken by health boards both this year and next; and
- provide an update on discussions taking place with health boards about the level of savings they will need to make this year.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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



Russell George MS
Chair, Health and Social Care Committee

SeneddHealth@senedd.wales

23 November 2023

Dear Russell,

Thank you for your recent letter on additional support for the NHS.

You will be aware that I issued a written statement outlining our approach and updating members on the allocations to Local Health Boards on 8th November.

That statement can be found here: [Written Statement: LHB Allocations and Target Control Totals \(8 November 2023\) | GOV.WALES](#)

Although our discussions at the Health and Social Care Committee, that morning went into some further detail on allocations I am happy to confirm that:

- the £460 million allocation detailed in the statement provided to Local Health Boards is entirely additional funding for the Boards, provided following the work to reprioritise funds across the Welsh Government to address the impact of inflation on our budget;
- the funding will provide Boards with significant additional support recognising the challenges the NHS faces due to the impact of continued increasing demand on services, persistently high inflation and the impact of the pandemic; and
- my officials will be working with all NHS Wales organisations in progressing delivery of the target forecast positions set out for the remainder of this financial year.

Yours sincerely,

Eluned Morgan AS/MS

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

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

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

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

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

—
**Health and Social Care
Committee**

Eluned Morgan MS
Minister for Health and Social Services

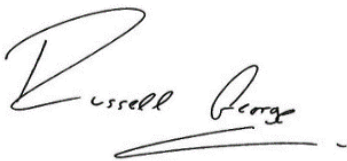
15 November 2023

Dear Minister

Health Committee members have recently been contacted by a family who are concerned about the NICE draft guidance on the provision of Kaftrio, and the implications of this for their young nephew.

I understand that NICE is currently consulting on the use of several treatments, including Kaftrio, and that the Welsh Government is listed as a 'general commentator' to this consultation. Could you please confirm what the Welsh Government's position is in relation to the provision of Kaftrio and whether you intend to respond to the NICE consultation.

Yours sincerely



Russell George MS
Chair, Health and Social Care Committee

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



Russell George MS
Chair,
Health and Social Care Committee

SeneddHealth@senedd.wales

27 November 2023

Dear Russell,

The National Institute for Health and Care Excellence (NICE) is established to provide independent, expert and impartial advice on whether the benefits of new medicines are in sufficient balance with their costs to represent a cost effective use of NHS resources.

We rely on the expert advice of NICE as an internationally renowned health technology appraisal body. All medicines that have been recommended by NICE or the All Wales Medicines Strategy Group (AWMSG) are routinely available in Wales where clinically appropriate.

The independent role of NICE and AWMSG means it would not be appropriate for the Welsh Government to intervene in their appraisal processes or to comment on their consultations.

The cystic fibrosis treatments Kaftrio, Symkevi, Orkambi and Kalydeco are all routinely available in Wales for all their licensed indications in accordance with the commercial access agreement reached between the Welsh Government and the manufacturer, Vertex Pharmaceuticals in 2020. A condition of that agreement was that Vertex would engage in an appraisal of Kaftrio, Symkevi and Orkambi in order to determine the effectiveness of these treatments and ensure they were in fair balance with the price paid by the NHS.

On 3 November, NICE published draft guidance on the use of Kaftrio, Symkevi and Orkambi in which they did not recommend the use of these treatments because “the price offered by the manufacturer was substantially above the range NICE considers an acceptable use of NHS resources”.

There is scope for Vertex to consider NICE’s findings and an opportunity for them to offer a price which presents better value for money to the NHS.

Bae Caerdydd • Cardiff Bay
Caerdydd • Cardiff
CF99 1SN

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

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

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

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

NICE will update its guidance following the consultation, which ends later this month. A decision by NICE not to recommend the use of these treatments will not affect anyone currently receiving them or anyone who commences treatment ahead of NICE's final recommendation.

Yours Sincerely

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

Eluned Morgan AS/MS

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

Agenda Item 6

Health, Education and Prosperity for All: Wales as a Health Literacy Testbed

Dr Emily Marchant, Professor Tom Crick

HSC(6) 32-23 Paper 2

Health, Education and Prosperity for All: Wales as a Health Literacy Testbed

Dr Emily Marchant, Lecturer in Education, Department of Education and Childhood Studies, Swansea University. E.K.Marchant@swansea.ac.uk.

Professor Tom Crick MBE, Professor of Digital & Policy and Deputy Pro Vice Chancellor (Civic Mission), Swansea University. Thomas.Crick@swansea.ac.uk.

This review explores the concept of health literacy with particular focus on children and young people within the context of research, policy and strategy in Wales. For the purpose of this review, children and young people are defined as those aged 0-16, from birth to the end of compulsory education.

Table of Contents

What is health literacy?	2
Why does health literacy matter?	3
Health literacy in policy and strategy	4
A global lens	4
The Welsh landscape	5
Overview	5
Health and Social Care	5
Economy	6
Education	7
Health literacy in the context of COVID-19	9
Epidemic-infodemic: Key challenges and lessons from COVID-19	9
The future of health literacy	10
Recommendations	10
• Health literate citizens	10
• Health literate systems	10
• Health literate policies	11
• Health literate monitoring	11
References	11

What is health literacy?

The field of health literacy, a term first proposed in the 1970s [1], has grown exponentially over the last few decades and received significant international policy focus in recent years. Whilst multiple definitions exist globally [2], the definition adopted within Wales in 2010 is “*the ability and motivation level of an individual to **access, understand, communicate and evaluate** both narrative and numeric information to promote, manage and improve their health status throughout their lifetime*” [3]. Health literacy is a modifiable factor that contributes to the promotion and maintenance of health and well-being throughout an individual’s life [4]. It encompasses a range of areas including health behaviours and lifestyle factors, health information and health services use, prevention, primary and secondary care and management of health conditions [5].

The conceptualisations of health literacy have primarily been developed based on the fields of public health and health promotion, and social sciences with a focus on information literacy and decision making. General literacy, “*the ability to read, write, speak and listen in a way that lets us communicate effectively and make sense of the world*” is required to effectively function and participate in society, and is one of the strongest predictors of overall health status [6,7]. The World Health Organization (WHO) have identified health literacy as a global priority, advocating that health literacy, like general literacy, should be viewed as a right and a fundamental competency necessary to function within modern society [8].

One of the foundational health literacy models proposed by Nutbeam in 2000 [9] and adopted within Wales [3] comprises of three domains: *functional, interactive and critical*:

- *Functional*: basic reading, writing and numeracy skills to understand health-related information.
- *Interactive*: more advanced cognitive literacy skills that enable an individual to interpret, extract and apply information from different forms of health communication.
- *Critical*: critically analysing and using health information to exert greater control over one’s health and life.

The health literacy needs of a population vary and are dependent on contexts, communities and populations. The WHO state that strengthening health literacy is a lifelong process and building the foundations for health literacy should begin in early childhood with a focus on education settings [10]. Childhood is a period of significant formative development, where knowledge, skills and capacities impacting health are acquired and health behaviours are established which can be tracked into adulthood. The WHO advocate embedding health literacy within educational frameworks and school curricula, involving all stakeholders (including learners, teachers, school staff, parents, health workers and politicians), through a process of development, implementation and evaluation [11].

In Wales, children and young people have been identified as a priority group in recent policy and Parliamentary Reviews [12,13]. Monitoring and tracking the health literacy needs of children and young people requires scalable and sustainable data collection and infrastructure. This can be used to inform the tailored design and evaluation of health literacy interventions at local, regional and national level, and identify policymaking priorities. At present, there is a significant gap in data and understanding of the health literacy needs within children and young people.

Why does health literacy matter?

Whilst data for Wales and the UK, and specifically children is lacking, a growing body of European and international evidence demonstrates the importance of health literacy on a range of health outcomes and healthcare savings costs. Data from across Europe suggests that between one half and one third of the population have low health literacy, those with low health literacy struggle to manage health information relevant to themselves and others in different contexts, for example disease prevention, health promotion, and health care [14]. Low health literacy of UK adults is associated with lower self-reported health status, and has been linked to poorer nutritional habits (i.e. fruit and vegetable consumption) and smoking status independent of age, education, gender, ethnicity and income [15].

International evidence suggests lower health literacy is associated with higher hospital admissions, duration of hospital stay and likelihood of readmission [16]. It is also a key factor in the management of long-term health conditions [17]. As such, low health literacy is a driver of higher healthcare costs and the NHS in Wales is the Welsh Government's largest area of expenditure. A significant cause of emergency hospital admissions in Wales is due to largely preventable non-communicable diseases (NCDs) [18]. Modifiable lifestyle factors increase risk such as smoking, poor nutrition and physical inactivity [19]. Health literacy is thus an important tool in the prevention and management of NCDs which are responsible for the majority of chronic diseases and nearly three quarters of deaths worldwide [20]. Reducing the impact of low health literacy on the health service is essential and has potential in large healthcare savings.

For children, childhood obesity and physical inactivity are two of the most significant risk factors for non-communicable disease prevention [21]. This is of great concern in Wales where over a quarter of children are overweight or obese and almost half of children (49%) do not meet physical activity guidelines [22]. Evidence has demonstrated a link between low health literacy and excess body weight, overweight and obesity in children [23], and children who engage in physical activities exhibit higher health literacy scores [24].

Importantly, one of the greatest potential outcomes of improving population health literacy is reducing health inequities and inequalities, which is a key priority in Wales. Health literacy is unequally distributed across populations, mirroring the social gradient of wider health outcomes and health behaviour research [25]. European evidence demonstrates that the highest

proportions of low health literacy are observed amongst the lowest socioeconomic groups, those with the lowest education and the poorest health outcomes [25]. The strongest predictors of low health literacy are financial deprivation, social status and education. As such, health literacy is recognised as a social determinant of health [26].

Given the prominence and importance of education in health literacy outcomes, this should also be considered in the context of education in Wales, especially with ongoing major education system-level reforms currently taking place, such as the start of the new *Curriculum for Wales (CfW)* from September 2022 [27,28]. Whilst PISA scores in Wales have stabilised (science/reading) or improved (mathematics) in the latest available data (2018), scores remain the lowest in the UK, Wales are outperformed by international counterparts and the deprivation gap persists [29,30]. The potential of improving health literacy to reduce health inequalities and inequities in Wales was highlighted in the 2010 scoping review and remains as pertinent now. Citizen-centred health literacy is not only a key goal of public health and health promotion, but a wider social policy responsibility and population priority [1].

Health literacy in policy and strategy

A global lens

At an individual level, adequate health literacy provides the resource for informed decision-making regarding health choices, behaviours and social determinants of health. However, health literacy is not the sole responsibility of individuals. Achieving high levels of health literacy requires the support of communities, settings, and government, and is influenced by societal and political contexts and priorities.

Health literacy is increasingly becoming commonplace within European and global policy, and the WHO advocate that governments should prioritise achieving a high level of health literacy as an explicit goal within both health and education policy [10]. It is viewed as a crucial pillar in achieving the 2030 UN Sustainable Development Goals, and the WHO put forward a mandate for health literacy [8]. It is discussed in the European Commission's *Together for Health* [31] in relation to citizen empowerment and as a priority area of the WHO Regional Office for Europe's *Health 2020: a European policy framework* [32]. Furthermore, the WHO Regional Office for Europe developed a roadmap to guide and support policymakers, organisations and communities in the adoption and implementation of policies or strategies on health literacy [33]. This recognises health literacy as an enabler of public health strategies and in achieving goals and outcomes of strategy and policy. In response, several countries have introduced health literacy action plans including Germany, Austria, Australia and Scotland [34]. No such health literacy investment or action plan currently exists in Wales, though the development of local, regional and national health literacy action plans, informed by the creation of a health literacy strategic taskforce could support this and be trialled regionally through the Swansea Bay City Deal [35].

The Welsh landscape

Overview

Identified as a priority in Wales in 2010 [3], the authors of the scoping review called for “*a long-term vision and commitment to measure health literacy at population level*” and noted an absence of evidence-based interventions that can achieve the goal of optimising and enhancing health literacy for all. Since this publication and despite international growth, nothing concrete has yet been implemented. Whilst we have seen wider education and public health developments and a policy and strategy shift across a range of domains spanning health and social care, well-being, economy and education, the prominence of health literacy as an explicit and distinct concept within policy and strategy has stalled. However, improving population health literacy provides strength in achieving policy visions and strategy goals.

Most recently (2022) it was identified as an Area of Research Interest (ARI) by the Senedd Cymru/Welsh Parliament’s Health and Social Care Committee to support work in line with the strategy for the Sixth Senedd [36,37]. *Increased levels of health literacy* is highlighted as a tool in achieving the strategy vision, through which *health inequalities and inequities* is a cross-cutting theme. Key pieces of health and social care, economy and education policy and strategy are summarised with focus on health literacy as an indirect enabler in achieving policy or strategy impact.

At the time of writing, this policy focus is framed in the context of challenging financial and budgetary environments at all levels of government and range of public services, especially in Wales [38]. In particular, we have seen the ongoing system-level financial impact of the COVID-19 pandemic and how this has been felt across the health and social care system in Wales. Furthermore, recent short-term investments in the health system by the Welsh Government appear to focus on specific priority areas to address immediate system-level pressures [39], with perhaps less focus on areas that could support and develop health literacy [40].

Health and Social Care

Following the 2010 scoping review, the Fairer Health Outcomes for All: Reducing Inequities in Health Strategic Action Plan (2011) was published as part of the Our Healthy Future strategic framework for public health [41]. This strategy, underpinned by prevention and early intervention, outlines a set of practical actions to reduce health inequities, one of which constitutes *Improving health literacy*. A central theme was giving children and young people a good start in life that supports their long-term health and wellbeing, reflecting priorities set out in the Marmot Review [42]. However, the full action plan is no longer available to view online.

A Healthier Wales (2021) [12] sets out a vision for “*keeping people healthy and well*”. It focuses on prevention and self-management, placing “*greater emphasis on preventing illness, on supporting people to manage their own health and wellbeing*”, with a clear citizen- and patient-

centred focus and the opportunity for co-creation and co-production of place-based health outcomes. This is encouraged through individual choice, control and autonomy in relation to lifestyle factors including smoking, diet and exercise, advocating for greater individual responsibility. Managing individual health and wellbeing requires individuals to make informed decisions regarding their actions and behaviours that impact their health status and wellbeing. A level of adequate personal health literacy is fundamental in order to **access, understand, communicate and evaluate** health-related information, though health literacy is not addressed within the plan. For children and young people, it recognises the importance of the CfW to build insights and knowledge development relating to lifestyle factors, especially with prominence of health and wellbeing in the new curriculum, driven by its four overriding purposes including *healthy, confident individuals* [43].

The *Well-being of Future Generations (Wales) Act 2015* [44] is a legally binding commitment to improving the well-being of people in Wales. Two of the seven wellbeing goals relevant to health literacy are *A healthier Wales* and *A more equal Wales*, alongside the five new ways of working. Progress is measured through national indicators, for example, *Percentage of adults/children with two or more healthy lifestyle behaviours*, this indicator is heavily reliant on health literacy, though no explicit mention of the term is included within the guidance and children are only assessed aged 11 and above.

The Public Health Outcomes Framework: Measuring the health and well-being of a nation (2016) [45] places significant focus on prevention, inequalities and inequities and the social determinants of health, these are all strongly correlated with health literacy. A key theme that directly aligns to the field of health literacy is *Individual responsibility - empowering and enabling people to take personal responsibility for improving their own health*. However, there lacks explicit mention of health literacy. This is likely due to a lack of measurement of health literacy in which to base and track outcomes and indicators. Developing a national measurement of health literacy, as highlighted within the 2010 scoping review would strengthen the power of assessment and priority tracking within the Public Health Outcomes Framework.

Economy

Prosperity for All [46], the Welsh Government's 2018 economic action plan demonstrates a clear commitment to promoting health and building healthy communities. With *Healthy and Active* one of four key themes underpinning this strategy, it recognises the links between building skills, employment and economic outcomes with improved health outcomes. This views health and well-being as one of the fundamental drivers and products of economic growth and prosperity for all, reflected further through another of the strategy's theme; *Ambitious and Learning*. One of the foundations for children and young people's skill development necessary for future employment is education, whilst educational attainment also predicts future health outcomes and is strongly associated with health literacy [47]. Thus, health, wellbeing and education are closely linked [48].

The strategy recognises the critical role of schools in embedding healthy and active behaviours and lifestyles. This can be achieved through optimising children’s health literacy as a social determinant of health and employment, and using education as a tool through the CfW to increase health literacy and drive children’s life trajectories. On the contrary, inadequate health literacy can have significant economic implications, placing additional pressure on an already overburdened health and social care system and services, negatively impacting the labour market and achieving true prosperity for all.

Education

Health literacy is not the sole responsibility of individuals. Societal and structural influences such as educational settings shape the choices of individuals [49][50]. Educational settings have been highlighted as one of three key areas of intervention for targeting approaches to enhance the health literacy of school-aged children [51]. Last year the WHO recognised formal education as a key driver in shaping health literacy interventions [52]. From an early age, children and young people can be provided the knowledge, skills and capacities to be empowered to make decisions that positively impact their health.

The most promising avenue for strengthening the health literacy of children in Wales is through ongoing significant national education reforms and the CfW [43], which sets out the guidance for learners aged 3 to 16 for a broad and balanced education. The wider vision of the curriculum is underpinned by *Four Purposes*; “*the starting point and aspiration for every child and young person in Wales*”, one of which is *healthy, confident individuals who are ready to lead fulfilling lives as valued members of society*. Adequate health literacy plays an important role in achieving this purpose, and health literacy is reflected within curriculum guidance, for example:

- *Apply knowledge about the impact of diet and exercise on physical and mental health in their daily lives*
- *Know how to find the information and support to keep safe and well*
- *Take measured decisions about lifestyle and manage risk*
- *Have the skills and knowledge to manage everyday life as independently as they can*

Another key development towards health literacy education policy prominence is the renewed statutory focus on *Health and Well-being* as one of six distinct curriculum areas of learning and experience. Within each area, the curriculum framework is guided by the statements of what matters, for *Health and Well-being* these are;

- *Developing physical health and well-being has lifelong benefits*
- *How we process and respond to our experiences affects our mental health and emotional well-being*
- *Our decision-making impacts on the quality of our lives and the lives of others*
- *How we engage with social influences shapes who we are and affects our health and well-being*

- *Healthy relationships are fundamental to our well-being*

Guidance on progression through the continuum of the *Health and Well-being* curriculum area are provided within the *descriptions of learning*. The development of health literacy from *functional, interactive* to *critical* domains is fundamental to learning progression. Tracking measures of health literacy offers potential to assess learner progression along their continuum of learning from ages 3-16. The WHO state that addressing health literacy of children and young people in schools strengthens learning, health and well-being, and improves life-long learning [11]. This has implications for another of the *Four Purposes* within the *CfW*, specifically the vision of *Ambitious, capable learners who are reading to learn throughout their lives*.

This education reform has seen a shift from a prescriptive national curriculum to one that offers autonomy to schools in local school-level curriculum design, reflecting the needs of its learners and wider community. In the case of health literacy, the WHO called for co-designed approaches, where the voices of users and of those who deliver interventions are incorporated into the design of health literacy services [52]. This is achievable in Wales, where schools can design curriculum areas aligned to their learners' health and wellbeing needs [53]. This is evidenced by national research platforms such as HAPPEN Wales¹ that are currently engaging with over 500 primary schools across Wales. Thus, this offers opportunities for co-creation and co-production of health literacy in Wales.

Education has long been regarded as a fundamental determinant of health, and educational settings as enabling environments. The *CfW* statutory focus on health and well-being offers an exciting opportunity to improve the collective health literacy of current and future generations. This is through opportunities for strengthened health education, alongside the development of knowledge, skills and capacities relating to *functional, interactive* and *critical* health literacy necessary for promoting and maintaining good health and quality of life. Schools across Wales could be viewed as "*health literacy arenas*", recognised by the WHO Regional Office for Europe as settings in which health literacy initiatives can be developed, carried out and evaluated. In order to be evaluated and the impact of the *CfW* to be tracked, measurement tools are required [33].

This focus on health literacy within the *CfW* is not restricted to impacting just learners in Wales. Health literacy is also a form of social and cultural capital [10,51], individual capability fostered through the *CfW* can be dispersed and transferred to families and communities through the concept of distributed health literacy [54]. Thus, this can enhance the collective health literacy and capacity of the population and empower them to act as informed participants in decision-making about their health and development [33,55]. This has also significant implications for achieving other policy and strategy visions including those in *A Healthier Wales* and *Prosperity for All*.

¹ www.happen-wales.co.uk

Health literacy in the context of COVID-19

The importance of health literacy through individual and collective decision making and agency was brought to the forefront during the COVID-19 pandemic, individuals were required to access, understand, appraise and apply pandemic-related information [56,57]. Thus, health literacy in the context of COVID-19 is significant as it played a role in empowering citizens and increasing community capacity, experts referred to health literacy as a “*social vaccine*” [58]. Research during this period highlighted the impact of the pandemic on children’s health behaviours and well-being [59,60]. Engagement in behaviours and adherence to public health measures and national guidance required a health literate society amongst a backdrop of scientific uncertainty [61]. Experts advocated that of the three domains of Nutbeam’s typology of health literacy, adequate *critical* health literacy was fundamental to achieve individual action for collective good [9,56]

For school-aged children, research conducted through HAPPEN Wales found a significant association between children reporting healthy behaviours such as eating breakfast, physical activity and sport club participation with being tested for, and testing positive for COVID-19 [62]. The authors suggested these findings may be indicative of proxy parental health literacy, parents with higher health literacy may be more likely to access, understand, interpret and apply pandemic-related information and for example, recognise their child’s infection symptoms and have the ability to access testing in healthcare settings. This reemphasises the importance of distributed health literacy.

Epidemic-infodemic: Key challenges and lessons from COVID-19

Reflecting on the challenges that emerged from COVID-19 and pandemic-related information enables the identification of priority areas within the field of general health literacy. In particular, the rapid spread of both valid and invalid pandemic-related information, termed an information epidemic (infodemic [63]), has implications for policy, public health and education. These include [56,64–66]

- Information overload, variation in messaging, how information was shared and by who. In the context of Wales, quality of bilingual health information must also be considered.
- The rapid spread of misinformation and disinformation, particularly through social media (digital health literacy).
- Uncertainty and hesitation of scientific knowledge and public health information, distrust of public health experts and politicians.

These remain ongoing challenges for policy makers and intervention implementers. Central to this is the need for simple, reliable, accessible and practical information [10]. Though this has been discussed more broadly, in the specific context of children and young people a key factor is education and curricula. The CfW offers opportunities to educate children and young people not only about reliable health information to encourage the adoption of healthy behaviours, but

develop general and specific health literacy skills from *functional*, *interactive* and *critical* relating to a range of narrative and numeric information.

The future of health literacy

Health literacy is a fundamental competency necessary to function within modern society. Increasing health literacy levels for the Welsh population offers one of the greatest potentials in reducing health inequalities and inequities, improving population outcomes and ensuring cost savings across the healthcare system. Wales has produced world-leading policy spanning health and social care, well-being, economics and education; Wales thus offers a tractable national-scale health literacy policy testbed. For children and young people, there are opportunities to for co-production and tracking of health literacy within existing Welsh policy, particularly through the CfW statutory focus on health and well-being and overarching curriculum purpose of developing *healthy, confident individuals*, strengthening the collective health literacy of current and future generations.

As progress has stalled since the 2010 scoping review and strategic action plans, it is important to reenergize health literacy as a national priority. This should be reflected as an explicit concept and goal within policy and strategy and inform the development of a national action plans, monitoring, tracking and data infrastructure. This dearth of health literacy assessment across segments of society in Wales, particularly in children, limits the ability to capture impacts of emerging policy and practice. However, Wales also showcases world-leading data and data infrastructure, and opportunities for population data linkage of health, economic, education and administrative data through the SAIL Databank [67,68] offer unique opportunities for Wales to position itself globally as a data-driven health literacy policy testbed.

This can enable cross-national and international comparisons and provide insight and understanding into what interventions, policies and strategies are required and to who, tailor interventions to target populations and to monitor and track the impact of these on individuals, communities and society.

Recommendations

This review proposes the following recommendations for consideration across research, policy and practice to build health literacy system capacity in Wales [69] :

- *Health literate citizens*: clear, long-term, citizen-centred health and social care policy focus on co-developing responsible health literate individuals in Wales.
- *Health literate systems*: strengthen research efforts, undertake robust and scalable research and capitalise population data linkage capabilities in Wales (e.g. SAIL Databank), enable national and international comparative data and insight.

- **Health literate policies:** explicit mention of health literacy in emerging policy and strategy, development of local, regional and national health literacy action plans, informed by the development of a health literacy strategic taskforce.
- **Health literate monitoring:** sustainable national assessment, monitoring and tracking of child health literacy. This can support health literate systems in addition to:
 - Assessment of learner progression within the Health and Wellbeing area of learning and experience
 - National impact evaluations of the CfW in enhancing health literacy
 - Understand the health literacy needs of children to inform the tailored design and evaluation of health literacy interventions at local, regional and national level
 - Identify and inform policymaking priorities and assess realisation of wider policy visions

References

- 1 Simonds SK. Health Education as Social Policy. <http://dx.doi.org/10.1177/10901981740020S102> 1974;**2**:1–10. doi:10.1177/10901981740020S102
- 2 Sørensen K, Van den Broucke S, Fullam J, *et al.* Health literacy and public health: A systematic review and integration of definitions and models. Published Online First: 2012. doi:10.1186/1471-2458-12-80
- 3 Puntoni S. Health Literacy in Wales A scoping document for Wales. Published Online First: 2010.<http://www.nap.edu/catalog/10883.html> (accessed 12 Jan 2023).
- 4 Gibney S, Bruton L, Ryan C, *et al.* Increasing health literacy may reduce health inequalities: Evidence from a national population survey in Ireland. *Int J Environ Res Public Health* 2020;**17**:1–17. doi:10.3390/ijerph17165891
- 5 Public Health England. Local action on health inequalities: Improving health literacy to reduce health inequalities. 2015. https://assets.publishing.service.gov.uk/media/5a80b62d40f0b62302695133/4b_Health_Literacy-Briefing.pdf (accessed 31 Oct 2023).
- 6 National Literacy Trust. What is Literacy? 2023.<https://literacytrust.org.uk/information/what-is-literacy/> (accessed 31 Oct 2023).
- 7 Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs. Health literacy: report of the Council on Scientific Affairs. Ad Hoc Committee on Health Literacy for the Council on Scientific Affairs, American Medical Association. *JAMA* 1999;**281**:526–7. doi:10.1001/jama.282.6.525
- 8 WHO. Health literacy. Heal. Promot. 2023.<https://www.who.int/teams/health-promotion/enhanced-wellbeing/ninth-global-conference/health-literacy> (accessed 26 Oct 2023).
- 9 Nutbeam D. Health literacy as a public health goal: a challenge for contemporary health education and communication strategies into the 21st century. *Health Promot Int* 2000;**15**:259–

67. doi:10.1093/HEAPRO/15.3.259
- 10 WHO Regional Office for Europe. Health literacy: The solid facts. 2013. <https://iris.who.int/bitstream/handle/10665/128703/e96854.pdf> (accessed 26 Oct 2023).
- 11 World Health Organization. Health literacy in the context of health, well-being and learning outcomes the case of children and adolescents in schools: the case of children and adolescents in schools. 2021. <https://iris.who.int/handle/10665/344901> (accessed 1 Nov 2023).
- 12 Welsh Government. A Healthier Wales: our Plan for Health and Social Care. 2021. <https://www.gov.wales/sites/default/files/publications/2021-09/a-healthier-wales-our-plan-for-health-and-social-care.pdf> (accessed 26 Oct 2023).
- 13 Welsh Government. The Parliamentary Review of Health and Social Care in Wales. 2018. <https://www.gov.wales/sites/default/files/publications/2018-01/Review-health-social-care-report-final.pdf> (accessed 31 Oct 2023).
- 14 Baccolini V, Rosso A, Di Paolo C, *et al.* What is the Prevalence of Low Health Literacy in European Union Member States? A Systematic Review and Meta-analysis. *J Gen Intern Med* 2021;**36**:753–61. doi:10.1007/S11606-020-06407-8/TABLES/3
- 15 Von Wagner C, Knight K, Steptoe A, *et al.* Functional health literacy and health-promoting behaviour in a national sample of British adults. *J Epidemiol Community Health* 2007;**61**:1086. doi:10.1136/JECH.2006.053967
- 16 Shahid R, Shoker M, Chu LM, *et al.* Impact of low health literacy on patients' health outcomes: a multicenter cohort study. *BMC Health Serv Res* 2022;**22**:1–9. doi:10.1186/S12913-022-08527-9/TABLES/5
- 17 Edwards M, Wood F, Davies M, *et al.* The development of health literacy in patients with a long-term health condition: the health literacy pathway model. *BMC Public Health* 2012;**12**. doi:10.1186/1471-2458-12-130
- 18 Robbins AJ, Fowler AJ, Haines RW, *et al.* Emergency hospital admissions associated with non-communicable diseases 1998–2018 in England, Wales and Scotland: an ecological study. *Clin Med (Northfield Il)* 2021;**21**:e179. doi:10.7861/CLINMED.2020-0830
- 19 WHO. Noncommunicable diseases. 2023. https://www.who.int/health-topics/noncommunicable-diseases#tab=tab_1 (accessed 26 Oct 2023).
- 20 WHO. Noncommunicable diseases. 2023. <https://www.who.int/news-room/fact-sheets/detail/noncommunicable-diseases> (accessed 26 Oct 2023).
- 21 NCD Risk Factor Collaboration (NCD-RisC). Worldwide trends in body-mass index, underweight, overweight, and obesity from 1975 to 2016: a pooled analysis of 2416 population-based measurement studies in 128.9 million children, adolescents, and adults. *Lancet* 2017;**390**:2627–42. doi:10.1016/S0140-6736(17)32129-3
- 22 Richards AB, Mackintosh KA, Swindell N, *et al.* WALES 2021 Active Healthy Kids (AHK) Report Card: The Fourth Pandemic of Childhood Inactivity. *Int J Environ Res Public Health* 2022;**19**. doi:10.3390/IJERPH19138138
- 23 Chrissini MK, Panagiotakos DB. Health literacy as a determinant of childhood and adult obesity: A

- systematic review. *Int J Adolesc Med Health* 2021;**33**:9–39. doi:10.1515/IJAMH-2020-0275/MACHINEREADABLECITATION/RIS
- 24 Kanellopoulou A, Notara V, Antonogeorgos G, *et al.* Inverse Association Between Health Literacy and Obesity Among Children in Greece: A School-Based, Cross-Sectional Epidemiological Study. *Heal Educ Behav* 2021;**49**:54–65. doi:10.1177/1090198120982944/ASSET/IMAGES/LARGE/10.1177_1090198120982944-FIG1.JPEG
 - 25 Sørensen K, Pelikan JM, Röthlin F, *et al.* Health literacy in Europe: Comparative results of the European health literacy survey (HLS-EU). *Eur J Public Health* 2015;**25**:1053–8. doi:10.1093/EURPUB/CKV043
 - 26 Rowlands G, Shaw A, Jaswal S, *et al.* Health literacy and the social determinants of health: a qualitative model from adult learners. *Health Promot Int* 2017;**32**:130–8. doi:10.1093/HEAPRO/DAV093
 - 27 Welsh Government. Our national mission: high standards and aspirations for all. Educ. Ski. 2023. <https://www.gov.wales/our-national-mission-high-standards-and-aspirations-all-html> (accessed 31 Oct 2023).
 - 28 Welsh Government. Curriculum for Wales - Hwb. 2022. <https://hwb.gov.wales/curriculum-for-wales> (accessed 18 Aug 2023).
 - 29 Dauncey M. How did Wales perform in PISA 2018? Senedd Res. 2019. <https://research.senedd.wales/research-articles/how-did-wales-perform-in-pisa-2018/> (accessed 26 Oct 2023).
 - 30 Schleicher A. PISA 2018: Insights and Interpretations. 2019. <https://www.oecd.org/pisa/PISA-2018-Insights-and-Interpretations-FINAL-PDF.pdf> (accessed 31 Oct 2023).
 - 31 Commission of the European Communities. Together for Health: A Strategic Approach for the EU 2008-2013. 2007. https://ec.europa.eu/health/ph_overview/Documents/strategy_wp_en.pdf
 - 32 World Health Organization. Health 2020 A European policy framework and strategy for the 21st century. 2013. <http://www.euro.who.int/pubrequest> (accessed 2 Mar 2020).
 - 33 Regional Office for Europe W. Draft WHO European roadmap for implementation of health literacy initiatives through the life course. Copenhagen: WHO Regional Office for Europe: 2019. https://www.euro.who.int/__data/assets/pdf_file/0003/409125/69wd14e_Rev1_RoadmapOnHealthLiteracy_190323.pdf (accessed 9 Jan 2023).
 - 34 Council of Europe. Health literacy policy, mobilisation and capacity building. 2023. https://www.coe.int/es/web/bioethics/health-literacy-policy-mobilisation-and-capacity-building/-/highest_rated_assets/7B45G9LhFn3m/content/l-international-health-literacy-association-ihla-
 - 35 Swansea University. £132 million Swansea Bay City Deal Campuses project approved - Swansea University. <https://www.swansea.ac.uk/medicine/enterprise-and-innovation/business-support-projects/accelerate-healthcare-technology-centre/£132-million-swansea-bay-city-deal-campuses-project-approved/> (accessed 31 Oct 2023).
 - 36 Senedd Cymru. Area of Research Interest: Health Literacy. 2022. <https://senedd.wales/senedd-business/areas-of-research-interest/area-of-research-interest-health-literacy/>

- 37 Senedd Cymru. Health and Social Care Committee Sixth Senedd Strategy. 2021.
- 38 Welsh Government. Welsh Government protects health, transport and public services | GOV.WALES. 2023.<https://www.gov.wales/welsh-government-protects-health-transport-and-public-services> (accessed 31 Oct 2023).
- 39 Deans D, Davies D. Mark Drakeford makes ‘crisis’ cuts to prop-up NHS and trains - BBC News. BBC News. 2023.<https://www.bbc.co.uk/news/uk-wales-politics-67089977> (accessed 31 Oct 2023).
- 40 Stats Wales. NHS expenditure by budget category and year. Welsh Gov. 2023.<https://statswales.gov.wales/Catalogue/Health-and-Social-Care/Health-Finance/NHS-Programme-Budget/nhsexpenditure-by-budgetcategory-year> (accessed 31 Oct 2023).
- 41 Health Inequalities portal. Fairer Health Outcomes for All (FHOFA). A Reducing Inequities in Health Strategic Action Plan, UK - Health Inequalities. EuroHealthNet. 2023.<https://health-inequalities.eu/jwddb/fairer-health-outcomes-for-all-fhofa-a-reducing-inequities-in-health-strategic-action-plan-uk/> (accessed 31 Oct 2023).
- 42 Marmot M, Allen J, Goldblatt P, *et al.* Fair society, healthy lives (The Marmot Review): Strategic Review of Health Inequalities in English post-2010. 2010. doi:10.1016/j.puhe.2012.05.014
- 43 Welsh Government. Curriculum for Wales. Educ. Wales. 2023.<https://hwb.gov.wales/curriculum-for-wales> (accessed 26 Oct 2023).
- 44 Welsh Government. Well-being of Future Generations (Wales) Act 2015. 2015. <https://www.legislation.gov.uk/anaw/2015/2/contents>
- 45 Public Health Wales. Measuring the health and well-being of a nation: Public Health Outcomes Framework for Wales. 2016. <https://www.gov.wales/sites/default/files/publications/2019-06/measuring-the-health-and-well-being-of-a-nation.pdf> (accessed 26 Oct 2023).
- 46 Welsh Government. Prosperity for All: economic action plan. 2019. <https://www.gov.wales/sites/default/files/publications/2019-02/prosperity-for-all-economic-action-plan.pdf> (accessed 26 Oct 2023).
- 47 Raghupathi V, Raghupathi W. The influence of education on health: An empirical assessment of OECD countries for the period 1995-2015. *Arch Public Heal* 2020;**78**:1–18. doi:10.1186/S13690-020-00402-5/FIGURES/17
- 48 Public Health England. The link between pupil health and wellbeing and attainment: A briefing for head teachers, governors and staff in education settings. 2014. https://assets.publishing.service.gov.uk/media/5a7ede2ded915d74e33f2eba/HT_briefing_layout_vFINALvii.pdf
- 49 The Lancet. Why is health literacy failing so many? *Lancet* 2022;**400**:1655. doi:10.1016/S0140-6736(22)02301-7
- 50 Okan O, Paakkari L, Jourdan D, *et al.* The urgent need to address health literacy in schools. *Lancet* 2023;**401**:344. doi:10.1016/S0140-6736(23)00104-6
- 51 Kickbusch I. Health literacy: An essential skill for the twenty-first century. *Health Educ* 2008;**108**:101–4. doi:10.1108/09654280810855559/FULL/PDF

- 52 WHO. Health literacy development for the prevention and control of noncommunicable diseases. 2022. <https://iris.who.int/bitstream/handle/10665/364203/9789240055339-eng.pdf?sequence=1> (accessed 26 Oct 2023).
- 53 HAPPEN Wales. Here's what schools have to say about taking part in HAPPEN... -. 2023. <https://happen-wales.co.uk/happencasestudies/> (accessed 31 Oct 2023).
- 54 McQueen D V., Kickbusch I, Potvin L, *et al.* *Health and modernity: The role of theory in health promotion*. Springer New York 2007. doi:10.1007/978-0-387-37759-9/COVER
- 55 Roundtable on Health Literacy; Board on Population Health and Public Health Practice; Institute of Medicine. *Health Literacy: Improving Health, Health Systems, and Health Policy Around the World: Workshop Summary*. Washington DC: : National Academies Press (US) 2013.
- 56 Abel T, McQueen D. Critical health literacy in pandemics: the special case of COVID-19. *Health Promot Int* 2021;**36**:1473–81. doi:10.1093/HEAPRO/DAAA141
- 57 Paakkari L, Okan O. COVID-19: health literacy is an underestimated problem. *Lancet Public Heal* 2020;**5**:e249–50. doi:10.1016/S2468-2667(20)30086-4
- 58 Okan O, Messer M, Levin-Zamir D, *et al.* Health literacy as a social vaccine in the COVID-19 pandemic. *Health Promot Int* 2023;**38**. doi:10.1093/HEAPRO/DAAB197
- 59 Marchant E, Todd C, James M, *et al.* Primary school staff perspectives of school closures due to COVID-19, experiences of schools reopening and recommendations for the future: A qualitative survey in Wales. *PLoS One* 2021;**16**:e0260396. doi:10.1371/JOURNAL.PONE.0260396
- 60 James M, Marchant E, Defeyter MA, *et al.* Impact of School Closures on the Health and Well-Being of Primary School Children in Wales UK; A Routine Data Linkage Study Using the HAPPEN Survey (2018-2020). *SSRN Electron J* 2021;:1–19. doi:10.2139/ssrn.3775552
- 61 Spring H. Health literacy and COVID-19. *Heal Inf Libr J* 2020;**37**:171–2. doi:10.1111/HIR.12322
- 62 Marchant E, Lowthian E, Crick T, *et al.* Pre-COVID-19 pandemic health-related behaviours in children (2018–2020) and association with being tested for SARS-CoV-2 and testing positive for SARS-CoV-2 (2020–2021): a retrospective cohort study using survey data linked with routine health data in Wales, UK. *BMJ Open* 2022;**12**:e061344. doi:10.1136/BMJOPEN-2022-061344
- 63 Okan O, Bollweg TM, Berens EM, *et al.* Coronavirus-Related Health Literacy: A Cross-Sectional Study in Adults during the COVID-19 Infodemic in Germany. *Int J Environ Res Public Health* 2020;**17**:1–20. doi:10.3390/IJERPH17155503
- 64 Ofcom. Children and parents: media use and attitudes report 2023 - Ofcom. 2023. <https://www.ofcom.org.uk/research-and-data/media-literacy-research/childrens/children-and-parents-media-use-and-attitudes-report-2023> (accessed 31 Oct 2023).
- 65 Ofcom. Instagram, TikTok and YouTube teenagers' top three news sources - Ofcom. 2022. <https://www.ofcom.org.uk/news-centre/2022/instagram,-tiktok-and-youtube-teenagers-top-three-news-sources> (accessed 31 Oct 2023).
- 66 Okan O, Messer M, Levin-Zamir D, *et al.* Health literacy action framework for health emergencies and infodemics. *Inf Serv Use* 2023;**43**:115–30. doi:10.3233/ISU-230193

- 67 SAIL Databank. SAIL Databank - The Secure Anonymised Information Linkage Databank. 2020.<https://saildatabank.com/saildata/data-privacy-security/#anonymisation-process> (accessed 3 Mar 2020).
- 68 Jones KH, Ford DV, Thompson S, *et al.* A Profile of the SAIL Databank on the UK Secure Research Platform. *Int J Popul Data Sci* 2019;**4**. doi:10.23889/ijpds.v4i2.1134
- 69 Sørensen K, Levin-Zamir D, Duong T V., *et al.* Building health literacy system capacity: a framework for health literate systems. *Health Promot Int* 2021;**36**:i13–23. doi:10.1093/HEAPRO/DAAB153

Document is Restricted

Agenda Item 8

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

Document is Restricted